# AIR FORCE SPECIAL OPERATIONS COMMAND

## EMT INTERMEDIATE/PARAMEDIC TREATMENT PROTOCOLS FOR AIR FORCE SPECIAL OPERATIONS MEDICAL TECHNICIANS


AFSOC HANDBOOK 48-1
1 JULY 1998

**BY ORDER OF THE COMMANDER**
**AIR FORCE SPECIAL OPERATIONS COMMAND**

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**Aerospace Medicine**

# EMT INTERMEDIATE/PARAMEDIC TREATMENT PROTOCOLS FOR AIR FORCE SPECIAL OPERATIONS MEDICAL TECHNICIANS

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This handbook incorporates requirements, information, and procedures formerly contained in AFSOC SG policy letters. This Handbook applies to all active duty AFSOC 4F0X1 and 4N0X1 personnel, certified at the Emergency Medical Technician- Intermediate and Paramedic level, as outlined in AFSOCI 48-101.

**OPR:** HQ AFSOC/SGPA (SMSgt McGill), 16 OSS/OSM (MSgt Cole)
**Certified by:** HQ AFSOC/SGA (Lt Col Pollard)
**Pages:** 53
**Distribution:** F,X

**Page**

## Medical Control

Care of injured personnel in combat or rescue situations requires medical command and control by licensed medical providers. Paramedical and Emergency Medical Technician-Intermediates providing care in these situations are acting under the principal of 'delegated authority', where the provider(usually a physician) allows appropriately trained personnel to perform specified diagnostic and therapeutic interventions. There are several types of medical control:

- On Line Medical Control: A physician is either present on the scene and personally directs patient care, or is contacted by radio or other means and gives 'live' instructions.

-Off Line Medical Control: Contact with a control physician is impossible or impractical, care is given based on specific physician approved protocols.

The medical control chain for AFSOC medical technicians assigned to Operations Support Squadron Medical Flights(OSS/OSM) is in the following precedence:

On Line Medical Control:

- Senior AFSOC Flight Surgeon present at the scene.
- Special Tactics Flight Surgeon present at the scene.
- Senior US military physician present at the scene.
- Qualified(training equivalent to US physician) Allied country senior military physician present at the scene
- Qualified civilian physician(training equivalent to US MD or DO) present at the scene, provided he/she agrees to assume responsibility for care and accompany the patient to higher level of care.
- Senior AFSOC Physician Assistant present at the scene
- Any of the above in direct radio contact

Off Line Medical Control:

On line medical control is the preferred means of medical control for all casualty situations. In the event on line control is not possible the following will apply:

- The Senior medic is responsible for directing medical care at all scenes where on line control is not possible. He/she will direct medical control in strict adherence to the established protocols contained herein.
- AFSOC medical technicians assigned to OSS/OSM flights will attempt to contact on line medical control in all situations prior to reverting to protocol use, with the exception of an immediate life threat and then will attempt to establish on line control as soon as possible after the patient is stabilized.

## Universal Precautions

Universal precautions will be taken appropriately for every situation. They will not be addressed for each individual protocol.

# Advanced Cardiac Life Support

# Ventricular Fibrillation/Pulseless Ventricular Tachycardia

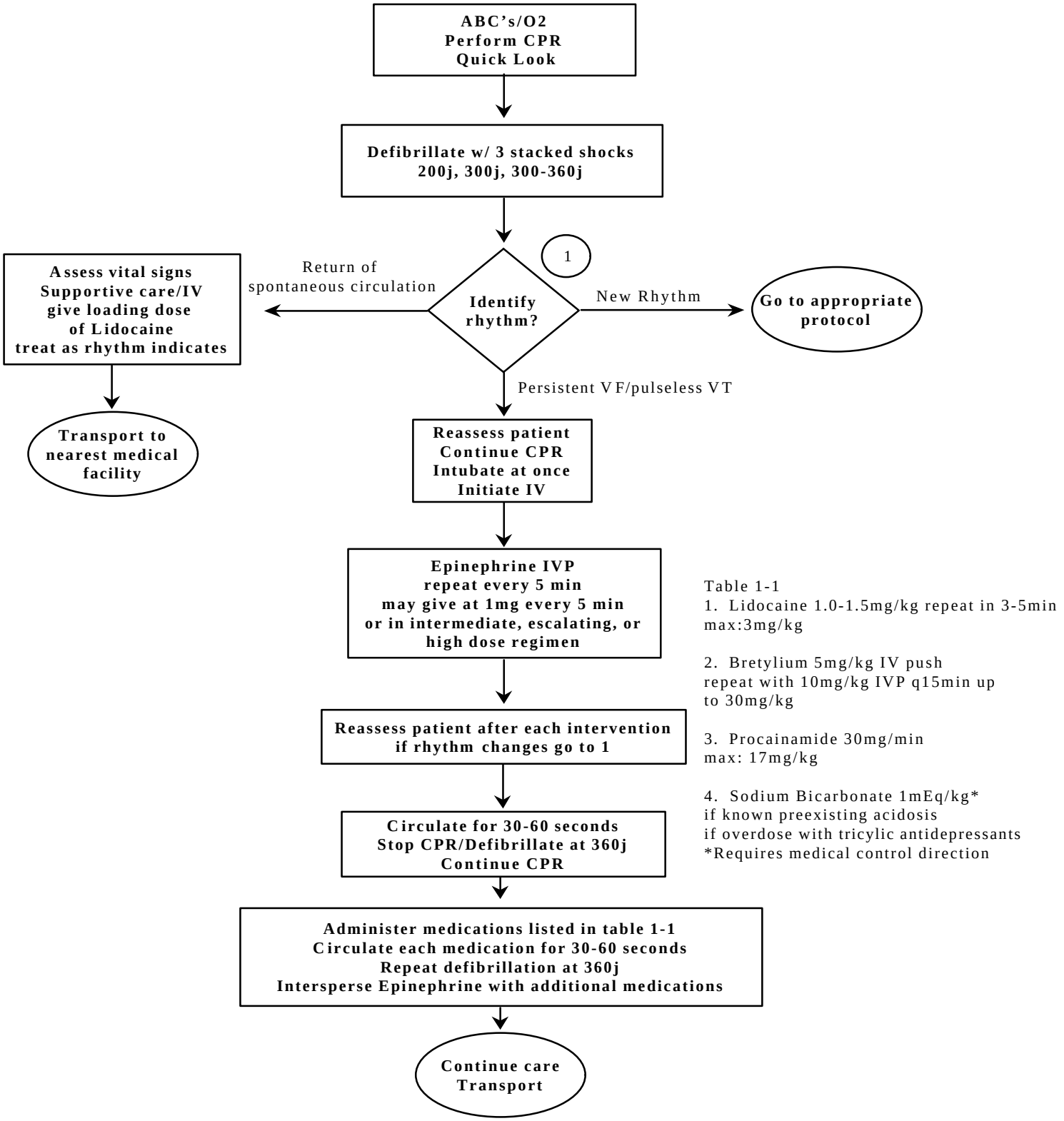



Table 1-1

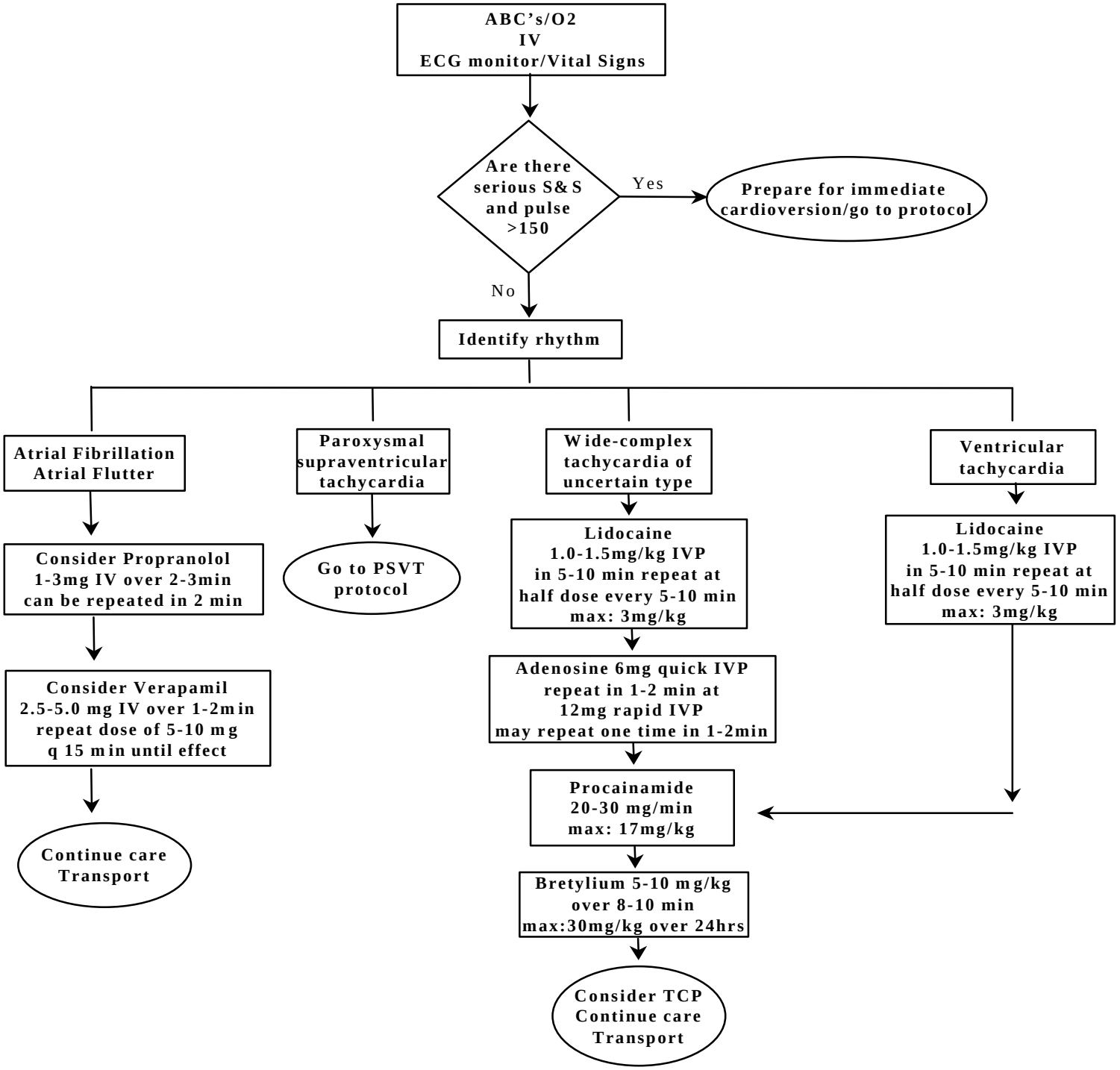
1. Lidocaine 1.0-1.5mg/kg repeat in 3-5min
max:3mg/kg

2. Bretylium 5mg/kg IV push
repeat with 10mg/kg IVP q15min up
to 30mg/kg

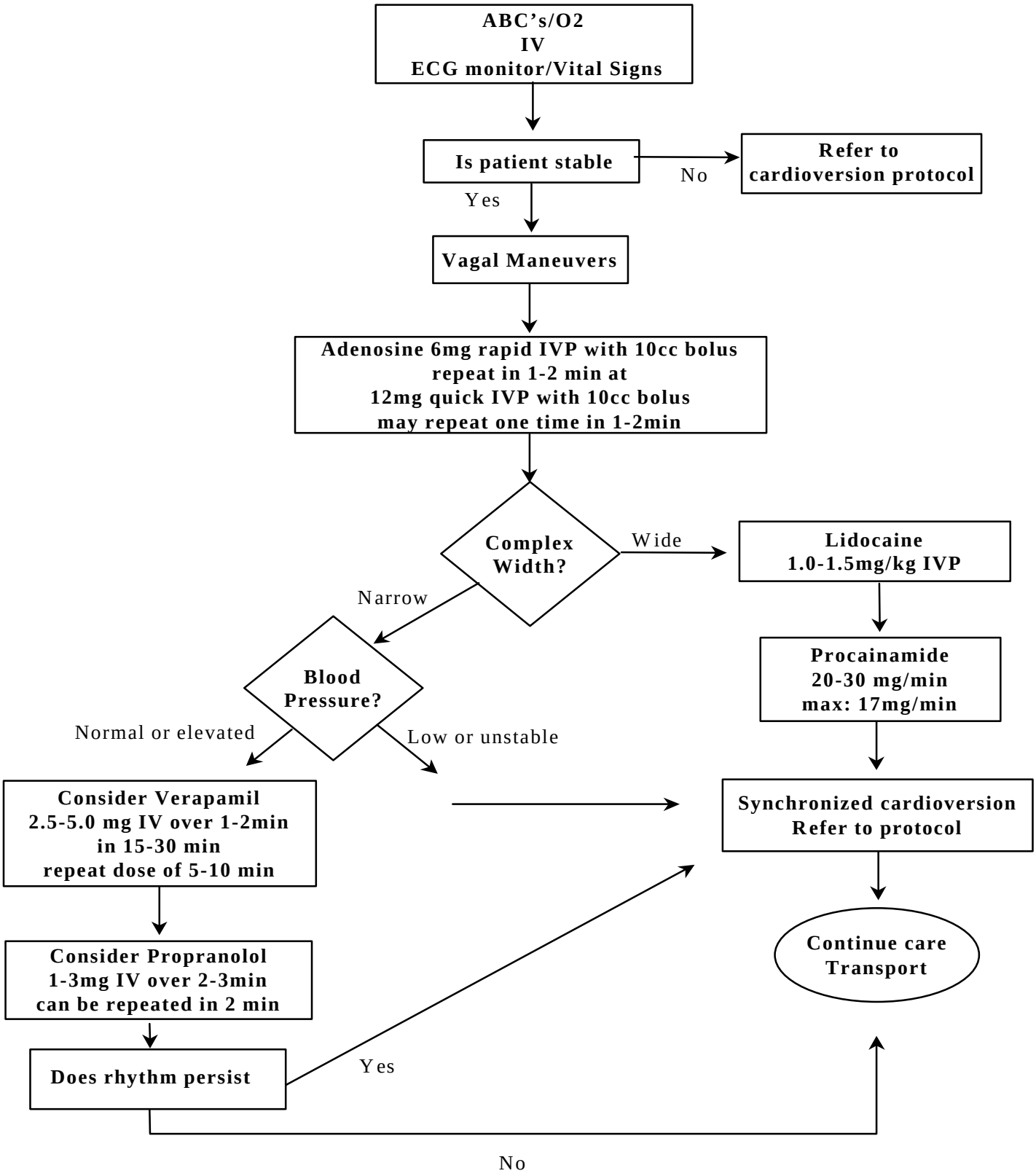
3. Procainamide 30mg/min
max: 17mg/kg

4. Sodium Bicarbonate 1mEq/kg*
if known preexisting acidosis
if overdose with tricylic antidepressants
*Requires medical control direction

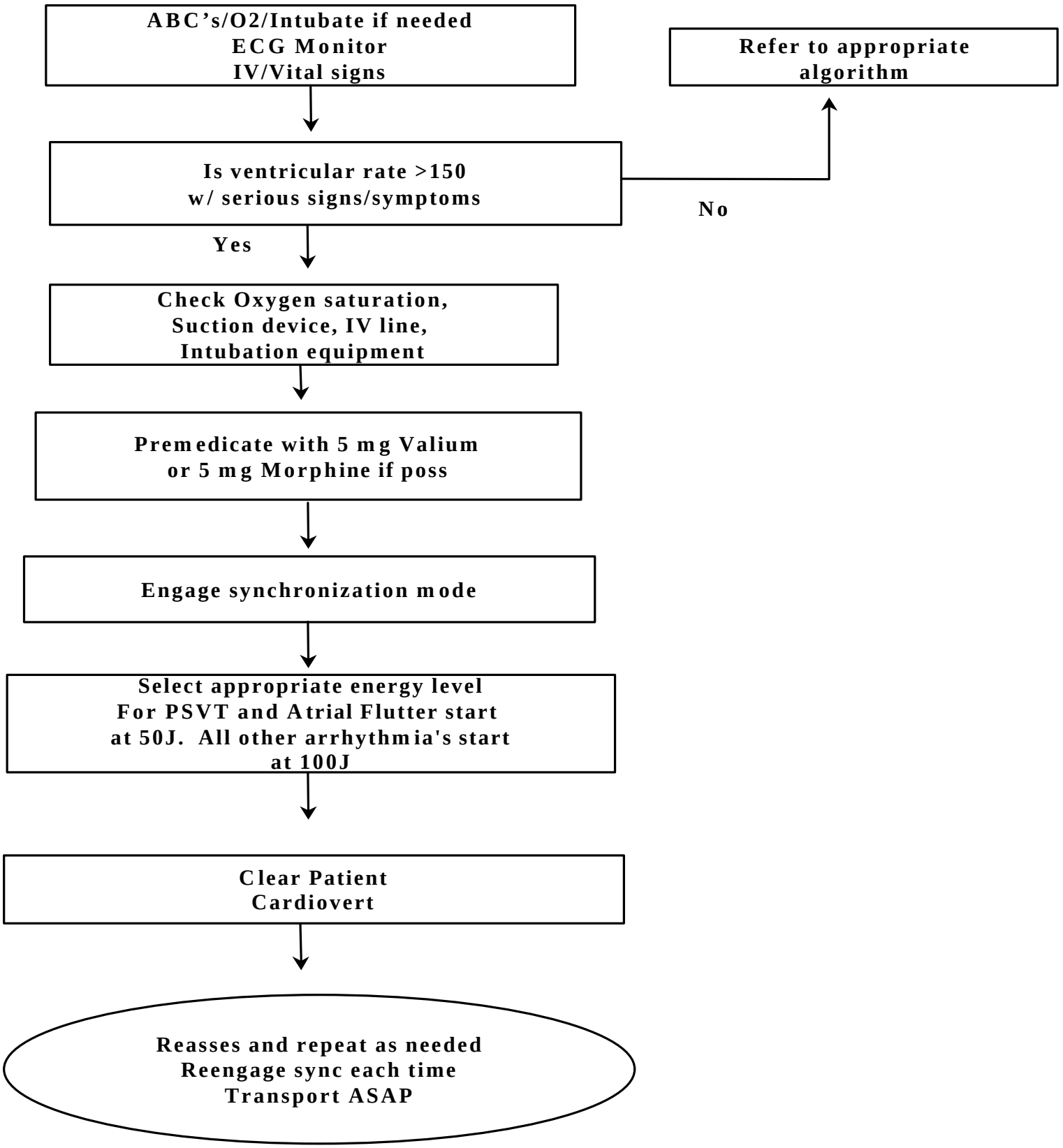
# Tachycardia



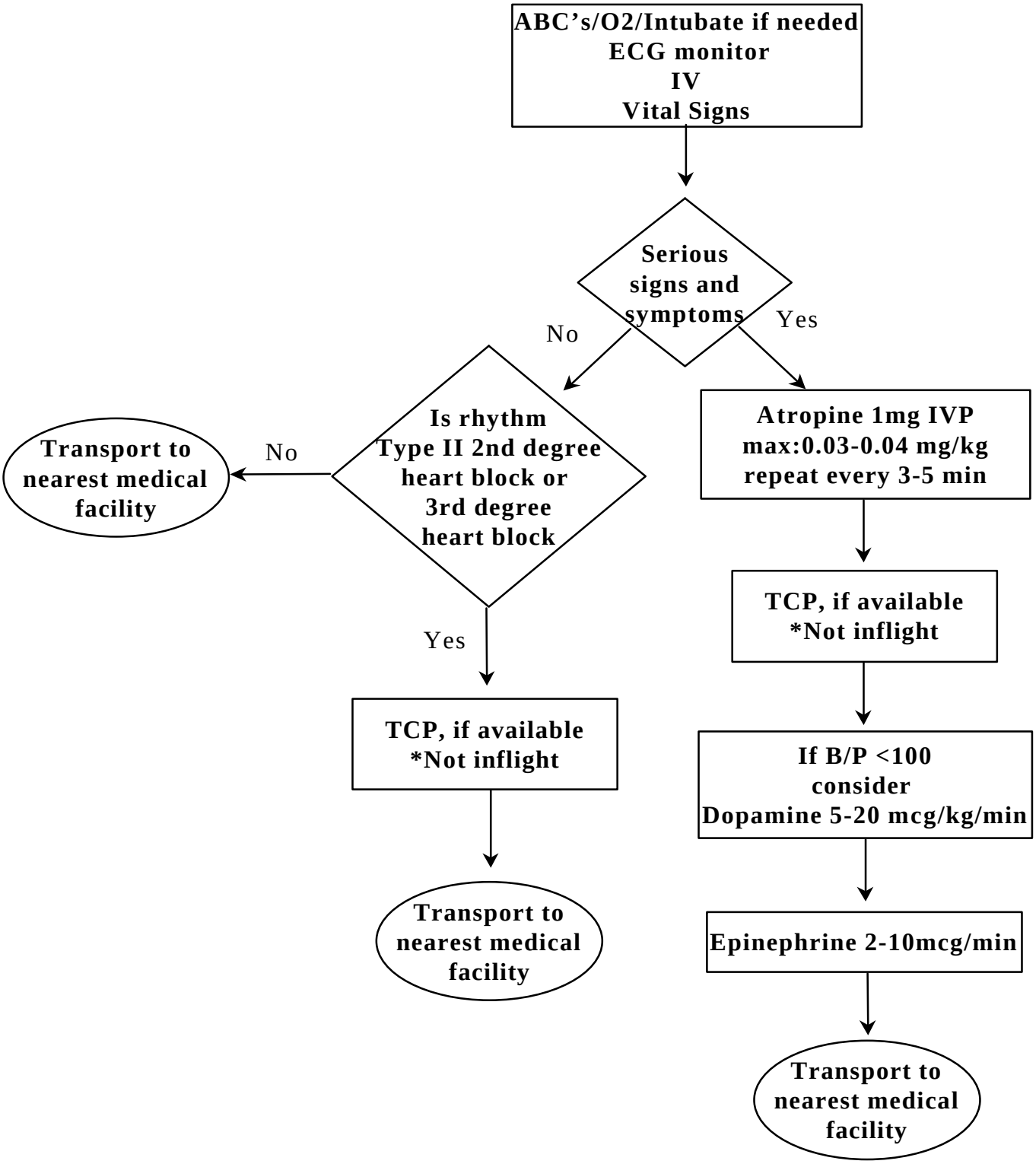
# Paroxysmal Supraventricular Tachycardia



