

Hamilton County EMS



First Responder Agency Protocols (Emergency Medical Responder: EMR and EMT)



HAMILTON COUNTY EMS



First Responder Agency Protocols Emergency Medical Responder (EMR) and EMT

HAMILTON COUNTY EMERGENCY MEDICAL SERVICE EMERGENCY MEDICAL RESPONDER (EMR) and EMT PROTOCOL

THESE PROTOCOLS ARE TO BE USED BY QUALIFIED INDIVIDUALS IN THE PERFORMANCE OF PRE-HOSPITAL MEDICAL CARE. TO BE QUALIFIED TO USE THESE PROTOCOLS YOU MUST MEET THE FOLLOWING CONDITIONS:

1. YOUR AGENCY/ DEPARTMENT HAS A SIGNED AGREEMENT WITH H.C.E.M.S. IN ACCORDANCE WITH STATE REGULATIONS ON PROVIDING FIRST RESPONDER SERVICES.
2. YOU ARE CURRENTLY CERTIFIED/ LICENSED BY THE STATE TO PERFORM EMERGENCY MEDICAL CARE.
3. YOU HAVE BEEN APPROVED BY THE MEDICAL DIRECTOR OF H.C.E.M.S TO UTILIZE THESE PROTOCOLS.
4. PARAMEDICS MUST BE ACLS (ADVANCED CARDIAC LIFE SUPPORT) AND ITLS (INTERNATIONAL TRAUMA LIFE SUPPORT) CERTIFIED TO BE ABLE TO USE THE PARAMEDIC FIRST RESPONDER PROTOCOLS AND MUST MAINTAIN THEIR CERTIFICATIONS.
5. YOU ARE ONLY ABLE TO PERFORM THOSE SKILLS THAT YOU ARE LICENSED FOR AND ARE COVERED WITHIN THESE PROTOCOLS. IF THERE IS A SKILL THAT IS NOT COVERED WITHIN THESE PROTOCOLS BUT FALLS WITHIN YOUR LICENSURE THEN YOU ARE NOT ABLE TO PERFORM THAT SKILL.
6. A LIST OF ALL FIRST RESPONDERS (EMERGENCY MEDICAL RESPONDER (EMR), EMT, ADVANCED EMT, OR PARAMEDIC) MUST BE SUBMITTED ALONG WITH A COPY OF THEIR STATE LICENSE, BLS CARD, ITLS CARD (PARAMEDICS ONLY), AND ACLS CARD (PARAMEDICS ONLY) TO HAMILTON COUNTY EMERGENCY MEDICAL SERVICES. ALL THESE MUST BE KEPT UP TO DATE WITH COPIES OF ALL RECERTIFICATIONS SUBMITTED TO HAMILTON COUNTY EMERGENCY MEDICAL SERVICES.

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CIRCUMSTANTIAL/ SKILLS PROTOCOLS PATIENT ASSESSMENT AND PACKAGING

Management of the trauma patient should be thorough and expeditious. In order to provide guidelines for assessment and packaging of the trauma patient, the format will consist of either a rapid trauma assessment or a focused physical exam with the appropriate interventions for packaging. This method should be used throughout the care of the trauma patient.

Initial Assessment

The Initial Assessment may be one of the most important processes of the patient assessment in which you will identify and treat conditions that may be an immediate life threat to the patient. These immediate life threats will usually involve breathing problems or severe bleeding problems. The steps within the Initial assessment will include: General Impression, Responsiveness, Airway, Breathing, Circulation, and EMS Update. The total time to complete the initial assessment should take about one (1) minute.

1. General Impression

You will begin to form your general impression as you approach the patient. This will include how the patient looks, and quick assessment of the environment in which the emergency has taken place, and the patient's chief complaint.

2. Responsiveness

The next step is to determine patient's responsiveness. This will help you to identify the patient who has an **altered mental status** and may need immediate airway control as well as other life saving measures.

