

GENERAL INFORMATION

TRAUMA - MVIT AND ETA
 NON-INITIATION OF CPR
 5 min FOR BLUNT TRAUMA
 15 min FOR PENETRATING TRAUMA
 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 (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 - V3, 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 mm/Hg
 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 EPI PEN 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
 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
 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, EPI PEN 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 0.5 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 3-5 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
 SODIUM BICARB - 100 mEq IV
 1 mEq/kg IV

RENAL DIALYSIS PTS, WIDE COMPLEX BRADYCARDIA

CALCIUM CHLORIDE 10% - 1,000 mg IV
 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
 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
 SODIUM BICARB 100 mEq, 1 mEq
 SEDATION KETAMINE 250 mg IM, REPEAT 2 min
 SEDATION KETAMINE 5 mg/kg IM, max 500

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
 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, KETAMINE > 16 Y/O ONLY

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, 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
 NTG 0.4 mg SL Q 5 min X 3 IF SBP > 100

SEIZURES

MIDAZOLAM 10 mg IN, 2 mg IV, 4 mg IM
 MIDAZOLAM 5 mg IN, 2 mg IV/IO, 4 mg IM
 MIDAZOLAM 0.2 mg/kg IN / IM, 0.1 mg/kg IV
 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
 1 L OF 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
 NOREPINEPHINE 30 gtts/min IF SBP < 100
 20 ml/kg NS
 ORDERS FOR 2ND DOSE

WITH PULMONARY EDEMA (JVD, RALES, EDEMA)

250 ml NS
 NOREPINEPHINE 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

ORDERS NOT NEEDED IN CARDIAC ARREST
 CYANOKIT 5 GRAMS
 SODIUM THIOSULFATE 50 ml (12.5 G) IV, > 25 kg
 PEDIATRICAL WITH ORDERS
 < 25 kg - SODIUM THIOSULFATE 1.65 ml/kg IV

STABLE TACHYCARDIA**NARROW COMPLEX - STABLE**

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

STROKE

IF CEREBRAL HERNIATION - VENT AT 20 RPM (30 TORR)
 GLUCOSE < 60 OR SUSPECT, TX HYPOGLYCEMIA
 ONSET < 4HRS - CLOSEST STROKE CENTER
 ONSET BETWEEN 4 AND 8 HRS - 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 0.10 mg/kg IV max 2 mg

V-TACH / V-FIB

INITIATE QUALITY CPR, 100-120 BPM
 DEFIB 200, 300, 360J PER MANUF
 DEFIB 2, 4, 6, 8, 10 J/kg PER MANUF
 CPR 1-2 min INTERVALS
 DEFIB 200, 300, 360J PER MANUF
 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 200, 300, 360J PER MANUF
 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