

planned a course of action. Document a normal examination and call Medical Control for patient refusal.

ALTERED LEVEL OF CONSCIOUSNESS

Search for history of insulin dependent diabetes, other metabolic medical problems, trauma, ingestions, fever, or hypothermia.

POISONING: SEE ADULT SECTION.

SHOCK

Various etiologies: Trauma (hemorrhagic), hypovolemic (diarrhea/dehydration), septic shock, cardiogenic shock from congenital heart disease.

PEDIATRIC/ NEONATAL STANDARDS

<u>AGE</u>	<u>HEART RATE/MIN</u>	<u>RESPIRATORY RATE/MIN</u>
Newborn	120 (70-180)	30 (30-60)
1 - 2 Years	120 (80-180)	27 (26-34)
2 - 4 Years	110 (80-140)	24 (20-30)
4 - 8 Years	100 (80-120)	22 (18-26)
8 - 12 Years	90 (70-110)	22 (15-24)

BLOOD PRESSURE

(* Never inflate over 200 mmHg.)

(* A convenient formula is: $2 \times \text{age in years} + 70 = \text{Systolic}$)

WEIGHT

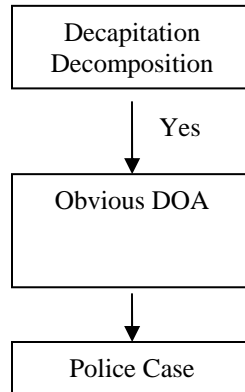
(* A convenient formula is: $8 + \{ 2 \times \text{age in years} \} = \text{Weight}$)

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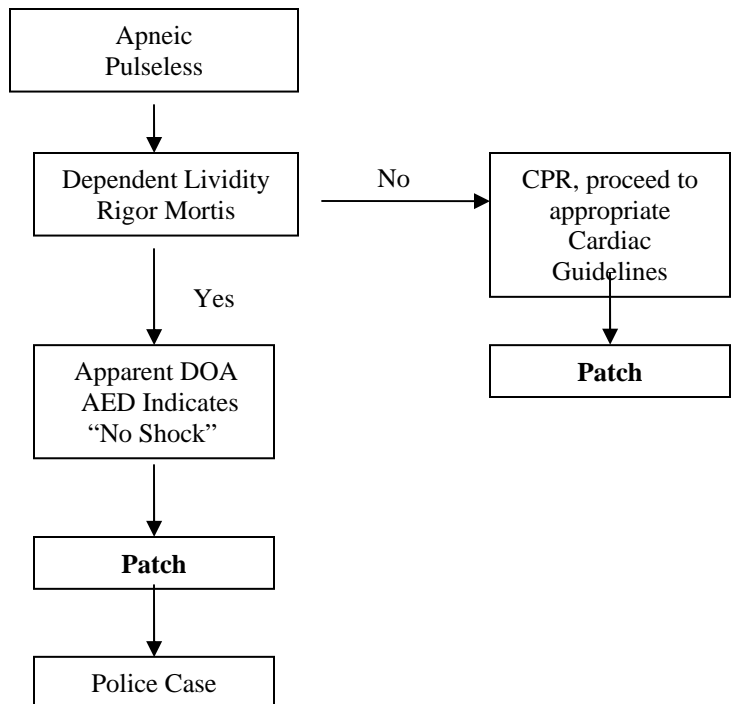
DEAD ON ARRIVAL

Divided into two categories: Obvious and Apparent, based on findings.

Obvious DOA Category (2)



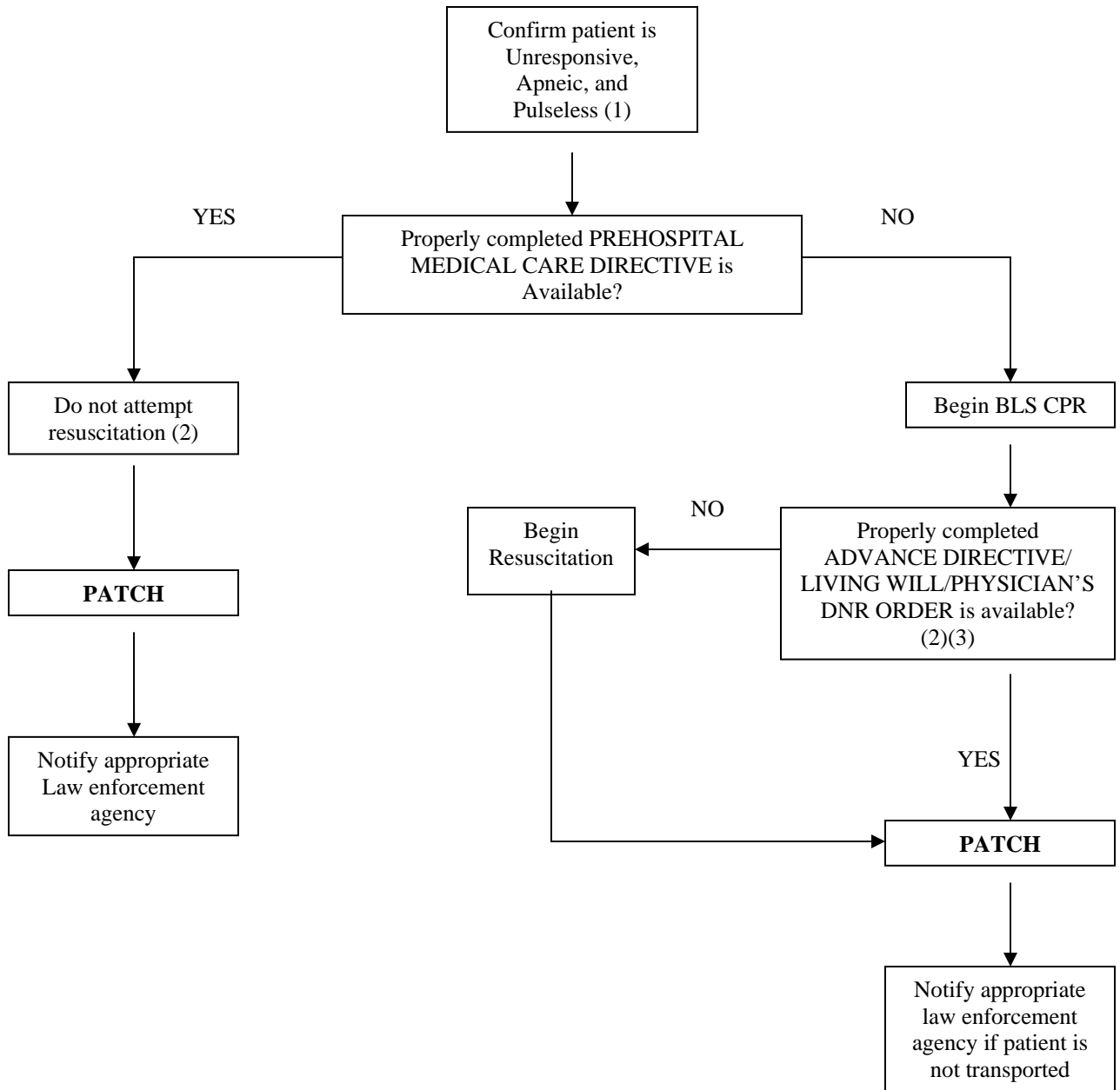
Apparent DOA Category (2)



- (1) In situations where hypothermia may be a consideration, hypothermia guidelines should be followed, and Medical Control input sought
- (2) These categories are for the purpose of delineating two different levels and actions based on those assessments not for documentation purposes.

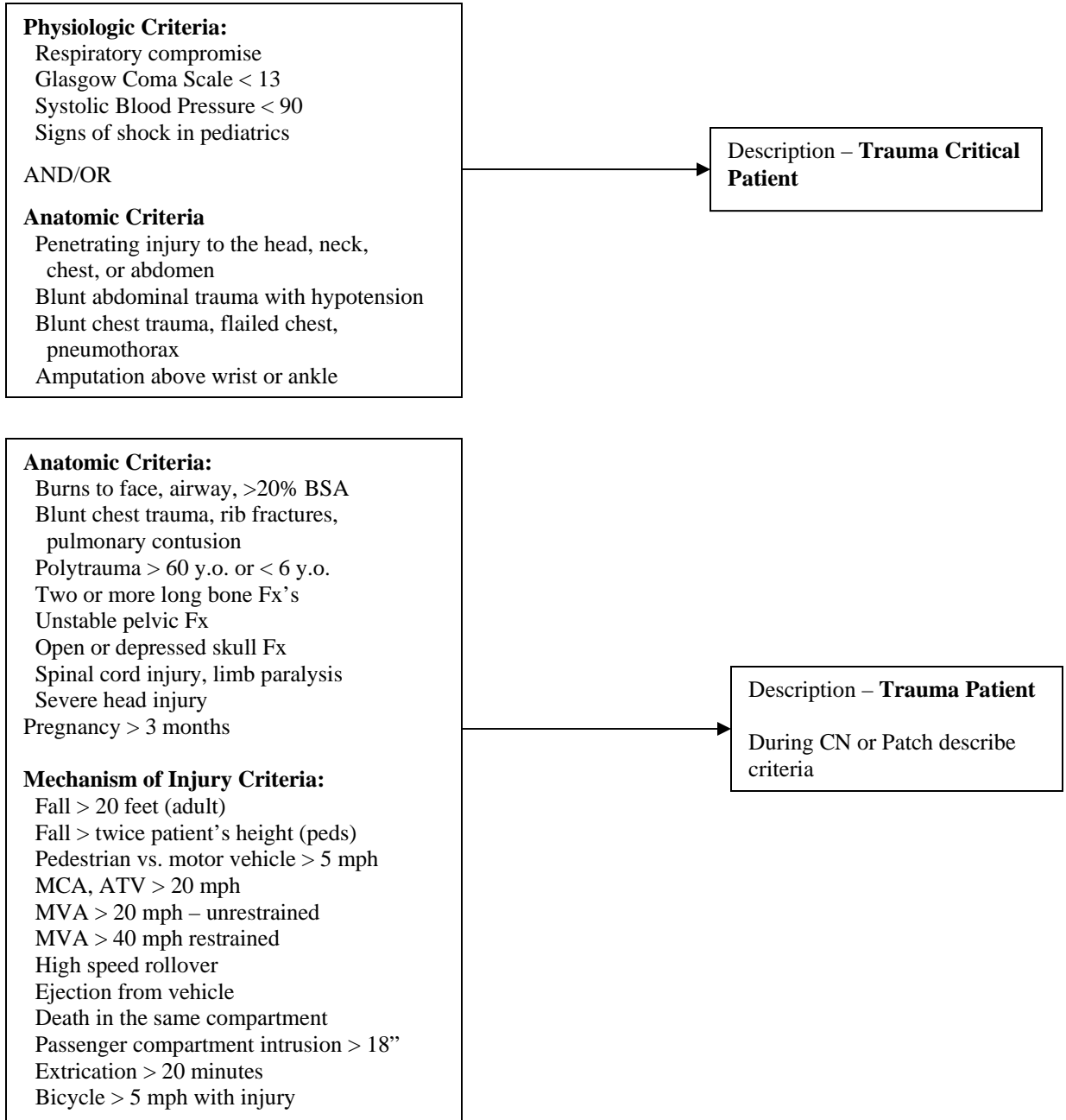
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DO NOT ATTEMPT RESUSCITATION ORDERS



- (1) It is not the intent of advance directives to deny treatment of other medical conditions not related to the terminal illness, pain medication, or other supportive care.
- (2) If patients relatives are present and are indicating they want resuscitation attempted, in the presence of advance directives, begin basic CPR and patch for Medical Control input.
- (3) If patient is in a healthcare facility or is being transported interfacility with a physician's DNR in place it is not necessary to begin CPR.