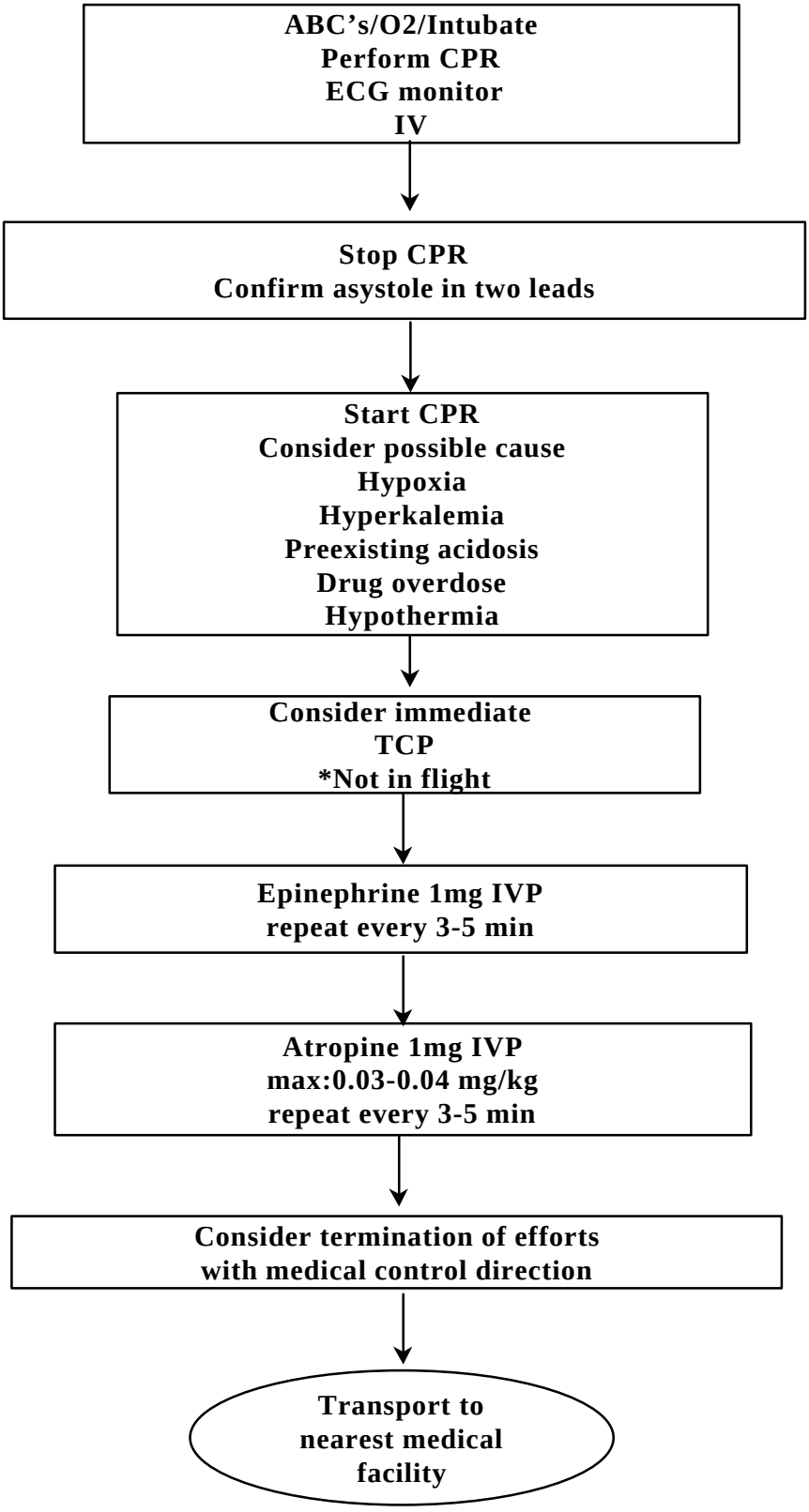
# Electrical Cardioversion



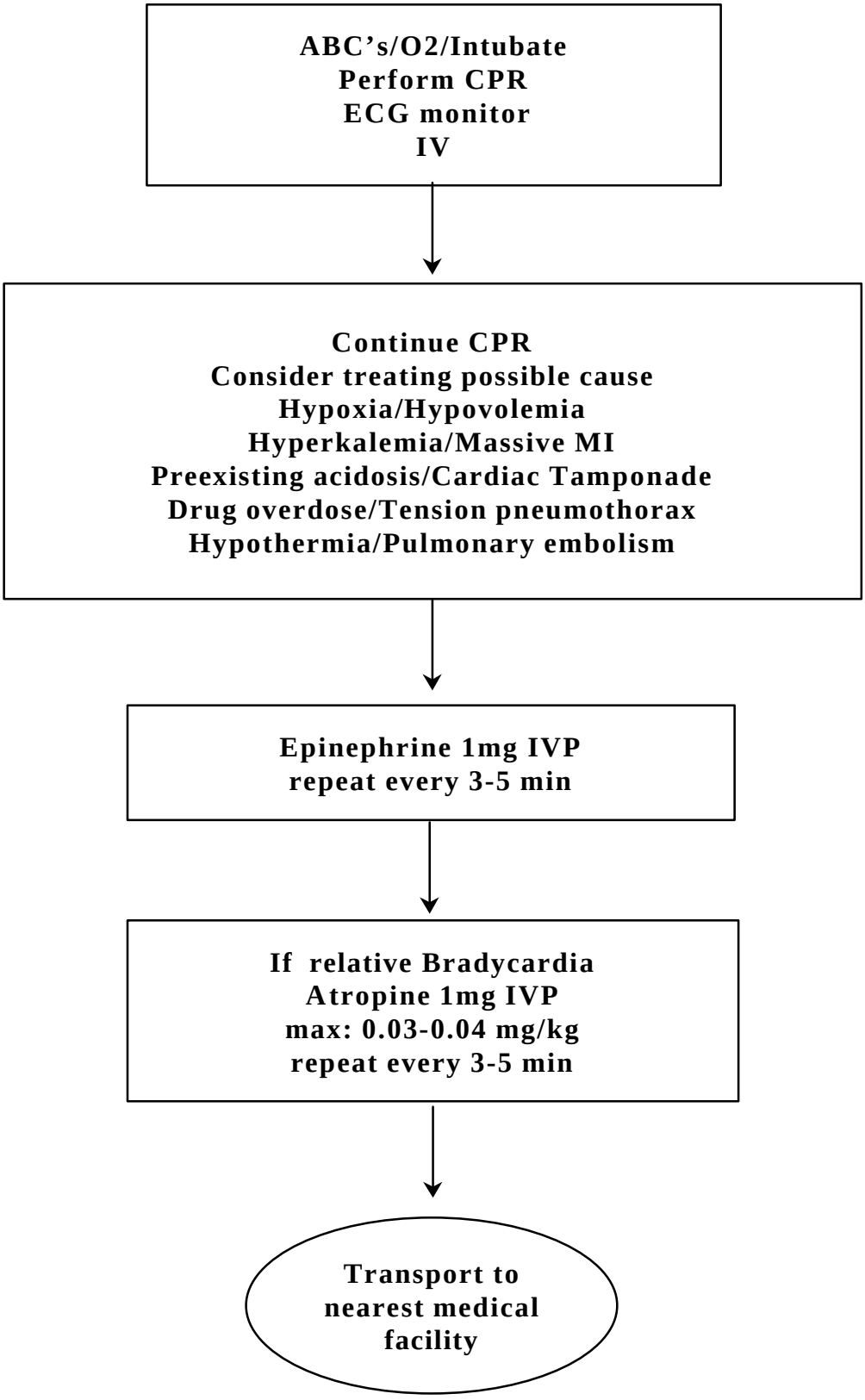
# Bradycardia



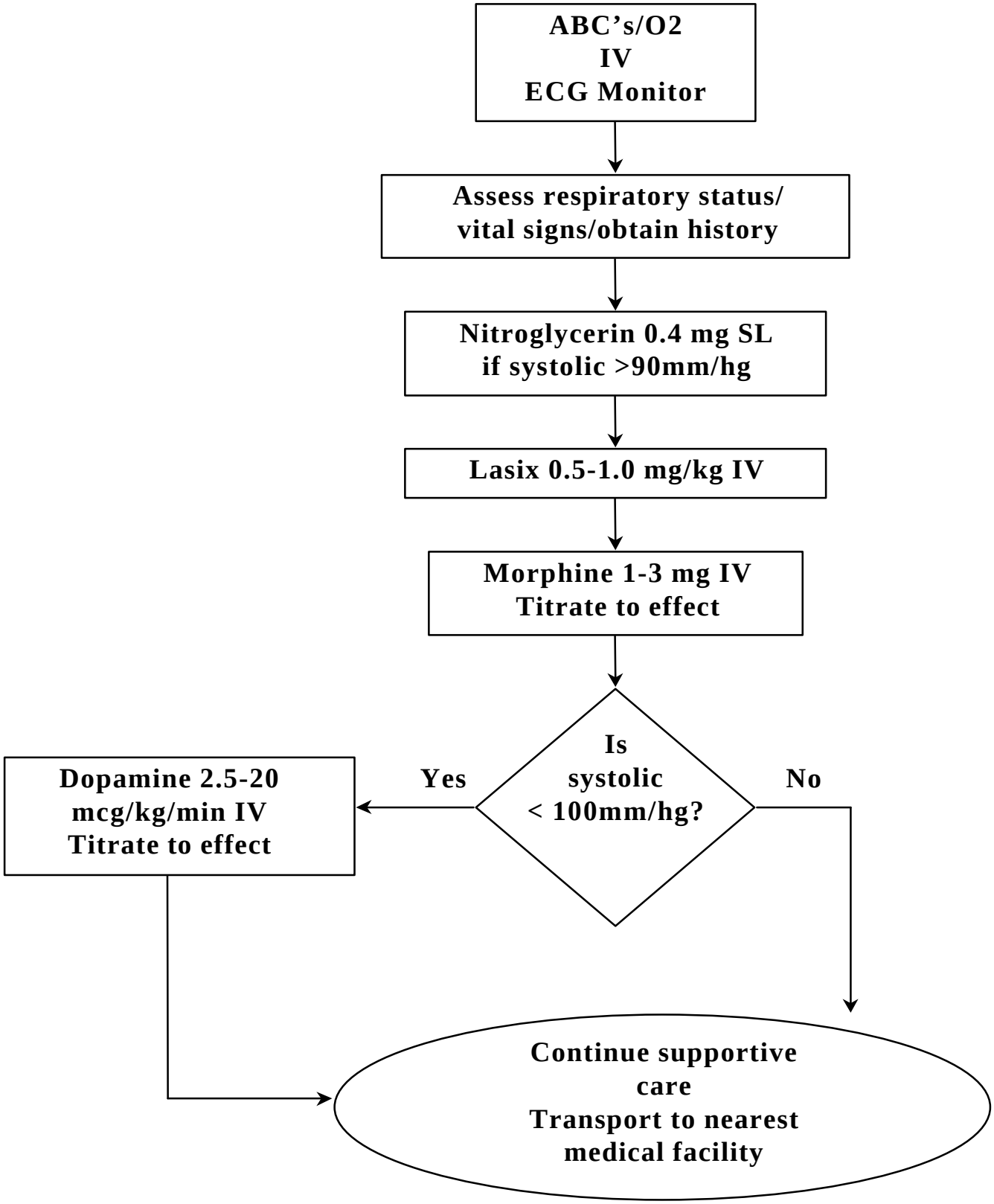
# Asystole


ABC's/O2/Intubate
Perform CPR
ECG monitor
IV
Stop CPR
Confirm asystole in two leads
Start CPR
Consider possible cause
Hypoxia
Hyperkalemia
Preexisting acidosis
Drug overdose
Hypothermia
Consider immediate
TCP
*Not in flight
Epinephrine 1mg IVP
repeat every 3-5 min
Atropine 1mg IVP
max:0.03-0.04 mg/kg
repeat every 3-5 min
Consider termination of efforts
with medical control direction
Transport to
nearest medical
facility

