

# 2009 GMVEMSC Adult EMT-P Prehospital Protocol

## AIRWAY MANAGEMENT

May use Lidocaine 2% 4 ml NEB to ETT  
May use Lidocaine 2% 4 ml MAD to NTT  
If patient resists tube, Versed 2-4 mg IVP

## ALTERED MENTAL STATUS

Airway/IV 0.9 NS TKO/O<sub>2</sub>  
Dextrose 50% 25 gm IVP (may repeat)  
Narcan up to 4 mg IVP/IN/ETT/SQ  
If no IV  
Glucagon 1 mg IM

## ANAPHYLACTIC REACTION

Airway/IV 0.9 NS TKO/O<sub>2</sub> via NRB  
Epi Pen 0.3 mg IM or  
Epi 1:1,000 0.3 mg SQ  
Bolus of 0.9 NS if SBP < 100  
If wheezing:  
Albuterol 3ml/ Atrovent 0.5mg by Neb.  
Repeat Albuterol x2  
Benadryl 1 mg/kg (max 50mg) **slow**  
IVP/IM  
Epi 0.5 mg 1:10,000 **slow** IVP  
Glucagon 2 mg IVP/IM  
If in arrest: 3 mg Epi 1:10,000 IVP

## ASTHMA/EMPHYSEMA/COPD

Airway/IV 0.9 NS TKO/O<sub>2</sub> via NRB  
If no asthma consider CPAP  
If wheezing:  
Albuterol 3ml/ Atrovent 0.5mg by Neb.  
Repeat Albuterol x2  
If Asthma  
Epi 0.3 mg (1:1,000) SQ or Epi Pen  
**\* Repeat Epi 0.3 mg SQ or Epi Pen**  
Bilateral needle decompressions in arrest

## ASYSTOLE/PEA

CPR for 2 min (unwitnessed)  
Airway/O<sub>2</sub> /ETT/IV or IO  
Monitor/AED  
Vasopressin 40 units IV/IO  
If no IV/IO  
Epi 2 mg ETT  
Vasopressin after 1<sup>st</sup> or 2<sup>nd</sup> dose when  
IV/IO established  
Treat possible causes  
Atropine 1 mg IV/IO q 3-5 min (3 doses)  
Epi 1 mg IV/IO after 10 min Vasopressin  
If ROSC – 12 Lead  
**\* Consider termination**

## BRADYCARDIA

Airway/IV 0.9 NS TKO/O<sub>2</sub> via NRB  
2<sup>nd</sup> (M II) or 3<sup>rd</sup> degree block  
TCP immediately 70 bpm, 20 mA(start)  
Atropine 0.5 mg IVP up to 3 mg  
Consider sedation  
Versed 2-4 mg IVP (over 1-2 min)  
Other bradycardia  
Dopamine drip 2-10 mcg/kg/min

## NON-TRAUMATIC SHOCK w/ PULMONARY EDEMA

Airway/IV 0.9 NS/O<sub>2</sub> via NRB  
250 ml bolus of 0.9 NS  
Dopamine drip  
Start @ 5 mcg/kg/min (SBP > 100)

## NON-TRAUMATIC SHOCK w/o PULMONARY EDEMA

Airway/IV 0.9 NS /O<sub>2</sub> via NRB  
500 ml bolus of 0.9 NS  
**\* consider additional 500 ml bolus**  
Second IV 0.9 NS  
Dopamine drip  
Start @ 5 mcg/kg/min (SBP > 100)

## CHEST PAIN

Airway/IV 0.9 NS TKO/O<sub>2</sub> via NRB  
324 mg aspirin (chewed)  
Obtain 12 Lead – Basic, Intermediate Transmit  
If over 25 y/o  
Nitro 0.4 mg SL (SBP >100) q 5 min  
**\*Contact MC if Pt. is <25 y/o**  
Morphine Sulfate up to 5 mg **slow** IVP (or SQ)  
Fluid Challenge 250 ml  
if no edema and SBP < 100  
Morphine Sulfate up to 5 mg **slow** IVP (or SQ)

