



Medical Protocol

Approved January 1, 2024

Medical Director- Dr. Tracy Schermer

INTRODUCTION

The purpose of the Trackside Medical EMS protocol is to establish guidelines between EMS administration, the EMS provider and the Medical Director for the management, treatment and transport of medical and trauma emergencies.

The patient relationship between the patient and EMS begins when EMS initiates contact to assess the extent of any illness or injury. This relationship between the EMS provider and the patient shall continue until another competent health care professional with an equal or higher level of training has taken responsibility for this patient's continuation of care.

In the situations where additional treatment or care may not be warranted or is refused by the patient or their legal representative, the EMS provider will follow the protocol in "Refusal of Treatment " guideline.

All decisions regarding patient care such as interventions and/or transport decisions shall always be made in the best interest of the patient and documented accordingly.

RELEASE

The following document contains patient care guidelines, procedures, and clinical standards to be followed by Emergency Medical Services (EMS) providers acting in their course of employment with **TRACKSIDE MEDICAL**. The level of care administered by providers is at the EMT, AEMT, and Paramedic level, working under these written protocols and/or under the direct guidance and direction of the Medical Director. It is the responsibility of each employee to know and understand the material included in this document. Conditions not specifically addressed in these protocols will be treated using the EMS Scope of Practice, approved by the Ohio State Board of Emergency Medical, Fire, and Transportation Services Division of EMS, that is in effect at the time of the care event.

This protocol is effective 01 January 2023, and shall remain in effect until it is either updated or replaced by the Medical Director. Specific focused protocol changes, without a complete protocol revision, may be periodically required as directed by changes in medication availability, advances in medical or prehospital practices, or administrative/regulatory requirements. The Medical Director will distribute any such protocol changes as a written amendment to this protocol.

Protocol Approved by

Tracy Schermer, MD

Medical Director

01 January 2023

TABLE OF CONTENTS

SECTION I: MEDICATIONS

Adenosine	1
Albuterol	2
Amiodorone	2
Aspirin	3
Atropine	3
Calcium Gluconate	4
Dexamethasone	4
Dextrose 10%	5
Diazepam	5
Diphenhydramine	6
Epinephrine 1:1000	6
Epinephrine 1:10,000	7
Glucagon	7
Ipratropium	8
Ketamine	8
Ketorolac	9
Labetelol	9
Lidocaine 2%	10
Magnesium Sulfate	10
Metoprolol	11
Midazolam	11
Morphine Sulfate	12
Naloxone	12
Nitroglycerin	13
Normal Saline	13
Ondansetron	14
Oral Glucose	14
Oxygen	15
Sodium Bicarbonate	15

SECTION II: ADULT GUIDELINES

ADULT ASSESSMENT	16
Adult Routine Transport Orders	17
Patient Assessment-General	18
Patient Assessment-Medical	19
Patient Assessment-Trauma	20
CARDIOVASCULAR	21
Hypertensive Emergencies	22
Chest pain	23
STEMI	24
Adult Chain of Survival	25
Adult BLS Algorithm	26
Adult Cardiac Arrest Algorithm	27
VF / VT / Asystole / PEA	
Tachycardia/SVT	28
Bradycardia	29
Post Resuscitation	30

ENVIRONMENTAL EMERGENCIES	31
Bites/Envenomations	32
Drowning/Near Drowning	33
Heat Emergencies/Hyperthermia	34
Cold Emergencies/Hypothermia	35
GASTROINTESTINAL	36
Abdominal Pain	37
Nausea/Vomiting	38
Renal Dialysis	39
GENERAL MEDICAL	40
Behavioral Emergencies	41
Diabetic Emergencies	42
Epistaxis	43
Non-Traumatic Shock / Dehydration	44
Pain Management	45
Sepsis	46
NEUROLOGICAL EMERGENCIES	47
Stroke/TIA	48
Seizures	49
Unconscious/Unknown	50
OBSTETRICAL EMERGENCIES	51
Labor/Childbirth	52
Abnormal Deliveries	53
Eclampsia	54
Vaginal Bleeding	55
Sexual Assault	56
RESPIRATORY EMERGENCIES	57
Airway Management	58
Failed Airway	59
Foreign Body Obstruction	60
Respiratory Distress	61
Anaphylaxis	62
Pulmonary Edema/CHF	63
TOXICOLOGICAL EMERGENCIES	64
Carbon Monoxide Poisoning	65
Overdose	66
Toxic Exposure	67
TRAUMA	68
Abdominal Trauma	69
Avulsions/Amputations	70
Burns	71
Chest Trauma	72
Crush Syndrome	73
Dental Emergencies	74
Extremity Trauma	75
Multiple Trauma	76
Neurological Trauma-Head	77
Spinal Injury Assessment	78
Ocular Trauma	79
Trauma in Pregnancy	80

