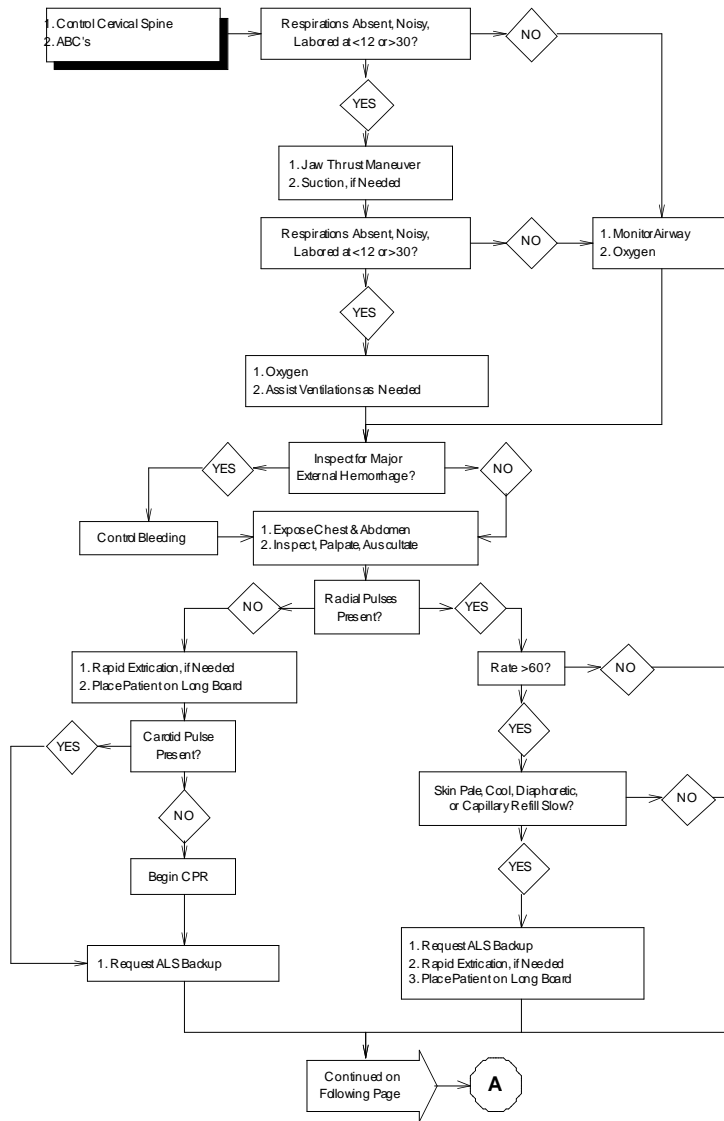


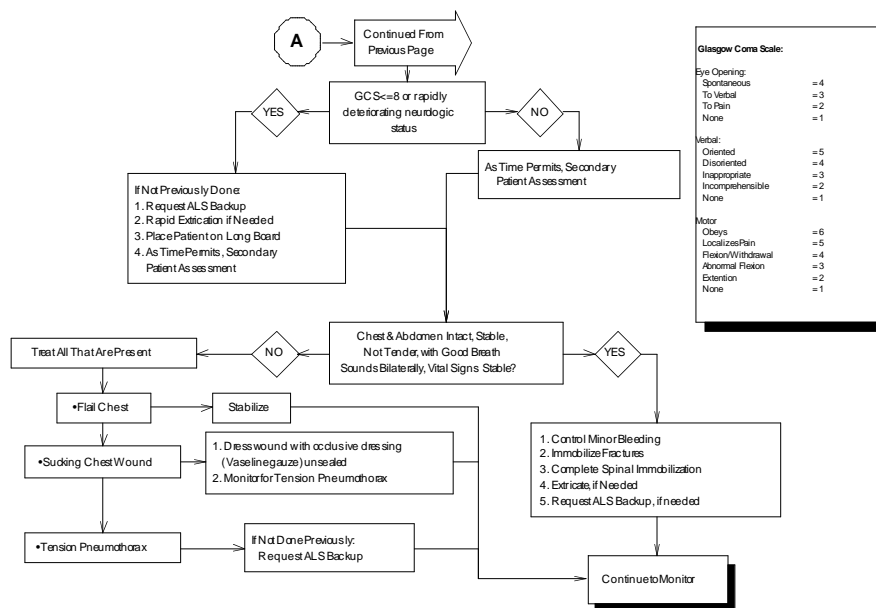
MAJOR TRAUMA

EMT Basic
First Responder



MAJOR TRAUMA (Continued)

