Abdominal Pain
Abdominal Trauma
Altered LOC/Unresponsive - Unknown Cause
Anaphylaxis/Allergic Reactions (Adult)
Anaphylaxis/Allergic Reactions (Pediatric)
Bradycardia (Adult)
Bradycardia (Pediatric)
Burns
Cardiac Arrest (Adult)
Cardiac Arrest (Pediatric)
Chest Trauma
Chest Pain (Suspected Cardiac)
Congestive Heart Failure/Pulmonary Edema
CVA/TIA (Stroke)
Diabetic (Adult)
Diabetic (Pediatric)
Drowning/Near Drowning
Electrical Therapy
Head Injury
Hypertension
Hyperthermia
Hypothermia
Isolated Orthopedic Injuries
Multi-Systems Trauma
Nausea/Vomiting (Adult/Pediatric)
Obstetrical/Gynecological Emergencies
Overdose/Poisoning (Adult/Pediatric) - EMT/EMT-I
Overdose/Poisoning (Adult/Pediatric) - Paramedic/AEMT
Pain Management (Adult)
Pain Management (Pediatric)
Pain Management (Pediatric)
Pediatric Care - General
Pulsatile Tachycardic Arrhythmias
Respiratory Distress
Return of Spontaneous Circulation (ROSC)
Seizures
Shock/Hypoperfusion
Spinal Immobilization
Spinal Injuries
Syncope
Abdominal Pain

ABC's
Treat/Secure as Needed

Assessment
- Vitals
- History
- Rapid Physical Exam

Oxygen (as needed)
- Nasal Cannula 1-6 LPM
- Non-Rebreather 10-15 LPM
- BVM 15 LPM

Condition Specific
- Blood Pressure
- Respiration
- Focused exam of abdomen
- Skin

Note:
Obtain full history on these patients
Avoid analgesics or anything by mouth
FOLLOW NAUSEA/VOMITING PROTOCOL IF NEEDED
Abdominal Trauma

**Condition Treatment**
- Dress eviscerations with moist dressing and cover with occlusive dressing
- Keep patient warm
- Stabilize impaled objects if needed
- Avoid analgesics

**ABC’s**
- Treat/Secure as Needed

**Assessment**
- Vitals
- History
- Rapid Physical Exam
- Mechanism of Injury

**Oxygen** (as needed)
- Nasal cannula 1-6 LPM
- Non-rebreather 10-15 LPM
- BVM 15 LPM

**Condition Specific**
- LOC
- Blood Pressure
- Respirations
- Pulse
- Skin
- Pupils
- Neurovascular’s
- SpO2

**Consider Treatment**
- C-Spine/C-Collar
- Spinal Immobilization

---

**Paramedic**
- Apply Cardiac Monitor as needed
- Normal Saline IV (as needed)
  - Large Bore
  - Titrate BP > 90
- Transport
  - Appropriate facility
  - Position of comfort
  - Detailed Exam

**AEMT**
- Apply Cardiac Monitor as needed
- Normal Saline IV (as needed)
  - Large Bore
  - Titrate BP > 90
- Transport
  - Appropriate facility
  - Position of comfort
  - Detailed Exam

**EMT-I**
- Apply Cardiac Monitor
  - Obtain 6 second strip
- Normal Saline IV (as needed)
  - Large Bore
  - Titrate BP > 90
- Transport
  - Appropriate facility
  - Position of comfort
  - Detailed Exam

**EMT**
- Apply Cardiac Monitor
  - Obtain 6 second strip
- Transport
  - Appropriate facility
  - Position of comfort
  - Detailed Exam

**Required If:**
- Deceleration Injury
- Penetrating Trauma to Torso

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The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Altered LOC/Unresponsive - Unknown Cause

**ABC's**
Assess and treat as needed

**Oxygen** (as needed)
- 1-6 LPM via Cannula
- 10-15 LPM via Non-rebreather
- 15 LPM via BVM

**Assessment**
- HPI
- PMH
- Rapid Physical Exam

Consider
Spinal Immobilization. Especially if pt is in odd location/position such as floor or yard unresponsive.

**Treatment**
Follow appropriate protocol if cause is found above. Otherwise, follow the below actions.

---

**Paramedic**

- **Transport**
  - To Appropriate Facility
  - Make Contact ASAP
  - Monitor ABC's
  - Monitor LOC/Vitals

- **Normal Saline IV/IO**
  - Titrate BP > 90

- **Apply Cardiac Monitor**
  - Obtain and Interpret

- **12-Lead EKG**
  - Obtain and Interpret

- **Thiamine**
  - 100mg via IV or IM
  - If ETOH/Drugs are suspected

**EMT-I**

- **Transport**
  - To Appropriate Facility
  - Make Contact ASAP
  - Monitor ABC's
  - Monitor LOC/Vitals

- **Normal Saline IV**
  - Titrate BP > 90

- **Apply Cardiac Monitor**
  - Obtain and Interpret

- **12-Lead EKG**
  - Obtain and Print

**EMT**

- **Transport**
  - To Appropriate Facility
  - Make Contact ASAP
  - Monitor ABC's
  - Monitor LOC/Vitals

- **Normal Saline IV**
  - Titrate BP > 90

- **Apply Cardiac Monitor**
  - Obtain 6 second strip

- **12-Lead EKG**
  - Obtain and Print

**AEMT**

- **Transport**
  - To Appropriate Facility
  - Make Contact ASAP
  - Monitor ABC's
  - Monitor LOC/Vitals

- **Normal Saline IV/IO**
  - Titrate BP > 90

- **Apply Cardiac Monitor**
  - Obtain and Interpret

- **12-Lead EKG**
  - Obtain and Print

**Condition Specific**

- Blood Sugar
- Pupils
- Physical Exam of Head
- Assess tongue - Seizure?
- Blood Pressure
- Pulse (Quality/Regularity)
- Respirations (Rate/Effort)
- Signs of Hemorrhage?
- Abnormal Odor to breath?
- Stroke Scale (if possible)
- Onset (if known)

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The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)
Rice County
Emergency Medical Services

Emergency Protocols

Anaphylaxis/Allergic Reactions (ADULT)

**Condition Signs/Symptoms**
- Hives/itching
- Swelling
- Difficulty breathing
- Wheezing/stridor
- Flushing

**Treatment**
- Remove patient from environment cause
- Remove stingers by scraping a card (credit card) across the stinger

**ABC's**
- Secure and treat as needed

**Oxygen** (as needed)
- Nasal Cannula 1-6 LPM
- Non-Rebreather 10-15 LPM
- BVM 15 LPM

**Assessment**
- Vital Signs
- History
- Rapid Physical Exam

**Administer Epi Pen**
- If patient has one prescribed to them
- As directed by package

**PHYSICIAN ORDER:**
- Epi 1:10,000 - 0.2mg IV
- If pt is hypotensive or SQ Epi ineffective

**Normal Saline IV**
- (as needed)
- Titrate BP >100mmHg

**Severe**
- Benadryl
  - 50mg
  - IM or IV
- Albuterol: 2.5mg
  - Nebulized
  - Every 5min as needed
- Epi 1:1,000
  - 0.3-0.5 mg
  - via SQ injection

**Mild**
- Benadryl
  - 50mg
  - IM or IV
- Albuterol: 2.5mg
  - Nebulized
  - Every 5min as needed
- Transport
  - Appropriate facility
  - Contact ASAP
  - Monitor ABC's Closely

**Condition Specific**
- Blood Pressure
- Respirations
- Breath Sounds
- Pulse
- Body Temperature
- LOC
- SpO2

**APPLICATION**

**Paramedic**
- Normal Saline IV
  - (as needed)
  - Titrate BP >100mmHg
- Severe

**AEMT**
- Normal Saline IV
  - (as needed)
  - Titrate BP >100mmHg
- Severe

**EMT-I**
- Normal Saline IV
  - (as needed)
  - Titrate BP >100mmHg
- Severe

**EMT**
- Normal Saline IV
  - (as needed)
  - Titrate BP >100mmHg
- Severe

**Albuterol: 2.5mg Nebulized**
- Every 5min as needed

**Apply Cardiac Monitor**
- Obtain 6 second strip

**Transport**
- Appropriate facility
- Contact ASAP
- Monitor ABC's Closely

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Anaphylaxis/Allergic Reactions (PEDIATRIC)

