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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.
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| **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.
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