SECTION III: PEDIATRIC GUIDELINES

PEDIATRIC ASSESSMENT	81
Routine Transport Orders	82
Patient Assessment- General	83
Patient Assessment- Medical	84
Patient Assessment- Trauma	85
PEDIATRIC CARDIOVASCULAR	86
Bradycardia	87
Tachycardia	88
Cardiac Arrest	89
PEDIATRIC GENERAL MEDICAL	90
Brief Resolved Unresponsive Event (BRUE)	91
Fever	92
Hypovolemic Shock	93
IV/IO	94
Pain Management	95
Unresponsive	96
PEDIATRIC NEONATAL	97
Neonatal care	98
PEDIATRIC NEUROLOGICAL	99
Meningitis	100
Reyes Syndrome	101
Seizure	102
Diastat Home Treatment	103
PEDIATRIC RESPIRATORY	104
Airway Management	105
Allergic Reaction	106
Respiratory Distress-Lower	107
Respiratory Distress-Upper	108
PEDIATRIC TOXICOLOGY	109
Overdose	110
Toxic Poisoning	111
PEDIATRIC TRAUMA	112
Abdominal Trauma	113
Avulsion/Amputation	114
Burns	115
Chest Trauma	116
Child Abuse	117
Extremity Trauma	118
Head Trauma	119
Multiple Trauma	120

SECTION IV: GUIDELINES

ACCIDENTAL DEATH / MURDER / SUICIDE	121
ADVANCE DIRECTIVES	123
AIR TRANSPORT	124
APGAR SCALE	125
BLOOD DRAWS	126
CINCINNATI STROKE SCALE	127
CONCEALED CARRY , HANDLING	128
DO NOT RESUSCITATE (DNR)	129
GLASGOW COMA SCALE	130

OHIO TRAUMA TRIAGE- ADULT	131
OHIO TRAUMA TRIAGE- GERIATRIC	132
OHIO TRAUMA TRIAGE-PEDIATRIC	133
PATIENT RESTRAINT	134
PHYSICAL RESTRAINT	135
PHYSICIAN ON SCENE	136
REFUSAL OF TREATMENT	137
REFUSAL CHECKLIST	139
SAFE DISCHARGE OF DIBETIC PATIENTS	140
SCENE OF ANY DEATH	141
SPECIAL NEEDS PATIENTS	142
SURGICAL EMERGENCY RESPONSE TEAM	143
SUSTAINED OPERATIONS IN AUSTERE ENVIRONMENT	144
VITAL SIGNS-ADULT	145
VITAL SIGNS-PEDIATRIC	146

SECTION V: PROCEDURES

AUTOMATED EXTERNAL DEFIBRILLATOR	147
BLOOD GLUCOSE ANALYSIS	148
BPAP	149
CAPNOGRAPHY	150
CARDIAC MONITORING-4 LEAD	151
CARDIAC MONITORING-12 LEAD	152
CARDIOVERSION	154
CHILDBIRTH	155
CPAP	156
CPR	158
CRICOTHYROTOMY-NEEDLE	159
CRICOTHYROTOMY-SURGICAL	160
DEFIBRILLATION	162
EPINEPHRINE AUTO-INJECTOR	163
ENDOTRACHEAL INTUBATION	164
EXTERNAL TRANSCUTANEOUS PACING	165
FOREIGN BODY OBSTRUCTION-ADULT	166
FOREIGN BODY OBSTRUCTION-PEDIATRIC/INFANT	167
HELMET REMOVAL	168
I-GEL SUPRAGLOTTIC AIRWAY	169
INTRAOSSEOUS INFUSION-ADULT	170
INTRAOSSEOUS INFUSION-PEDIATRIC	171
INTRAVENOUS INFUSION PUMP-ALARIS	172
INTRAVENOUS INFUSION PUMP-BAXTER	173
KING AIRWAY	174
MUCOSAL ATOMIZING DEVICE	175
NASOPHARYNGEAL AIRWAY	176
NEEDLE DECOMPRESSION	177
OROPHARYNGEAL AIRWAY	178
PERIPHERAL IV ACCESS	179
PULSE OXYMETRY	180
SAM PELVIC SLING	181
SPLINTING	182
TASER INJURIES	183
TOURNIQUET APPLICATION	184
VALSALVA MANEUVERS	185

