ADULT MEDICAL 1105

Routine Patient Care

EMR	• Initial Assessment
	  • Airway, breathing, and circulation. Maintain open airway.
	  • Level of consciousness
	  • SAMPLE history
	  • Place patient in position of comfort unless contraindicated
	  • Reassure/Calm patient.
	  • Call for ALS/Helicopter, if indicated
	  • Obtain room air SpO_2, if equipment available.
	  • Obtain blood glucose, if equipment available. If BGL < 60, go to **Diabetic Emergencies Protocol 1125.**
	• Administer **Oxygen**, titrate SpO2 to 94%-99%.
	• **Oxygen** via non-rebreather mask if moderate to severe respiratory distress.
	• Ventilate via bag valve mask if indicated at a rate of 10 – 12 breaths per minute.
	• Update transporting unit of patient status.
	• Physical Exam
	  • Vital signs – pulse, blood pressure, respiratory rate, SpO_2, and temperature. The first set of vital signs will be taken manually and minimum of two sets of vitals are required on all patients. (One set with initial patient contact and one prior to transferring care.) Refusals are an exception to this rule.
	  • Reassess every 15 minutes in a stable patient and every 5 in an unstable patient.
	• **Treat according to appropriate protocol.**
	• Provide report when transferring care.

EMT	• Continue EMR Care. • Obtain $ETCO_2$ reading, if available. • Attach cardiac monitor and obtain 12 lead ECG, if indicated. Print rhythm strip for documentation. Transmit 12 lead ECG to receiving facility as early as possible. (Interpretation of 12 lead ECG and cardiac rhythm is beyond the scope of practice for EMT level providers.) • Reassess vital signs. The first set of vital signs will be taken manually and the above rules apply. • Assess lung sounds. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

I	• Continue EMT care. • Reassess vital signs. The first set must be taken manually and the above rules apply. • Initiate vascular access. Document total amount of fluid administered. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

P	• Continue ILS care. • Initiate transport as soon as possible. • Contact receiving facility as soon as possible.

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ADULT MEDICAL 1106

Syncope and Pre-Syncope

EMR	• Perform **Routine Patient Care Protocol 1105.** • Document changes in neurologic exam and/or GCS.
EMT	• Continue EMR care. • Obtain 12 lead ECG and transmit to receiving facility. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

I	• Continue EMT care.
	• Anticipate underlying etiologies and treat according to appropriate protocol.
	  • Metabolic
	  • Cardiac
	  • Hypovolemic
	  • CNS Disorder
	  • Vasovagal
	• Initiate ALS intercept if indicated.
	• Transport as soon as possible.
	• Contact receiving facility as soon as possible.

P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

ADULT MEDICAL 1110

Abdominal Pain

EMR	• Perform **Routine Patient Care Protocol 1105**
EMT	• Continue EMR care. • For nausea / vomiting, refer to **Nausea/Vomiting Protocol 1135.** • Obtain 12 lead ECG and transmit to receiving facility. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	• Continue EMT care. • Initiate IV access and administer 500 mL fluid bolus until systolic is ≥ 100 mmHg. • For pain management, refer to **Acute Pain Management Protocol 1115.** • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Abdominal Pain

Critical Thinking Elements

- Assess for thoracic or aortic aneurysm rupture/leakage or trauma in addition to GI etiologies.
    - Common signs and symptoms:
        - History of unrepaired AAA
        - Abdominal distention
        - Pulsating mass
        - Lower extremity mottling
        - Diaphoresis
        - Anxiety / restlessness
        - Sharp "tearing" pain between the shoulder blades or in lower back

- In female patients of childbearing years, ectopic pregnancy should be considered unless proven otherwise.

- Rule out cardiac etiologies with a 12 lead ECG.
- Consider possible etiologies and obtain a detailed history and physical exam
    - Inflammation – slow onset of discomfort, malaise, anorexia, fever, and chills.
    - Hemorrhage – steady pain, pain radiating to the shoulders, signs & symptoms of hypovolemia.
    - Perforation – acute onset of severe symptoms and steady pain with fever.
    - Obstruction – cramping pain, nausea, vomiting, decreased bowel activity, and upper quadrant pain.
    - Ischemia – acute onset of steady pain (usually no fever noted).

