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 - iniital 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

Advanced Life Support
Pediatric Protocol Manual

2014
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.
### Policies & Procedures

<table>
<thead>
<tr>
<th>Drug and Equipment Exchange List</th>
<th>I.E - Page 1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective: 7/1/2014</td>
<td></td>
</tr>
</tbody>
</table>

#### Airway/O2:
- BVM
- Colorimetric CO2 detector
- Advanced Airway
- End Tidal CO2 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