

# Southeast Michigan Regional Protocol

Genesee, HEMS (Wayne), Lapeer, Macomb, Oakland, and Washtenaw/Livingston MCA's

## Chemical Burns

### Pre-Radio

#### MFR/EMT/SPECIALIST/PARAMEDIC

1. Stop burning processes – ensure your own safety.
2. Remove the contaminant from patient.
  - A. If on skin:  
If contaminant is dry powder, brush off before irrigating.  
  
Remove contaminated clothing and flood skin with water for at least 10 minutes.
  - B. If contaminant is in the eye(s):  
Flood eye(s) with lukewarm water continuously for at least 15 minutes. Have patient blink frequently during irrigation.
3. Follow General Pre-Hospital Care Protocol.

#### SPECIALIST/PARAMEDIC

4. Start an IV NS KVO.

#### PARAMEDIC

5. Apply cardiac monitor and treat rhythm according to appropriate protocol.
6. For pain, refer to the Pain Management protocol.

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## Electrical Burns

### Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Eliminate electrical contact; ensure your own safety.
2. Follow General Pre-Hospital Care Protocol.
3. Identify entry and exit wounds if possible.

SPECIALIST/PARAMEDIC

4. Start an IV NS KVO.

PARAMEDIC

5. Apply cardiac monitor and treat rhythm according to appropriate protocol.
6. For pain, refer to the Pain Management protocol.

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## Thermal Burns

### Pre-Radio

#### MFR/EMT/SPECIALIST/PARAMEDIC

1. Stop the burning process – ensure your own safety.
2. Follow the General Pre-Hospital Care Protocol. Use 100% oxygen.
3. Estimate the area of burn using the rule of nine's chart.
4. Place in warm environment.
5. Cover with dressing soaked in NS/sterile water or other commercially prepared moist burn dressing. For large surface area burns (>15-20%) body surface area, use dry dressing.
6. Monitor the patient to avoid hypothermia and shivering.

#### SPECIALIST/PARAMEDIC

7. Start an IV NS KVO in non-burned site.
8. For large surface area burns (>15-20%) body surface area, administer 250 ml NS fluid bolus.

#### PARAMEDIC

9. Apply cardiac monitor and treat rhythm according to appropriate protocol.
10. For pain, refer to the Pain Management protocol.