- Signs and symptoms of renal calculi (kidney stones)
    - Acute and severe flank pain that starts in back and radiates to groin
    - Extreme restlessness
    - Hematuria
    - Previous history of kidney stones.

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ADULT MEDICAL 1115

Acute Pain Management

EMR	• Perform **Routine Patient Care Protocol 1105.**
EMT	• Continue EMR care. • For nausea / vomiting, refer to **Nausea/Vomiting Protocol 1135.** • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

I	• Continue EMT care.
	• For mild to moderate pain:
	  • Administer **Ketorolac**.
	  • ≤65 years old and/or ≥ 50 kg – **30 mg IV/IM.**
	  • ≥66 years old and/or ≤49 kg – **15 mg IV or 30 mg IM.**
	• For cases with isolated extremity fracture, chest pain, burns, or discomfort from IO infusion the following may be given:
	  • **Fentanyl**.
	  • **50 mcg IV/IM/IN,** reduce dose by 50% for patients with renal impairment. May repeat in 5 minutes.
	• Initiate ALS intercept if indicated.
	• Transport as soon as possible.
	• Contact receiving facility as soon as possible.

P	• Continue ILS care.
	• For cases with isolated extremity fracture, chest pain, burns, or discomfort from IO infusion the following may be given:
	  • **Morphine**; or,
	  • **2-5 mg IV** every 5 minutes or **2-5 mg IM** every 15 minutes.
	  • **Fentanyl**.
	  • **50 mcg IV/IM/IN,** reduce dose by 50% for patients with renal impairment. May repeat in 5 minutes to total dose of 100 mcg.
	• All other cases require consult with **Medical Control.**
	• If pain is not relieved via **Morphine** and **Fentanyl**, consult with **Medical Control** for orders for **Ketamine**
	  • **0.25-0.75mg/kg IV or 2-4 mg/kg IM**.
	• Transport as soon as possible.
	• Contact receiving facility as soon as possible.

Critical Thinking Elements

- Monitor the patient for respiratory depression when administering narcotics.
- Blood pressure should be monitored closely – check 5 minutes after narcotic administration and prior to administering repeat doses.
- Patients with a head injury, altered level of consciousness, or unstable vital signs should not receive pain medication.
- Patient's receiving pain medications should be monitored continuously via $ETCO_2$, ECG, and SpO_2.
- Patients should also be receiving supplemental oxygen regardless of SpO_2.
- Prophylactic antiemetic should be administered.
- In adults pretreatment of **Midazolam 0.03 mg/kg**, may be beneficial to reduce risk of recovery agitation after ketamine administration.

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ADULT MEDICAL 1120

Allergic Reaction/Anaphylaxis

EMR	• Perform **Routine Patient Care Protocol 1105**. • Administer **Epinephrine Auto Injector**, if the patient has a history of allergic reactions and/or is suffering from hives, wheezing, hoarseness, hypotension, altered level of consciousness, or indicates a history of anaphylaxis. The patient must have in their possession a prescribed Epinephrine Auto Injector. Contact **MEDICAL CONTROL** for orders to administer. • Administer **Albuterol.** • **2.5mg/3 mL**, May repeat every 20 minutes as needed.

EMT	• Continue EMR care.
	• Administer **Epinephrine 1 mg/mL**
	  • **0.3mg IM**, if the patient has a history of allergic reactions and/or is suffering from hives, wheezing, hoarseness, hypotension, altered level of consciousness, or indicates a history of anaphylaxis.
	• Administer **Diphenhydramine.**
	  • **50 mg PO.**
	• Initiate ALS intercept if indicated.
	• Transport as soon as possible.
	• Contact receiving facility as soon as possible.