Condition Signs/Symptoms
- Hives/itching
- Swelling
- Difficulty breathing
- Wheezing/stridor
- Flushing

Treatment
- Remove patient from environment cause
- Remove stingers by scraping a card (credit card) across the stinger

ABC's
- Secure and treat as needed

Oxygen (as needed)
- Nasal Cannula 1-6 LPM
- Non-Rebreather 10-15 LPM
- BVM 15 LPM

Assessment
- Vital Signs
- History
- Rapid Physical Exam

Administer Epi Pen JR
- If patient has one prescribed to them
- As directed by package

Paramedic
- Normal Saline IV (as needed)
  - Titrate BP >100mmHg

EMT
- Normal Saline IV (as needed)
  - Titrate BP >100mmHg

EMT-I
- Normal Saline IV (as needed)
  - Titrate BP >100mmHg

EMT
- Albuterol 1.25mg
  - q 5min as needed

AEMT
- Benadryl (>2y/o)
  - 1-2mg/kg
  - IV or IM to max

Apply Cardiac Monitor
- Interpret as needed

Condition Specific
- Blood Pressure
- Respirations
- Breath Sounds
- Pulse
- Body Temperature
- LOC
- SpO2

Pharmaceuticals
- Albuterol 1.25mg
- Benadryl (>2y/o)
- Epi 1:1,000 0.01mg/kg SQ
- Epi 1:10,000 via IV

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Bradycardia (ADULT)

ABC's
Assess and treat as needed

Oxygen (as needed)
Nasal cannula 1-6 LPM
Non-rebreather 10-15 LPM
BVM 15 LPM

Assessment
Vitals
HPI
Rapid physical exam

Paramedic
Normal Saline IV
Maintain at TKO

AEMT
Normal Saline IV
Maintain at TKO

EMT-I
Normal Saline IV
Maintain at TKO

EMT
Apply Cardiac Monitor
Obtain 6 second strip

Rate less than 60

Rule out other causes and confirm the problem is cardiac

Sinus Bradycardia
1° AV Block
2° AV block Type I

Atropine: 0.5mg via IV
May repeat every 5 min (max 3mg)

**NOTE**
See "Electrical Therapy" Protocol for sedation options for Pacing

Condition Specific
Blood Pressure
LOC
Pulse <60
SpO2
Respirations

BVM 15 LPM

2° AV block Type II
3° AV block

Physician Order
Dopamine 2-10mcg/kg/min titrate to effect

Ineffective

Transcutaneous Pacing
at rate of 60

Effective

12-Lead EKG
Obtain with interpretation

Transport
To appropriate facility
Monitor ABC's
Contact facility ASAP

Transport
To appropriate facility
Monitor ABC's
Contact facility ASAP

12-Lead EKG
Obtain with interpretation

Transport
To appropriate facility
Monitor ABC's
Contact facility ASAP

Ineffective

2° AV block Type II
3° AV block

Transport
To appropriate facility
Monitor cardiac status
Contact facility ASAP

12-Lead EKG
Obtain and Interpret

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Rice County
Emergency Medical Services

Emergency Protocols

Bradycardia (PEDIATRIC)

If Pulse is less than 60 and child is symptomatic
BEGIN CPR!

If pulse is above 60 but less than 100, Monitor ABC's and consult Physician

Assessment
Vitals
HPI
Rapid physical exam

ABC's
Assess and treat as needed

Oxygen (as needed)
Nasal cannula 1-6 LPM
Non-rebreather 10-15 LPM
BVM 15 LPM

Consider all possible causes especially those involved with Airway/Breathing and DO NOT delay transport!

Paramedic

Apply Cardiac Monitor
Interpret and monitor

Normal Saline IV/IO
Maintain at TKO
-do not delay ABC's-

Bradycardic after 2 minutes?

No
Reassess adequacy of Airway/Breathing

Yes
Still Bradycardic after assessment and corrective measures?

No
Monitor ABC's and Observe Condition
Contact Physician

Yes
Epi 1:10,000
0.01mg/kg (0.1ml/kg)

Transport
Monitor ABC's/Contact ASAP

AEMT

Apply Cardiac Monitor
Interpret and monitor

Normal Saline IV/IO
Maintain at TKO

CPR as needed
Monitor ABC's

12-Lead EKG
Obtain without interpretation

Transport
To appropriate facility
Monitor ABC's
Contact facility ASAP

EMT-I

Apply Cardiac Monitor
Obtain 6 second Strip

Normal Saline IV
Maintain at TKO

CPR as needed
Monitor ABC's

12-Lead EKG
Obtain without interpretation

Transport
To appropriate facility
Monitor ABC's
Contact facility ASAP

EMT

Apply Cardiac Monitor
Obtain 6 second Strip

Normal Saline IV
Maintain at TKO

CPR as needed
Monitor ABC's

12-Lead EKG
Obtain without interpretation

Transport
To appropriate facility
Monitor ABC's
Contact facility ASAP

Condition Specific:
Blood Pressure
SpO2
Pulse
Respirations

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Page 8
Rice County
Emergency Medical Services

Emergency Protocols

Burns

ABC's
Assess and treat/secure as needed

Remove Patient From Source
Brush powders off patient prior to flushing.
Flush to cool burn and remove debris with clean water.

Assessment
-Detailed assessment of situation
-Physical Exam
-PMH

Treatment
Dress burns with dry sterile dressing
Keep patient warm

EMT-P’s
Consider intubation if suspected airway burns
Contact Physician:
Versed IV or IN for sedation

Condition Specific
Estimated burn %
SpO2
CO Level
Respiration/Effort
Lung Sounds
Pulse

Critical Burn Criteria
1. Inhalation Burns
2. Partial Thickness Burns >10% TBSA
3. Full Thickness Burns to any age
4. Burns involving face, hands, feet, genitalia, perineum or major joints
5. Electrical Burns/Lightning Strikes
6. Chemical Burn
7. Burns with pre-existing medical conditions that would complicate management of burns
8. Burns with associated trauma where burns are the greatest risk of morbidity/mortality

Rule of 9’s (ADULT)
Head - 9%
Arm - 9%
Leg - 18%
Chest - 9%
Abdomen - 9%
Back Torso - 18%
Pubic Area - 1%
Patient Palm = 1%

Rule of 9’s (CHILD)
Head - 18%
Arm - 9%
Leg - 14%
Front Torso - 18%
Rear Torso - 18%
Pubic Area - 1%
Patient Palm = 1%

Paramedic
Normal Saline IV or IO
Titrate to BP >90
Avoid injured areas
Apply Cardiac Monitor
Interpret and Monitor
Consider Pain Management
Refer to:
"Pain Management" Protocol
Transport
-Critical Burns to Via Christi St. Francis
Consider Scene Flight
-Non-Critical Burns to Closest Facility
-Contact Facility ASAP
-Monitor ABC’s and Vitals closely!

AEMT
Normal Saline IV or IO
Titrate to BP >90
Avoid injured areas
Apply Cardiac Monitor
Interpret and Monitor
Consider Pain Management
Refer to:
"Pain Management" Protocol
Transport
-Critical Burns to Via Christi St. Francis
Consider Scene Flight
-Non-Critical Burns to Closest Facility
-Contact Facility ASAP
-Monitor ABC’s and Vitals closely!

EMT-I
Normal Saline IV
Titrate to BP >90
Avoid injured areas
Apply Cardiac Monitor
Obtain 6 second strip
Consider Pain Management
Refer to:
"Pain Management" Protocol
Transport
-Critical Burns to Via Christi St. Francis
Consider Scene Flight
-Non-Critical Burns to Closest Facility
-Contact Facility ASAP
-Monitor ABC’s and Vitals closely!

