



Jackson Hole Fire/EMS Operations Manual

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Title: **Treatment Protocol: Head Injury**

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HEAD INJURY (Treatment Protocol)

ALL PROVIDERS

- Establish level of consciousness (AVPU, Glasgow Coma Scale), reassess frequently for changes
- Check ABC's
 - Spinal precautions if indicated
 - If airway compromised, follow airway management protocol
 - Administer oxygen to maintain an oxygen saturation > 94 %
 - If respirations are ineffective or less than 8 BPM: ventilate with BVM at 12 - 20 ventilations a minute. **Avoid excessive suctioning and stimulating gag reflex which will increase intracranial pressure.**
- Control bleeding and use loose non-constrictive dressings over open head wounds. If signs of shock are present, follow hypotension protocol, (**Do not stop blood flow from the ear canals, the goal is to keep patients normotensive (SBP>90)**)
- When presented with tachycardia in the presence of head injury, consider possibility of other significant injury/bleeding.
- If patient has a significant isolated head injury consider dispatching an air ambulance for immediate transfer to designated trauma center with Neurosurgical coverage.
- Transport ASAP and contact medical control. Activate Trauma Team
- Transport with head elevated above feet provided blood pressure is in normal range.
- Monitor vital signs frequently, (Q 5-10 min) during transport and report changes in LOC and vital signs.

ADULT EMT-BASIC PROVIDER

- Follow as above

PEDIATRIC EMT-BASIC PROVIDER

- Follow as above

EMT-INTERMEDIATE PROVIDER

- Consider obtaining ETCO₂ waveform and numerical value. Treat accordingly
- Establish an IV NS TKO unless SBP<90 then consider 500 ml NS bolus
- Ensure normal blood sugar, treat per protocol.

EMT-INTERMEDIATE PROVIDER

- Consider obtaining ETCO₂ waveform and numerical value. Treat accordingly
- Establish an IV NS TKO unless hypotensive then consider 20 ml/kg NS bolus
- Ensure normal blood sugar, treat per protocol.

EMT-PARAMEDIC PROVIDER

- Follow as above

EMT-PARAMEDIC PROVIDER

- Follow as above