

Hypothermia

E M R	<ul style="list-style-type: none"> • Perform Routine Patient Care Protocol 1105. • Handle the patient as gently as possible • Create a warm environment for the patient. Remove wet or frozen clothing and cover the patient with warm blankets. Prevent further exposure to cold. Warm packs may be utilized for the posterior neck, armpits, groin, and along the thorax. • Do not rub frostbitten or frozen body parts. Protect injured parts with light, sterile dressings and avoid pressure to the area. • Ensure patient's clothing has been removed and patient has decontaminated prior to transport.
E M T	<ul style="list-style-type: none"> • Continue EMR care. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	<ul style="list-style-type: none"> • Continue EMT care. • Administer 500 mL bolus of warmed IV fluids. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	<ul style="list-style-type: none"> • Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Hypothermia

Critical Thinking Elements

- Injury and illness from environmental exposure varies depending on the manner of exposure and the amount of exposure. Cold weather emergencies range from localized frostbite to severe hypothermia with unresponsiveness and unconsciousness.
- The patient's health and predisposing factors may increase the likelihood of environmental illness and injury. Patients suffering from trauma, shock, hypoglycemia, and stroke are at greater risk of developing hypothermia. Newborns, infants, drug and alcohol abuse patients, and the elderly have increased predisposition to hypothermia.
- The primary goal in the treatment of the patient at risk for hypothermia is to insulate the patient and prevent further heat loss.

Heat Related Emergencies

E M R	<ul style="list-style-type: none">• Perform Routine Patient Care Protocol 1105.• Move the patient to a cool environment. Remove clothing as necessary to make the patient comfortable. Cold packs may be utilized for the posterior neck, armpits, groin, and along the thorax. Do not cool the patient to a temperature that causes shivering.
E M T	<ul style="list-style-type: none">• Continue EMR care.• Initiate ALS intercept if indicated.• Transport as soon as possible.• Contact receiving facility as soon as possible.
I	<ul style="list-style-type: none">• Continue EMT care.• Administer 500 mL bolus of IV fluids to achieve a systolic BP of 100mmHg.• Initiate ALS intercept if indicated.• Transport as soon as possible.• Contact receiving facility as soon as possible.
P	<ul style="list-style-type: none">• Continue ILS care.• Transport as soon as possible.• Contact receiving facility as soon as possible.

Heat Related Emergencies

Critical Thinking Elements

- Injury and illness from heat exposure varies depending on the manner of exposure and the amount of exposure. Heat exposure emergencies range from localized cramping to severe hyperthermia (heat stroke) with unresponsiveness and unconsciousness.
- The patient's health, predisposing factors and medications may increase the likelihood of heat-related illness.
- The primary goal in the treatment of the patient at risk for hyperthermia is to cool the patient and restore body fluids.

Burn Management

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- **Perform Routine Patient Care Protocol 1105.**
- **Thermal Burn Treatment**
 - If burn occurred within the last 20 minutes, reverse the burning process and cool the area by flushing with 1L of sterile saline or sterile water. The goal is to extinguish the burning process. Do not systemically cool the patient. Discontinue cooling if the patient begins to shiver.
 - Remove jewelry and clothing. Do not pull away clothing that is stuck to the burn.
 - Cover the wound with dry sterile dressings.
 - Wrap the patient with burn sheets and then blankets to conserve body heat.
- **Electrical Burn / Lightning Strike Treatment**
 - Ensure power service has been cut off and removed from patient by trained personnel.
 - Assess for entry and exit wounds. No cooling or flushing is necessary for this type of burn.
 - Cover burn with dry, sterile dressings.
 - Closely monitor the patient.
- **Chemical Burn Treatment**
 - Consider possible scene and patient contamination and follow agency safety procedures.
 - Note which chemical agent caused the burn and obtain SDS for the chemical (if possible).
 - Patient's clothing should be removed completely prior to being placed in ambulance for transport.
 - Dry chemical powder should be brushed off prior to applying water.
 - Flush skin for at least 1-2 minutes.
 - Irrigate burns to the eye with at least 1 Liter of Normal saline for at least 5 minutes.
- **Radiation Burn Treatment**
 - Ensure appropriately trained providers with proper protective equipment respond and decontaminate patient.
 - All contaminated items should be left at the scene. Notify receiving facility as early as possible.
 - Treat signs and symptoms per appropriate protocol. Burns should be addressed as noted above with thermal burn treatment.
- **Inhalation Burns**
 - Monitor airway closely, support respirations if indicated, and secure airway if indicated.