EMT
Apply Cardiac Monitor
Obtain 6 second strip

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Page 9
Cardiac Arrest (ADULT)

ABC’s
Treat and Secure as needed (BLS)

CPR
Adult single/multiple provider - ratio of 30:2 with BVM
Single/multiple provider without BVM - Continuous compressions without ventilation
Place on rigid surface

EMR
-Do as directed by device
-Obtain 6 second strip if available

EMT-B

EMT-I

EMT

Consider Causes (H’s/T’s)
- Hypoxia
- Hyper/Hypoglycemia
- Hypothermia
- Hypo/Hyperkalemia
- Hypovolemia
- Tablets/Toxins
- Thrombosis (Coronary)
- Thrombosis (Pulmonary)
- Tension Pneumothorax
- Trauma

Assessment
- Detailed HPI
- Rapid Physical Exam
- PMH

Transport
Contact ASAP

VF/V-Tach
Same as Paramedic
EXCLUDING MAGNESIUM

PEA/Asystole
Same as Paramedic
EXCLUDING ATROPINE

Transport
Contact ASAP

Consider:
Magnesium
2g via IV/IO
For Torsade’s

Amiodarone: 300mg IV/IO
May repeat with 150mg 5min after initial dose

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Rice County
Emergency Medical Services

Emergency Protocols

Cardiac Arrest (PEDIATRIC)

ABC's
- Treat and Secure as needed (BLS)

CPR

* Single Rescuer with BVM - 30:2
* Single Rescuer without BVM - Continuous Compressions only
* Multiple Rescuer - 15:2
* Newborn/Infant - Start CPR if Pulse <60

EMR

-EMT-B

-EMT-I

Oxygen
- BVM at 15 LPM with OPA/NPA

Condition Specific
- Respirations
- Pulse
- Lung Sounds
- Assess/Control Bleeding

Consider Causes (H's/T's)
- Hypoxia
- Hyper/Hypoglycemia
- Hypothermia
- Hypo/Hyperkalemia
- Hypovolemia
- Tablets/Toxins
- Thrombosis (Coronary)
- Thrombosis (Pulmonary)
- Tension Pneumothorax
- Trauma

PEA/Asystole

- Normal Saline IV/IO
  - Maintain as indicated
  - Advanced Airway
    - Intubation - Medic
    - King - AEMT/Medic
    * Do NOT delay following steps to place airway

- Defibrillation
  - See "Electrical Therapy" Protocol

- VF/V-Tach

- Epi: 0.01mg/Kg
  - Via IV/IO
  - Every 3-5 minutes

- Amioderone: 5mg/Kg
  - Via IV/IO
  - May repeat x2 every 5min

Transport
- Make contact ASAP

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Rice County
Emergency Medical Services

Emergency Protocols

Chest Trauma

ABC's
Assess and Secure as needed

Oxygen (As Needed)
- 1-6 LPM via Cannula
- 10-15 LPM via Non-rebreather
- 15 LPM via BVM

Assessment
Mechanism of Injury
Detailed HPI
PMH
Rapid Physical Exam

Treatment (BLS)
Stabilize Flail Segments
Control Hemorrhage
Seal Sucking Chest Wounds
Stabilize Impaled Objects

Sucking Chest Wounds
Secure all wounds on three sides with occlusive dressing

Impaled Objects
- Remove ONLY if object impedes CPR or airway management
- Do NOT remove or secure if object pulsates with pulse

Condition Specific
Respirations
Lung Sounds
Pulse
SpO2
Kinematics Involved

Spinal Immobilization
Use of a LSB and C-collar should be STONGLY considered on all penetrating and blunt trauma to the chest.

Transport
Appropriate Facility
Consider scene flight
Contact ASAP

Chest Decompression for altered LOC patients

Advanced Thoracic Trauma Care (As Needed)
Chest Decompression for altered LOC patients

PHYSICIAN ORDER:
Chest decompression for conscious patients

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
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Rice County
Emergency Medical Services

Emergency Protocols

Chest Pain (Suspected Cardiac)

**ABC's**
Assess and treat as needed

**Oxygen (as needed)**
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

**Assessment**
History (OPQRSTI/SAMPLE)
Rapid Physical Exam
Vital Signs

**Treatment:**
Aspirin
162mg via PO *(chewed)*

**Paramedic**
Apply Cardiac Monitor
Obtain and Interpret
Normal Saline IV/IO
Titrate to BP > 90
As Needed
12-Lead EKG
Obtain and Interpret
*(If BP > 100)*
Nitroglycerine
0.4 mg via SL
May repeat X2 in 5 min
Narcotic Analgesia
See "Pain Management" Protocol

**AEMT**
Apply Cardiac Monitor
Obtain and Interpret
Normal Saline IV/IO
Titrate to BP > 90
As Needed
12-Lead EKG
Obtain and Interpret
*(If BP > 100)*
Nitroglycerine
0.4 mg via SL
May repeat X1 in 5 min

**EMT-I**
Apply Cardiac Monitor
Obtain 6 second strip
Normal Saline IV
Titrate to BP > 90
As Needed
12-Lead EKG
Obtain and Print
*(If BP > 100)*
Nitroglycerine
0.4 mg via SL
May repeat X1 in 5 min
Transport
-Appropriate Facility
-Contact ASAP
-Monitor ABC's/Vitals

**EMT**
Apply Cardiac Monitor
Obtain 6 second strip
Normal Saline IV
Titrate to BP > 90
As Needed
12-Lead EKG
Obtain and Print
*(If BP > 100)*
Nitroglycerine
0.4 mg via SL
May repeat X1 in 5 min
Transport
-Appropriate Facility
-Contact ASAP
-Monitor ABC's
-Vital Signs

**Condition Specific**
Lung Sounds
Pulse Quality/Rhythm
Respirations
SpO2
Skin Condition/Color

PARAMEDICS MAY CONSIDER:
- **PER PHYSICIAN ORDER**-
  Nitroglycerine Paste
  1” Transdermal
  and/or
  Metoprolol 5mg via slow IVP every 5 minutes x3
  *(BP must be >150mmHg and HR >100)*

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Revised March 2012
Page 13
Congestive Heart Failure/Pulmonary Edema

**ABC's**
Assess and Treat as needed

**Oxygen**
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15LPM via BVM

**Assessment**
Detailed HPI
PMH
Vital Signs

**Condition Specific**
Lung Sounds
Respirations (effort/rate)
SpO2
Skin (color/condition)
Blood Pressure
Pedal Edema
Pulse (rate/quality)

---

**Paramedic**
- Apply Cardiac Monitor
- Obtain and Interpret
- Normal Saline IV/IO
  - Run at TKO
- CPAP via Boussignac
  - For marked dyspnea with LOC > Verbal
  - BVM if LOC < Verbal
- Nitroglycerine
  - 0.4mg via SL
- 12-Lead EKG
  - Obtain and interpret
- Lasix
  - 80mg via IV/IO
  - If pt is already on loop diuretic
  - OR
  - 40mg via IV/IO
  - If pt is not on a loop diuretic

**AEMT**
- Apply Cardiac Monitor
- Obtain and Interpret
- Normal Saline IV/IO
  - Run at TKO
- 12-Lead EKG
  - Obtain and print

**EMT-I**
- Apply Cardiac Monitor
- Obtain 6 second strip
- Normal Saline IV
  - Run at TKO
- 12-Lead EKG
  - Obtain and print
- Transport
  - To appropriate facility
  - -Monitor ABC's
  - -Contact Facility

**EMT**
- Apply Cardiac Monitor
- Obtain and Interpret
- Normal Saline IV
  - Run at TKO
- 12-Lead EKG
  - Obtain and print
- Transport
  - To appropriate facility
  - -Monitor ABC's
  - -Contact Facility

**CPAP Note:**
Remove CPAP if pt becomes agitated

**Physician Order:**
Dobutamine
2.5-20mcg/kg/min
if pt is hemodynamically unstable

**NOTE:**
Avoid the use of beta-agonists such as albuterol UNLESS wheezing is present. Albuterol will increase the work load of the heart which is potentially harmful in a already failing heart.

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Revised March 2012
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Rice County
Emergency Medical Services

Emergency Protocols

CVA/TIA (Stroke)

ABC's
Assess and Treat as needed

Oxygen (as needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

Assessment
Onset
HPI (OPQRSTI)
PMH (SAMPLE)
Vitals

If Hypoglycemic:
Follow Diabetic Protocol

Cincinnati Stroke Scale
Arm Drift?
Grip Strength?
Facial Droop?
Slurred Speech?
"You can't teach an old dog new tricks"

Paramedic
Apply Cardiac Monitor
As needed
Place pt in position of comfort. If pt is unresponsive place on effected side with head elevated unless positioning is required for airway management.

