

Rash, skin break, pain, soft tissue swelling, redness and/or blood oozing from the bite wound
shortness of breath, wheezing, hives, itching, shock, hypotension

Adult Routine Transport Orders

Adult IV/IO

Cardiac Monitor

Consider the safety of the rescuer.
Calm the patient.

Treat patient utilizing appropriate medical protocol and transport to medical facility.

Dog / Human Bite

Consider the safety of the rescuer.

Treat as a soft tissue injury. All bites are considered to be infectious. Treatment by a physician is recommended and necessary.

Notify local animal control and law enforcement. Provide transportation as necessary.

Stings

If stinger present, attempt to remove stinger by brushing it with the edge of a credit card or equivalent device. Clean the area once the stinger is removed; apply sting eze™ if available and patient not allergic (contains Iodine) to it.

- If possible, place the site below the level of the patient's heart. **Cold packs** may be applied, but not directly to the skin.
- During transport, be prepared for vomiting. Monitor vital signs.

If bronchospasm, refer to

Allergic Reaction/Anaphylactic Shock

Contact receiving facility, as soon as practical, as they can prepare for patient arrival.

Assessment as per protocol. *be prepared for patient to state "Hymenoptera" as their allergy, this is an allergy to the bites/stings of winged insects.

Obtain a complete history about the animal, insect or reptile (includes size, color, markings, shape of the head, location of the event, time of event, how it happened and if the predator was captured and available for transport to facility)

Snake Bites

Consider the safety of the rescuer. Calm the patient.

Remove jewelry, apply constricting bands (above and below), and immobilize extremity.

Be prepared for site swelling.

Notify local animal control and law enforcement. The snake is needed for ID purposes only.

Treat for shock, treat the soft tissue injury and manage other medical problems appropriately as per protocol.

Provide transportation as necessary.

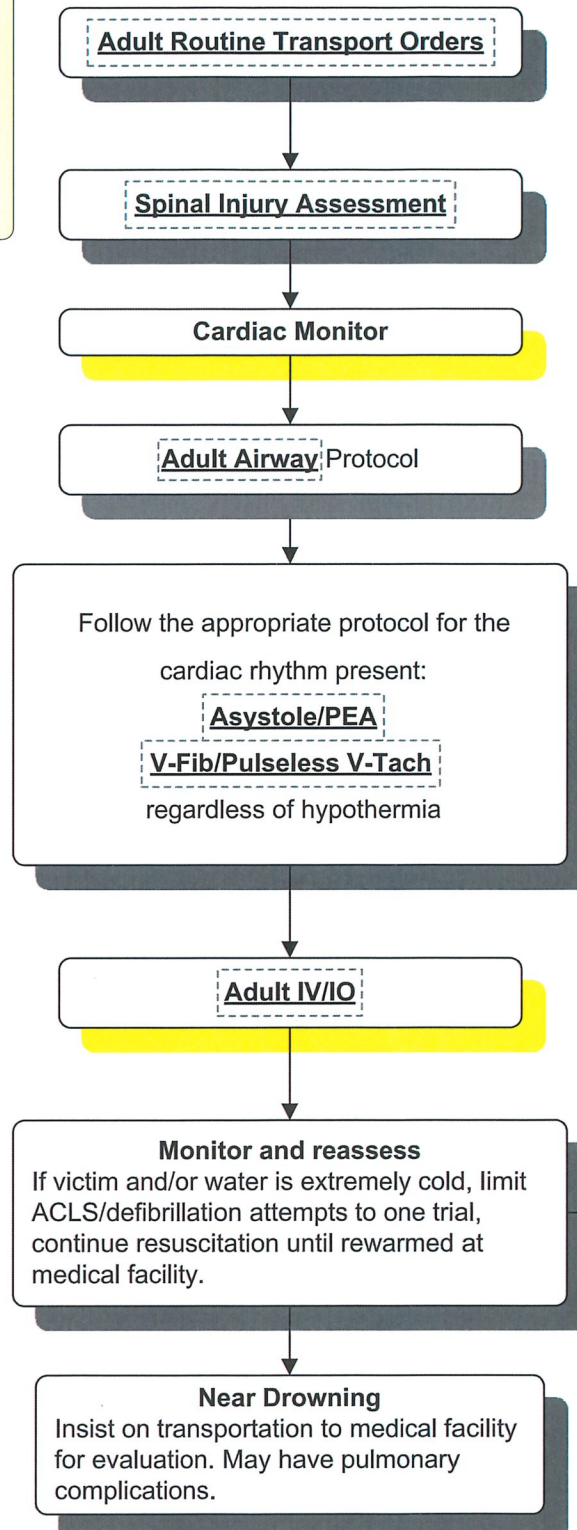
General

EMT

AEMT

Paramedic

There are multiple considerations with Drowning / Near Drowning. Water temperature being primary. All cold water drowning should be worked. Trauma and C-Spine should be considered and managed. As with all environmental exposures, time and duration will also need to be noted.



General

EMT

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Some causes of hyperthermia are:
High temperatures in the environment or excessive exercise in moderate to extremely high temperatures. Also, Older or ill incapacitated patient, a failing of temperature regulating center.

Adult Routine Transport Orders

Document patient temperature

Move to cooler environment, remove all outer clothing. Allow minimal modesty.

Apply room temperature water to skin and increase air flow around patient
Consider
Cold packs to major artery sites

Adult IV/IO

Maintain systolic B/P greater than 90 mmHg.
Use cool IV fluids if possible

Monitor and reassess

Appropriate Protocol
based on patient symptoms

Signs & Symptoms

Heat Cramps

Severe muscle cramps

Heat Exhaustion

Altered mental status, dizziness, nausea & vomiting, headache, elevated core body temperature

Heat Stroke

Extremely elevated core body temperature, the absence of sweating, with hot red or flushed dry skin, rapid pulse, difficulty breathing, strange behavior, hallucinations, confusion, agitation, disorientation, seizure, coma

Be prepared for **Seizures**

Direct fan on patient if available.
DON'T GIVE FLUIDS ORALLY.

General

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A core body temperature of 95°F (35°C) can lead to decrease in heat production and increase in heat loss.

Adult Routine Transport Orders

Remove patient from cold environment, and remove wet clothing. Avoid rough movement.

Cardiac Monitor

Passive rewarming. Attempt rectal temperature if possible

Adult IV/IO (warmed)

Severe Hypothermia
< 88°F (< 31°C)

Withhold intubation unless the respiratory rate is less than 6/min and no gag reflex is present, or, the patient is in cardiac arrest

Limit resuscitation to one round of ACLS medications. (see appropriate rhythm)

Limit **Defibrillation** to
1 countershock @ 200 joules

Attempt further defibrillation only when core temperature rises

Moderate Hypothermia
88-92°F (31-34°C)

Use appropriate protocol for rhythm, but decrease all cardiac medications by one-half

Transport as soon as possible.

Medical considerations include time and duration of exposure. Level of patient distress indicated by clinical presentation such as presence of shivering, level of consciousness, core temperature reading. Auxiliary and oral measurements are poor measures of core temperature. Rectal temperatures are closer to estimate the core temperature.

Mild Hypothermia
< 92-96° F (34-36° C)

Appropriate Protocol based on patient symptoms

General

EMT

AEMT

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