

Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	EMS Protocol (EMT-B/ EMR)	Protocol #
TITLE	General Adult Medical Patient	100

General Medical Patient Criteria

Assessment:

1. Evaluate Airway, Breathing, Circulatory Status and Mental Status
2. Obtain medical history as indicated by the chief complaint, medications and allergies
3. Obtain Baseline Vital Signs

For the adult medical patient with any one of the following:

Signs

Systolic Blood Pressure <100
Pulse Rate <60 or >130
Respiratory Rate <12 or >30
Clinical Signs of Shock

Symptoms

Altered Mental Status
Respiratory Distress
Chest Discomfort

EMS Personnel will institute the following care (*with regard to their level of training*), **PRIOR** to contact with medical control and in accordance with the appropriate patient care protocol. Consider transport to the most appropriate facility.

1. Establish an airway with the appropriate maneuvers or adjuncts.
2. Administer Oxygen if patient is short of breath or O2 sat < 92%
3. Apply Pulse Oximeter and record. (If available)
4. Administer appropriate medications.

In the event communications with the Medical Control cannot be established, EMS Personnel will treat patients under these protocols until communications can be established.

APPROVED BY:	Richard M. Blubaugh, DO	EFFECTIVE DATE:	05/05/2016
TITLE:	Medical Director	LAST REVISION:	05/05/2016

Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	EMS Protocol (EMT-B/ EMR)	Protocol #
TITLE	Medical Adult Assessment Protocol	100.1

Confirm Scene Safety
Personal Protective Equipment
Number of patients
Nature of Illness
Need for additional Resources

Notify the incoming EMS unit if you feel Air transport is required

<u>First Responder/B.L.S.</u> Evaluate and Maintain ABC's & LOC Focused History & Physical Exam	
<u>RESPONSIVE</u> S.A.M.P.L.E. History Focused Assessment Baseline Vital Signs Treatment Decision Treat per Appropriate Protocol	<u>UNRESPONSIVE</u> Rapid Medical Assessment Baseline Vital Signs S.A.M.P.L.E. History Treatment Decision Treat per Appropriate Protocol

1. Establish an airway with the appropriate maneuvers or adjuncts.
2. Administer Oxygen if patient is short of breath or O2 sat < 92%
3. Apply Pulse Oximeter and record if available.
4. Administer appropriate medications.

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Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Cardiac Arrest	101

EMR

EMT-B

Confirm Pulselessness & Apnea,
Attempt to Determine Down Time, Prior CPR, History, & Code Status
Begin CPR
Establish & Maintain Airway & Ventilate 100% O₂

Apply AED with pads and follow instructions. If no shockable rhythm is detected. continue CPR.

Patients who have a return of pulses, obtain Vital Signs, high flow O₂ and support respirations and circulation as needed.

If family has a **DNR** for the patient, you must look for:

1. DNR documentation must have been completed and signed by the pt or pt's guardian, the pt's physician and must be dated within the last 365 days.
2. The original documentation must be with the pt or presented to the responder at the time responder arrives on scene and give to the medic immediately upon their arrival on scene.
3. If any doubt exists regarding the validity of the documentation in the mind of the responder, immediate resuscitative procedures should be implemented.
4. If Basic Life Support has been initiated when documentation is presented, BLS should be continued until EMS arrive on scene to contact medical control for authorization to discontinue resuscitation.

During CPR

Push hard and fast (100-120/min)
Ensure full chest recoil

Minimize interruptions in chest compressions. Initially, do not delay CPR for intubation.

CPR Cycle=
Compressions: Ventilation 30:2
unless a secured airway then continuous compressions and ventilate at 8- 10 breaths per minute

Avoid hyperventilation

Rotate compressors every 2 minutes with rhythm checks

Search for and treat possible causes.