Always introduce yourself and gain consent to treat the patient. If the mechanism of injury warrants it then take spinal precautions at this time. The quick method for determining responsiveness is the AVPU method.

- A- Alert
- V- Verbal (Responds to Verbal Stimuli)
- P- Pain (Responds to Painful Stimuli)
- U- Unresponsive

3. Airway

The airway must be assessed to ascertain patency. The chin lift or jaw thrust maneuver are the acceptable methods for opening the airway of a trauma patient. Remove any foreign body obstruction.

The patient's head should never be hyper-extended or hyper-flexed to establish or maintain an airway. Manual cervical spinal stabilization should be maintained through the initial airway assessment.

4. Breathing

Once the airway has been secured, the patient should be assessed for the adequacy of ventilatory exchange. If the airway is patent and ventilatory exchange insufficient, a bag valve mask device may be used to ventilate the patient. Secure the airway via adjuncts based on level of training and licensure. Paramedics should establish an endotracheal tube, while EMR's, EMT's, and AEMT's shall establish a Combitube if the patient meets the need and has been appropriately oxygenated.



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In order for a Combi-tube to be used by the Emergency Medical Responder (EMR) or EMT, the patient must be apneic (absent breathing), have an absent gag reflex, be greater than four feet tall, have not ingested any caustic substances, and have no esophageal diseases.

If a dual lumen airway has been established by an appropriately trained and licensed Emergency Medical Responder (EMR) or EMT, the Medic Crew must verify placement by noting air exchange (look, listen, and feel), humidification noted in the tube, auscultation of bilateral breath sounds, absence of epigastric sounds, and ETCO₂ (for ET Tubes only). The in charge Paramedic on the Medic Unit will make the decision to leave a satisfactory Combitube in place or to discontinue it and intubate the patient using an endotracheal tube.

5. Circulation

Central and/or peripheral pulses are palpated.

A palpable radial pulse may indicate a systolic BP of 80 mm/Hg or greater.

A palpable femoral pulse may indicate a systolic BP of 70mm/Hg or greater.

A palpable carotid pulse may indicate a systolic BP of 60 mm/Hg or greater.

Exsanguinating hemorrhage should be identified and controlled by direct pressure.

6. EMS Update

At this point you will have enough information regarding the patient's condition (high priority or stable patient) to give the EMS Unit en-route to the call a brief update.

Physical Exam

The Physical Examination is a continuation of the Initial Assessment. With the Initial Assessment you found immediate threats to the patient's life. The Physical Exam is a thorough exam of the patient's entire body to help find any further injury or illness that the patient may have. This will be done time permitting and the patient does not need continual life saving care (CPR). When performing a physical exam three methods of examination will be used: Inspection (Looking), Auscultation (Listening), and Palpation (Feeling). The steps in the Physical Exam are Head, Neck, Chest, Abdomen, Back, Pelvis, and Extremities and Vital Signs. During the physical exam the Emergency Medical Responder (EMR) or EMT may use the memory aid of DOTS to help.

- D- Deformities
- O- Open Injuries
- T- Tenderness
- S- Swelling

1. Head

The Physical Exam begins with the evaluation of the head and all related areas for any further findings. Note any papillary changes. A more detailed neurological exam should be performed using the Glasgow Coma Scale.

2. Neck/ Cervical Spine

Inspect and palpate for deformities, open injuries, tenderness, and swelling. Look at the anterior of the neck for tracheal deviation and the presence of jugular vein distention. Manual control is maintained at all times when the patient is not secured in a spinal package. All trauma patients, with significant mechanism of injury, are to be maintained in a spinal package, and will be done so during transport to the hospital.

3. Chest



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Inspect and palpate for deformities, open injuries, tenderness, and swelling. Auscultate breath sounds in all lung fields for a more thorough exam. Palpate for crepitus, instability, and pain. Percuss as needed. Auscultate heart tones and reaffirm presence or absence of distended neck veins.

