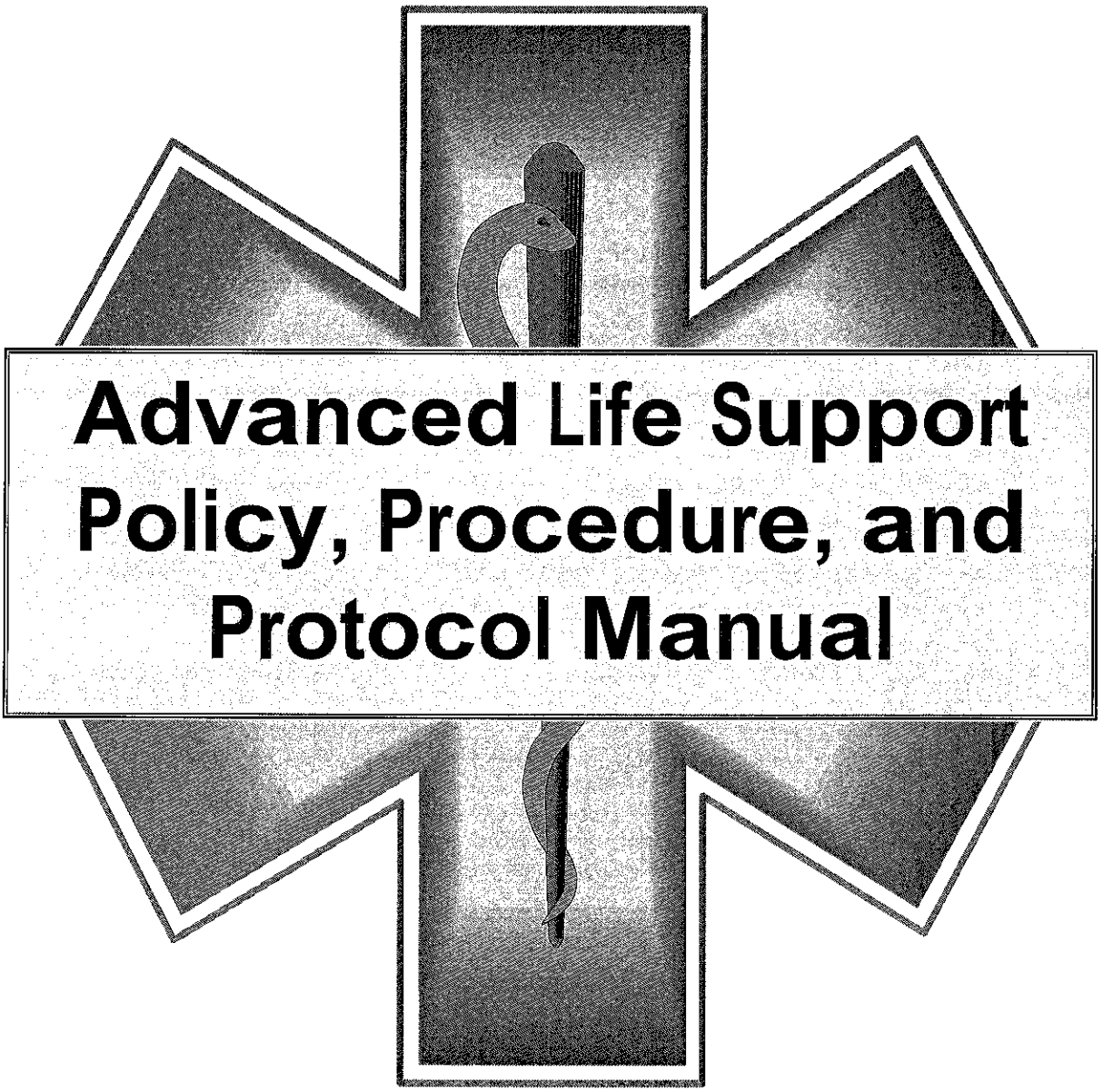
Nassau Regional Emergency Medical Services



Advanced Life Support Policy, Procedure, and Protocol Manual

2014 (12/11/13)

Nassau Regional Emergency Medical Services

Critical Care & Paramedic	Hypoperfusion / Shock	Protocol III. D
		Approved: 10/30/13
		Effective: 4/01/14

Do Not delay transport

Standing Orders:

- Airway management
- Vascular access
- Cardiac monitor
- IV fluid bolus - titrate to SBP 90

  (No more than 2 liters unless ordered by medical control)