**EMT Basic
First Responder**

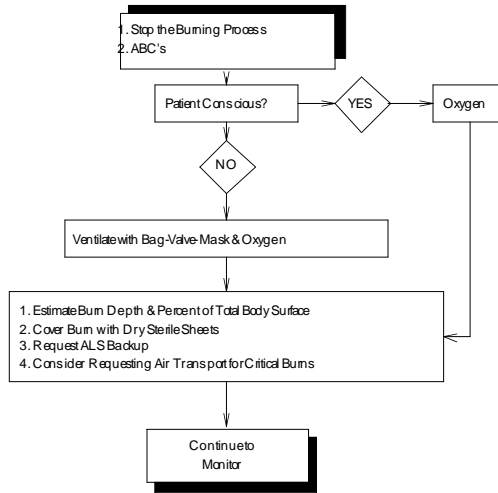


• Time on scene with Trauma patients should not exceed 10 minutes unless extrication is required.
 If time on scene exceeds 10 minutes, reasons for delay should be documented.
 • If extrication > 15 minutes is required or if time to definitive care is likely to exceed 25 minutes, consider air transport.

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
 REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

BURNS (Moderate to Critical)

**EMT Basic
First Responder**



CRITICAL BURNS

1. Inhalation Injuries
2. All Burns of Face, Feet, Hands, Genitalia
3. Adult: 2° >25% TBSA
Child: 2° >20% TBSA
4. 3° >10% TBSA
5. All Electrical Burns
6. All Burns with Associated Trauma (Fractures, etc.)
7. All Burns in Patients <11 Years Old or >50 Years Old
8. Patients with Serious Underlying Medical Disease

