PEDIATRIC SKILLS

Defibrillation
VF/VT (pulseless)

Glucose Monitoring
Hypoglycemia (suspected)

Indwelling Devices
Use pre-existing external indwelling vascular access devices as primary vascular access.

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

Intubate (ET/Stomal/ETAD)
When unable to adequately ventilate via BVM the unconscious apneic patient, or patient with ineffective respirations.
Newborn delivery when HR remains <60 bpm after 30 seconds of ventilation with 100% O_2.

Magill Forceps with Direct Laryngoscopy
Airway obstruction from foreign body with decreasing LOC or unconscious

Nasogastric/Orogastric Tube Insertion
Gastric distension interfering with ventilation

Re-alignment of Fracture
Grossly angulated long bone fracture with gentle unidirectional traction if necessary for splinting.

Removal of impaled objects
From face/cheek or neck if there is total airway obstruction.

Tourniquet
Severely injured extremity when direct pressure or pressure dressing fails to control life-threatening hemorrhage.
Direct pressure failure not required prior to tourniquet application in mass casualty.

All medications are per pediatric drug chart unless otherwise noted

MEDICATION	DOSAGE / ROUTE
Albuterol	Respiratory distress with bronchospasm. Allergic reaction in presence of respiratory distress. Burns (respiratory distress with bronchospasm).
Atropine	Symptomatic Organophosphate Poisoning. Unstable bradycardia.
Atrovent	Respiratory distress with bronchospasm. Via nebulizer added to **first** dose of Albuterol.
Benadryl	Allergic reaction. Anaphylaxis. Extrapyramidal reaction.
D_{25}	Hypoglycemia Symptomatic patient unresponsive to oral glucose agents.
Epinephrine 1:10,000	Cardiac arrest. Unstable bradycardia after 30 seconds of ventilation. Newborn delivery with HR <60 after 30 seconds of CPR.
Epinephrine 1:1000	?Allergic Reaction: acute (facial/cervical angioedema, bronchospasm or wheezing). Anaphylaxis (shock or cyanosis) Severe respiratory distress with bronchospasm or inadequate response to Albuterol. Respiratory distress with stridor at rest.
Glucagon	Symptomatic patient unresponsive to oral glucose agents: **If no IV**
Morphine	For treatment of pain as needed with systolic BP ≥ [70 +(2x age in years)]:
Narcan	Symptomatic ?opioid OD.
Normal Saline	Definitive therapy.
Versed	Seizure
Zofran	>1 year of age for nausea or vomiting. If suspected head injury BHPO.

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

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Approved:

EMS Medical Director