

**GENERAL INFORMATION**

TRAUMA - MIVT AND ETA  
 CONSIDER MIXED MECHANISMS  
 SOME RESUSCITATION MAY TAKE > 30MIN  
 DNR-CC => COMFORT ONLY  
 DNR-CCA => NORMAL CARE UNTIL ARREST  
 FIELD TERMINATION MUST BE ≥ 18 Y/O  
 DURATION OF RESUSCITATION  
 18 Y/O OR OLDER  
 PEA < 40 OR ASYSTOLE  
 ADVANCED AIRWAY & VASCULAR ACCESS  
 VERSED: 2mg=0.4ml, 4mg=0.8ml, 10 mg=2ml

**ABDOMINAL PAIN**

ONDANSETRON 4 mg IV/PO (OR 4 mg ORAL TABLET)  
**ONDANSETRON 0.1 mg/kg IV**  
 PAIN MANAGEMENT

**MCP FOR PAIN MANAGEMENT IN PED ABD PAIN****ACUTE MYOCARDIAL INFARCTION**

OBTAIN 12 LEAD  
 ALERT EXCLUSION - LBBB, PACEMAKER  
 INFERIOR (CAUTION W/ NTG AND FENTANYL)  
 LEADS II, III, aVF - OBTAIN V4R 12 LEAD  
 FLUID CHALLENGE  
 MAINTAIN SBP > 100  
 TCP FOR 2ND DEG TYPE II AND 3RD DEG HB  
 TCP 70 BPM @ 20 ma, MIDAZOLAM 2 mg  
 ATROPINE 0.5 mg IV WHILE WAITING PACER  
 NOREPI - 4 mg in 250 ml, 30 gtts/min, max 45 gtts  
 ANTERIOR WALL - V1-V4  
 NOREPI - 4 mg in 250 ml, 30 gtts/min, max 45 gtts

**AIRWAY MAINTENANCE**

2 LPM BY NC FOR COPD PT  
 4-6 LPM BY NC FOR OTHER PTS  
 8-10 LPM FOR NEBULIZED MEDS  
 12-15 LPM BY NRB FOR TRAUMA OR DISTRESS  
 2 ATTEMPTS OF ETT PRIOR TO ADJUNCT DEVICE  
 EtCO2 OF 35-45 mmHg  
 LIDOCAINE 100 mg IN OR NEB PRIOR TO ETT  
**1.5 mg/kg IN OR NEB**  
 RESISTING ETT - MIDAZOLAM 2 mg SLOW IV  
**0.1 mg/kg SLOW IV (2.0 mg max)**

**ANAPHYLACTIC REACTION**

>30 kg EPI 1:1,000 0.5 mg IM OR BOTH PENS  
**>15 kg AND < 30 kg - EPI PEN OR**  
**EPI 1:1,000 0.01 mg/kg (0.1 ml/kg) IM max 0.3 mg**  
**<15 kg EPIPEN JR**  
 REPEAT ABOVE DOSES AFTER 5 min  
 IF WHEEZING, ALBUTEROL 2.5 mg NEB X 3  
 ATROVENT 0.5 mg NEB  
 PRIOR TO ETT, CONSIDER  
 LIDOCAINE JELLY ON ET  
 LIDOCAINE 100 mg IN OR NEB  
**LIDOCAINE 1.5 mg/kg IN OR NEB (max 100 mg)**  
 IV NS WIDE OPEN FOR HYPOTENSION  
**20 ml/kg NS IV TO MAINTAIN**  
 BENADRYL 50 mg IM/IV  
**BENADRYL 1 mg/kg IM/IV (max 50 mg)**  
 STILL HYPOTENSIVE: EPI 1:10,000 0.1 mg IV q 3 min  
 up to a max of 0.5 mg  
 GLUCAGON 1 mg IV/IM UNRESPONSIVE TO EPI  
 SOLU-MEDROL 80 mg IV: **PEDS 2 mg/kg IV max 80mg**

