

TREATMENT PRIORITIES

1. Hemorrhage control

5. Analgesia (if required)

6. Appropriate trauma care

destination selection

3. Vital signs

EMS System for Metropolitan Oklahoma City and Tulsa 2024 Medical Control Board Treatment Protocols



Approved 11/08/23, Effective 1/15/24, replaces all prior versions

10G - EXTREMITY/AMPUTATION INJURY EMERGENCY MEDICAL ADULT & PEDIATRIC DISPATCHER EMERGENCY MEDICAL RESPONDER 2. Assessment/Care for life-**EMD** threatening injuries/shock **EMT** 4. Splint suspected fractures DO NOT MOVE THE PATIENT UNLESS IN DANGER **EMT-INTERMEDIATE 85** STABILIZE HEAD AND NECK IN POSITION FOUND OPEN AIRWAY IF NOT ALERT & INEFFECTIVE BREATHING CONTROL BLEEDING ONLY IF SERIOUS **ADVANCED EMT** DO NOT ATTEMPT TO SPLINT INJURIES **PARAMEDIC**

EMR EMT

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE SPINAL "STABILIZATION" - DO NOT APPLY SPINAL "TRACTION" DURING MOTION RESTRICTION OR IMMOBILIZATION (if applicable) APPLY TOURNIQUET FOR HEMORRHAGE UNCONTROLLED BY DIRECT PRESSURE PER PROTOCOL 10H - TOURNIQUET **OBTAIN VITAL SIGNS**

O2 VIA NC, NRB AS APPROPRIATE

SPLINT SUSPECTED FRACTURES INCLUDING JOINT ABOVE AND BELOW AREA OF INJURY COVER AMPUTATED ANATOMY WITH SALINE-MOISTENED GAUZE PLACE AMPUTATED ANATOMY IN A CLEAN PLASTIC BAG

PLACE AMPUTATED ANATOMY OVER ICE, AVOIDING DIRECT CONTACT OF AMPUTATED ANATOMY WITH ICE STABILIZE IMPALED OBJECTS APPLY CARDIAC MONITOR (if equipped)

> **EMT-185 AEMT**

> > IV ACCESS (IO 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

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.

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: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 50 mcg

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)