## ACUTE MYOCARDIAL INFARCTION

Obtain 12 lead  
**\*Contact MCP for Cardiac Alert**  
Inferior wall infarct  
Capture Lead V4R  
Fluid Challenge to maintain SBP >100  
TCP/Atropine for 2<sup>o</sup> or 3<sup>o</sup> blocks  
Anterior wall infarct  
Dopamine for Bradycardia  
Transport all suspected AMIs to PCI facilities

## PULMONARY EDEMA

Airway/IV 0.9 NS TKO/O<sub>2</sub> via NRB  
Nitro 0.4 mg SL x3 if SBP >100  
Consider CPAP/Bi-PAP  
Lasix 80 mg IV over 1 min (SBP >100)  
Morphine Sulfate up to 5 mg **slow** IVP  
Morphine Sulfate up to 5 mg **slow** IVP

## SEIZURES

Airway/IV 0.9 NS TKO/O<sub>2</sub> via NRB  
BVM/NPA *during* Seizure  
Valium 5 mg SLOW IVP or  
Versed 10 mg M.A.D. (5 mg each nostril) or  
Versed 4 mg IM  
Persistent Seizures  
Repeat Valium 5 mg IVP  
Repeat Versed @ 5 mg IN  
Accucheck, if <60 mg/dl  
Dextrose 50% 25 gm IVP  
Repeat Dextrose 50% 25 gm IVP  
If no IV  
Valium 10 mg rectally or  
Glucagon 1 mg IM

Courtesy of



## TACHYCARDIA

Airway/IV 0.9 NS TKO @ AC/O<sub>2</sub> via NRB  
Narrow Complex - Regular  
Vagal Manuevers  
Adenosine 6 mg RAPID IVP  
Adenosine 12 mg RAPID IVP  
Adenosine 12 mg RAPID IVP  
Wide Complex  
Amiodarone 150 mg over 10 min  
If unstable cardiovert 100/200/300  
Consider sedation -Versed 2-4 mg

## V-FIB/ PULSELESS V-TACH

CPR for 2 min (unwitnessed)  
Airway/O<sub>2</sub> /ETT/IV or IO  
Monitor/AED - Defib @ 360 j  
If witnessed, Defib immediately  
Epi 1 mg (1:10,000) IV/IO q 3-5 min  
Shock 360 j after each drug dose  
Amiodarone 300 mg IVP  
Amiodarone 150 mg IVP  
Treat possible causes  
If no IV  
Lidocaine 1.5 mg/kg ETT  
Repeat Lidocaine 0.75 mg/kg ETT  
If conversion to perfusing rhythm  
Obtain 12 lead  
If after Lidocaine bolus  
Lidocaine drip 2-4 mg/min

## POISONING/OVERDOSE

Airway/IV 0.9 NS TKO/O<sub>2</sub> via NRB  
Narcan up to 4 mg IVP or 2 mg IN  
If no arousal with IN after 3 min  
Narcan IV  
If no IV or MAD, Narcan up to 4 mg IM  
For tricyclic overdose:  
**\* Sodium Bicarb 1mEq/kg IVP**  
**\* Sodium Bicarb 0.5 mEq/kg IVP**  
For Calcium Channel or Beta Blocker  
**\* Calcium Chloride 1 Gm IVP**  
**\* Glucagon 1 mg IM/IVP**  
"Crack" Cocaine (if SBP >100)  
If chest pain, Nitro 0.4 mg SL  
Valium 5 mg IVP

## DIALYSIS PT. in ARREST

Calcium Chloride 1 Gm IVP  
Flush IV line  
Sodium Bicarb 100 mEq IVP

## ABDOMINAL PAIN

IV 0.9 NS TKO  
For nausea:  
Odansetron 4 mg IVP  
If no IV – Odansetron 4 mg IM  
For pain : Morphine up to 5 mg IVP (or SQ)  
Repeat Morphine 5 mg (or SQ)

## VIOLENT PATIENTS

Consider medical causes  
Valium 5 mg slow IVP or  
Versed 10 mg IN (5 mg each nostril) or  
Versed 4 mg IM