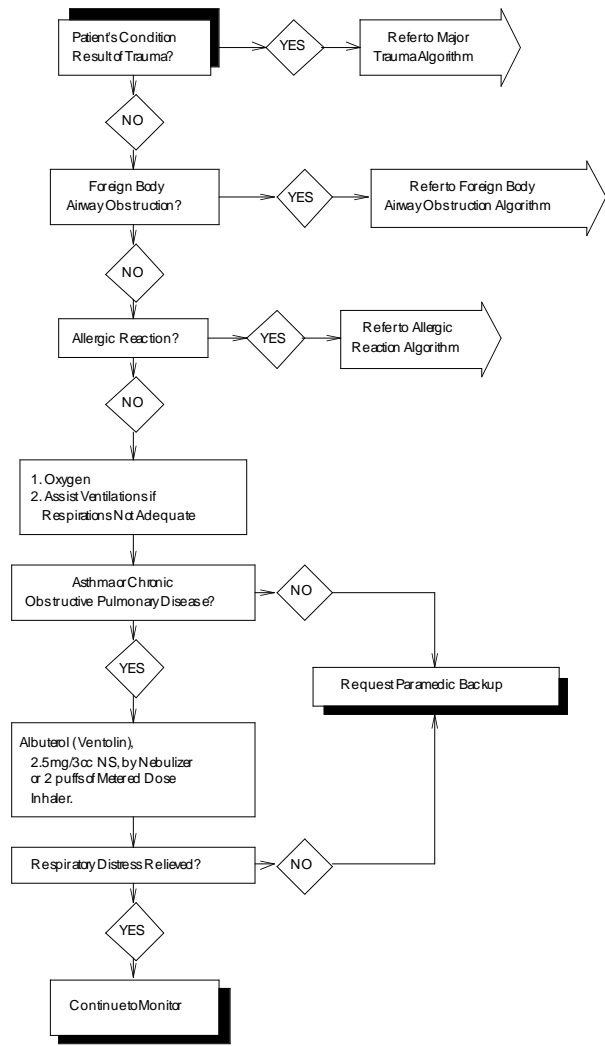
MODERATE BURNS

1. Adult: 2° 15-25% TBSA
Child: 2° 10-20% TBSA
2. 3° 2-10% TBSA

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

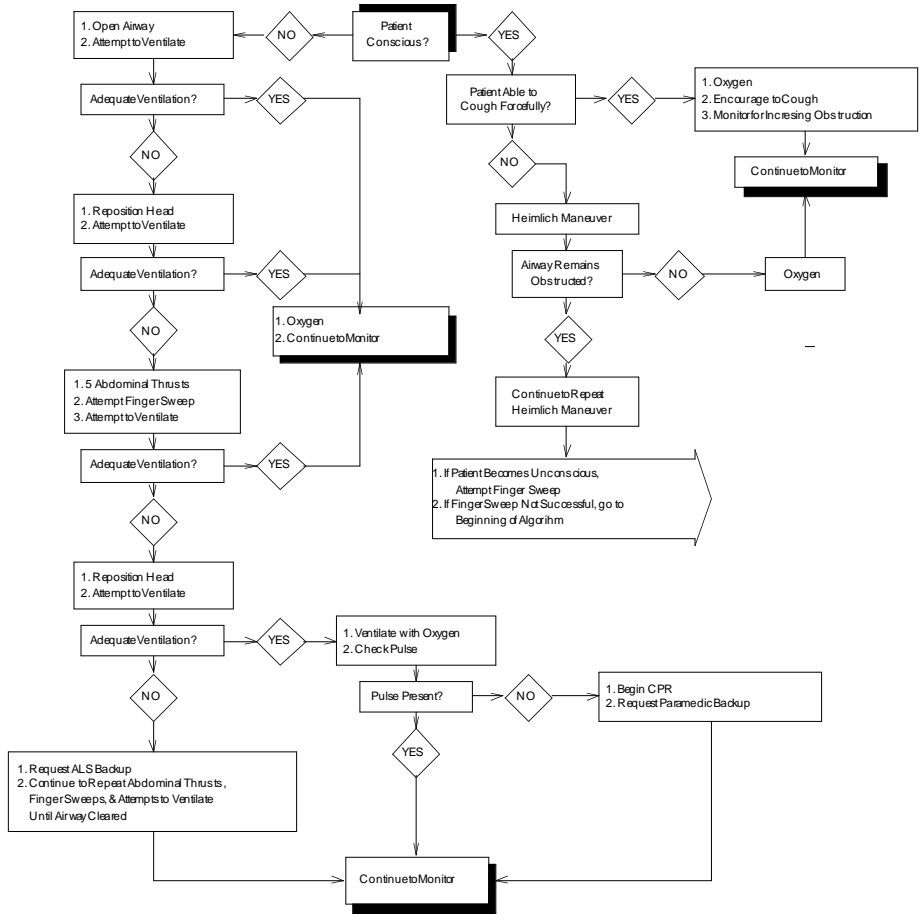
RESPIRATORY DISTRESS (Non-Traumatic)

**EMT Basic
First Responder**



IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

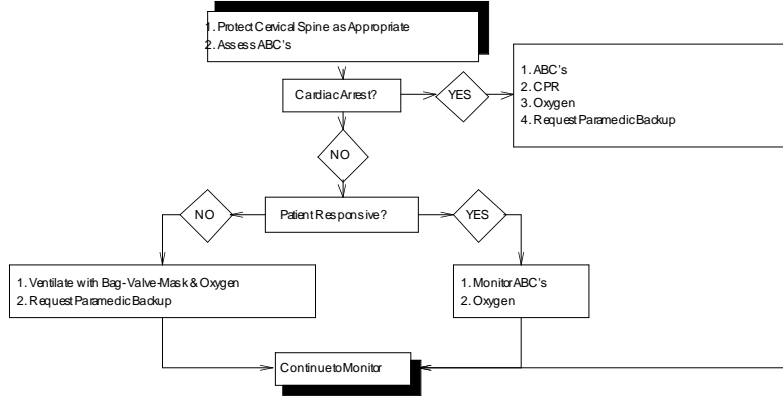
**FOREIGN BODY
AIRWAY OBSTRUCTION**



IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

NEAR DROWNING

EMT Basic
First Responder



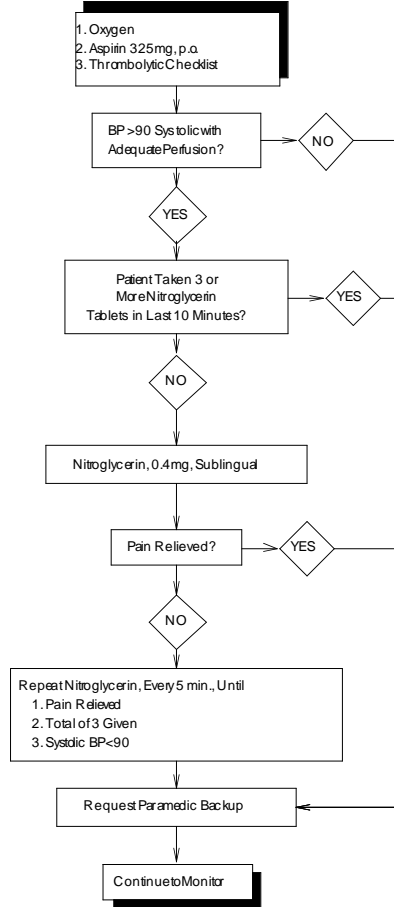
• Consider spinal cord trauma, air embolism, hypothermia, alcohol or drug ingestion, hypoglycemia, seizures and myocardial infarction as accompanying problems or underlying causes.

