

Amputation

Treatment

FR and EMT's

Airway protocol

Stop obvious bleeding

Stump: cover with sterile dressing saturated with sterile saline, then cover with a dry dressing (4X4's, chux, Kling, etc.)

Severed part: wrap in sterile dressing, then place in plastic bag or wrap in plastic; keep dry.

Keep bag cool by placing in ice-water combination without salt

Partial amputation: cover with sterile dressing saturated with sterile saline. Cover with dry dressing and splint in anatomical position.

If in shock follow shock protocol

EMT I, P

Vascular Assess procedure

Pain management protocol

Burns

Treatment

FR and EMT's

Consider hazardous materials. If a chemical incident, contact Oregon Emergency Response Services (OERS) 1-800-452-8311

Remove patient from environment without endangering rescuers

Stop burning mechanism

Remove non-adherent clothing which is smoldering or saturated with burn-causing agent

Flush contaminated skin and /or eyes with copious amounts of water if a chemical incident

Airway protocol

Determine extent of burns via "rules of nines"

Less than 20%

May cool burns with saline or water

May use moist dressing/burn sheet

More than 20%

Use dry dressings

Remove rings, bracelets, and other constricting items

EMT's

Major Burn Criteria for entry to Burn Center

Burns greater than 25% of body surface area (full or partial thickness burn only)

Burns of the hands, feet, face or perineum

Inhalation burns

Severe medical problems

Elderly; older than 55

EMT I, P

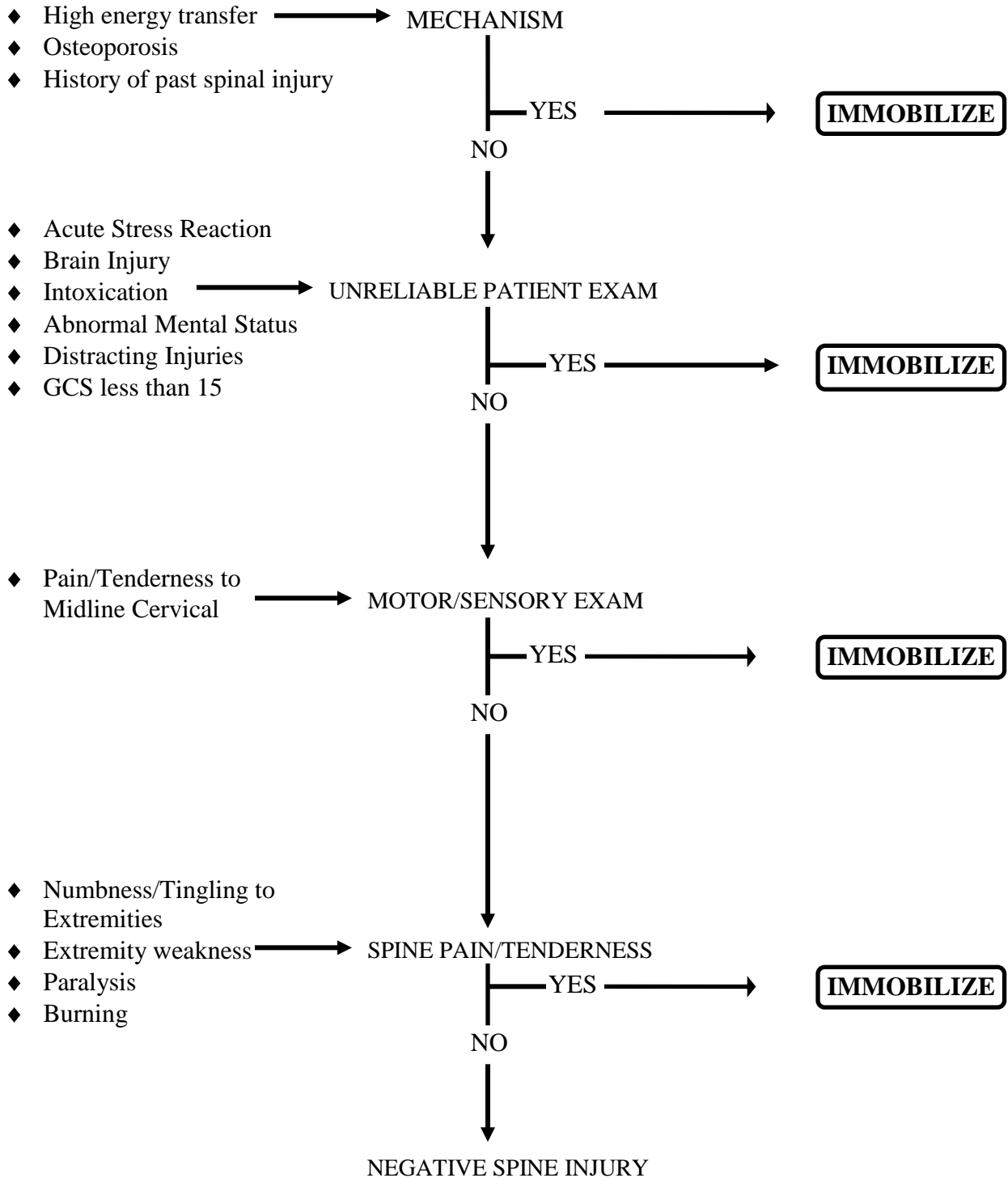
Vascular Assess procedure

If shock syndrome consider shock protocol

Cardiac monitor if an electrical incident

Pain management protocol

Cervical spine clearing in the field



Fractures and Dislocations

Treatment

FR and EMT's

Airway protocol

Control obvious bleeding

Triage injuries: the obvious fracture may not be the highest priority problem. If mechanism of injury suggests, immobilize spine

For open fractures apply sterile dressings

If in shock follow shock protocol

Splint: apply axial traction as needed to straighten any fracture except those that involve joints.

Any fracture that presents without distal pulse must be reduced. Splint using the following guidelines

Splint joints above and below the fracture

Elevate simple fractures

Application of ice or cold packs

Check distal pulses before and after splinting

Monitor circulation, sensation, and motor function distal to injury site

EMT I, P

Vascular Assess procedure

Pain management protocol

Head Trauma

Treatment

FR and EMT's

Spinal immobilization

Airway management procedure; assist ventilation if respiration < 10 or > 29 , no NPA

Stop obvious bleeding

If in shock follow shock protocol

Do not hyperventilate

EMT I, P

Vascular Assess procedure

EMT P:

GCS = or < 8 requires intubation

Pain Management

Treatment

FR and EMT's

Give nothing by mouth
Airway protocol

EMT I, EMT P

Vascular Assess procedure

Fentanyl, 50 to 100 mcg IV (IM if needed) titrated to effect, max of 300 mcg, > 300mcg physician consult required **Peds** = 1 mcg/kg IV (IM if needed) up to a maximum 50 micrograms, dose may be repeated every 10-15 minutes to a max of 150 mcg (don't mix with morphine)

Morphine 2 to 5mg IV repeat up to 10 mg, **Peds** = 1.0 mg IV for child < 2 y/o or 1-2 mg for a child 2-12 y/o; repeat once > 10mg physician consult required

EMT P

Versed 2.5 IV or 5 mg IM, repeat as needed to a maximum of 10 mg. **Peds** = 0. 1 mg/kg IV, repeat as needed to a maximum of 5 mg, 0. 2 mg/kg IM, repeat as needed to a maximum of 10mg