If adrenal cortical insufficiency (Addison's) / hyperplasia is confirmed *

- Hydrocortisone Sodium Succinate (Solu-Cortef) 2mg/kg IV/IO *(max.100mg)*

Paramedic

- Needle Decompression - *for suspected tension pneumothorax*

Medical Control Options:

- Dopamine drip 5-20 mcg/kg/min IV/IO
- Norepinephrine (Levophed) (2-4 mcg/min- initial dose) IV/IO *(max 30 mcg/min) - large vein if possible*
- Continue IV Drip beyond 2 Liters
- Hospital Diversion
- Needle Decompression - *for suspected tension pneumothorax*
- Hydrocortisone Sodium Succinate (Solu-Cortef) 2mg/kg IV/IO *(max.100mg)*

NOTE: Adrenal insufficiency / hyperplasia is confirmed by patient record, family or medic alert tag

Nassau Regional Emergency Medical Services

2014

Nassau Regional Emergency Medical Services

Pediatric ALS Protocols	PEDIATRIC DECOMPENSATED SHOCK	Protocol P10
		Approved: 10/30/13
		Effective: 4/01/14

Standing Orders

- Begin BLS Pediatric Shock procedures.
- If signs of hemorrhage or dehydration are not present, begin Cardiac Monitoring.

If adrenal cortical insufficiency (Addison's) / hyperplasia is confirmed *

- Hydrocortisone Sodium Succinate (Solu-Cortef) 2mg/kg IV/IO *(max.100mg)*

NOTE: FOR PATIENTS IN SUPRAVENTRICULAR TACHYCARDIA OR VENTRICULAR TACHYCARDIA WITH A PULSE, AND WITH EVIDENCE OF LOW CARDIAC OUTPUT, CONTACT MEDICAL CONTROL FOR OPTIONS.

During transport, or if transport is delayed:

- Begin rapid IV Bolus of Normal Saline (0.9% NaCl) 20 ml/kg, via a large-bore IV (18-22 gauge) or IO catheter. Attempt IV or IO only once each.
- If signs of hemorrhage or dehydration are present, and the patient remains in decompensated shock, begin second large bore IV and repeat bolus up to an additional 20 ml/kg, (total of 40 ml/kg), Attempt second IV only once.

MEDICAL CONTROL OPTIONS:

☐ Begin IO infusion

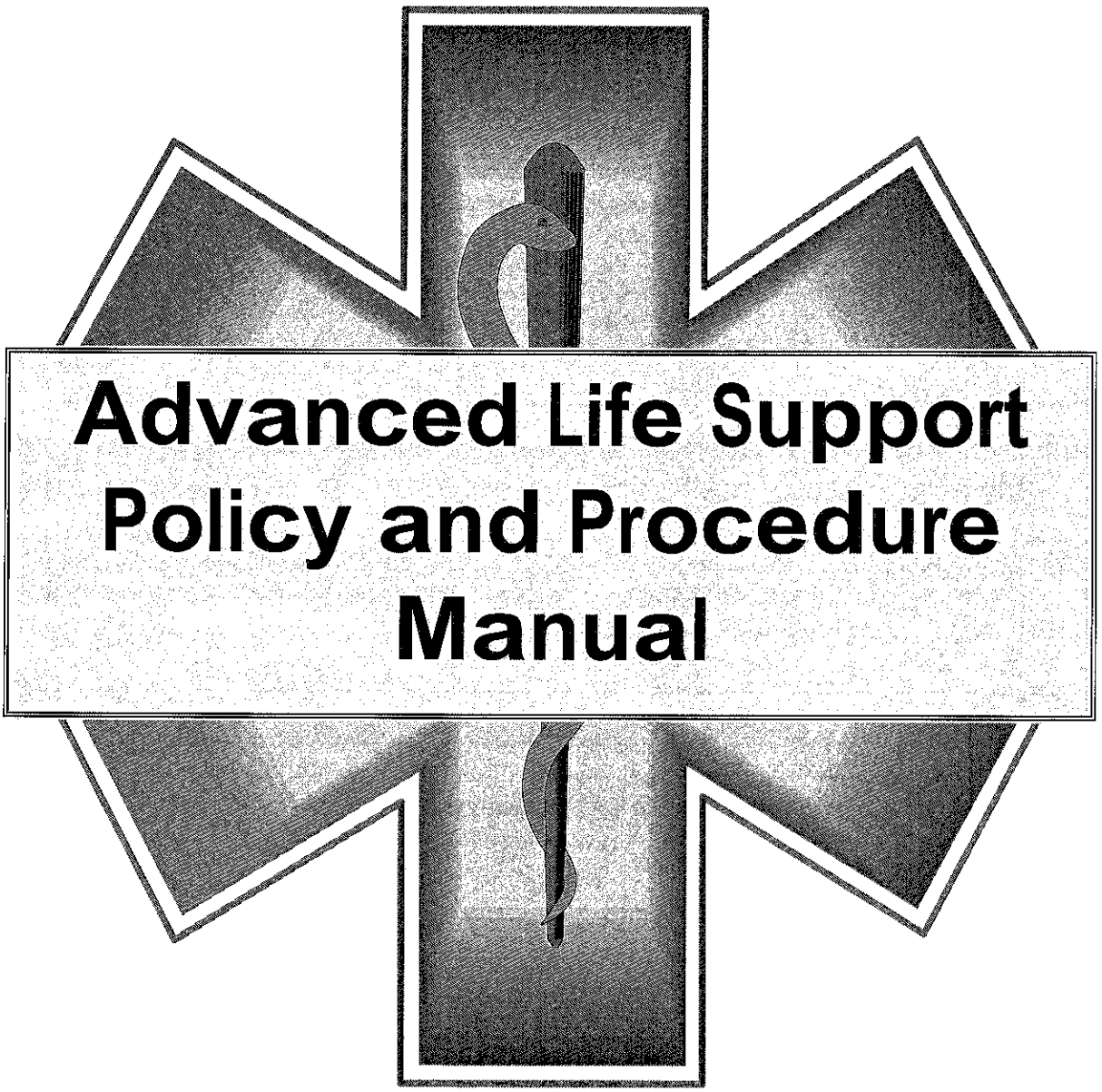
☐ Continue rapid IV or IO bolus of Normal Saline (0.9% NaCl) up to an additional 20 ml/kg (total of 60 ml/kg).

☐ Hydrocortisone Sodium Succinate (Solu-Cortef) 2mg/kg IV/IO *(max.100mg)*

☐ If transport is delayed or extended, and the patient presents with:

1. Supraventricular tachycardia or ventricular tachycardia with a pulse, with evidence of low cardiac output, perform synchronized cardioversion at 0.5-1 joules/kg, using pediatric pads. If necessary, repeat at 1-2 joules/kg.
2. Supraventricular tachycardia with evidence of low cardiac output, *if the Defibrillator is not able to deliver a calculated dose*, administer Adenosine 0.1 mg/kg, rapid IV or IO bolus (not to exceed 6 mg), followed immediately by 5-10 ml of Normal Saline (0.9% NaCl) flush. If necessary, Adenosine may be repeated at 0.2 mg/kg, rapid IV or IO bolus (not to exceed 12 mg), followed immediately by 5-10 ml Normal Saline (0.9% NaCl) flush.

Nassau Regional Emergency Medical Services



Advanced Life Support Policy and Procedure Manual

Nassau Regional Emergency Medical Services

Policies & Procedures	Drug and Equipment Exchange List	I.E - Page 1 of 2
	Reviewed: 5/12/2014	**Approved:** 6/4/2014
		Effective: 7/1/2014

Airway/O2:

BVM
Colorimetric CO2 detector
Advanced Airway
End Tidal C02 monitors
ET Tube
Hand held nebulizer with tubing
Nasal Cannula
Nasopharyngeal airways
Non-rebreather mask
Oropharyngeal airways
Suction catheters (Yankauer and soft)
Surgilube

Trauma:

Padded board splints
Rigid cervical collars

Fluids and Administration Sets:

0.9% Sodium Chloride
Saline Locks
Minidrip administration sets
Macrodrip administration sets

Medications:

Activated Charcoal
Adenosine
Albuterol 0.083% or Levalbuterol (Xopenex)
Amiodarone HCL
Aspirin
Atropine Sulfate
Calcium Chloride 10%
50% Dextrose & 10%
Diazepam
Diltiazem
Diphenhydramine
Dopamine
Epinephrine 1:1000
Epinephrine 1:10,000
Furosemide
Glucagon
Glucose paste
Haloperidol
Hydrocortisone Sodium Succinate (Solu-Cortef)
Ipratropium (Atrovent)
Ketorolac (Toradol)
2% Lidocaine (Wylocaine)
Magnesium sulfate
Methylprednisolone (Solu-Medrol)
Naloxone
Nitroglycerin 0.4 mg tablet or metered spray
Norepinephrine IV Drip (32 mcg/ml)
Ondansetron (Zofran)
Racemic Epinephrine 2.25%
Sodium Bicarbonate
Sodium Thiosulfate 25% sol.
Tetracaine HCL ½%
Vasopressin