Approved 9/04/24, Effective 1/15/25, replaces all prior versions

10A - HEAD/NECK/SPINE INJURY ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Spinal stabilization; Avoid spinal traction
2. Hemorrhage control
3. Assessment/Care for life-threatening injuries/ shock/high intracranial pressure
4. Vital signs
5. Appropriate trauma care destination selection

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

DO NOT MOVE THE PATIENT UNLESS IN DANGER
STABILIZE HEAD AND NECK IN POSITION FOUND
OPEN AIRWAY IF NOT ALERT & INEFFECTIVE BREATHING
CONTROL BLEEDING ONLY IF SERIOUS
DO NOT ATTEMPT TO SPLINT INJURIES

EMR / EMT

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE
SPINAL "STABILIZATION" - DO NOT APPLY SPINAL "TRACTION" DURING MOTION RESTRICTION OR IMMOBILIZATION (if applicable)
STABILIZE IMPALED OBJECTS
O_2 VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)

EMT OR HIGHER LICENSE:
MEASURE END – TIDAL CO_2 & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, ** Mandatory use if pt intubated)
MAINTAIN EtCO2 LEVELS 35 – 40 mmHg
DURING SIGNS SUGGESTIVE OF INCREASING INTRACRANIAL PRESSURE
(PROGRESSIVE DECLINE IN MENTAL STATUS, POSTURING, SEIZING, DILATING/NON-REACTIVE/ASYMMETRIC PUPILS)
CONTROLLED HYPERVENTILATION TO ACHIEVE EtCO2 LEVELS 30-35 mmHg

PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE.

EMT-I85 / AEMT

ADULT: INTUBATE IF INDICATED

IV ACCESS (IO IF INDICATED) (TWO LINES IF POSSIBLE)
ADULT: IV / IO NS 250 mL BOLUS TO MAINTAIN SYS BP ≥ 100mmHg
ADULT: REPEAT UP TO 2 LITERS IF SYS BP REMAINS < 100 mmHg & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV / IO NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)

ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED

ADULT: MIDAZOLAM 5 mg IM/IVP/IN/IOP FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING **OR**
ADULT: DIAZEPAM 5 mg IVP/IOP or 10 mg IM FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING **OR**
ADULT: LORAZEPAM 1 mg IVP/IM/IOP FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING

PEDIATRIC: MIDAZOLAM 0.1 mg/kg IM/IVP/IN/IOP TO MAX OF 5mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING **OR**
PEDIATRIC: DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IOP/IM FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING OR
PEDIATRIC: LORAZEPAM 0.1 mg/kg IVP/IM/IOP for ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING

OLMC CONSULT IF SEIZURE CONTINUES DESPITE ABOVE TREATMENT

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)