VENTILATORS-AHP 300	186
VENTILATORS-AUTO-VENT 2.0	187
VENTILATORS-RESMED ASTRAL	188
WOUND CARE	189

SECTION VI: RESOURCES

COLOR REFERENCE

ALL LEVELS MAY PERFORM

AEMT OR ABOVE

PARAMEDIC ONLY

ADENOSINE

TRADE NAME: Adenosine

CLASSIFICATION: Antiarrhythmic

INDICATIONS: Supraventricular Tachycardia

ACTION: Slows conduction through AV node

ONSET: <10 seconds

DOSE: 6mg RAPID IVP, Repeat @ 12mg after 1-2 minutes
0.1mg/kg RAPID IVP (6mg max), Repeat @0.2mg/kg

CONTRAINDICATIONS

2nd/3rd AV block, Sick Sinus Syndrome, Hypersensitivity, A-Fib/Flutter

ADVERSE REACTIONS

Cardiovascular- Facial flushing, headache, sweating, palpitations, hypotension

Respiratory- Shortness of breath, chest pressure, hyperventilation, head pressure

CNS- Lightheadedness, dizziness, numbness & tingling to extremities, apprehension, blurred vision, burning sensation, heaviness in arms, neck, and back

GI- Nausea, metallic taste, tightness in throat, pressure in groin

PRECAUTIONS

May be rarely associated with V-fib. Effects of adenosine antagonized by methylxanthines such as coffee and theophylline. In their presence, larger doses may be required. Adenosine typically causes arrhythmia at the time of cardioversion. Generally, these last only a few seconds, but may include transient asystole. Also, use with caution in asthma patients, as it may cause bronchospasms

*NOTES

Short half-life (<10 seconds)

Administer in AC when possible

Flush with 10-20ml saline immediately

ALBUTEROL

TRADE NAME: VENTOLIN, PROVENTIL

CLASSIFICATION: Bronchodilator

INDICATIONS: Respiratory distress, Allergic reactions, Pulmonary edema

ACTION: Dilates bronchial airways

ONSET: 5 minutes

DOSE: 2.5mg in 3ml NaCl, Nebulized @ 6lpm, Repeat x 2

CONTRAINDICATIONS

Hypersensitivity

ADVERSE REACTIONS

Cardiovascular- Tachycardia, hypertension

CNS- Tremors, dizziness, nervousness, headache, anxiety

ENT- Pharyngitis, dyspepsia

Respiratory- Bronchospasm, cough, bronchitis, wheezing, cough

PRECAUTIONS

Use with caution in patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmia, and hypertension, or in patients with convulsive disorders, hyperthyroidism, or diabetes mellitus

AMIODORONE

TRADE NAME: Cordarone

CLASSIFICATION: Antiarrhythmic

INDICATIONS: Pulesless V-Fib/V-Tach, Refractory tachycardia with pulse

ACTIONS: Calcium channel blocker, decreases response to unwanted stimuli

ONSET: Immediate

DOSE: (ADULT) VF/VT – 300mg RAPID IVP, Repeat @ 150mg

Tachycardia – 150mg/100ml 0.9 over 10 minutes (15mg/min)

(PEDIATRIC) Refractory VF – 5mg/kg, Repeat x 2. Max single dose-300mg, Max additional dose – 150mg (5mg/kg)