• All near drowning patients, no matter how mild the episode appears to be, should be transported for observation & evaluation.

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

CARDIAC CHEST PAIN or SUSPECTED MYOCARDIAL INFARCTION

**EMT Basic
First Responder**

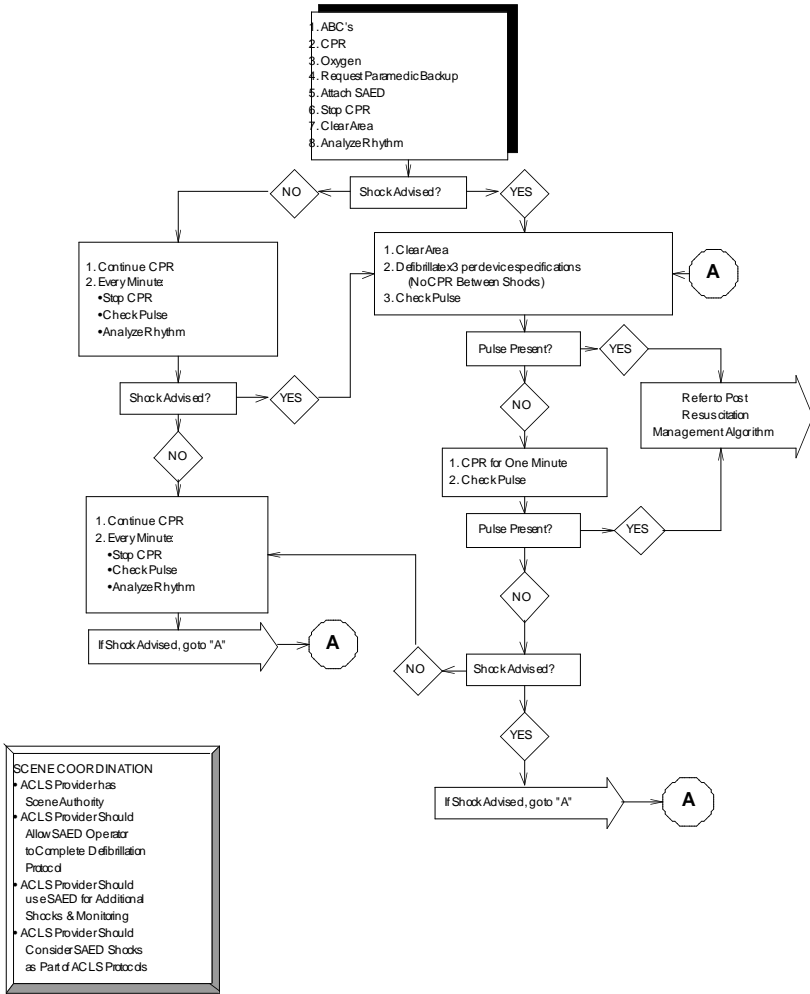


- Thrombolytic Checklist**
- Chest pain of probable cardiac origin
 - Patient > 30 years old
 - Systolic BP < 180 mmHg
 - Diastolic BP < 110 mmHg
 - Chest Pain Present > 15 min
 - No CVA or other serious CNS problems in past 6 mo
 - No surgery or major trauma in the past 2 weeks
 - No bleeding problems
 - Not pregnant

