

# ELECTROCUTION

<b>EMR</b>	<ul style="list-style-type: none"> <li>❑ General Trauma Assessment &amp; Interventions</li> <li>❑ Oxygen moderate to high flow as needed to ensure SpO<sub>2</sub> &gt;94%. Evaluate for need of ventilation support.</li> <li>❑ Apply appropriate cardiac related guidelines as required.</li> <li>❑ Initiate spinal precautions as indicated by Spinal Immobilization Procedure</li> <li>❑ Evaluate for Trauma System Entry Criteria and enter as appropriate</li> <li>❑ Consider the need for additional resources, including alternate transportation (air-medical)</li> <li>❑ Follow other applicable trauma guidelines as needed (e.g., Burns/Soft Tissue Injury etc)</li> <li>❑ Assess exit site and treat accordingly.</li> </ul>	<b>EMR</b>
<b>EMT</b>	<ul style="list-style-type: none"> <li>❑ Aggressive airway management per guidelines – consider placement of <b>King Airway</b> if patient has a GCS &lt; 8 &amp; <b>no gag reflex</b> (if available and trained).</li> </ul>	<b>EMT</b>
<b>AEMT</b>	<ul style="list-style-type: none"> <li>❑ Initiate vascular access via peripheral <b>IV</b> line (two if possible) with isotonic solution (Lactated Ringers or NS) - <b>Do Not Delay Transport To Establish Vascular Access</b></li> <li>❑ If unable to place peripheral IV may initiate pediatric <b>IO</b> placement</li> <li>❑ <b>Fluids administration</b> to maintain normal blood pressure and/or systolic BP of 100mmHg (do not exceed 2 liters of fluid).</li> <li>❑ Consider Pain Management per pain management guideline</li> </ul>	<b>AEMT</b>
<b>EMT-I</b>	<ul style="list-style-type: none"> <li>❑ If unable to place peripheral IV may initiate adult <b>IO</b> placement</li> <li>❑ Initiate cardiac monitoring.</li> </ul>	<b>EMT-I</b>
<b>PARAMEDIC</b>	<ul style="list-style-type: none"> <li>❑ Consider <b>Intubation/Rapid Sequence</b> as indicated for patients with GCS &lt;8 or in patients requiring positive pressure ventilation/oxygenation. (<b>SEE NOTE BELOW</b>)             <ul style="list-style-type: none"> <li>○ If able to maintain adequate airway/ventilation and transport time is less than 10 minutes, continue with BLS measures and rapid transport.</li> </ul> </li> <li>❑ <b>Interpretation of 12-lead ECG</b> – Follow Chest Pain/ACS/STEMI guideline as needed.</li> </ul>	<b>PARAMEDIC</b>

## Clinical Care Pearls

- ❑ Anticipate greater tissue damage than is visible externally
- ❑ Examine the patient for associated injuries to bones and internal organs and immobilize as necessary.
- ❑ Administration of IV fluids may aid in protecting the kidneys from byproducts of muscular breakdown. Providers are encouraged to administer proactive fluids (not to exceed 2 liters).
- ❑ Transport all electrical burn patients to appropriate facility.
- ❑ With electrical burns, the potential of release of muscle potassium can cause a significant increase in the serum level, which can result in cardiac dysrhythmias.
- ❑ **Elevated potassium levels can make use of depolarizing muscle relaxant Succinylcholine dangerous – Defer to Vecuronium.**