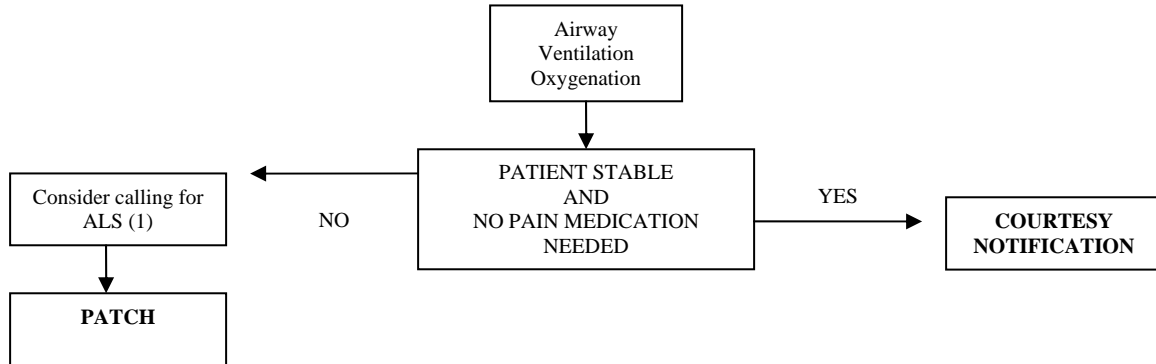
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TRAUMA DESIGNATION (1)(2)
(Only applies to patients being transported to FMC)



- (1) This guideline is for the purpose of having consistent criteria for communication between Prehospital Providers and Emergency Departments so that appropriate staff is available at the receiving facility.
- (2) Some receiving hospital may not use this terminology.

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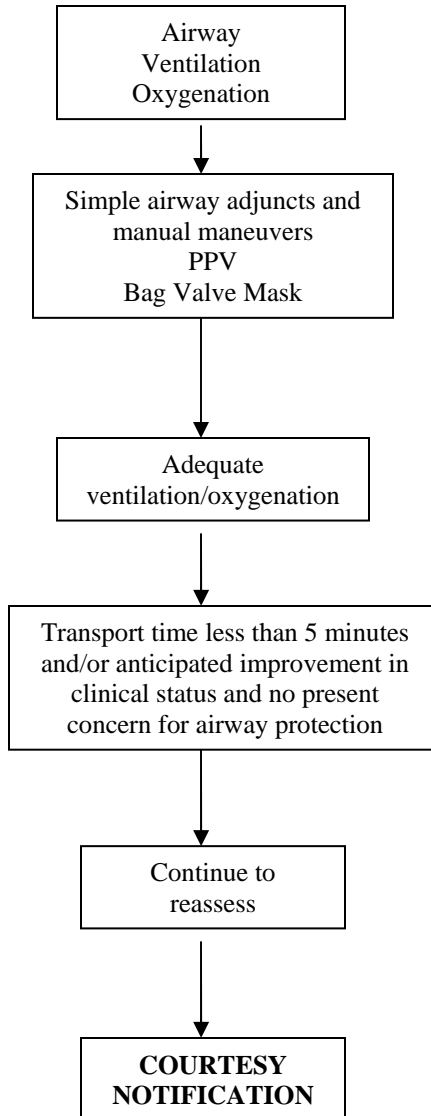
ADULT ABDOMINAL PAIN, NON-TRAUMATIC



(1) PASG is a class I recommendation for hypovolemia due to ruptured abdominal aortic aneurysm.

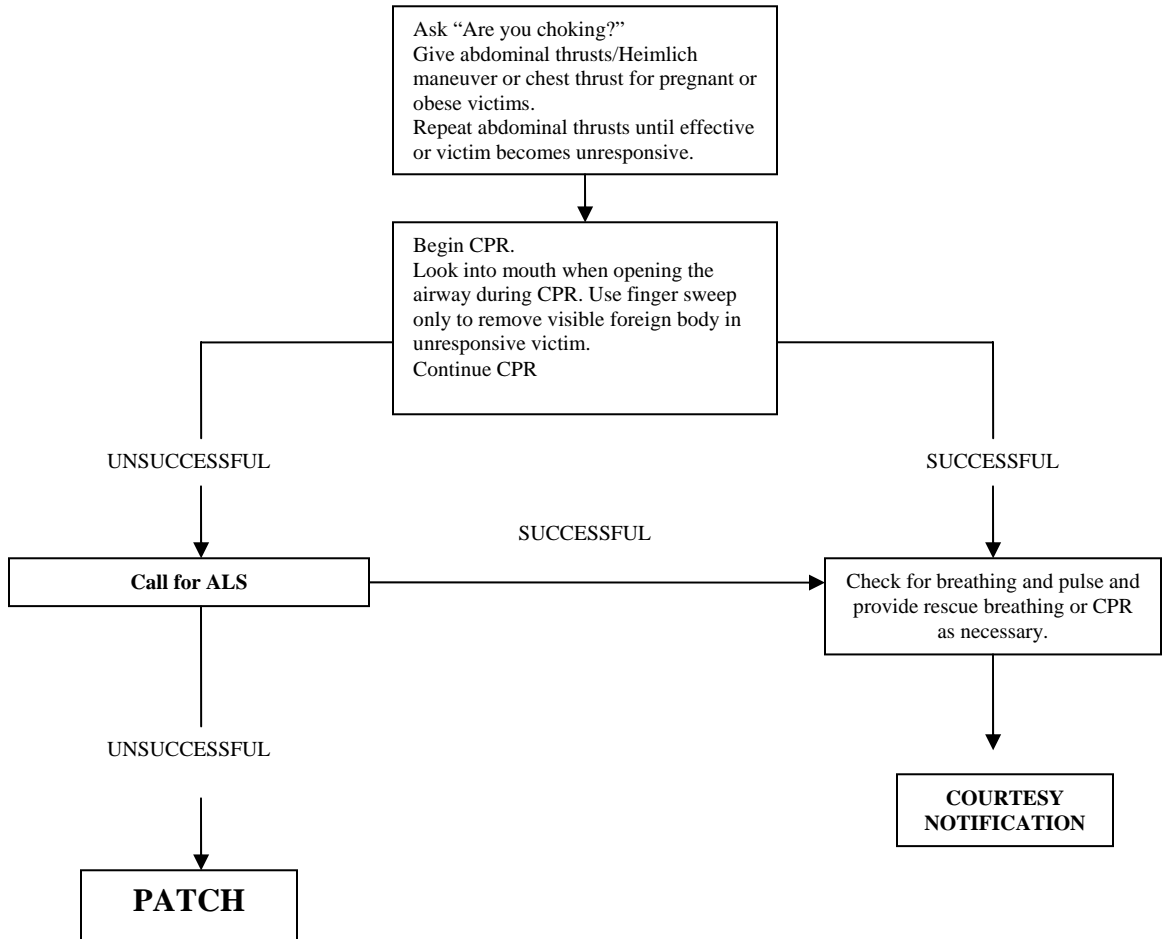
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ADULT AIRWAY Airway Compromise



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ADULT AIRWAY Obstructed

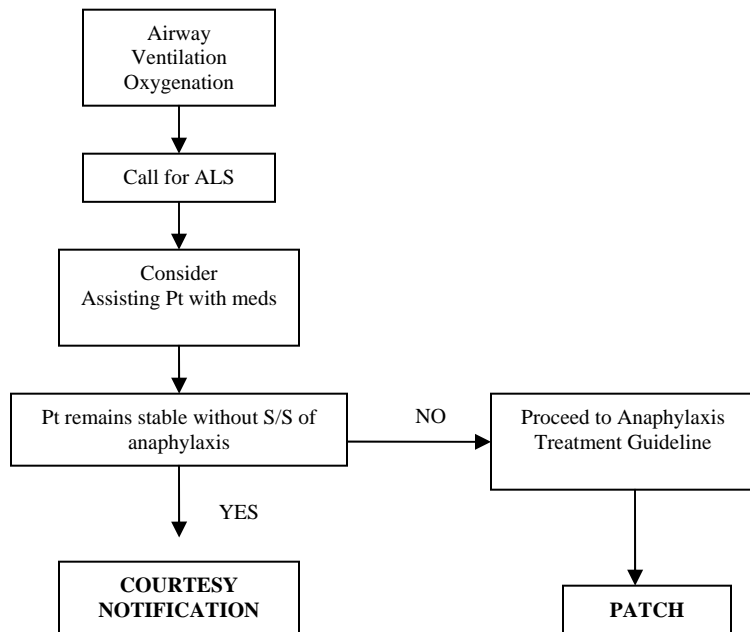


(1) Chest thrusts if patient is obese or pregnant.

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ADULT ALLERGIC REACTION

Applies to patient presenting with systemic allergic reaction e.g. diffused urticaria, angioedema (edema of deep dermis layers), abdominal cramping, nausea or vomiting without anaphylaxis.

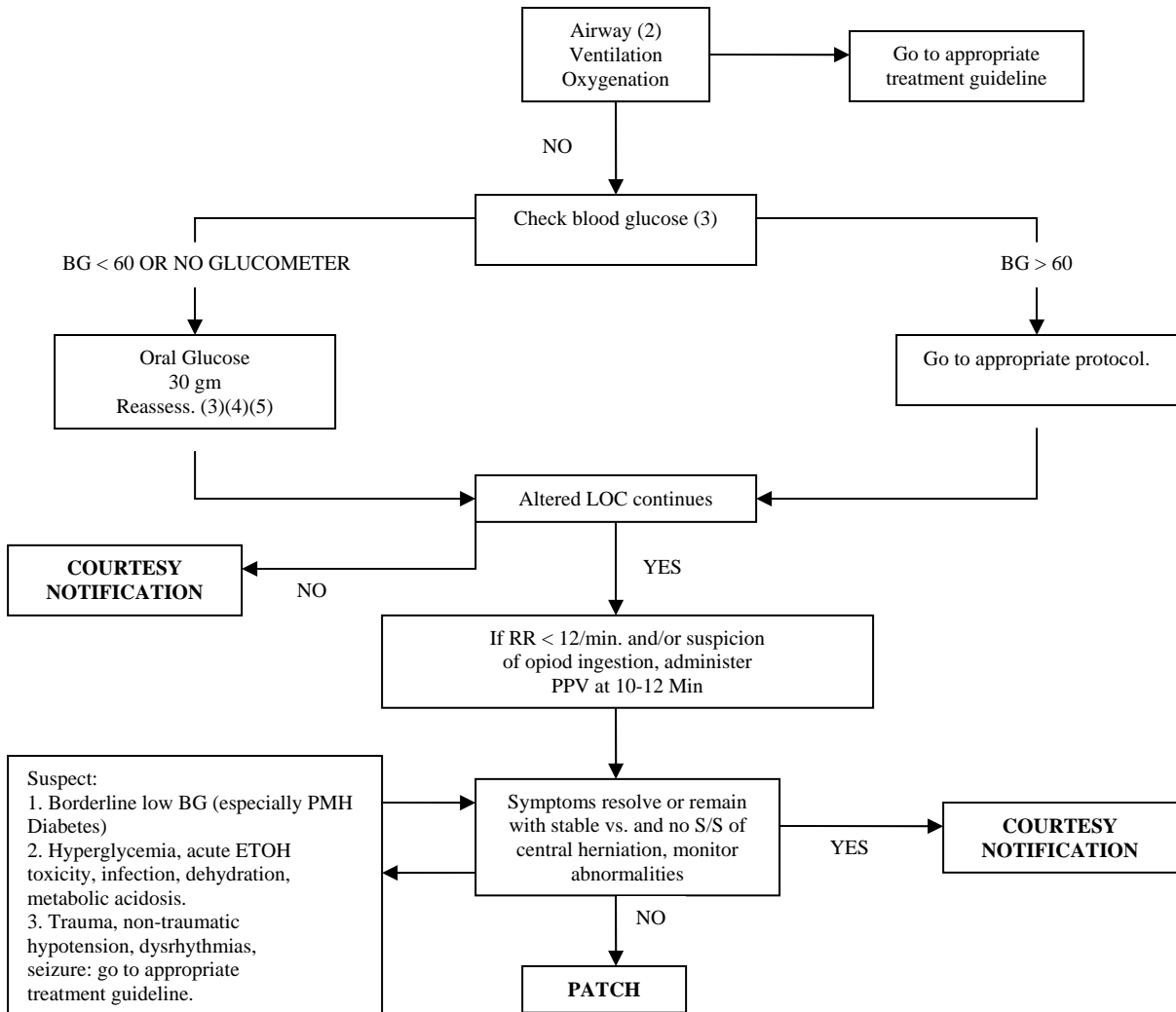


- (1) Only use for severe cases
- (2) Consider acuity of onset of symptoms and history of prior anaphylactic reaction.
- (3) Assist patient with his/her epi pen or use the epi pen from drug box if trained.

