MONTANA BOARD OF MEDICAL EXAMINERS

MONTANA PREHOSPITAL TREATMENT Protocols

2014
Table of Contents

Board Approved Protocols: Introduction
General Board Statements Concerning Emergency Care Providers Scope of Practice
General Instructions for Using These Protocols
General Orders for all Patients
Universal Precautions
Best Practice: Spinal Immobilization

Specific Protocols

ABDOMINAL PAIN (Medical Etiology)
ABNORMAL DELIVERY PROCEDURES
ADRENAL INSUFFICIENCY
ALTERED MENTAL STATUS
AMPUTATED PART
ANAPHYLAXIS
ARREST - CARDIAC (ADULT)
ARREST - CARDIAC (PEDIATRIC)
BEHAVIORAL EMERGENCIES
BLEEDING CONTROL
BURNS
CHEST PAIN
COLD EMERGENCIES – FROSTBITE
COLD EMERGENCIES – SYSTEMIC HYPOTHERMIA
DIABETIC EMERGENCY – CONSCIOUS
DRUG OVERDOSE
DYSPNÄ – ADULT
FRACTURES OF THE EXTREMITIES
HEAD/NECK/SPINE INJURIES
HEAT EMERGENCIES
INFLUENZA PANDEMIC PROTOCOL
JOINT DISLOCATIONS
MULTIPLE TRAUMA
NERVE AGENT (MARK I USAGE)
NEONATAL (< 2 month) RESCUCITATION
OBSTETRICAL EMERGENCIES
PAIN MANAGEMENT
PEDIATRIC RESPIRATORY DISTRESS
POISONING
RESUSCITATION TRAIGE
SEIZURES
STROKE
SEXUAL ASSAULT
SHOCK - MEDICAL
ADRENAL INSUFFICIENCY

EMR (Emergency Medical Responder):

INITIAL ASSESSMENT
Be alert for and treat shock; see Shock Protocol

FOCUSED / DETAILED ASSESSMENT
 Obtain pertinent medical history
 Check for Medical Alert tags
 Note medications patient has taken, how much and when

EMR (Emergency Medical Responder) with monitoring endorsement:
Determine glucose

EMT (with medication endorsement):
For adult patients with adrenal insufficiency or at risk of acute adrenal crisis in medical distress, administer:
 hydrocortisone (Solu-Cortef) 100mg IM, OR
 methylprednisolone (Solu-medrol) 125mg IM, OR
 dexamethasone (Decadron) 4mg IM

For pediatrics with adrenal insufficiency, administer:
 hydrocortisone (Solu-Cortef) 2mg/kg IM (to maximum of 100mg), OR
 methylprednisolone (Solu-medrol) 2mg/kg IM (to maximum of 125mg), OR
 Decadron (dexamethasone) 0.03-0.15mg/kg IM (to maximum of 4mg)

AEMT (with medication endorsement)
For adult patients (if not previously administered steroid dose), then administer:
 hydrocortisone (Solu-Cortef) 100mg IM/IV/IO, OR
 methylprednisolone (Solu-medrol) 125mg IM/IV/IO, OR
 Decadron (dexamethasone) 4mg IM/IV/IO

For pediatrics (if not previously administered steroid dose), then administer:
 hydrocortisone (Solu-Cortef) 2mg/kg IM/IV/IO (to maximum of 100mg), OR
 methylprednisolone (Solu-medrol) 2mg/kg IM/IV/IO (to maximum of 125mg), OR
 Decadron (dexamethasone) 0.03-0.15mg/kg IM/IV/IO (to maximum of 4mg)
Identification of the patient with adrenal insufficiency or acute adrenal crisis is critically important to outcome. Hydrocortisone is the steroid of choice for adrenal insufficiency (AI), if available. A stress dose of steroid, should be given to patients with known AI in the presence of:
- shock (any cause)
- multisystem trauma, significant 2nd/3rd degree burns or drowning
- multiple long bone fractures
- vomiting/diarrhea with dehydration
- acute cardiopulmonary distress
- fever >100.4°F (and ill appearing)
- environmental hypothermia or hyperthermia

If no steroid is available during transport, then alert the emergency department/medical control that a patient with adrenal crisis is en route.