AEMT
Apply Cardiac Monitor
As needed
Place pt in position of comfort. If pt is unresponsive place on effected side with head elevated unless positioning is required for airway management.

EMT-I
Apply Cardiac Monitor
Obtain 6 second strip
Place pt in position of comfort. If pt is unresponsive place on effected side with head elevated unless positioning is required for airway management.

EMT
Apply Cardiac Monitor
Obtain 6 second strip
Place pt in position of comfort. If pt is unresponsive place on effected side with head elevated unless positioning is required for airway management.

Transport
- To appropriate facility
- Contact ASAP
- Continuous monitoring of LOC and ABC's

Normal Saline IV/IO
Titrate to BP > 90

12-Lead EKG
Obtain as needed

Normal Saline IV/IO
Titrate to BP > 90

12-Lead EKG
Obtain as needed

Normal Saline IV
Titrate to BP > 90

12-Lead EKG
Obtain and Print

Condition Specific
Blood Sugar
LOC
Stroke Scale
Neurovascular's
SpO2
Respirations
Blood Pressure

Normal Saline IV/IO
Titrate to BP > 90

12-Lead EKG
Obtain and Print

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
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Rice County Emergency Medical Services

Emergency Protocols

Diabetic (ADULT)

- ABC’s
  - Assess and treat as needed

- Oxygen (as needed)
  - 1-6 LPM Via Cannula
  - 10-15 LPM via Non-rebreather
  - 15 LPM via BVM

- Glucagon
  - 1mg via IM

- Auto-Injector Note
  - This product is not yet available as of Oct 2011. This step will be skipped until it is produced & carried.

- Consider Fluid Bolus
  - Monitor lung sounds

- Transport
  - Closest facility
  - Make Contact
  - Monitor ABC’s

Treatment:
- Oral Glucose
  - 1 tube of Gel
  - OR
  - 4 Tablets

Pt MUST be able to swallow

- Assessment
  - HPI
  - PMH
  - Vital Signs

Condition Specific
- Last Oral Intake
- Last Insulin Dose
- LOC
- Blood Sugar
- Respiration
- SpO2
- Blood Pressure
- Pulse
- Stroke Scale

Paramedic

- Normal Saline IV/IO
  - As Needed

- Apply Cardiac Monitor
  - (As Needed)

- High BGL
- Low BGL

AEMT

- Glucagon
  - 1mg via IM
  - AEMT MUST use auto-Injector

- If still low BGL Consider:
  - Dextrose 50%
  - 25g via IVP

- Transport
  - Closest facility
  - Make Contact
  - Monitor ABC’s

EMT-I

- Normal Saline IV
  - As Needed

- Apply Cardiac Monitor
  - Obtain 6 second strip

- High BGL
- Low BGL

EMT

- Apply Cardiac Monitor
  - Obtain 6 second strip

- Glucagon
  - 1mg via IM
  - Auto-Injector

- Transport
  - Closest facility
  - Make Contact
  - Monitor ABC’s

- Normal Saline IV/IO
  - As Needed

- Apply Cardiac Monitor
  - (As Needed)

- Transport
  - Closest facility
  - Make Contact
  - Monitor ABC’s

- Consider Fluid Bolus
  - Monitor lung sounds

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
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Rice County
Emergency Medical Services

**Diabetic (PEDIATRIC)**

**ABC’s**
Assess and treat as needed

**Oxygen (as needed)**
- 1-6 LPM Via Cannula
- 10-15 LPM via Non-rebreather
- 15 LPM via BVM

**Oral Glucose**
- 1 tube of gel > 1 y/o
- 1/2 tube of gel < 1 y/o
*Pt must be able to swallow*

**Assessment**
- HPI
- PMH
- Vital Signs

**Condition Specific**
- Last Oral Intake
- Last Insulin Dose
- LOC
- Blood Sugar
- Respiration
- SpO2
- Blood Pressure
- Pulse
- Stroke Scale

---

**Paramedic**

- **Normal Saline IV/IO**
  As Needed

- **Apply Cardiac Monitor**
  As Needed

- **High BGL**
- **Low BGL**

**AEMT**

- **Normal Saline IV/IO**
  As Needed

- **Apply Cardiac Monitor**
  As Needed

- **High BGL**
- **Low BGL**

**EMT-I**

- **Normal Saline IV**
  As Needed

- **Apply Cardiac Monitor**
  Obtain 6 second strip

**EMT**

- **Apply Cardiac Monitor**
  Obtain 6 second strip

**Transport**
- Closest facility
- Make Contact
- Monitor ABC’s

---

**Glucagon**
- 0.5mg via IM < 6 y/o
- 1mg via IM > 6 y/o

*If still low BGL Consider:*
**Dextrose 25%**
- 0.5g/kg IV/IO < 6 y/o
- 1.0g/kg IV/IO > 6 y/o

**Consider Fluid Bolus**
- 10cc/kg pt’s < 1 y/o
- 20cc/kg pt’s > 1 y/o
*Monitor lung sounds*

**Consider Fluid Bolus**
- 10cc/kg pt’s < 1 y/o
- 20cc/kg pt’s > 1 y/o
*Monitor lung sounds*

**Transport**
- Closest facility
- Make Contact
- Monitor ABC’s

---

**Note:**
To prepare 25% Dextrose:
Waste 25cc’s of the 50% Dextrose amp and draw up 25cc’s NS out of IV bag into amp.

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The top half (above the “tree”) is to be completed by all certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

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Rice County
Emergency Medical Services

Emergency Protocols

Drowning/Near Drowning

ABC's
- Assess and treat as needed (BLS)

Oxygen (as needed)
- 1-6 LPM via Cannula
- 10-15 LPM via Non-rebreather
- 15 LPM via BVM

Assessment
- HPI
- PMH
- Vital Signs

Treatment
- C-Collar
- Spinal Immobilization

Note: Consult "Hypothermia" Protocol as needed

Aggressive suctioning may be required!

Condition Specific
- Length of Submersion
- Temp of Water
- Body Temp
- Respirations
- SpO2
- LOC
- Neurovascular's
- Pulse
- Blood Pressure
- Events Leading to Incident

Paramedic

Intubation as needed
- ETT or King Airway
- Physician Order: Consider Versed for sedation if needed

Tracheal Suctioning
- As needed

Transport
- To appropriate facility
- Make Contact ASAP
- Continuous monitoring of ABC's and Vital Signs
- Keep pt warm

Warm Normal Saline IV/IO
- Titrate to BP > 90

Consider:
- Gastric Decompression

Advanced Airway
- As Needed
- King Airway

EMT-I

Advanced Airway
- As Needed
- ETT or King Airway

Transport
- To appropriate facility
- Make Contact ASAP
- Continuous monitoring of ABC's and Vital Signs
- Keep pt warm

Warm Normal Saline IV
- Titrate to BP > 90

Consider:
- Gastric Decompression

EMT

Advanced Airway
- As Needed
- King Airway

Transport
- To appropriate facility
- Make Contact ASAP
- Continuous monitoring of ABC's and Vital Signs
- Keep pt warm

Consider:
- Gastric Decompression

Apply Cardiac Monitor
- Obtain and Print

12-Lead EKG as needed
- Obtain and Interpret

Note: Consult "Hypothermia" Protocol as needed

PYHSICIAN ORDER:
Consider Versed for sedation if needed

Tracheal Suctioning
As needed

Transport
- To appropriate facility
- Make Contact ASAP
- Continuous monitoring of ABC's and Vital Signs
- Keep pt warm

Warm Normal Saline IV/IO
- Titrate to BP > 90

Consider:
- Gastric Decompression

Advanced Airway
- As Needed
- King Airway

Transport
- To appropriate facility
- Make Contact ASAP
- Continuous monitoring of ABC's and Vital Signs
- Keep pt warm

Warm Normal Saline IV
- Titrate to BP > 90

Consider:
- Gastric Decompression

Apply Cardiac Monitor
- Obtain as needed

12-Lead EKG as needed
- Obtain and Interpret

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

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Rice County
Emergency Medical Services

Electrical Therapy

**NOTE**
An adult will be a person that is beyond the age of puberty, a pediatric will be a child that has not yet reached puberty. Appropriate energy and pad size should be determined based off this definition. Look for signs of puberty by looking for hair in the underarms of boys and development of breast tissue in girls. If there are signs that puberty has began, consider the patient an adult.

