

PROTOCOL	INDICATION and TREATMENT
(continued)	<ul style="list-style-type: none"> Synchronized cardioversion MR prn
Unstable Atrial Fib/ Flutter (S-127)	In presence of ventricular response with heart rate ≥ 180 : Conscious: <ul style="list-style-type: none"> Versed 1-5 mg slow IV/IO prn pre-cardioversion. If age ≥ 60 consider lower dose with attention to age and hydration status Synchronized cardioversion at manufacturer's recommended energy dose MR x3. Unconscious: <ul style="list-style-type: none"> Synchronized cardioversion MR
V Tach (S-127)	<u>Ventricular Tachycardia (VT):</u> <ul style="list-style-type: none"> Amiodarone 150mg in 100ml of NS IV/IO MR x1 in 10" If patient unstable: Conscious (<u>Systolic BP<90 and chest pain, dyspnea or altered LOC</u>): <ul style="list-style-type: none"> Synchronized cardioversion MR Unconscious: <ul style="list-style-type: none"> Synchronized cardioversion MR
Pulseless Electrical Activity (PEA)/Asystole (S-127)	<u>Consider:</u> <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
Hemodialysis (S-131)	<u>If Unable & no other medication delivery route available:</u> <ul style="list-style-type: none"> Access Percutaneous Vas Catheter if present (aspirate 5mL PRIOR to infusion) OR <ul style="list-style-type: none"> Access graft/AV fistula
Poisoning/Overdose (S-134)	<u>Symptomatic Organophosphate poisoning:</u> <ul style="list-style-type: none"> Atropine 2mg IV/IM/SO MR q3-5" <u>Suspected cyanide poisoning:</u> If cyanide kit is available on site may administer if patient is exhibiting significant symptoms: <ul style="list-style-type: none"> Amyl Nitrate per inhalation (over 30 seconds) Sodium Thiosulfate 25%, 12.5grams IV OR <ul style="list-style-type: none"> Hydroxocobalamin (Cyanokit) 5mg IV

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	<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"
<p>Shock (S-138):</p>	<p><u>Shock (hypovolemic):</u> If BP refractory to fluid bolus:</p> <ul style="list-style-type: none"> • Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP > 90 <p><u>Shock: (anaphylactic, neurogenic):</u> If BP refractory to fluid boluses:</p> <ul style="list-style-type: none"> • Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP > 90 <p><u>Shock (? cardiac etiology):</u> If BP refractory to fluid bolus:</p> <ul style="list-style-type: none"> • Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP > 90
<p>Trauma (S-139):</p>	<p><u>Crush injury with extended compression > 2 hours of extremity or torso:</u> Just prior to extremity being released:</p> <ul style="list-style-type: none"> • NaHCO3 1mEq/kg IV/IO • CaCl2 250mg IV over 30 seconds <p><u>Traumatic Arrest:</u></p>

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SUBJECT: TREATMENT PROTOCOL – ADULT STANDING ORDERS FOR
COMMUNICATION FAILURE

Date: 07/01/2014

PROTOCOL	INDICATION and TREATMENT
	<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> <ul style="list-style-type: none">• Morphine MR 2-10mg IV to max of 20mg OR <ul style="list-style-type: none">• Morphine MR to max of 10mg IM OR <ul style="list-style-type: none">• Morphine MR to max of 30mg PO
Sepsis (S-143)	<u>?Sepsis:</u> If BP \geq 90 give 500ml fluid bolus IV/IO 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 \geq 90

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