PINK: PEDS 2025 GMVEMSC PREHOSPITAL PROTOCOL GREEN:MCP (♦)

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
With exceptions for {RSI}, combative & cardioversion/pacing

ABDOMINAL PAIN
ONDANSETRON 4 mg IV or PO (or 4 mg PO tablet)
ODANSETRON 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 NOREPINEPHRINE:
30 gtts/min (max.45) with 60 gtt tubing and TITRATE
INCREASE by 5 gtts/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
Resist ETT MIDAZOLAM 0.1 mg/kg IV (2.5 mg max)

ANAPHYLACTIC REACTION
≥30 kg - EPI 1:1,000 0.5 mg IM
≥15 kg AND < 30 kg - EPI 1:1,000 0.3 mg IM
<15 kg - EPI 1:1000 0.15 mg IM
EPI doses for both Adult and Pediatric Patients
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 PERFUSION
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
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, EPIPEN 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 10 min
SOLU-MEDROL 125 mg IV
SOLU-MEDROL 2 mg/kg IV (max 125 mg)
Asthma after all above - MAG SULFATE 2 GM in 10 min.

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
KETAMINE 25 mg or MIDAZOLAM 2.5 mg IV
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, max 2.5 mg

SEIZING PREGNANT PATIENT
If greater than 20 weeks or postpartum less than 6 weeks:
MAG SULFATE 4 GM in 20 Minutes

UPDATED May 25, 2025

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
No Mech. CPR with Neck or Thoraco-abdominal Trauma

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
{After 3 shocks, consider VECTOR or DSD defib}
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 adminstered yet:
AMIODARONE 150 mg/250 ml NS OVER 10 min-60gtt tubing
If SBP <90, 500 ml IV to >90 SBP before AMIODARONE
If polymorphic V-Tach, MAG SULFATE 2 GM in 10 min

CHEST PAIN
AQUIRE 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/EMERGENCY SEDATION
KETAMINE 250 mg IM, REPEAT after 10 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 Midazolam or Ketamine simultaneously
♦ Exicted deliruim in arrest: SODIUM BICARB 100 mEq IV
Consider calling appropriate Hospital Behavioral Alert

CRUSH SYNDROME
♦ CONTACT MCP PRIOR TO RELEASE OF LOAD
12 LEAD EKG as soon as feasible
1 L FLUID BOLUS then 500 ml/HR - 20 ml/kg
If hypotensive and trapped >1 hr: REPEAT BOLUS
Normal EKG: SODIUM BICARB 100 mEq/IV, 1 mEq/kg
AT EXTRICATION
Abnormal EKG:
♦ CALCIUM CHLORIDE, 1 g (Call for Peds)
ALBUTEROL: 10 mg NEB
SODIUM BICARB 100 mEq, 1 mEq/kg
♦ SEDATION with KETAMINE 250 mg IM, REPEAT 10 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)
Paramedic: no MCP to admin DIPHENHYRAMINE

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

HYPOGLYCEMIA/HYPERGLYCEMIA
BS <60, D10 250 ml IV, REPEAT IN 10 min
D10 5 ml/kg max 250 ml
Newborn BS <40, D10 2 ml/kg
BS >400, 500 ml FLUID IV, WIDE OPEN

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
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 (5 min IV)(10 min IN, IM, SQ)
2nd line med: KETAMINE 25 mg IV/IN or 50 mg IM
REPEAT 25 mg IV/IN or 50 mg IM, (5 or 10 min)
FENTANYL 1 mcg/kg IN/IV, max 100 mg (SQ/IM last)
REPEAT IV (5 min) or SQ/IM (10 min)
♦ ORDERS NEEDED IN PEDIs W/ ABDOMINAL PAIN
SQ/IM Fentanyl in a pediatric is a last resort
No Fentanyl if less than 2 y/o
No Ketamine for pain if less than <16 y/o

OVERDOSE/POISONING
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
NO NARCAN FOR NEWBORNS
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
TRICYCLIC OVERDOSE
♦ SODIUM BICARB 100 mEq, IV
♦ SODIUM BICARB 1 mEq/kg IV
♦ REPEAT SODIUM BICARB 50 mEq
♦ REPEAT 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

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
All pediatric max doses = adult max doses

SEPSIS
Known or suspected infection with:
$ETCO_2$ <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 gtts/min - 60gtt tubin

SHOCK - MANUAL BP AND CONSIDER ALL SIGNS
WITHOUT PULMONARY EDEMA
500 ml IV FLUID- REPEAT X 1
NOREPINEPHRINE 30 gtts/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
NOREPINEPHINE 30 gtts/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
Hemorrhage in trauma, TXA 2 GM over 1-2 min.

SMOKE INHALATION/CYANIDE
100% O_2 via NRBM or BVM, CONSIDER CPAP {Bi-PAP}
No drug orders needed in cardiac arrest
If possible cyanide arrest, ACLS PRECEDES ANTIDOTES
♦ CYANOKIT 5 GRAMS (IV infusion over 15 min), MAY REPEA
♦ If >25 kg, SODIUM THIOSULFATE 50 ml (12.5 G) IV
♦ MCP order for SODIUM THIO & CYANOKIT to same patient
♦ 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 g

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 tubir
If no Amiodarone, LIDOCAINE 150 mg IV/IO
POLYMORPHIC V-TACH - MAG SULFATE 2 GM in 10 min

TACHYCARDIA - UNSTABLE
CARDIOVERT 100, 200, 300, 360 J
KETAMINE 25 mg or MIDAZOLAM 2.5 mg IV
POLYMORPHIC V-TACH - UNSYNCH CARDIOVERSION
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
PERFORM CPSS & LVO SCREENING {or equivalents}
MAINTAIN SpO2 of 94%, if higher than 94% then no oxygen
If signs of cerebral herniation: VENTILATE 20 RPM (EtCO2=3
VENTILATE 10 RPM FASTER THAN NORMAL (EtCO2=3
One or more signs of stroke scale present & <24 hrs onset:
TRANSPORT TO CLOSEST STROKE CENTER
CONSIDER TRANSPORT TO COMPREHENSIVE (etc.) in:
Greater than 24 hours last known normal
Contraindications to Thrombolytics
One or more LVO indicators present