

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



EMS Section

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

10D - CHEST/ABDOMEN/PELVIS INJURY **ADULT & PEDIATRIC**

TREATMENT PRIORITIES

- 1. Hemorrhage control
- 2. Assessment/Care for lifethreatening injuries/shock
- 3. Needle thoracostomy for tension peumothorax
- 4. Vital signs
- 5. Appropriate trauma care destination selection

EMD

DO NOT MOVE THE PATIENT UNLESS IN DANGER STABILIZE HEAD AND NECK IN POSITION FOUND OPEN AIRWAY IF NOT ALERT & INEFFECTIVE BREATHING CONTROL BLEEDING ONLY IF SERIOUS DO NOT ATTEMPT TO SPLINT INJURIES

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR EMT

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE

SPINAL "STABILIZATION" - DO NOT APPLY SPINAL "TRACTION" DURING MOTION RESTRICTION OR IMMOBILIZATION (if applicable) SEAL OPEN CHEST WOUNDS

STABILIZE IMPALED OBJECTS

STABILIZE SUSPECTED PELVIC FRACTURE WITH SHEET/BINDER TIED LOW AROUND PELVIS IF DISTAL FRACTURES SUSPECTED STABILIZE SUSPECTED PELVIC FRACTURE WITH INTERNAL ROTATION & TAPING OF LOWER EXTREMITIES IF NO DISTAL FRACTURES EVIDENT IF USING IRTOTLE TECHNIQUE, DO NOT CIRCUMFERENTIAL TAPE, DO NOT TAPE OVER BONY PROMINENCES. 4 INCH FOAM TAPE PREFERRED. COVER EVISCERATED ABDOMINAL/PELVIC ORGANS WITH STERILE, SALINE DAMPENED DRESSING PRIOR TO LAYERING WITH DRY DRESSINGS **OBTAIN VITAL SIGNS**

O₂ VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR (when available)

EMT OR HIGHER LICENSE:

MEASURE END - TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, ** Mandatory use if pt intubated) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE.

> **EMT-185 AEMT**

> > **ADULT: INTUBATE IF INDICATED**

IV ACCESS (IO IF INDICATED) (TWO LINES IF POSSIBLE) ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS

ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA. ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

PEDIATRIC: REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

NEEDLE THORACOSTOMY FOR SUSPECTED TENSION PNEUMOTHORAX **ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED**

ANALGESIA (IF REQUIRED)

FOR OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg ADULT: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.

OR

ADULT: MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg. OR

ADULT: HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.

PEDIATRIC: OLMCP ORDER ONLY

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)