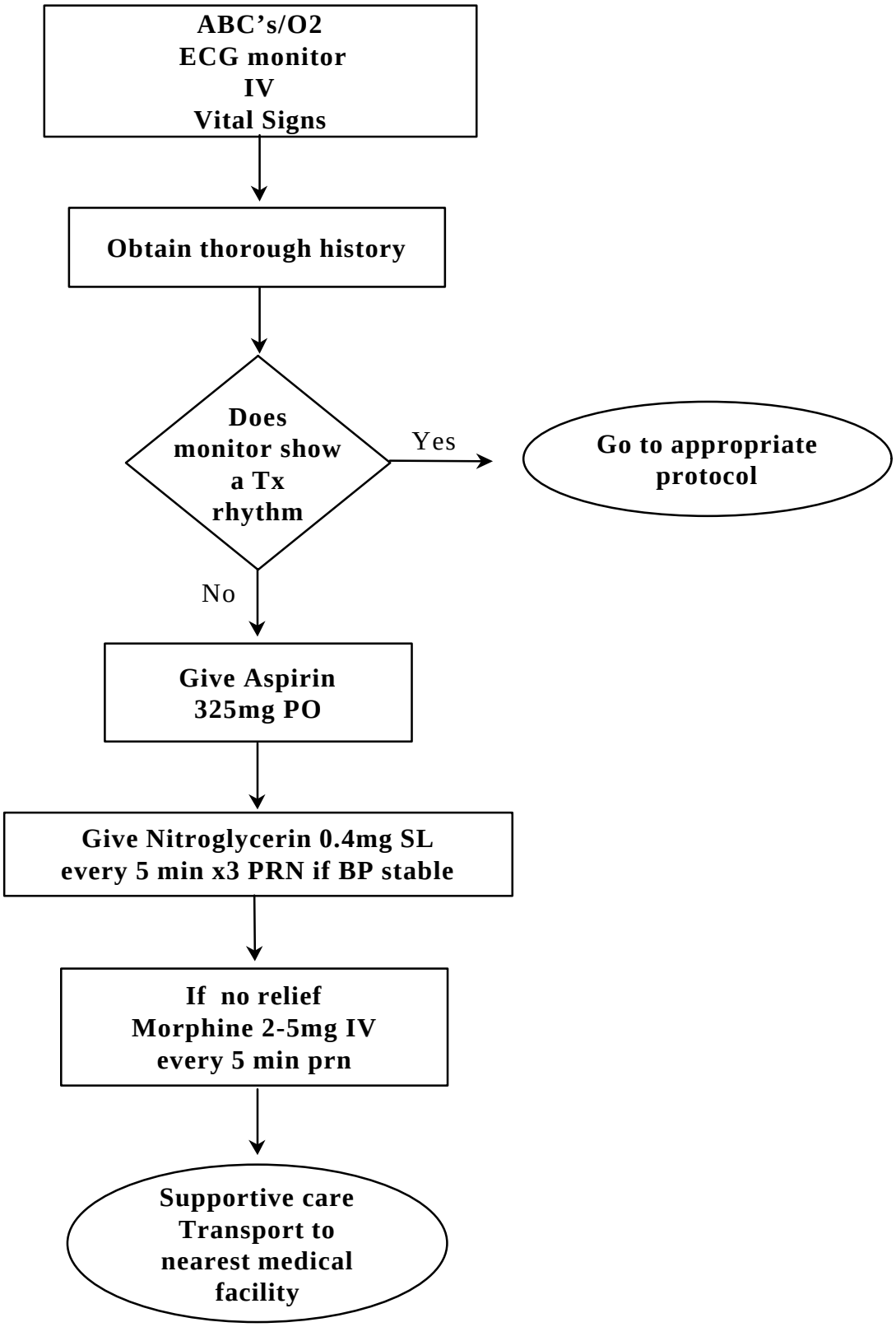
# Pulseless Electrical Activity



# Pulmonary Edema

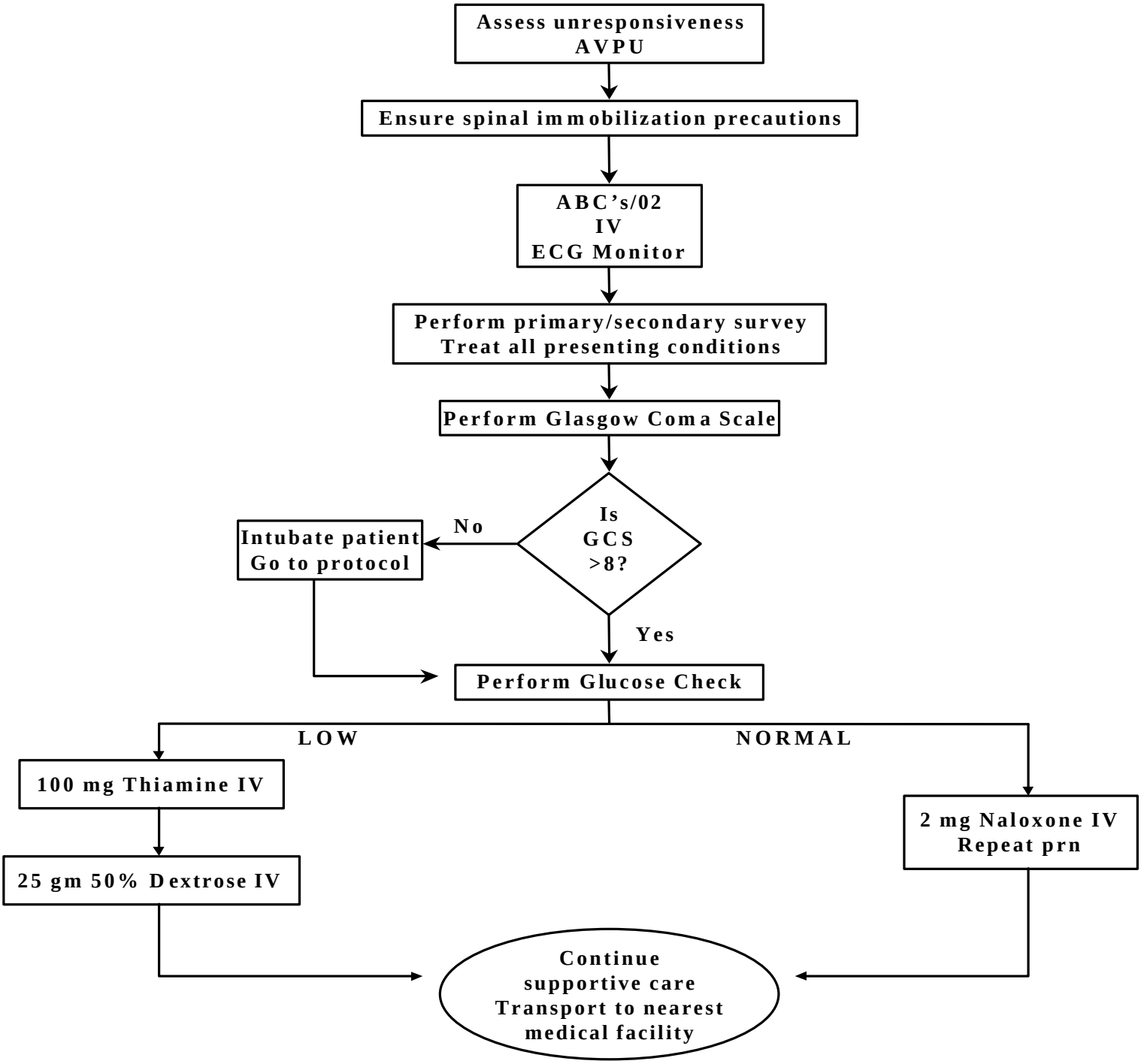


# Acute Myocardial Infarction/Chest Pain

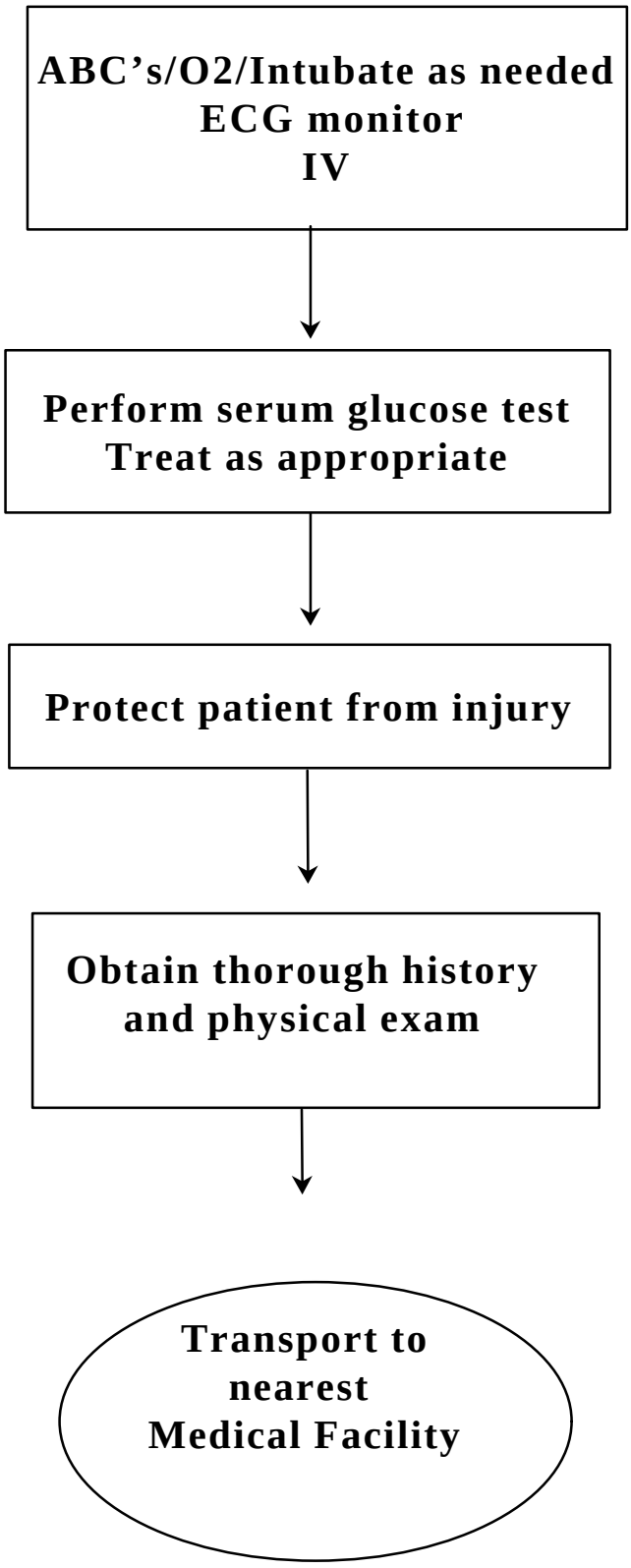


# Medical Emergencies

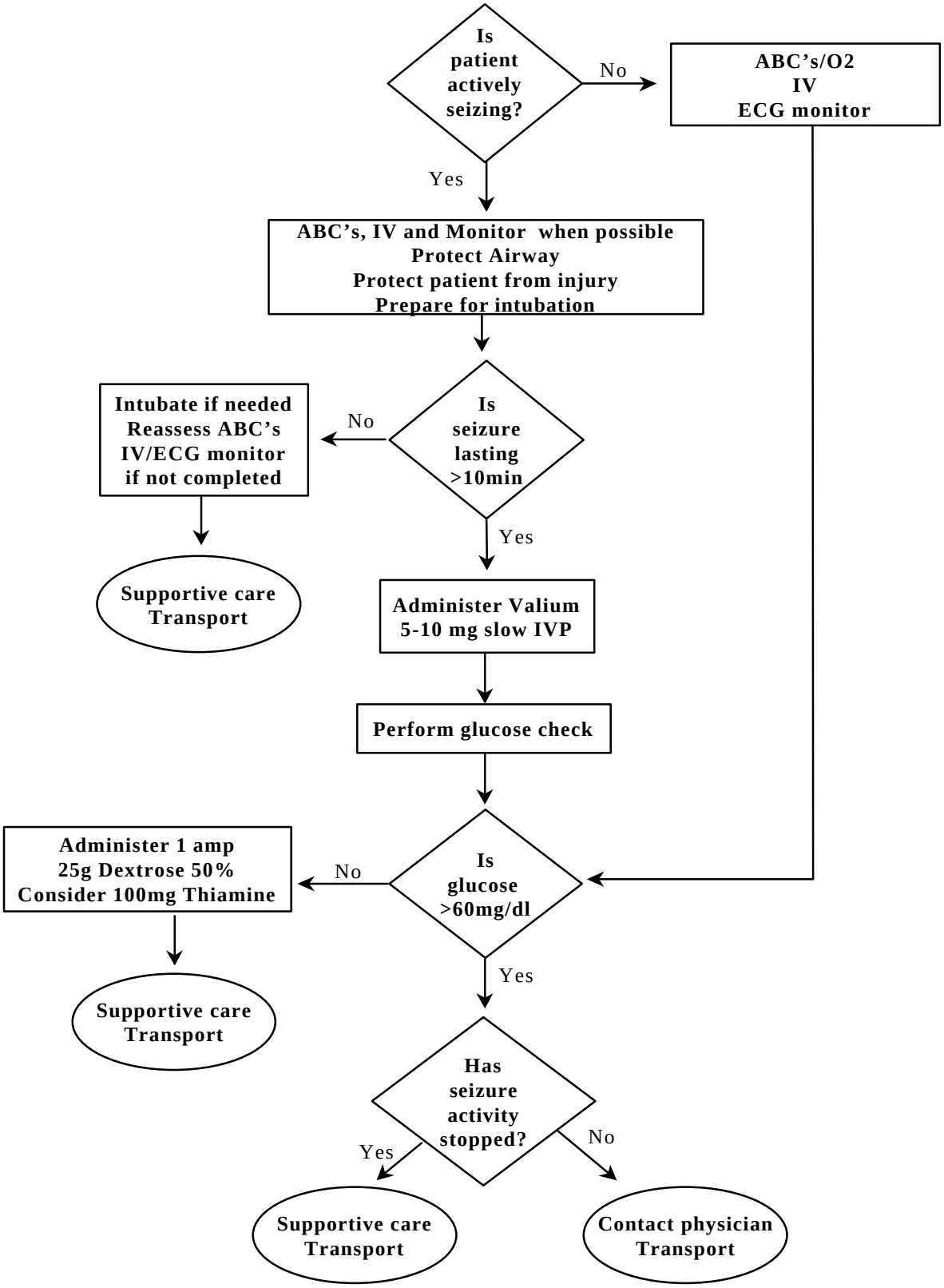
# Unconscious/Unknown



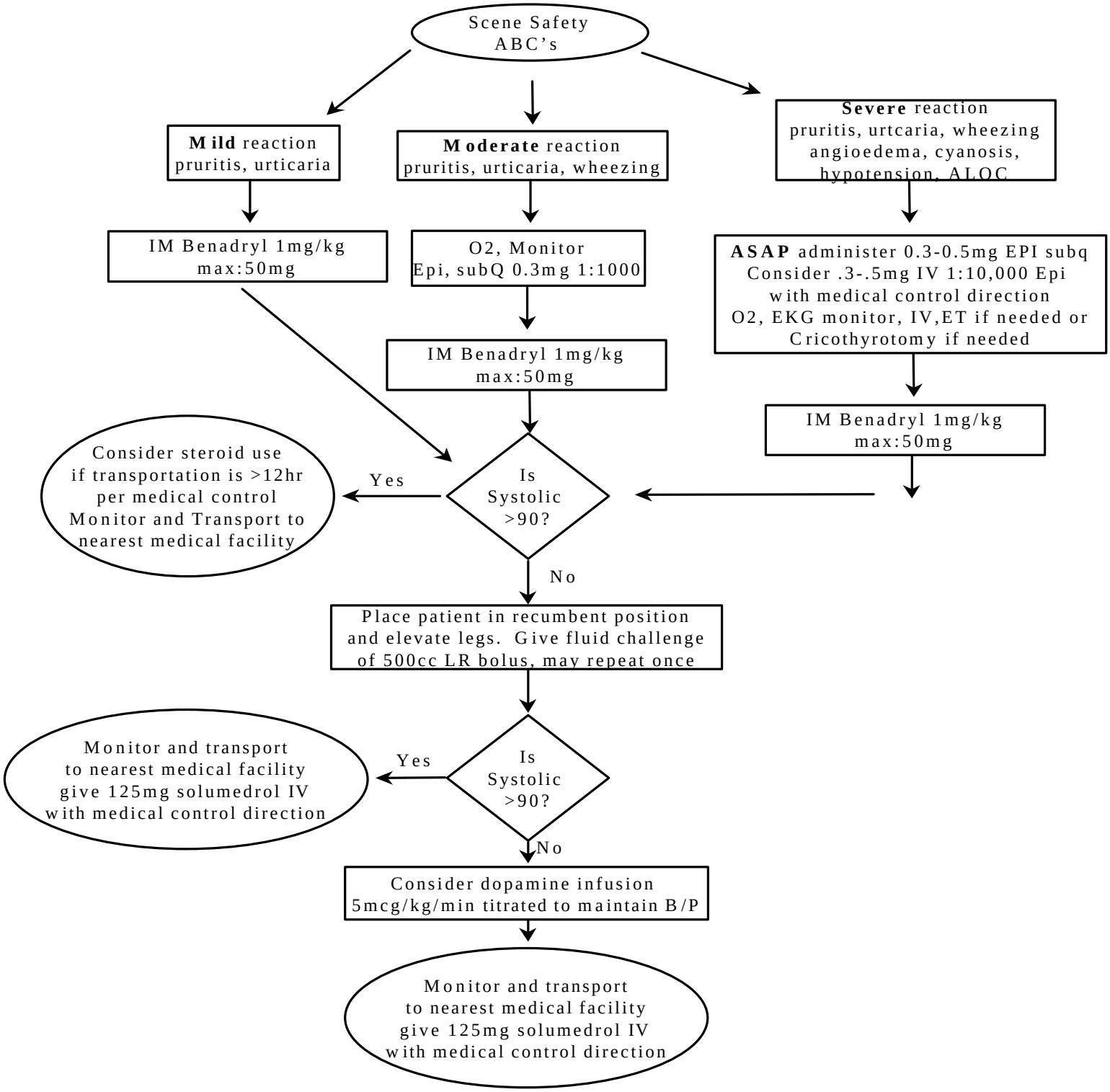
# Cerebral Vascular Accident



# Seizure

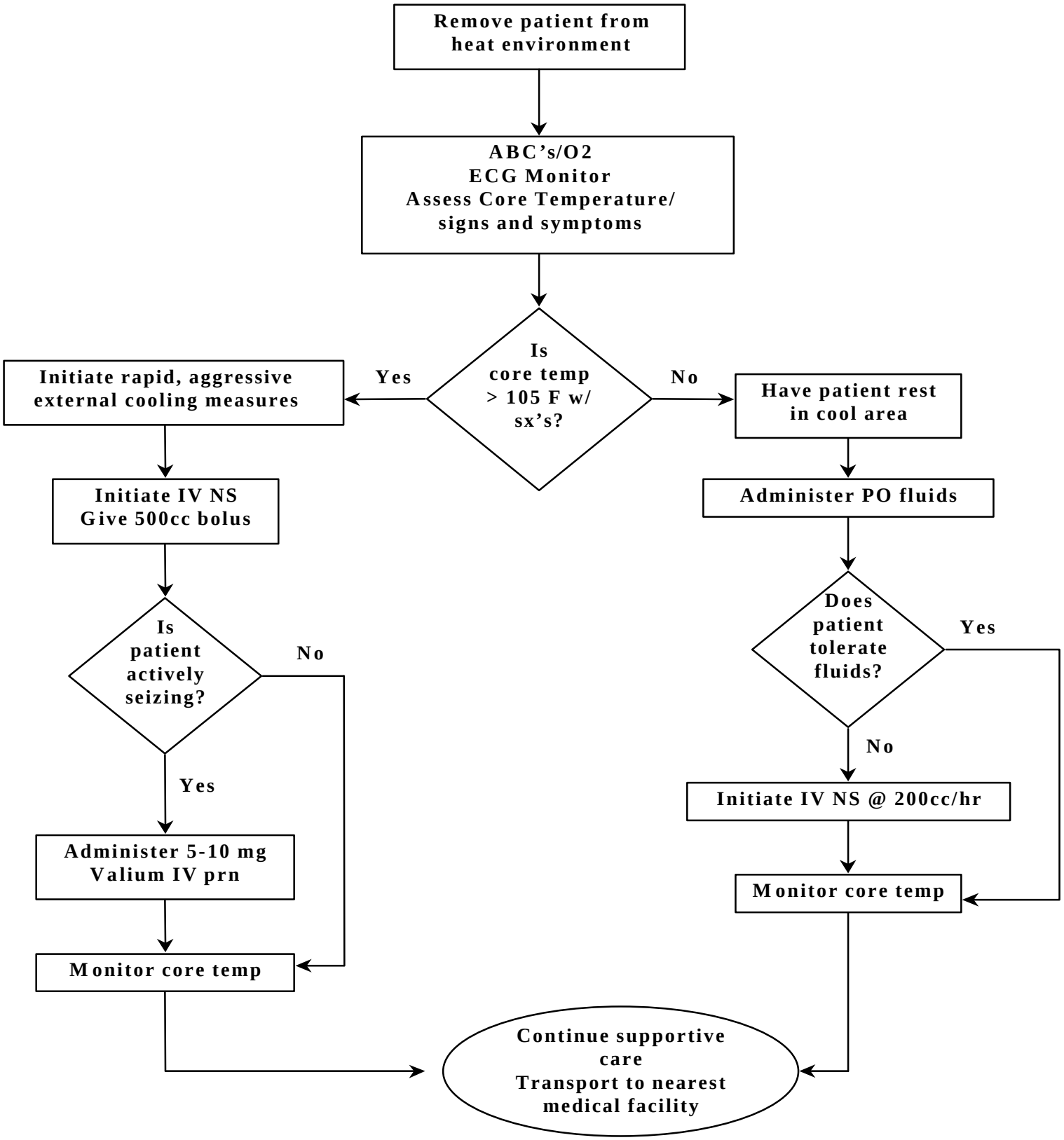

Is patient actively seizing?
No
ABC's/O2
IV
ECG monitor
Yes
ABC's, IV and Monitor when possible
Protect Airway
Protect patient from injury
Prepare for intubation
Is seizure lasting >10min
No
Intubate if needed
Reassess ABC's
IV/ECG monitor
if not completed
Supportive care
Transport
Yes
Administer Valium
5-10 mg slow IVP
Perform glucose check
Is glucose >60mg/dl
No
Administer 1 amp
25g Dextrose 50%
Consider 100mg Thiamine
Supportive care
Transport
Yes
Has seizure activity stopped?
Yes
No
Supportive care
Transport
Contact physician
Transport