Consider Causes

- Pulmonary Embolus
- Acidosis
- Tension Pneumothorax
- Cardiac Tamponade
- Hyperkalemia
- Hypokalemia
- Hypoxia
- Hypovolemia
- Hypothermia
- Myocardial infarction
- Drug overdose

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Cardiac Emergencies (Chest Discomfort)	106

EMR

EMT-B

Chest Discomfort (Cardiac)

Calm and reassure the patient and keep in position of comfort
 Administer oxygen if patient is short of breath or O2 sat < 92%
 Pulse Oximetry if available
 Baseline Vitals
NO EXERTION

IF PT SHOWS ANY SIGNS OR SYMPTOMS FROM THE
 MEDICAL CRITERIA SHEET, GIVE INCOMING EMS UNIT A
 SHORT, UPDATED REPORT VIA RADIO WITH THE
 PERTINENT INFORMATION ONLY.

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Environmental Emergencies (Drowning/Near Drowning)	121

EMR

EMT-B

Near Drowning

Drowning

Remove from Water
 Consider C-Spine stabilization
 Open & Maintain Airway
 Begin CPR if Necessary
 Dry and Warm Patient
 Administer oxygen if patient is short of breath or O2 sat < 92%
 Attach Pulse Oximetry if available
 Be prepared to suction the patient.

**Monitor for Respiratory
 Compromise**
 Treat per appropriate Protocol

For pts who are in Cardiac Arrest:
 Obtain temp if available.
 If core temp is ≥ 86 degrees F remove from any water, dry and follow the Cardiac Arrest protocol.
 If core temp is ≤ 85 degrees F do only CPR without AED until temp is above 85.

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Enviromental Emergencies (Cold Related)	122/123

EMR

EMT-B

Cold Related Injuries

Attempt to determine time of exposure
 Remove patient from exposure
 Remove wet or constrictive clothing
 Administer Oxygen if patient is short of breath or O2 sat < 92% (warmed if possible)
 Do not attempt to thaw frozen tissue if there is a chance of refreezing.
 Attach Pulse Oximetry if available
 Support ABC'S

Localized Cooling (Frostbite)

Distal extremities (may be red, painful, or waxy white, black, or painless)
 Areas usually affected include toes, fingers, ears, and nose.
 Cover the effected tissue with a loose, dry, sterile dressing

Hypothermia

Insulate pt from the cold
 Handle pt gently to avoid arrhythmias

**DO NOT ATTEMPT ACTIVE REWARMING IN THE
****FIELD******

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PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Enviromental Emergencies (Hypothermic Cardiac Arrest)	124

EMR

EMT-B

Hypothermic Cardiac Arrest

Attempt to determine time of exposure
 Remove patient from exposure
 Remove wet or constrictive clothing from the Patient
 O² Via Appropriate Delivery Device (warmed if possible)
 Do not attempt to thaw frozen tissue if there is a chance of refreezing.
 Begin CPR
 Attach Pulse oximetry if available

Obtain temp if available.
 If core temp is \geq 86 degrees F remove from any water,
 dry and follow the Cardiac Arrest protocol.
 If core temp is \leq 85 degrees F do only CPR without
 AED until temp is above 85.

 Do not attempt active rewarming in the field.

Oxygen should be warmed if possible prior to administration.
 A pocket mask and one-way valve are ideal ways for delivering
 warmed ventilations.

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Enviromental Emergencies(Heat Exhaustion/Heat Stroke)	125/126

EMR

EMT-B

Heat Injuries

Heat Exhaustion
Pt may present with weakness, nausea, profuse sweating, anxiety, dizziness, tachycardia, syncope, thirst, high or low B/P.

Heat Stroke
Body temp of > 105 degrees
Pt may present with hot, dry or moist skin, flushed appearance, tachycardia, hypotension, rapid/shallow respirations, confusion, seizures, coma.

