

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

No. P-112
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SUBJECT: TREATMENT PROTOCOL -
ALS PEDIATRIC STANDING ORDERS

Date: 07/01/2018

PEDIATRIC SKILLS

Defibrillation

VF/VT (pulseless)

Glucose Monitoring

Hypoglycemia (suspected)

Hemostatic Gauze

Life-threatening hemorrhage in the trauma patient when tourniquet cannot be used or to supplement tourniquet

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

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

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All medications are per pediatric drug chart unless otherwise noted

MEDICATION	DOSAGE / ROUTE
Acetaminophen	For treatment of pain as needed
Amiodarone	VF/Pulseless VT after 1 st shock if still refractory
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 Extrapiramidal reaction
D ₁₀	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

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MEDICATION	DOSAGE / ROUTE
Fentanyl Citrate	For treatment of pain as needed with signs of adequate perfusion
Glucagon	Symptomatic patient unresponsive to oral glucose agents: If no IV
Lidocaine	VF/Pulseless VT after 1 st shock if still refractory
Morphine Sulfate	For treatment of pain as needed with signs of adequate perfusion
Naloxone	Symptomatic ?opioid OD
Normal Saline	Definitive therapy
Versed	Seizure
Zofran	>6months 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.