# Allergic Reaction

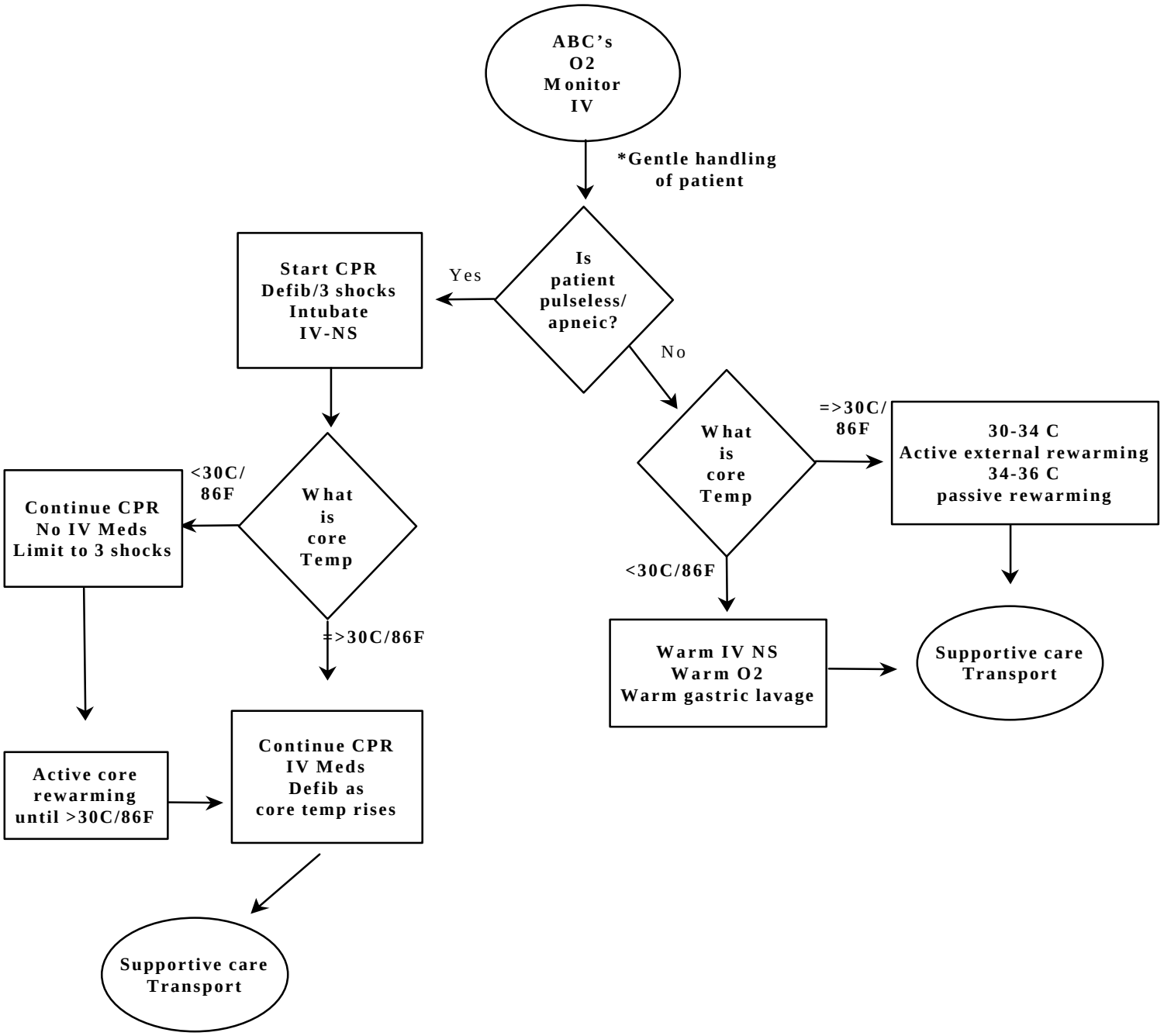


# Environmental Emergencies

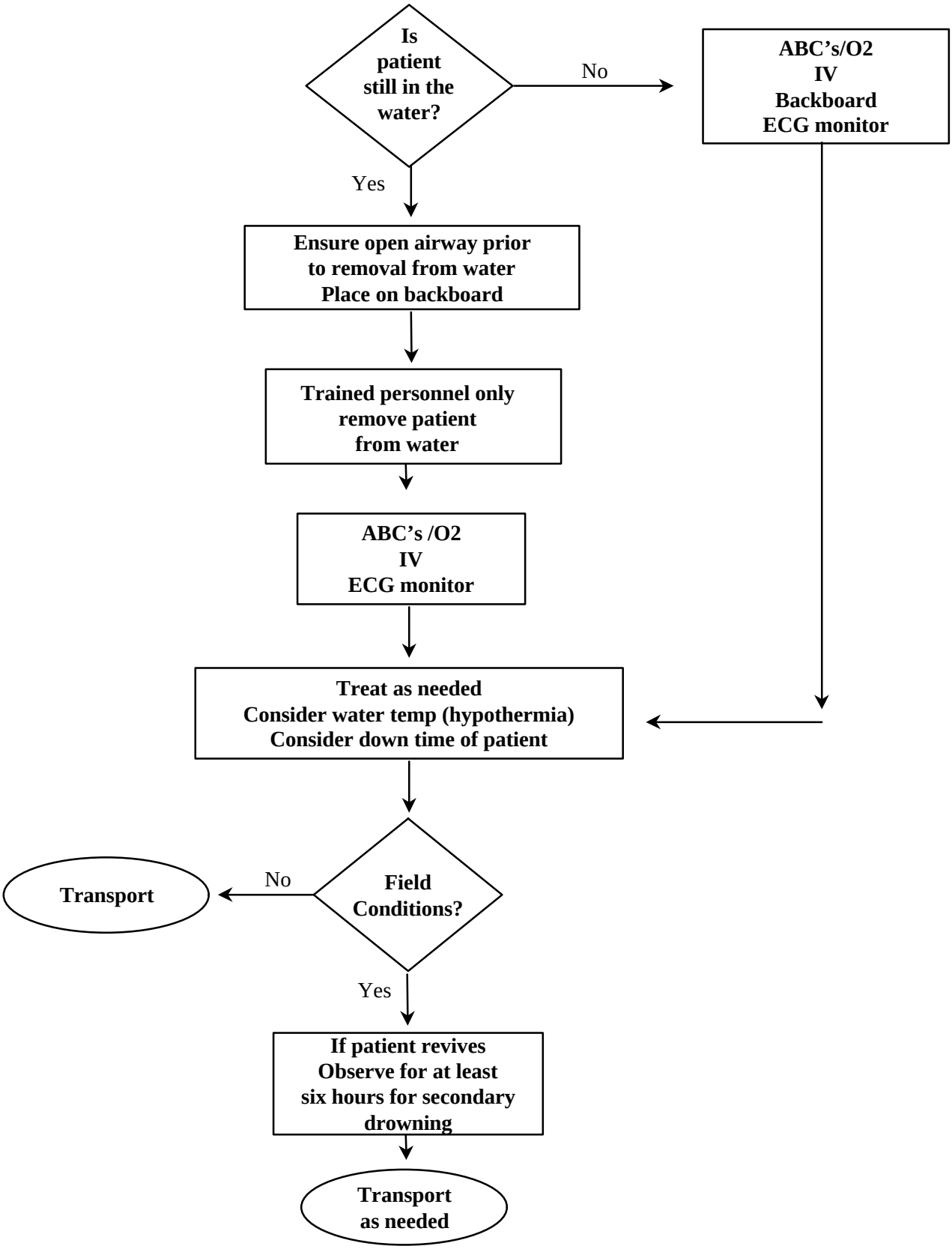
# Heat Emergencies



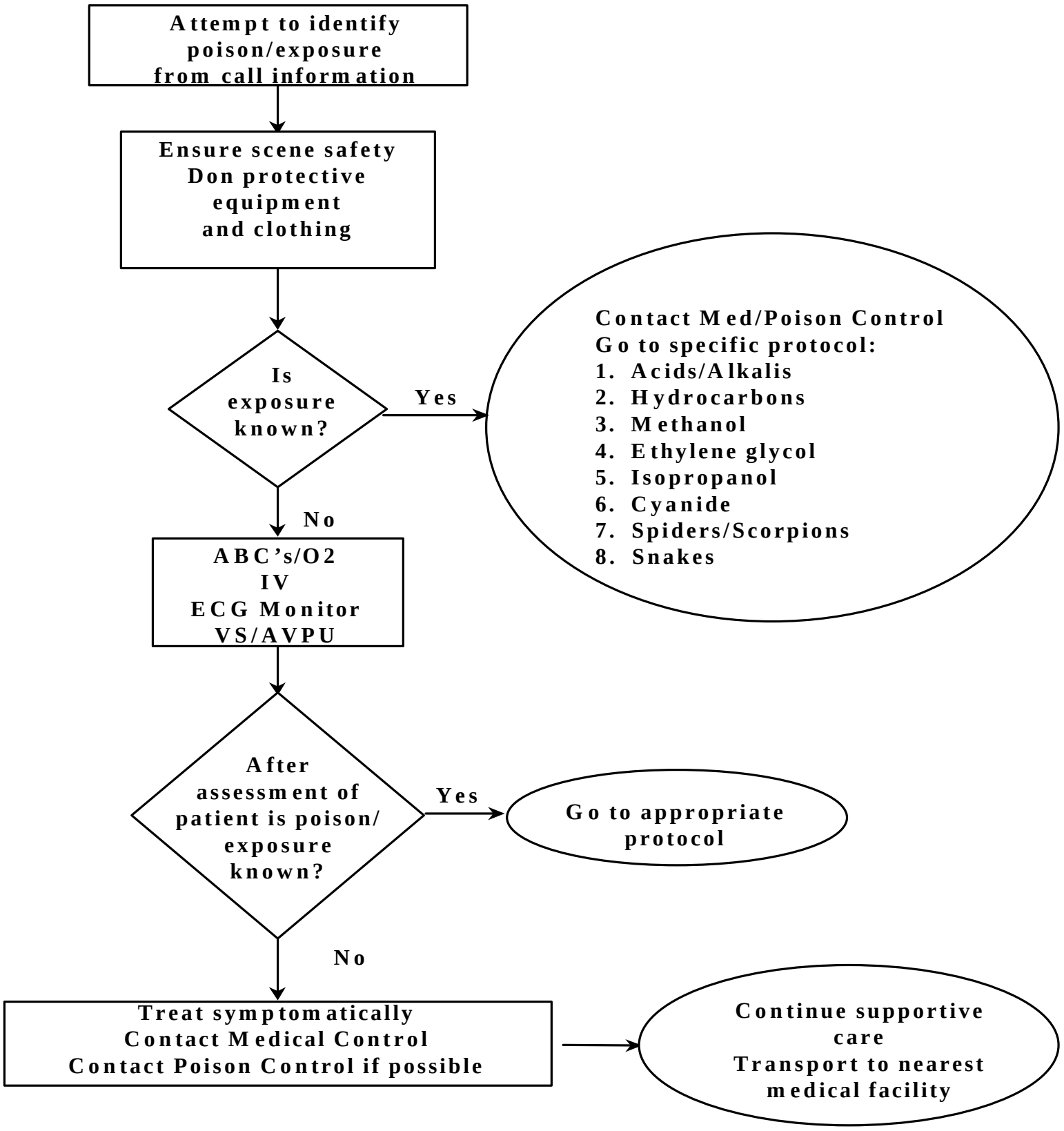
# Hypothermia



# Drowning

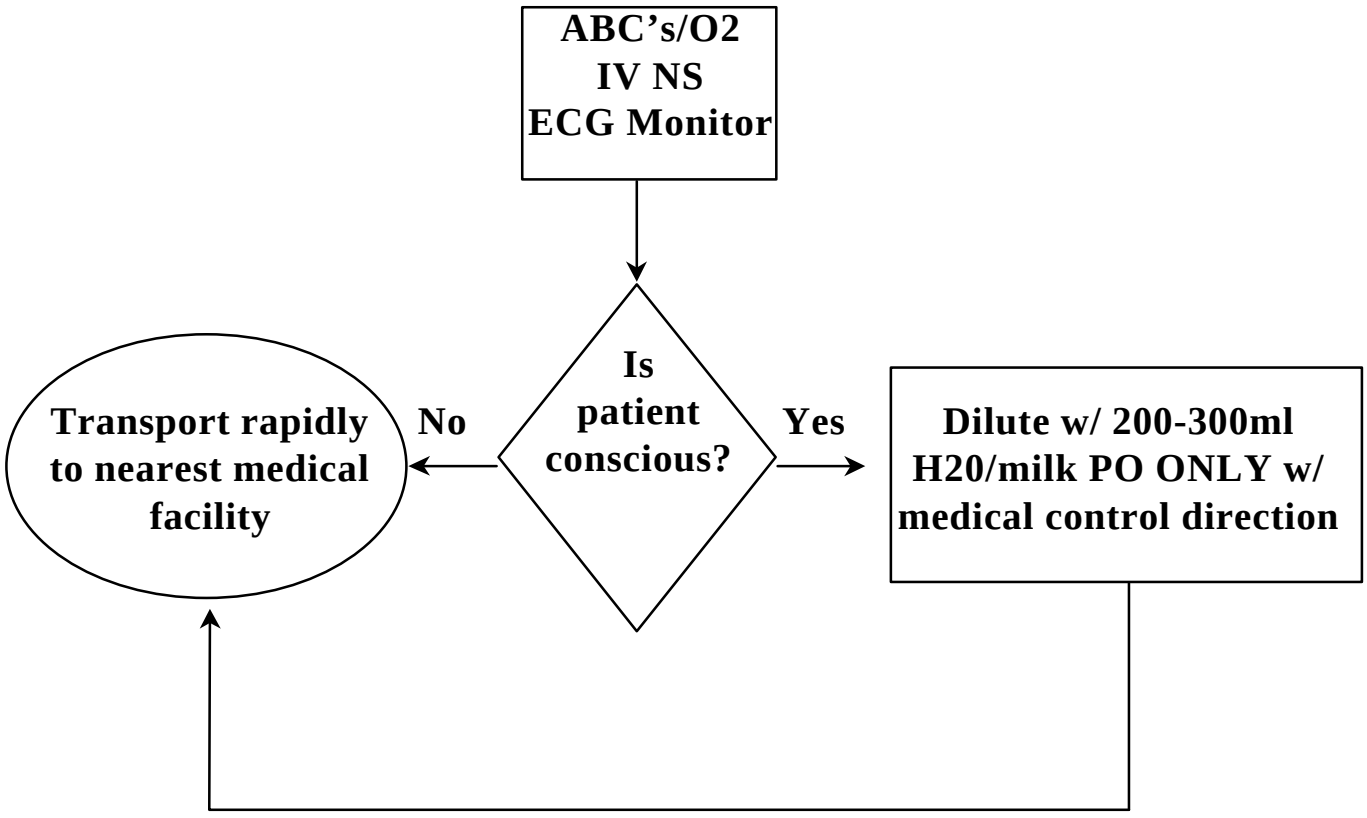

Is patient still in the water?
No
ABC's/O2
IV
Backboard
ECG monitor
Yes
Ensure open airway prior to removal from water
Place on backboard
Trained personnel only remove patient from water
ABC's /O2
IV
ECG monitor
Treat as needed
Consider water temp (hypothermia)
Consider down time of patient
Field Conditions?
No
Transport
Yes
If patient revives
Observe for at least six hours for secondary drowning
Transport as needed

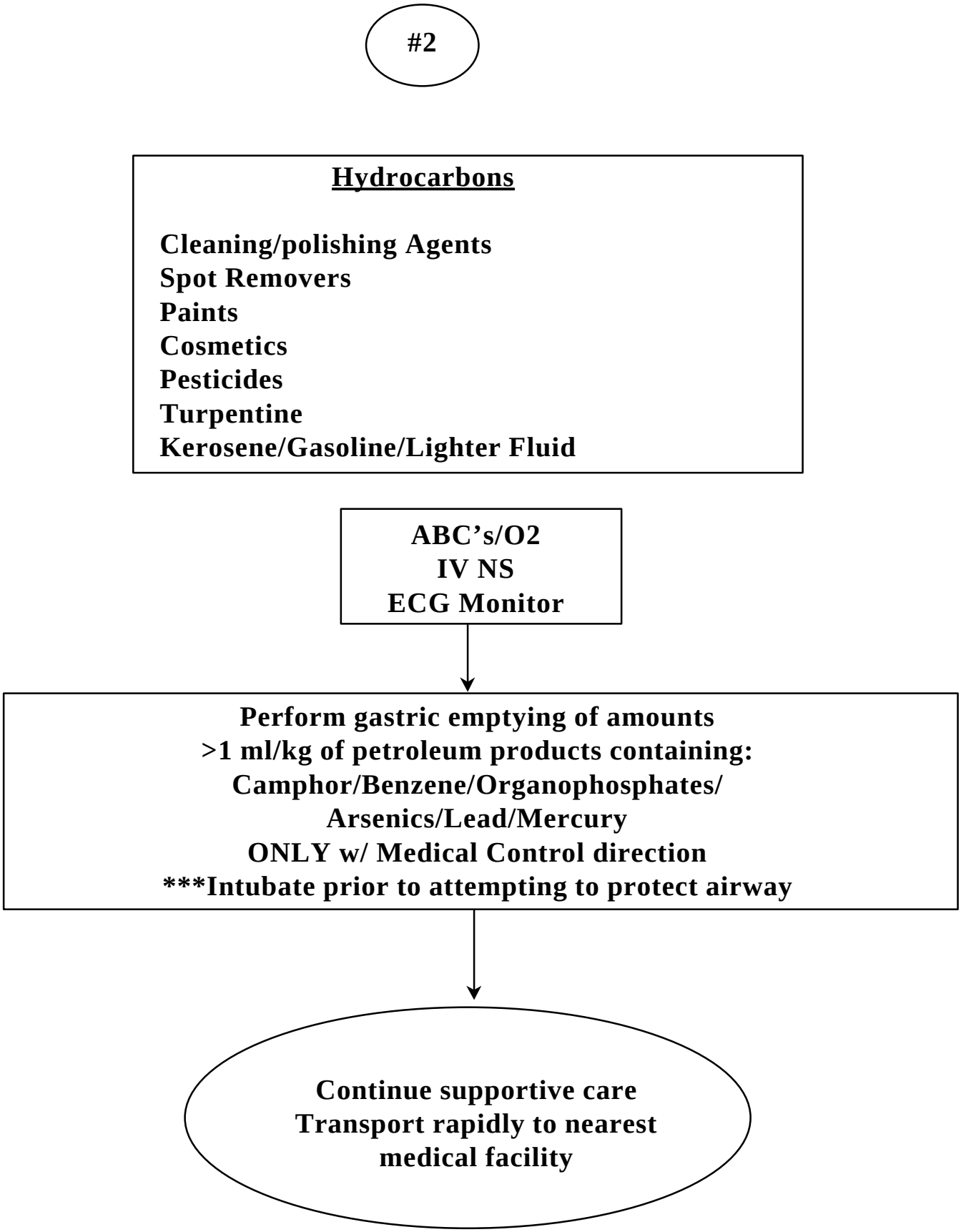
# Poisoning and Envenomation

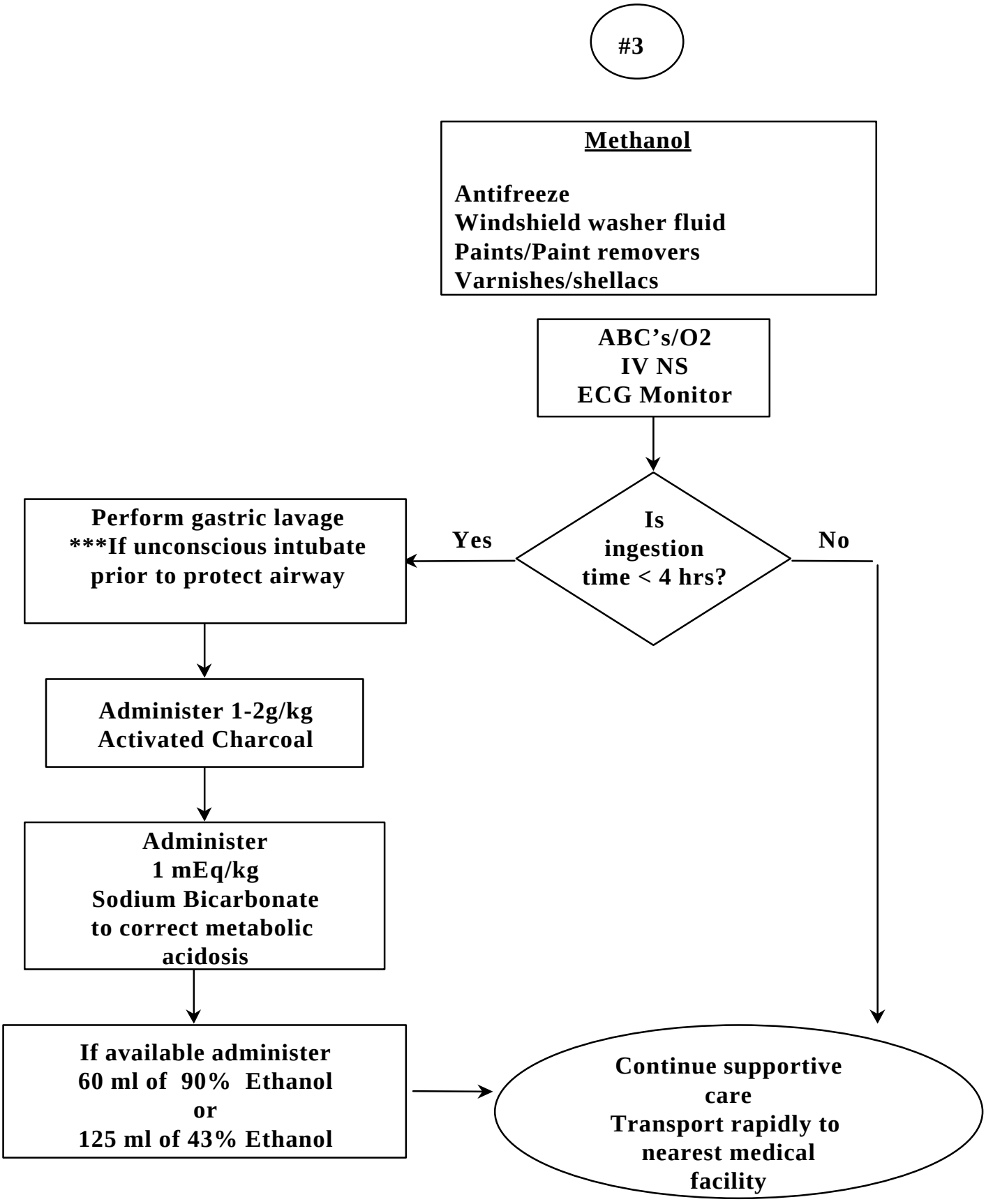


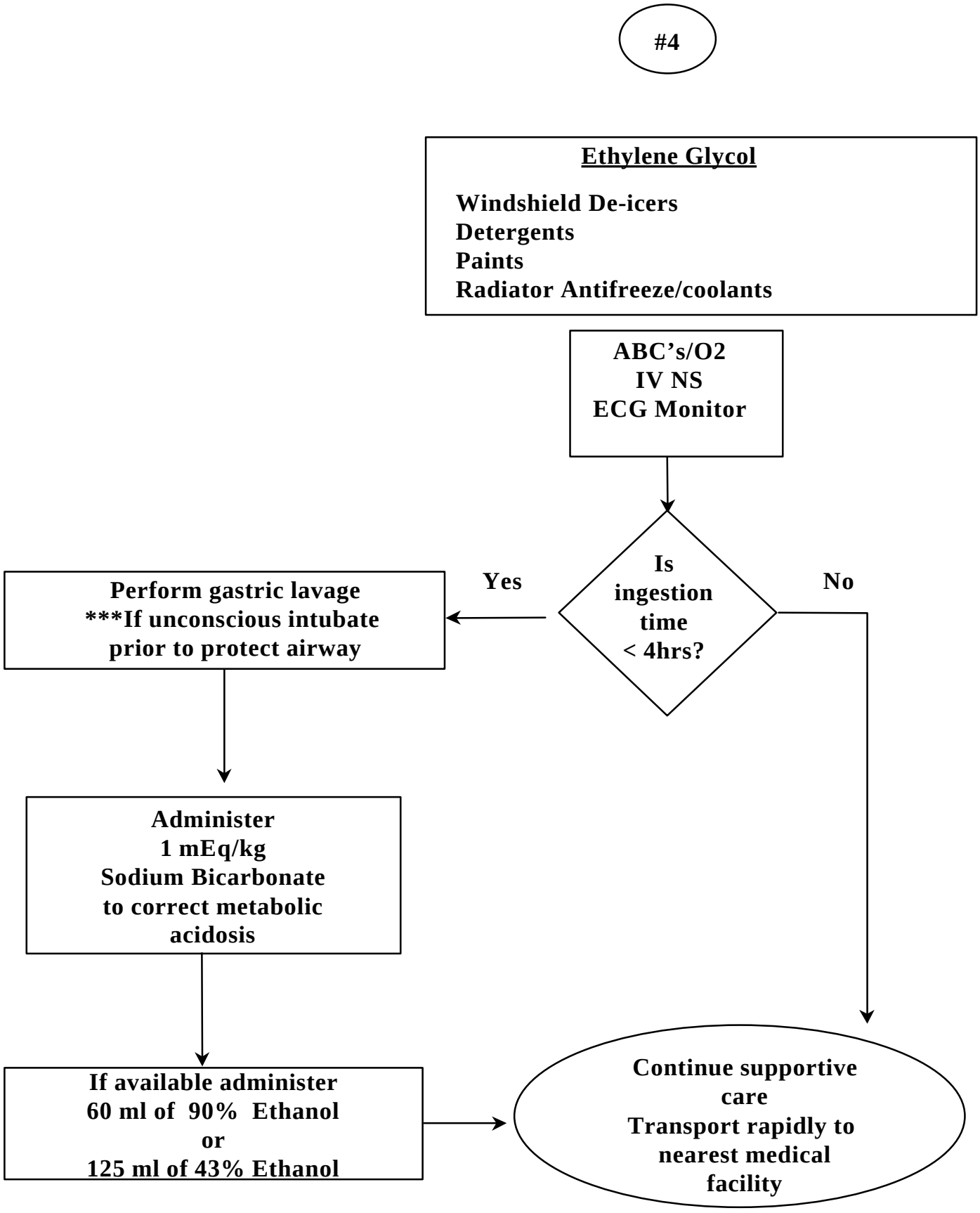
**#1**

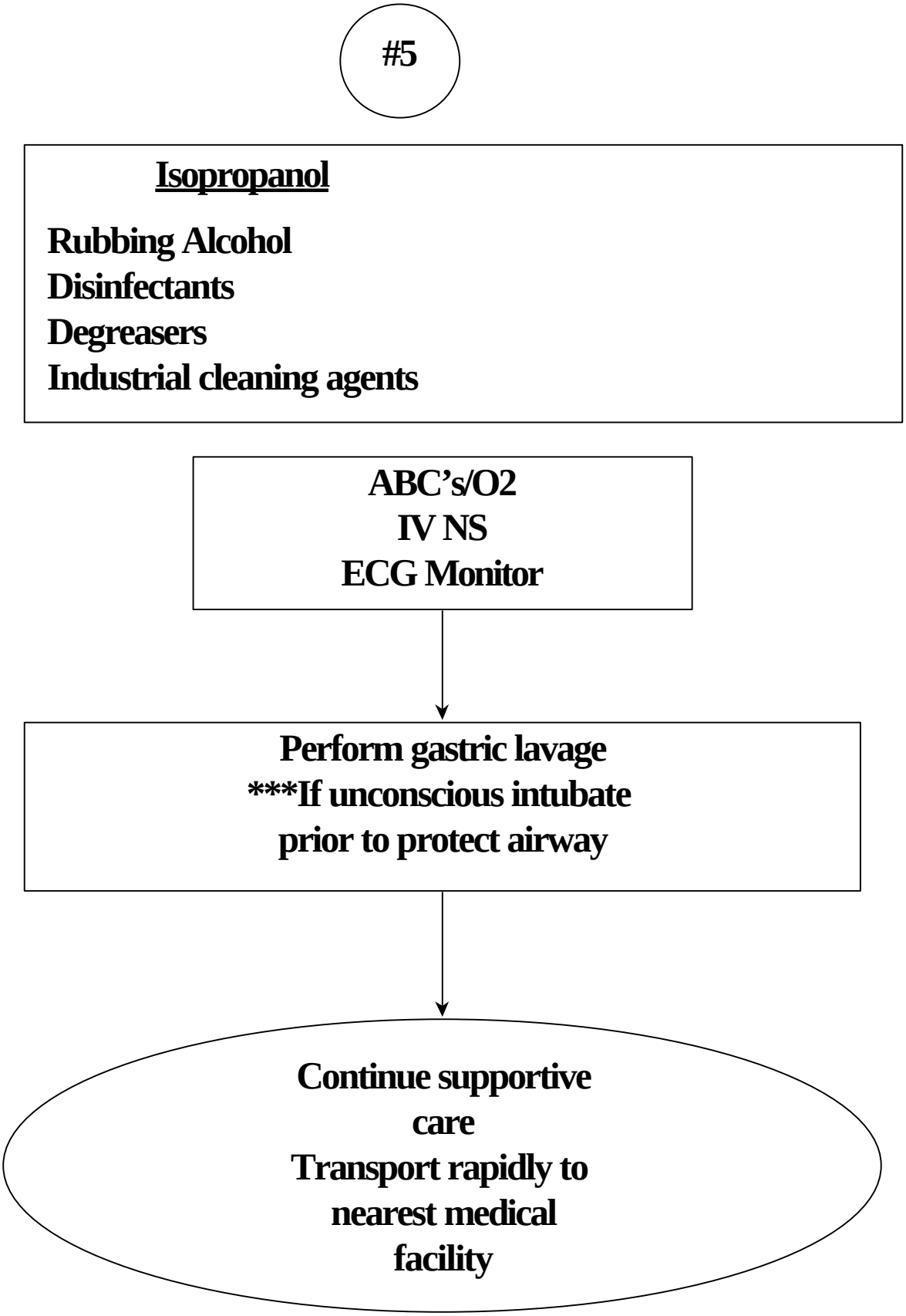
| **Acids** | **Alkalis** |
|---|---|
| **Hydrochloride acids:** | **Sodium Hydroxide:** |
| **-metal cleaners** | **-washing powders** |
| **-pool cleaners** | **-paint removers** |
| **-toilet bowl cleaners** | **Disk batteries** |
| **Sulfuric acids:** | **Bleach** |
| **-battery acid** | **Ammonias:** |
| **-toilet bowl cleaners** | **-jewelry cleaners** |
| **Phenol** | **-hair dyes/tints** |
| **Acetic Acid** | **Toilet bowl cleaners** |
| **Bleach** | |