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ADULT ALTERED LEVEL OF CONSCIOUSNESS

GCS of 14 or < psychotic or combative behavior, the post seizure patient, the near/post syncope patient, or any patient with history of ALOC as a part of current event. (1)

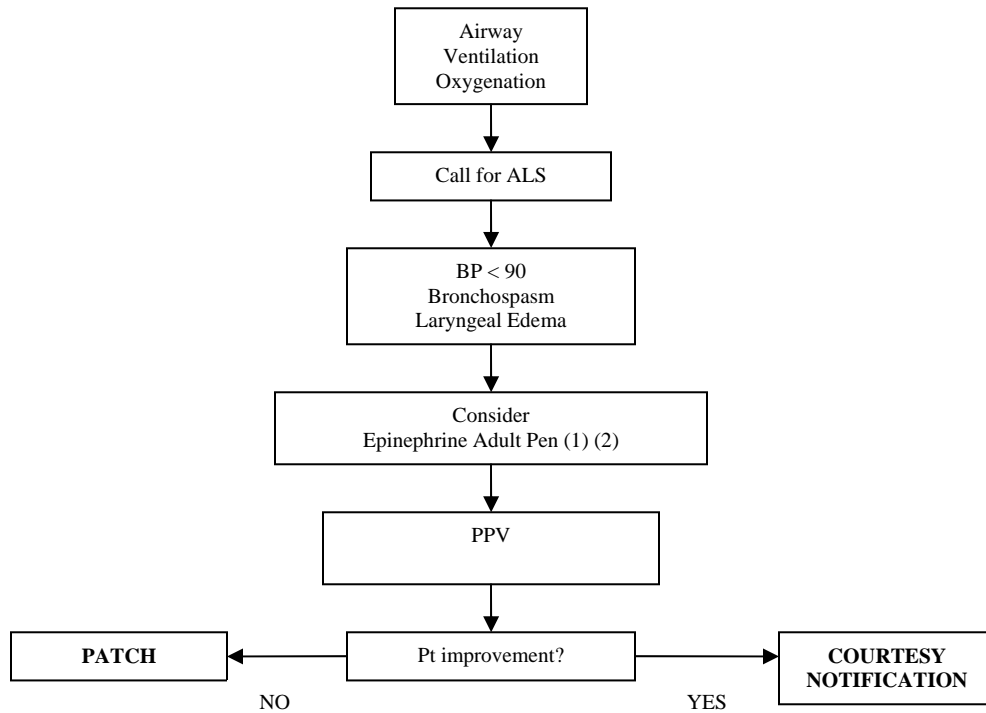


- (1) Utilize information obtained from family, bystanders, friends, or other health care workers.
- (2) If hypoglycemia or opiate OD suspected, BLS airway management may be sufficient until response to Dextrose.
- (3) If no change in LOC, repeat Glucose
- (4) Patient should be awake & conscious & able to maintain own airway prior to administration of oral glucose.
- (5) Patient must be able to protect their own airway-I.E. Conscious-Awake.

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ADULT ANAPHYLAXIS

Applies to patient presenting with allergic reaction and with signs and symptoms of airway, respiratory or circulatory compromise (laryngeal edema, bronchospasm, or hypotension).

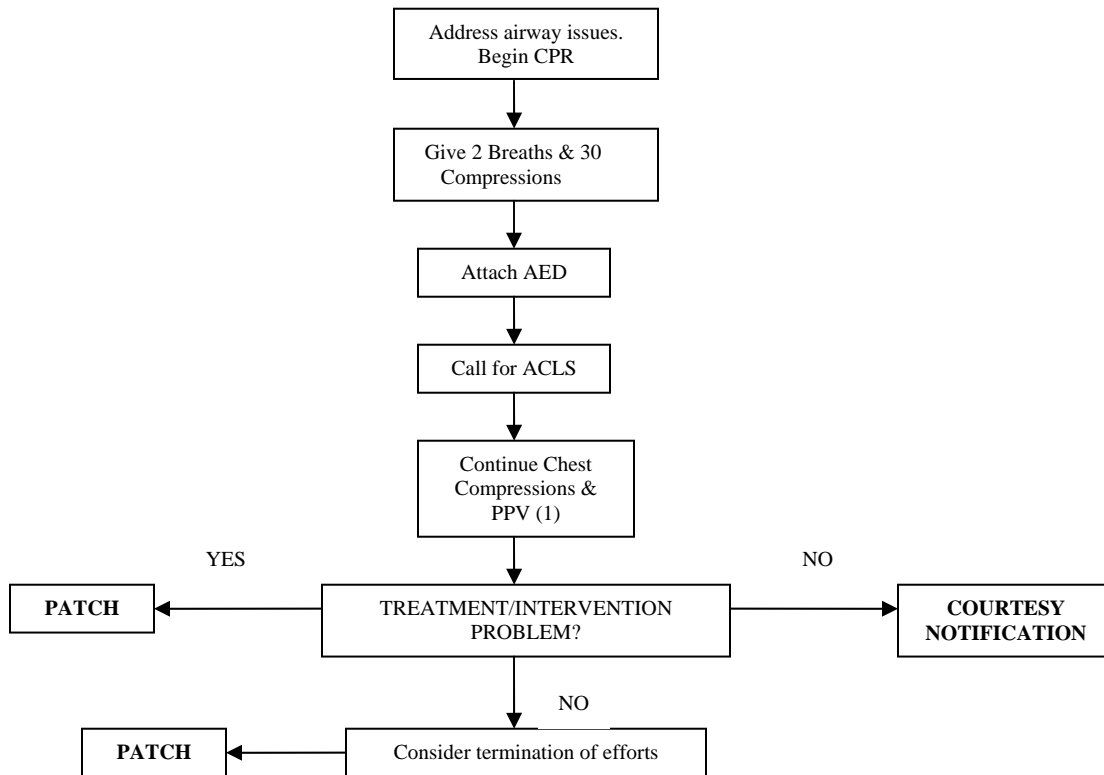


- (1) If prolonged transport consider repeat use of Epinephrine q 15 minutes. Medical Control input should be obtained, if possible.
- (2) Assist patient with his/her epi pen or use the epi pen from drug box if trained.

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ADULT CARDIOPULMONARY ARREST

If history or evidence of trauma, proceed to Trauma Treatment Guideline



1. Continue BLS protocol = analyzing/shocking as indicated after every 5 cycles of CPR.

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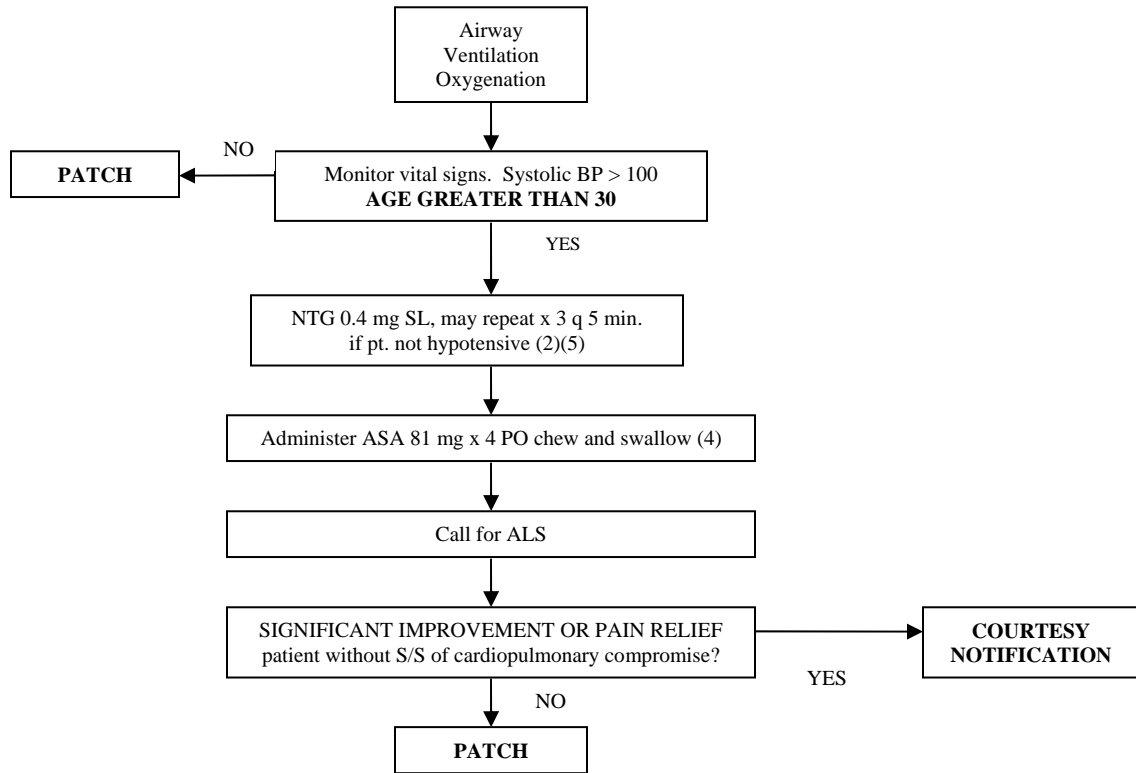
ADULT BRADYCARDIA, UNSTABLE (1)

Heart rate <60 minute with accompanying signs/symptoms of hemodynamic compromise,
i.e., chest pain, hypotension.

If history/evidence of trauma, procee

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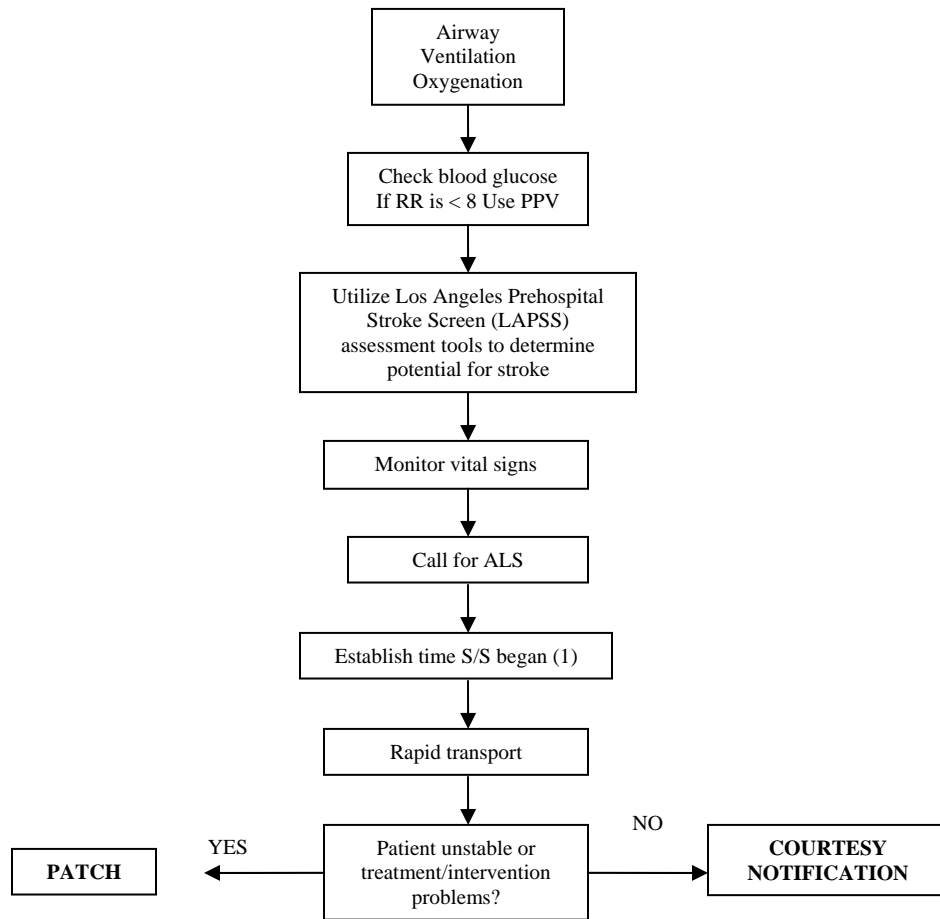
ADULT CHEST PAIN SUGGESTIVE OF CARDIAC ORIGIN Chest Pain suggestive of possible myocardial ischemia (1)



- (1) Indications of chest pain suggestive of possible myocardial ischemia include: Description of crushing, squeezing, pressure, burning, tightness, diaphoresis, nausea/vomiting, apprehension, radiation, age > 30, **associated cardiac risk factors**.
- (2) Repeat vital signs and lung auscultation before and after administration of NTG. Consider prior NTG use. If pain reoccurs and is not refractory to NTG, repeat NTG 0.4 mg SL q 5 minutes as needed for pain relief, maintaining BP > 100.
- (3) Nitroglycerin is contraindicated in patients that have taken Viagra (sildenafil) or similar medications in the previous 24 hours.
- (4) Contraindication to ASA is: 1) Allergy to ASA.
- (5) May only assist Pt with own NTG only.

