COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
POLICY/PROCEDURE/PROTOCOL

No. P-111
Page: 1 of 7

SUBJECT: TREATMENT PROTOCOL - ADULT STANDING ORDERS FOR COMMUNICATION FAILURE

Date: 07/01/2018

When unable to communicate with BH while at scene/en route, IN ADDITION TO STANDING ORDERS, the following may be initiated without BH contact. **Maximum doses include standing order doses.**

PROTOCOL	INDICATION and TREATMENT
Allergic Reaction/ Anaphylaxis (S-122)	**Anaphylaxis (shock or cyanosis):** • Epinephrine 1:10,000 0.1 mg IV/IO. MR x2 q3-5 minutes • Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV drip. Titrate systolic BP ≥90
Discomfort/Pain of Suspected Cardiac Origin (S-126)	**If systolic BP ≥100:** Morphine Third IV/IM dose, if pain persists 5 minutes after IV morphine Or 15 minutes after IM morphine • Administer half of the initial morphine dose **OR** Fentanyl If < 65 years of age: 3rd IN dose 50mcg IN If ≥65 years of age: 3rd IN dose 25mcg IN **Special considerations:** 1. Change route of administration without BHO (e.g., IV to IM or IM to IN) 2. A change in analgesic while treating a patient without BHO(e.g., changing from morphine to fentanyl) **If systolic BP <100:** • NTG 0.4 mg SL MR Initial IV Dose • Morphine up to 0.05 mg/kg IV over 2 minutes Maximum for ANY IV dose is 10 mg Initial IM Dose • Morphine up to 0.05 mg/kg IM Maximum for ANY IM dose is 10 mg

PROTOCOL	INDICATION and TREATMENT
Discomfort/Pain of Suspected Cardiac Origin **(S-126) (continued)**	Second IV/IM dose, if pain persists 5 minutes after IV morphine Or 15 minutes after IM morphine • Administer half of the initial morphine dose Third IV/IM dose, if pain persists 5 minutes after IV morphine Or 15 minutes after IM morphine • Administer half of the initial morphine dose OR **If <65 years of age:** Titrate to pain and vital signs: • Fentanyl up to 50mcg IV x1 MR 25mcg IV q5 minutes x2 Maximum SO dose is 100mcg **OR** • Fentanyl 50mcg IN q15 minutes x2 • 3rd IN dose Fentanyl 50mcg IN **If ≥65 years of age:** Titrate to pain and vital signs: • Fentanyl 25mcg IV x1 MR 25mcg IV q5 minutes x2 Maximum SO dose is 75mcg **OR** • Fentanyl 25mcg IN q15 minutes x2 • 3rd IN dose Fentanyl 25mcg IN

PROTOCOL	INDICATION and TREATMENT
Discomfort/Pain of Suspected Cardiac Origin **(S-126) (continued)**	**Discomfort/Pain of ?Cardiac Origin with Associated Shock:** If BP refractory to fluid boluses: • Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP ≥90
Dysrhythmias **(S-127)** **Unstable Bradycardia**	**NARROW COMPLEX BRADYCARDIA** • Dopamine 400mg/250ml at 10-40 mcg/kg/min IV/IO drip, titrate to systolic BP ≥90 (after max Atropine or initiation of pacing) **WIDE COMPLEX BRADYCARDIA** • Dopamine 400mg/250ml at 10-40 mcg/kg/min IV/IO drip, titrate to systolic BP ≥90 (after initiation of pacing)
SVT **(S-127)**	**Patients with history of bronchospasm or COPD** • Adenosine 6 mg rapid IV, followed with 20 ml NS IV/IO • Adenosine 12 mg rapid IV followed with 20 ml NS IV/IO • If no sustained rhythm change, MR x1 in 1-2 minutes. **If patient unstable OR rhythm refractory to treatment:** **Conscious (BP <90 systolic and chest pain, dyspnea or altered LOC):** • Versed 1-5 mg slow IV/IO prn precardioversion. If age ≥60, consider lower dose with attention to age and hydration status. • Synchronized cardioversion at manufacturer's recommended energy dose MR x3 **Unconscious:** • Synchronized cardioversion MR prn
Unstable Atrial Fib/ Flutter **(S-127)**	In presence of ventricular response with heart rate ≥180: **Conscious:** • 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:** • Synchronized cardioversion MR