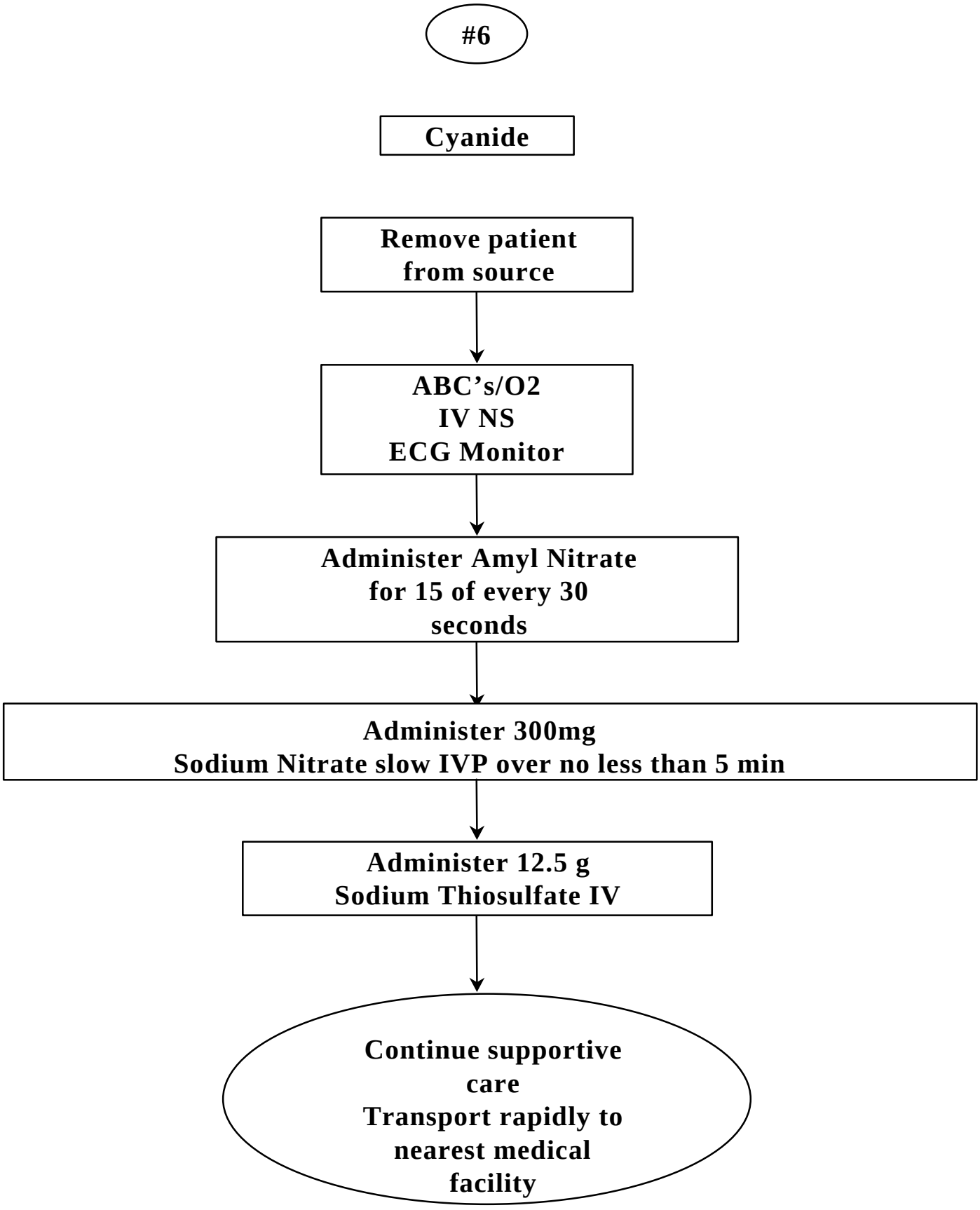


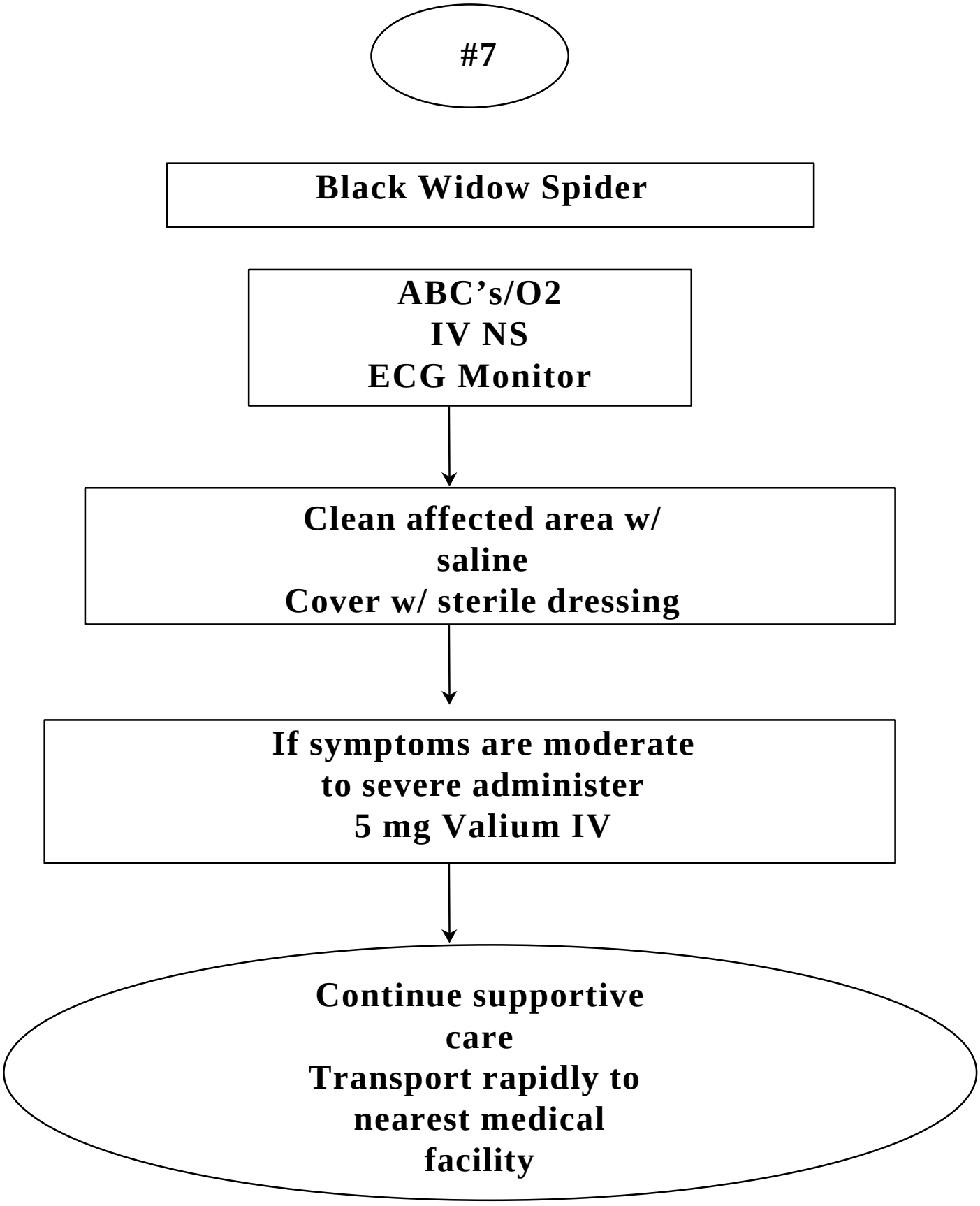

#2
Hydrocarbons
Cleaning/polishing Agents
Spot Removers
Paints
Cosmetics
Pesticides
Turpentine
Kerosene/Gasoline/Lighter Fluid
ABC's/O2
IV NS
ECG Monitor
Perform gastric emptying of amounts
>1 ml/kg of petroleum products containing:
Camphor/Benzene/Organophosphates/
Arsenics/Lead/Mercury
ONLY w/ Medical Control direction
***Intubate prior to attempting to protect airway
Continue supportive care
Transport rapidly to nearest
medical facility

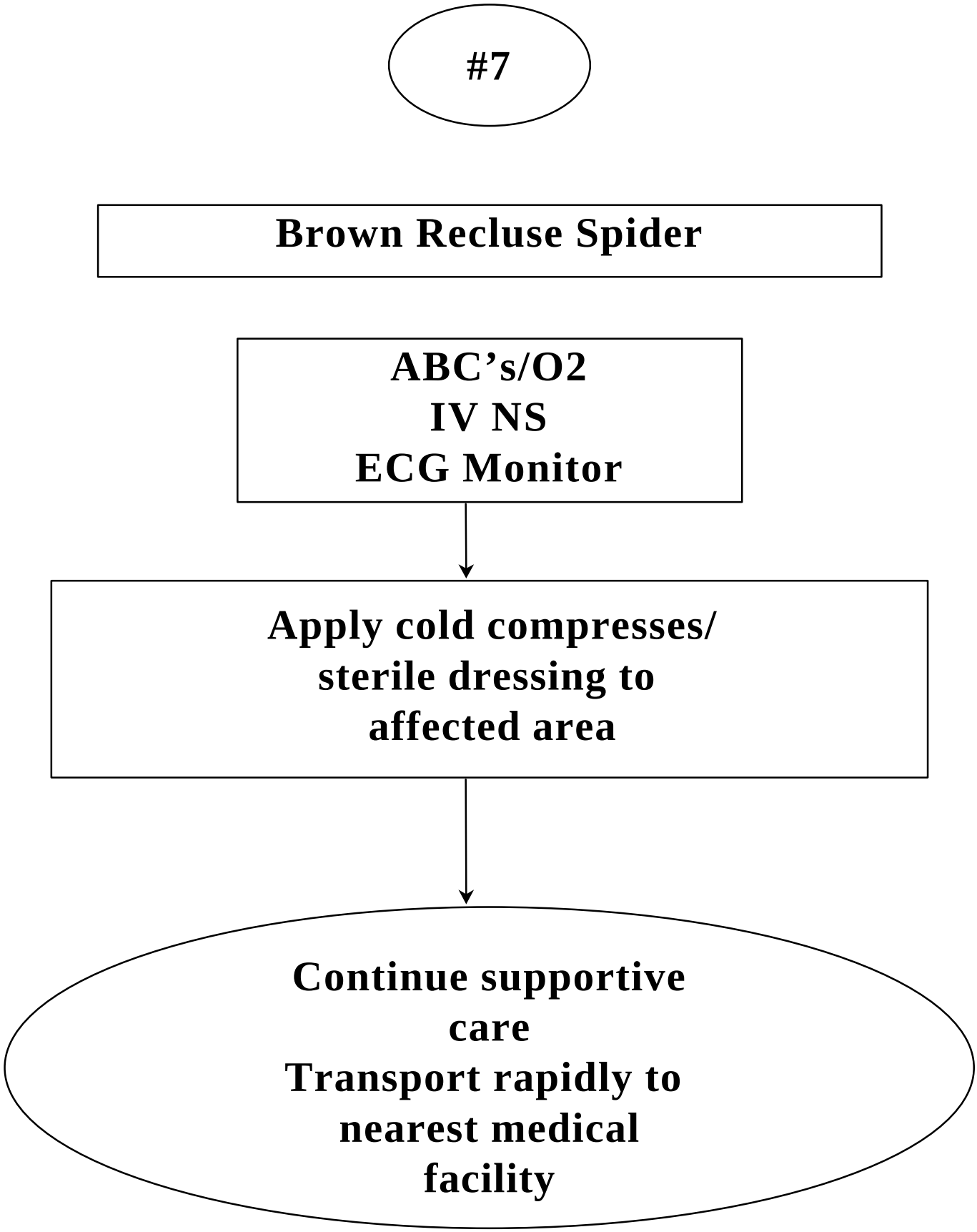

#3
Methanol
Antifreeze
Windshield washer fluid
Paints/Paint removers
Varnishes/shellacs
ABC's/O2
IV NS
ECG Monitor
Is ingestion time < 4 hrs?
Yes
No
Perform gastric lavage
***If unconscious intubate prior to protect airway
Administer 1-2g/kg Activated Charcoal
Administer 1 mEq/kg Sodium Bicarbonate to correct metabolic acidosis
If available administer 60 ml of 90% Ethanol or 125 ml of 43% Ethanol
Continue supportive care
Transport rapidly to nearest medical facility

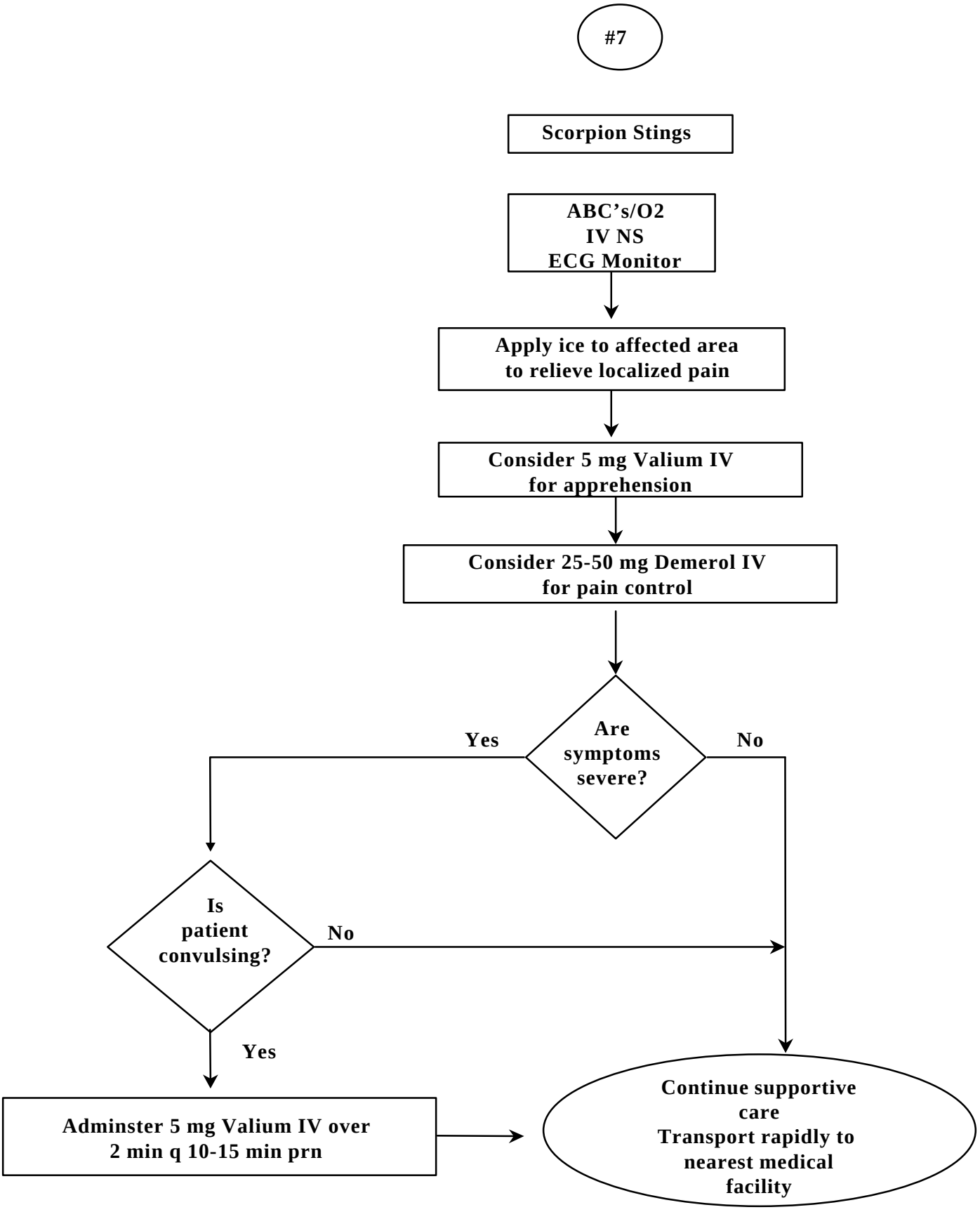

#4
Ethylene Glycol
Windshield De-icers
Detergents
Paints
Radiator Antifreeze/coolants
ABC's/O2
IV NS
ECG Monitor
Is ingestion time < 4hrs?
Yes
No
Perform gastric lavage
***If unconscious intubate prior to protect airway
Administer
1 mEq/kg
Sodium Bicarbonate
to correct metabolic acidosis
If available administer
60 ml of 90% Ethanol
or
125 ml of 43% Ethanol
Continue supportive care
Transport rapidly to nearest medical facility

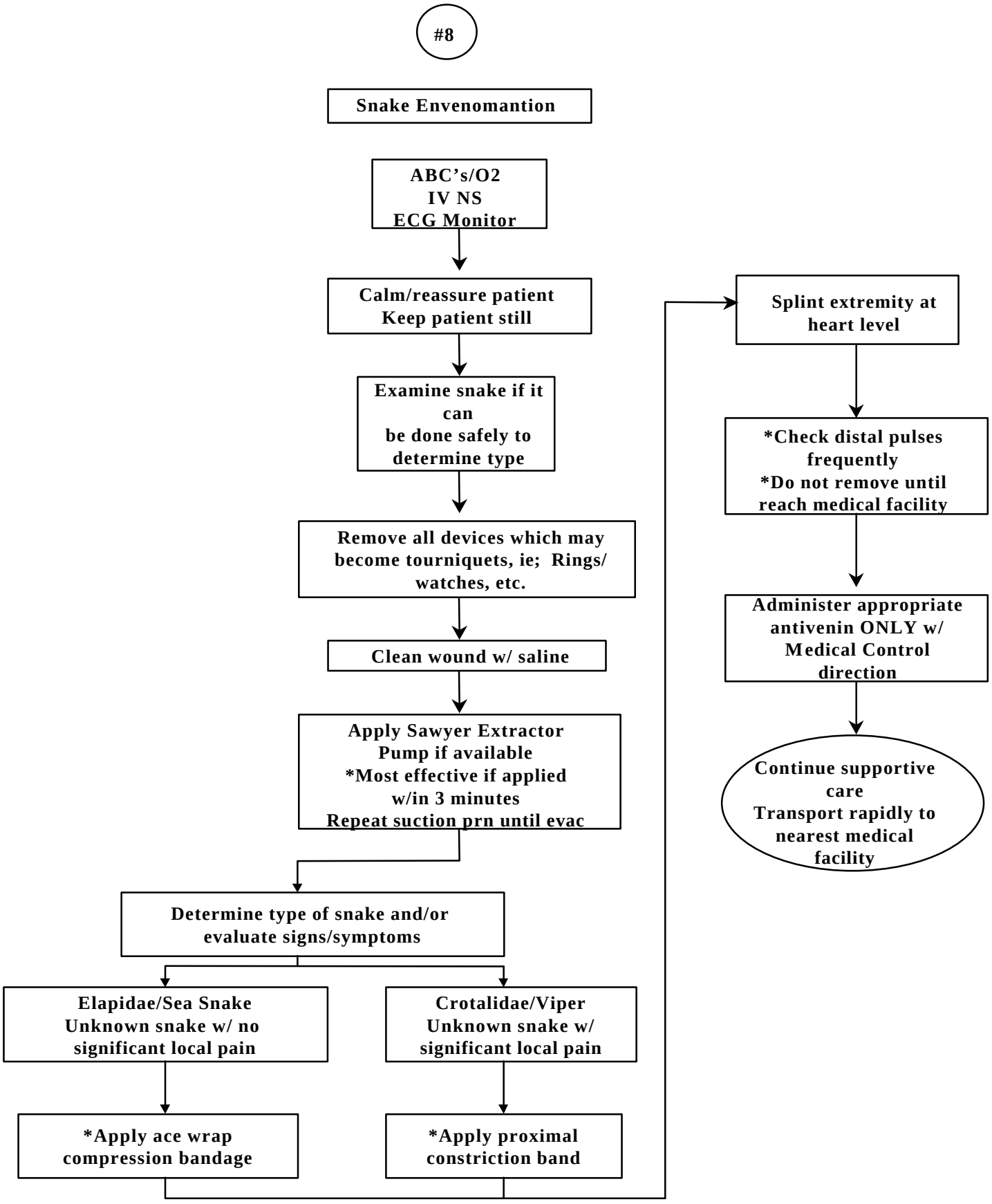

#5
Isopropanol
Rubbing Alcohol
Disinfectants
Degreasers
Industrial cleaning agents
ABC's/O2
IV NS
ECG Monitor
Perform gastric lavage
***If unconscious intubate
prior to protect airway
Continue supportive
care
Transport rapidly to
nearest medical
facility


#6
Cyanide
Remove patient from source
ABC's/O2
IV NS
ECG Monitor
Administer Amyl Nitrate for 15 of every 30 seconds
Administer 300mg
Sodium Nitrate slow IVP over no less than 5 min
Administer 12.5 g
Sodium Thiosulfate IV
Continue supportive care
Transport rapidly to nearest medical facility


#7
Black Widow Spider
ABC's/O2
IV NS
ECG Monitor
Clean affected area w/
saline
Cover w/ sterile dressing
If symptoms are moderate
to severe administer
5 mg Valium IV
Continue supportive
care
Transport rapidly to
nearest medical
facility

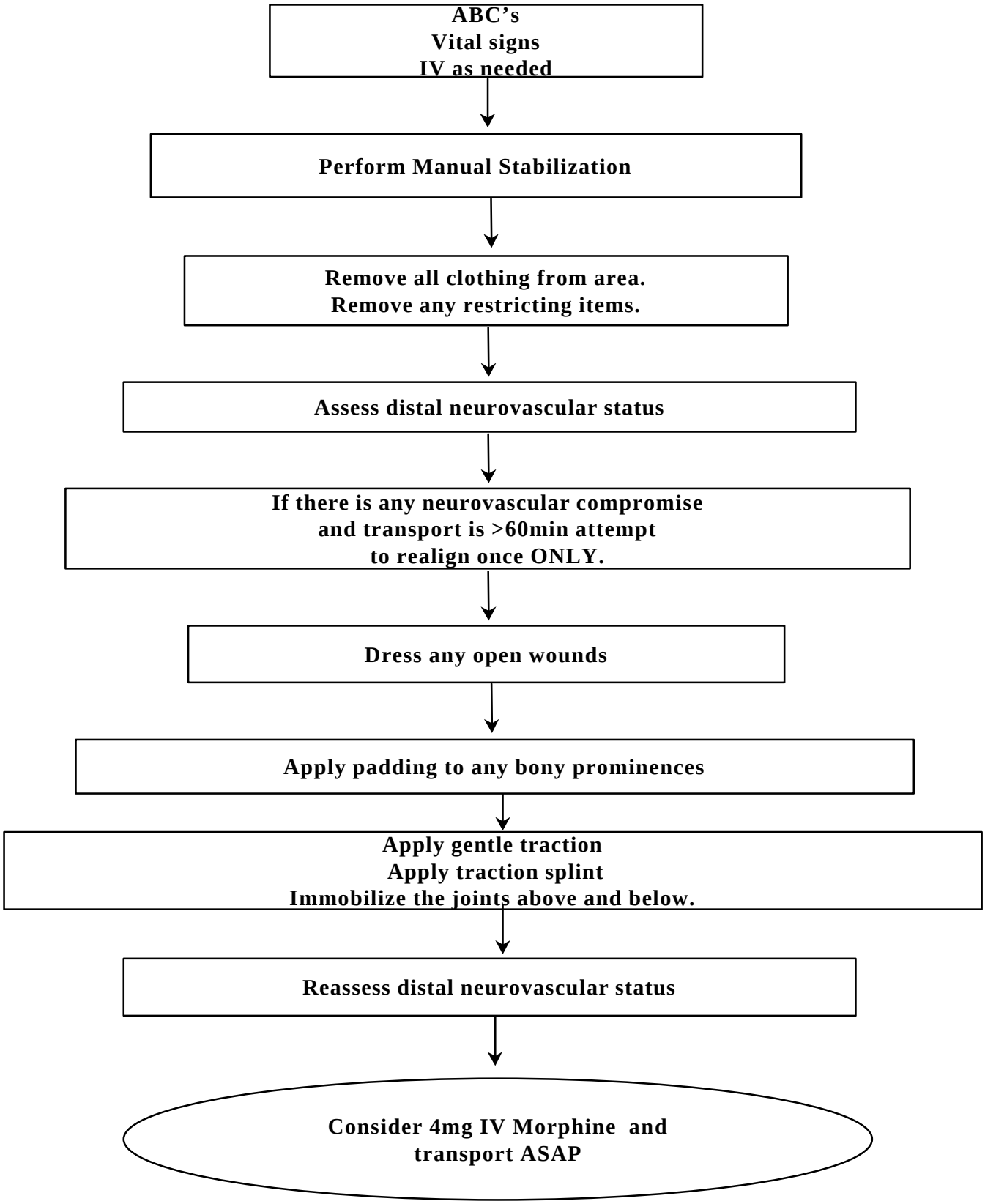

#7
Brown Recluse Spider
ABC's/O2
IV NS
ECG Monitor
Apply cold compresses/
sterile dressing to
affected area
Continue supportive
care
Transport rapidly to
nearest medical
facility