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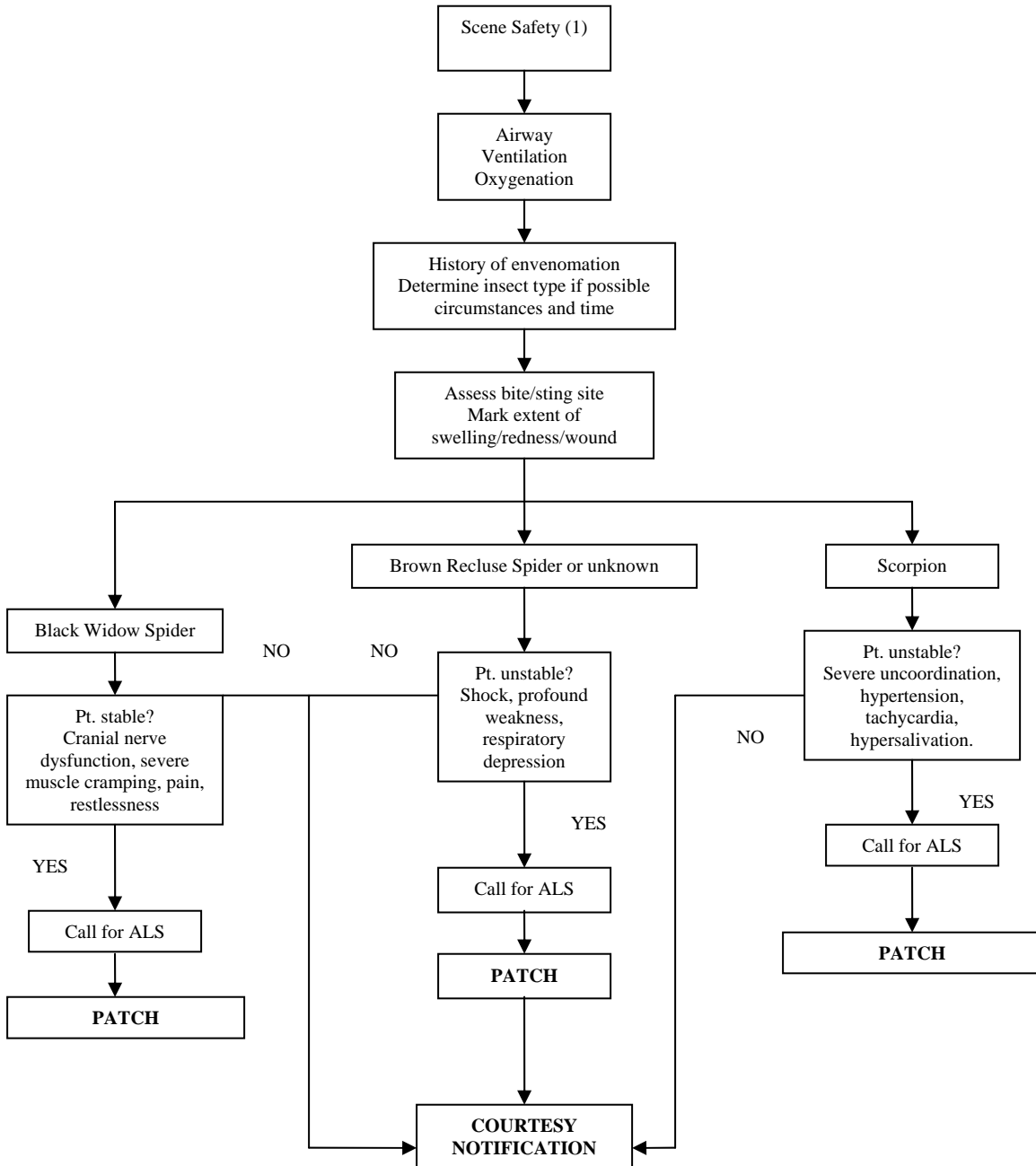
ADULT CEREBRAL VASCULAR ACCIDENT – STROKE



- (1) Establishing time signs and symptoms began is critical. If patient awoke from sleep with S/S it is also important to determine how long patient was asleep. Patients with ischemic strokes < 3 hours old may be candidates for TPA therapy.

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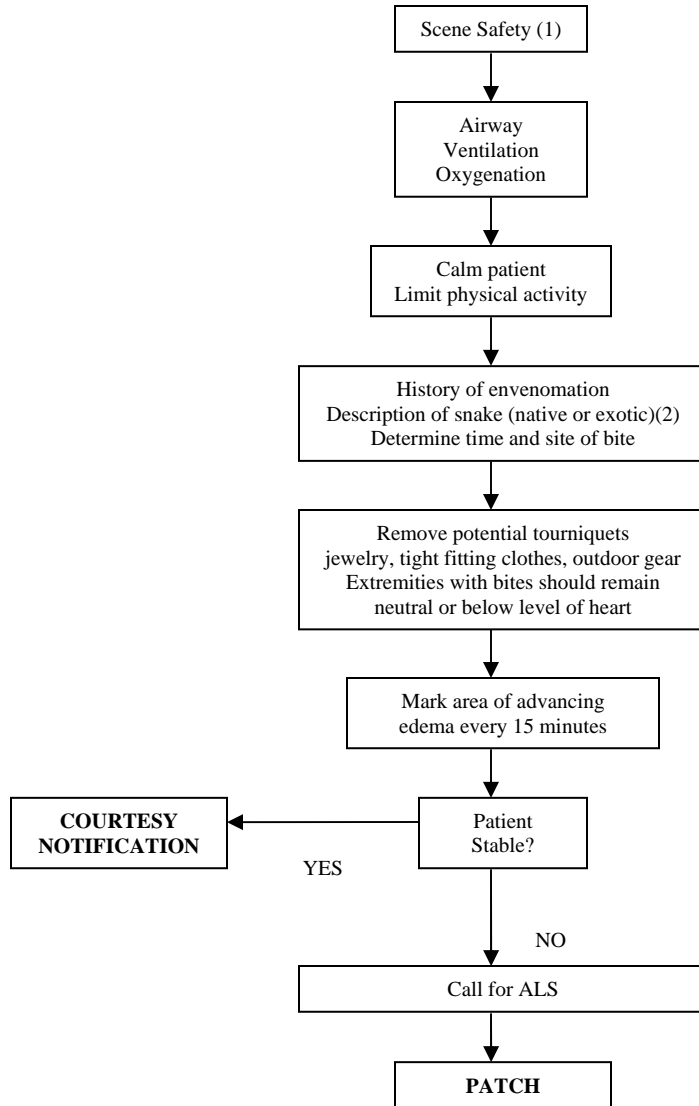
ADULT ENVENOMATION – ARACHNIDS



(1) Attempts to kill or capture insect or bring to ED are not recommended.

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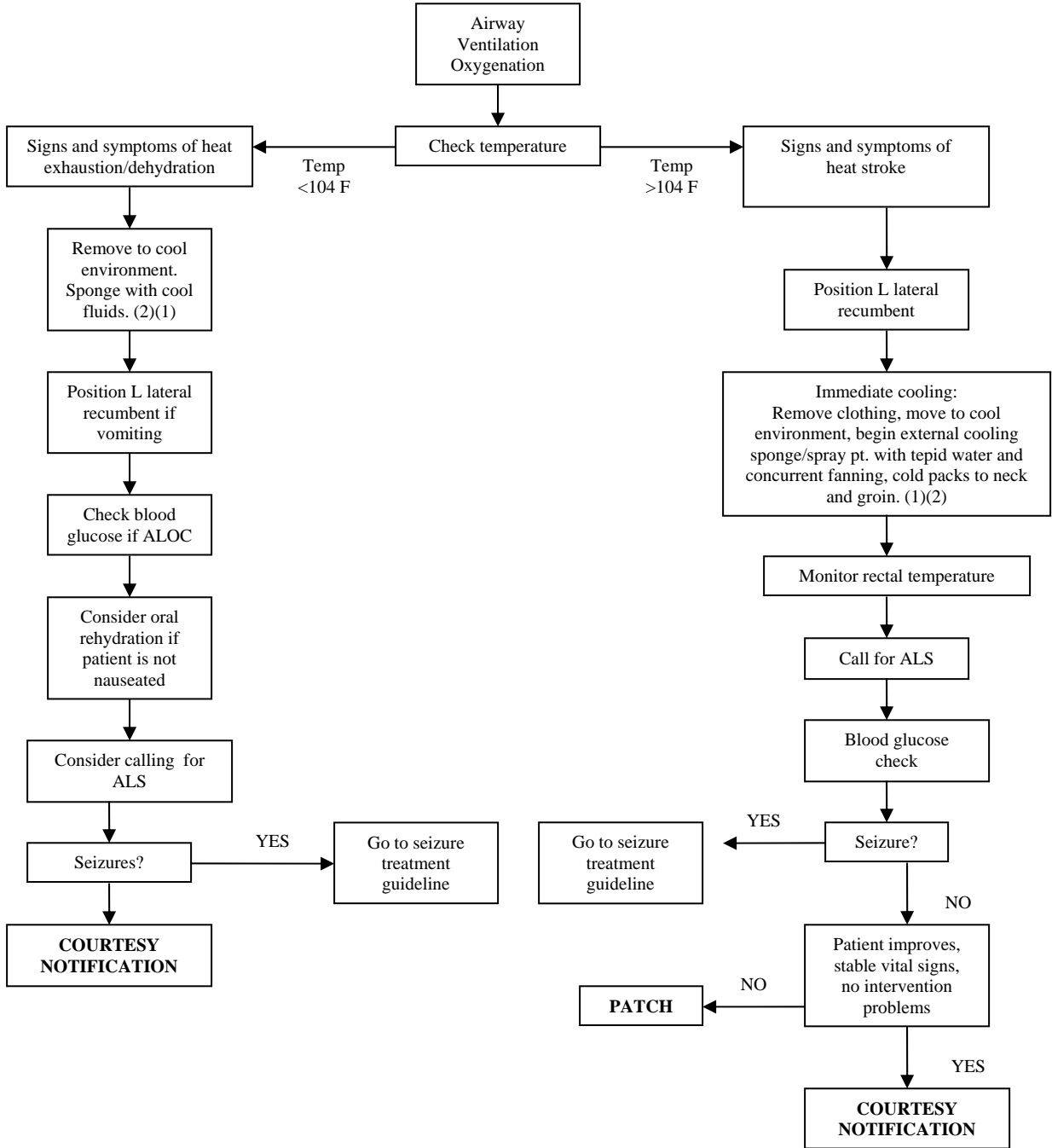
ADULT ENVENOMATION – SNAKE BITE



- (1) Attempts to kill or capture the snake or bring dead animal to ED are not recommended.
- (2) Many exotic snakes are neurotoxic so respiratory status must be monitored carefully.

