



**SOUTHWESTERN CONNECTICUT
EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

611 OLD POST ROAD

FAIRFIELD, CONNECTICUT 06430

(203) 255-4411

MAST Treatment

The following protocol for the use of Pneumatic Antishock Garments (PASG/MAST) applies to the medical intervention provided by emergency medical technicians in Southwestern Connecticut who have current authorization/certification at either of the following levels:

MAST Technician
EMT-Intermediate

In all circumstances, the application and inflation of the PASG (MAST) should not delay rapid transportation of the shock victim to a medical facility.

Contraindications to the Use of the PASG (MAST):

- A. Pulmonary edema/CHF from any cause.
- B. Penetrating chest trauma.

Relative Contraindications to the Use of the Abdominal Section of the PASG (MAST):

- A. Pregnancy beyond first trimester.
- B. Evisceration.
- C. Impaled object.

I. TRAUMATIC CARDIAC ARREST:

In all cases of cardiopulmonary arrest secondary to any traumatic etiology, the emergency medical technician should:

- A. Perform basic life support assessment and intervention.
- B. Using appropriate spinal immobilization precautions, place patient on PASG (MAST) and a long backboard.



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- C. Begin rapid transportation to the closest medical facility. During transport, inflate leg sections to 80 mmHg, followed by inflating the abdominal section to 80 mmHg for adults. Sections may be inflated simultaneously.

For patients weighing less than 50 kilograms (110 pounds), inflate leg sections to 60 mmHg, followed by inflating the abdominal section to 60 mmHg. Sections may be inflated simultaneously.

- D. Reevaluate patient airway, ventilatory and circulatory status.
- E. En route, contact medical facility and advise of the patient's condition and estimated time of arrival.

II. TRAUMATIC SHOCK:

If a patient is suffering from the clinical picture of shock*/hypovolemia secondary to any traumatic etiology, the emergency medical technician should:

- A. Perform basic life support assessment and intervention.
- B. Using appropriate spinal immobilization precautions, place patient on PASG (MAST) and a long backboard.
- C. Begin rapid transportation to the closest medical facility using appropriate spinal immobilization precautions. During transport, inflate leg sections to 80 mmHg, followed by inflating the abdominal section to 80 mmHg for adults. Sections may be inflated simultaneously.

For patients weighing less than 50 kilograms (110 pounds), inflate leg sections to 60 mmHg, followed by inflating the abdominal section to 60 mmHg. Sections may be inflated simultaneously.



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- D. Reassess patient.
- E. Contact medical control and advise of patient's condition.

*Definition of Shock:

- A. Patient weighing 50 kilograms (110 pounds) or more with a systolic blood pressure of less than 100 mmHg and exhibiting any of the signs of inadequate perfusion as:
 - 1. Tachycardia
 - 2. Altered mental state
 - 3. Prolonged capillary refill
 - 4. Pallor
 - 5. Diaphoresis
- B. Patient weighing less than 50 kilograms (110 pounds) with a systolic blood pressure of less than 80 mmHg and exhibiting any of the signs of inadequate perfusion.

III. Nontraumatic Etiology:

If a patient is suffering from the clinical picture of shock* secondary to any etiology that is not trauma related (e.g., anaphylaxis, sepsis, gastrointestinal bleeding, cardiogenic), the emergency medical technician should:

- A. Perform basic life support assessment and intervention.
- B. Apply PASG (MAST).
- C. Contact medical control for orders to inflate PASG (MAST) in a timely fashion so as not to delay transport.

*Definition of Shock:



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- A. Patient weighing 50 kilograms (110 pounds) or more with a systolic blood pressure of less than 100 mmHg and exhibiting any of the signs of inadequate perfusion as:
1. Tachycardia
 2. Altered mental state
 3. Prolonged capillary refill
 4. Pallor
 5. Diaphoresis
 6. Pale conjunctiva
 7. Orthostatic vital sign changes (pulse increase of 20 beats/min. or greater and/or systolic blood pressure decrease of 20 mmHg or greater).
- B. Patient weighing less than 50 kilograms (110 pounds) with a systolic blood pressure of less than 80 mmHg and exhibiting any of the signs of inadequate perfusion.

MAC APPROVED 11/17/93

EXECUTIVE BOARD APPROVED 01/06/94