4. Abdomen

Inspect and palpate for deformities, open injuries, tenderness, and swelling. Assess the patient for distention and rigidity of the abdominal cavity. Close observation and frequent evaluation is required to note subtle changes. Treat hypovolemia as per protocol.

5. Back

In order to maintain the integrity of spinal packaging, avoid manipulating the patient. If it is necessary to examine the back, log roll the patient maintaining manual cervical spine control at all times. Inspect and palpate for deformities, open injuries, tenderness, and swelling.

6. Pelvis

Inspect and palpate for deformities, open injuries, tenderness, and swelling, priapism and palpate for instability and pain.

7. Extremities

Inspect and palpate for deformities, open injuries, tenderness, and swelling. Also during this time check the patient for pulses, motor, and sensation to each of the four extremities in order to evaluate for circulatory compromise. Attempt to cover puncture wounds that may represent open fracture sites and other areas of trauma with sterile dressings. Splint suspected fracture sites to immobilize.

8. Vital Signs

Take a complete set of vital signs to include: Respirations (rate and quality), Pulse (rate and quality), Skin (color and condition), Pupils, and Blood pressure.

Patient History

In order to complete the patient assessment and assure that all possible complications have been found a thorough patient assessment must be performed. Using the SAMPLE method will simplify this and keep it in an organized manner. If the patient is unable to answer the questions then look to a family member or bystander.

1. Signs and Symptoms

This is what the patient is telling you is wrong as well as what you can visibly see.

2. Allergies

Any allergies the patient may have (this will include synthetic, nature, drug and food).

3. Medications

Any prescribed or over the counter medications that the patient is presently taking.

4. Pertinent Past History

Any type of past medical or trauma history that is pertinent to the present condition of the patient.

5. Last Oral Intake

This is the last time the patient had anything to eat or drink and is not solely limited to the last meal.



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6. Event

These are the events that led up to the incident and will give you an idea as to the cause (a medical incident preceding the trauma).

Ongoing Assessment

The ongoing assessment is another step of the patient assessment used to ascertain any changes in the patient's status. During this the Emergency Medical Responder (EMR)/ EMT should: Repeat the Initial Assessment, Repeat the Physical Exam to include Vitals Signs (Vitals signs should be taken every 3-5 minutes for an unstable patient and every 10-15 minutes for a stable patient), Reassess Treatment and Interventions, and Calm and Reassure the patient.



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Hand-Off Report

When the EMS unit arrives on scene they must be given the appropriate information about the patient's condition and the care that has been given. This should include: Patient's Age and Sex, Chief Complaint, Level of Responsiveness, Airway Status, Breathing Status, Circulation Status, Physical Exam Findings, SAMPLE History, and Treatment and Interventions.

Resuscitation/ Packaging

1. The Patient should be undressed, as needed using professionalism, to facilitate thorough examination and assessment.
2. Supplemental oxygen therapy is instituted for all trauma patients preferably via a non-re-breather mask.
3. Vital Signs are done during the Emergency Medical Responder (EMR)/ EMT Physical Examination and should be obtained as soon as practical in order to begin trending the patient.
4. Any patient that has sustained trauma to the clavicle or above, generalized blunt trauma or penetrating trauma that may be associated with spinal cord involvement will be placed in a complete spinal package. A complete spinal package is defined as application of rigid cervical collar, a long spine board with no less than three straps securing the chest, abdomen/ pelvis, and lower extremities, and a lateral stabilization of the head using a commercial cervical immobilization device (CID), or rolled towels and securing the head using commercial straps that come with the CID or tape.

If placing the patient in a complete spinal package compromises the airway the patient should be managed in a position that best facilitates airway management.