CONTRAINDICATIONS

Hypersensitivity, Cardiogenic shock, Marked sinus bradycardia, 2nd/3rd AV block

ADVERSE REACTIONS

Cardiovascular- Hypotension, Cardiac arrest, Cardiogenic shock, CHF, Bradycardia, V-Tach, AV blocks

GI- Nausea/Vomiting

Global- Fever

PRECAUTIONS

Like all antiarrhythmic agents, may cause worsening of existing arrhythmias or precipitate a new arrhythmia. 2% of patients reported experiencing Acute Respiratory Distress Syndrome (ARDS)

*Do not shake vial, and use large bore needle to draw to prevent foaming

ASPIRIN (ASA)

TRADE NAME: Aspirin

CLASSIFICATION: Antiplatelet, Non-steroidal Anti-Inflammatory Drug (NSAID)

INDICATIONS: Chest Pain, STEMI, Amputation

ACTIONS: Platelet aggregation

ONSET: 15-120 minutes

DOSE: Cardiac – 324mg PO

Amputation – 162mg PO

CONTRAINDICATIONS

Hypersensitivity, GI disorders, Bleeding disorders, Renal failure, Pregnancy, Head trauma

ADVERSE REACTIONS

GI bleeding, Nausea/Vomiting, Bronchospasm, Anaphylaxis, Tinnitus, Prolonged bleeding, Bruising

PRECAUTIONS

Anemia, Hepatic disease, Renal disease, Hogkins disease, Use of other anti-coagulant drugs

ATROPINE SULFATE

TRADE NAME: Atropine

CLASSIFICATION: Parasympatholytic, Anticholinergic

INDICATIONS: Bradycardia, Toxic poisoning

ACTIONS: Blocks effects of parasympathetic system, elevate heart rate

ONSET: Immediate

DOSE: Adult Bradycardia - 1mg IVP, Repeat in 5 minutes

Pediatric Bradycardia – 0.2mg/kg (Max single dose 0.5mg)

Toxic poisoning – 2-5mg IVP, repeat in 15 minutes

CONTRAINDICATIONS

Hypersensitivity, 2nd/3rd AV block, Glaucoma, Tachycardia, Unstable cardiac status in acute hemorrhage, Obstructive disease

ADVERSE REACTIONS

Cardiovascular- Palpitations, Tachycardia

CNS- Headache, Flushing, Nervousness, Drowsiness, Weakness, Dizziness, Blurred vision, Fever, Restlessness, Tremors

GI- Nausea/Vomiting, Indigestion

PRECAUTIONS

Elderly patients may exhibit confusion or excitement to even small doses. Use caution in patients with asthma, allergies, coronary artery disease, CHF, Cardiac arrhythmias, tachycardia, hypertension, pediatric patients, or debilitated patients with chronic lung disease or Down's Syndrome

CALCIUM GLUCONATE

TRADE NAME: Kalcinate, Cal-G

CLASSIFICATION: Calcium Salt

INDICATIONS: Magnesium Sulfate Toxicity

ACTIONS: Neutralizes effects of Magnesium Sulfate

ONSET: 5 minutes

DOSE: 1g IVP over 5-10 minutes

CONTRAINDICATIONS

Hypersensitivity, Hypercalcemia,

ADVERSE REACTIONS

Syncope, Bradycardia, Parasthesias, Tissue necrosis

PRECAUTIONS

Be cautious of extravasation, as medication is extremely necrotic to tissue

*Note- Signs/Symptoms of Magnesium Sulfate toxicity include lethargy, flushing, nausea/vomiting, stomach cramps, weakness, irregular heartbeat, hypotension, respiratory distress, cardiac arrest

DEXAMETHASONE

TRADE NAME: Decadron

CLASSIFICATION: Anti-Inflammatory

INDICATIONS: Respiratory distress, Allergic reaction, Anaphylaxis

ACTIONS: Reduces bronchial swelling

ONSET: 60 minutes

DOSE: Adult – 10mg IV, IM, IO

Pediatric – 0.6mg/kg IV, IM, IO (Max-10mg)