I	• Continue EMT care. • Administer IV fluid bolus if the patient is hypotensive to achieve a systolic BP of at least 100 mmHg. • Administer **Diphenhydramine.** • **50mg IV or IM**, for severe itching and/or hives. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Administer **Methylprednisolone.** • **125 mg IV.** • Transport as soon as possible. • Contact the receiving hospital as soon as possible.

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ADULT MEDICAL 1125

Diabetic

EMR	• Perform **Routine Patient Care Protocol 1105.** • If blood glucose is less than 60 and patient has the ability to maintain airway and swallow, administer **Oral Glucose.** • **15g PO**.
EMT	• Continue EMR care. • If blood glucose is less than 60 mg/dL and patient cannot maintain airway or swallow, administer **Glucagon.** • **1mg IM/IN**. Evaluate blood glucose after 15 minutes. • If blood glucose is greater than 250 mg/dL, provide supportive care, if tachypnic do not attempt to coach breathing, request ALS intercept. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	• Continue EMT care • If blood glucose is less than 60 and patient is incapable of swallowing, establish IV and administer **Dextrose 10%**. If unable to establish and IV administer **Glucagon.** • **1mg IM/IN**. • If blood glucose is greater than 250 mg/dL, administer 1 L of fluid unless contraindicated. Assess lung sounds frequently. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

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ADULT MEDICAL 1135

Nausea / Vomiting

EMR	• Perform **Routine Patient Care Protocol 1105.**
EMT	• Continue EMR care. • Administer **Ondansetron.** • **4 mg ODT.** • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	• Continue EMT care • Administer **Ondansetron.** • **4 mg IV/IM/ODT** over two minutes may repeat as needed every 10 mins. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

ADULT MEDICAL 1140

Poisoning and Overdose

EMR	• Perform **Routine Patient Care Protocol 1105**. • Administer **Narcan 2mg**, if suspected narcotic overdose and patient exhibits decreased respiratory effort and unresponsive. May repeat every 5 minutes as needed.
EMT	• Continue EMR care. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	• Continue EMT care. • Administer IV fluid bolus if the patient is hypotensive to achieve a systolic BP of at least 100 mmHg. • **Stimulant poisoning** – treat arrhythmias and seizures per the appropriate protocol, if indicated. • **Depressant poisoning** – monitor airway closely, support respirations. • **Hallucinogenic poisoning** – verbally reassure the patient, provide quiet environment, attempt to keep patient calm. • **Beta Blocker Poisoning** – IV fluid bolus for hypotension, contact **Medical Control** to consider Glucagon administration. • **Calcium Channel Blocker Poisoning** – IV fluid bolus for hypotension, contact **Medical Control** to consider Glucagon or Epinephrine administration. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Administer **Sodium Bicarbonate 50mEq**, if known tricyclic antidepressant or aspirin overdose. • **Calcium Channel Blocker or Beta Blocker overdose** consult medical control for consideration to administer **Calcium Chloride.** • Transport as soon as possible. • Contact receiving facility as soon as possible.

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ADULT MEDICAL 1145

Seizure

EMR	• Perform **Routine Patient Care Protocol 1105**.
EMT	• Continue EMR care. • Perform blood glucose analysis; if abnormal perform **Diabetic Emergency Protocol 1125.** • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	• Continue EMT care. • For patients with status epilepticus administer **Midazolam 10mg IM.** Do not delay administration for IV access. Do not repeat and do not use other routes. Attempt IV access after administration. • Patients unresponsive to **Midazolam** requires consultation with **Medical Control.** • For patients with seizures and not status epilepticus support ABCs, evaluate glucose, establish IV access, and time seizure duration. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Transport as soon as possible. • Contact the receiving hospital as soon as possible.

