Treatment Protocol: ELECTROCUTION **Ref. No. 1221-P**

1. Ensure source of electricity is turned off ❶
2. Assess airway and initiate basic and/or advanced airway maneuvers prn *(MCG 1302)*
3. For cardiac arrest, treat per *TP 1210-P Cardiac Arrest* ❷
4. Administer **Oxygen** prn *(MCG 1302)*
5. Advanced airway prn *(MCG 1302)*
6. Initiate cardiac monitoring *(MCG 1308)*
   Perform 12-Lead ECG prn
   If cardiac dysrhythmia present, treat in conjunction with *TP 1212-P, Cardiac Dysrhythmia-Bradycardia* or *TP 1213-P, Cardiac Dysrhythmia-Tachycardia* ❸
7. Assess for signs of trauma
   If traumatic injury suspected, treat in conjunction with *TP 1244-P, Traumatic Injury*
8. Remove jewelry and clothing from involved areas
9. Establish vascular access prn *(MCG 1375)*
10. For burns, treat in conjunction with *TP 1220-P, Burns*
    Cover affected areas with dry dressing or sheet ❹
11. For poor perfusion:
    Normal Saline 20mL/kg IV rapid infusion per *MCG 1309*
    For persistent poor perfusion, treat in conjunction with *TP 1207-P, Shock/Hypotension*
12. For pain management: refer to *MCG 1345, Pain Management*
    Dose per *MCG 1309*
13. For nausea or vomiting in patients ≥ 4 years old:
    Ondansetron 4mg ODT

SPECIAL CONSIDERATIONS

1. 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.
2. Consider prolonged cardio-pulmonary resuscitation.
3. Electrocution 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.
4. 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.