Treatment Protocol: ELECTROCUTION — Ref. No. 1221

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 Cardiac Arrest* ❷
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* ❸
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 ❹
10. For poor perfusion *(MCG 1355)*:
    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: refer to *MCG 1345, Pain Management*
12. For nausea or vomiting:
    Ondansetron 4mg ODT/IV/IM, may repeat x1 in 15 min prn

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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 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.

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.