**ASTHMA/EMPHYSEMA/COPD**

ALBUTEROL 2.5 mg NEBULIZED UP TO 3 TIMES  
 ATROVENT 0.5 mg NEBULIZED  
**PEDI SAME AS ABOVE**  
 LIDOCAINE 100 mg IN OR NEB PRIOR TO ETT  
**1.5 mg/kg IN OR NEB - max 100 mg**  
 CONSIDER CPAP (≥ 16 y/o)  
 AFTER INTUBATION VENT 8-10 RPM / **PEDS 10-15 RPM**  
 IF ARREST OR UNSTABLE, BILAT DECOMPRESSION  
 SEVERE ASTHMA:  
 ≥ 30 kg, EPI 1:1,000 0.5 mg IM OR BOTH PENS  
**≥15 & <30 kg, EPIPEN or EPI 1:1000 IM, max 0.3 mg**  
**< 15 kg, EPI JR or 1:1000, 0.01 mg/kg (0.1 ml/kg) IM**  
 REPEAT EPI 1:1,000 (0.1 mg/kg) max 0.5 mg IM after 5 min  
 SOLU-MEDROL 80 mg IV / **PEDS 2 mg/kg IV max 80mg**

**BRADYCARDIA**

FOR POOR PERFUSION  
 ATROPINE 0.5 mg IV q 3-5 min UP TO 3 mg  
 IF INEFFECTIVE BEGIN PACING  
 TCP 70 BPM @ 20 ma, MIDAZOLAM 2 mg  
**WIDE COMPLEX BRADYCARDIA: ADULT ONLY**  
 CALCIUM CHLORIDE 10% - 1,000 mg IV  
 SODIUM BICARB 100 mEq IV  
**FOR POOR PERFUSION: CPR IF HR < 60 BPM**  
**EPI 0.01 mg/kg (0.1 ml/kg) 1:10,000 IV/IO q 5 min**  
**IF AV BLOCK CONSIDER:**  
 ATROPINE 0.02 mg/kg IV max 0.5 mg SINGLE DOSE  
 MAY REPEAT 5 min - max 1 mg TOTAL DOSE  
 TCP 80 BPM @ 5-200 Ma  
 MIDAZOLAM 0.10 mg/kg IV/IO, max 2 mg

**CARDIAC ARREST GENERAL INFO**

**RENAL DIALYSIS PTS IN ARREST**  
 CALCIUM CHLORIDE 10% - 1,000 mg IV  
**20 mg/kg (0.2 ml/kg) IV, max 500 mg**  
**(FLUSH) SODIUM BICARB - 100 mEq IV**  
**1 mEq/kg IV**  
**RENAL DIALYSIS PTS, WIDE COMPLEX BRADYCARDIA**  
 CALCIUM CHLORIDE 10% - 1,000 mg IV  
**(FLUSH) SODIUM BICARB 100 mEq IV**

**CHEST PAIN**

SUPINE 12 LEAD EKG  
 ASPIRIN 324 mg OR 4 X 81 mg CHEWED > 25 Y/O  
 IF OVER 25 Y/O, NO ALLERGY, NO VIAGRA, ETC  
 NITRO 0.4 mg SL EVERY 5 min X 3 SBP > 100  
 CONSIDER PAIN CONTROL PROTOCOL  
 FLUID 500 ml, IF SBP < 100, NO PUL EDEMA  
 REPEAT FENTANYL 50 mcg IM IF OVER 30 min

**COMBATIVE PATIENTS**

KETAMINE 250 mg IM, repeat 2 min, 250 mg IM  
 OR KETAMINE 100 mg IV, repeat 5 min  
**> 8 y/o, KETAMINE 5 mg/kg IM, 1 mg/kg IV, max 100 mg**  
**AND/OR MIDAZOLAM 10 mg IN, 2 mg IV, 4 mg IM**  
 REPEAT IN/IV 5 min, IM 10 min  
**KETAMINE 1 mg/kg IV, 5 mg/kg IM**  
**MIDAZOLAM 0.2 mg/kg IN / IM, 0.1 mg/kg IV**  
 REPEAT ABOVE PEDI DOSES WITH ORDERS

**CRUSH SYNDROME**

CONTACT MCP PRIOR TO RELEASE OF LOAD  
 1 L FLUID BOLUS AND 500 ml/HR - **20 ml/kg**  
 IF HYPOTENSIVE AND > 1HR, REPEAT BOLUS  
 12 LEAD EKG  
 NORMAL - SODIUM BICARB AT EXTRICATION  
 ABNORMAL: **CALCIUM CHLORIDE, 1 GM**  
 ALBUTEROL: 10 mg NEB  
 SODIUM BICARB 100 mEq, **1 mEq/kg**  
 SEDATION KETAMINE 250 mg IM, REPEAT 2 min  
 SEDATION PEDS KETAMINE 5 mg/kg IM, max 250

**EXTRAPYRAMIDAL REACTIONS**

CONSIDER HYPOGLYCEMIA  
 BENADRYL 50 mg IM/IV  
**BENADRYL 1 mg/kg IM/IV (max 50 mg)**

