



Jackson Hole Fire/EMS Operations Manual

Approved by: Will Smith
Will Smith, MD, Medical Director

Approved by: Willy Watsabaugh
Willy Watsabaugh, Chief

Title: **Treatment Protocol:
Abdominal Pain**

Division: 17
Article: 4.1
Revised: May, 2015
Pages: 1

Abdominal Pain (Treatment Protocol)

ALL PROVIDERS

- Perform ABC's
 - Ensure an adequate airway.
- Position for comfort. If shock present: trendelenburg position (elevate legs in supine position).
- O₂ at 2-6 liters per minute by nasal cannula. Increase to non-rebreather as needed to obtain oxygen saturation $\geq 94\%$ Transport ASAP.
- Patient should have nothing by mouth, (NPO).
- Obtain OB/GYN history in females of childbearing age.

ADULT

EMT-INTERMEDIATE PROVIDER

- IV NS, large bore TKO
 - May bolus / titrate flow rate to raise BP >80 systolic.
 - Avoid delaying transport for IV
- Cardiac monitor.
- Establish second large bore IV as needed.
- If nauseated or considering narcotic analgesic, consider **Ondansetron** (voice order)
- Consider **Fentanyl** for pain (voice order)

PEDIATRIC (<45 kg)

EMT-INTERMEDIATE PROVIDER

- IV NS, large bore TKO.
 - May bolus / titrate flow rate to raise BP to age appropriate level.
 - Avoid delaying transport for IV
- Cardiac monitor.
- Establish second large bore IV as needed.
- **Children 6 mo – 12 yrs old**: If nauseated or considering narcotic analgesic, consider **Ondansetron** (voice order)
- Consider **Fentanyl** for pain (voice order)

EMT-PARAMEDIC PROVIDER

- Consider **Ondansetron**
- **Hydromorphone** or **Fentanyl** for pain

EMT-PARAMEDIC PROVIDER

- Consider **Ondansetron**
- **Hydromorphone** or **Fentanyl** for pain



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Title: **Treatment Protocol:
Burns - Chemical**
Division: 17
Article: 4.7
Revised: May, 2015
Pages: 1

BURNS - CHEMICAL (Treatment Protocol)

ALL PROVIDERS

- Assure hazardous materials resources have been dispatched.
 - **Safety of the rescuers and the public takes priority.**
 - Safely remove patients from exposure.
- Establish ABC's
- Administer oxygen to maintain oxygen saturation $\geq 94\%$
- Flush liquid chemicals off with copious amounts of water.
 - If shower is available place in shower and flush completely before transport.
 - Remove clothing during decontamination and dispose of appropriately.
- Powders should be brushed off first and then flushed with copious amounts of water
- Cover burns with clean dressings or burn sheet if extensive.
- If eye burns are involved, irrigate copiously with normal saline, and continue irrigation throughout transport.
- If mass casualty or major hazardous materials incident:
 - Recognize zones of containment and apply appropriate PPE
 - Follow Hazardous Material Incident protocol

ADULT

EMT-INTERMEDIATE PROVIDER

- Establish an IV NS in non-burned site. TKO unless signs of shock then fluid challenge of 500 ml as needed.
- Consider **Fentanyl** (voice order)

PEDIATRIC (<45 kg)

EMT-INTERMEDIATE PROVIDER

- Establish an IV NS in non-burned site. TKO unless signs of shock then fluid challenge of 20 mL/kg as needed.
- Consider **Fentanyl** (voice order)

EMT-PARAMEDIC PROVIDER

- Consider **Fentanyl, Hydromorphone, or Ketamine**

EMT-PARAMEDIC PROVIDER

- Consider **Fentanyl, Hydromorphone, or Ketamine**



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Approved by: Will Smith, MD, Medical Director
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Title: **Treatment Protocol:
Burns - Electrical**
Division: 17
Article: 4.8
Revised: May, 2015
Pages: 1

BURNS - ELECTRICAL (Treatment Protocol)

ALL PROVIDERS

- Remove the victim from electrical source safely
 - Contact appropriate agencies for aid
 - Turn off power sources before extrication
 - **Safety of rescuers takes priority**
- Secure airway, protect c-spine
- Control life-threatening bleeding
- Cover burn sites with sterile dry dressings (entry and exit)
- Contact medical control and transport ASAP

ADULT

EMT-INTERMEDIATE PROVIDER

- Apply cardiac monitor, treat cardiac dysrhythmias according to appropriate algorithm
- Establish two large bore IV's, consider fluid challenge of 500 ml to maintain systolic BP > 80.
- Consider analgesic, anxiolytic, seizure-control interventions, e.g. **Fentanyl** and/or **Diazepam** unless contraindicated
- If cardiopulmonary arrest exists, prolong resuscitation efforts as long as possible

PEDIATRIC (<45 kg)

EMT-INTERMEDIATE PROVIDER

- Apply cardiac monitor, treat cardiac dysrhythmias according to appropriate algorithm
- Establish two large bore IV's, consider fluid challenge of 20 mL/kg to maintain low normal blood pressure.
- Consider analgesic, anxiolytic, and seizure-control interventions, e.g. **Fentanyl** and/or **Diazepam** unless contraindicated
- If cardiopulmonary arrest exists, prolong resuscitation efforts as long as possible

