

**GENERAL INFORMATION**

TRAUMA ALERT - Provide MIVT and ETA  
Consider mixed mechanisms  
Some resuscitations may take > 30min  
DNR-CC => COMFORT ONLY  
DNR-CCA => NORMAL CARE UNTIL ARREST  
♦ **REQUEST TO HONOR THE DNR FOR:**  
Out of State DNR Orders  
Pediatric DNR Orders  
FIELD TERMINATION MUST BE ≥ 18 Y/O:  
PEA <40 or Asystole  
No Hypothermia  
Advanced Airway & Vascular Access  
No Signs of Neuro Function  
IF >69 y/o, CUT SEDATIVE/ANALGESICS DOSES 1/2

**ABDOMINAL PAIN**

ONDANSETRON 4 mg IV or PO (or 4 mg PO tablet)  
ONDANSETRON 4 mg PO or 0.1 mg/kg IV  
Patient must be >12 y/o & >40 kg

**CONSIDER PAIN CONTROL**

♦ Orders needed to **MANAGE PEDI Abdominal Pain**

**ACUTE MYOCARDIAL INFARCTION/CARDIAC ALERT**

AGGRESSIVE FLUIDS IN CARDIOGENIC SHOCK  
REASSESS LUNGS FREQUENTLY  
MONITOR BP  
ADMINISTER NTG and FENTANYL CAUTIOUSLY  
Refractory Hypotension, ADMINISTER NOREPI:  
30 gts/min (max.45) with 60 gtt tubing and TITRATE  
INCREASE by 5 gts/min every 5 min

**AIRWAY MAINTENANCE**

2 LPM NC for COPD Patient  
4-6 LPM NC for other patients  
12-15 LPM by NRB for Trauma or Distress  
2 ATTEMPTS at ETT, THEN RESCUE AIRWAY  
Prior to ETT, CONSIDER:  
LIDOCAINE JELLY on Tube  
LIDOCAINE 100 mg IN or NEBULIZED  
LIDOCAINE 1.5 mg/kg IN OR NEB (max 100 mg)  
Resist ETT & SBP<100 - KETAMINE 100 mg SLOW IV  
Resist ETT & SBP>100 - MIDAZOLAM 2.5 mg SLOW IV  
MIDAZOLAM 0.1 mg/kg SLOW IV (2.5 mg max)

**ANAPHYLACTIC REACTION**

≥30 kg EPI 1:1,000 0.5 mg IM or BOTH EPI PENS  
≥15 kg AND < 30 kg - ADULT 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 or EPI 1:1000 0.01 mg/kg  
(0.1 ml/kg) IM max 0.15 mg  
REPEAT ABOVE DOSES after 5 min  
EPI is always weight-based, not age-based  
If wheezing, ALBUTEROL 2.5 mg NEB x 3  
ATROVENT 0.5 mg NEB

IV NS WIDE OPEN for Hypotension  
20 ml/kg NS IV TO MAINTAIN

DIPHENHYDRAMINE 50 mg IM/IV  
DIPHENHYDRAMINE 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 if unresponsive to EPI  
SOLU-MEDROL 125 mg IV  
SOLU-MEDROL 2 mg/kg IV (max 125 mg)

**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 or (BiPAP) (≥ 16 y/o)  
AFTER ETT VENT 8-10 RPM / PEDS 10-15 RPM  
IF ARREST/UNSTABLE, BILATERAL DECOMPRESSION  
SEVERE ASTHMA: (NOT FOR EMPHYSEMA OR COPD)  
≥ 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 IM, max 0.15mg  
REPEAT ABOVE DOSES after 5 min  
SOLU-MEDROL 125 mg IV  
SOLU-MEDROL 2 mg/kg IV (max 125 mg)

**BRADYCARDIA**

For poor perfusion:  
ATROPINE 1 mg IV q 3-5 min UP TO 3 mg  
IF INEFFECTIVE BEGIN PACING  
TCP 70 BPM @ 20 mA till capture  
MIDAZOLAM 2.5 mg  
**WIDE COMPLEX BRADYCARDIA: ADULT ONLY**  
♦ CALCIUM CHLORIDE 10% - 1 g IV  
♦ FLUSH BEFORE 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 q 5 min to max 1 mg TOTAL DOSE  
TCP 80 BPM @ 5-200 mA  
MIDAZOLAM 0.1 mg/kg IV/IO, max 2.5 mg

**CARDIAC ARREST GENERAL INFO**

**RENAL DIALYSIS PTS IN ARREST**  
CALCIUM CHLORIDE 10% - 1 g IV  
CALCIUM CHLORIDE 20 mg/kg IV, max 500 mg  
FLUSH BEFORE SODIUM BICARB - 100 mEq IV  
SODIUM BICARB 1 mEq/kg IV  
**RENAL DIALYSIS, WIDE COMPLEX BRADYCARDIA**  
♦ CALCIUM CHLORIDE 10% - 1 g IV  
♦ FLUSH BEFORE SODIUM BICARB 100 mEq IV  
**CARDIAC ARREST: 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

