Treatment Protocol: ELECTROCUTION  

1. Ensure source of electricity is turned off ⚠

2. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302)

3. For cardiac arrest, treat per TP 1210 Cardiac Arrest ⚠

4. Administer Oxygen prn (MCG 1302)

5. Initiate cardiac monitoring (MCG 1308)
   Perform 12-Lead ECG prn
   If cardiac dysrhythmia present, treat in conjunction with TP 1212, Bradycardia or TP 1213, Tachycardia ⚠

6. Assess for signs of trauma
   If traumatic injury suspected, treat in conjunction with TP 1244, Traumatic Injury

7. Remove jewelry and clothing from involved areas

8. Establish vascular access prn (MCG 1375)

9. For burns, treat in conjunction with TP 1220, Burns
   Cover affected areas with dry dressing or sheet ⚠

10. For poor perfusion:
   Normal Saline 1L IV rapid infusion
   Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema);
   stop infusion if pulmonary edema develops
   For persistent poor perfusion, treat in conjunction with TP 1207, Shock/Hypotension

11. For pain management: (MCG 1345)
    Fentanyl 50mcg (1mL) slow IV push or IM/IN
    Repeat every 5 min pm, maximum total dose prior to Base contact 150mcg
    Morphine 4mg (1mL) slow IV push
    Repeat every 5 min pm, maximum total dose prior to Base contact 12mg
    CONTACT BASE for additional pain management after maximum dose administered:
    May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg

12. For nausea or vomiting:
    Ondansetron 4mg ODT/IV/IM, may repeat x1 in 15 min pm
SPECIAL CONSIDERATIONS

❶ Do not touch the patient unless you have removed the source of the electricity. An electrical current can be conducted through water and skin. Ensure that area surrounding the patient is dry before approaching him/her.

❷ For young, healthy patients, especially in lightning injuries, consider prolonged cardio-pulmonary resuscitation.

❸ Electrocuton may result in ventricular tachycardia, ventricular fibrillation, asystole or other dysrhythmias. However, if the patient is in a regular rhythm on evaluation, they are unlikely to develop a dysrhythmia.

❹ Superficial skin findings do not correlate with the severity of an electrical burn. As the electrical current passes through tissue, it can cause more damage than is superficially present.