

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

No. P-113  
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SUBJECT: TREATMENT PROTOCOL -  
 PEDIATRIC 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.**

**All medications are per pediatric drug chart unless otherwise noted.**

PROTOCOL	INDICATION and TREATMENT
<b>Altered Neurological Function (S-161)</b>	<u>Symptomatic ?opioids OD in opioid dependent pain management patients:</u> <ul style="list-style-type: none"> <li>• Narcan titrate per drug chart IV/IN/IM MR</li> </ul>
<b>Allergic Reaction/ Anaphylaxis (S-162)</b>	<u>Anaphylaxis (shock or cyanosis):</u> <ul style="list-style-type: none"> <li>• Epinephrine 1:10,000 per drug chart IV/IO. MR x2 q3-5 minutes</li> </ul>
<b>Dysrhythmias Unstable Bradycardia (S-163)</b>	<u>Heart rate:</u> Infant/Child (<9 yrs) <60bpm Child (9-14yrs) <40bpm <ul style="list-style-type: none"> <li>• Epinephrine 1:10,000 per drug chart IV/IO MR q3-5 minutes</li> </ul>
<b>Supraventricular Tachycardia (S-163)</b>	<4yrs ≥220bpm ≥4yrs ≥180bpm <ul style="list-style-type: none"> <li>• Adenosine per drug chart rapid IV - follow with 20 ml NS IVP</li> <li>• Adenosine per drug chart rapid IV - follow with 20 ml NS IVP</li> <li>• If no sustained rhythm change, MR x1 <u>BHPO</u></li> </ul> Versed per drug chart slow IV prn pre-cardioversion Synchronized cardioversion per drug chart. MR per drug chart
<b>VF/Pulseless VT (S-163)</b>	<u>Once IV/IO established, if no pulse after rhythm/pulse check:</u> <ul style="list-style-type: none"> <li>• Epinephrine 1:10,000 per drug chart IV/IO MR q3-5 minutes</li> </ul>
<b>Pulseless Electrical Activity (PEA) / Asystole (S-163)</b>	<u>Once IV/IO established, if no pulse after rhythm/pulse check:</u> <ul style="list-style-type: none"> <li>• Epinephrine 1:10,000 per drug chart IV/IO MR q3-5 minutes</li> </ul>

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<p><b>Poisoning/OD</b>  <b>(S-165)</b></p>	<p><u>Symptomatic ?opioid OD in opioid dependent pain management patients:</u></p> <ul style="list-style-type: none"> <li>• Narcan titrate per drug chart direct IV or IM <u>SO</u>. MR</li> </ul> <p><u>Symptomatic organophosphate poisoning:</u></p> <ul style="list-style-type: none"> <li>• Atropine per drug chart IV/IM/IO. MR q3-5 minutes prn</li> </ul> <p><u>?Tricyclic OD with cardiac effects (hypotension, heart block, widened QRS):</u></p> <ul style="list-style-type: none"> <li>• NaHCO<sub>3</sub> per drug chart IV x1</li> </ul>
<p><b>Shock</b>  <b>(S-168)</b></p>	<p><u>Cardiogenic Shock:</u></p> <ul style="list-style-type: none"> <li>• IV/IO fluid bolus per drug chart MR if without rales</li> </ul>
<p><b>Trauma</b>  <b>(S-169)</b></p>	<p><u>Crush injury with extended compression ≥2 hours of extremity or torso:</u>  <u>Just prior to extremity being released:</u></p> <ul style="list-style-type: none"> <li>• IV fluid bolus per drug chart</li> <li>• NaHCO<sub>3</sub> drug chart IV</li> </ul> <p><u>Severe Respiratory Distress (with unilateral absent breath sounds AND signs of inadequate perfusion: Needle thoracostomy</u></p>
<p><b>Pain Management</b>  <b>(S-173)</b></p>	<p><u>For treatment of pain as needed with signs of adequate perfusion :</u></p> <ul style="list-style-type: none"> <li>• MS per drug chart MR IV/IM</li> <li>• &lt;10 kg Fentanyl IV/IN per drug chart, MR per drug chart</li> <li>• ≥10 kg Fentanyl IV/IN per drug chart, MR per drug chart</li> </ul> <p><b><u>Special Considerations:</u></b></p> <ol style="list-style-type: none"> <li>1. Change in route of administration without BHO (e.g., IV to IM or IM to IN)</li> <li>2. A change in analgesic while treating a patient without BHO (e.g., changing from morphine to fentanyl)</li> </ol>
<p><b>GI/GU</b>  <b>(S-174)</b></p>	<p><u>For nausea or vomiting in suspected head injury:</u></p> <ul style="list-style-type: none"> <li>• 6 months - 3 years of age: Zofran 2 mg ODT/IV</li> <li>• Greater than 3 years of age: Zofran 4 mg ODT/IV</li> </ul>