**CARDIAC ARREST: V-TACH / V-FIB**

INITIATE QUALITY CPR, 100-120 BPM  
DEFIB PER MANUFACTURER RECOMMENDATIONS  
DEFIB 2, 4, 6, 8, 10 J/kg  
RESUME CPR, NO PULSE CHECKS FOR 2 min  
ALTERNATE BETWEEN DEFIB and MEDICATIONS  
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  
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 NO AMIODARONE, LIDOCAINE 150 mg repeat 75 mg  
IF NO AMIODARONE, LIDOCAINE 1.0 mg/kg (max 100/75)  
If conversion and no anti-arrhythmic administered yet:  
AMIODARONE 150 mg/250 ml NS OVER 10 min-60gtt tubing  
if SBP <90, 500 ml IV to >90 SBP before AMIODARONE

**CHEST PAIN**

ACQUIRE SUPINE 12 LEAD EKG  
ASPIRIN 324 mg or 4x81 mg CHEWED if >25 y/o  
NITRO 0.4 mg SL EVERY 5 min x 3 if SBP >100

**CONSIDER PAIN CONTROL**

FLUID 500 ml, if SBP <100 & No pulmonary edema

**COMBATIVE PATIENTS**

KETAMINE 250 mg IM, REPEAT after 5 min in other thigh  
or KETAMINE 100 mg IV, REPEAT after 5 min  
≥ 8 y/o, KETAMINE 1 mg/kg IV, max 100 mg  
or KETAMINE 5 mg/kg IM, max dose 250 mg  
AND/OR MIDAZOLAM 10 mg IN, 2.5 mg IV, 5 mg IM  
REPEAT MIDAZOLAM 5 mg IN, 2.5 mg IV, 5 mg IM  
MIDAZOLAM 0.2 mg/kg IN / IM, 0.1 mg/kg IV  
♦ REPEAT PEDI KETAMINE DOSES WITH ORDERS  
NO KETAMINE or MIDAZOLAM SIMULTANEOUSLY  
♦ Exicted delirium in arrest: SODIUM BICARB 100 mEq IV

**CRUSH SYNDROME**

♦ CONTACT MCP PRIOR TO RELEASE OF LOAD  
1 L FLUID BOLUS then 500 ml/HR - 20 ml/kg  
If hypotensive and trapped >1 hr: REPEAT BOLUS  
12 LEAD EKG  
Normal: SODIUM BICARB 100 mEq/IV, 1 mEq/kg  
AT EXTRICATION  
♦ Abnormal: CALCIUM CHLORIDE, 1 g (Call Peds)  
ALBUTEROL: 10 mg NEB  
SODIUM BICARB 100 mEq, 1 mEq/kg  
♦ SEDATION with KETAMINE 250 mg IM, REPEAT 2 min  
♦ SEDATION with KETAMINE 5 mg/kg IM, max 250 mg

**EXTRAPYRAMIDAL REACTIONS**

CONSIDER HYPOGLYCEMIA  
♦ DIPHENHYDRAMINE 50 mg IM/IV  
♦ DIPHENHYDRAMINE 1 mg/kg IM/IV (max 50 mg)  
♦ Parmedic: no MCP to admin DIPHENHYDRAMINE

**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 and >8 y/o, GLUCAGON 1 mg IM  
if <8 y/o, GLUCAGON 0.5 mg IM

**NEONATAL RESUSCITATION**

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

**PAIN MANAGEMENT**

FENTANYL 50-100 mcg IV/IN/SQ/IM SBP >100  
REPEAT 50-100 mcg IV/IN/SQ/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  
FENTANYL 1 mcg/kg IN/IV, max 100 mg (SQ/IM last)  
REPEAT p 15 min (ADD EXTRA 0.1 ML to ALL DOSES)  
♦ ORDERS NEEDED IN PEDI/ADULT ABDOMINAL PAIN  
SQ/IM FENTANYL IN PEDIATRIC IS A LAST RESORT  
NO FENTANYL <2 Y/O  
NO KETAMINE <16 Y/O FOR PAIN  
NO KETAMINE FOR CHEST PAIN

**POISONING / OVERDOSE**

NARCAN 4 mg IN (2 mg each nare)/IM, 2 mg IV to respirations  
≤ 20 kg: 0.1 mg/kg IV/IN/IM (max 2mg), REPEAT X 1  
> 20 kg: 2 mg IV/IN/IM, REPEAT as needed  
If using IN and no improvement, START IV  
**STIMULANT OVERDOSE**  
If chest pain:  
NTG 0.4 mg SL IF SBP>100  
MIDAZOLAM 10 mg IN, 2.5 mg IV, 5 mg IM  
REPEAT MIDAZOLAM 5 mg IN, 2.5 mg IV, 5 mg IM

**BETA BLOCKER OVERDOSE**

♦ GLUCAGON 1 mg IM OR IV  
♦ GLUCAGON <8 y/o: 0.5MG IM/IV; >8 y/o: 1MG IM/IV

**TRICYCLIC OVERDOSE**

♦ SODIUM BICARB 100 mEq, IV  
♦ SODIUM BICARB 1 mEq/kg IV  
♦ REPEAT SODIUM BICARB 50 mEq  
♦ SODIUM BICARB 0.5 mEq/kg IV