Burn Management

E M T	<ul style="list-style-type: none"> • Continue EMR care. • Monitor airway and manage as needed. • Initiate ALS intercept, if needed. • Transport as soon as possible. • Contact receiving facility as soon as possible.
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I	<ul style="list-style-type: none"> • Continue EMT care. • Administer IV fluid bolus. Refer to Parkland formula for bolus amount. • Provide pain management according to Acute Pain Management Protocol 1115. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
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P	<ul style="list-style-type: none"> • Continue ILS care. • Monitor airway closely and secure airway if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
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Critical Thinking Elements

- Water-Jel® or equivalent may be used after the burn has been cooled.
- Burn Jel® or any product with external analgesic is not an approved product in the SAMIC EMS System.
- Treat other signs/symptoms or trauma according to the appropriate protocol.
- Vascular access should not be obtained through burned tissue unless no other site is available.
- Monitor the patient's response to fluid administration.
- Closely monitor airway and prepare for aggressive management.
- Do not delay transport in critical trauma patients for burn care.

Smoke Inhalation/Cyanide Exposure

EMR	<ul style="list-style-type: none">• Perform Routine Patient Care Protocol 1105.• Administer Albuterol 2.5mg/3mL, may repeat every 20 minutes as needed.
EMT	<ul style="list-style-type: none">• Continue EMR care.• Administer Albuterol 2.5mg/3mL mixed with Ipratropium 0.5 mg/3 mL, may repeat every 20 minutes as needed.• Initiate ALS intercept, if needed.• Transport as soon as possible.• Contact receiving facility as soon as possible.
I	<ul style="list-style-type: none">• Continue EMT care.• Initiate ALS intercept, if needed.• Transport as soon as possible.• Contact receiving facility as soon as possible.
P	<ul style="list-style-type: none">• Continue ILS care.• Transport as soon as possible.• Contact receiving facility as soon as possible.

Submersion Incident

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R | <ul style="list-style-type: none">• Perform Routine Patient Care Protocol 1105.• Consider c-spine injury and take appropriate precautions.• Ensure scene safety. Use appropriate personnel and equipment for rescue. |
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| E
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T | <ul style="list-style-type: none">• Continue EMR care.• Initiate ALS intercept, if needed.• Transport as soon as possible.• Contact receiving facility as soon as possible. |
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| I | <ul style="list-style-type: none">• Continue EMT care.• Initiate ALS intercept, if needed.• Transport as soon as possible.• Contact receiving facility as soon as possible. |
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| P | <ul style="list-style-type: none">• Continue ILS care.• Transport as soon as possible.• Contact receiving facility as soon as possible. |
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ADULT ENVIRONMENTAL

4135

SCUBA Injury/Accident

EMR	<ul style="list-style-type: none">• Perform Routine Patient Care Protocol 1105.• Administer high flow oxygen via non-rebreather mask.• Ensure scene safety. Use appropriate personnel and equipment for rescue.• Utilize Diver's Alert Network Emergency Hotline for guidance. 1-919-684-9111
EMT	<ul style="list-style-type: none">• Continue EMR care.• Initiate ALS intercept, if needed.• Transport as soon as possible.• Contact receiving facility as soon as possible.
I	<ul style="list-style-type: none">• Continue EMT care.• Check and treat for pneumothorax, if indicated.• Initiate ALS intercept, if needed.• Transport as soon as possible.• Contact receiving facility as soon as possible.
P	<ul style="list-style-type: none">• Continue ILS care.• Transport as soon as possible.• Contact receiving facility as soon as possible.

ADULT ENVIRONMENTAL

4140

Altitude Illness

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R | <ul style="list-style-type: none">• Perform Routine Patient Care Protocol 1105.• Administer high flow oxygen via non-rebreather mask.• Treat signs and symptoms according to appropriate protocol. |
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| E
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T | <ul style="list-style-type: none">• Continue EMR care.• Initiate ALS intercept, if needed.• Transport as soon as possible.• Contact receiving facility as soon as possible. |
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| I | <ul style="list-style-type: none">• Continue EMT care.• Initiate ALS intercept, if needed.• Transport as soon as possible.• Contact receiving facility as soon as possible. |
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| P | <ul style="list-style-type: none">• Continue ILS care.• Transport as soon as possible.• Contact receiving facility as soon as possible. |
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ADULT ENVIRONMENTAL

4145

Bites and Envenomation

E M R	<ul style="list-style-type: none"> • Perform Routine Patient Care Protocol 1105. • Attempt to identify the animal without endangering EMS. • Determine the time of the bite. Mark a spot above and below the bite and measure the circumference. Mark the leading edge of any bruising and/or swelling, note the time. • Provide pressure immobilization. Wrap an ACE wrap around the entire length of the bitten extremity. The bandage should be comfortably tight and snug but allow a finger to be slipped under it. Splint the extremity. Ensure PMS is present after securing extremity. • Treat signs and symptoms according to appropriate protocol.
E M T	<ul style="list-style-type: none"> • Continue EMR care. • Initiate ALS intercept, if needed. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	<ul style="list-style-type: none"> • Continue EMT care. • Initiate ALS intercept, if needed. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	<ul style="list-style-type: none"> • Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Heat Related Emergency