PROTOCOL	INDICATION and TREATMENT
V Tach (S-127)	**Ventricular Tachycardia (VT):** • Amiodarone 150 mg in 100 ml of NS IV/IO MR x1 in 10 minutes **If patient unstable:** **Conscious (Systolic BP <90 and chest pain, dyspnea or altered LOC):** • Synchronized cardioversion MR **Unconscious:** • Synchronized cardioversion MR
Pulseless Electrical Activity (PEA)/Asystole (S-127)	**Consider:** • If response to treatment noted, continue treatment and transport. • If no response after 3 doses of Epinephrine, d/c resuscitative efforts.
Hemodialysis (S-131)	**If unable & no other medication delivery route available:** • Access percutaneous vascular catheter if present (aspirate 5 mL PRIOR to infusion) **OR** • Access graft/AV fistula
Poisoning/Overdose (S-134)	**Symptomatic Organophosphate poisoning:** • Atropine 2 mg IV/IM/SO MR q3-5 minutes **Suspected cyanide poisoning:** If cyanide kit is available on site may administer if patient is exhibiting significant symptoms: • Amyl Nitrate per inhalation (over 30 seconds) • Sodium Thiosulfate 25%, 12.5 grams IV **OR** • Hydroxocobalamin (Cyanokit) 5 mg IV **Excited Delirium:** • 500 ml fluid bolus IV/IO MR

PROTOCOL	INDICATION and TREATMENT
Pre-existing Medical Intervention (S-135)	**Previously established electrolyte and/or glucose containing IV solutions:** Adjust rate or D/C **Previously established and labeled IV medication delivery systems with preset rates and/or other preexisting treatment modalities:** D/C prn **If no medication label or clear identification of infusing substance:** D/C
Respiratory Distress (S-136)	**Respiratory Distress ?CHF/Cardiac Origin** **If systolic BP <100:** • NTG 0.4 mg SL MR **If severe respiratory distress or inadequate response to Albuterol/Atrovent consider:** If no definite history of asthma: • Epinephrine 0.3 mg 1:1000 IM, MR x2 q5 minutes
Shock (S-138)	**Shock (suspected cardiac etiology):** If BP refractory to fluid bolus: • Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP >90 **Shock: (anaphylactic, neurogenic):** If BP refractory to fluid boluses: • Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP >90 **Shock (?cardiac etiology):** If BP refractory to fluid bolus: • Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP >90
Trauma (S-139)	**Crush injury with extended compression >2 hours of extremity or torso:** Just prior to extremity being released: • NaHCO3 1 mEq/kg IV/IO • CaCl2 500 mg IV over 30 seconds

PROTOCOL	INDICATION and TREATMENT
Pain Management (S-141)	**For treatment of pain as needed with systolic BP >100:** Third IV/IM dose, if pain persists 5 minutes after IV morphine Or 15 minutes after IM morphine Administer half of the initial morphine dose OR Fentanyl If < 65 years of age: 3rd IN dose 50mcg IN If ≥65 years of age: 3rd IN dose 25mcg IN **Treatment of pain if systolic BP <100** Initial IV Dose • Morphine up to 0.05 mg/kg IV over 2 minutes Maximum for ANY IV dose is 10 mg Initial IM Dose • Morphine up to 0.05 mg/kg IM Maximum for ANY IM dose is 10 mg Second IV/IM dose, if pain persists 5 minutes after IV morphine Or 15 minutes after IM morphine • Administer half of the initial morphine dose Third IV/IM dose, if pain persists 5 minutes after IV morphine Or 15 minutes after IM morphine • Administer half of the initial morphine dose OR If <65 years of age: Titrate to pain and vital signs: • Fentanyl up to 50mcg IV x1 MR 25mcg IV q5 minutes x2 Maximum SO dose is 100mcg OR

PROTOCOL	INDICATION and TREATMENT
Pain Management (S-141) continued	• Fentanyl 50mcg IN q15 minutes x2 3rd IN dose Fentanyl 50mcg IN If ≥65 years of age: Titrate to pain and vital signs: • Fentanyl 25mcg IV x1 MR 25mcg IV q5 minutes x2 Maximum SO dose is 75mcg OR • Fentanyl 25mcg IN q15 minutes x2 3rd IN dose Fentanyl 25mcg IN **Special considerations:** 1. Change route of administration without BHO (e.g., IV to IM or IM to IN) 2. A change in analgesic while treating a patient without BHO (e.g., changing from morphine to fentanyl)
Sepsis (S-143)	**?Sepsis:** If BP refractory to fluid bolus: • Dopamine 400mg/250ml @ 10-40 mcg/kg/min IV/IO drip. Titrate BP ≥90