

SYMPTOMS:

Patient identified as a lightning strike victim with corresponding respiratory, cardiovascular, neurologic, skin, cardiopulmonary, neurologic, or other.

ASSESSMENT and TREATMENT

ALL LEVELS

1. Move patient to safe location for patient and rescuers.
 - a. Recognize that a repeat strike is a risk.
 - b. Recognize that victims do not carry or discharge a current, so the patient is safe to touch and treat.
2. Conduct primary survey.
3. Assure patent airway. If in respiratory arrest only, manage the airway appropriately.
4. If in cardiac arrest, treat per [Cardiac Arrest guideline \[R-1\]](#).
5. Conduct secondary physical exam; findings may be key in identifying patient as a victim of lightning strike.
6. Obtain and monitor vital signs (pulse, respirations and blood pressure).
7. Consider ALS for early pain management for burns or associated traumatic injury (see [Pain Management guideline \[M-11\]](#)).

EMT-O

8. Obtain ECG.

AEMT-R

9. Consider IV initiation. Avoid initiation through burned skin.

INT-R

10. Monitor ECG; anticipate dysrhythmias as well as cardiac arrest.
11. Follow [Pain Management guideline \[M-11\]](#) for pain control medications as necessary.

CONSIDERATIONS:

- It may not be immediately apparent that the patient is a lightning strike victim.
- If multiple victims, cardiac arrest patients whose injury was witnessed or thought to be recent should be treated first and aggressively – reverse from traditional triage practices.
 - Patients suffering cardiac arrest from lightning strike initially suffer a combined cardiac and respiratory arrest.
 - Return of spontaneous circulation may precede resolution of respiratory arrest.
 - Patients may be successfully resuscitated if provided proper cardiac and respiratory support, if initiated early, highlighting the value of “reverse triage”.