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)
Rice County
Emergency Medical Services

Emergency Protocols

Head Injury

ABC's
Assess and treat as needed

Oxygen (As Needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

Assessment
Mechanism of Injury
HPI
PMH

Treatment
Immediate C-Spine/C-Collar
Spinal Immobilization (LSB/KED)
Stop Hemorrhage

Condition Specific
LOC
Glasgow Coma Score
Pupils
Neurovascular's
Respirations
Pulse
Blood Pressure
SpO2

Paramedic
AEMT
EMT-I
EMT

Limit Scene Time to Less than 15 Minutes
Limit Scene Time to Less than 15 Minutes
Limit Scene Time to Less than 15 Minutes
Limit Scene Time to Less than 15 Minutes

Transport
-Appropriate Facility
-Consider Scene Flight
-Monitor ABC's
-Make Contact ASAP
-Monitor ABC's

Normal Saline IV/IO
Titrate to BP > 90

Apply Cardiac Monitor
As Needed

Transport
-Appropriate Facility
-Consider Scene Flight
-Monitor ABC's
-Make Contact ASAP
-Monitor ABC's

Normal Saline IV/IO
Titrate to BP > 90

Apply Cardiac Monitor
As Needed

Transport
-Appropriate Facility
-Consider Scene Flight
-Monitor ABC's
-Make Contact ASAP
-Monitor ABC's

Normal Saline IV
Titrate to BP > 90

Apply Cardiac Monitor
As Needed
Obtain 6 second strip

Transport
-Appropriate Facility
-Consider Scene Flight
-Monitor ABC's
-Make Contact ASAP
-Monitor ABC's

Condition Specific
LOC
Glasgow Coma Score
Pupils
Neurovascular's
Respirations
Pulse
Blood Pressure
SpO2

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012 Page 20
NOTE:
If pt has crackles/rales when lung sounds are assessed, follow "CHF/Pulmonary Edema" Protocol

Hypertension
ABC's
Assess and treat as needed

Oxygen (As Needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

Assessment
HPI
PMH
Vital Signs

Hypertension
ABC's
Assess and treat as needed

Oxygen (As Needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

Assessment
HPI
PMH
Vital Signs

Paramedic
Apply Cardiac Monitor
Obtain and Interpret

Normal Saline IV/IO
Maintain at TKO

Systolic > 240
Diastolic > 120
PHYSICIAN ORDER:
Metoprolol 5mg
Slow IV/IO
May repeat x 2

Transport
-Closest Facility
-Monitor Vitals
-Monitor ABC's
-Make Contact

12-Lead EKG
Obtain and Print
As Needed

AEMT
Apply Cardiac Monitor
Obtain and Interpret

Normal Saline IV/IO
Maintain at TKO

Transport
-Closest Facility
-Monitor Vitals
-Monitor ABC's
-Make Contact

12-Lead EKG
Obtain and Print
As Needed

EMT-I
Apply Cardiac Monitor
Obtain 6 second strip

Normal Saline IV
Maintain at TKO

Transport
-Closest Facility
-Monitor Vitals
-Monitor ABC's
-Make Contact

12-Lead EKG
Obtain and Print
As Needed

EMT
Apply Cardiac Monitor
Obtain 6 second strip

Normal Saline IV
Maintain at TKO

Transport
-Closest Facility
-Monitor Vitals
-Monitor ABC's
-Make Contact

12-Lead EKG
Obtain and Print
As Needed

Transport
-Closest Facility
-Monitor Vitals
-Monitor ABC's
-Make Contact

12-Lead EKG
Obtain and Print
As Needed

Condition Specific
LOC
Pupils
Neurovascular's
Respirations
Pulse
Blood Pressure
SpO2
Stroke Scale

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Page 21
Consider Fluid Bolus
30cc/kg for Adult
20cc/kg > 1 y/o
10cc/Kg < 1y/o

Condition Specific
LOC
Respirations
Pulse
Blood Pressure
SpO2
Body Temp

EXCEPTION:
Skip Fluid Bolus

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)
Rice County
Emergency Medical Services

Emergency Protocols

Warm Normal Saline
IV/IO
Maintain at TKO

Cardiac Arrest:
- If body core temperature is suspected < 85° F, only 1 defibrillation shock
- Avoid rough handling/jolting

Frost Bite:
Consider "Pain Management" Protocol

Hypothermia
ABC's
Assess and treat as needed

Oxygen (as needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

Assessment
HPI
PMH
Vital Signs

Hypothermia
- Remove from environment

Cardiac Arrest:
No drug administration until body temp is > 85° F

Frost Bite:
Consider "Pain Management" Protocol

Frost Bite
- Remove from environment

Transport
- Closest Facility
- Make Contact ASAP
- Monitor ABC's
- Monitor LOC
- Monitor Vital Signs

Oxygen (as needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

Paramedic
- Warm Normal Saline IV/IO
  Maintain at TKO
- Apply Cardiac Monitor
  Obtain as needed
- Cardiac Arrest:
  No drug administration until body temp is > 85° F
- Frost Bite:
  Consider "Pain Management" Protocol

AEMT
- Warm Normal Saline IV/IO
  Maintain at TKO
- Apply Cardiac Monitor
  Obtain as needed
- Cardiac Arrest:
  No drug administration until body temp is > 85° F
- Frost Bite:
  Consider "Pain Management" Protocol

EMT-I
- Normal Saline IV
  Maintain at TKO
- Apply Cardiac Monitor
  Obtain 6 second strip
- Cardiac Arrest:
  No drug administration until body temp is > 85° F
- Frost Bite:
  Consider "Pain Management" Protocol

EMT
- Apply Cardiac Monitor
  Obtain 6 second strip
- Cardiac Arrest:
  No drug administration until body temp is > 85° F
- Frost Bite:
  Consider "Pain Management" Protocol

Condition Specific
LOC
Respirations
Pulse
Blood Pressure
SpO2
Body Temp

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Isolated Orthopedic Injuries

**ABC's**
Assess and treat as needed

**Oxygen** (as needed)
- 1-6 LPM via Cannula
- 10-15 LPM via Non-rebreather
- 15 LPM via BVM

**Assessment**
- Mechanism of Injury
- Rapid Physical Exam
- PMH
- HPI
- Vital Signs

**Treatment**
- Splint Appropriately
- C-Spine if needed
- Consider LSB to limit movement of fracture
- Ice pack to fractured area
- Control bleeding if needed

---

**Paramedic**

- **Normal Saline IV/IO**
  - As Needed
- Apply Cardiac Monitor
  - As Needed
- "Pain Management" Protocol
  - As Needed
- **Transport**
  - To Appropriate Facility
  - Monitor Splinting
  - Monitor Pain
  - Monitor Vitals

**AEMT**

- **Normal Saline IV/IO**
  - As Needed
- Apply Cardiac Monitor
  - As Needed
- "Pain Management" Protocol
  - As Needed
- **Transport**
  - To Appropriate Facility
  - Monitor Splinting
  - Monitor Pain
  - Monitor Vitals

**EMT-I**

- **Normal Saline IV**
  - As Needed
- Apply Cardiac Monitor
  - As Needed
- **Transport**
  - To Appropriate Facility
  - Monitor Splinting
  - Monitor Pain
  - Monitor Vitals

**EMT**

- **Apply Cardiac Monitor**
  - As Needed
- **Transport**
  - To Appropriate Facility
  - Monitor Splinting
  - Monitor Pain
  - Monitor Vitals

---

**Condition Specific**
- Pain Scale
- Blood Pressure
- Respiration
- Allergies
- Pulse
- LOC
- Need for C-Spine?

---

*The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)*

*Revised March 2012*
Advanced Airway Management
- Intubation
- Paramedic/EMT-I
- King Airway
- Paramedic/AEMT/EMT-I/EMT

Multi-Systems Trauma

ABC’s
- Assess and treat as needed

Oxygen (As Needed)
- 1-6 LPM via Cannula
- 10-15 LPM via Non-rebreather
- 15 LPM via BVM

Assessment
- HPI
- PMH
- Vital Signs
- Mechanism of Injury

Condition Specific
- LOC
- Pupils
- Neurovascular’s
- Respirations
- Pulse
- Blood Pressure
- SpO2
- Glasgow Coma Score

Splint
- Time Permitting

Treatment
- C-Spine/C-Collar
- Spinal Immobilization
- Control Hemorrhaging
- Report Scene Size Up
- Additional Resources?

