

## **Amendment**

The *General Trauma Management –Priorities for Treatment* is amended to reflex current best practices in hemorrhage control.

### **For All Levels of Out of Hospital Care Providers**

1. Hemorrhage Control - Open Wounds to Neck
  - a. Apply Direct pressure without compromising airway
  - b. Seal wound with occlusive dressing
2. Hemorrhage Control - Open Wounds to Chest
  - a. Seal suspected or actual sucking chest wound(s) with occlusive dressing
  - b. Apply Direct pressure without compromising breathing
3. Hemorrhage Control - Open Wounds to the extremities
  - a. Apply direct pressure and/or pressure dressing
  - b. If bleeding continues
    - i. Apply tourniquet
    - ii. Tighten tourniquet enough to stop arterial blood flood
  - c. Consider application of tourniquet immediately in extremity amputations and/or near amputations

### **Tourniquet Application Site**

Expose the entire extremity

Apply the tourniquet proximal (above the wound)

Tighten the tourniquet device to stop hemorrhage

### **Acceptable Tourniquets**

Cravat using the “Spanish Windlass” technique

Commercially available non-elastic tourniquets with a band width of greater then1 inch

Commercially available pneumatic devices designed for pre-hospital use

Blood Pressure cuff

### **Tourniquet Reevaluation**

Do not cover the tourniquet

Reassess hemorrhage control and tighten tourniquet as needed

### **Documentation and Report to Destination Facility**

The transporting care provider will

verbally report the tourniquet application

time applied

Patient Care report will have tourniquet application noted including application time

### **Unacceptable Tourniquets**

Cord, rope, string

Bands 1 inch or less in width

Elastic bands regardless of width

**Rapid Sequence Intubation**Table 1  
Sedative and Induction Agents

| Sedative                   | Dosage IV Push  | Onset            | Duration          |
|----------------------------|---|------------------|-------------------|
| Etomidate                  | 0.2 to 0.6 mg/kg  | 60 seconds       | 3 to 5 minutes    |
| Fentanyl                   | Induction: 2 to 10 mcg/kg<br>Sedation (titrate): 2 to 4 mcg/kg          | 60 seconds       | 30 to 60 minutes  |
| Ketamine                   | 2.0 mg/kg   | 30 to 60 seconds | 15 minutes        |
| Midazolam<br>(Versed)      | Induction: 0.02 to 0.04 mg/kg<br>Sedation (titrate): 0.02 to 0.04 mg/kg | 2 minutes        | 1 to 2 hours      |
| Thiopental                 | 3 to 5 mg/kg  | 20 to 40 seconds | 5 to 10 minutes   |
| Diazepam                   | 5-10 mg   | 60-90 seconds    | 60 to 180 minutes |
| Methohexital<br>(Brevital) | 1-1.5 mg/kg   | 60 sec           | 5 to 7 minutes    |

Table 2  
Neuromuscular Blocking Agents

| Agent           | Dosage<br>(Paralytic)                      | Dosage<br>(defasciculating) | Onset            | Duration            |
|-----------------|--|-----------------------------|------------------|---------------------|
| Succinylcholine | RSI: 1 to 2 mg/kg                          |                             | 30 to 60 seconds | 4 to 6 minutes      |
| Vecuronium      | RSI: .1 mg/kg<br>M: 0.01-.05 mg/kg         | 0.01 mg/kg                  | 2.5 to 5 minutes | 25 to 40<br>minutes |
| Pancuronium     | RSI :0.04 - 0.1 mg/kg<br>M: 0.01 mg/kg     |                             | 3 minutes        | 30 – 45 minutes     |
| Rocuronium      | RSI: 0.6 – 1.2 mg/kg<br>M: 0.1 – 0.2 mg/kg |                             | 1 – 3 minutes    | 30 minutes          |

RSI = Rapid Sequence Intubation

M = Maintenance dose