



INFORMATION

N/A



BLS

AIRWAY/C-SPINE

- Assess airway
- If patient cannot maintain their airway, open airway with a modified jaw thrust.
- Spinal Motion Restriction (manual c-spine) if indicated.
- Suction blood/secretions.
- Insert an NPA/OPA as needed to maintain airway.

BREATHING

- For respirations of 10 or less **OR** if tidal volume is inadequate, insert NPA or OPA and assist ventilations via BVM (1 breath every 6-8 seconds).
- For respirations of 12-20 breaths per minute, maintain SpO₂ at 95%.
- Respirations greater than 29 breaths per minute, maintain SpO₂ at 95%. If tidal volume is inadequate, insert NPA or OPA and assist ventilations via BVM (1 breath every 6-8 seconds).

CIRCULATION

- Control external severe extremity hemorrhage (direct pressure, Combat Application Tourniquet (C.A.T.), apply high and tight until the bleeding stops). Never apply C.A.T. directly over injury site or joint.
- If Hemostatic Agent/Gauze is available, severe junctional hemorrhage (e.g., neck, axillary, thoracic, abdominal, pelvis and groin) and any other severe external hemorrhage that is not able to be easily controlled using C.A.T. shall be controlled using Celox Rapid. Pack wound with Celox Rapid and maintain pressure for a minimum of one minute.
- Assess for shock: Rapid heart rate, diminished/absent radial pulse, pale/cool/diaphoretic skin, AMS (CHECK BGL).

DISABILITY

- Level of Consciousness, AVPU, moves extremities

EXPOSE

- As a general rule, only remove as much of the clothing as necessary to determine the presence or absence of an injury. Cover the patient as soon as possible to keep the patient warm.



BURNS

- Stop the burning process by irrigating with copious amounts of room temperature water or sterile saline.
- Do not attempt to remove tar, clothing, etc., if adhered to the skin.
- Never apply ice directly to burns.
- Remove jewelry and watches from burned area.
- For all burns, apply dry sterile dressing, a burn sheet may be used for large body surface area burns.
- Consider Spinal Motion Restriction for electrical burns associated with spinal pain.

BLEEDING CONTROL (External Bleeding)

- Control external severe extremity hemorrhage (direct pressure, Combat Application Tourniquet (C.A.T.), apply high and tight until the bleeding stops). Never apply C.A.T. directly over injury site or joint.
- If Celox Rapid is available, severe junctional hemorrhage (e.g., neck, axillary, thoracic, abdominal, pelvis and groin) and any other severe external hemorrhage that is not able to be easily controlled using C.A.T. shall be controlled using Celox Rapid. Pack wound with Celox Rapid and maintain pressure for a minimum of one minute.

CHEMICAL BURNS

- Remove patient's clothing and ensure that the patient is decontaminated prior to transport in order to avoid contaminating personnel and equipment.
- Irrigate liquid chemical burns with copious amounts of water or sterile saline.
- Brush off dry chemicals prior to irrigation.

EYE EMERGENCIES

- Remove contact lenses, with the exception of penetrating eye injuries.
- Irrigate affected eye with sterile saline.

HEAT EXPOSURE

- Move patient to a shaded or air conditioned area, remove excessive clothing.
- Water can be given to responsive patients with an intact gag reflex.
- Place patient in a supine position if they are weak or dizzy.
- Apply ice packs to axilla and groin area for suspected heat stroke (Altered Mental Status).

MUSCULOSKELETAL AND SPINAL TRAUMA

- Injured extremities shall be immobilized via splint and bleeding controlled with direct pressure, or C.A.T. (see BLEEDING CONTROL). Assess and document PMS before and after splinting.
- If Celox Rapid is available, severe junctional hemorrhage (e.g., neck, axillary, thoracic, abdominal, pelvis and groin) and any other severe external hemorrhage that is not able to be easily controlled using C.A.T. shall be controlled using Celox Rapid. Pack wound with Celox Rapid and maintain pressure for a minimum of one minute.