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Emergency Medical Responder (EMR) and EMT**

Adult Cardiac Protocols



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**ADULT CARDIAC PROTOCOLS
SYMPTOMATIC CHEST PAIN
SUSPECTED MYOCARDIAL INFARCTION**

1. Perform Initial Assessment
2. Oxygen 2 – 6 Lpm via nasal canula and airway maintenance appropriate to patient condition. If patient is in severe respiratory distress or has signs of hypoxia then Oxygen 100%.
3. Place patient in position of comfort (preferable in a semi-Fowlers position).
4. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, vital signs, and obtain history
5. Assist with cardiac monitor upon arrival of advanced personnel.
6. Assist with establishing I.V. access upon arrival of advanced personnel.
7. Assist with stabilizing patient for transport.



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ADULT CARDIAC PROTOCOLS CARDIOPULMONARY ARREST NON-TRAUMATIC ETIOLOGY

A. Airway

1. Open Airway and clear any obstruction
2. Insert a dual lumen airway device (Combitube).

B. Breathing

1. Provide or assist respiratory effort via pocket mask, if no Combitube in place, or bag valve mask.
2. Use 100% supplemental oxygen.

C. Circulation

1. Establish external chest compressions at a ratio of 30 chest compression to two respirations (approximately 100 a minute).
2. Utilize the Automatic External Defibrillator (AED) per protocol (Page 11).



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ADULT CARDIAC PROTOCOLS AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)

1. Perform the Initial Assessment
2. Perform CPR until the AED is attached to patient (if alone then attach the AED to the patient without waiting).
3. Make sure that no one is touching the patient and then Press “analyze” button.
4. If the AED determines that defibrillation is necessary:
 - a. Reconfirm that everyone is clear of the patient.
 - b. Press the shock button to deliver the defibrillation.
5. Immediately after the shock has been delivered begin CPR on the patient. **Do not** do a pulse or respiration check between the delivery of the shock and starting CPR. Continue doing CPR for approximately two (2) minutes (5 cycles of 30:2).
6. After two minutes of CPR make sure that no one is touching the patient and then press the “analyze” button.
 - a. If the AED advises to shock then repeat steps 4-6. Continue with this until patient improves or advanced care arrives on scene.
 - b. If the AED advises no shock then got to step 7.
7. Check the patients pulse (carotid, femoral, or radial) and respiratory status.
 - a. If the patient has a pulse but is not breathing then control the airway and continue with assisting patients ventilations using a pocket mask or bag valve mask.
 - b. If the patient has a pulse and adequate respirations then place patient in the recovery position and continue oxygen therapy at 100%.
 - c. Continue to evaluate patient for possible changes in respiratory or pulse status, check vital signs every three to five minutes and treat according to findings.



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Emergency Medical Responder (EMR) and EMT**

Adult Medical Emergency Protocols



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**First Responder Agency Protocols
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**Adult Medical Emergency Protocols
Acute Pulmonary Edema**

1. Perform Initial Assessment
2. Oxygen at a flow rate appropriate to patient condition.
3. Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history.



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**ADULT MEDICAL PROTOCOLS
HYPERGLYCEMIA/ HYPOGLYCEMIA**

1. Perform Initial Assessment
2. Maintain an open airway and oxygen at flow rate appropriate to patient condition.
3. Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain medical history and vital signs.
4. If known hypoglycemic or if unable to determine diabetic emergency, administer sugar product.
 - a. Conscious: May eat or drink sugar concentrated substance.
 - b. Semi-Conscious: Instant Glucose inserted along the mucous membranes of the mouth.
 - c. Unconscious: Support patient's airway as need, administer oxygen and wait for advanced care to arrive.
 - d. If patient is experiencing stroke like symptoms then DO NOT give anything by mouth.

Note: Make certain patient has complete control of airway before giving anything by mouth.