ADULT MEDICAL 1150

Sepsis

EMR	• Perform **Routine Patient Care Protocol 1105** • Assess for sepsis.
EMT	• Continue EMR care. • Assess $ETCO_2$, if capable. • Initiate ALS intercept. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	• Continue EMT care. • Initiate IV access and administer 500 mL fluid boluses. Repeat to total bolus of 2L. Assess for signs of fluid overload between each bolus. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Sepsis

Critical Thinking Elements

Sepsis Screening
Obvious or suspected infection and ANY of these SIRS criteria:
SBP < 90 mmHg
Heart rate > 90/min
Respiratory Rate > 20
GCS < 15
Temperature ≥ 100.4°F or ≤96.0°F

Optional Screening Method – Miami Sepsis Score	
Points	Criteria
1	Body Temperature ≥ 38°C/100.4°F or ≤35.5°C/96.0°F
1	Respiratory Rate ≥ 22 breaths per minute
2	Shock Index ≥ 0.7 (Heart Rate/ Systolic Blood Pressure)
	Total Score (3 or greater declare Sepsis Alert)

If patient meets criteria on either screening tool declare Sepsis Alert on radio report and perform protocol. If patient does not meet criteria, follow appropriate protocol.

- Early recognition of Sepsis allows for attentive care and early administration of antibiotics.
- Aggressive IV fluid therapy is the most important prehospital treatment for sepsis. Suspected septic patients should receive repeated fluid boluses (max 2 liters) while being checked frequently for signs of pulmonary edema, especially patients with known history of CHF or end stage renal dysfunction on dialysis. Halt fluid administration in the setting of pulmonary edema.
- Elevated serum lactate levels are a useful marker of Hypoperfusion in sepsis and often become elevated prior to the onset of hypotension. $ETCO_2$ levels are correlated with lactate levels. If measure $ETCO_2$; if ≤26 mmHg ensure that information is included with alert.
- If CPAP is utilized, airway pressure should be limited to 5 cmH_2O

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ADULT MEDICAL 1155

Unconscious / Altered Mental Status (Non – Trauma)

EMR	• Perform **Routine Patient Care Protocol 1101** • Assess for spine injury. If suspected, go to **Spinal Trauma Protocol 7102** • Assess for stroke. If suspected, go to **Stroke Protocol 1160.** • If narcotic overdose suspected, administer **Naloxone**. • **2 mg,** repeat as needed to improve respiratory status. • Evaluate blood glucose level. • If blood glucose is ≤ 60 mg/dL **OR** ≥ 300 mg/dL, go to **Diabetic Emergencies Protocol 1106**
EMT	• Continue EMR care. • Apply cardiac monitor and obtain 12-lead ECG and transmit to receiving facility, if equipped. • Initiate ALS intercept, if indicated. • Transport as soon as possible. • Contact receiving hospital as soon as possible.
I	• Continue EMT care. • Obtain 12 lead ECG and transmit to receiving facility. • Initiate IV and administer 1 – 2 L bolus of Normal Saline or Lactated Ringers • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Consider possible causes:

A – Acidosis, alcohol
E – Epilepsy
I – Infection
O – Overdose
U – Uremia (kidney failure)
T – Trauma, tumor
I – Insulin
P – Psychosis
S – Stroke

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ADULT MEDICAL 1160

Stroke/TIA

EMR	• Perform **Routine Patient Care Protocol 1105** • Assess Cincinnati Stroke Scale and LAMS. • Determine last known normal. • Evaluate blood glucose level.
EMT	• Continue EMR care. • Transport immediately. • Notify receiving facility as soon as possible with Stroke Alert. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	• Continue EMT care. • Initiate IV access, large bore needles bilaterally if possible. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Critical Thinking Elements		
Cincinnati Prehospital Stroke Scale		
Facial Droop – Ask the patient to smile.		
Normal	Both sides of the face move equally	
Abnormal	One side of the face does not move as well	
Arm Drift – Ask patient to close eyes and extend both arms straight out for 10 seconds		
Normal	Both arms move the same or not at all	
Abnormal	One arm does not move or drifts down	
Speech – Ask patient to say "You can't teach an old dog new tricks."		
Normal	Patient says correct words without slurring	
Abnormal	Patient slurs words, says wrong words, or is unable to speak	
If any 1 of these 3 signs is abnormal, the probability of a stroke is 72%		
Los Angeles Motor Score		
LAMS	**Score**	**Description**
Facial Droop	0 Absent	No facial asymmetry. Normal.
	1 Present	Partial or complete lower facial droop.
Arm Drift	0 Absent	No drift. Normal.
	1 Drifts Down	Drifts down but does not hit the bed within 10 sec.
	2 Falls Rapidly	Arm cannot be held up against gravity and falls to the bed within 10 sec.
Grip Strength	0 Normal	Normal.
	1 Weak Grip	Weak but some movement.
	2 No Grip	No movement. Muscle contraction can be seen but without movement.
Total:		A score of ≥ 4 is highly predicted of large artery occlusion