#7
Scorpion Stings
ABC's/O2
IV NS
ECG Monitor
Apply ice to affected area
to relieve localized pain
Consider 5 mg Valium IV
for apprehension
Consider 25-50 mg Demerol IV
for pain control
Are
symptoms
severe?
Yes
No
Is
patient
convulsing?
No
Yes
Adminster 5 mg Valium IV over
2 min q 10-15 min prn
Continue supportive
care
Transport rapidly to
nearest medical
facility

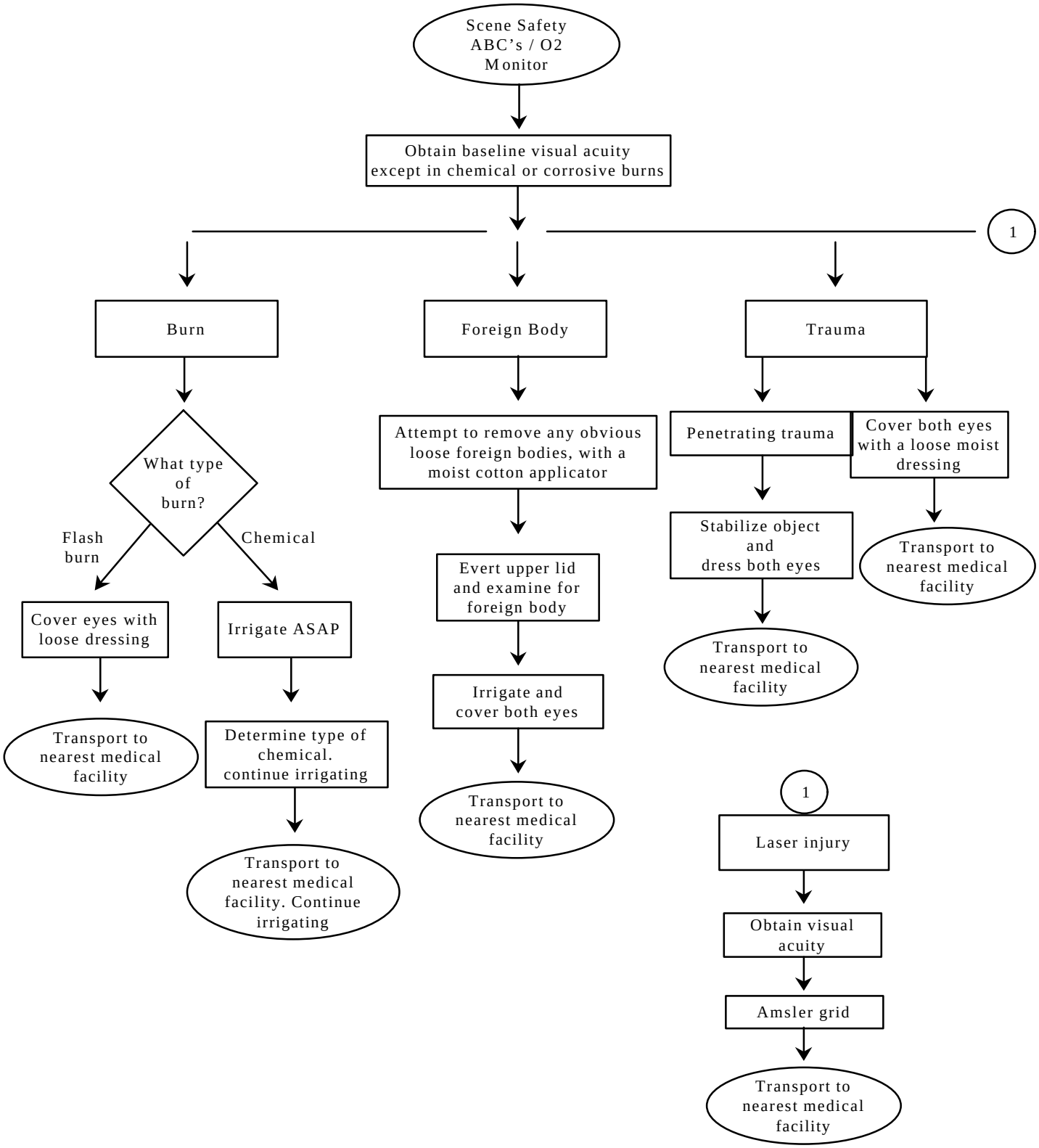

#8
Snake Envenomantion
ABC's/O2
IV NS
ECG Monitor
Calm/reassure patient
Keep patient still
Examine snake if it can
be done safely to
determine type
Remove all devices which may become tourniquets, ie; Rings/ watches, etc.
Clean wound w/ saline
Apply Sawyer Extractor
Pump if available
*Most effective if applied w/in 3 minutes
Repeat suction prn until evac
Determine type of snake and/or evaluate signs/symptoms
Elapidae/Sea Snake
Unknown snake w/ no significant local pain
Crotalidae/Viper
Unknown snake w/ significant local pain
*Apply ace wrap compression bandage
*Apply proximal constriction band
Splint extremity at heart level
*Check distal pulses frequently
*Do not remove until reach medical facility
Administer appropriate antivenin ONLY w/ Medical Control direction
Continue supportive care
Transport rapidly to nearest medical facility