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

SEMI-AUTOMATIC EXTERNAL DEFIBRILLATION

EMT Basic
First Responder



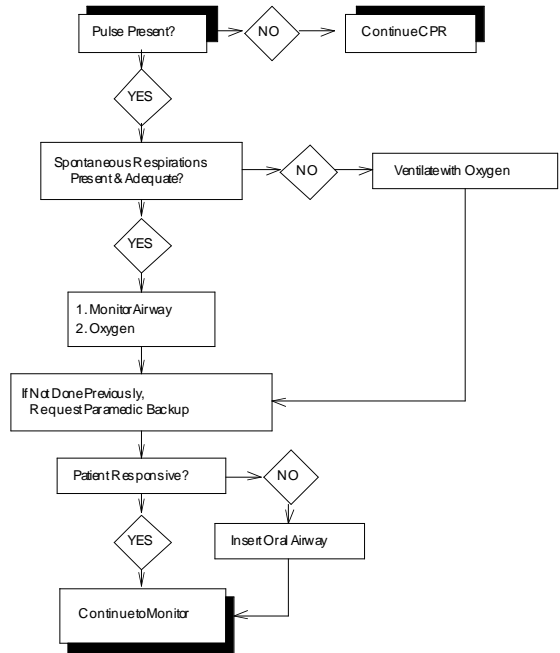
SCENE COORDINATION

- ACLS Provider has Scene Authority
- ACLS Provider Should Allow SAED Operator to Complete Defibrillation Protocol
- ACLS Provider Should use SAED for Additional Shocks & Monitoring
- ACLS Provider Should Consider SAED Shocks as Part of ACLS Protocols

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES, REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

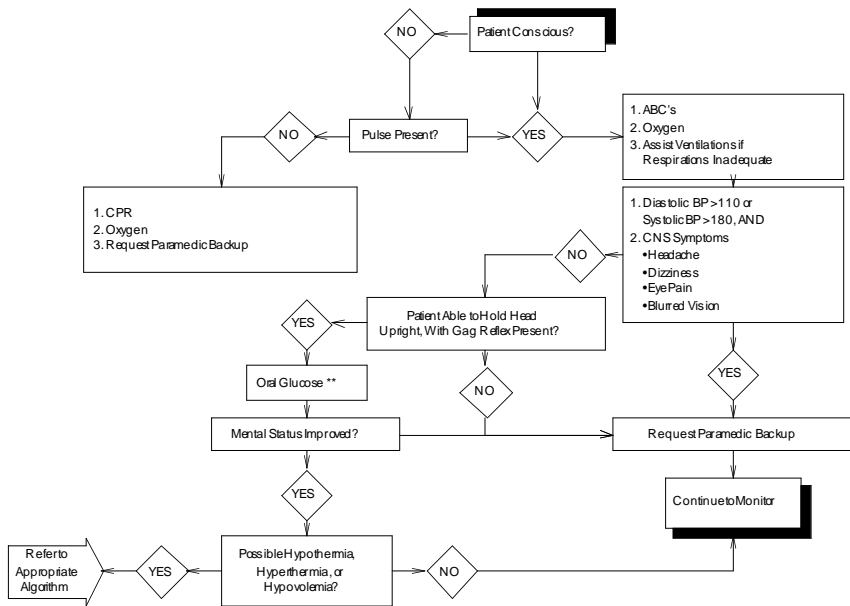
POST RESUSCITATION MANAGEMENT

EMT Basic
First Responder



IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

**DECREASED LEVEL OF
CONSCIOUSNESS or
NEUROLOGIC SYMPTOMS*
(NON-TRAUMATIC)**



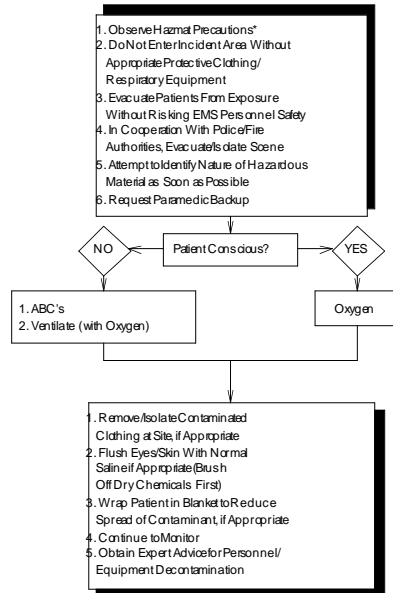
***NEUROLOGIC SYMPTOMS**
1. Any Motor or Sensory Deficit
2. Any Altered Level of Consciousness

