

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.**

All medications are per pediatric drug chart unless otherwise noted

PROTOCOL	INDICATION and TREATMENT
Altered Neurological Function (S-161):	Symptomatic ?opioids OD in opioid dependent pain management patients: <ul style="list-style-type: none"> • Narcan titrate per drug chart IV or IM MR
Allergic Reaction/ Anaphylaxis (S-162):	<u>Anaphylaxis (shock or cyanosis):</u> <ul style="list-style-type: none"> • Epinephrine 1:10,000 per drug chart IV/IO. MR x2 q3-5"
Dysrhythmias <u>Unstable Bradycardia</u> (S-163):	Heart rate: Infant/Child (<9 yrs) <60 bpm Child (9-14yrs) <40bpm <ul style="list-style-type: none"> • Epinephrine 1:10,000 per drug chart IV/IO MR q3-5"
Supraventricular Tachycardia (S-163):	<4yrs ≥220bpm ≥4yrs ≥180bpm <ul style="list-style-type: none"> • Adenosine per drug chart rapid IV _ follow with 20ml NS IVP • Adenosine per drug chart rapid IV _ follow with 20ml NS IVP • If no sustained rhythm change, MR x1 <u>BHPO</u> Versed per drug chart slow IV prn pre-cardioversion Synchronized cardioversion per drug chart. MR per drug chart
VF/Pulseless VT (S-163):	Once IV/IO established, if no pulse after rhythm/pulse check: <ul style="list-style-type: none"> • Epinephrine 1:10,000 per drug chart IV/IO MR q3-5"
Pulseless Electrical Activity (PEA) / Asystole (S-163):	Once IV/IO established, if no pulse after rhythm/pulse check: <ul style="list-style-type: none"> • Epinephrine 1:10,000 per drug chart IV/IO MR q3-5"

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Approved:



EMS Medical Director

PROTOCOL	INDICATION and TREATMENT
<p>Poisoning/OD (S-165):</p>	<p>Symptomatic ? opioid OD in opioid dependent pain management patients:</p> <ul style="list-style-type: none"> Narcan titrate per drug chart direct IV or IM <u>SO</u>. MR <p><u>Symptomatic organophosphate poisoning:</u></p> <ul style="list-style-type: none"> Atropine per drug chart IV/IM/IO. MR q3-5" prn <p><u>? Tricyclic OD with cardiac effects (hypotension, heart block, widened QRS):</u></p> <ul style="list-style-type: none"> NaHCO₃ per drug chart IV x1
<p>Shock (S-168)</p>	<p><u>Cardiogenic Shock:</u></p> <ul style="list-style-type: none"> IV/IO fluid bolus per drug char MR if without rales
<p>Trauma (S-169):</p>	<p><u>Crush injury</u> with extended compression ≥ 2 hours of extremity or torso: Just prior to extremity being released:</p> <ul style="list-style-type: none"> IV fluid bolus per drug chart NaHCO₃ drug chart IV <p><u>Severe Respiratory Distress (with unilateral absent breath sounds AND BP < [70 + (2 x age)]</u> Needle thoracostomy</p> <p><u>Traumatic Arrest:</u> Consider pronouncement at scene</p>
<p>Pain Management (S-173):</p>	<p><u>For treatment of pain as needed with BP > 70+(2xage in years):</u></p> <ul style="list-style-type: none"> MS per drug chart MR IV/IM/PO
<p>GI/GU (S-174):</p>	<p><u>For nausea or vomiting in suspected head injury:</u></p> <ul style="list-style-type: none"> 6months -3 years of age Zofran: 2mg ODT/IV Greater than 3 years of age: Zofran 4mg ODT/IV