# Trauma Care/ Procedures

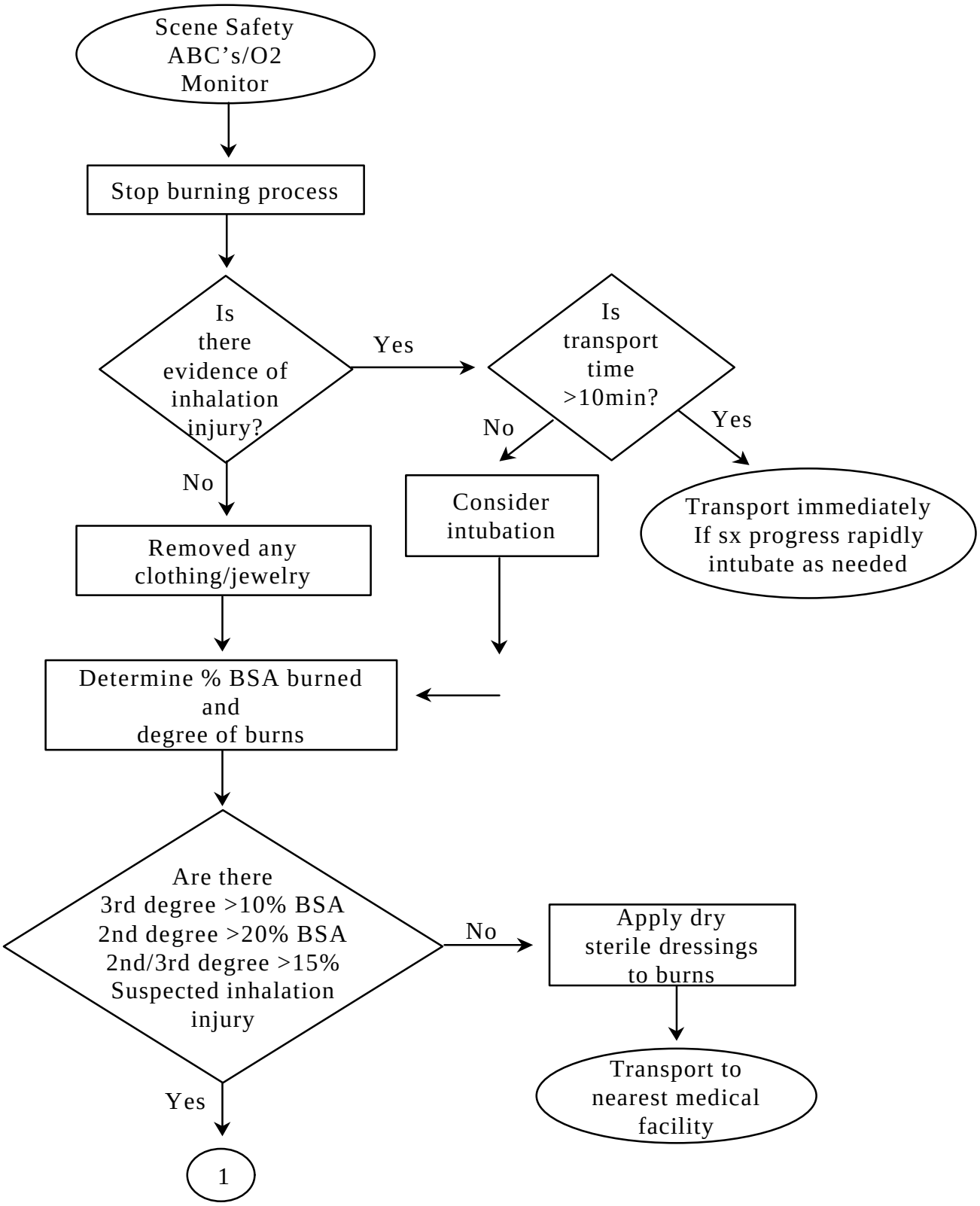
# Extremity Trauma



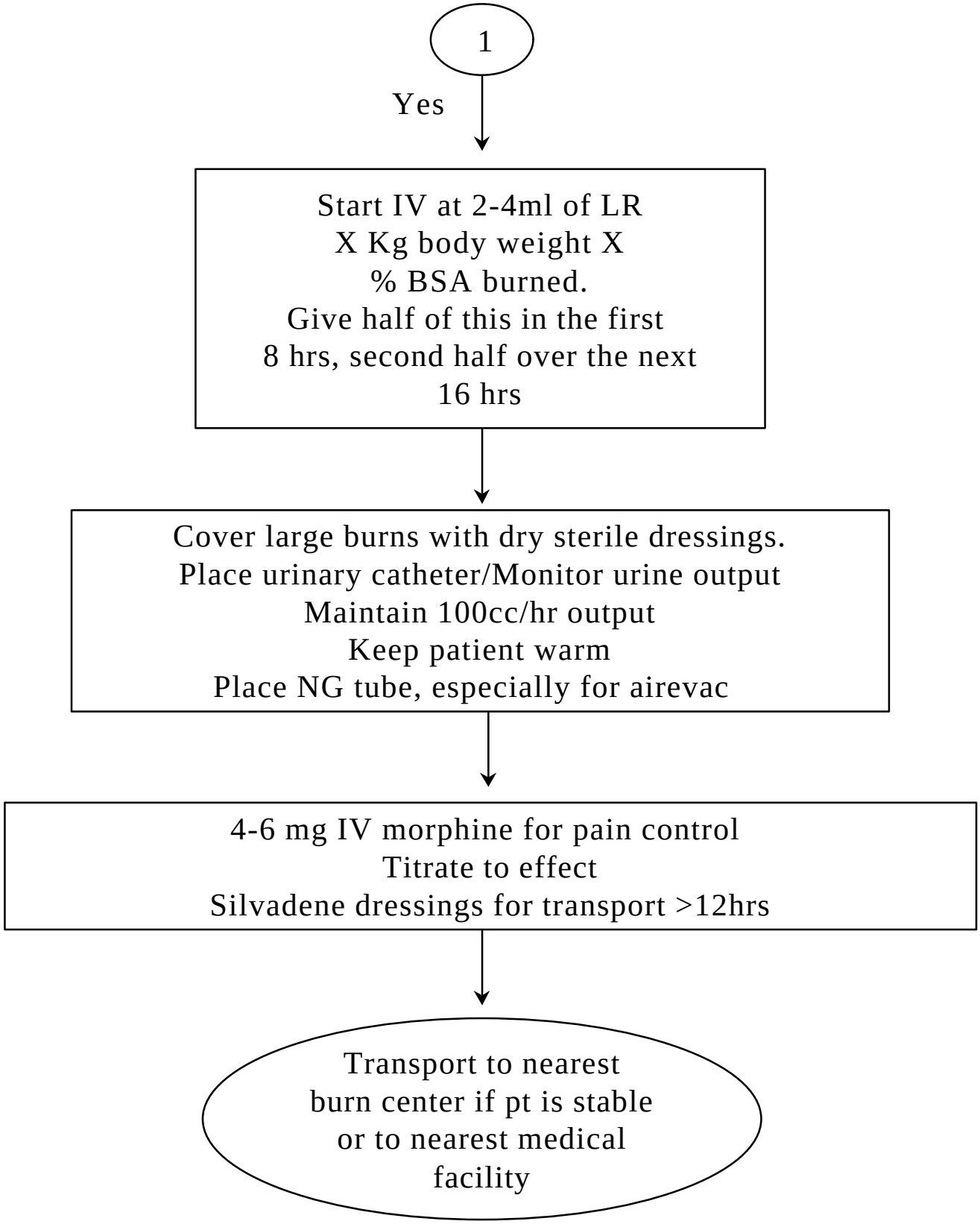
# Eye Injuries



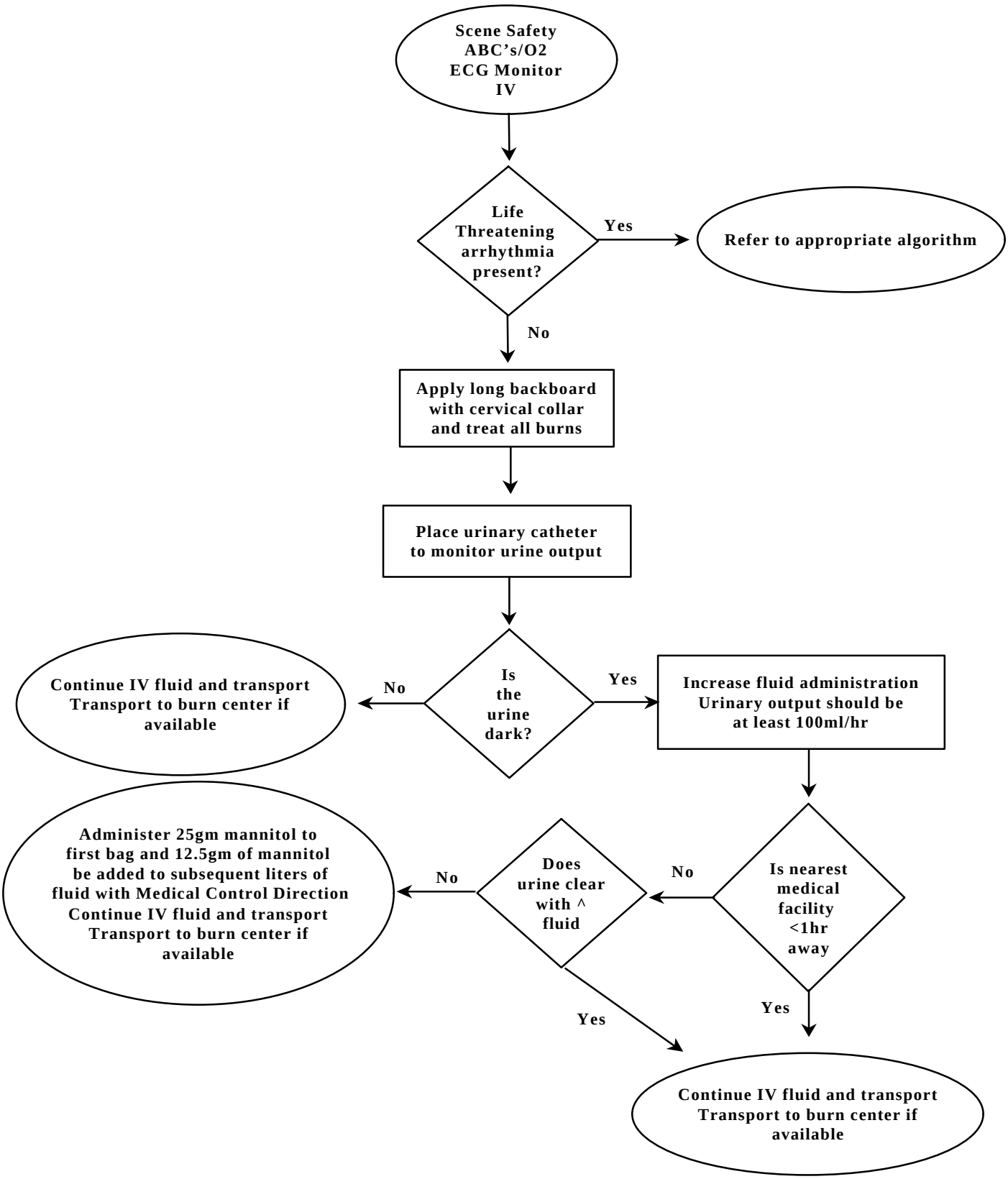
# Thermal Burns



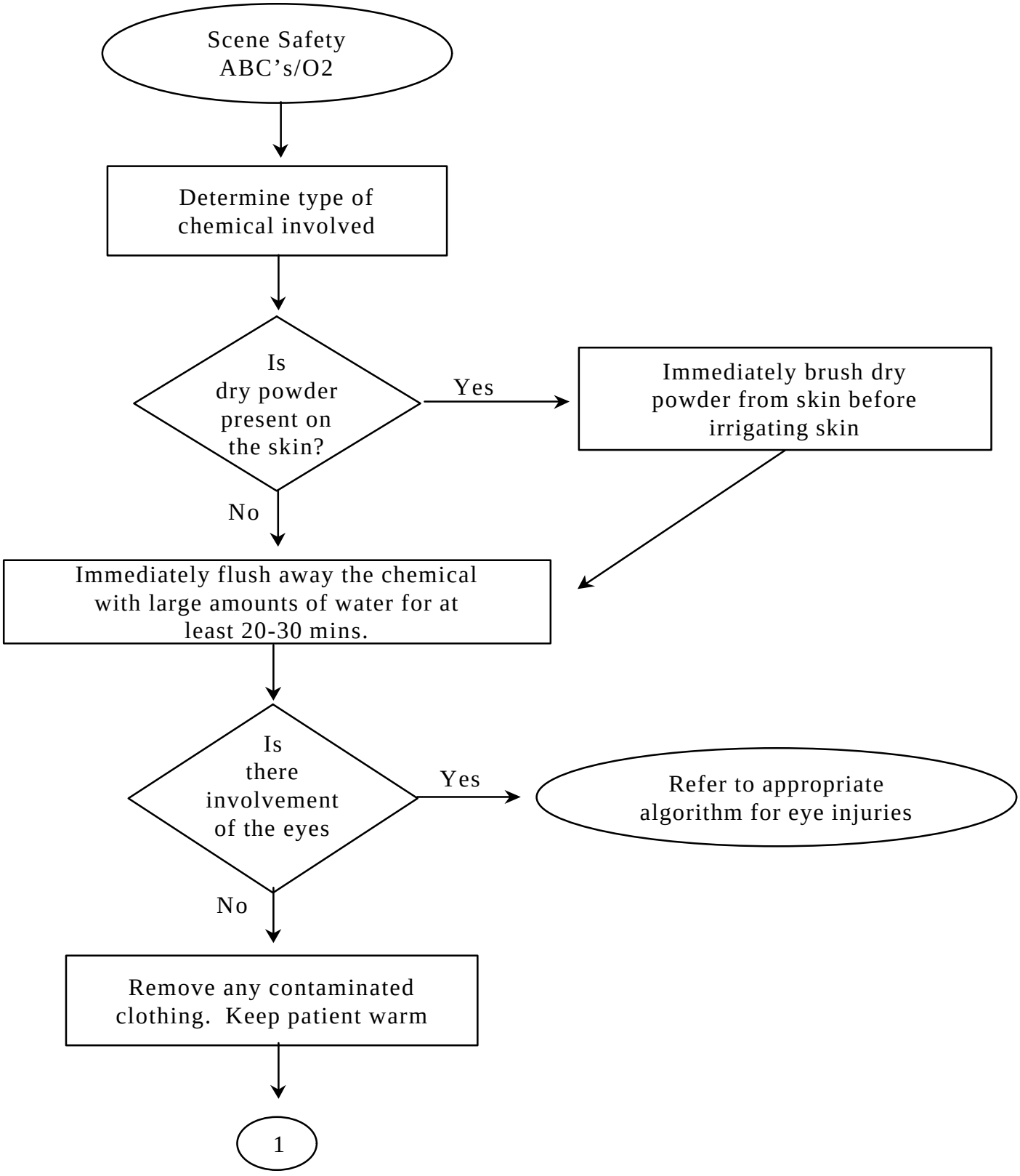
**Thermal Burns**



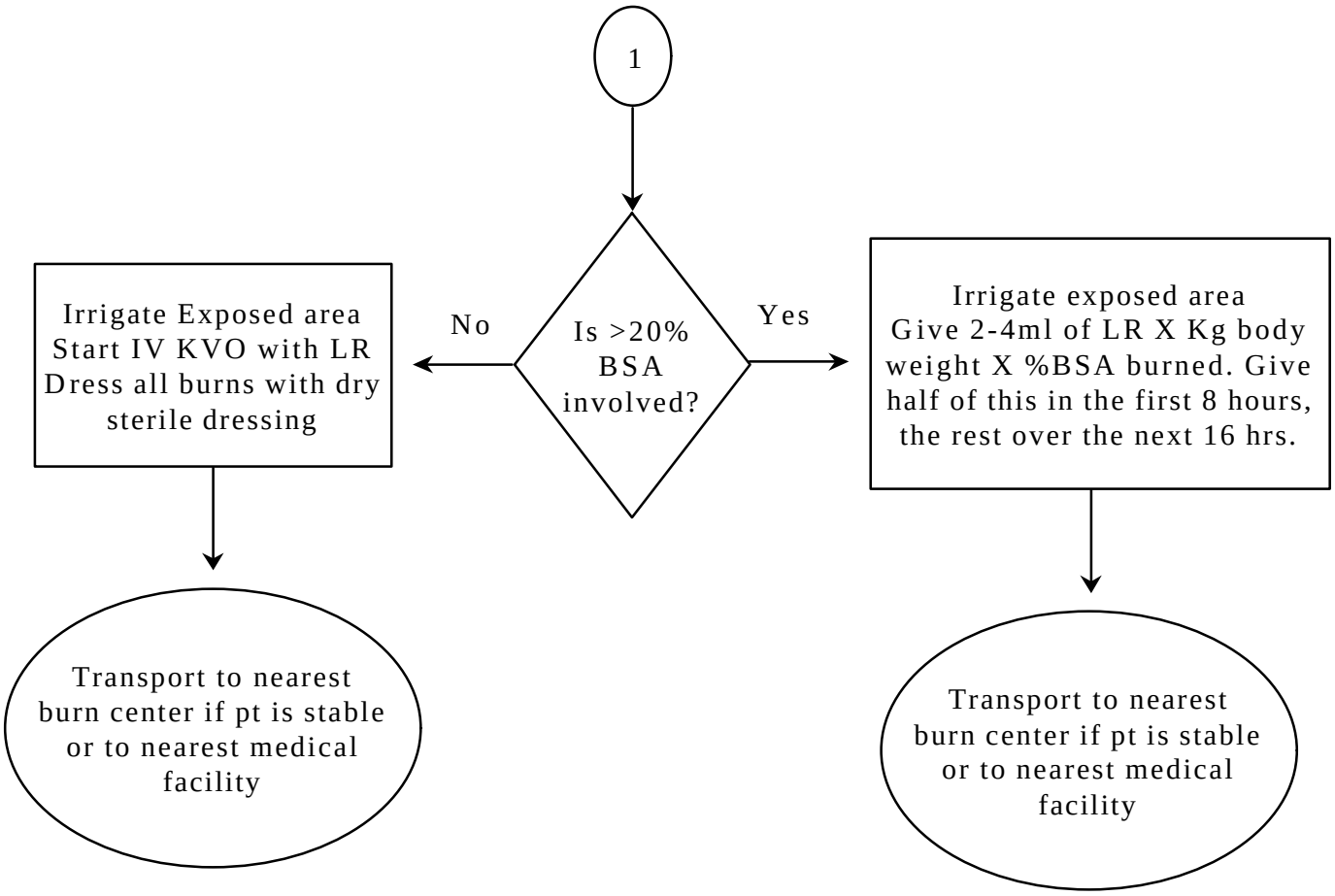
# Electrical Burns



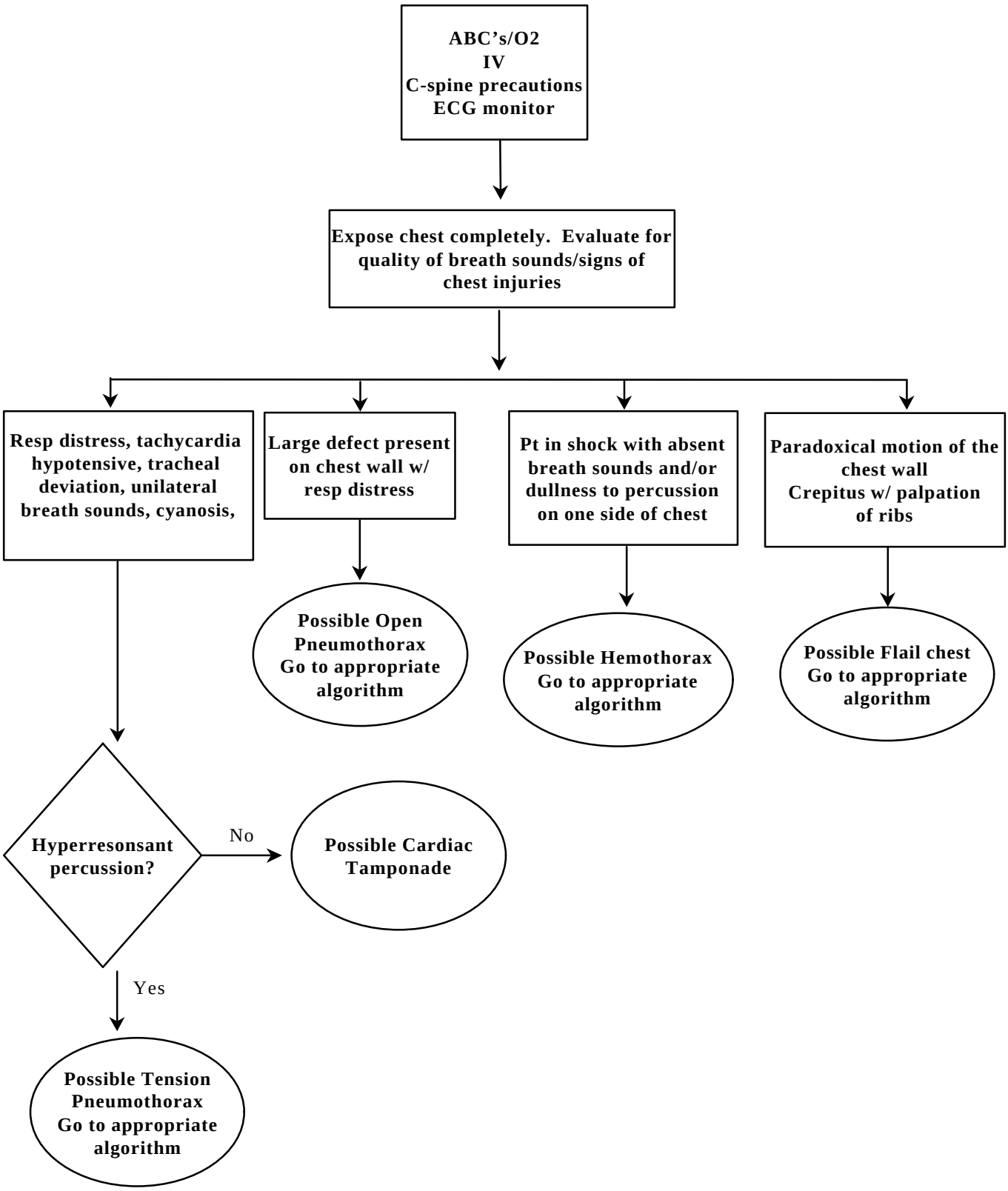
# Chemical Burns



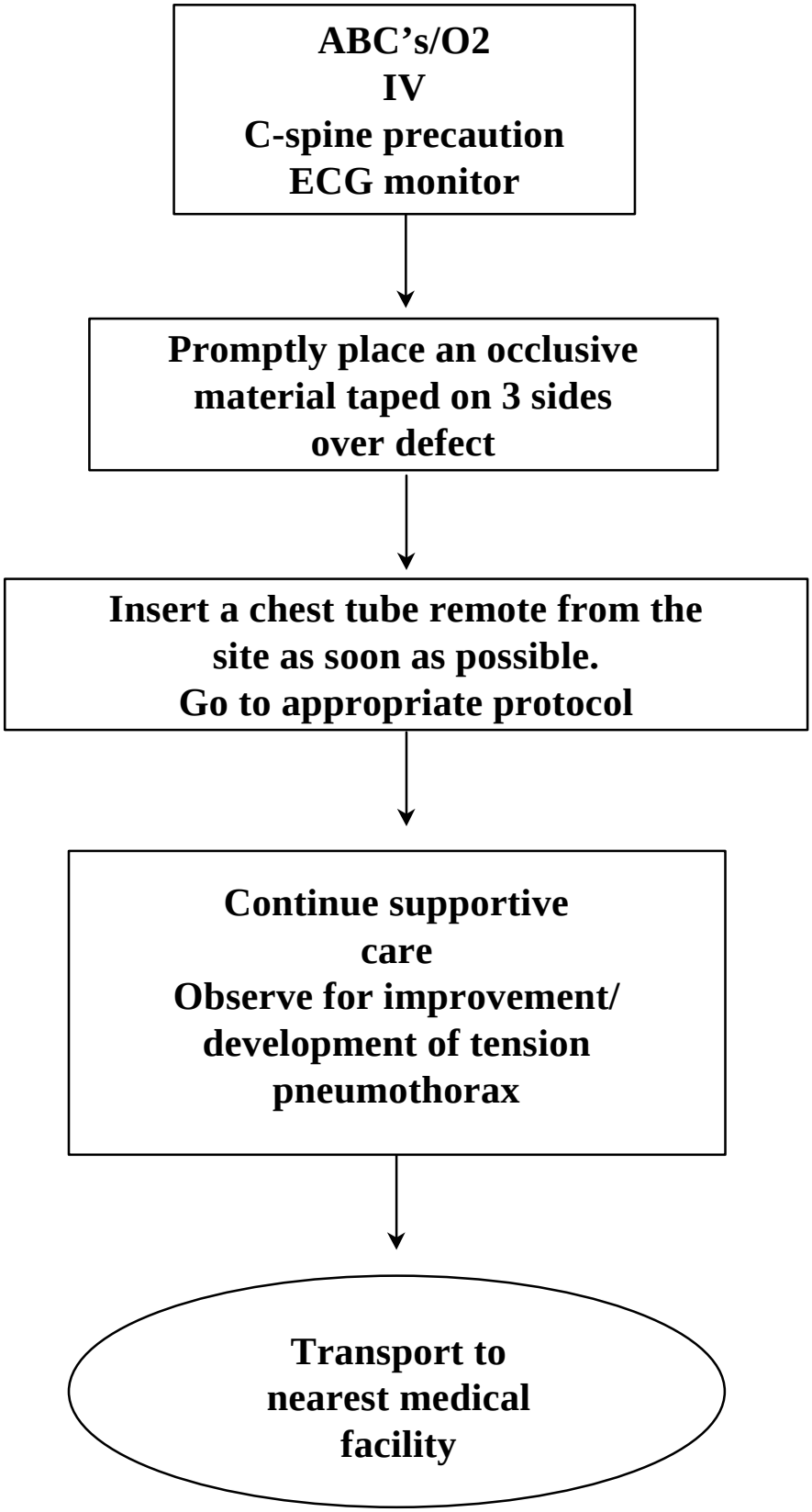
# Chemical Burns



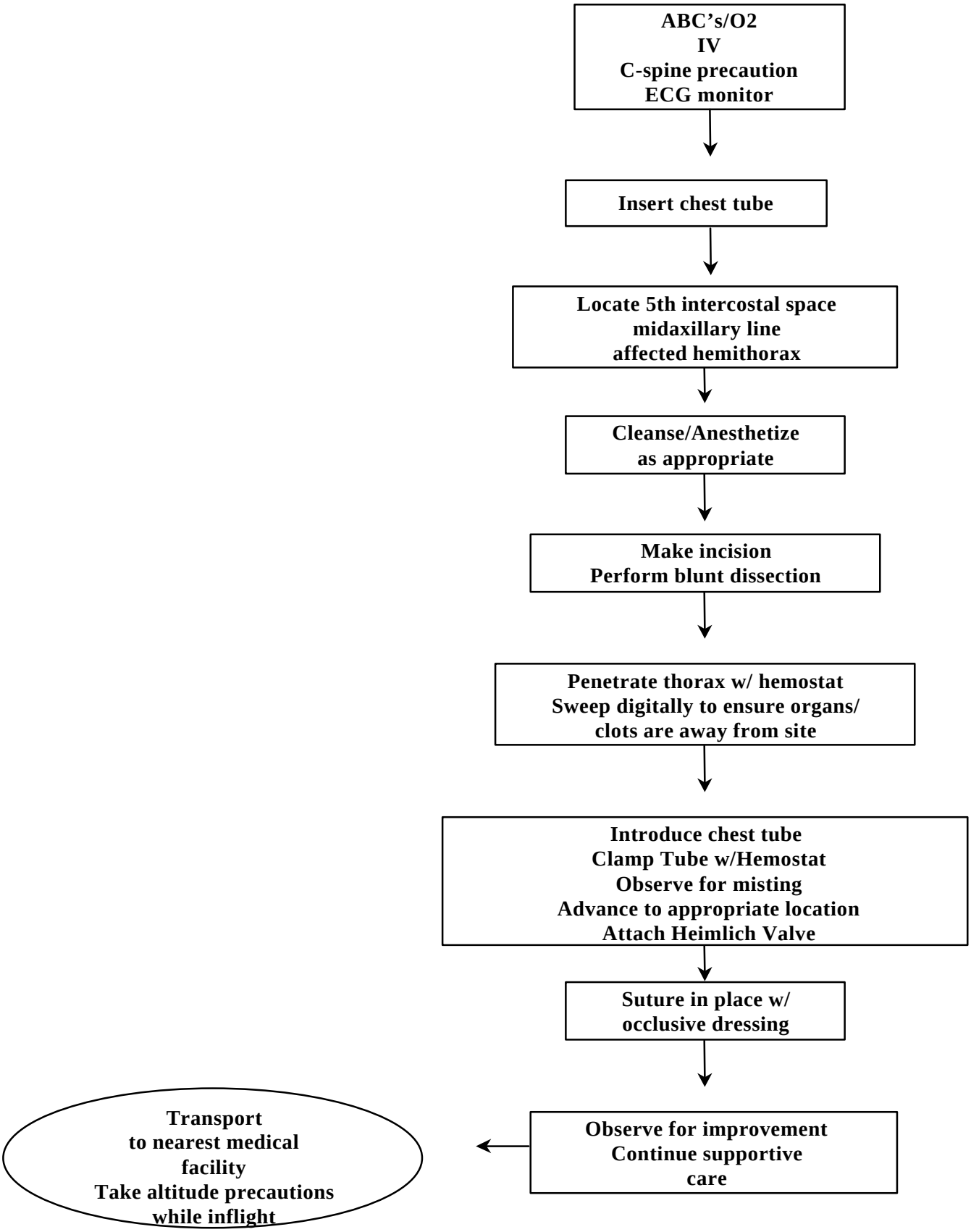
# Thoracic Trauma



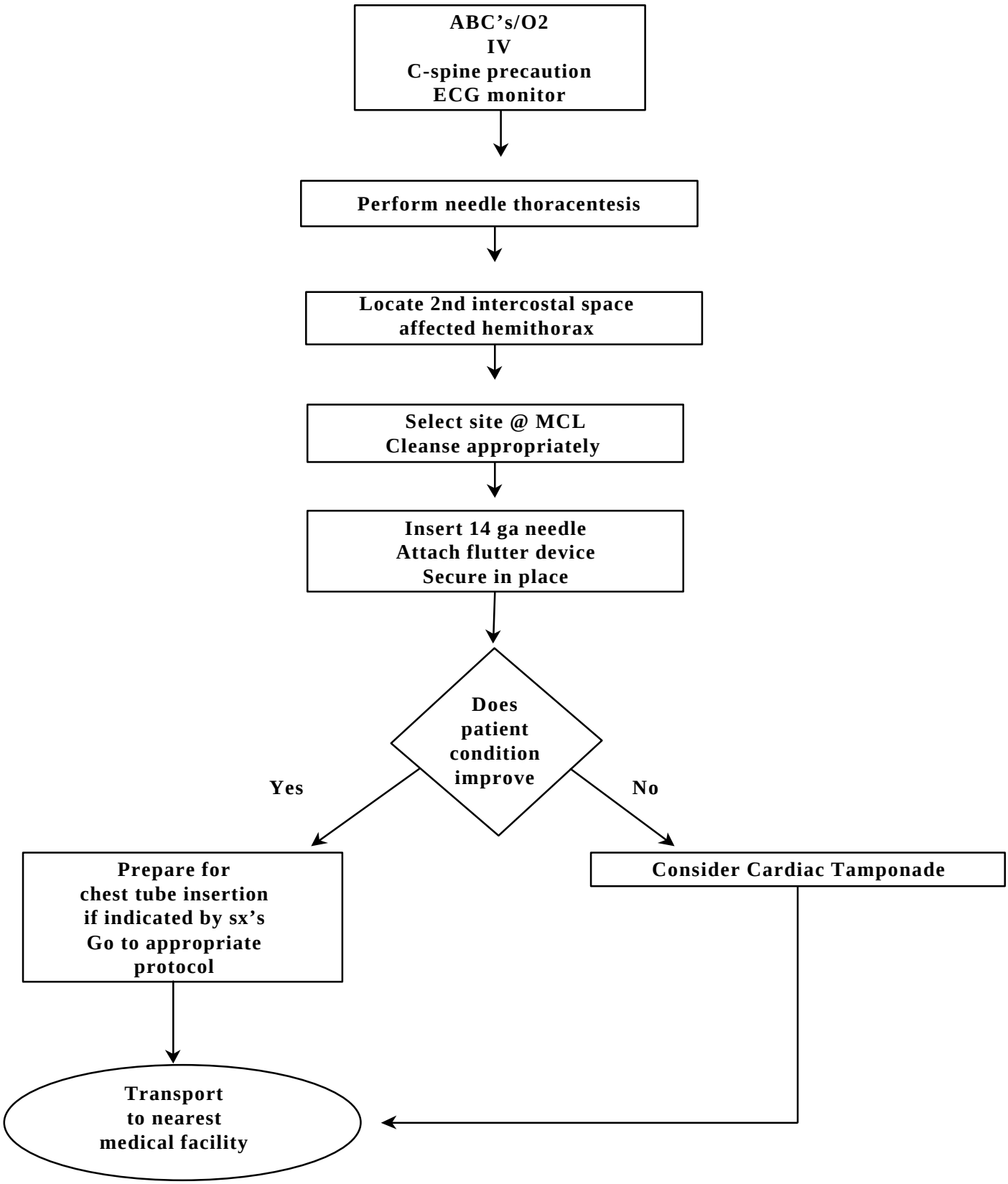
## Open Pnuemothorax



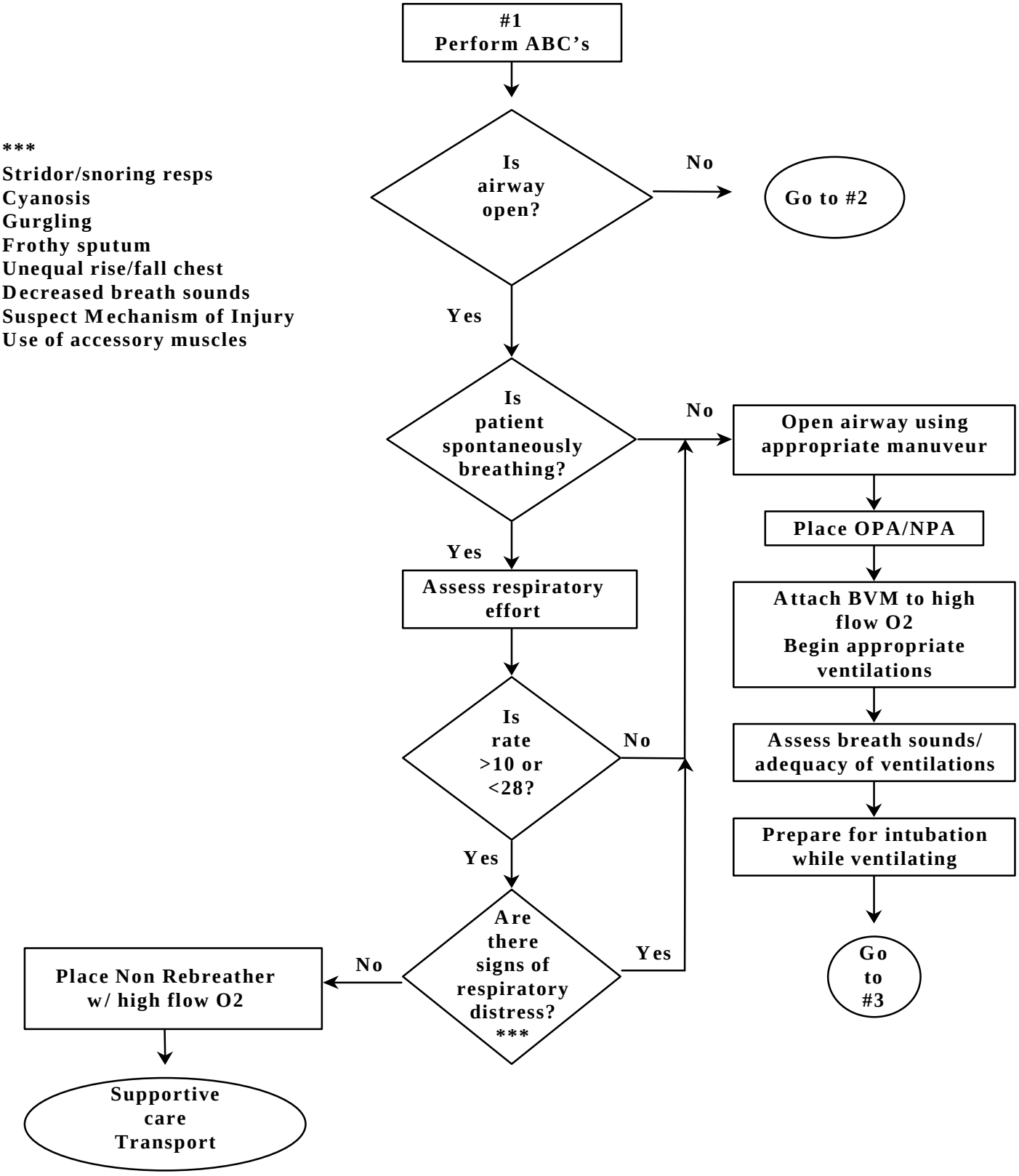
# Massive Hemo/Pneumothorax

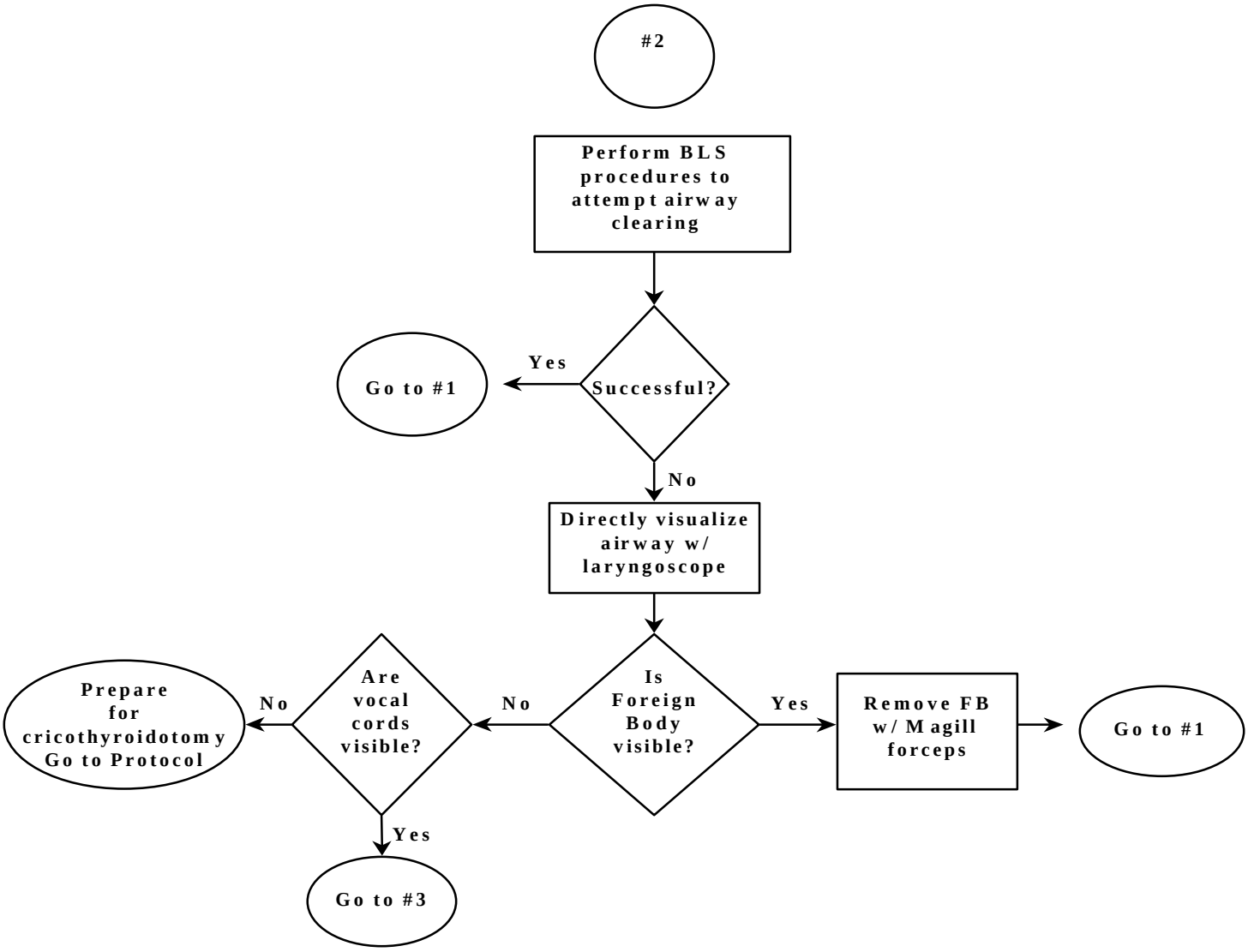


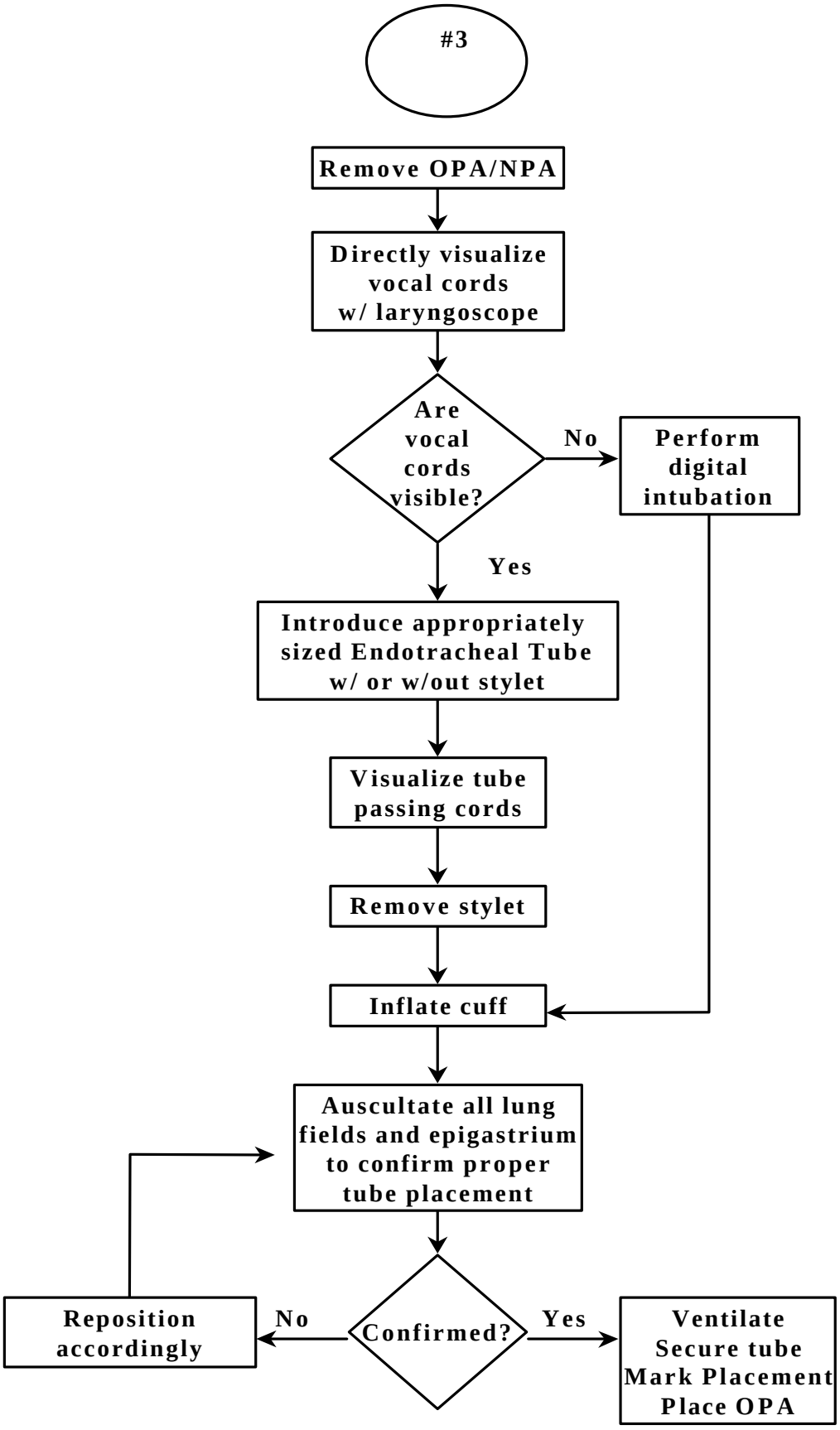
# Needle Thoracentesis



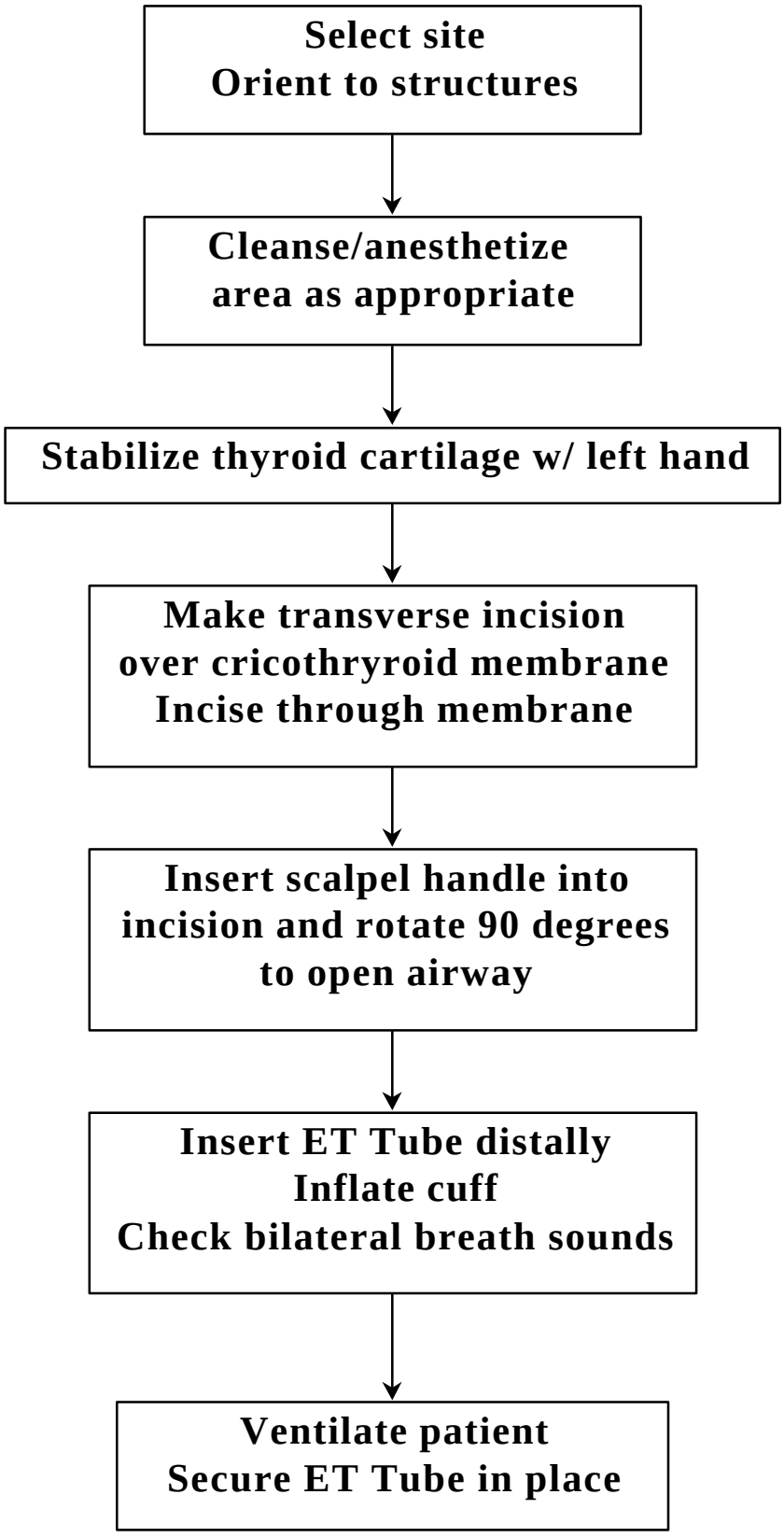
# Advanced Airway Procedures



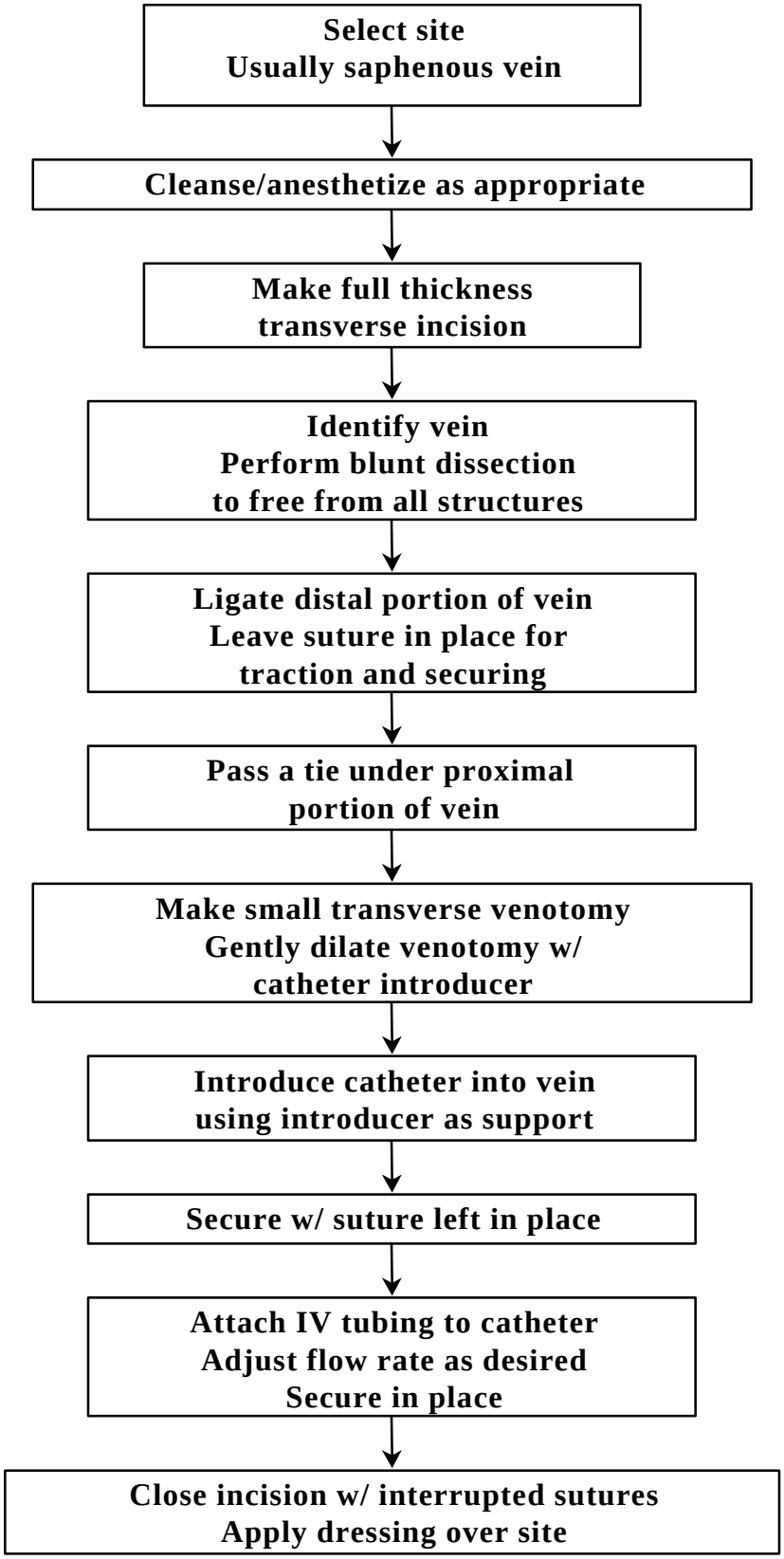

#2
