



Jackson Hole Fire/EMS Operations Manual

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Title: **Treatment Protocol:
Severed Body Parts**
Division: 17
Article: 4.20
Revised: May, 2015
Pages: 1

SEVERED BODY PARTS (Treatment Protocol)

ALL PROVIDERS

- Perform ABC's, secure the airway and support vital functions.
- Control bleeding with direct pressure and apply a tourniquet if unable to quickly control bleeding.
- Cover the wound with a dry sterile dressing.
- Collect the severed part and remove only the gross contamination with sterile saline. Do not soak the part.
- Wrap the severed part in loose, moist gauze.
- Place the severed part into a clean plastic bag or vessel.
- Place the bag in ice water; do not place severed parts directly into liquid or place the part directly on ice; keep a barrier between the tissues and cold pack or ice. **DO NOT ALLOW THE PART TO FREEZE.**
- Keep the patient NPO.
- Advise medical control of the situation as soon as possible and transport ASAP

ADULT

EMT-INTERMEDIATE PROVIDER

- Establish an IV NS TKO or bolus as needed for shock states
- Administer **Fentanyl** (voice order)

PEDIATRIC (<45 kg)

EMT-INTERMEDIATE PROVIDER

- Establish an IV NS TKO or bolus as needed for shock states
- Administer **Fentanyl** (voice order)

EMT-PARAMEDIC PROVIDER

- Consider **Fentanyl, Hydromorphone, or Ketamine**
- For massive hemorrhage, consider TXA

EMT-PARAMEDIC PROVIDER

- Consider **Fentanyl, Hydromorphone, or Ketamine**
- For massive hemorrhage, consider TXA



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Title: **Treatment Protocol:
Trauma Management**
Division: 17
Article: 4.24
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TRAUMA MANAGEMENT (Treatment Protocol)

ALL PROVIDERS

- Perform Rapid Trauma Assessment
 - Follow Selective Spinal Immobilization protocol if stable.
 - Manage airway per Airway Protocol.
 - Control any major bleeding. **Consider tourniquet for life threatening bleeding.**
 - Initiate CPR if indicated
 - Avoid hypothermia
- Consider field termination of resuscitation in **blunt traumatic arrest** in conjunction with medical control.
- **Recognize immediately reversible causes of traumatic arrest. If unable to regain pulse consider field termination of resuscitation in most traumatic arrest settings.**
- Contact Medical Control/ & make hospital notification.
 - Trauma Team Activation (Green, Yellow, Red)
- Complete physical exam and on-going assessment en route.

ADULT EMT

PEDIATRIC (<45 kg) EMT

- Consider pelvis stabilization
- Consider pelvis stabilization

ADVANCED EMT

ADVANCED EMT

- Apply cardiac monitor, check rhythm
- Establish two large-bore IV or IO lines enroute if indicated
- IVF as indicated
- Consider bilateral chest needle decompression in traumatic arrest (voice order)
- **Fentanyl** as indicated (voice order)
- Apply cardiac monitor, check rhythm
- Establish two large-bore IV or IO lines enroute if indicated
- IVF as indicated
- Consider bilateral chest needle decompression in traumatic arrest (voice order)
- **Fentanyl** as indicated (voice order)

PARAMEDIC

PARAMEDIC

- Consider **Fentanyl / Hydromorphone / Ketamine** as indicated
- If massive hemorrhage or suspected major blood loss, consider TXA
- Consider **Fentanyl / Hydromorphone / Ketamine** as indicated
- If massive hemorrhage or suspected major blood loss, consider TXA

Considerations:

- In multiple patient incidents or mass casualty triage, resuscitate only if all viable patients have been cared for and resources allow.
- During trauma resuscitation: Perform BLS treatment, airway management, and needle decompression if indicated on scene, transport ASAP and utilize further advanced skills en route (IV's, etc.)
- Resuscitate patient with limited IV fluids to allow permissive hypotension (SBP>90/radial pulse).
- Tranexamic acid use per current protocol