**FEVERS**

TRANSPORT INFANTS < 2 MONTHS OF AGE WITH  
**TEMP > 100.4 F OR < 96.0 F**

**HYPOGLYCEMIA**

BS < 60, D10 250 ml IV, REPEAT IN 10 min  
 D10 5 ml/kg max 250 ml  
**NEWBORN BS < 40, D10 2 ml/kg**  
 IF NO IV, GLUCAGON 1 mg IM

**NEONATAL RESUSCITATION**

IF HR < 100 BPM, VENT 40-60 RPM  
 IF HR < 60 BPM, CPR 3:1 AT 120 BPM  
 EPI 1:10,000 0.01 mg/kg IV/IO  
 REPEAT EPI DOSES EVERY 3-5 min  
 IF HYPOVOLEMIC, NS 10 ml/kg OVER 5-10 min  
 CONSIDER NARCAN 0.1 mg/kg IV/IO q 3 min

**PAIN MANAGEMENT: NO KETAMINE FOR CHEST PAIN**

FENTANYL UP TO 50-100 mcg IV/IN/IM SBP > 100  
 REPEAT 50-100 mcg IV/IN/IM AFTER 15 min  
**AND/OR KETAMINE 25 mg IV/IN OR 50 mg IM**  
 REPEAT 25 mg IV/IN OR 50 mg IM AFTER 15 min  
**PTS > 2 Y/O FENTANYL 1 mcg/kg IN/IV, max 100 mg**  
 REPEAT AFTER 15 min  
**IM FENTANYL FOR PEDS IS A LAST RESORT**  
**NO FENTANYL < 2 Y/O, NO KETAMINE < 16 Y/O**

**PEA / ASYSTOLE**

CONSIDER TREATABLE CAUSES  
 INITIATE QUALITY CPR FOR 2 min, 100-120 BPM  
 EPI 1 mg 1:10,000 IV/IO EVERY 3-5 min  
**EPI 0.01 mg/kg (0.1 ml/kg) 1:10,000 IV/IO q 3-5 min**  
 ATROPINE 1 mg IV/IO q 3-5 min (ASYSTOLE/SLOW PEA)  
 max OF 3 DOSES FOR ASYSTOLE OR SLOW PEA

**POISONING / OVERDOSE**

NARCAN 4 mg IN / IM, 2 mg IV FOR RESPIRATIONS  
 < 20 kg - 0.1 mg/kg IV/ IN / IM (max 2mg), REPEAT X 1  
 > 20 kg - 2 mg IV/ IN / IM  
 IF IN AND NO IMPROVEMENT, START IV  
**TRICYCLIC OVERDOSE**  
 SODIUM BICARB 100 mEq, IV, **1 mEq/kg, IV**  
 REPEAT SODIUM BICARB 50 mEq, **0.5 mEq/kg, IV**  
**CALCIUM CHANNEL BLOCKER OD**  
 CALCIUM CHLORIDE 10% - 1,000 mg IV  
**♦ WITH ORDERS 0.2 ml/kg max 500 mg**  
 GLUCAGON 1 mg IM OR IV

**BETA BLOCKER OVERDOSE**

GLUCAGON 1 mg IM OR IV  
**STIMULANT OVERDOSE**  
 IF CHEST PAIN  
 NTG 0.4 mg SL IF SBP>100  
 MIDAZOLAM 10 mg IN, 2 mg IV, 4 mg IM  
 REPEAT MIDAZOLAM 5 mg IN, 2 mg IV, 4 mg IM

**PULMONARY EDEMA**

CPAP (≥ 16 y/o)  
 NTG 0.4 mg SL Q 5 min X 3 IF SBP > 100

**SEIZURES**

MIDAZOLAM 10 mg IN, 2 mg IV, 4 mg IM  
 repeat MIDAZOLAM 5 mg IN, 2 mg IV/IO, 4 mg IM  
**MIDAZOLAM 0.2 mg/kg IN / IM, 0.1 mg/kg IV**  
 repeat MIDAZOLAM 1/2 INITIAL DOSES - **NO IM**  
 CONSIDER HYPOGLYCEMIA

**SEPSIS**

SUSPECTED/KNOWN INFECTION WITH:  
 ETCO2 < 32 OR > 47 AND 2 OR MORE:  
 RESP RATE ≥ 22  
 ALTERED GCS < 13  
 TEMP >100.4 OR < 96.8  
 HR > 90  
 SBP < 100, MAP ≤ 65 MAP = (SBP+2xDBP)/3  
 1 L OF FLUID - Call for additional fluid  
 OXYGEN  
 NOREPINEPHRINE - 4 mg in 250 ml, 30 gtts/min

