

**TREATMENT PRIORITIES DURING EXTRICATION**

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| <b>X</b>   | <b>Limited <u>Life-Sustaining</u> Care:</b>  |
|  | <b>Control Hemorrhage</b>  |
|  | <ul style="list-style-type: none"> <li>Apply Tourniquet(s)</li> <li>Pack trunk/junctional wounds</li> <li>Dress any uncontrolled bleeding</li> </ul>   |
| <b>A</b>   | <b>Place a NRB with 100% O2</b>  |
|  | <b>Place Airway Adjuncts</b>   |
|  | <ul style="list-style-type: none"> <li>Place NPA/OPA as needed</li> <li>Place BIAD (iGel or KingLT) if airway or respiratory effort compromised</li> </ul>   |
| <b>B</b>   | <b>Support Breathing (as able)</b>   |
|  | <ul style="list-style-type: none"> <li>Cover open (sucking) chest wounds</li> <li><b>Needle Decompression [T-P1]</b> if <u>any concern</u> over tension pneumothorax</li> <li>Ventilate via BIAD (if needed/able)</li> </ul> |
| <b>*</b>   | <b>Other Considerations</b>  |
|  | <ul style="list-style-type: none"> <li>Place C-Collar if possible spinal injury</li> <li>Consider splinting deformities for hemorrhage control or comfort</li> </ul>   |
| <b>For Discontinuation of Resuscitation in Traumatic Arrest, see below</b> |  |

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| <b>Additional Symptomatic Care</b>   |
| <b>Pain Management - See RX-02</b>   |
| <ul style="list-style-type: none"> <li>Toradol 30 mg IM</li> <li><b>Fentanyl 50-100 mcg IM or IN</b></li> <li>Morphine 5-10 mg IM</li> <li>Dilaudid 0.5-1 mg IM</li> </ul> |
| <b>Sedation/Anxiolysis - See RX-03</b>   |
| <ul style="list-style-type: none"> <li><b>Versed 2-5 mg IM or IN</b></li> <li>Ativan 2 mg IM</li> <li>Valium 5 mg IM</li> </ul>  |
| <b>For Severe Pain/Combativeness</b>   |
| <ul style="list-style-type: none"> <li><b>Ketamine 100-400 mg IM</b></li> </ul>  |
| <b>Pediatrics (&lt;40 kg) utilize RX-02 &amp; RX-03 and/or contact medical control</b>   |
| <b>Repeat medications as per RX-02 or RX-03</b>  |
| <b>Contact Medical Control for further guidance <u>or</u> if efforts are felt to be futile</b>   |

**M**

T-03  
CARE DURING  
EXTRICATION



**Discontinuation of Resuscitation in Traumatic Arrest (see X-03 for further)**

- If a patient
  - **Is pulseless and apneic** (from an obviously traumatic arrest), **DO NOT begin resuscitation** (or extrication).
  - Still has a pulse/respiratory effort, then begin interventions as above.
- **Resuscitative (and extrication) efforts may be terminated IF the patient....**
  - Has severe injuries incompatible with life, *and*
  - Becomes pulseless and apneic, *and*
  - Has not yet been extricated.

NOTES:

- This protocol is meant as a **guide for goal-directed therapies during the extrication of a patient from entrapment (pinned MVA, trench rescue, etc.)**
- Clinical care should focus on the basics of trauma and medical management, including controlling hemorrhage, maintaining the patient's airway, and providing a reasonable degree of respiratory support.
- **Outside of basic life support, care should be directed at providing basic comfort measures including pain control and sedation as necessary.**
- Each situation is different, and the clinical management of the patient must be balanced with the logistical needs and perceived clinical benefit of the extrication.