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| **BLS Treatment** |
| * Assess circulation, airway, breathing, and responsiveness. * **Oxygen** as indicated. * Provide Spinal Motion Restriction as indicated. * Appropriately splint suspected fractures/instability as indicated. * Bandage wounds/control bleeding as indicated. |
| **ALS Treatment** |
| * Minimize scene time. All treatments should be done en route as possible. * IV/ IO **Normal Saline** fluid bolus.   **ASYSTOLE:**   * If asystolic with no signs of life (absence of vital signs and respirations; asystole in two leads) consider pronouncement in the field (Refer to Policy 4050 Death in the Field). * Notify medical examiner. * Provide grief support and referrals for on-site survivors as needed.   **V-Fib or PEA:**   * Refer to Protocol 2.04 Cardiac Arrest and Policy 4050 Death in the Field. |
| **Comments**   * Consider cardiac etiology in older patients with low probability of mechanism of injury. * If patient not responsive to trauma oriented resuscitation, consider possible medical etiology and treat accordingly. * Unsafe scene may warrant transport despite low potential for survival. * Minimal disturbance of potential crime scene. |