MEDICAL CARE FOR ALL PATIENTS

- Scene safe?
  - Yes
  - Evacuate patient and/or have LE officer/team secure immediate scene
  - Universal Precautions
  - Quick search of patient

- Have law enforcement secure weapons?
  - Yes
  - Control obvious hemorrhage
  - Is airway patent?
    - Yes
    - Ventilate (with O2 if possible); consider Combitube or ETT
    - C-spine stabilization with jaw thrust
    - Head/頸/頭
  - C-spine injury?
    - No
    - Head/頸/頭
  - No

- Assess ventilation; start oxygen if available
  - Patient breathing?
    - Yes
    - Ventilate (with O2 if possible); consider Combitube or ETT
    - C-spine stabilization with jaw thrust
    - Head/頸/頭
  - No

- Patient has a pulse?
  - Yes
  - Initiate Cardiac Arrest and/or Trauma protocol, if deemed appropriate (see Notes below)

- Is patient bleeding?
  - Yes
  - History of present illness
  - Baseline vital signs
  - Establish working assessment
  - Treat appropriately
  - Determine necessary level of transport
  - Monitor vital signs & ECG as necessary
  - Establish IV as necessary
  - Evacuate and transport to closest appropriate facility

- No

Notes:
- When under direct tactical threat, appropriate care is first to evacuate to a safe location or secure the area.
- Before initiating CPR in traumatic arrests, providers should weigh the risks to team safety versus the extremely low survival rate from traumatic arrest in the tactical setting. CPR should still be administered in cases where the cause of arrest is believed to be cardiac, poisoning/overdose, hypothermia, or electrical injury.
- Data show an extremely low incidence of cervical cord injury in penetrating neck trauma patients who do not have obvious spinal deformities or neurologic findings. Providers may decide how to best implement C-spine precautions in the tactical setting.
- All usual Milwaukee County EMS procedures regarding written and radio patient care reports still apply.