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**ADULT MEDICAL PROTOCOLS
HYPERTENSIVE CRISIS**

1. Perform Initial Assessment
2. Maintain open airway and provide oxygen at flow rate appropriate to patient condition.
3. Elevate head. If possible trauma involved take appropriate precautions.
4. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**ADULT MEDICAL PROTOCOLS
CEREBROVASCULAR ACCIDENT (BRAIN ATTACK/ T.I.A.)**

1. Perform Initial Assessment
2. Oxygen 2-4 lpm via nasal cannula and appropriate airway maintenance based on patient condition and level of training.
3. Perform MEND exam.
4. Keep head elevated if not contraindicated.
5. Maintain body heat
6. Have suction available
7. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history
8. DO NOT give anything by mouth.



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First Responder Agency Protocols Emergency Medical Responder (EMR) and EMT

ADULT MEDICAL PROTOCOLS SEIZURES

1. Perform Initial Assessment
2. Maintain an open airway and provide oxygen appropriate to patient condition
3. Protect patient from injury. **DO NOT insert anything into the patient's mouth.**
4. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam; obtain vital signs and patient history.
5. Monitor any seizure activity, to include length of seizures.



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**ADULT MEDICAL PROTOCOLS
UNCONSCIOUS/ UNRESPONSIVE**

1. Initial Assessment with C-Spine control if warranted
2. Oxygen and airway maintenance appropriate to patient condition and level of training
3. Have suction available
4. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history
5. Package patient per protocol
6. Assess for head trauma, hypothermia, hemi paresis (one sided paralysis), and fever



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First Responder Agency Protocols Emergency Medical Responder (EMR) and EMT

ADULT MEDICAL PROTOCOLS RESPIRATORY DISTRESS (ASTHMA/COPD)

1. Perform Initial Assessment
2. Oxygen and airway maintenance appropriate to patient condition and level of training
3. Position patient for comfort, usually a high fowlers position, and keep patient calm
4. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

ADULT ENVIRONMENTAL PROTOCOLS



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**ADULT ENVIRONMENTAL PROTOCOLS
DRUG INGESTION**

1. Protect yourself with body substance isolation from toxin and/or unruly patient
2. Initial Assessment
3. Oxygen and airway maintenance appropriate to patient condition
4. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**ADULT ENVIRONMENTAL PROTOCOLS
HYPERTHERMIA**

1. If safe to do so then remove patient from heat source but remember your safety is most important.
2. Initial assessment
3. Oxygen 100% and appropriate airway maintenance based on patient condition and level of training.
4. Remove clothing and cover patient with a sheet and/or blanket.
5. Cool with ice packs, circulating air or other measure. **DO NOT cause patient to shiver**
6. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history
7. Package patient per protocol



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**ADULT ENVIRONMENTAL PROTOCOLS
HYPOTHERMIA**

1. Initial assessment.
2. Handle patient gently: jolts may trigger ventricular fibrillation, resulting in cardiac arrest of the patient
3. If unconscious and pulseless, evaluate the patient for 1 full minute
 - a. Oxygen 100%, CPR if indicated
 - b. Remove clothing if wet and cover with dry blankets
4. If transport time is greater than 15 minutes
 - a. Add heat via warm objects to head, neck, groin, and chest.
 - b. Avoid warming the extremities
5. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history
6. Package patient per protocol



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**ADULT ENVIRONMENTAL PROTOCOLS
POISONOUS SNAKE BITE**

1. Initial Assessment
2. Emergency Medical Responder (EMR)/ EMT Physical Exam
3. Remove rings and jewelry.
4. Oxygen and airway maintenance appropriate to patient condition and level of training
5. Keep patient calm
6. Determine type of snake, if can be done safely, and time of accident
7. Do NOT apply ice
8. Immobilize affected extremities in a neutral position.
9. Obtain vital signs and history



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First Responder Agency Protocols Emergency Medical Responder (EMR) and EMT

ADULT ENVIRONMENTAL PROTOCOLS NEAR DROWNING

1. Initial assessment with neck and c-spine stabilization
 - a. Prior to removal from the water if possible
 - b. Minimum of four rescuers recommended
2. Oxygen 100% and appropriate airway maintenance based on level of training
3. Remove wet clothing and maintain body temperature
4. Prepare to suction patient
5. Package according to protocol
6. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

