

**SUBJECT: TREATMENT PROTOCOL – ADULT STANDING ORDERS FOR
 COMMUNICATION FAILURE**

Date: 07/01/2015

When unable to communicate with BH while at scene/enroute, IN ADDITION TO STANDING ORDERS, the following may be initiated without BH contact. **Maximum doses include standing order doses.**

PROTOCOL	INDICATION and TREATMENT
<p>Allergic Reaction/ Anaphylaxis (S-122):</p>	<p><u>Anaphylaxis (shock or cyanosis):</u></p> <ul style="list-style-type: none"> • Epinephrine 1:10,000 0.1mg IV/IO. MR x2 q3-5” • Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV drip. Titrate systolic BP \geq90
<p>Discomfort/Pain of Suspected Cardiac Origin (S-126):</p>	<p>If systolic BP \geq 100: Initial IV Dose</p> <ul style="list-style-type: none"> • Morphine 0.05mg/kg IV over 2 minutes Maximum for ANY IV dose is 10mg <p>Initial IM Dose</p> <ul style="list-style-type: none"> • Morphine 0.05mg/kg IM Maximum for ANY IM dose is 10mg <p>Second IV/IM dose, if pain persists 5 minutes after IV morphine Or 15 minutes after IM morphine</p> <ul style="list-style-type: none"> • Administer half of the initial morphine dose <p>Third IV/IM dose, if pain persists 5 minutes after IV morphine Or 15 minutes after IM morphine</p> <ul style="list-style-type: none"> • Administer half of the initial morphine dose <p>If systolic BP < 100:</p> <ul style="list-style-type: none"> • NTG 0.4mg SL MR <p>Initial IV Dose</p> <ul style="list-style-type: none"> • Morphine 0.05mg/kg IV over 2 minutes Maximum for ANY IV dose is 10mg <p>Initial IM Dose</p> <ul style="list-style-type: none"> • Morphine 0.05mg/kg IM Maximum for ANY IM dose is 10mg <p>Second IV/IM dose, if pain persists 5 minutes after IV morphine Or 15 minutes after IM morphine</p> <ul style="list-style-type: none"> • Administer half of the initial morphine dose <p>Third IV/IM dose, if pain persists 5 minutes after IV morphine</p>

Document revised 7/1/2015

Approved:



EMS Medical Director

PROTOCOL	INDICATION and TREATMENT
	<p>Conscious (<u>Systolic BP<90 and chest pain, dyspnea or altered LOC</u>):</p> <ul style="list-style-type: none"> • Synchronized cardioversion MR <p>Unconscious:</p> <ul style="list-style-type: none"> • Synchronized cardioversion MR
<p>Pulseless Electrical Activity (PEA)/Asystole (S-127)</p>	<p><u>Consider:</u></p> <ul style="list-style-type: none"> • If response to treatment noted, continue treatment and transport • If no response after 3 doses of Epinephrine, d/c resuscitative efforts
<p>Hemodialysis (S-131)</p>	<p><u>If Unable & no other medication delivery route available:</u></p> <ul style="list-style-type: none"> • Access Percutaneous Vas Catheter if present (aspirate 5mL PRIOR to infusion) <p>OR</p> <ul style="list-style-type: none"> • Access graft/AV fistula
<p>Poisoning/Overdose (S-134)</p>	<p><u>Symptomatic Organophosphate poisoning:</u></p> <ul style="list-style-type: none"> • Atropine 2mg IV/IM/SO MR q3-5” <p><u>Suspected cyanide poisoning:</u> If cyanide kit is available on site may administer if patient is exhibiting significant symptoms:</p> <ul style="list-style-type: none"> • Amyl Nitrate per inhalation (over 30 seconds) • Sodium Thiosulfate 25%, 12.5grams IV <p><u>OR</u></p> <ul style="list-style-type: none"> • Hydroxocobalamin (Cyanokit) 5mg IV <p><u>Excited Delirium:</u></p> <ul style="list-style-type: none"> • 500ml fluid bolus IV/IO MR
<p>Pre-existing Medical Intervention (S-135)</p>	<p><u>Previously established electrolyte and/or glucose containing IV solutions:</u> Adjust rate or D/C</p> <p><u>Previously established and labeled IV medication delivery systems with preset rates and/or other preexisting treatment modalities:</u> D/C prn</p> <p><u>If no medication label or clear identification of infusing substance:</u> D/C</p>
<p>Respiratory Distress (S-136)</p>	<p><u>Respiratory Distress ?CHF/Cardiac Origin</u> <u>If systolic BP <100</u></p> <ul style="list-style-type: none"> • NTG 0.4mg SL MR <p><u>If severe respiratory distress or inadequate response to Albuterol/Atrovent consider:</u> If no definite history of asthma:</p> <ul style="list-style-type: none"> • Epinephrine 0.3mg 1:1000 IM, MR x2 q10”

Document revised 7/1/2015

Approved:



EMS Medical Director

PROTOCOL	INDICATION and TREATMENT
Shock (S-138):	<u>Shock (hypovolemic):</u> If BP refractory to fluid bolus: <ul style="list-style-type: none">• Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP > 90 <u>Shock: (anaphylactic, neurogenic):</u> If BP refractory to fluid boluses: <ul style="list-style-type: none">• Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP > 90 <u>Shock (? cardiac etiology):</u> If BP refractory to fluid bolus: <ul style="list-style-type: none">• Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP > 90
Trauma (S-139):	<u>Crush injury with extended compression > 2 hours of extremity or torso:</u> Just prior to extremity being released: <ul style="list-style-type: none">• NaHCO₃ 1mEq/kg IV/IO• CaCl₂ 500mg IV over 30 seconds <u>Traumatic Arrest:</u> <ul style="list-style-type: none">• Consider pronouncement at scene
Pain Management (S-141):	<u>For treatment of pain as needed with systolic BP > 100:</u> Third IV/IM dose, if pain persists 5 minutes after IV morphine Or 15 minutes after IM morphine Administer half of the initial morphine dose Treatment of pain if systolic BP <100
Sepsis (S-143)	<u>?Sepsis:</u> If BP refractory to fluid bolus: <ul style="list-style-type: none">• Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate BP ≥ 90

Document revised 7/1/2015

Approved:



EMS Medical Director