Remove patient from hot environment
Administer oxygen if patient is short of breath or O2 sat < 92%
Attach Pulse Oximetry if available
Baseline Vitals

EMT:
Obtain body temp if possible:
If temp is \geq 105 degrees F, rapid cooling is indicated
Attempt to reduce temp to 102 degrees by placing cooler objects in the arm pits, neck, and groin area if available while monitoring temp. Once pt is at 102F, stop rapid cooling and await EMS. If unable to obtain an accurate temp, remove pt from hot environment and await EMS.

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Medical Emergencies (Abdominal Pain)	131

EMR

EMT-B

Abdominal Pain / Nausea

Identify possible causes
Administer oxygen if patient is short of breath or O2 sat < 92%
Pulse Oximetry if available
Baseline Vitals

Attempt to isolate quadrant that pain is located in.
Obtain any history of abdominal problems
ie kidney stones, appendicitis, gallbladder, pregnancy, abdominal
aneurism, etc.

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Altered Mental Status	132

EMR

EMT-B

Altered Mental Status

Identify possible causes
Administer oxygen if patient is short of breath or O2 sat < 92%
Attach Pulse Oximetry if available
Baseline Vitals and History

Hypoglycemia

Narcotic Overdose

STROKE

Look for diabetic history

Does patient take or have access to narcotics?
Attempt to obtain what was taken, how much was taken, and the time it was taken.

Complete Cincinnati Stroke Scale
*Grimace (facial droop)
*Arm Droop (weakness on 1 side)
*Speech (slurred or difficulty expressing self)

EMT- check blood glucose.

For Glucose <70mg/dl and pt is alert and able to swallow, give one tube of oral glucose

For Glucose >70mg/dl, look for other causes

Notify incoming medic unit of any positive stroke screen findings if time permits.

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Medical Emergencies (Anaphylaxis)	136

EMR

EMT-B

Anaphylaxis

Identify possible causes
Remove Allergen if possible
Administer Oxygen if patient is short of breath or O2 sat < 92%
Attach Pulse Oximetry if available
Baseline Vitals
Monitor respiratory status

EMT-B
If Anaphylaxis

Use the Auto-Injector with Epinephrine that is prescribed to the pt if you:
Check that it is prescribed to the pt you are using is on,
Check the expiration date and only use if not expired,
Look at the liquid in chamber and make sure it is not cloudy.

Then remove the cap on the back of the pen hold the pen firmly, and push the auto-injector against the patient's thigh anteriorlateraly.
Hold the pen against the patient's thigh for 10 seconds to allow the medication to inject.

If the Auto injector is used an ALS unit MUST be in route.
Although in the Emergency setting there is no Absolute contraindication for the use of the Auto-injector precaution should be used in patients over 55 Years old or with patients who have coronary artery disease.

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**Southern Stone County Fire Protection District
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PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Behavioral	137

EMR

EMT-B

Behavioral / Psychiatric Disorders

DO NOT APPROACH THE SCENE UNTIL DISPATCH STATES THAT LAW ENFORCEMENT IS ON SCENE AND THAT THE SCENE IS SECURE!!!

Attempt to Develop Rapport with patient
 Administer oxygen if patient is short of breath or O2 sat < 92%
 If Altered LOC Follow appropriate Protocol
 Treat Medical Problems and Injuries per appropriate Protocol
Observe Patient at ALL Times
IF Combative or Dangerous
Law Enforcement should be utilized to restrain patient and responders should retreat to a safe area unless directed by Law or EMS of the need for assistance.



Obtain history of current situation, crisis, toxic exposure, drugs, ETOH, suicidal or homicidal ideations.
 Obtain history of past medical and psychiatric illnesses.