EMT-PARAMEDIC PROVIDER

- Consider **Fentanyl, Hydromorphone, Ketamine, Midazolam** unless contraindicated

EMT-PARAMEDIC PROVIDER

- Consider **Fentanyl, Hydromorphone, Ketamine, Midazolam** unless contraindicated



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Approved by: Will Smith, MD, Medical Director

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Title: **Treatment Protocol:
Burns - Thermal**

Division: 17
Article: 4.9
Revised: May, 2015
Pages: 1

BURNS - THERMAL (Treatment Protocol)

ALL PROVIDERS

- Evacuate to a safe location before initiating any treatment – ensure rescuer safety
- Stop burning processes
- Secure the airway. If facial burns or signs of inhalation burns monitor the airway frequently and consider air evacuation if prolonged transport.
- Remove clothing and observe for adequacy of breathing (circumferential chest burns may inhibit adequate ventilation)
- Administer oxygen as needed to keep oxygen saturation $\geq 94\%$
- Monitor patient CO level if equipment is available
- Spinal precautions as indicated
- Remove all burnt non-adherent clothing and jewelry
- Place clean dressing or burn sheet over extensively burned areas. Maintain normal body temp.
- Small surface area burns $<5\%$, may use cool/moist dressings.
- Trauma team activation as indicated

ADULT

EMT-INTERMEDIATE PROVIDER

- Establish an IV NS (at non burned site if possible). TKO unless signs of shock then administer a fluid challenge of 500 ml as needed.
- Consider carbon monoxide toxicity.
- Consider obtaining an ETCO₂ waveform and numerical value. Treat accordingly
- Consider **Fentanyl** (voice order)

PEDIATRIC (<45 kg)

EMT-INTERMEDIATE PROVIDER

- Establish an IV NS (at non burned site if possible). TKO unless signs of shock then administer a fluid challenge of 20 mL/kg as needed.
- Consider carbon monoxide toxicity.
- Consider obtaining an ETCO₂ waveform and numerical value. Treat accordingly
- Consider **Fentanyl** (voice order)

EMT-PARAMEDIC PROVIDER

- Consider **Fentanyl, Hydromorphone, or Ketamine**
- If signs of inhalation burn present, consider nasal intubation.

EMT-PARAMEDIC PROVIDER

- Consider **Fentanyl, Hydromorphone, or Ketamine**
- If signs of inhalation burn present, consider nasal intubation.



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Approved by: [Signature]
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Title: **Treatment Protocol:
Behavioral Emergencies**

Division: 17
Article: 4.26
Revised: May, 2015
Pages: 2

Behavioral Emergencies (Treatment Protocol)

Purpose:

- To establish guidelines for care of aggressive, threatening, or violent patients. Crew and patient safety is of critical importance.
- Confused or combative patients should be stabilized prior to transport with chemical and physical restraints as needed. If adequate control cannot be assured, the patient should not be transported by ambulance.

ALL PROVIDERS

- Prior to transfer, assess each patient for potential aggressive, threatening, or violent behavior.
- Assess the combative patient for possible etiologies, i.e. hypoxia, substance abuse, hypoglycemia, psychological trauma, etc.
- Consider use of physical restraints including: Soft restraints, leather restraints, canvas straps.
- If Law Enforcement has applied another restraint mechanism (i.e. handcuffs), then they must accompany the patient in the back of the ambulance during transport. Jointly with police reposition patient with hands anterior and secured to the stretcher.
- Closely monitor the cardiorespiratory status of any patient being restrained.
- Consider the possibility of **Excited Delirium** in patients exhibiting a combination of symptoms including bizarre and/or aggressive behavior, shouting, paranoia, panic, violence toward others, unexpected physical strength, and/or hyperthermia. Excited Delirium is a life-threatening emergency.
- All patients that are physically restrained and continue to fight the restraints should be considered for chemical restraint/sedation as described below.
- Avoid prone, hobbled, or 'hog-tied' restraints. Consider securing one arm up and the opposite arm down. Other adjuncts to secure patient can be a Reeves-type stretcher, sheet wrap, etc.

ADULT

EMT-BASIC PROVIDER

- Obtain blood glucose level and treat accordingly.

PEDIATRIC (<45 kg)

EMT-BASIC PROVIDER

- Obtain blood glucose level and treat accordingly.

EMT-INTERMEDIATE PROVIDER

- **Diazepam** (voice order)
- Consider **Benadryl** (voice order)

EMT-INTERMEDIATE PROVIDER

- N/A

- Consider **Ketamine**
 - Consider **Haloperidol (Haldol)**
 - Consider **Midazolam**
- N/A

- Closely monitor the respiratory status of any patient receiving the above medications.
- Consider mixing **Midazolam 5 mg** and **Haldol 5 mg** in a syringe IM injection in the severe agitation/excited delirium patient.
- Be prepared to manage airway.