Suffolk County EMS


Steven Bellone
Suffolk County Executive

James L. Tomarken, MD, MPH, MBA, MSW
Commissioner, Department of Health Services

Gregson H. Pigott, MD, MPH
EMS Medical Director

Robert Delagi, MA, NREMT-P
Director, EMS and Public Health
Emergency Preparedness

Thomas Lateulere, NREMT-P
Chief, Education and Training

July, 2013
V2. December, 2014
PEDIATRIC HYPOPERFUSION

This protocol is intended for non-traumatic pediatric patients that have the following signs and symptoms: cool, clammy and mottled skin; SBP less than (<) 70; tachycardia; and tachypnea.

- Follow appropriate NYS BLS protocol.
- Airway management and appropriate oxygen therapy.
- Cardiac Monitor
- IV NS KVO
- Fluid Bolus 20 ml/kg wide open
- If you suspect cardiogenic shock, contact Medical Control.

If you suspect Adrenal insufficiency:

- Administer Hydrocortisone Sodium Succinate 2 mg/kg bolus IV/IM, not to exceed 100 mg, if available, OR Methylprednisolone 0.4 mg/kg, IV/IM, not to exceed 125 mg IV/IM.
- Repeat IV bolus 20 ml/kg

- Repeat Normal saline 20 ml/kg IVP.

- Repeat any of the above.
- Epinephrine drip
- Dopamine
- Refer to the Pediatric Advanced Airway protocol.

---

EMT-CC and EMT-P

EMT-P

MEDICAL CONTROL
APPENDIX 1

ALS FORMULARY

Adenosine – for IV administration
Albuterol – for inhalation
Amiodarone – for IV administration
Aspirin – for oral (PO) administration
Atropine – for IV or ET administration
Calcium Chloride – for IV administration
Diazepam – for IV administration**
Diltiazem – for IV administration
Diphenhydramine – for IV or IM administration
Dopamine – for IV infusion
DuoDote™
Epinephrine – for IV, IM, IV infusion, IN, or ET administration
Epinephrine Auto-Injectors (adult and pediatric) – for IM administration
Etomidate – for IV administration
Fentanyl Citrate – for IV, IM or IN administration**
Furosemide – for IV administration
Glucagon – for IM or IN administration
Haloperidol – for IM administration
Hydrocortisone Sodium Succinate - for IV or IM administration
Hydroxocobalamin – for IV infusion
Ipratropium Bromide – for inhalation
Ketorolac – for IV or IM administration
Lidocaine – for IV administration
Lorazepam – for IV or IM administration**
Magnesium Sulfate – for IV and IV infusion administration
Mark™
Metaprolol Tartrate – for IV administration
Methylprednisolone – for IV or IM administration
Midazolam Hydrochloride – for IV, IM or IN administration**
Morphine Sulfate – for IV or IM administration**
Naloxone – for IV, IM, IN or ET administration
Nitroglycerin – for sublingual (SL) administration
Nitrous Oxide – for inhalation administration
Normal Saline – for IV administration
Ondansetron Hydrochloride - for IV or IM administration
Ringers Lactate – for IV administration
Rocuronium – for IV administration
Sodium Bicarbonate – for IV administration
Succinylcholine – for IV administration
Thiamine – for IV or IM administration
Vecuronium Bromide – for IV administration
50% Dextrose in Water – for IV administration
25% Dextrose in Water – for IV administration
10% Dextrose in Water – for IV administration
Sodium Chloride – for irrigation

Continued.
Hydrocortisone Sodium Succinate (Solu-Cortef)

Class
Corticosteroid

Description
Reduces inflammation by multiple mechanisms. It replaces the steroids that are lacking in adrenal insufficiency.

Onset & Duration

Onset: IV – 1 hour
Duration: IV 8 – 12 hours

Adult Dosage: 4 mg/kg slow IV Bolus/IM.

Pediatric Dosage: 2 mg/kg bolus IV/IM, not to exceed 100 mg, if available.

Indications
Adrenal insufficiency

Contraindications
Known hypersensitivity, systemic fungal infections, premature infants

Adverse Reactions
Headache, vertigo, CHF, hypertension, fluid retention, nausea

Drug Interactions
Incompatible with Heparin and Metaraminol.

How Supplied
Parenteral for IV injection – 100, 200 or 500 mg powder in vials (requires reconstitution with solution provided).

Special Considerations
Pregnancy Class C; Exceeding max dosage of 100-500 mg may be acceptable in emergency situations.

NOTES:

Dosage Forms and Packaging:
Store at controlled room temperature (59° to 86° F). Requires reconstitution with solution provided.