**SHOCK - MANUAL BP AND CONSIDER ALL SIGNS**

**WITHOUT PULMONARY EDEMA**  
 500 ml NS - REPEAT X 1  
**ORDERS FOR 3 RD DOSE**  
 NOREPINEPHRINE 30 gtts/min IF SBP < 100  
**20 ml/kg NS**  
**ORDERS FOR 2ND DOSE**  
**WITH PULMONARY EDEMA (JVD, RALES, EDEMA)**  
 250 ml NS  
 NOREPINEPHRINE 30 gtts/min, IF SBP < 100  
**EXSANGUINATING HEMORRHAGE**  
 IV FLUID TO MAINTAIN SBP ~ 100  
**20 ml/kg NS REPEAT X 2 FOR PERFUSION**

**SMOKE INHALATION/CYANIDE**

Provide 100% O2 via NRBM consider CPAP  
**ORDERS NOT NEEDED IN CARDIAC ARREST**  
 If arrest only CAB, defib, intubation & EPI precede antidotes  
**CYANOKIT 5 GRAMS (slow IV infusion over 15 min)**  
**SODIUM THIOSULFATE 50 ml (12.5 G) IV, > 25 kg**  
**PEDIATRIC WITH ORDERS**  
**CyanoKIT 70 mg/kg max 5 G (slow IV infusion over 15 min)**  
**< 25 kg - SODIUM THIOSULFATE 1.65 ml/kg IV**

**STABLE TACHYCARDIA****NARROW COMPLEX - REGULAR**

VAGAL MANEUVERS/VAGAL MANEUVERS  
 ADENOSINE 6 mg RAPID IV  
 ADENOSINE 12 mg RAPID IV  
 ADENOSINE 12 mg RAPID IV

**WIDE COMPLEX - REGULAR OR IRREGULAR**

AMIODARONE 150 mg IN 250 ml NS OVER 10 min-60gtt tubing

**STROKE**

IF CEREBRAL HERNIATION - VENT AT 20 RPM (30 TORR)  
 GLUCOSE < 60 OR SUSPECT, TX HYPOGLYCEMIA  
 ONSET < 4HRS - CLOSEST STROKE CENTER  
 ONSET > 4 - MVH OR KMC  
 BED FLAT IF TOLERATE UNLESS INCREASED ICP

**THE PEDIATRIC ASSESSMENT TRIANGLE**

**APPEARANCE, WORK OF BREATHING, CIRCULATION**  
**T TONE**  
**I INTERACTION**  
**C CONSOLABILITY**  
**L LOOK/GAZE**  
**S SPEECH/CRY**

**UNSTABLE TACHYCARDIA**

CARDIOVERT 100, 200, 300, 360 J  
 MIDAZOLAM 2 mg IV  
**VAGAL MANEUVERS**  
 ADENOSINE 0.1 mg/kg RAPID IV max 6 mg  
 ADENOSINE 0.2 mg/kg RAPID IV max 12 mg  
 ADENOSINE 0.2 mg/kg RAPID IV max 12 mg  
 CARDIOVERT 1 J/kg THEN 2 J/kg  
 MIDAZOLAM 0.1 mg/kg IV max 2 mg

**V-TACH / V-FIB**

INITIATE QUALITY CPR, 100-120 BPM  
 DEFIB PER MANUFACTURER RECOMMENDATIONS (200J)  
**DEFIB 2, 4, 6, 8, 10 J/kg PER MANUFACTURER**  
 CPR 1-2 min INTERVALS  
 DEFIB PER MANUFACTURER RECOMMENDATIONS (300J)  
 EPI 1 mg 1:10,000 IV/IO EVERY 3-5 min  
**EPI 0.01 mg/kg (0.1 ml/kg) 1:10,000 IV/IO q 3-5 min**  
 CPR 1-2 min INTERVALS  
 DEFIB PER MANUFACTURER RECOMMENDATIONS (360J)  
 AMIODARONE 300 mg IV/IO  
 REPEAT IN 10 min 150 mg IV/IO  
**AMIODARONE 5 mg/kg (50 mg/ml) IV/IO - max 300 mg**  
**REPEAT IN 10 min 5 mg/kg IV/IO - max 150 mg**  
 IF CONVERSION AND **NO ANTI-ARRHYTHMIC**  
 AMIODARONE 150 mg IN 250 ml NS OVER 10 min-60gtt tubing