CONTRAINDICATIONS

Hypersensitivity, AIDS, TB

ADVERSE REACTIONS

Cardiovascular- Myocardial rupture following recent MI

Fluid & Electrolyte- Fluid retention, CHF, Potassium loss, Hypokalemic alkalosis, Hypertension

GI- Peptic ulcer, Bowel perforation, Pancreatitis, Nausea

CNS- Convulsions, Vertigo, Headache

Musculoskeletal- Muscle weakness

PRECAUTIONS

Psychic derangement may appear when used. Avoid injection into an infected site. The slower rate of absorption via IM administration should be recognized. Possible aggravation of diabetes mellitus

DEXTROSE 10%

TRADE NAME: D10

CLASSIFICATION: Hypertonic Crystalloid

INDICATIONS: Hypoglycemia

ACTIONS: Increase blood glucose level

ONSET: Immediate

DOSE: Adult – 100ml boluses until BLG >60mg/dl

Pediatric – 5ml/kg bolus until BGL >60mg/dl (Max 100ml)

CONTRAINDICATIONS

SQ & IM injection, Intracerebral hemorrhage, Hemorrhagic CVA, Cerebral edema, Delirium tremors

ADVERSE REACTIONS

Fever, Irritation at IV site, Tissue necrosis, Venous thrombosis, Phlebitis, Extravasation, Hypovolemia, Dehydration, Confusion.

PRECAUTIONS

May produce allergic reaction in corn-sensitive patients. Use largest available vein. Rapid infusion may cause flushing. Inject slowly to avoid extravasation. If thrombosis occurs, discontinue infusion immediately

DIAZEPAM

TRADE NAME: Valium

CLASSIFICATION: Benzodiazepine Anti-convulsant

INDICATIONS: Seizure refractory to Midazolam

ACTIONS: CNS Depressant

ONSET: 1-2 Minutes IV, 3-5 minutes IM

DOSE: Adult: 2-5mg (IV) 5mg (IM)

Pediatric: 0.1mg/kg - Max 8mg

CONTRAINDICATIONS

Hypersensitivity, Glaucoma, Hypotension, Bradycardia, Respiratory depression, Pregnancy

ADVERSE REACTIONS

Bradycardia, Hypotension, Respiratory depression, Confusion, Unresponsiveness, Blurred vision, Hiccups

PRECAUTIONS

Use with caution in elderly, pediatric, and debilitated patients.

DIPHENHYDRAMINE

TRADE NAME: Benadryl

CLASSIFICATION: Antihistamine

INDICATIONS: Allergic reaction, Anaphylaxis

ACTIONS: Blocks histamine response

ONSET: 15-60 minutes

DOSE: Adult – 50mg IM, IO, IV (Over 1-2 minutes)
Pediatric – 1mg/kg IM, IO, IV (Over 1-2 minutes) Max-25mg

CONTRAINDICATIONS

Hypersensitivity, Nursing mothers

ADVERSE REACTIONS

Cardiovascular- Hypotension, Headache, Palpitations, Tachycardia,

CNS- Sedation, Sleepiness, Dizziness, fatigue, Confusion, Restlessness, Anxiety, Tremors, Irritability, Blurred vision, Vertigo, Tinnitus, Convulsions

GI- Nausea/Vomiting, Diarrhea

Respiratory- Bronchial secretions, Chest tightness, Wheezing, Nasal congestion

PRECAUTIONS

Has Atropine-like action and should be used with caution in patients with history of bronchial asthma, increased intraocular pressure, cardiovascular disease or hypertension. Use caution in patients with lower respiratory disease, including asthma

EPINEPHRINE 1:1000

TRADE NAME: Epinephrine, Adrenaline

CLASSIFICATION: Sympathomimetic

INDICATIONS: Allergic reaction/Anaphylaxis, Pediatric Respiratory, Pediatric Arrest

ACTIONS: Bronchodilation, Vasoconstriction

ONSET: < 3 minutes

DOSE: Adult – 0.3-0.5mg IM, Repeat in 20 minutes as needed
Infusion – 1mg/100ml 0.9 NS, Infuse @ 2-10 mcg/min
Pediatric Allergic Reaction – 0.01 mg/kg IM (Max – 0.3mg)
Pediatric Respiratory Distress – 1mg/2ml 0.9 NS Nebulized
Pediatric Cardiac – 0.01mg/kg every 3-5 minutes