PEDIATRIC MEDICAL 1205

Routine Patient Care

EMR	• Initial Assessment
	  • Airway, breathing, and circulation. Maintain open airway.
	  • Level of consciousness
	  • SAMPLE history
	  • Place patient in position of comfort unless contraindicated
	  • Reassure/Calm patient.
	  • Call for ALS/Helicopter, if indicated
	  • Obtain room air SpO_2.
	  • Obtain blood glucose.
	• Administer **Oxygen**, titrate SpO2 to 94%-99%.
	• **Oxygen** via non-rebreather mask if moderate to severe respiratory distress.
	• Ventilate via bag valve mask if indicated.
	• Update transporting unit of patient status.
	• Physical Exam
	  • Vital signs – pulse, blood pressure, respiratory rate, SpO_2, and temperature. The first set of vital signs will be taken manually and minimum of two sets of vitals are required on all patients. (One set with initial patient contact and one prior to transferring care.) Refusals are an exception to this rule.
	  • Reassess every 15 minutes in a stable patient and every 5 in an unstable patient.
	• **Treat according to appropriate protocol.**
	• Provide report when transferring care.

EMT	• Continue EMR Care. • Obtain $ETCO_2$ reading, if available. • Attach cardiac monitor and obtain 12 lead ECG, if indicated. Print rhythm strip for documentation. Transmit 12 lead ECG to receiving facility as early as possible. (Interpretation of 12 lead ECG and cardiac rhythm is beyond the scope of practice for EMT level providers.) • Reassess vital signs. The first set of vital signs will be taken manually and the above rules apply. • Assess lung sounds. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	• Continue EMT care. • Initiate IV and administer fluid bolus 20 mL/kg. May repeat one time, total bolus > 40 mL/kg requires **Medical Control** order. • Initiate ALS intercept if indicated. • Transport as soon as possible.

	• Contact receiving facility as soon as possible.

P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

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PEDIATRIC MEDICAL 1210

Altered Mental Status

E M R	• Perform **Routine Patient Care Protocol 1205** • Assess for spine injury. If suspected, go to **Spinal Trauma Protocol 7102** • Evaluate blood glucose level. • If blood glucose is ≤ 60 mg/dL **OR** ≥ 300 mg/dL, go to **Diabetic Emergencies Protocol 1235.** • If narcotic overdose suspected, administer **naloxone** • **0.1 mg/KG**.

E M T	• Continue EMR Care. • Apply cardiac monitor as indicated. • Reassess during transport. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

I	• Continue EMT care. • Initiate IV and administer fluid bolus 20 mL/kg. May repeat one time, total bolus > 40 mL/kg requires **Medical Control** order. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

Consider possible causes:

A – Acidosis, alcohol
E – Epilepsy
I – Infection
O – Overdose
U – Uremia (kidney failure)
T – Trauma, tumor
I – Insulin
P – Psychosis
S – Stroke

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PEDIATRIC MEDICAL 1211

Syncope and Pre-Syncope

EMR	• Perform **Routine Patient Care Protocol 1205.** • Document changes in neurologic exam and/or GCS.
EMT	• Continue EMR care. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

I	• Continue EMT care.
	• Anticipate underlying etiologies and treat according to appropriate protocol.
	  • Metabolic
	  • Cardiac
	  • Hypovolemic
	  • CNS Disorder
	  • Vasovagal
	• Initiate ALS intercept if indicated.
	• Transport as soon as possible.
	• Contact receiving facility as soon as possible.

