



Jackson Hole Fire/EMS Operations Manual

Approved by: _____

Will Smith, MD, Medical Director

Approved by: _____

Willy Watsabaugh, Chief

Title: **Treatment Protocol: Head Injury**

Division: 17

Article: 4.14

Revised: August 2014

Pages: 2

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-PARAMEDIC PROVIDER

- Follow as above

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