Paramedic

Transport
- Consider Scene Flight
- Limit Scene Time < 15 minutes
- Appropriate Facility
- Make Contact ASAP
- Monitor ABC’s/VS

Large Bore
- Normal Saline IV x2
- or IO
- Maintain BP > 90

Apply Cardiac Monitor
- Obtain as needed

12-Lead EKG
- Obtain as needed

EMT

Transport
- Consider Scene Flight
- Limit Scene Time < 15 minutes
- Appropriate Facility
- Make Contact ASAP
- Monitor ABC’s/VS

Large Bore
- Normal Saline IV x2
- or IO
- Maintain BP > 90

Apply Cardiac Monitor
- Obtain as needed

12-Lead EKG
- Obtain as needed

AEMT

Transport
- Consider Scene Flight
- Limit Scene Time < 15 minutes
- Appropriate Facility
- Make Contact ASAP
- Monitor ABC’s/VS

Large Bore
- Normal Saline IV x2
- or IO
- Maintain BP > 90

Apply Cardiac Monitor
- Obtain as needed

12-Lead EKG
- Obtain as needed

EMT-I

Transport
- Consider Scene Flight
- Limit Scene Time < 15 minutes
- Appropriate Facility
- Make Contact ASAP
- Monitor ABC’s/VS

Large Bore
- Normal Saline IV x2
- Maintain BP > 90

Apply Cardiac Monitor
- as needed

12-Lead EKG
- Obtain as needed

EMT

Transport
- Consider Scene Flight
- Limit Scene Time < 15 minutes
- Appropriate Facility
- Make Contact ASAP
- Monitor ABC’s/VS

Apply Cardiac Monitor
- As needed

12-Lead EKG
- Obtain as needed

Paramedic/AEMT

NOTE:
- Avoid Use of Analgesics

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Page 25
Nausea/Vomiting (Adult/Pediatric)

**PHYSICIAN ORDER:**
Phenergan 12.5-25mg IV/IO (slow push)
Consider if Zofran is ineffective or pt has elevated anxiety level

**ABC’s**
Assess and Treat as needed

**Oxygen (as needed)**
- 1-6 LPM via Cannula
- 10-15 LPM via Non-rebreather
- 15 LPM via BVM

**Assessment**
- Detailed HPI
- Physical Exam
- PMH

**Condition Specific**
- Pulse
- Blood Pressure
- SpO2
- Focused Head to Toe Exam
- Skin Condition (turgor)

**Transport**
- To appropriate facility
- Position of comfort
- Continue ongoing assessment

**Paramedic**
- Cardiac Monitor
  - Apply and Interpret
  - As Needed
- 12-Lead EKG
  - Obtain and Interpret
  - As Needed
- Normal Saline IV
  - Titrate BP >90
  - As Needed
- Zofran
  - Adult
  - 4mg via IV/IO (Slow Push)
  - May repeat in 15 minutes if needed
  - Pediatric
  - 0.1mg/kg IV/IO
  - Up to 4mg (Slow Push)
  - May repeat in 15 minutes as needed

**AEMT**
- Cardiac Monitor
  - Apply and Interpret
  - As Needed
- 12-Lead EKG
  - Obtain and Print
  - As Needed
- Normal Saline IV
  - Titrate BP >90
  - As Needed

**EMT-I**
- Cardiac Monitor
  - Obtain 6 second strip
  - As Needed
- 12-Lead EKG
  - Obtain and Print
  - As Needed
- Normal Saline IV
  - Titrate BP >90
  - As Needed

**EMT**
- Cardiac Monitor
  - Obtain 6 second strip
  - As Needed
- 12-Lead EKG
  - Obtain and Print
  - As Needed
- Transport
  - To appropriate facility
  - Position of comfort
  - Continue ongoing assessment

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Rice County
Emergency Medical Services

Emergency Protocols

Obstetrical/Gynecological Emergencies

**ABC's**
Assess and Treat as needed

**Oxygen** (As Needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

**Assessment:**
Pregnancy History
Rapid Physical Exam
HPI
PMH
Events Leading
Vitals

**Condition Specific**
Expected Due Date
Number of Pregnancies
Number of Successful Births
Estimated Blood Loss (if any)
Number of Pads She's Used
Assess for Crowning
Time Between Contractions
Expected Complications?
Last Seen OB/GYN Doctor?
Blood Pressure
Pulse
Respirations
SpO2

**Treatment:**
-Crowning/Contractions < 2min apart
Prepare for delivery
-Control External Hemorrhage with dressing (Do not pack vagina)
-Consult Procedures - "OB/GYN Care"

NOTE:
See "Childbirth" Procedure for specific Guidelines.
Outline guidelines are to be followed by all certification levels unless specified.

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

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**Emergency Protocols**

**Rice County Emergency Medical Services**

**Overdose/Poisoning (Adult/Pediatric) - EMT/EMT-I**

**ABC's**
Assess and treat as needed

**Oxygen (as needed)**
- 1-6 LPM via Cannula
- 10-15 LPM via Non-rebreather
- 15 LPM via BVM

**Assessment**
- HPI
- PMH
- Substance Exposed To?
- Vitals
- Rapid Physical Exam

**Condition Specific**
- Onset
- Amount of Exposure
- Pupils
- LOC
- General Surroundings
- Neurovascular's
- Respiration's
- Blood Pressure
- Pulse

**EMT-I**

**Normal Saline IV/IO**
- Titrate BP > 90

**EMT**

**Apply Cardiac Monitor**
- As Needed

**Non-Caustic**

**Ingestion onset< 1hr:**
- Activated Charcoal
- 25-50 Grams via PO
- For tablet ingestion
- Pt must be able to swallow

**PEDIATRIC**

**Ingestion onset< 1hr:**
- Activated Charcoal
- 12.5-25 Grams via PO
- For tablet ingestion
- Pt must be able to swallow

**Caustic**

**Contact Poison Control**

**Consult Physician**
- for further treatment

**Transport**
- Closest Facility
- Make Contact ASAP
- Monitor ABC’s
- Monitor LOC

---

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)  
Revised March 2012  
Page 28
Overdose/Poisoning (Adult/Pediatric) - Paramedic/AEMT

NOTE: If pt develops associated symptoms such as seizures or chest pain, consult that condition's protocol

ABC’s
Assess and treat as needed

Oxygen (as needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

Assessment
HPI
PMH
Substance Exposed To?
Vitals
Rapid Physical Exam

Condition Specific
Onset
Amount of Exposure
Pupils
LOC
General Surroundings
Neurovascular’s
Respirations
Blood Pressure
Pulse

Suspected Narcotic
Non-Caustic Substance
Transport
-Closest Facility
-Make Contact
-Monitor Condition

Caustic Substance
Contact Poison Control
Consult Physician for further treatment
Transport
-Closest Facility
-Make Contact
-Monitor Condition

Transport
-Closest Facility
-Make Contact
-Monitor Condition

Tri-Cyclic Antidepressant

Suspected Narcotic OD:
Narcan
2mg IV/IO
May repeat x 2 if needed after 3-5 minutes
-OR-
Narcan
2mg IN
(1mg/nostril)
May repeat via IV/IM every 3-5 min up to 6mg

Physician Order:
Sodium Bicarb
50mEq IVP

Non-Caustic Substance
Onset< 1hr:
Activated Charcoal
25-50 Grams via PO
For tablet Ingestion
Pt must be able to swallow

PEDIATRIC
Onset< 1hr:
Activated Charcoal
12.5-25 Grams via PO
For tablet Ingestion
Pt must be able to swallow

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Revised March 2012
Page 29
Pain Management (Adult)

