



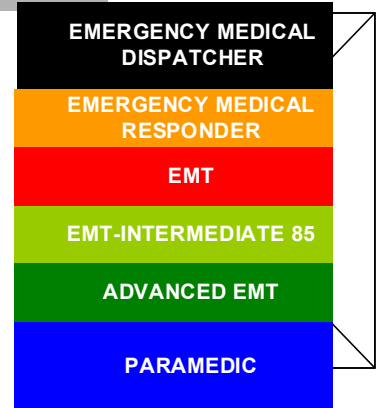
# EMS System for Metropolitan Oklahoma City and Tulsa 2022 Medical Control Board Treatment Protocols



Approved 9/8/21, Effective 1/17/22, replaces all prior versions

## 1D - TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE ADULT & PEDIATRIC

- TREATMENT PRIORITIES**
1. Assessment:
    - > SCENE SAFETY
    - > PROTECTIVE EQUIPMENT
    - > Primary Survey
    - > "Trauma Alert" to receiving ED if indicated
    - > Secondary Survey (when appropriate)
  2. Primary Survey Care:
    - > Control major bleeding
    - > Open airway
    - > Seal "sucking" chest wound(s)
    - > Needle thoracostomy for closed chest tension pneumothorax
  3. Minimize scene time in critical case.
  4. Enroute Care:
    - > Reassess all primary care
    - > Support oxygenation/ventilation
    - > Vascular access
    - > Secondary Survey (if able)
    - > Keep patient warm/avoid hypothermia
  5. Hospital per destination protocol..



**EMD**

IF CHIEF COMPLAINT IS **TRAUMATIC** IN NATURE, CHOOSE THE PROTOCOL THAT BEST FITS THE PATIENT'S FOREMOST SYMPTOMS, WITH PRIORITY SYMPTOMS TAKING PRECEDENCE

QUESTIONS TO ADDRESS SCENE SAFETY ISSUES

**EMR**      **EMT**

SERIOUS HEMORRHAGE CONTROL:  
TOURNIQUET IF INDICATED  
BANDAGE/DRESSING/DIRECT PRESSURE  
PRESSURE DRESSING IF INDICATED (if equipped)  
TOPICAL HEMOSTATIC AGENT IF INDICATED (if equipped)

AIRWAY MANAGEMENT  
SUPPORT OXYGENATION/VENTILATION

OBTAIN VITAL SIGNS/ASSESS FOR AND TREAT SHOCK

PREVENT HYPOTHERMIA

**EMT-185**      **AEMT**

INTUBATE IF INDICATED

IV/IO ACCESS IF INDICATED

FLUID BOLUS AS DIRECTED BY SPECIFIC TRAUMA PROTOCOL(S)

**PARAMEDIC**

CRICOTHYROTOMY IF INDICATED

NEEDLE THORACOSTOMY IF TENSION PNEUMOTHORAX SUSPECTED

CONTINUOUS TREATMENT AND ASSESSMENT PER SPECIFIC TRAUMA PROTOCOL(S)

1. Clinical Operational Note (All Field Provider Levels): The practice of EMS medicine is built upon the foundation of "taking medical care the patient". To achieve this objective, appropriate equipment (airway equipment kit, med/trauma equipment kit, suction device, patient packaging equipment) should be brought to the patient's side per Protocol 14J – Scene Coordination to minimize critical treatment delays.
2. Maximum pediatric medication dosing equals standard adult dosing.