P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

HSHS St. John's SAMIC EMS

PEDIATRIC MEDICAL 1215

Seizure

EMR	• Perform **Routine Patient Care Protocol 1205** • Assess for spine injury. If suspected, go to **Spinal Trauma Protocol 7102** • Evaluate blood glucose level. • If blood glucose is ≤ 60 mg/dL **OR** ≥ 300 mg/dL, go to **Diabetic Emergencies Protocol 1106.** • If narcotic overdose suspected, administer **naloxone** • **0.1 mg/kg**.
EMT	• Continue EMR Care. • Apply cardiac monitor as indicated. • Reassess during transport. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	• Continue EMT care. • For patients with status epilepticus administer **Midazolam 0.2mg/kg IM.** Do not delay administration for IV access. Do not repeat and do not use other routes. Attempt IV access after administration. • For patients with seizures and not status epilepticus support ABCs, evaluate glucose, establish IV access, and time seizure duration. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

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PEDIATRIC MEDICAL 1220

Allergic Reaction/Anaphylaxis

EMR	• Perform **Routine Patient Care Protocol 1205** • Administer **Albuterol** • **2.5mg/3mL** for wheezing; may repeat every 20 minutes. • If patient has prescribed epinephrine auto injector in their possession, assist the patient with administering their own auto injector. Contact **Medical Control** for orders to administer.

EMT	• Continue EMR Care.
	• Apply cardiac monitor as indicated.
	• Reassess during transport.
	• Administer **Diphenhydramine**
	  • **1 mg/kg PO.**
	• Administer **Epinephrine 1 mg/mL**
	  • **0.01 mg/kg IM**, max single dose 0.3mg.
	• Initiate ALS intercept if indicated.
	• Transport as soon as possible.
	• Contact receiving facility as soon as possible.

I	• Continue EMT care. • Administer **Diphenhydramine** • **1 mg/kg IV**, max single dose 50mg. • If the patient is hypotensive administer a fluid bolus 20mL/kg. May repeat once. Any bolus over a total of 40 mL/kg requires **Medical Control** order. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

HSHS St. John's SAMIC EMS

PEDIATRIC MEDICAL 1225

Acute Pain Management

EMR	• Perform **Routine Patient Care Protocol 1205.**

EMT	• Continue EMR Care. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

I	• Continue EMT care. • Transport as soon as possible. • For cases with isolated extremity fracture, chest pain, burns, or discomfort from IO infusion the following may be given: • **Fentanyl 1mcg/kg**, max single dose 50 mcg IV over 2 minutes Q5 minutes or IM Q15 minutes. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.

P	• Continue ILS care.
	• For cases with isolated extremity fracture, chest pain, burns, or discomfort from IO infusion the following may be given:
	  • **Morphine 0.1mg/kg**, max single dose 2 mg. IV Q5 minutes or IM Q15 minutes.
	  • **Fentanyl 1mcg/kg**, max single dose 50 mcg. IV over 2 minutes Q5 minutes or IM Q15 minutes.
	• All other cases require consult with **Medical Control**.
	• Transport as soon as possible.
	• Contact receiving facility as soon as possible.

HSHS St. John's SAMIC EMS

PEDIATRIC MEDICAL 1230

Apparent Life Threatening Event

EMR	• Patient less than 2 years of age.
	• History of any of the following:
	  • Apnea
	  • Loss of consciousness
	  • Color change
	  • Loss in muscle tone
	  • Episode of choking or gagging
	  • Parental/caregiver actions at the time of the event
	  • What resuscitative measures were taken
	• Perform **Routine Patient Care Protocol 1205.**
	• **All ALTE patients should be transported for medical evaluation, even the well appearing child.**

EMT	• Continue EMR Care. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
I	• Continue EMT care. • Initiate ALS intercept if indicated. • Transport as soon as possible. • Contact receiving facility as soon as possible.
P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

HSHS St. John's SAMIC EMS

PEDIATRIC MEDICAL 1235

Diabetic

EMR	• Perform **Routine Patient Care Protocol 1105.** • If blood glucose is less than 60 and patient has the ability to maintain airway and swallow, administer **Oral Glucose.** • **15g PO**.

