Supportive Care

EMT and Paramedic

1. Assessment Techniques (see Initial Assessment) Initiate trauma alert, if applicable (see Trauma Transport).

2. Administer oxygen PRN (see Airway Management) unless overridden by other specific protocol. (manually stabilize c-spine PRN).

3. Correct any open wound/sucking chest wound (occlusive dressing).

4. Control hemorrhage.

5. Immobilize c-spine and secure patient to backboard PRN (see Spinal Immobilization).

6. Expedite transport. Note: The following steps should not delay transport.

7. Complete bandaging, splinting and packaging PRN.

8. Establish hospital contact for notification of incoming patient and/or for the Paramedic to obtain consultation for orders.


ALS LEVEL I

10. Correct any massive flail segment (intubate) or tension pneumothorax (see Chest Decompression).

11. Establish IV of Normal Saline with regular infusion set (a)(b)(c), unless overridden by other specific protocol.

12. Monitor ECG PRN.

14. **Capnography** if appropriate.

**ALS Level 2** *(Physician Authorization Required)*

None

**Note**

(a) Authorized IV routes include all peripheral venous sites. External jugular veins may be utilized when other peripheral site attempts have been unsuccessful or would be inappropriate. Two IVs using large bore intracaths, should be used for unstable patients, avoid sites below the diaphragm.

(b) When unable to establish an IV in the adult patient that needs to be resuscitated, an **intraosseous line** may be used by the **Paramedic only**.

(c) An EMT that has been authorized by their individual Medical Director may establish an IV.