



ALS STANDING ORDERS:

AUTO ACCIDENT WITH AIRBAG DEPLOYMENT:

1. For eye irritation, brush off any powder around upper face and irrigate copiously with water.
→Ask patient if wearing contact lenses and if yes, ask patient to remove lenses if still in place.
2. Pulse oximetry; if oxygen saturation less than 95% give:
▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
3. For respiratory distress with wheezes, administer *albuterol*:
▶ *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*
4. Make base contact for any patient who meets Trauma Triage Criteria (OCEMS Policy # 310.30)
5. If does not meet Trauma Triage Criteria, transport to nearest available ERC (ALS escort if Albuterol required for stabilization).

EXTERNAL BLEEDING / HEMORRHAGE:

1. Apply direct pressure to bleeding site to control blood loss
 - For continued bleeding after application of direct pressure, consider use of approved hemostatic dressing.
 - Use of a tourniquet is appropriate when upper or lower extremity hemorrhage cannot be controlled by applying direct pressure or hemostatic dressing to the site of bleeding.
 - Make base contact for any patient who meets Trauma Triage Criteria (OCEMS Policy # 310.30).
2. Pulse oximetry; if oxygen saturation less than 95% give:
▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
3. IV access if hypotensive or per paramedic judgment, do not delay transport to establish IVs.
▶ *250 mL Normal Saline IV, continue Normal Saline as a wide open infusion to maintain perfusion.*
4. Base contact required if hypotensive or normal saline infusion required for stabilization.

EYE INJURY:

1. Cover injured eye without applying pressure to the globe.
2. Elevate head 30 degrees or more if spinal motion restriction is not required.
3. *Morphine sulfate or Fentanyl* as needed for pain, if BP greater than 90 systolic:

Approved:

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GENERAL INJURY AND TRAUMA – ADULT/ADOLESCENT

- ▶ *Morphine sulfate 5 mg (or 4 mg carpject) IV/IM, may repeat once in 3 minutes to control pain;*
OR,
Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain

4. For nausea or vomiting give *Ondansetron (Zofran™)*:

- ▶ *Ondansetron (Zofran™) 8 mg (two 4 mg ODT tablets) to dissolve orally on inside of cheek*
OR,
4 mg IV, may repeat 4 mg IV once after approximately 3 minutes for continued nausea or vomiting.

5. Transport to nearest available ERC (ALS escort if medications required).

ISOLATED EXTREMITY TRAUMA (Fractures or Amputations) NOT MEETING TRAUMA TRIAGE CRITERIA:

1. Splint or immobilize fractured extremities (note any breaks of skin or open wounds).
2. May place cold packs over splinted fracture sites for comfort.
3. *Morphine sulfate or Fentanyl* as needed for pain, if BP greater than 90 systolic:
 - ▶ *Morphine sulfate 5 mg (or 4 mg carpject) IV/IM, may repeat once in 3 minutes to control pain;*
OR,
Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain
4. Transport to nearest available ERC (ALS escort if morphine or fentanyl given).

IMPALED OBJECTS NOT MEETING TRAUMA TRIAGE CRITERIA:

1. Stabilize impaled object in place when possible unless this causes a delay in extrication or transport.
2. DO NOT Remove impaled objects in face or neck unless ventilation is compromised.
3. *Morphine sulfate or Fentanyl* as needed for pain, if BP greater than 90 systolic:
 - ▶ *Morphine sulfate 5 mg (or 4 mg carpject) IV/IM, may repeat once in 3 minutes to control pain;*
OR,
Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain
4. Transport to nearest available ERC (ALS escort if morphine or fentanyl given).

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GENERAL INJURY AND TRAUMA – ADULT/ADOLESCENT

TREATMENT GUIDELINES:

GENERAL:

- When transporting women on a backboard who are estimated to be 20 weeks or more gestation (2nd and 3rd trimester) tilt the backboard to the patient's left to maintain a modified left-lateral position.
- Base contact is required for any patient meeting Trauma Triage Criteria to determine appropriate receiving PTRC.

AIRBAG DEPLOYMENT:

- Watch for side airbag or secondary airbag deployment.
- Consider potential for eye injuries, blunt force trauma chest injuries.

ISOLATED SKELETAL TRAUMA (Fractures or Amputations) NOT MEETING TRAUMA TRIAGE CRITERIA:

- For extremity fractures, always note presence or absence of peripheral pulses and sensation.

Approved:

A handwritten signature in blue ink, appearing to read "S. Shattom".

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