Treat per Specific Protocol for Other Complaints

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**Southern Stone County Fire Protection District
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PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Medical Emergencies (Poisoning/Overdose)	138

EMR

EMT-B

Poisoning / Overdose

Ensure the scene is safe
 Identify Substance
 Administer oxygen if patient is short of breath or O2 sat < 92%
 Pulse Oximetry if available
 Baseline Vitals and History
 Ensure patent airway: protect against aspiration

*If able to obtain the name of substance that was involved,
 notify incoming medic unit ASAP of the information you
 have. Include name of substance, amount and how it was
 taken into the body.
 If unable to pass on information,
 Contact Poison Control for Information on
 specific substances*

Poison Control
1-800-222-1222

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PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol #
TITLE	Medical Emergencies (Hypertensive)	139

EMR

EMT-B

Hypertensive Emergencies

Diastolic B/P of >115-130mm/hg accompanied by nausea/vomiting, confusion, blurred vision.
More severe symptoms include severe headache, chest pain, visual disturbances, paralysis, stupor and coma.

Identify possible causes
Administer oxygen if patient is short of breath or O2 sat < 92%
Pulse Oximetry if available
Baseline Vitals and History

Diastolic B/P of over 115 - 130mm/hg
Accompanied by nausea/vomiting, confusion, blurred vision. More severe symptoms include severe headache, chest pain, visual disturbances, paralysis, stupor, and coma. Notify incoming Medic unit of any of these S/S if possible.

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**Southern Stone County Fire Protection District
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PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	Medical Emergencies (Respiratory)	150

EMR

EMT-B

Respiratory Emergencies

Administer oxygen if patient is short of breath or O2 sat < 92%
Pulse Oximetry if available
Baseline Vitals and History
Assess the need fore airway adjuncts

ASTHMA
Diffuse expiratory wheezing or
no lung sounds heard

Congestive Heart Failure
Extreme resp distress, crackles, possible
wheezing, othopnea, pallor, diaphoresis,
anxiety. Possible chest pain, pink or white
frothy sputum and/ pedal edema.

C.O.P.D.
Emphysema and Chronic
Bronchitis
Thick, egg-white mucus
secretions, non-
productive cough,
wheezing, crackles,
rhonchi.

EMT
Does pt have a rescue inhaler?

Is it expired?
Is it prescribed to the pt you are
treating?

If it is not expired and belongs to
your pt, you may assist the pt with
administering the medication
once as prescribed if the pt is
unable to do so on their own.

- shake medication up
- have pt exhale completely
- place the mouth piece in the pts mouth.
- compress the canister as the pt inhales deeply
- have pt hold the breath as long as they are able to allow medication to absorb

Monitor Respiratory
effort and be prepared to
assist ventilations if
needed

Watch patients
LOC and
Respiratory status.
Be prepared to
assist ventilations

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	Medical Emergencies (OB)	161/162

EMR

EMT-B

OB / GYN Emergencies

Administer oxygen if patient is short of breath or O2 sat < 92%
 Visually inspect for Active Bleeding / Crowning
 Determine Amount of Blood Loss
 Attach Pulse Oximetry if available
 Orthostatic Vital Signs
 Third Trimester Patients should lay in Left Lateral Recumbent Position if possible
 Obtain history including gravida, para, gestation and previous C-sections.

Vaginal Bleeding

*Have pt lay in Left Lateral Recumbent Position.
 Calm and reassure pt.
 Monitor VS
 Keep on high flow O2 by NRB*

Hypertension

B/P over 140/90, abnormal weight gain, edema in face, hands and ankles, headache

Calm and reassure the patient.

Watch for possible seizure activity. If patient is actively seizing, manage seizure per seizure protocol

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Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	Medical Emergencies (OB)	163/164/165

EMR

EMT-B

OB / GYN Emergencies

Administer oxygen if patient is short of breath or O2 sat < 92%
 Visually inspect for Active Bleeding / Crowning
 Determine Amount of Blood Loss
 Pulse Oximetry if available
 Place patient in Left Lateral Recumberant Position
 Baseline Vitals
 Obtain history including gravida, para, gestation and previous C-sections.

Preterm Labor
 <38 weeks gestation

Calm and reassure pt.
 Keep mom on her left side and on high flow O2 by NRB.
 Obtain history and monitor VS.