### Post-Radio

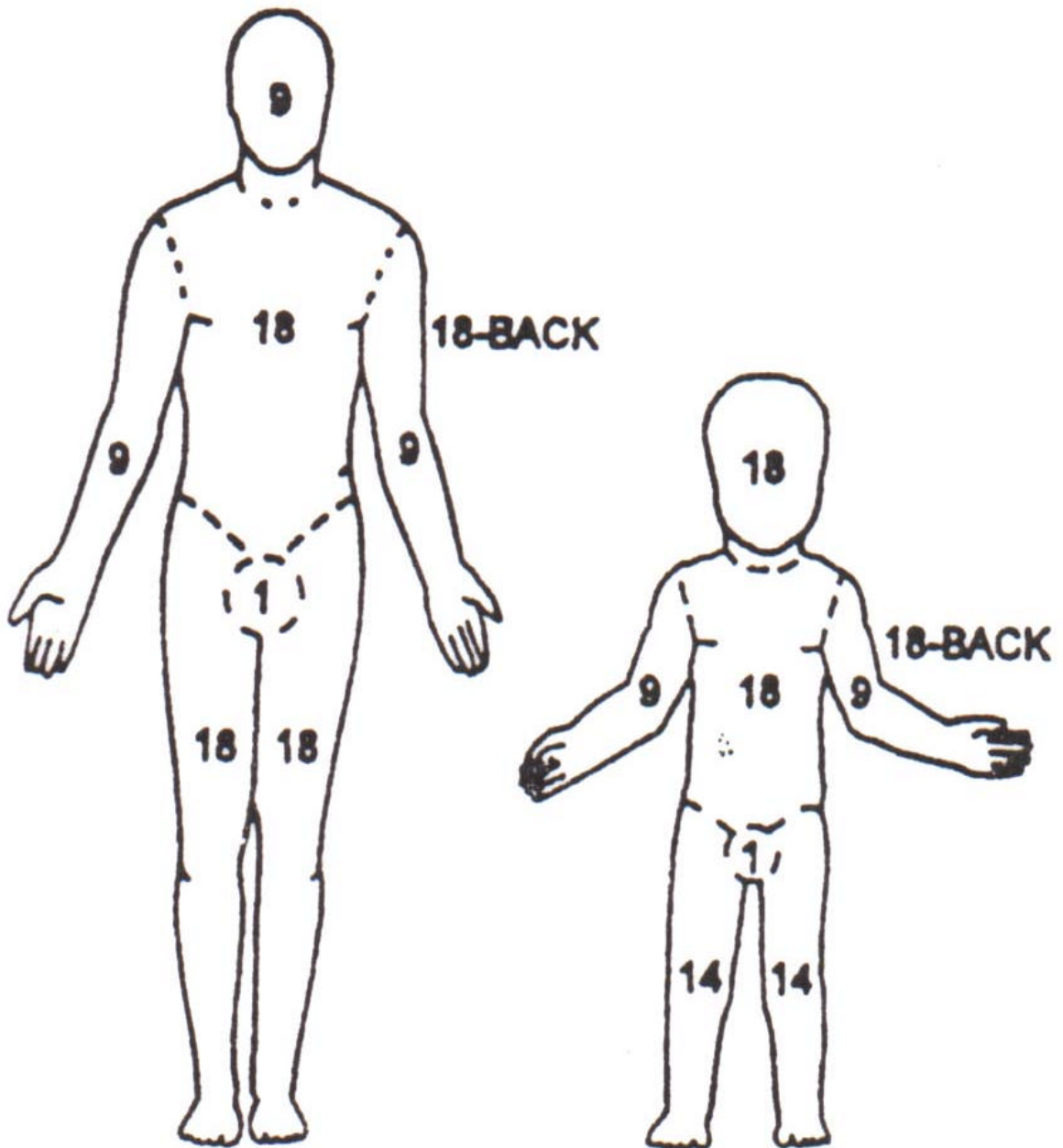
#### PARAMEDIC

11. Administer additional fluid bolus as indicated.

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## Rule Of Nines



4-04

MCA Approved: 11/00  
Implemented: 10/00

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## **Drowning/Near Drowning**

### **Pre-Radio**

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Use cervical spine precautions.
3. Remove any wet clothing, dry patient and cover with blanket.
4. Avoid any unnecessary movement.
5. Follow appropriate protocol as necessary.

SPECIALIST/PARAMEDIC

6. Start an IV NS KVO.

Note: All patients **should** be transported to an emergency facility regardless of their clinical condition unless the patient meets the criteria listed in the local MCA Dead on Scene Protocol.

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## **Frostbite/Hypothermia**

### **Pre-Radio**

#### **MFR/EMT/SPECIALIST/PARAMEDIC**

1. Follow General Pre-Hospital Care Protocol.
2. Keep the patient warm (i.e. remove wet clothing, dry patient, and cover with blanket).
3. Do not rub frozen area.
4. Gently dress frozen area in soft dressings and evaluate.
5. Do not aggressively warm frozen parts.
6. Do not allow warmed area to refreeze.

#### **SPECIALIST/PARAMEDIC**

7. Start IV NS KVO, as indicated.

#### **PARAMEDIC**

8. For pain, refer to the Pain Management protocol.

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## Heat Exhaustion/Heat Cramps

Heat Exhaustion: diaphoresis, flushed skin, changing to pale and cool.

Heat Cramps: diaphoresis, flushed warm skin.

### **Pre-Radio**

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Remove patient from warm environment and remove excess clothing.
3. Cool patient as quickly as possible using air conditioner in vehicle, splash or sponge patient with tepid water if possible, avoid shivering.
4. Transport patient in cool environment.

SPECIALIST/PARAMEDIC

5. Start an IV NS 250 ml bolus, then KVO.

PARAMEDIC

6. Apply cardiac monitor and treat rhythm according to appropriate protocol.

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## Heat Stroke

Heat Stroke: Altered mental status, pale, hot and dry skin.

### Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Remove patient from warm environment and remove excess clothing.
3. Cool patient as quickly as possible using ice packs applied to the axilla and groin, air conditioner in vehicle and splash or sponge patient with water.
4. Rapid transport in cool environment.

SPECIALIST/PARAMEDIC

5. Start an IV NS using the largest appropriate size IV catheter and titrate to systolic BP above 90 mmHg at a flow rate of:
  - a. Previously healthy individual = 1<sup>st</sup> liter wide open.
  - b. Previous cardiac disease = 500 ml/hr.

PARAMEDIC/(GENESEE-LAPEER COUNTY SPECIALIST)

6. Check blood glucose level. If less than 80 mg/dl then administer Dextrose 50% (D50), 25 gm, IV.

PARAMEDIC

7. Apply cardiac monitor and treat rhythm according to appropriate protocol.

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## Gas/Smoke Inhalation

Particular attention should be paid to airway complications such as edema, bronchospasm and pulmonary edema. Considerations when treating these patients should include: Type of inhalant, length of exposure within either a closed or open environment, and presenting symptoms.

### Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Have patient removed from toxic environment.
2. Determine nature of inhalation injury.
3. Follow General Pre-hospital Care Protocol. Use 100% oxygen.
4. Monitor respiratory status and be prepared to support respiration and insert appropriate airway. For wheezing or difficulty breathing, see Asthma/Wheezing protocol.

SPECIALIST/PARAMEDIC

5. Start IV NS KVO.

PARAMEDIC

6. Apply cardiac monitor and treat rhythm according to appropriate protocol.

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## Poisoning

### Pre-Radio

#### MFR/EMT/SPECIALIST/PARAMEDIC

1. Protect yourself from contamination. Have patient removed from toxic environment.
2. Obtain the following information, if possible:
  - Agent or substance involved
  - Route of poisoning
  - Amount/duration of exposure
  - Time since ingestion
  - Weight of victim
  - Accidental or deliberate
  - Retrieve container/identify substance
3. Follow General Pre-hospital Care protocol.
4. Absorbed Poisons:  
If contaminant is dry powder, brush off before washing.  
Remove contaminated clothing and flood skin with water for 10 minutes. Wash gently with soap and water then rinse.  
Injected Poisons:  
Remove stinger from wound by scraping.  
Clean wound with soap and water.  
Apply cold pack.  
Keep extremity lower than the heart.  
Inhaled Poisons:  
If wheezing or difficulty breathing, see Asthma/Wheezing Protocol.
5. Do not induce emesis.

#### SPECIALIST/PARAMEDIC

6. Start an IV NS KVO.

#### PARAMEDIC

7. For narcotics with respiratory depression, administer Naloxone (Narcan) 2 mg IV.

### Post-Radio

#### PARAMEDIC

8. For tricyclic antidepressants with wide QRS or Sinus Tachycardia administer 50 meq Sodium Bicarbonate IV.
9. For organophosphates with symptoms, administer Atropine Sulfate 2 mg IV.
10. For calcium channel blockers with hypotension, administer 2 gm of 10% Calcium Chloride slow IV over 2 minutes.

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## Radiation Exposure/Hazmat

### **Pre-Radio**

MFR/EMT/SPECIALIST/PARAMEDIC

1. Park EMS vehicle upwind from accident site (smoke, fumes & dust).
2. If arrival prior to Public Safety, restrict access to scene.
3. Do not eat, drink, or smoke.

**Proceed with care after determined that the area is safe or that decontamination has been completed.**

4. Remove patient's clothing and place in labeled bag.
5. Follow General Pre-Hospital Care Protocol.
6. Refer to specific protocol as needed.
7. Unless directed by medical control, treat only life-threatening injuries or treat to minimize injury.
8. Place patient on a blanket, wrap, and transport.
9. Await instructions on where to unload the patient at the hospital.

**NOTE: Transfer patient from EMS cot to hospital cot outside the hospital.**

10. Ensure that the ambulance and personal are decontaminated prior to returning to service.