Perform BLS procedures to attempt airway clearing
Successful?
Yes
Go to #1
No
Directly visualize airway w/ laryngoscope
Is Foreign Body visible?
Yes
Remove FB w/ Magill forceps
Go to #1
No
Are vocal cords visible?
No
Prepare for cricothyroidotomy Go to Protocol
Yes
Go to #3


#3
Remove OPA/NPA
Directly visualize vocal cords w/ laryngoscope
Are vocal cords visible?
No
Perform digital intubation
Yes
Introduce appropriately sized Endotracheal Tube w/ or w/out stylet
Visualize tube passing cords
Remove stylet
Inflate cuff
Auscultate all lung fields and epigastrium to confirm proper tube placement
Confirmed?
No
Reposition accordingly
Yes
Ventilate
Secure tube
Mark Placement
Place OPA

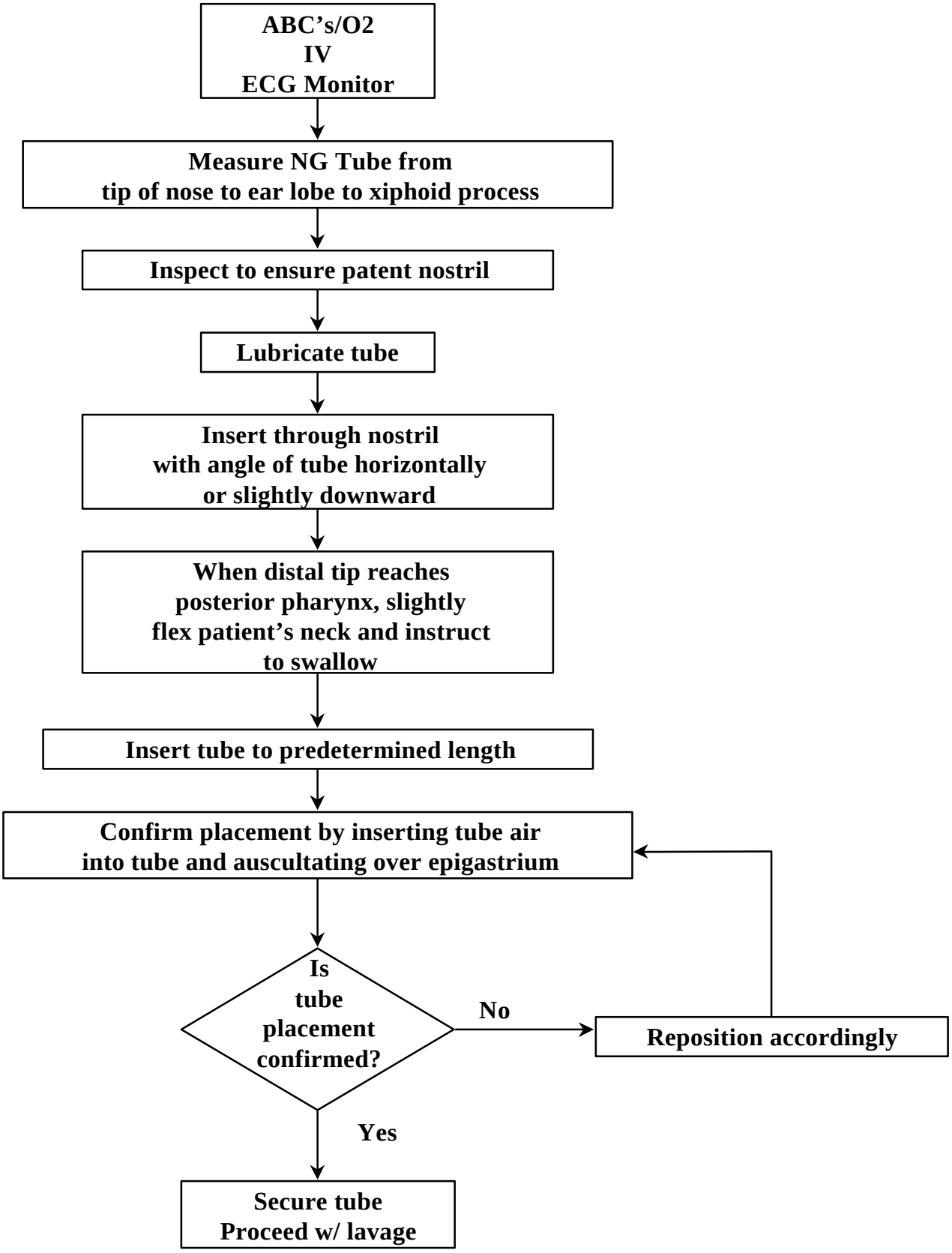
## Cricothyroidotomy



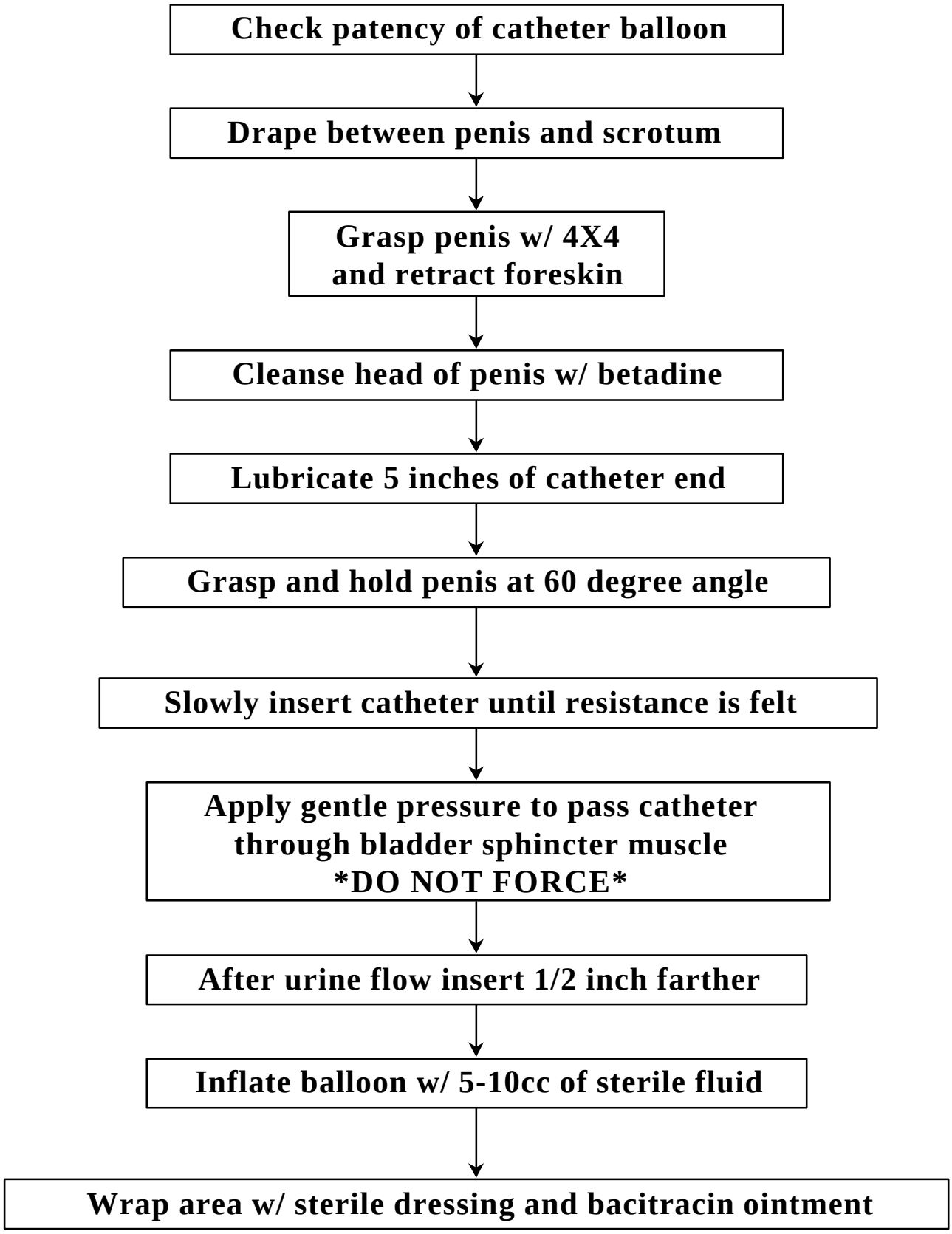
# Venous Cutdown



# Nasogastric Tube Insertion



## Urethral Catheterization



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