CONTRAINDICATIONS

Hypersensitivity, Glaucoma

ADVERSE REACTIONS

Anxiety, Headache, Fear of impending doom, Palpitations, Tachycardia, Chest tightness, Dizziness, Tremors

PRECAUTIONS

Protect from exposure to light. Use with caution in patients who have used an aerosol bronchodilator within 4 hours. Use caution in patients with known history of hypertension, thyroid disease, or angina

EPINEPHRINE 1:10,000

TRADE NAME: Epinephrine

CLASSIFICATION: Sympathomimetic

INDICATIONS: Cardiac Arrest

ACTIONS: Increase contractility, Increase defibrillation threshold

ONSET: < 3 minutes

DOSE: Adult - 1mg IV, IO every 3-5 minutes

Pediatric - 0.01mg/kg every 3-5 minutes

CONTRAINDICATIONS

None

ADVERSE REACTIONS

Cardiac arrhythmia, Hypertension, Cerebral hemorrhage, Hemiplegia

PRECAUTIONS

Protect from light

GLUCAGON

TRADE NAME: Glucogen

CLASSIFICATION: Anti-hypoglycemic

INDICATIONS: Hypoglycemia

ACTIONS: Increases BGL by bonding with glycogen to produce glucose

ONSET: 15 minutes

DOSE: Adult - 1mg IM, IN (Repeat in 10 minutes if BGL <60mg/dl)

Pediatric - 25mcg/kg IM, IN, IN (Max 1mg)

PRECAUTIONS

Hypersensitivity, Known allergies to beef or porcine proteins, insulinoma

ADVERSE REACTIONS

Cardiovascular- Hypertension, Tachycardia

GI- Nausea/Vomiting

PRECAUTIONS

Use caution with known diabetics or elderly patients with known cardiac disease to inhibit gastrointestinal motility

IPRATROPIUM

TRADE NAMES: Atrovent

CLASSIFICATION: Bronchodilator

INDICATIONS: Respiratory distress

ONSET: 1-3 minutes

DOSE: Adult/Pediatric- 0.5mg/2.5ml NS Nebulized @ 6lpm
Duo-Neb – Mix with 2.5mg Albuterol, Nebulize @ 6lpm

CONTRAINDICATIONS

Hypersensitivity, allergy to Atropine

ADVERSE EFFECTS

Cardiovascular- Palpitations

CNS- Nervousness, Dizziness, Headache

GI- Nausea/Vomiting, Abdominal pain

Musculoskeletal- Tremors

Neuro- Blurred vision

Respiratory- Cough

Other- Dry mouth

PRECAUTIONS

Glaucoma

KETAMINE

TRADE NAMES: Ketalar

CLASSIFICATION: Anesthetic non-barbiturate sedative

INDICATIONS: Behavioral emergency, Pain management

ACTIONS: Anesthetic and sedative effects

ONSET: 1 minute

DOSE: Pain management – 0.2mg/kg IV, IO
Behavioral – 1mg/kg IV, IO or 3mg/kg IM

CONTRAINDICATIONS

Hypersensitivity, Hypertension

ADVERSE REACTIONS

Cardiovascular- Hypertension, Tachycardia, Arrhythmia

Gastrointestinal- Nausea/Vomiting, Increased salivation

Neurological- Tonic- clonic movement

Respiratory- Respiratory depression, Apnea, Laryngospasm

PRECAUTIONS

Resuscitative equipment should be ready. IV dose given over 1 minute. Rapid administration may result in respiratory depression or arrest. Use with caution for alcoholic or intoxicated patients

KETOROLAC

TRADE NAMES: Toradol

CLASSIFICATION: Non-steroidal anti-inflammatory analgesic

INDICATIONS: Pain management

ACTIONS: Pain reliever

ONSET: 5-10 minutes

DOSE: IV/IO – 15-30mg over 15 seconds

IM- 30-60mg

CONTRAINDICATIONS

Hypersensitivity, Bleeding or clotting disorders, head trauma, GI bleeding, pregnancy, renal patients