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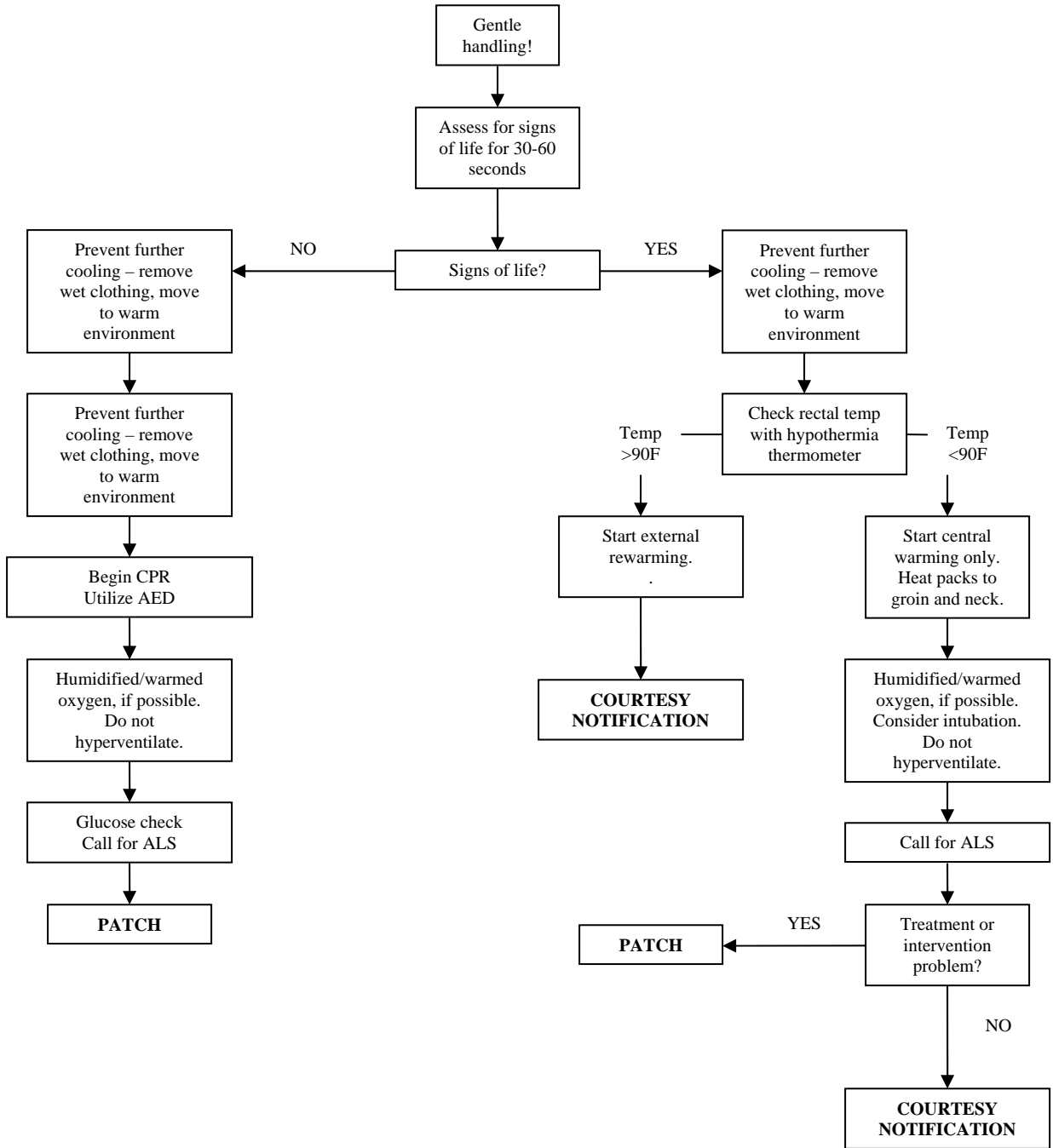
ADULT ENVIORNMENTAL – HEAT RELATED



- (1) Do not cool below 102 degrees F.
- (2) Do not over cool and cause shivering and reoccurring heat buildup.

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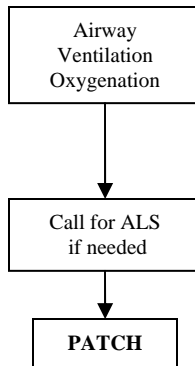
ADULT ENVIRONMENTAL – HYPOTHERMIA



1. Follow 2005 AHA Guidelines – recommendation is for 1 shock.

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ADULT HYPERTENSIVE CRISIS (1)(2)



- (1) Hypertension is generally not treated in the field.
- (2) BP should be checked at least 3 times to establish criteria.

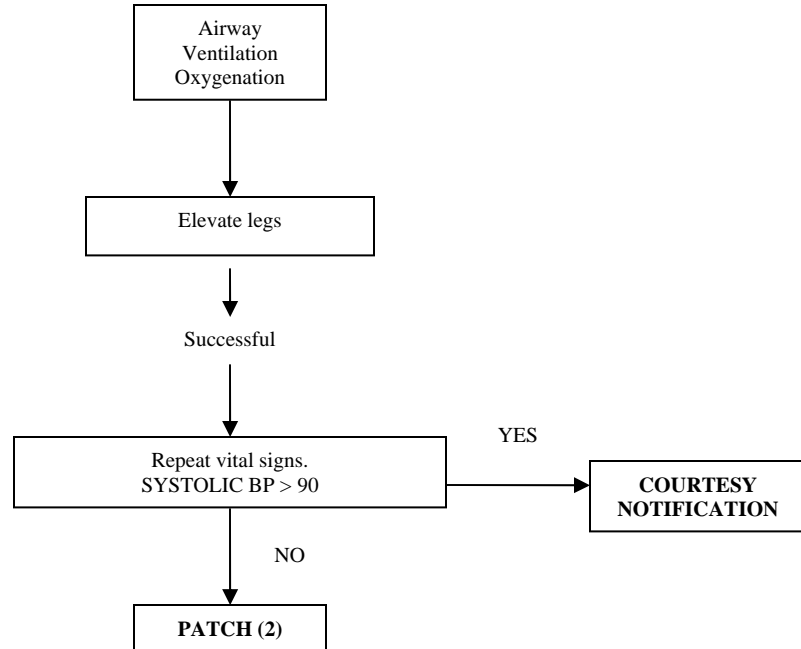
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ADULT HYPOTENSION, NON-TRAUMATIC (1)

Applies ONLY when other specific ALS protocols do not apply.

Hypotension is defined as BP < 90 systolic and associated signs/symptoms of hypoperfusion.

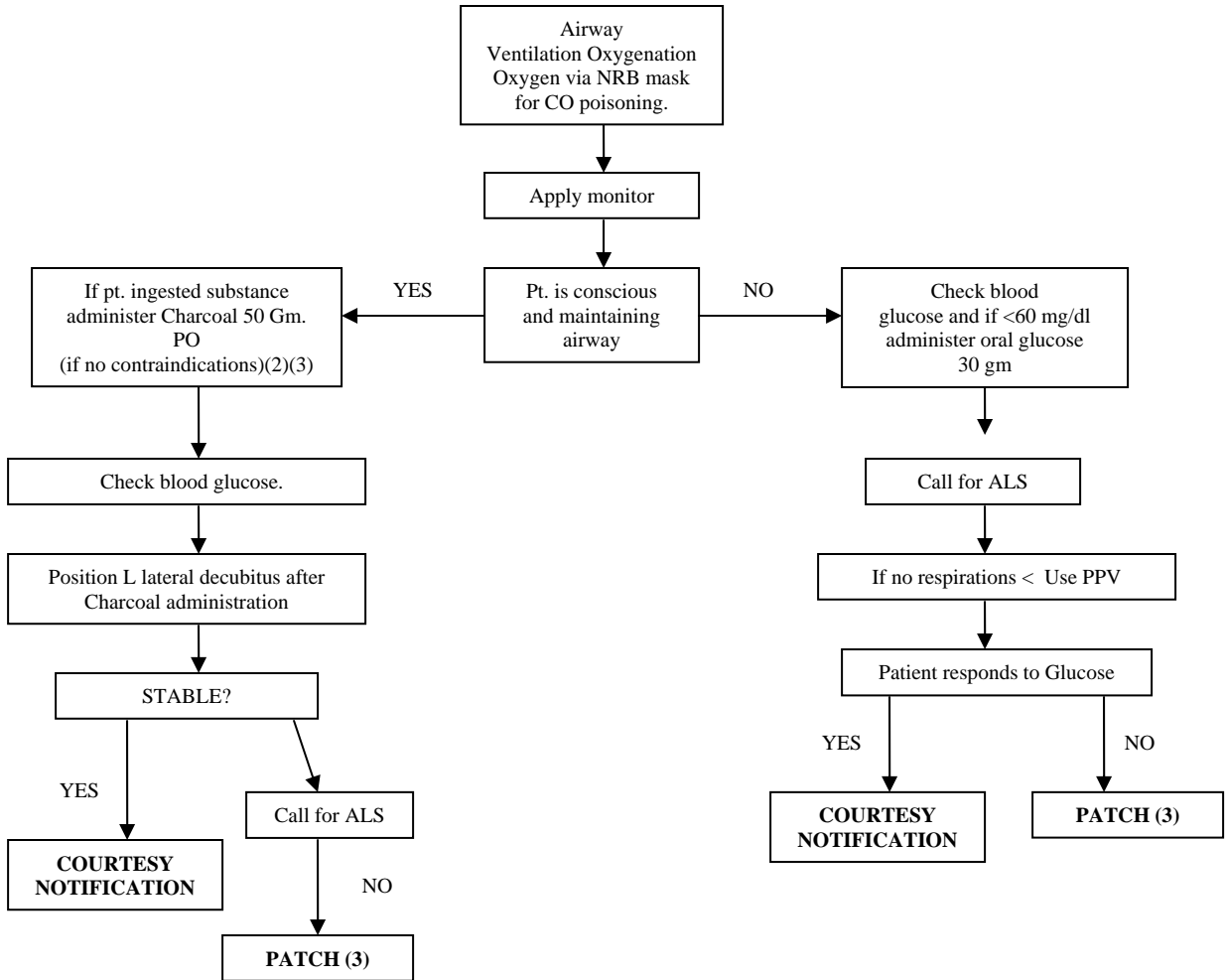
If history/evidence of Trauma, proceed to Trauma Treatment Guideline.



- (1) PMH and patient's medications may be key to index of suspicion for cause of hypotension, e.g. history of: ulcers, aneurysm, previous cardiac disease, alcoholism, etc.
- (2) If pulsatile abdominal mass present or suspected AAA/TAA, PATCH.

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ADULT POISONING/OVERDOSE (1)

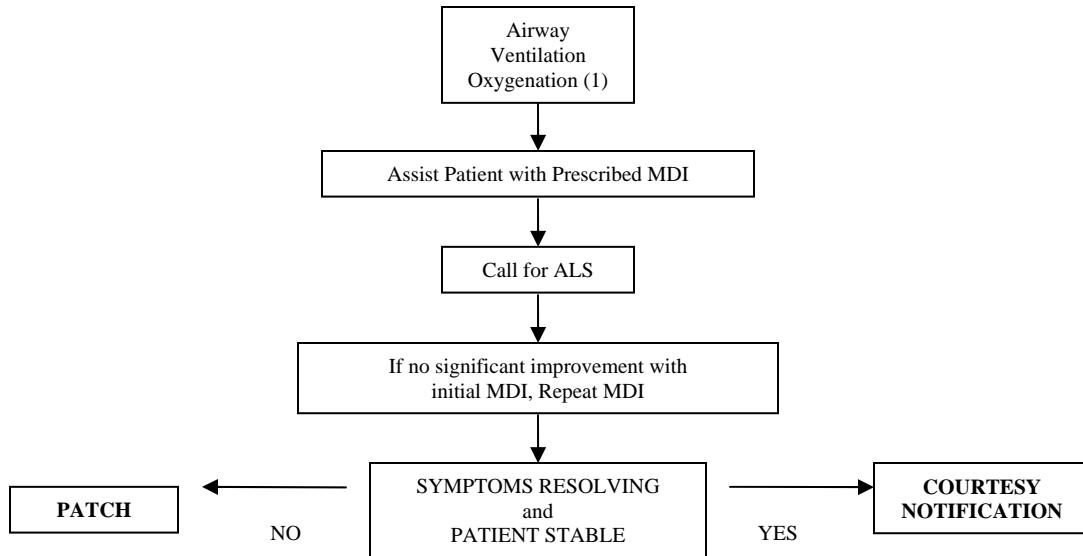


- (1) Patients who are suspected or known to have ingested substances with a suicidal intent may not refuse transport.
- (2) Contraindications include caustics and hydrocarbons. Although not contraindicated, charcoal is not effective in pure Lithium or Iron ingestions.
- (3) Bring bottles/containers if possible. INSPECT SCENE.

