

This protocol is designed to provide guidance to MDFR paramedics assigned to the Miami-Dade Police Department Special Response Team. Tactical paramedics will often find themselves working in austere conditions with their ability to evacuate patients often significantly delayed. These working conditions can also frequently create multiple patient scenarios with very few medical providers. The expanded scope of care allowed in this protocol is intended for treating on duty police officers and firefighters injured during tactical operations.

A. Care Under Fire

Treatment rendered in the area where the patient was initially wounded while the tactical paramedic and patient are still under attack. The major goals of this stage of treatment are to prevent additional injuries and move the patient to cover.

EMR/BLS

1. If patient is able, direct patient to move to a safer position and begin self-aid.
2. When tactically feasible, move patient to cover.
3. Control life threatening extremity hemorrhage if tactically feasible [Procedure 9](#).
4. Protect the airway with simple positioning (seated or recovery position).

B. Tactical Field Care

Treatment provided as soon as the patient or tactical paramedic is no longer under hostile fire and rapid treatment of life-threatening conditions can be addressed.

EMR/BLS

1. Consolidate patients into a Casualty Collection Point (CCP) and perform triage.
2. Control life threatening hemorrhage if not already accomplished [Procedure 9](#).
3. Remove weapons and communications equipment from all patients with AMS. Clothing and body armor should be kept on the patient if possible.
4. Spinal Motion Restriction [Protocol 40](#) if required.
5. Position patient for airway maintenance (recovery position or seated).
6. Apply chest seals to penetrating thoracic wounds [Procedure 6](#).



ALS

7. Perform advanced airway management, as indicated [Protocol 7.](#)
8. Establish vascular access, as indicated.
9. Provide chest decompression, as indicated [Procedure 5.](#)
10. Administer **Tranexamic Acid (TXA) 2 grams slow IVP** as indicated [Medication 38.](#)
 - a. **Do not infuse concurrently in the same IV line with blood products or Hextend.**
 - b. Use permanent marker to write "2 grams TXA given" on patient's chest.
 - c. Administer IV/IO fluids as required to achieve a palpable radial pulse.

MCP

11. If casualties cannot be evacuated, attempt to contact medical control for implementation of extended care protocol.