

## ADULT SKILLS

### Cardioversion-Synchronized (after x3 BHPO)

Unconscious SVT

Unstable VT

Unconscious Atrial Fibrillation/Atrial Flutter with HR  $\geq$ 180

### Continuous Positive Airway Pressure

Age  $\geq$  15 years

Respiratory distress: CHF, COPD, asthma, pneumonia or drowning.

Moderate to severe respiratory distress. Retractions/accessory muscle use AND

RR  $\geq$ 25/min OR SpO<sub>2</sub> <94%

### Defibrillation

VT (pulseless)/ VF

Repeat prn

### External cardiac pacemaker

Unstable narrow complex bradycardia with pulse, refractory to Atropine

Wide complex bradycardia

### Glucose Monitoring

Hypoglycemia (suspected)

### Hemostatic Gauze

Life-threatening hemorrhage when tourniquet cannot be used or to supplement tourniquet.

### Indwelling Devices

Use pre-existing external indwelling vascular access devices as primary vascular access if needed for definitive therapy.

**Intraosseous Infusion:** Fluid/medication administration in **acute status** patient when needed for definitive therapy and unable to establish venous access.

### Intubate (ET/Stomal/ETAD/Perilaryngeal)

Apnea or ineffective respirations for unconscious adult patient or decreasing LOC.

### Magill Forceps with direct Laryngoscopy

Airway obstruction from foreign body with decreasing LOC or unconscious.

### Nasogastric/Orogastric Tube Insertion

Gastric distention interfering with ventilation.

### Needle Thoracostomy

Severe respiratory distress with unilateral, diminished breath sounds and systolic BP <90 in intubated or positive pressure ventilated patients.

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EMS Medical Director

**SUBJECT: TREATMENT PROTOCOL -- ALS ADULT STANDING ORDERS**

**Date: 7/1/2013**

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**Re-alignment of Fracture**

Grossly angulated long bone fracture with gentle unidirectional traction if necessary for splinting.

**Tourniquet**

Apply tourniquet in severely injured extremity when direct pressure or pressure dressing fails to control life-threatening hemorrhage. (attempt to control life-threatening hemorrhage with direct pressure or pressure dressing not required prior to tourniquet application in a mass casualty.)

**Valsalva Maneuver**

SVT.

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**MEDICATIONS**

MEDICATION	DOSAGE / ROUTE/ INDICATION
Albuterol	Burns (respiratory distress with bronchospasm). Respiratory distress ?non-cardiac. Allergic reaction in presence of respiratory distress. Suspected hyperkalemia in the symptomatic patient (widened QRS complex and peaked T-waves).
Adenosine	SVT with no history of bronchospasm or COPD.
Amiodarone	Stable Ventricular Tachycardia (VT).
ASA	Discomfort/Pain of suspected cardiac origin or discomfort/pain relieved with NTG SL (prior to arrival or EMS administered):
Atropine	Unstable Bradycardia. Organophosphate poisoning.
Atrovent	Respiratory distress ? Asthma/COPD/respiratory origin/pneumonia. Allergic reaction in presence of respiratory distress.
Benadryl	Extrapyramidal reactions Allergic reaction/anaphylaxis
CaCl <sub>2</sub>	Symptomatic patient with suspected hyperkalemia (widened QRS complex and peaked T-waves).
Charcoal	Oral ingestion of poison or overdose if ingestion within one hour for uncomplicated (multiple agents not ingested) ingestion of drug on the following list: Acetaminophen, colchicine, beta blockers, calcium channel blockers, salicylates, valproate, oral anticoagulants (including anticoag rodenticides), paraquat, amanita mushrooms (if not vomiting).
D <sub>50</sub>	Hypoglycemia: Symptomatic patient with Altered LOC unresponsive to oral glucose agents.
Epinephrine 1:10,000	Cardiac arrest.
Epinephrine 1:1,000	Allergic reaction: Acute (facial/oral angioedema, bronchospasm or wheezing) Anaphylaxis (shock or cyanosis) ?Respiratory Distress (?asthma/COPD/Respiratory origin/pneumonia), consider if severe or inadequate response to Albuterol/Atrovent and if no known cardiac history, history of hypertension, or BP <150 or <40 yrs and history of asthma.
Glucagon	Symptomatic patient with altered LOC unresponsive to oral glucose agents, if no IV.
Lidocaine	Stable VT reported/witnessed ≥ x2 AICD
Morphine	For treatment of pain as needed with systolic BP ≥ 100 Discomfort/pain of suspected cardiac origin where systolic BP ≥ 100

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MEDICATION	DOSAGE / ROUTE/ INDICATION
Narcan	Symptomatic ?opioid OD with respiratory rate <12 (use caution in opioid dependent pain management patients) to drive the respiratory rate.
NTG	Pain or discomfort of cardiac origin if BP $\geq$ 100. Respiratory distress ? CHF/cardiac origin. Fluid overload in hemodialysis patient.
Normal Saline	Definitive therapy Crush injury with extended compression $\geq$ 2 hours of extremity or torso. CVA: 250ml fluid bolus IV/IO with clear lungs to maintain BP >120 Symptomatic ? Stimulant Intoxication ?Intra-abdominal catastrophe ?aortic aneurysm Shock: hypovolemia Shock: anaphylaxis, neurogenic Shock: ?cardiac etiology, septic Trauma Discomfort/pain of ?cardiac origin with associated shock with clear lung sounds Dysrhythmias with clear lung sounds: Burns $\geq$ 20% 2 <sup>nd</sup> or $\geq$ 5% 3 <sup>rd</sup> degree and $\geq$ 15 yo
Ondansetron (Zofran)	Nausea or vomiting
Sodium Bicarbonate (NaHCO <sub>3</sub> )	Symptomatic patient with suspected hyperkalemia (widened QRS complex and peaked T-waves). ?Tricyclic OD with cardiac effects (hypotension, heart block or widened QRS).
Versed	Generalized seizure lasting $\geq$ 5" Recurrent tonic-clonic seizure without lucid interval. Eclamptic seizure. Pre-cardioversion for conscious VT. Excited Delirium Combative patient Discomfort associated with pacing. Conscious VT prior to synchronized cardioversion. External cardiac pacing.

Note: Maintain previously established, labeled IV solutions, medication delivery systems, and/or other treatment modalities at preset rates.

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