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ADULT RESPIRATORY ARREST OR INSUFFICIENCY – BRONCHOSPASM

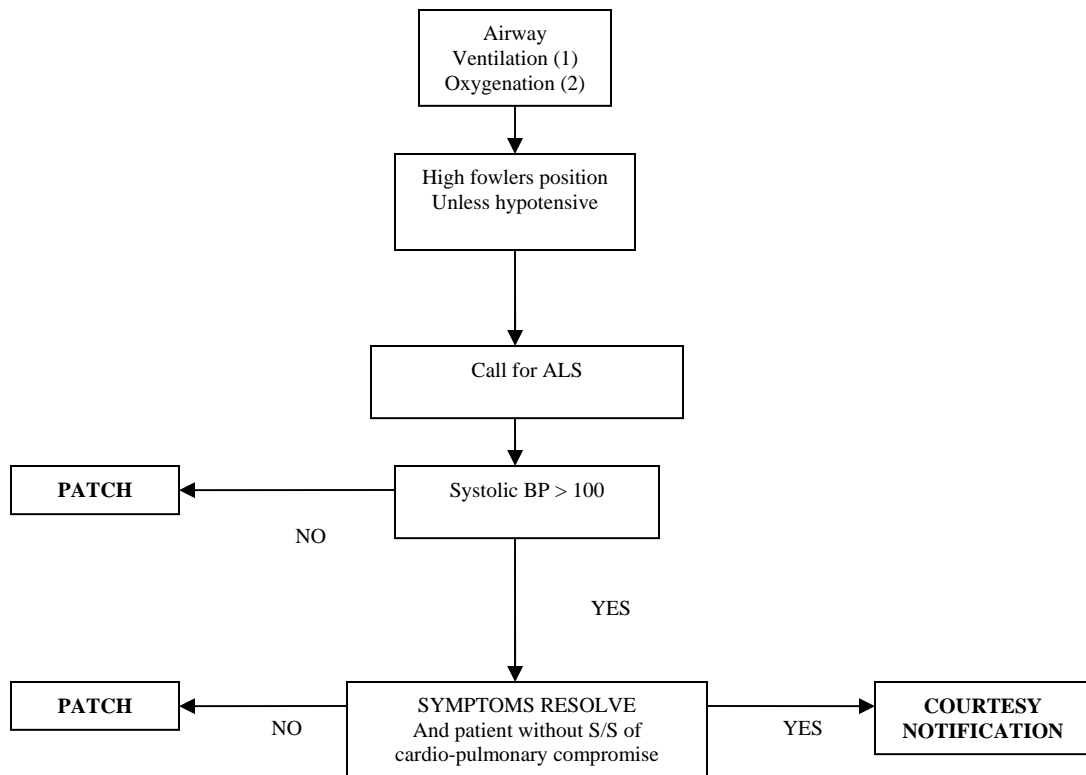
Applies to patients with S/S of acute respiratory distress
Secondary to asthma, COPD, anaphylaxis, and inhalation injury.



(1) Administer O2 at high flow rates to all patients in severe respiratory distress. This is especially true if pulse oximetry is not available.

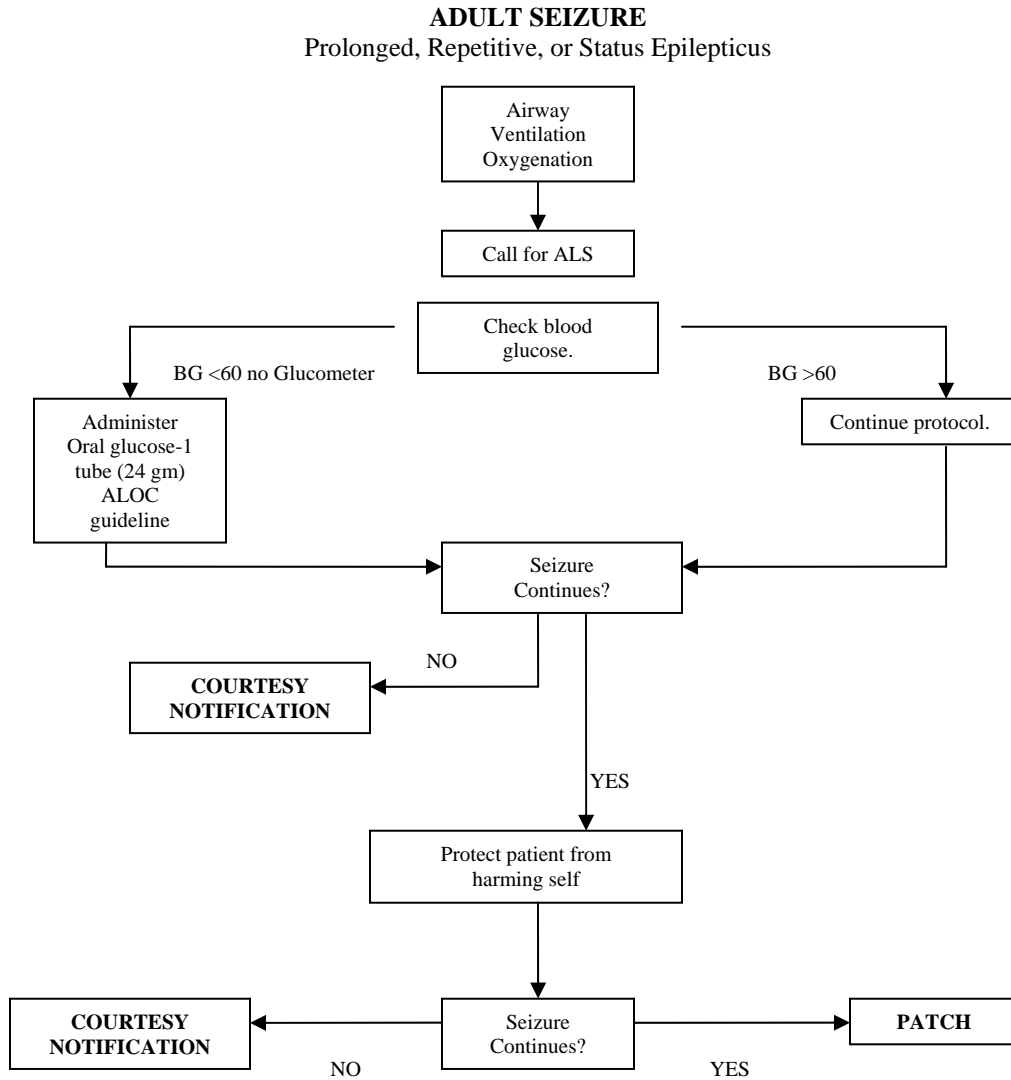
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ADULT RESPIRATORY ARREST OR INSUFFICIENCY – PULMONARY EDEMA



- (1) Patients who appear to be tiring or have decreased tidal volume may require respiratory assist.
- (2) High flow O₂ should be used in any patient who appears distressed.

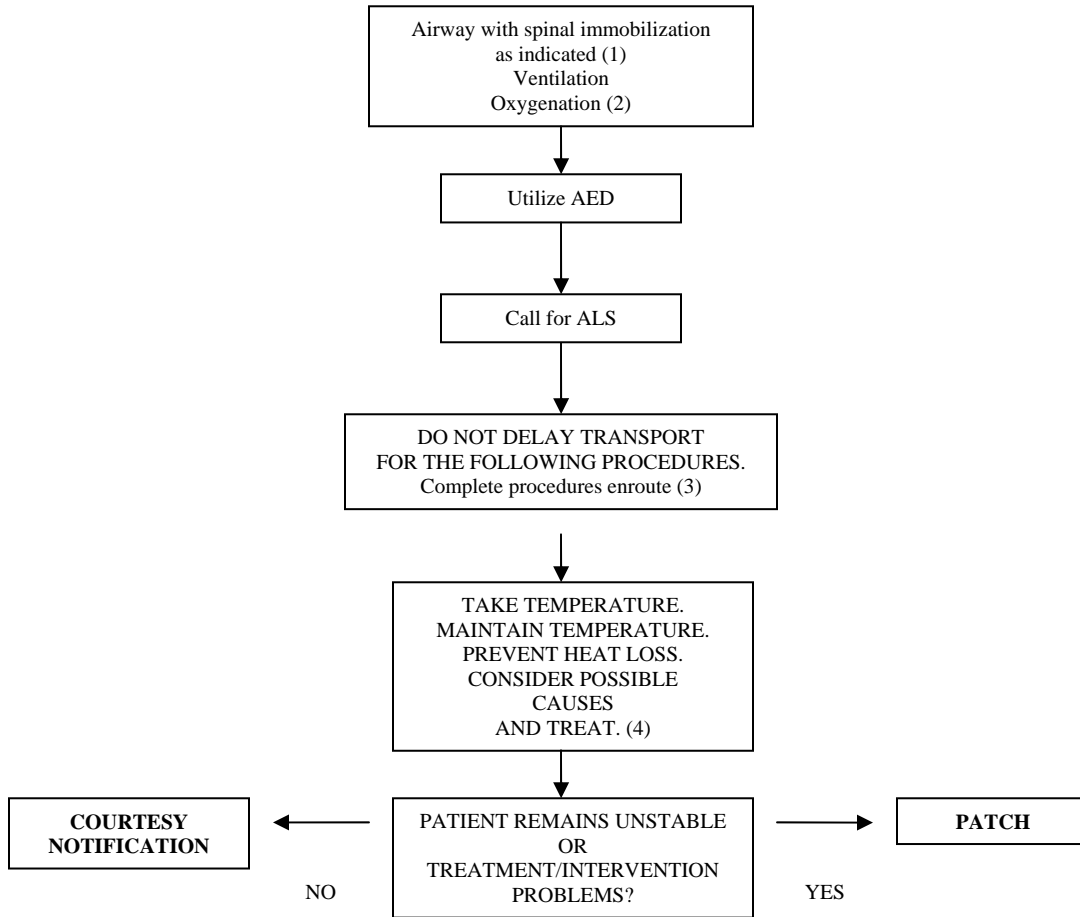
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ADULT SUBMERSION INCIDENT – CATEGORY 1

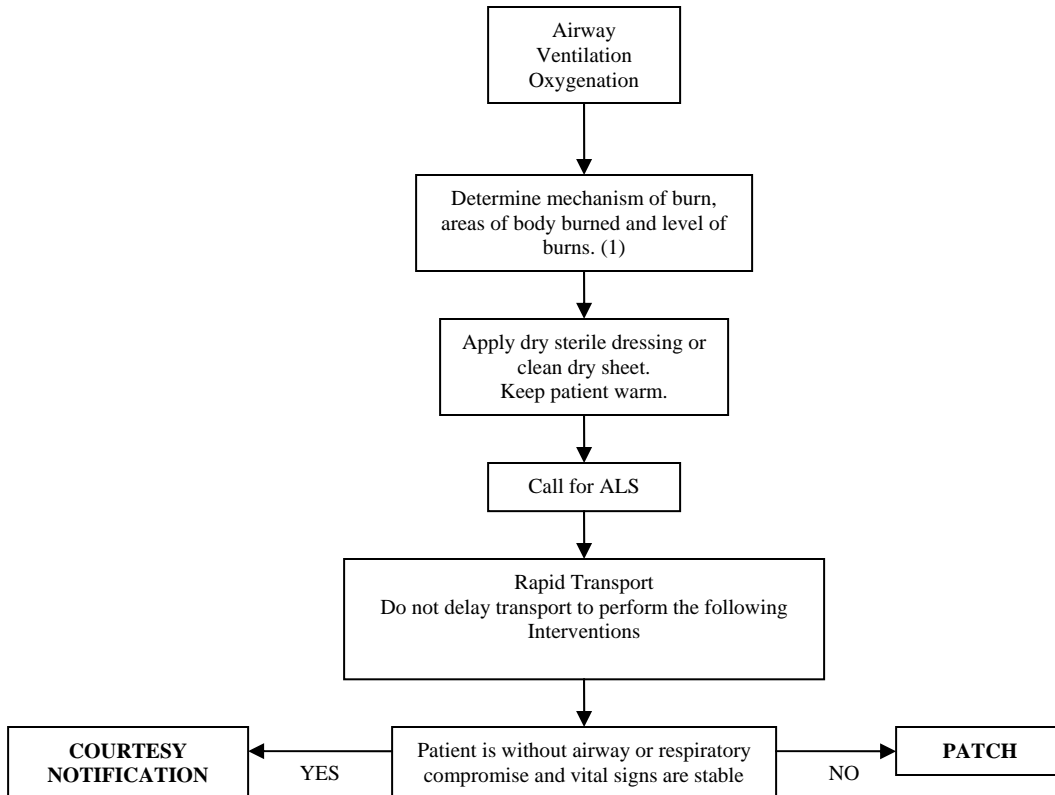
Applies to a patient with no respirations or pulse on arrival of unit;
also indicates patient with pulse and respirations and with significant alteration of LOC.



- (1) PPV with 100% O₂ may be adequate to provide ventilation and oxygenation.
- (2) 100% oxygen should be used in all patients.
- (3) Rapid transport is of the utmost importance. Patient should be transported to nearest appropriate facility without further delay.
- (4) Hypoxia (ventilation/re-evaluation); acidosis (ventilation/re-evaluation, pneumothorax; hypothermia (see Hypothermia Treatment Guideline); trauma-hypovolemia; hypoglycemia (check blood sugar).