Postpartum Hemorrhage

Lay pt supine
Massage the fundus

↓

Put the baby to nurse

APGAR

Appearance		
• Body and extremities blue	= 0	
• Body pink extremities blue	= 1	
• Completely pink	= 2	
Pulse Rate		
• Absent	= 0	
• <100	= 1	
• >100	= 2	
Grimace		
• No Response	= 0	
• Grimace	= 1	
• Cough Sneeze Cry	= 2	
Activity		
• Limp	= 0	
• Some flexion of extremities	= 1	
• Active motion	= 2	
Respiratory effort		
• Absent	= 0	
• Slow or irregular	= 1	
• Strong Cry	= 2	

Emergency Childbirth

If Crowning, deliver Infant

↓

Deliver Infant Suction
Airway and Assess
APGAR Scores @ 1 & 5 minutes
Ensure infant warmth

↓

Reevaluate Mother and Infant
Obtain and Document APGAR Scores @ 1 & 5 minutes
VS on mom q 5 minutes
Treat any Problems per Appropriate Protocol

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	Medical Emergencies (Seizures)	166

EMR

EMT-B

Status Seizures

Clear Area to Decrease Chance of Injury
DO NOT ATTEMPT TO PHYSICALLY RESTRAIN PATIENT
 Administer oxygen if patient is short of breath or O2 sat < 92%
 Secure airway with an NPA
 Attach Pulse Oximetry if available
 Baseline Vitals and History if able

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Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	Traumatic Emergencies Criteria	200

Criterion for initiating therapy prior to medical control contact and for considering transport to trauma center.

Physiologic Criteria

- A. B/P <90 mm/hg or absence of radial pulses.
- B. Respiratory Distress or rate of <12 or >30
- C. GCS <13 or AVPU scale of P or U
- D. Clinical Signs of Shock

Mechanism of Injury

- A. Occupant ejection
- B. Fall from height of more than 20 feet
- C. Pedestrian struck at speed greater than 20 MPH
- D. Death of same car occupant
- E. Prolonged extrication >20 minutes

Anatomic criteria

Penetrating injury to the head, chest, abdomen, neck, or groin.
Any injury that may require IV Fluids or Medication administration.

Treatment

- I. If patient is in no distress, and meets none of the above criteria, then appropriately prepare for transport with frequent reassessment of vital signs and patient status.
- II. If the patient meets any of the anatomical, physiological, or mechanism criteria listed, the EMS Personnel will initiate the following therapy **PRIOR** to contacting Medical Control, in accordance with the appropriate trauma protocols.
 - 1. Establish an airway with the appropriate maneuvers or adjuncts.
 - 2. Administer oxygen if patient is short of breath or O2 sat < 92%
 - 3. Apply Pulse Oximeter if available.
 - 4. Administer protocol medications.

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	General Trauma Patient Protocol	200.1

Trauma Assessment Protocol

- Confirm Scene Safety
- Use of proper PPE
- Mechanism of Injury
- # of patients
- Additional resources

Notify incoming EMS unit if you feel Air transport is required.

<p><u>B.L.S.</u></p> <p>Assess ABC's & LOC C-Spine precautions Focused History and Exam</p>	
<p><u>No Significant M.O.I.</u></p> <p>Focused Trauma Assessment</p> <p>Baseline Vital Signs</p> <p>S.A.M.P.L.E. History</p> <p>Detailed Assessment</p> <p>Treat per Appropriate Protocol</p>	<p><u>Significant M.O.I.</u></p> <p>Rapid Trauma Assessment</p> <p>Baseline Vital Signs</p> <p>S.A.M.P.L.E. History</p> <p>Detailed Assessment</p> <p>Treat per Appropriate Protocol</p>

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Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	Specific trauma	201/202/203