**CALCIUM CHANNEL BLOCKER OVERDOSE**

♦ CALCIUM CHLORIDE 10% - 1 g SLOW IV  
♦ CALCIUM CHLORIDE 20 mg/kg, max 500 mg  
♦ GLUCAGON 1 mg IM OR IV  
♦ GLUCAGON <8 y/o: 0.5MG IM/IV; >8 y/o: 1MG IM/IV

**PULMONARY EDEMA**

CPAP or (Bi-PAP) PRIOR TO DRUG THERAPY  
IF SBP >100, NTG 0.4 mg SL q 5 min x3  
CONSIDER EARLY ENDOTRACHEAL INTUBATION

**SEIZURES**

MIDAZOLAM 10 mg IN, 2.5 mg IV, 5 mg IM  
REPEAT MIDAZOLAM 5 mg IN, 2.5 mg IV, 5 mg IM  
MIDAZOLAM 0.2 mg/kg IN or 0.1 mg/kg IV or 0.2 mg/kg IM  
REPEAT 0.2 mg/kg IN, 0.1 mg/kg IV, 0.2 mg/kg IM  
ALL PEDIATRIC MAX DOSES EQUAL ADULT MAX DOSES

**SEPSIS**

Known or suspected infection with:  
ETCO<sub>2</sub> <32 or >47 and two or more other symptoms:  
Respiratory rate ≥22  
Altered Mental Status (GCS <13)  
TEMP >100.4 or <96.8  
HR >90  
SBP <100, or MAP <65 [MAP = (SBP+2xDBP)/3]

1 L OF FLUID

♦ ADDITION FLUIDS ON MCP ORDERS  
OXYGEN  
♦ NOREPINEPHRINE - 4 mg in 250 ml, 30 gts/min - 60gtt tubin

**SHOCK - MANUAL BP AND CONSIDER ALL SIGNS****WITHOUT PULMONARY EDEMA**

500 ml IV FLUID- REPEAT X 1  
♦ REPEAT FLUID CHALLENGES IN ADULTS  
NOREPINEPHRINE 30 gts/min IF SBP < 100  
20 ml/kg IV FLUID  
♦ ADDITIONAL 20ml/kg IV FLUID IN PEDIATRICS  
**WITH PULMONARY EDEMA (JVD, RALES, EDEMA)**  
250 ml NORMAL SALINE  
NOREPINEPHRINE 30 gts/min, if SBP <100  
**EXSANGUINATING HEMORRHAGE**  
IV FLUID TO MAINTAIN SBP ~ 100  
20 ml/kg IV FLUID  
REPEAT 20 ml/kg IV FLUID x2 FOR PERFUSION

**SMOKE INHALATION/CYANIDE**

100% O<sub>2</sub> via NRBM or BVM, CONSIDER CPAP {Bi-PAP}  
**NO DRUG ORDERS NEEDED IN CARDIAC ARREST**  
IF CYANIDE ARRESTS, ACLS PRECEDES ANTIDOTES  
♦ CYANOKIT 5 GRAMS (IV infusion over 15 min), MAY REPEAT  
♦ If >25 kg, SODIUM THIOSULFATE 50 ml (12.5 G) IV  
♦ TO ADMINISTER BOTH SODIUM THIO & CYANOKIT TO SAME F  
♦ CYANOKIT 70 mg/kg, max 5 g (IV infusion over 15 min)  
♦ REPEAT CYANOKIT AT HALF FIRST DOSE, max 2.5 g  
♦ If <25 kg, SODIUM THIOSULFATE 1.65 ml/kg IV, max 12.5

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

VAGAL MANEUVERS  
VAGAL MANEUVERS (Blow through straw, etc.)  
ADENOSINE 6 mg RAPID IV, SALINE FLUSH  
ADENOSINE 12 mg RAPID IV, SALINE FLUSH  
ADENOSINE 12 mg RAPID IV, SALINE FLUSH  
**WIDE COMPLEX - REGULAR OR IRREGULAR**  
AMIODARONE 150 mg/250 ml NS OVER 10 min-60gtt tubin  
IF NO AMIODARONE, LIDOCAINE 150 mg IV/IO

**TACHYCARDIA - UNSTABLE**

CARDIOVERT 100, 200, 300, 360 J  
CONSIDER MIDAZOLAM 2.5 mg IV  
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 2.5 mg

**STROKE**

If signs of cerebral herniation: VENTILATE 20 RPM (EtCO<sub>2</sub>=3f)  
VENTILATE 10 RPM FASTER THAN NORMAL (EtCO<sub>2</sub>=3f)  
GLUCOSE <60 or suspected, TREAT HYPOGLYCEMIA  
One or more signs of stroke scale present & <24 hrs onset:  
TRANSPORT TO CLOSEST STROKE CENTER  
MAINTAIN SpO<sub>2</sub> of 94%, if higher than 94% then no oxygen