EMR	<ul style="list-style-type: none"> • Follow Routine Patient Care 1205. • Move the patient to a cool environment. Remove clothing as necessary to make the patient comfortable. Cold packs may be utilized for the posterior neck, armpits, groin, and along thorax. Do not cool the patient to a temperature that will cause them to shiver.
EMT	<ul style="list-style-type: none"> • Continue EMR care. • Initiate ALS intercept, if needed. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	<ul style="list-style-type: none"> • Continue EMT care. • Initiate IV/IO access. Administer fluid bolus 20mL/kg if patient is hypotensive, may repeat once. Any bolus >40mL/kg, consult Medical Control. • Initiate ALS intercept, if indicated. • Contact receiving facility as soon as possible.
P	<ul style="list-style-type: none"> • Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Hypothermia

EMR	<ul style="list-style-type: none"> • Follow Routine Patient Care 1205. • Handle the patient gently. • Move the patient to a warm environment. Remove wet and/or frozen clothing. Cover with warm blankets. Hot packs may be utilized for the posterior neck, armpits, groin, and along thorax. • Do not rub frostbitten or frozen body parts. Protect injured parts with dry, light, sterile, and loose dressings.
EMT	<ul style="list-style-type: none"> • Continue EMR care. • Initiate ALS intercept, if needed. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	<ul style="list-style-type: none"> • Continue EMT care. • Initiate IV/IO access. Administer warmed fluid bolus 20mL/kg if patient is hypotensive, may repeat once. Any bolus >40mL/kg, consult Medical Control. • Initiate ALS intercept, if needed. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	<ul style="list-style-type: none"> • Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Near Drowning

E M R	<ul style="list-style-type: none"> • Follow Routine Patient Care 1205. • Make sure scene is safe. Use appropriate personnel and equipment for rescue. • Establish and maintain spinal motion restriction. • Initiate CPR if indicated. • Treat symptoms per the appropriate protocol.
E M T	<ul style="list-style-type: none"> • Continue EMR care. • Initiate ALS intercept, if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible to alert them of hazardous material exposure.
I	<ul style="list-style-type: none"> • Continue EMT care. • Initiate IV/IO access. Administer warmed fluid bolus 20mL/kg if patient is hypotensive, may repeat once. Any bolus >40mL/kg, consult Medical Control. • Initiate ALS intercept, if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	<ul style="list-style-type: none"> • Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Burn

E M R	<ul style="list-style-type: none"> • Perform Routine Patient Care Protocol 1205. • Thermal Burn Management: <ul style="list-style-type: none"> • If burn occurred within the last 20 minutes, reverse the burning process and cool the area by flushing with 1L of sterile saline or sterile water. The goal is to extinguish the burning process. Do not systemically cool the patient. Discontinue cooling if the patient begins to shiver. • Remove jewelry and clothing. Do not pull away clothing that is stuck to the burn. • Cover the wound with dry sterile dressings. • Wrap the patient with burn sheets and then blankets to conserve body heat. • Electrical Burn / Lightning Strike Treatment <ul style="list-style-type: none"> • Ensure power service has been cut off and removed from patient by trained personnel. • Assess for entry and exit wounds. No cooling or flushing is necessary for this type of burn. • Cover burn with dry, sterile dressings. • Closely monitor the patient. • Chemical Burn Treatment <ul style="list-style-type: none"> • Consider possible scene and patient contamination and follow agency safety procedures. • Note which chemical agent caused the burn and obtain SDS for the chemical (if possible). • Patient's clothing should be removed completely prior to being placed in ambulance for transport. • Dry chemical powder should be brushed off prior to applying water. • Flush skin for at least 1-2 minutes. • Irrigate burns to the eye with at least 1 Liter of Normal saline for at least 5 minutes. • Radiation Burn Treatment <ul style="list-style-type: none"> • Ensure appropriately trained providers with proper protective equipment respond and decontaminate patient. • All contaminated items should be left at the scene. Notify receiving facility as early as possible. • Treat signs and symptoms per appropriate protocol. Burns should be addressed as noted above with thermal burn treatment.
E M T	<ul style="list-style-type: none"> • Continue EMR care. • Monitor airway and manage as needed. • Initiate ALS intercept, if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Burn

I	<ul style="list-style-type: none">• Continue EMT care.• Initiate IV/IO access. Administer fluid bolus 20mL/kg if patient is hypotensive, may repeat once. Any bolus >40mL/kg, consult Medical Control.• Provide pain management according to Acute Pain Management Protocol 1115.• Initiate ALS intercept, if needed.• Transport as soon as possible.• Contact receiving facility as soon as possible.
P	<ul style="list-style-type: none">• Continue ILS care.• Transport as soon as possible.• Contact receiving facility as soon as possible.