

### INTRODUCTION

These Protocols define the basic and advanced life support treatment and disposition standards for San Diego County.

1. These treatments are listed in sequential order for each condition.  
Adherence is recommended.  
All skills follow the criteria in the Skills List (**P-104**)
2. All treatments may be performed by the EMT (BLS treatments), AEMT and/or paramedic without an order EXCEPT for those stating "Base Hospital Order (BHO)" or "Base Hospital Physician Order (BHPO)".  
All treatments requiring an order are at the discretion of the Base Hospital providing medical direction. Standing orders may be implemented at the discretion of the field EMT/A-EMT/paramedic and may be continued following the initial notification.  
Once a complete patient report is initiated:
  - All BH orders supersede any standing orders except defibrillation and intubation.
  - ALL subsequent medication orders **MUST** be from that Base (**S-415**).
3. **BHPO (Base Hospital Physician Order)**: BHPOs may be relayed by the MICN.  
Physician must be in direct voice contact for communication with another physician on scene.
4. Abbreviations and definition of terms are attached.
5. All medications ordered are to be administered as described UNLESS there is a contraindication, allergy or change in condition.
6. Cardioversion when listed in the protocols is always synchronized.
7. Personal protective equipment must be used on all patient contacts per provider agency policy (S-009).
8. **PEDIATRIC SPECIAL CONSIDERATIONS**:
  - a. A pediatric patient is defined as appearing to be <15 yo.
  - b. Pediatric cardioversion is **CONTRAINDICATED** whenever the defibrillator unit is unable to deliver <5 joules/kg or equivalent biphasic.
  - c. Medications are determined by use of length based resuscitation tape; refer to the pediatric drug chart, P-117. Children  $\geq 37$  kg. use adult medication dosages regardless of age or height. Neonates involve the base physician.

---

Document revised 7/1/2013

Approved:



**EMS Medical Director**

RESOURCES AND REFERENCES USED:

Bledsoe et al. Essentials of Paramedic Care, Revised 2nd edition, Prentice-Hall 2010.

Broselow Pediatric Emergency Tape, Vital Signs, Inc., 2002.

Emergency Medicine: A Comprehensive Study Guide 7<sup>th</sup> edition, McGraw-Hill Professional; 2011.

Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, American Heart Association, 2010.

National Institute of Health. Infantile apnea and home monitoring. National Institutes of Health Consensus Development Conference Consensus Statement. Oct 1 1986;6(6):1-10

Pediatric Advanced Life Support, American Heart Association and American Academy of Pediatrics, Mary Fran Hazinski, Editor, Dallas, Texas, 2010

Pediatric Education for Prehospital Professionals, American Academy of Pediatrics, Jones and Bartlett, MA, 2006.

Pre-Hospital Trauma Life Support, 7<sup>th</sup> edition, Mosby, St. Louis, MO, 2010.

Sinert, Richard. Spektor, Mark. Clinical Assessment of Hypovolemia, Annals of Emergency Medicine, Volume 45, No. 3 March 2005.

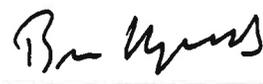
Haut et al. Prehospital Intravenous Fluid Administration is Associated With Higher Mortality in Trauma Patients: A National Trauma Data Bank Analysis. Annals of Surgery, Volume 253, Number 2, February 2011

APLS: The Pediatric Emergency Medicine Resource, ACEP. Revised 4<sup>th</sup> edition. Jones & Bartlett Publishers 2007.

---

Document revised 7/1/2013

Approved:



EMS Medical Director