** EMT-Basics with appropriate training
may use glucometers to obtain baseline
blood glucose before giving oral glucose.

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

HAZARDOUS/TOXIC MATERIAL EXPOSURE

EMT Basic
First Responder



HAZMAT PRECAUTIONS

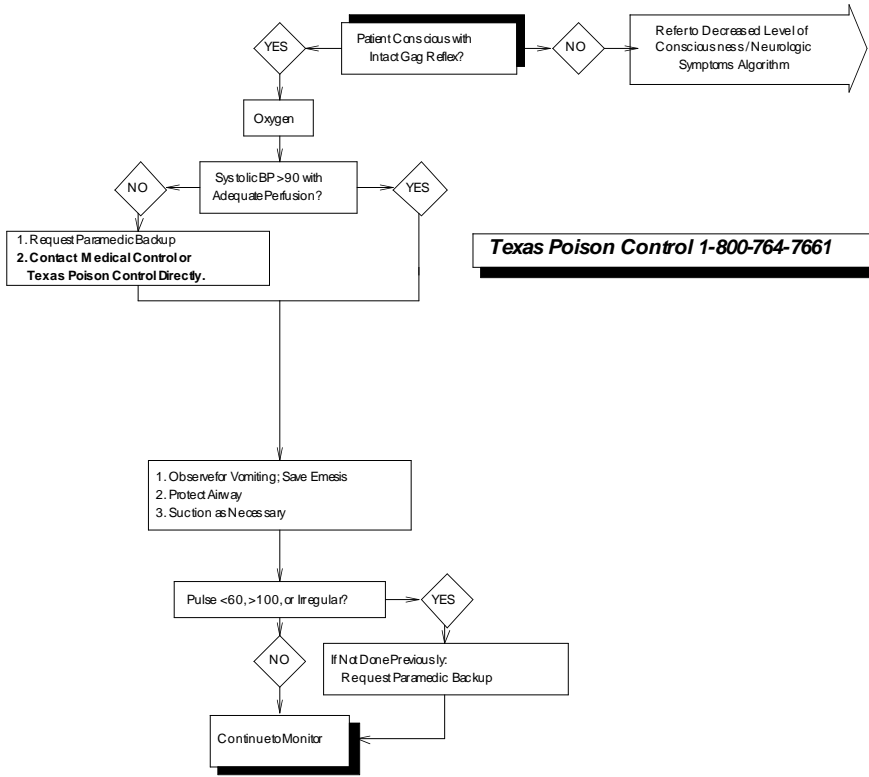
1. Assume ALL Chemicals Hazardous Until Proven Otherwise
2. Approach From Upwind
3. Stay Out of Low-Lying Areas; Stay Uphill if Possible
4. Do Not Walk Into or Touch Spilled Chemicals; Wear Gloves When Touching Contaminated Patients
5. Avoid Smoke, Gases, Fumes, Vapors
6. Keep Combustibles Away
7. Keep Ignition Sources Away

- In Multiple Patient Incidents, Use Triage to Determine Which Patients Receive IV's
- All Patients Should Be Transported for Observation Regardless of how Mild the Episode Seems to be
- Rescue Attempts, Scene Management, & Patient Care Should be Based on Best Information Available about the Material
- Coordinate with Fire Authorities & Regional EMS Communications Center to Obtain Information

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

POISONING/OVERDOSE

**EMT Basic
First Responder**

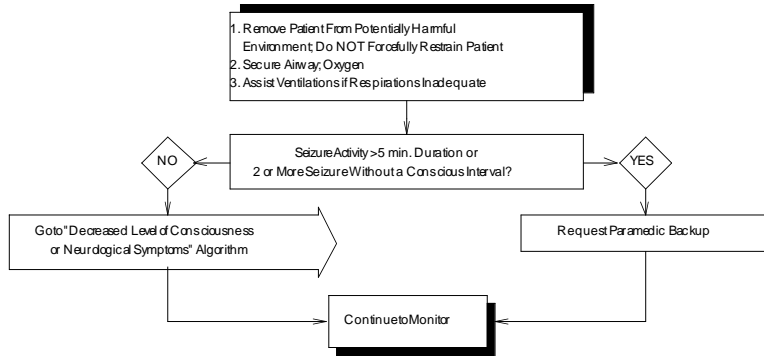


Send ALL Potential Agent Containers and, if Possible, Samples of Agents to Emergency Department

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES, REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