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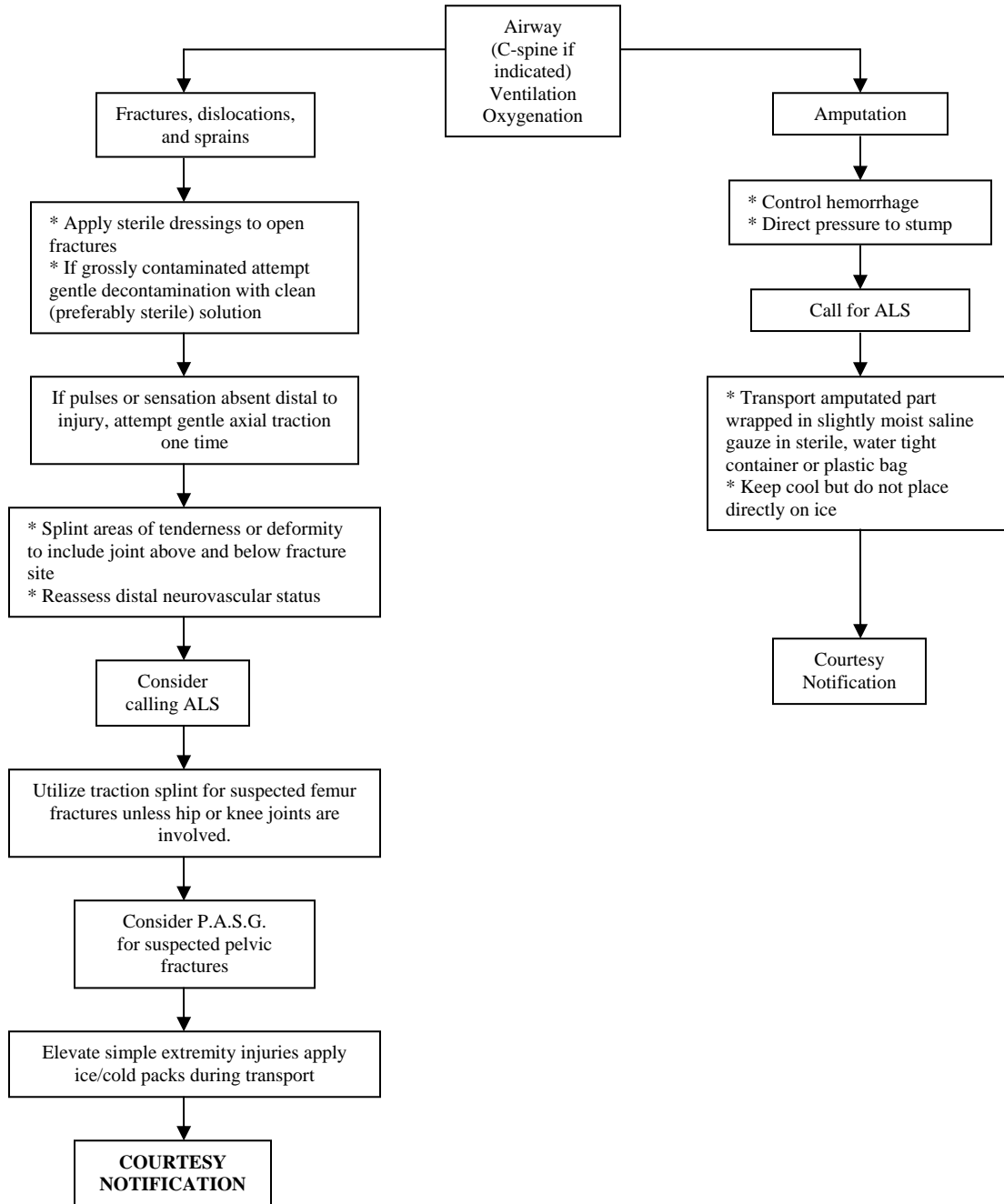
ADULT TRAUMA – BURNS



(1) If patient or clothing still burning cool hot areas immediately. Flush chemical burns for 20 minutes.

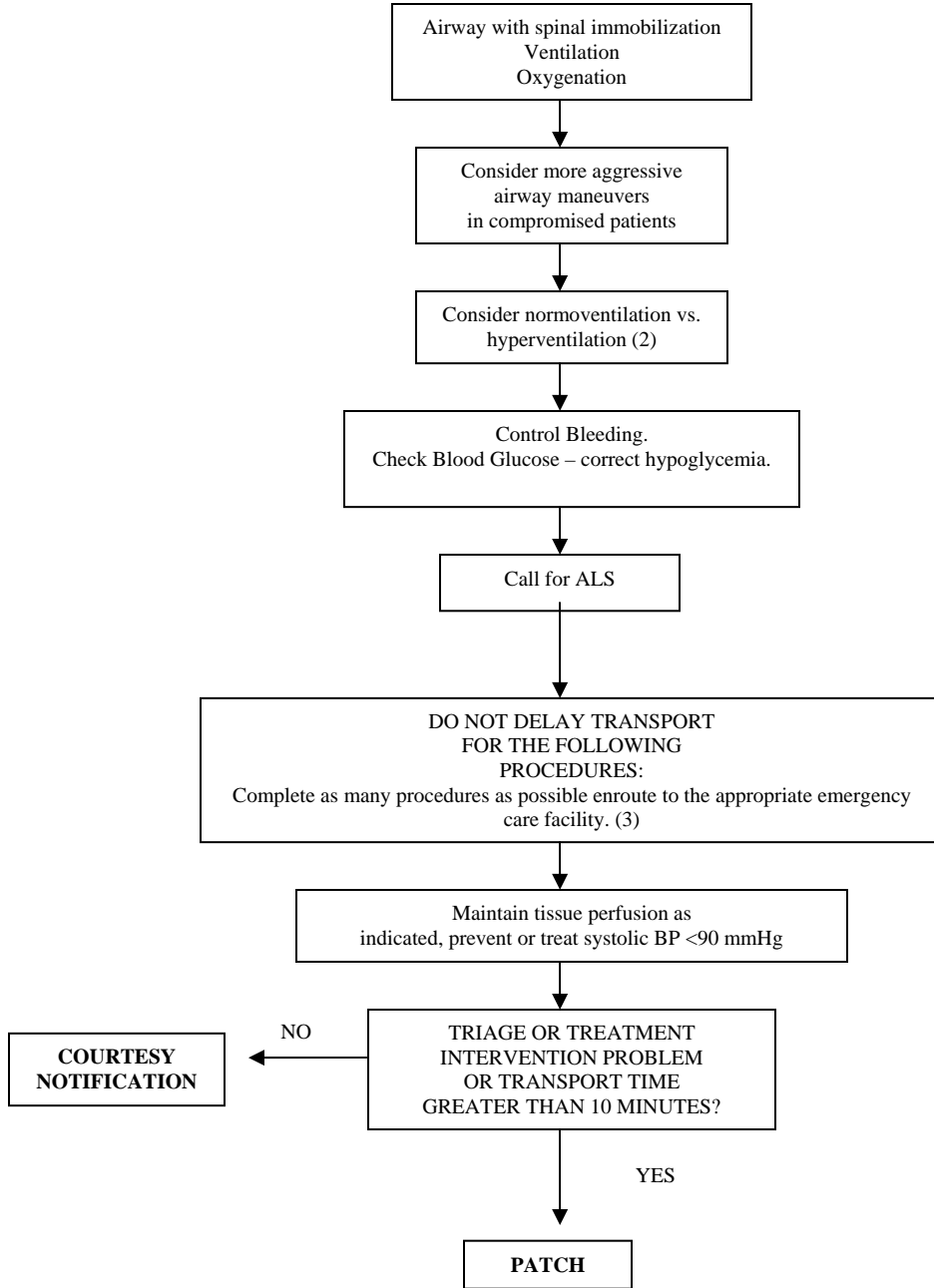
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ADULT TRAUMA – EXTREMITY INJURY



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ADULT TRAUMA – HEAD INJURY WITH ALOC (1)

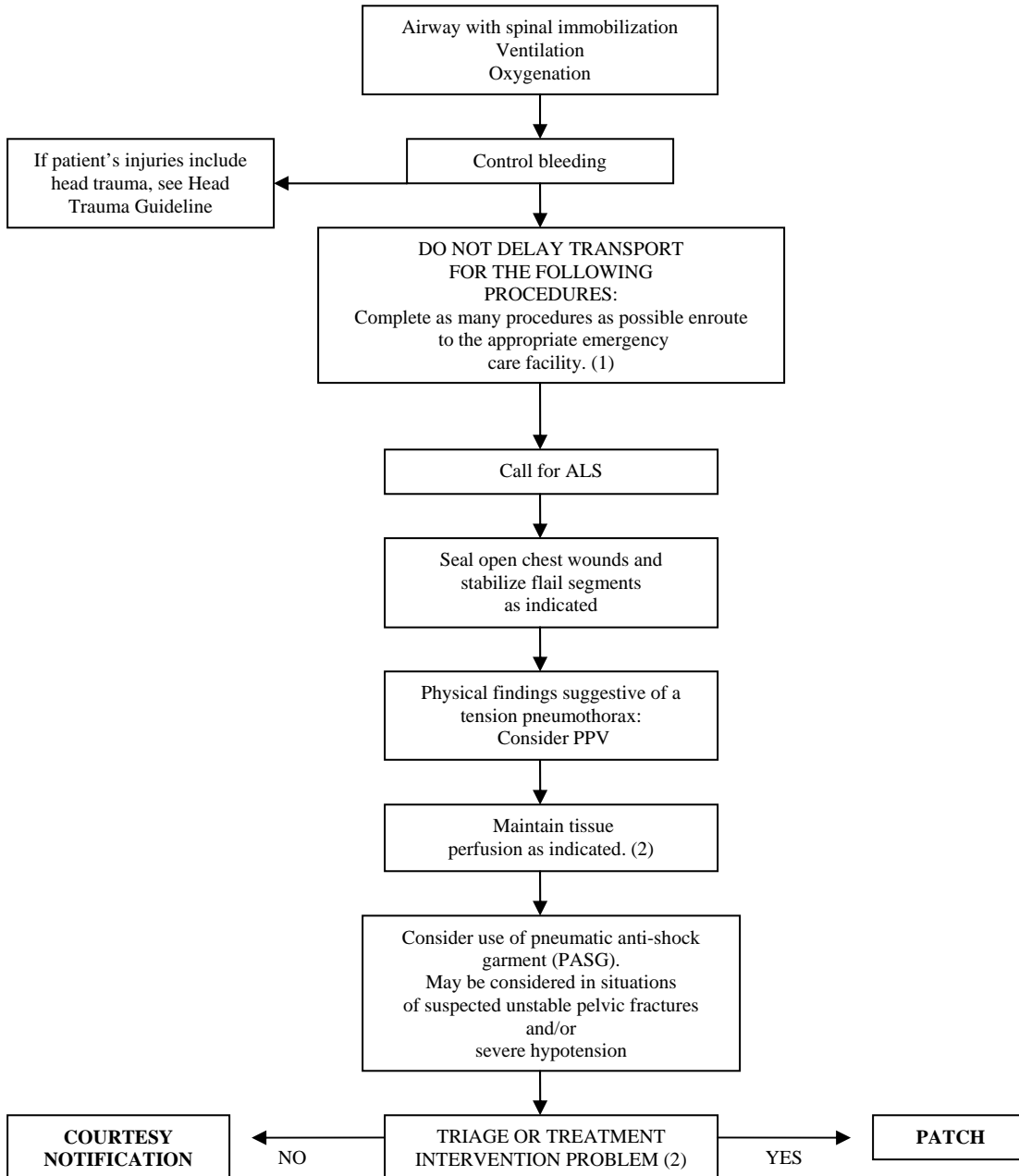


- (1) Severely head injured patient considered to have a GCS of 8 or <.
- (2) Controlled hyperventilation with 100% O₂ at 20 breaths per minute should only be used in patients with signs of impending central herniation: unconscious, unresponsive patient with extensor posturing or no motor response; asymmetric or dilated and unreactive pupils; GCS decreases 2 or more points from patient's prior best score when patient had initial GCS of 9 or less, after correction of hypoxemia, hypotension, and hypoglycemia. Normoventilations is 10 bpm in the adult.
- (3) The goal for time on scene is to not exceed ten (10) minutes for patient assessment, management and packaging unless extrication is required or unforeseen circumstances develop.

