



EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



Approved 11/9/16, Effective 2/1/17, replaces all prior versions

1D - TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE ADULT & PEDIATRIC

- TREATMENT PRIORITIES**
1. Assessment:
 - SCENE SAFETY
 - PROTECTIVE EQUIPMENT
 - Primary Survey
 - "Trauma Alert" to receiving ED if indicated
 - Secondary Survey (when appropriate)
 2. Primary Survey Care:
 - Control arterial bleeding
 - Open airway
 - Seal "sucking" chest wound(s)
 - Needle thoracostomy for closed chest tension pneumothorax
 3. Minimize scene time in critical case.
 4. Enroute Care:
 - Reassess all primary care
 - Support oxygenation/ventilation
 - Vascular access
 - Secondary Survey (if able)
 - Keep patient warm/avoid hypothermia
 5. Hospital per destination protocol..

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD
IF CHIEF COMPLAINT IS TRAUMATIC IN NATURE, CHOOSE THE PROTOCOL THAT BEST FITS THE PATIENT'S FOREMOST SYMPTOMS, WITH PRIORITY SYMPTOMS TAKING PRECEDENCE
QUESTIONS TO ADDRESS SCENE SAFETY ISSUES

EMR	EMT
SERIOUS HEMORRHAGE CONTROL: TOURNIQUET IF INDICATED BANDAGE/DRESSING/DIRECT PRESSURE PRESSURE DRESSING IF INDICATED (if equipped) TOPICAL HEMOSTATIC AGENT IF INDICATED (if equipped)	
AIRWAY MANAGEMENT SUPPORT OXYGENATION/VENTILATION	
OBTAIN VITAL SIGNS/ASSESS FOR AND TREAT SHOCK PREVENT HYPOTHERMIA	

EMT-I85	AEMT
INTUBATE IF INDICATED IV/IO ACCESS IF INDICATED FLUID BOLUS AS DIRECTED BY SPECIFIC TRAUMA PROTOCOL(S)	

PARAMEDIC
CRICOTHYROTOMY IF INDICATED NEEDLE THORACOSTOMY IF TENSION PNEUMOTHORAX SUSPECTED CONTINUOUS TREATMENT AND ASSESSMENT PER SPECIFIC TRAUMA PROTOCOL(S)

Clinical Operational Note (All Field Provider Levels): The practice of EMS medicine is built upon the foundation of "taking medical care to the patient". To achieve this objective, appropriate equipment (airway equipment kit, med/trauma equipment kit, suction device, patient packaging equipment) should be brought to the patient's side to minimize critical treatment delays in secondarily fetching equipment from the response apparatus.