Adult Shock/ Trauma Protocols



**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**ADULT SHOCK/ TRAUMA PROTOCOLS
TRAUMA PATIENT ASSESSMENT AND PACKAGING**

1. Initial Assessment (See pages 4 - 7 for a more detailed description of the Emergency Medical Responder (EMR)/ EMT Patient Assessment)
 - A) Get a General Impression of the patient
 - B) Check Responsiveness of the patient using AVPU
 - C) Maintain an open airway and C-Spine control
 - a. Manually control C-Spine with hands while using the Jaw-Thrust technique
 - b. Do not hyperextend the neck
 - D) Assess breathing
 - a. Look, listen and feel for patient's breath
 - b. If not breathing, give two (2) breaths. If unsuccessful, reposition airway, attempt ventilations again. . If within parameters for a dual lumen airway then insert a Combitube and if not then insert an oropharyngeal or nasopharyngeal airway and oxygenate.
 - c. Remove any airway obstruction
 - E) Assess circulation
 - a. If no pulse begin CPR
 - b. Check for tracheal deviation, neck vein distention, any trauma or swelling to the neck
 - c. Note skin color, carotid pulse, capillary refill time (in pediatric patients), radial and femoral pulses. Apply C-Collar.
 - Radial Pulse: Blood Pressure of at least 80 systolic
 - Femoral Pulse: B/P of at least 70
 - Carotid Pulse: B/P of at least 60
 - F) Control Hemorrhage
 - a. Direct Pressure
 - b. Tourniquet as needed for uncontrolled hemorrhage of extremities
2. Treat for Shock
 - a. Cover patient with a blanket
 - b. Put patient in a Trendelenberg position (if on a back board lift foot of backboard rather than the feet of the patient)
3. Emergency Medical Responder (EMR)/ EMT Physical Exam. This will be performed as time allows and if there is a delay in arrival of advanced trained personnel for transport and/or performed during transport to the hospital. Use the Inspection, Palpation, and Auscultation to exam each and the DOTS method to help remember what to look for. See pages 4 – 7 for a more detailed description of the Emergency Medical Responder (EMR)/ EMT Patient Assessment.
 - a. Head, Neck, Chest, Abdomen, Back, Pelvis, and lower and upper extremities.
4. Perform and/ or assist with splinting major fractures
5. Immobilize patient in full spinal package with mast trousers. If the back has not been examined then do so as you perform the log roll maneuver to get the patient on the long spine board.
6. Assist with transportation as soon as possible and assist in load and go situations



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Emergency Medical Responder (EMR) and EMT**

**Adult Shock/ Trauma Protocols
Load and Go Situations**

1. Begin Initial Assessment
2. Discover Load and Go Situation:
 - a. Complete airway obstruction
 - b. Trauma CPR
 - c. Respiratory compromise with hypoxia
 - d. Trauma pneumothorax
 - e. Cardiac Tamponade
 - f. Shock
 - g. Diminished L.O.C.
 - h. Head trauma with affected pupils
 - i. Any other life-threatening injuries
3. Complete Emergency Medical Responder (EMR)/ EMT Physical Exam (except for conditions a or b above); obtain vitals, and patient history.
4. Package patient for transport
5. Load patient into ambulance
6. Expedite transport to trauma center
7. Perform all needed skills en-route to trauma center unless critical intervention is needed or transport time is delayed.