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ADULT TRAUMA – MULTISYSTEM

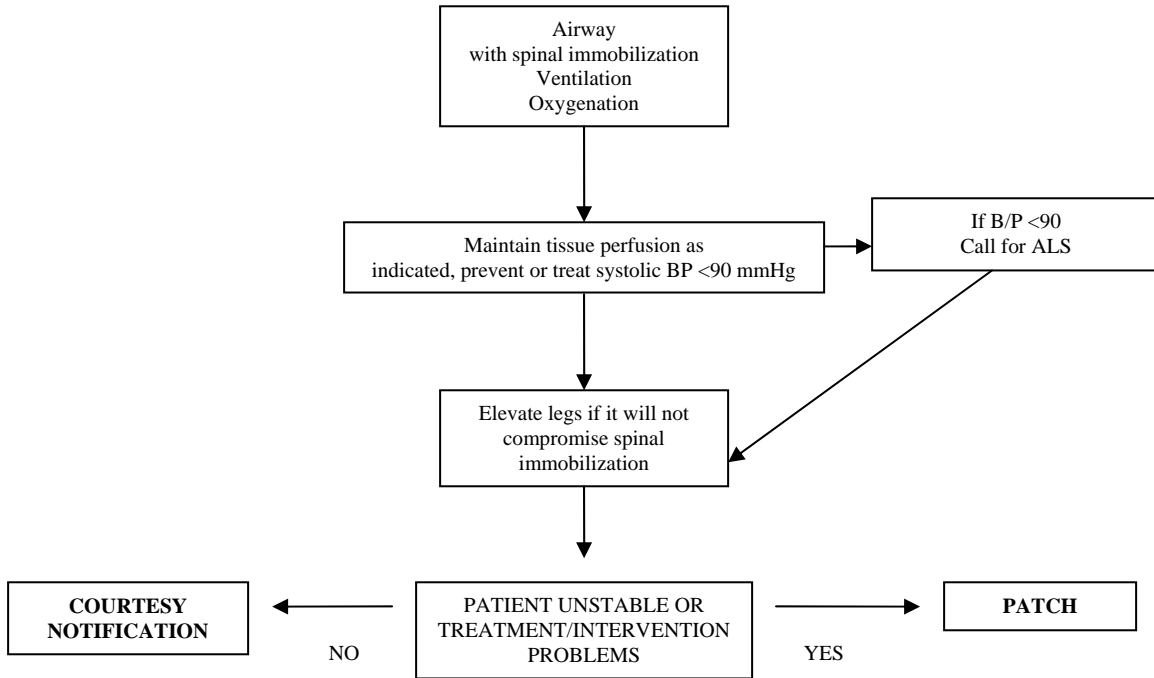
Applies to patients presenting with S/S of Critical (Immediate) injury or patients in which the mechanism of injury is suspect for occult Critical injury.



- (1) The goal for time on scene is not to exceed ten (10) minutes for patient assessment, management and packaging unless extrication is required or unforeseen circumstances develop. Patients with penetrating injuries to the thorax or head with unstable vital signs should be transported immediately.
- (2) PASG/MAST is contraindicated in penetrating chest trauma and is relatively relatively contraindicated in isolated blunt chest trauma.

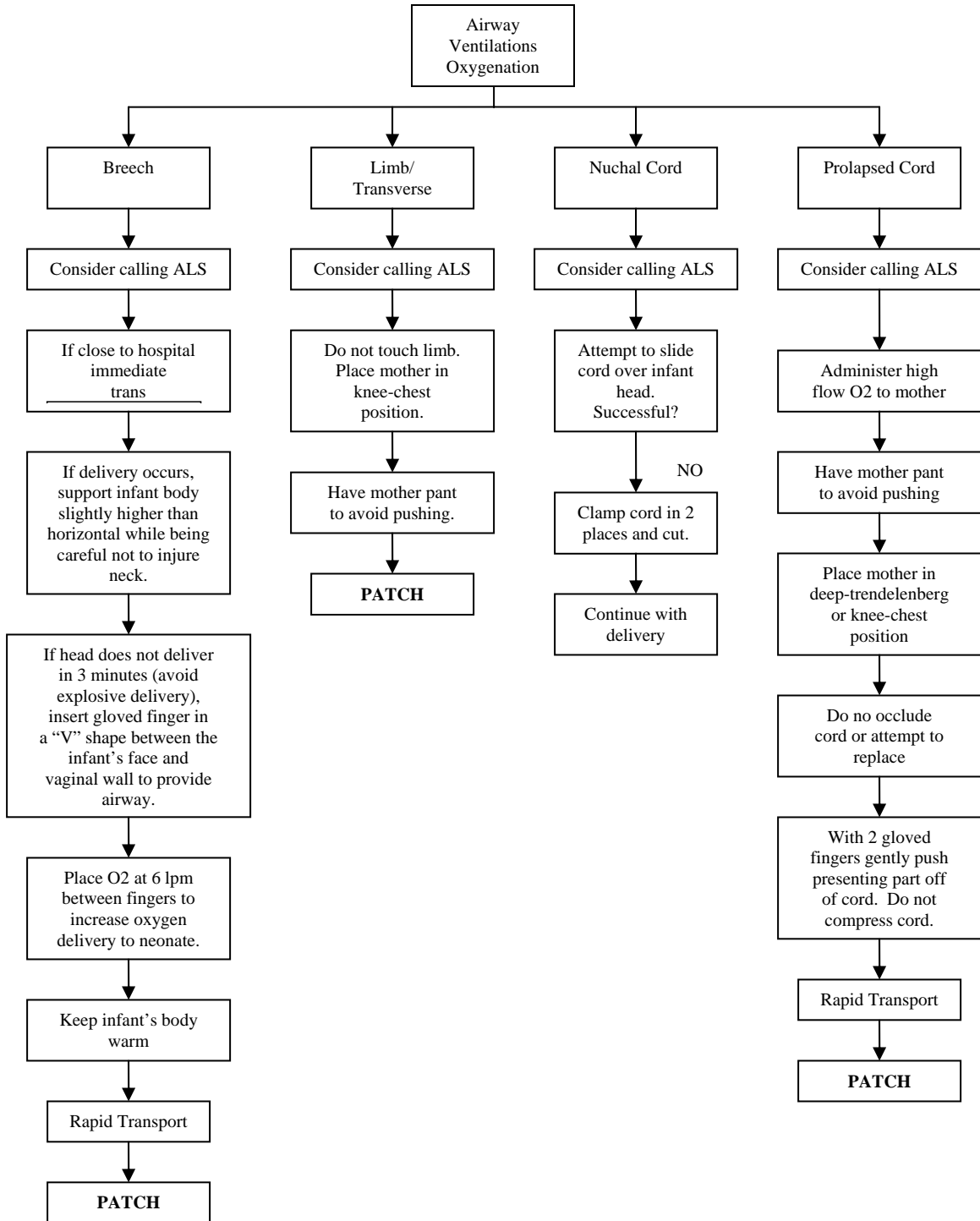
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ADULT TRAUMA – SPINAL INJURY



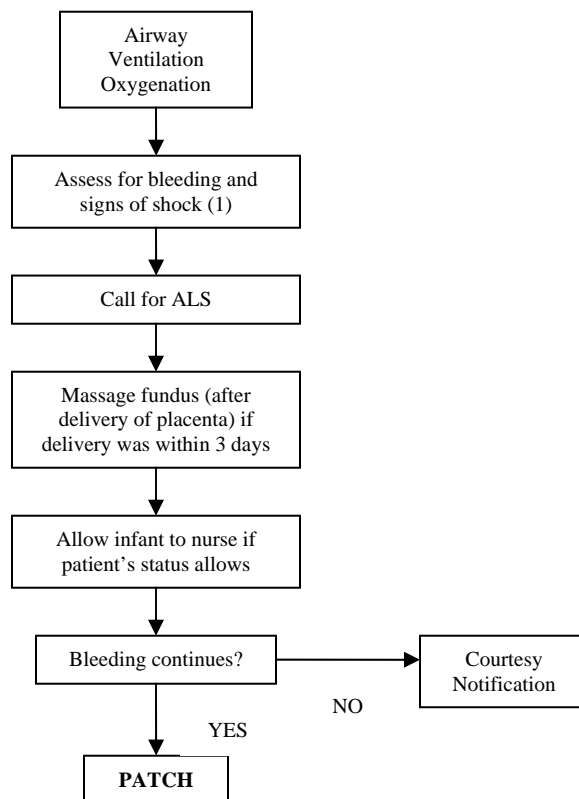
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OBSTETRICS – COMPLICATIONS OF DELIVERY ABNORMAL PRESENTATIONS



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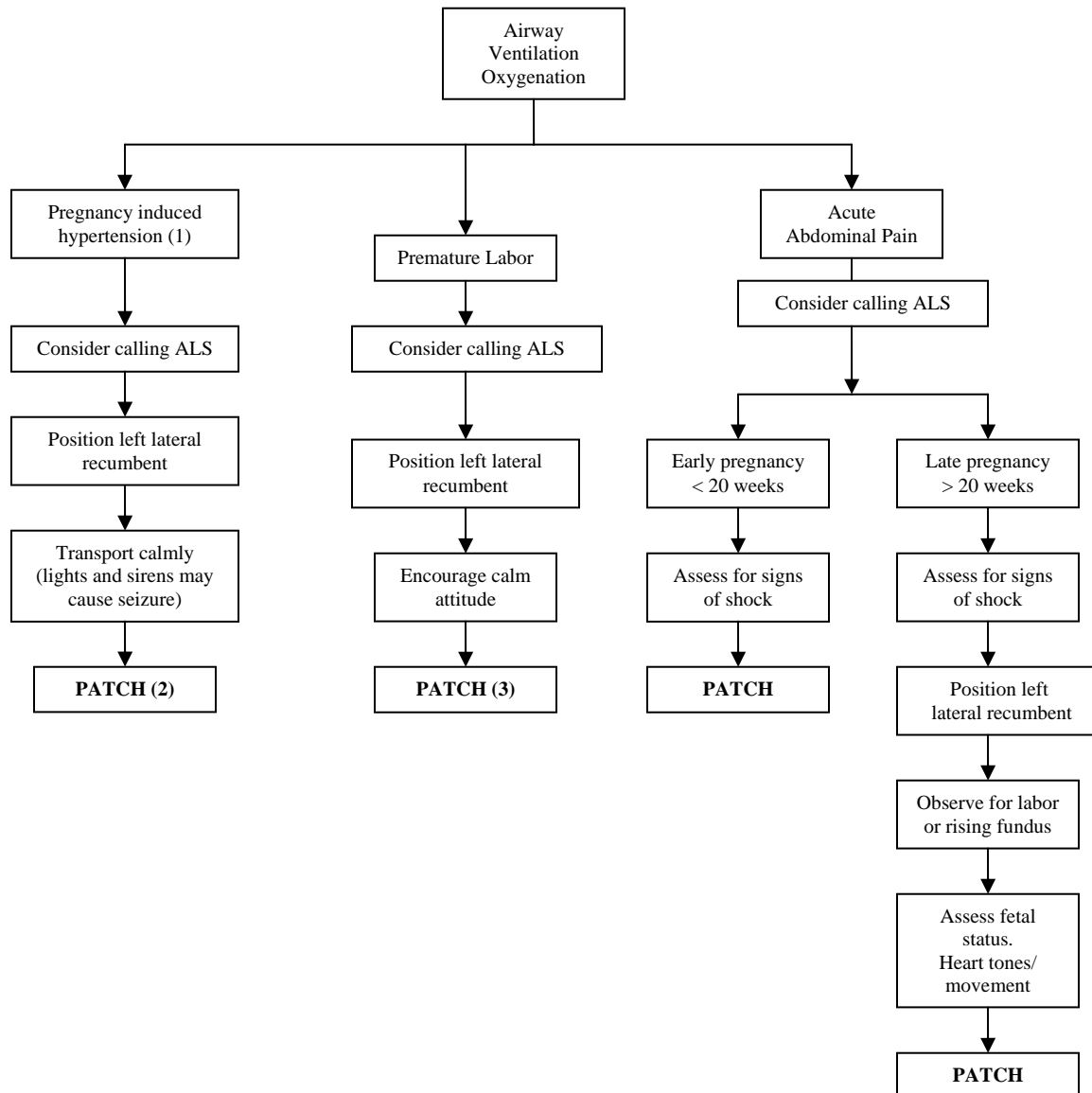
OBSTETRICS – COMPLICATIONS OF DELIVERY POST PARTUM HEMORRHAGE



(1) Post partum hemorrhage is defined as blood loss in excess of 500 ml and during the first 24 hours after delivery.

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OBSTETRICS – COMPLICATIONS OF PREGNANCY



(1) Signs of PIH/pre-eclampsia may include: Diastolic BP >80 mmHg with cerebral or visual disturbances, epigastric or RUQ pain with nausea and vomiting, ALOC, hyperreflexia, peripheral edema, pulmonary edema, seizures.

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OBSTETRICS – COMPLICATIONS OF PREGNANCY (CON'T)