EMT	• Continue EMR care.
	• If blood glucose is less than 60 and patient cannot maintain airway or swallow, administer **Glucagon.**
	  • <6 years old – **0.5 mg IM/IN**
	  • ≥6 years old – **1mg IM/IN**.
	  • Evaluate blood glucose after 15 minutes.
	• If blood glucose is greater than 250, provide supportive care, if tachypnic do not attempt to coach breathing, request ALS intercept.
	• Initiate ALS intercept if indicated.
	• Transport as soon as possible.
	• Contact receiving facility as soon as possible.

I	• Continue EMT care
	• If blood glucose is less than 60 and patient is incapable of swallowing, establish IV and administer **Dextrose 10%**. If unable to establish and IV administer **Glucagon.**
	  • <6 years old – **0.5 mg IM/IN**
	  • ≥6 years old – **1 mg IM/IN**.
	  • Evaluate blood glucose after 15 minutes.
	• If blood glucose is greater than 250, administer fluid bolus of 20 mL/kg of fluid unless contraindicated. Assess lung sounds frequently.
	• Initiate ALS intercept if indicated.
	• Transport as soon as possible.
	• Contact receiving facility as soon as possible.

P	• Continue ILS care. • Transport as soon as possible. • Contact receiving facility as soon as possible.

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PEDIATRIC ENVIRONMENTAL 1240

Poisoning/Overdose

E
M
R
	• Follow **Routine Patient Care 1205**.
	• Perform detailed history:
	  • What was substance?
	  • When was the exposure?
	  • How much?
	  • Any other drugs or alcohol present?
	  • Has the patient vomited, if so how many times?
	  • Was it intentional or accidental?
	  • Bring container if possible.
	• Administer **Narcan**, for suspected opioid overdose.
	  • **0.1 mg/kg IN**
	• Administer **Albuterol 2.5mg/3mL**, if the patient has been exposed to irritant gas. May repeat every 20 minutes as needed.

E M T	• Continue EMR care. • Administer **Albuterol 2.5 mg/3 mL** mixed with **Ipratropium 0.5mg/3 mL**, if the patient has been exposed to irritant gas. May repeat every 20 minutes as needed. • Initiate ALS intercept and transport as soon as possible. • Contact receiving facility as soon as possible to alert them of hazardous material exposure.

I	• Continue EMT care.
	• Initiate IV/IO access. Administer fluid bolus 20mL/kg, may repeat once. Any bolus >40mL/kg, consult **Medical Control.**
	• Administer **versed**
	  • **0.1 mg/kg** for stimulant overdose.
	• For calcium channel blockers and beta blockers consult **Medical Control** for orders to administer **Glucagon**. For patients less than 25 kg administer 0.5mg IV, for patients 25kg – 40kg administer 1 mg IV, refer to adult dose for patients over 40 kg.
	• Administer **Atropine**
	  • **0.2 mg/kg**, if suspected organophosphate poisoning/nerve agent and patient is symptomatic. May repeat every 5 minutes with **Medical Control** order.
	• Contact receiving facility as soon as possible.

P	• Continue ILS care. • For calcium channel blocker and beta blocker consult **Medical Control** for orders to administer **Calcium Chloride**. • Administer **Sodium Bicarbonate** • **1mEq/kg**, for suspected tricyclic antidepressant or aspirin overdose.

- Cocaine is also a sodium channel blocker. On rare occasions, it may produce a wide QRS complex. If this is noted administer **Sodium Bicarbonate**
  - **1mEq/kg.**
- For anti-psychotics when the patient is exhibiting dystonic reactions administer **Diphenhydramine**
  - **1-2mg/kg IV.**
- Initiate ALS intercept, if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.