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Adult Shock/ Trauma Protocols

Trauma Arrest

1. Perform Initial Assessment
2. Identify arrest condition, obtain history
3. Begin CPR
4. Airway secured with a combi-tube while maintaining C-Spine control
5. High flow oxygen (via BVM with combi-tube or with mask if combi-tube not yet secured)
7. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history
8. Package patient per protocol



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**First Responder Agency Protocols
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Adult Shock/ Trauma Protocols

Thermal Burns

1. Perform Initial Assessment
2. Observe for burns of the nares, oropharyngeal mucosa, or face indicating possible inhalation injury
3. Oxygen 100% via best route
4. Remove all rings and all jewelry from affected limbs
5. Remove all clothing and cover burned areas with dry sterile dressings or burn sheets
6. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history



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Adult Shock/ Trauma Protocols

Shock

1. Perform Initial Assessment
2. Oxygen 100% and appropriate airway maintenance
3. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history
4. Package patient according to protocol
5. Cover patient to prevent heat loss



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Pediatric Emergency Protocols



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**Pediatric Emergency Protocols
Drug Ingestion**

1. Scene safety, protect yourself from toxin and/or unruly patient
2. Perform Initial Assessment
3. Oxygen and airway maintenance appropriate to patient condition
4. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**Pediatric Emergency Protocols
Hyperthermia**

1. Perform Initial Assessment
2. Oxygen 100% and appropriate airway maintenance
3. Remove clothing and cover with wet linen
4. Expose to circulating air and cool (**DO NOT CAUSE THE PATIENT TO SHIVER**)
5. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history



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First Responder Agency Protocols Emergency Medical Responder (EMR) and EMT

Pediatric Emergency Protocols Hypothermia

1. HANDLE PATIENT GENTLY; JOLTS MAY TRIGGER VENTRICULAR FIBRILLATION OF THE HEART AND CARDIAC ARREST
2. Perform Initial Assessment
3. If unconscious/ unresponsive and pulseless, evaluate for 1 full minute
 - a. Begin CPR and oxygen 100% (appropriate airway established).
 - b. Remove all wet clothing and cover with dry blankets
4. If transport time is greater than 15 minutes:
 - a. Add heat via warm objects to head, neck, chest and groin
 - b. DO NOT WARM EXTREMITIES
5. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**Pediatric Emergency Protocols
Respiratory Distress (Asthma)**

1. Perform Initial Assessment
2. Oxygen and airway maintenance appropriate to patient condition
3. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history



**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**Pediatric Emergency Protocols
Respiratory Distress (Stridor)**

1. Perform Initial Assessment
2. Oxygen 100% as tolerated
3. Determine underlying cause:
 - a. Croup -< 3 years old, recent cold
 - b. Epiglottitis -> 3 years old, drooling, fever, **SUDDEN ONSET, DON NOT STIMULATE AIRWAY**
 - c. Foreign body- Asymmetrical breath sounds, positive history
4. Attempt to keep the child calm
5. Avoid suctioning, finger sweeps, pharynx visualization
6. Reinforce respiration with positive pressure ventilations
7. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**Pediatric Emergency Protocols
Seizures**

1. Perform Initial Assessment
2. Oxygen 100% and appropriate airway maintenance
3. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, vital signs, and obtain patient history (including prior episodes, or recent spikes in fever)
4. Cool patient if febrile (high fever) but DO NOT MAKE PATIENT SHIVER



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First Responder Agency Protocols Emergency Medical Responder (EMR) and EMT

Pediatric Emergency Protocols Shock

1. Perform Initial Assessment
2. Oxygen 100% and appropriate airway maintenance
3. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history
4. Determine cause of Shock:
 - a. Anaphylactic
 - b. Cardiogenic
 - c. Hypovolemic
 - d. Neurogenic
 - e. Septic



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**First Responder Agency Protocols
Emergency Medical Responder (EMR) and EMT**

**Pediatric Emergency Protocols
Thermal Burns**

1. Perform Initial Assessment
2. Observe for burns of the nares, oropharyngeal mucosa, or face
3. Oxygen 100% and appropriate airway maintenance
4. Perform Emergency Medical Responder (EMR)/ EMT Physical Exam, obtain vital signs and patient history
5. Remove rings and other jewelry even if extremities not affected
6. Cover burned area with dry sterile dressing or burn sheet