Paramedic

Cardiac Chest Pain
Burns
Protocols as Specified

(PREFERRED CHEST PAIN ANALGESIC)
Morphine
2mg Slow IVP/IM
Every 5 minutes after vital sign assessment - up to 10mg
Titrate to effect

OR

Fentanyl
25mcg Slow IVP
Every 5 minutes after vital sign assessment - up to 100mcg
Titrate to effect

-OR-

Fentanyl
50mcg via IN (MAD)
(25mcg/nostril)
May repeat x1 after 5 minutes and vital sign assessment
Titrate to effect

AEMT

Non-Cardiac Pain Relief Protocols as Specified
Burns

PHYSICIAN ORDER:
Morphine
2mg Slow IVP
Every 5 minutes after vital sign assessment - up to 10mg
Titrate to effect

OR

PHYSICIAN ORDER:
Fentanyl
25mcg Slow IVP
Every 5 minutes after vital sign assessment - up to 100mcg
Titrate to effect

-OR-

Fentanyl
50mcg via IN (MAD)
(25mcg/nostril)
May repeat x1 after 5 minutes and vital sign assessment
Titrate to effect

CONTRAINDICATIONS FOR ANALGESIC DRUG USE

TRAUMA:
Head Injury
Suspected Spinal Injury
Trauma to Torso
Multisystems Trauma
Suspected Inhalation Burns

MEDICAL:
Respiratory Distress/Compromise
Cardiac Arrhythmia
Altered LOC

DRUG USE:
Drug or Alcohol Intoxication
Sensitivity/Allergic to Opiates

MISC:
Hypotension (BP < 100)
Suspected Shock
Heart Rate < 50
Heart Rate > 140
Third Trimester Pregnancy
Pediatrics < 12 months old

Burn Note:
You may need to use a greater amount than the written doses for pain relief. If more drug is needed to relieve pain:
CONSULT PHYSICIAN
For additional doses

Note:
Use of analgesics for chest pain is not a Kansas approved skill for the AEMT scope of practice.
Burn Note:
You may need to use a greater amount than the written doses for pain relief. If more drug is needed to relieve pain:

CONSULT PHYSICIAN
For additional doses

Contraindications
Refer to:
"Pain Management - Adult" protocol
Pediatric Care - General
Is there a pediatric-specific protocol for the medical or trauma condition?

YES
Follow specific pediatric protocol

NO
Support ABC’s as needed
Consult Physician for further instructions on care

This protocol is to be followed by ALL certifications!
Rice County
Emergency Medical Services

Emergency Protocols

Pulsatile Tachycardic Arrhythmias

Consider Causes (H's/T's)
Hyoxia
Hyper/Hypoglycemia
Hypothermia
Hypo/Hyperkalemia
Hypovolemia
Tablets/Toxins
Thrombosis (Coronary)
Thrombosis (Pulmonary)
Tension Pneumothorax
Trauma

ABC's
Assess and Treat as Needed

Consult Physician for Pediatrics

Oxygen
Nasal Cannula 1-6 LPM
Non-Rebreather 10-15 LPM
BVM 15 LPM

Assessment
Vitals
HPI
PMH

Condition Specific
Pulse
Blood Pressure
SpO2
EtCO2 (EMT and Above)
Respirations

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

Paramedic
Apply Cardiac Monitor
Interpret and Monitor
Normal Saline IV/IO
Titrate to BP >90
12-Lead EKG
Obtain and Interpret

AEMT
Apply Cardiac Monitor
Interpret and Monitor
Normal Saline IV/IO
Titrate to BP >90
12-Lead EKG
Obtain and Interpret

EMT-I
Apply Cardiac Monitor
Obtain 6 second strip
Normal Saline IV
Titrate to BP >90
12-Lead EKG
Obtain and Interpret
Transport
Appropriate Facility
Contact ASAP

EMT
Apply Cardiac Monitor
Obtain 6 second strip
Normal Saline IV
Titrate to BP >90
12-Lead EKG
Obtain and Print
Transport
Appropriate Facility
Contact ASAP

Unstable
Stable
Wide
Narrow
Regular
Irregular

Amiodarone
150mg IV over 10 min
Amiodarone 1mg/min
Maintenance infusion if converted
Vagal Maneuver
Avoid carotid message
Adenosine
6mg may repeat x2 with 12mg

Verapamil 5mg
Given over 2-3 min (repeat as ordered) [Max of 30mg]

Physician Order:
Amiodarone
150mg over 10 minutes
May repeat once
If converted: Follow with 1mg/min infusion

Consider: Adenosine
6mg may repeat x2 with 12mg

Synchronized Electrical Cardioversion
See "Electrical Therapy Protocol" for Dosing

Transport
-Select appropriate facility
-Contact ASAP
-Continue patient monitoring

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Rice County
Emergency Medical Services

Emergency Protocols

Respiratory Distress

ABC’s
Assess and treat as needed

Oxygen (as needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

Condition Specific
Respirations (Effort/Rate)
SpO2
Skin
Pulse
Blood Pressure

Assessment
HPI
PMH
Rapid Physical Exam

Treatment for EMR
Assist pt with Albuterol/Proventil inhaler if they have one prescribed. All other certifications move down below.

Respiratory Distress

Paramedic
Normal Saline IV/IO
As Needed
Apply Cardiac Monitor
Obtain as needed

AEMT
Normal Saline IV/IO
As Needed
Apply Cardiac Monitor
Obtain as needed

EMT-I
Normal Saline IV/IO
As Needed
Apply Cardiac Monitor
Obtain as needed

EMT
Apply Cardiac Monitor
As Needed

Albuterol
2.5mg Nebulized
As Needed

Transport
Closest Facility
Make Contact ASAP
Monitor ABC’s/LOC

Status Asthmaticus
Conscious Severe Distress:
CPAP via Boussignac
Unconscious:
BVM

Albuterol
2.5mg Nebulized
As Needed

COPD/Bronchitis
Conscious Severe Distress:
CPAP via Boussignac
Unconscious:
BVM

Epi 1:1,000
0.3mg via SQ

Albuterol
2.5mg Nebulized
As Needed

If Hypotensive:
Epi 1:10,000
0.3mg via IVP

Transport
Closest Facility
Make Contact ASAP
Monitor ABC’s/LOC

CPAP Note
Remove if pt becomes anxious

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Return of Spontaneous Circulation (ROSC)

**Pediatrics**
Respiratory complications is the usual cause of pediatric cardiac arrest. Monitor and treat respiratory status frequently and aggressively.

**ABC's**
Continue Management

**Continue Oxygenation**
BVM at 15LPM
Non-Rebreather at 15LPM

**Assessment**
Detailed HPI
PMH
Detailed Physical Exam

**Condition Specific**
Assess Every 5 Minutes
Pulse
Respirations
LOC
SpO2

**Identify and Treat**
underlying cause of cardiac arrest.
(H's and T's)

**Paramedic**
Extubate
If patient develops gag reflex

**AEMT**
Extubate
If patient develops gag reflex

12-Lead EKG
Obtain and Interpret
If not done already

Cincinnati Stroke Scale
Perform if able to
If positive: Update receiving facility ASAP

Cincinnati Stroke Scale
Perform if able to
If positive: Update receiving facility ASAP

**EMT-I**
Extubate
If patient develops gag reflex

12-Lead EKG
Obtain and Print
If not done already

Cincinnati Stroke Scale
Perform if able to
If positive: Update receiving facility ASAP

Cincinnati Stroke Scale
Perform if able to
If positive: Update receiving facility ASAP

**EMT**
Extubate
If patient develops gag reflex

12-Lead EKG
Obtain and Print
If not done already

Cincinnati Stroke Scale
Perform if able to
If positive: Update receiving facility ASAP

Cincinnati Stroke Scale
Perform if able to
If positive: Update receiving facility ASAP

**Consider Fluid Bolus**
Maintain BP >90
Use caution with abnormal lung sounds

**Continue Transport**
Monitor ABC's
Update receiving facility

**Antiarrhythmic Maintenance Infusion**
For initial VF/V-Tach where Lidocaine was used
-OR-
patient is in cardiogenic shock
Lidocaine
2mg/min - If conversion was after 1st dose
(30gtt/min of Pre-mixed solution)
4mg/min - If conversion was after 2nd dose
(60gtt/min of pre-mixed solution)
*Figured using 60gtt set*

