OSF HEALTHCARE

General Protocols

FIELD SPINAL MOTION RESTRICTION PROTOCOL

Indications:
Any patient that experiences a mechanism of injury that creates the **potential** for a spine injury.

Contraindications:
Patients with chronic neck or back pain, any patient exhibiting signs of shock.

Protocol:
All patients will be assessed by the following criteria. Only those patients who meet ALL requirements as NO or NORMAL may be cleared.

1. Does the patient have a GCS less than 15?
2. Does the patient complain of neck or back pain directly due to the MOI?
3. Is there tenderness, swelling or deformity noted when the complete spine is palpated?
4. Is there a distracting injury or distracting pain?
5. Are there signs/symptoms of alcohol or drug abuse present?

Spinal motion restriction, SMR, (Back boarding) may be withheld only if the answer to all of the five preceding questions is NO. If the answer to any of the preceding questions is yes the patient should be placed in full SMR. If the patient meets the criteria to withhold SMR, EMS providers may still elect to provide SMR.

Examples of distracting injuries: long bone fractures, rib fractures, pelvic fractures, abdominal pain, large contusion, avulsion to the face or scalp, partial thickness burns greater than 10% TBSA or full thickness burns, any significantly painful injury.

Examples of signs/symptoms of alcohol or drug abuse: GCS less than 15, slurred speech, dilated pupils, flushed skin, unsteady gate, irregular behavior, presence of paraphernalia.

OSF HEALTHCARE

Trauma Care

SMR DECISION TREE

Clinical indications: patients with traumatic neck/back pain, head injury or facial trauma, or with a significant or uncertain MOI or high index of suspicion for spinal trauma (e.g. axial load (diving), MVC* or bicycle, falls…). In high-risk patients (e.g. elderly, osteoporotic, degenerative disorders), less forceful mechanisms can cause significant injuries.

Field Trauma Criteria

Level one Trauma

Blunt or penetrating trauma with unstable vital signs AND/OR

- Hemodynamic Compromise (BP<90)
- Respiratory Compromise RR<10 or >29
- Altered Mental Status

Specific Anatomic Injuries

- Penetrating trauma proximal to elbow/knee
- Flail Chest
- 2+ long bone fractures
- Crushed/Degloved injury
- Combined Trauma with >20% TBSA burn
- Amputation proximal to ankle or wrist
- Open/Depressed Skull Fx

OSF HEALTHCARE

General Protocols

PAIN CONTROL

FR/EMR

1. Routine Trauma, Medical, and/or Cardiac Care.

BLS

1. Routine Trauma, Medical, and/or Cardiac care.
2. Administer 1000mg of **Acetaminophen** by mouth for minor to moderate pain
3. Consider **ONDANSETRON** 4mg ODT for nausea.

ILS

1. Routine Trauma, Medical, and/or Cardiac care
2. Pain medication may be given without calling medical control if systolic blood pressure is greater than 90 mmHg. If systolic blood pressure is less than 90 mmHg, pain is described as "headache" in nature, head injury is present, CVA is suspected, OR if patient has any reported or observed diminished mentation, Contact **MEDICAL CONTROL** prior to administering pain control.
3. Administer 1000mg of **Acetaminophen** by mouth for minor to moderate pain
4. For pain moderate to extreme pain, **FENTANYL** 1 mcg/kg IV/IM/IN (max single dose of 100mcg) Dose should be decreased by ½ if patient has a history of renal disease.
5. After administration of fentanyl, consider **ONDANSETRON** 4 mg IV/IN/ODT for prophylactic treatment of nausea.
6. For continued pain after 10 minutes, **FENTANYL** 1mcg/kg IV/IM/IN (max 50mcg for repeat dose).
7. May be repeated after another 10 minutes 1mcg/kg (max 50mcg for repeat dose, max of 200mcg total).

ALS

1. Routine Trauma, Medical, and/or Cardiac care.
2. Pain medication may be given without calling medical control if systolic blood pressure is greater than 90 mmHg. If systolic blood pressure is less than 90 mmHg, pain is described as "headache" in nature, head injury is present, CVA is suspected, OR if patient has any reported or observed diminished mentation, Contact **MEDICAL CONTROL** prior to administering pain control.
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6. For continued pain after 10 minutes, **FENTANYL** 1mcg/kg IV/IM/IN (max 50mcg for repeat dose).

7. May be repeated after another 10 minutes 1mcg/kg (max 50mcg for repeat dose, max of 200mcg total).
8. For continued pain or if maximum Fentanyl dose has been administered, administer 0.5mg/kg of **KETAMINE** IV/IO infused in a 100ml bag of Normal Saline over 15 minutes with **MEDICAL CONTROL** orders.
9. **For unstable trauma patients needing pain control (low BP, etc.), 0.5 mg/Kg Ketamine IV/IO infused in 100ml bag of Normal Saline over 15 minutes.**

NOTES:

- If patient is allergic to a medication in the pain control protocol, do not administer that medication.
- Overall goal of pain management is for the patient to be tolerable or as close to pain free. If you administer the maximum dosage of medications under this protocol, contact medical control for further orders.
- **Closely monitor patient's respiratory status. Continuous SpO2, cardiac monitoring, and capnography (if available) is required on patients receiving pain control.**
- Acetaminophen is for minor to moderate pain.
- **For unstable trauma patients needing pain control (low BP, etc.), 0.5 mg/Kg Ketamine IV/IO infused in 100ml bag of Normal Saline over 15 minutes.**


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