SEIZURES

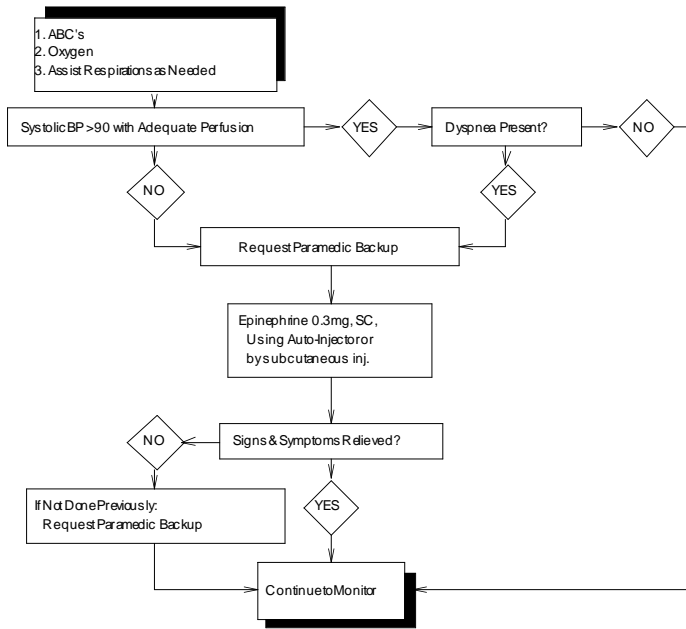
EMT Basic
First Responder



IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

ALLERGIC REACTION

EMT Basic
First Responder



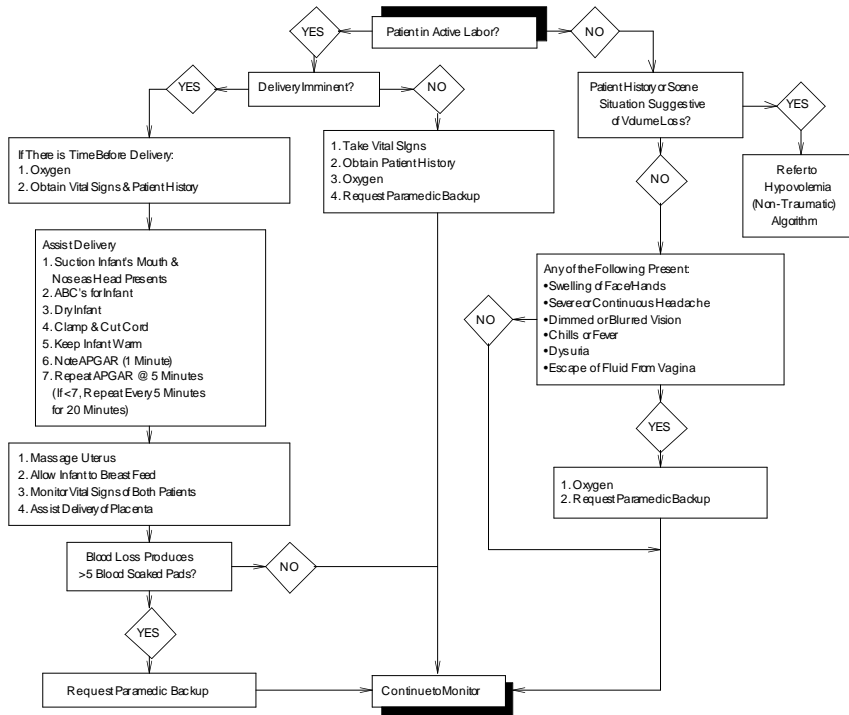
PEDIATRIC DOSE

- Epinephrine, 0.15mg, SC or auto injector

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

OBSTETRIC EMERGENCY

EMT Basic
First Responder

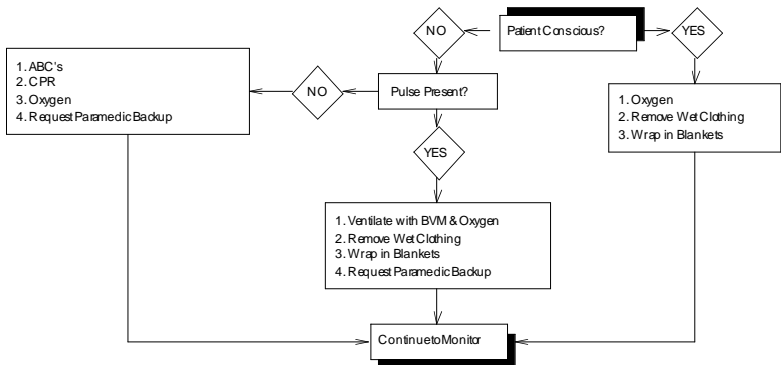


Sign	0 Points	1 Point	2 Points
Appearance	Blue or Pale	Body Pink, Extremities Blue	Completely Pink
Pulse Rate	Absent	Below 100	Above 100
Grimace	No Response	Grimaces, or Whimpers	Active Cries
Activity	Absent (Flaccid)	Some Flexion of Extremities	Active Extremity Motion
Respiratory Effort	Absent	Slow and irregular	Strongly Crying

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES, REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

COLD EXPOSURE (SYSTEMIC HYPOTHERMIA)