EMR

EMT-B

Control Bleeding / Bandage / Splint as Required
Administer oxygen if patient is short of breath or O2 sat < 92%
Assist Respirations as Needed
Pulse Oximetry if available
Backboard only if needed for extrication purposes
Stabilize any Impaled Objects
Baseline Vitals and History

<u>Abdominal</u>	<u>Chest</u>	<u>Extremity Trauma</u>
Cover evisceration's with sterile, saline soaked ABD pad or trauma dressing. Do not attempt to replace exposed viscera.	Splint flail segments externally with tightly taped bulky dressing. Cover open chest wound with an occlusive dressing, leaving a flap open to release pressure but not allow air to enter	Stabilize any suspected pelvic, femur, or bilateral lower extremity fractures. Check PMS before and after splinting and after any movement of pt.

Support Airway, Breathing and Circulation

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PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	Specific trauma	204/205

EMR

EMT-B

Control Bleeding / Bandage / Splint as Required
Administer oxygen if patient is short of breath or O2 sat < 92%
Assist Respirations as Needed
Pulse Oximetry if available
Backboard only if needed for extrication purposes
Stabilize any Impaled Objects
Baseline Vitals
Keep pt warm

Head Trauma

Spinal Trauma

**Manually stabilize
C-Spine.**

**Manual
stabilization ASAP**

Keep pt calm.

Size and apply
appropriate C-Collar
if available

Check pupil size and
reaction.

Backboard only if
needed for
extrication purposes
or to move pt.

Monitor for changes
in mental status.

Support Airway, Breathing and Circulation

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	Specific trauma	206

EMR

Burns

EMT-B

Confirm ABC's
 Establish & Maintain Airway / O₂ if patient is short of breath or O₂ sat < 92%
 Splint Fractures as Necessary
 Apply Pulse Oximeter if available
 Bandage & Dress Wounds appropriately
 Stop the Burning
 Maintain Body Temperature
 Baseline Vitals

Evaluate the burn, depth of burn, BSA involved, location, enclosed area,
 type of agent, time since burn, associated illness or injuries.

 Remove and constrictive items (rings, bracelets, clothing, etc.)

Minor Burns
0 – 10% BSA Burn

Moderate Burns
11 – 20% BSA Burn

Major Burns
21–100% BSA Burn

Stop the burning process and move patient to a safe area.
 If a chemical burn, brush off dry chemical, remove clothing and flush with
 copious amounts of water. In eyes are involved, IMMEDIATE and
 continuous flushing with water is indicated.

Secure the airway, O₂ if patient is short of breath or O₂ sat < 92% and assist
 ventilations if needed.

Cover burns with a dry sterile dressing or sterile burn sheet

Critical Burns:
 Burns with respiratory tract involvement
 Burns to the face, hands, feet, genitalia
 Burns involving 15% or more BSA regardless of degree
 Serious caustic substance burns
 All electrical burns
 Burns associated with other injuries

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PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	Specific trauma	207

EMR

EMT-B

TRAUMA ARREST

CPR
 Secure airway
 High flow O² via Appropriate Delivery Device
 Pulse Oximetry if available
 Backboard only if needed for extrication purposes
 Control Bleeding / Bandage / Splint as Required
 Stabilize any Impaled Objects



**Treat Per Cardiac
Arrest Protocol**

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**Southern Stone County Fire Protection District
Emergency Medical Protocols**

PROTOCOL:	EMS Protocol (EMT-B / EMR)	Protocol#
TITLE	Multi-system trauma	208

EMR

EMT-B

Multi-system trauma

Administer Oxygen if patient is short of breath or O2 sat < 92%
Pulse Oximetry
Backboard only if needed for extrication purposes
Control Bleeding / Bandage / Splint as Required
Stabilize any Impaled Objects
Baseline Vitals and History



Support Airway, Breathing and Circulation

APPROVED BY:	Richard M. Blubaugh, DO	EFFECTIVE DATE:	05/05/2016
TITLE:	Medical Director	LAST REVISION:	05/05/2016