

2008 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/O₂
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/O₂ 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/O₂ 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/O₂ /ETT/IV or IO
Monitor/AED
Vasopressin 40 units IV/IO
If no IV/IO
Epi 2 mg ETT
Vasopressin after 1st or 2nd 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/O₂ via NRB
2nd (M II) or 3rd 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/O₂ 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 /O₂ 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/O₂ via NRB
324 mg aspirin (chewed)
Obtain 12 Lead
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^o or 3^o blocks
Anterior wall infarct
Dopamine for Bradycardia
Transport all suspected AMIs to PCI facilities

PULMONARY EDEMA

Airway/IV 0.9 NS TKO/O₂ 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/O₂ via NRB
BVM/NPA during Seizure
Valium 5 mg SLOW IVP or
Versed 10 mg M.A.D. (5 mg each nostril)
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
Glucagon 1 mg IM

Courtesy of



TACHYCARDIA

Airway/IV 0.9 NS TKO @ AC/O₂ 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/O₂ /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/O₂ 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
Versed 10 mg IN or
Valium 5 mg slow IV or IM