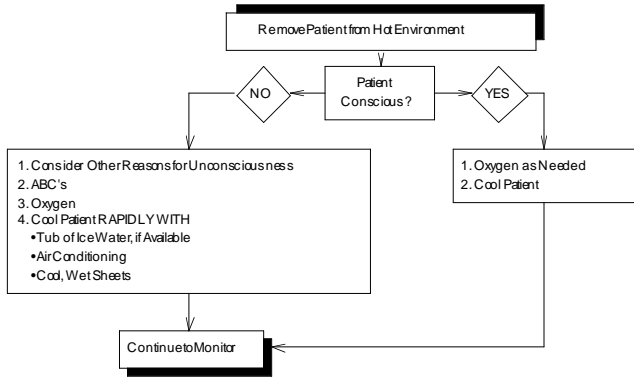
**EMT Basic
First Responder**



- Suspect Hypothermia in any Patient with an Altered Level of Consciousness in a Cold Environment
- Move ALL Patients Gently, to Avoid Serious Arrhythmias
- Do Not Actively Rewarm Patient in Prehospital Environment
- Avoid Extensive Advanced Life Support in Prehospital Environment
- Resuscitate ALL Cardiac Arrest Patients who are Hypothermic

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

HEAT EXPOSURE (HEAT STROKE)

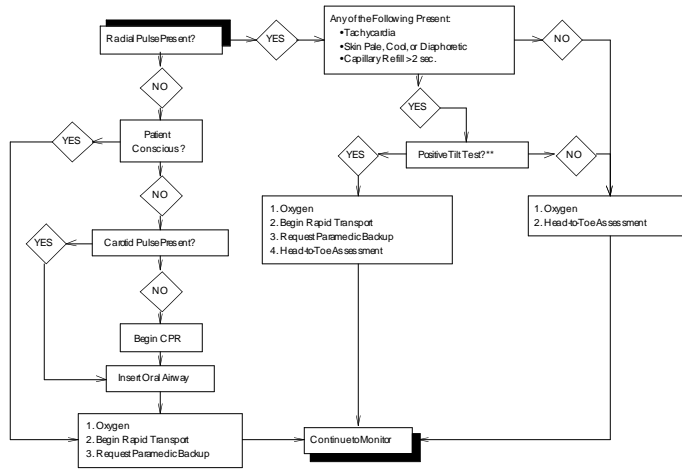


Suspect Heat Stroke in any Patient with an Altered Level of Consciousness in a Hot Environment

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES,
REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

HYPOVOLEMIA* (NON-TRAUMATIC)

**EMT Basic
First Responder**



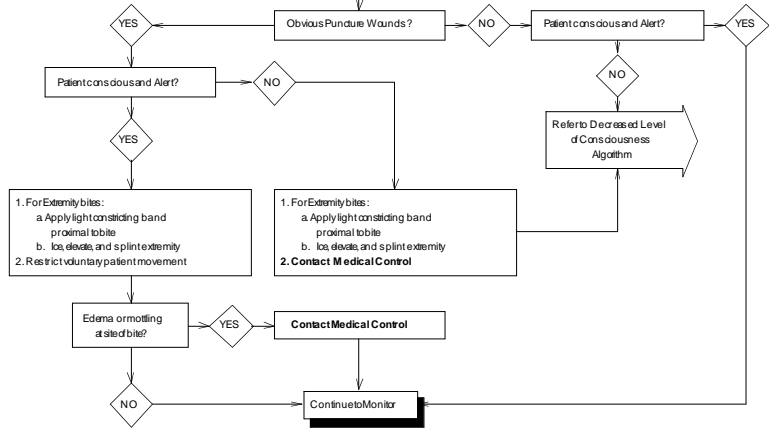
*Includes History of Vomiting, Diarrhea, Bloody or Dark Stool, Abdominal Pain, or Possible Diabetic Hyperglycemic State

****POSITIVE TILT TEST**
Pulse Rate Increases by 20, Systolic BP Decreases by 20, or Diastolic BP Decreases by 10 when Patient is Raised from Supine to Sitting position OR Patient will Not Tolerate Being Raised From Supine to Sitting Position Because of Weakness, Dizziness, Presyncope, or Syncope.

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES, REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.

Snake Bite or Suspected Snake Bite

1. Remove patient from danger. Assume venomous snake until proven otherwise.
2. Assess ABC's
3. Oxygen
4. Don't transport alive snake
5. Don't spend excessive time in search for snake, but bring snake if possible for identification.



As part of the patient history, determine any allergies to horses or horse serum.
Question regarding previous doses of antivenin

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES, REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE.