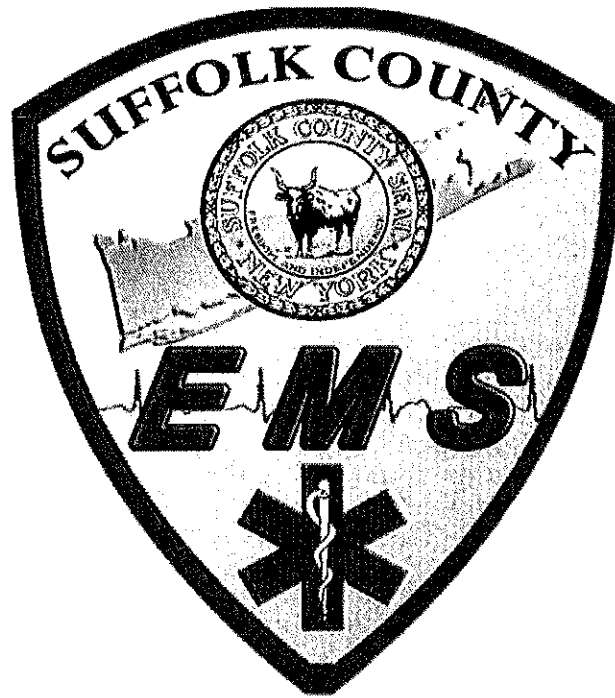


Suffolk County EMS



Advanced Life Support Protocol Manual

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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
- Norepinephrine Infusion
- Refer to the Pediatric Advanced Airway protocol.

EMT-CC and EMT-P

EMT-P

MEDICAL CONTROL

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.