**OR**
For initial VF/V-Tach where Amiodarone was used
Amiodarone
0.75mg/min
Preparation of Drip
-Inject 900mg into 500cc NS IV bag
-Using 60gtt set, run at 25gtt/min

**Physician Order**
If cardiac compromise was/is suspected
consider:
Dopamine
5-10mcg/kg/min titrated to effect

*Figured using 60gtt set*

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)
Seizures

ABC's
Assess and treat as needed

Oxygen (as needed)
- 1-6 LPM via Cannula
- 10-15 LPM via Non-rebreather
- 15 LPM via BVM

Assessment
- HPI
- PMH
- Rapid Physical Exam

PEDIATRIC
If actively seizing:
- Valium 5-10mg IV/IO
  - OR-
  - Versed via IN
Dose according to chart
PHYSICIAN ORDER:
For repeat doses as above or if pt is not actively seizing but has had more than 1 seizure

PHYSICIAN ORDER:
For repeat doses as above or if pt is not actively seizing but has had more than 1 seizure

Transport
- Closest Facility
- Make Contact
- Monitor LOC/ABC's
- Quiet/Smooth

Condition Specific
- Fever?
- Length of Activity
- Seizure Type
- LOC
- Trauma to head/tongue?
- Blood Sugar Level
- Respirations (Effort/Rate)
- Ingestion of drugs/ETOH?
- Blood Pressure
- Pulse

Paramedic
- Normal Saline IV/IO
  - Maintain at TKO
- Apply Cardiac Monitor
  - As Needed

AEMT
- Normal Saline IV/IO
  - Maintain at TKO
- Apply Cardiac Monitor
  - As Needed

EMT-I
- Normal Saline IV
  - Maintain at TKO
- Apply Cardiac Monitor
  - As needed

EMT
- Apply Cardiac Monitor
  - As needed

Transport
- Closest Facility
- Make Contact
- Monitor LOC/ABC's
- Quiet/Smooth

Rapid Physical Exam
HPI
PMH

Electrocardiogram (ECG)
- Monitor as needed
- Quiet/Smooth

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

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Emergency Protocols

Shock/Hypoperfusion

ABC's
Assess and treat as needed

Oxygen (as needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

Assessment
HPI
PMH
Rapid Physical Exam

Shock Type
Identify if the problem is:
A) Heart Related
B) Volume Related
C) Vasculature Related
Follow this OR specific protocol

Condition Specific
Nature of Illness
Mechanism of Injury
Blood Pressure
Pulse (Rate/Quality)
Respirations (Rate/Quality)
SpO2
Abdominal Assessment
GI Assessment
Skin
Lung Sounds

Paramedic

Normal Saline IV x2
OR
Establishment of IO

Apply Cardiac Monitor
Obtain and Interpret

Transport
-Consider Trendelenburg
-Appropriate Facility
-Make Contact ASAP

Shock Type
Consider Fluid Bolus
Up to 1 Liter
Titrated to BP > 90

EMT-I

Normal Saline IV x2
Maintain BP >90
Up to 1 liter

Apply Cardiac Monitor
Obtain and Interpret

Transport
-Consider Trendelenburg
-Appropriate Facility
-Make Contact ASAP

PHYSICIAN ORDER:
For additional fluid administration

EMT

Normal Saline IV x2
OR
Establishment of IO

Apply Cardiac Monitor
Obtain and Interpret

Transport
-Consider Trendelenburg
-Appropriate Facility
-Make Contact ASAP

Certification Note:
May monitor Dopamine via IV Pump if interfacility transfer

AEMT

Normal Saline IV x2
OR
Establishment of IO

Apply Cardiac Monitor
Obtain and Interpret

Transport
-Consider Trendelenburg
-Appropriate Facility
-Make Contact ASAP

PHYSICIAN ORDER:
For additional fluid administration

Anaphylactic

Refer To:
"Anaphylaxis" Protocol

Hypovolemic

Consider Fluid Bolus
Up to 1 Liter
Titrated to BP > 90

PHYSICIAN ORDER:
For additional fluid administration

Neurogenic

Consider Fluid Bolus
Up to 1 Liter
Titrated to BP > 90

PHYSICIAN ORDER:
For additional fluid administration

Cardiogenic

PHYSICIAN ORDER:
Dopamine
5mcg/kg/min via IV/IO
After 5 minutes, increase if needed to

NOTE:
You MUST monitor lung sounds when administering fluid bolus

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

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Spinal Immobilization
(obtained from PHTLS Ed-7)

### Blunt Trauma

- Altered Level of Consciousness (GCS < 15)
  - Yes: IMMobilize
  - No: Spinal pain/tenderness?
    - Yes: IMMobilize
    - No: Neurological deficit/complaint?
      - Yes: IMMobilize
      - No: Anatomic deformity of spine?
        - Yes: IMMobilize
        - No: *Concerning Mechanism of Injury?
          - Yes: IMMobilize
          - No: Possible ETOH/Drug Use?
            - Yes: *Distracting Injury?
              - Yes: IMMobilize
              - No: *Inability to Communicate?
                - Yes: IMMobilize
                - No: Immobilization NOT INDICATED
          - No: Immobilization NOT INDICATED

### Penetrating Trauma
*(Head/Neck/Torso)*

- Neurological deficit/complaint?
  - Yes: IMMobilize
  - No: Immobilization NOT INDICATED

*Note:
USE CLINICAL JUDGEMENT: IF EVER IN DOUBT, IMMobilize!*

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

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Emergency Medical Services

Emergency Protocols

NOTE:
Spinal Immobilization should be considered if there is ANY possibility of spinal/head/Torso injury or at anytime it is questioned.
When in doubt, immobilize!

Helmet Procedure
Leave helmets on and pad accordingly. Remove only if impedes airway management, improper fit, or abnormal shape impeding proper immobilization

Spinal Injuries

ABC's
Assess and treat as needed

Oxygen (as needed)
1-6 LPM via Cannula
10-15 LPM via Non-rebreather
15 LPM via BVM

Assessment
HPI
PMH
Rapid Physical Exam

Treatment
C-Spine/C-Collar
Spinal Immobilization

Condition Specific
Neurovascular's
Grip Strengths
Mechanism of Injury
Skin
Pulse
Respirations (Quality/Effort)
Blood Pressure

The top half (above the "tree") is to be completed by all Certification levels (EMR, EMT, EMT-I, AEMT and Paramedic)

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Syncope

ABC's
Assess and treat as needed

Oxygen (as needed)
- 1-6 LPM via Cannula
- 10-15 LPM via Non-rebreather
- 15 LPM via BVM

Assessment
Events Leading to Incident
HPI (OPQRSTI)
HPI (SAMPLE)
Vital Signs

- If Suspected arrhythmia, stroke or diabetic: Follow appropriate protocol.

Paramedic
- Apply Cardiac Monitor
- Normal Saline IV/IO
  - Titrate to BP > 90
- 12-Lead EKG
  - Obtain as needed
- Transport
  - Position of Comfort
  - Appropriate Facility
  - Make Contact
  - Continuous Monitoring of Vitals and LOC

AEMT
- Apply Cardiac Monitor
- Normal Saline IV/IO
  - Titrate to BP > 90
- 12-Lead EKG
  - Obtain as needed
- Transport
  - Position of Comfort
  - Appropriate Facility
  - Make Contact
  - Continuous Monitoring of Vitals and LOC

EMT-I
- Apply Cardiac Monitor
- Normal Saline IV
  - Titrate to BP > 90
- 12-Lead EKG
  - Obtain as needed
- Transport
  - Position of Comfort
  - Appropriate Facility
  - Make Contact
  - Continuous Monitoring of Vitals and LOC

EMT
- Apply Cardiac Monitor
- Normal Saline IV
  - Titrate to BP > 90
- 12-Lead EKG
  - Obtain as needed
- Transport
  - Position of Comfort
  - Appropriate Facility
  - Make Contact
  - Continuous Monitoring of Vitals and LOC

Emergency Medical Services

Condition Specific
Blood Pressure
Pulse Rate
Respirations
SpO2
Blood Sugar
Stroke Scale

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