



# EMS System for Metropolitan Oklahoma City and Tulsa 2020 Medical Control Board Treatment Protocols



Approved 9/11/19, Effective 1/15/20, replaces all prior versions

## 10J – COMPARTMENT SYNDROME ADULT & PEDIATRIC

- TREATMENT PRIORITIES**
1. Vital signs
  2. 5 Ps exam
  3. Hospital notification of concern regarding limb circulation compromise
  4. Analgesia (if required)

**EMD**

DO NOT MOVE THE PATIENT UNLESS IN DANGER  
CONTROL BLEEDING WITH DIRECT PRESSURE  
DO NOT ATTEMPT TO SPLINT INJURIES

**EMERGENCY MEDICAL DISPATCHER**

**EMERGENCY MEDICAL RESPONDER**

**EMT**

**EMT-INTERMEDIATE 85**

**ADVANCED EMT**

**PARAMEDIC**

**EMR** | **EMT**

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE  
OBTAIN VITAL SIGNS

HISTORY OF TRAUMA IN EXTREMITY IN PAST DAYS OR ACUTELY THAT COULD CAUSE PRESSURE TO BUILD IN DEEP SPACES OF EXTREMITY?  
(MUSCLE OR TISSUE SWELLING? DEEP SPACE BLEEDING?)

**EVALUATE EXTREMITY FOR “5 Ps” OF COMPARTMENT SYNDROME:**

**PAIN** OUT OF PROPORTION TO ASSESSED INJURY (APPEARS MINOR INJURY, PATIENT IN EXCRUCIATING PAIN)?

**PARESTHESIA** (NUMBNESS DUE TO NERVE COMPRESSION)?

**PRESSURE** (SKIN/MUSCLE FEELS TENSE DUE TO INCREASING FORCE WITHIN COMPARTMENT)?

**PARALYSIS** (LATE SIGN DUE TO NERVE COMPRESSION - DON'T WAIT ON PARALYSIS TO REPORT CONCERN)

**PULSELESSNESS** IN DISTAL EXTREMITY (LATE SIGN OF COMPARTMENT SYNDROME - DON'T WAIT ON ABSENT PULSE TO REPORT CONCERN)

IN SUSPECTED COMPARTMENT SYNDROME, POSITION EXTREMITY TO PROMOTE CIRCULATION TO DISTAL EXTREMITY

**EMT-I85** | **AEMT**

IV ACCESS

**PARAMEDIC**

ANALGESIA (IF REQUIRED)

FOR OPIATE USE, ADULT MUST HAVE SYS BP  $\geq$  100 mmHg; PEDIATRIC MUST HAVE SYS BP  $\geq$  (70 + 2x age in years) mmHg

**ADULT:** FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.

**OR**

**ADULT:** MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.

**OR**

**ADULT:** HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.

**PEDIATRIC:** OLMCP ORDER ONLY

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)