ADVERSE REACTIONS

Bleeding, Nausea/Vomiting

PRECAUTIONS

GI irritation or hemorrhage, allergy to ASA or other NSAIDS

LABETELLOL

TRADE NAMES: Trandate

CLASSIFICATION: Beta Blocker

INDICATIONS: Hypertensive crisis (> 150mmHg systolic)

ACTIONS: Blocks Beta-1 receptors, Decreases cardiac output

ONSET: Immediate

DOSE: 20mg IV over 2 minute, Repeat @ 40mg every 10 minutes (Max- 100mg)

CONTRAINDICATIONS

Hypersensitivity, Asthma, Advanced heart block, Cardiogenic shock, Severe bradycardia, Liver failure

ADVERSE EFFECTS

Cardiovascular- Arrhythmia, Hypotension

CNS- Dizziness, Numbness, Vertigo

GI- Nausea

*Note- Maintain systolic B/P < 150mm

LIDOCAINE 2%

TRADE NAMES

CLASSIFICATION: Antiarrhythmic / Anesthesia

INDICATION: Cardiac Arrest / Ventricular Arrhythmia / Intraosseous

ACTIONS: Cardiac Arrest: Increases refractory period, Increases fibrillatory threshold

Intraosseous: Anesthesia prior to fluid administration

ONSET: 30-60 seconds

DOSE: Cardiac Arrest: 1.0-1.5mg/kg IV, IO Max 3mg/kg

Ventricular Arrhythmia: 0.5-0.75mg/kg

Intraosseous Insertion: 40mg SLOW, may repeat @ 20mg

CONTRAINDICATIONS

Hypersensitivity, Stokes-Adams Syndrome, Wolff-Parkinson-White Syndrome, severe heart block in the absence of an artificial pacemaker

ADVERSE REACTIONS

Cardiovascular- Bradycardia, Hypotension, Cardiovascular collapse (May lead to cardiac arrest)

CNS- Lightheadedness, Nervousness, Apprehension, Euphoria, Confusion, Dizziness, Drowsiness, Tinnitus, Blurred vision, Vomiting, Twitching, Tremors/Convulsions, Unconsciousness, Respiratory depression or arrest

PRECAUTIONS- Use caution in patients with severe liver or kidney disease, hypovolemia, severe CHF, shock, or heart block.

Elimination of ectopic beats without prior acceleration may promote more frequent ventricular arrhythmia or complete heart block

*Note – Observe for signs of toxicity, including dizziness, confusion, delirium, and seizures

MAGNESIUM SULFATE

TRADE NAME: MAG SULFATE

CLASSIFICATION: Antiarrhythmic

INDICATIONS: Torsades De Pointes, Eclampsia, Respiratory distress

ACTIONS: Electrolyte-replenished anticonvulsant

ONSET: Immediate (Duration- 30 minutes)

DOSE: Cardiac- 1-2g in 10ml IV, IO

Asthma- 2g/100ml NS over 20 minutes

Eclampsia- 4g/100ml over 20 minutes

CONTRAINDICATIONS

Heart block or myocardial damage, Hypersensitivity, Renal patient

ADVERSE REACTIONS

Flushing, Sweating, Decreased BP, Hypothermia, Stupor, Respiratory depression. Hypocalcemia, Circulatory collapse, CNS depression

PRECAUTIONS

If given in the presence of barbiturates, narcotics, or other hypnotics, their dosage should be adjusted because of the additional central depressive effects

*Note- Not compatible with Sodium Bicarbonate. When given for eclampsia, closely monitor respiratory status

METOPROLOL

TRADE NAME: Lopressor, Toprol

CLASSIFICATION: Beta Blocker

INDICATIONS: STEMI, Hypertensive crisis

ACTIONS: Blocks Beta-1 receptors, decreases cardiac output

ONSET: Immediate

DOSE: 5mg IVP over 1-2 minutes, repeat every 5 minutes, Max-15mg

CONTRAINDICATIONS

Pulse Bradycardia, Hypotension, Heart block > 1st degree, Cardiogenic shock, Hypersensitivity, Sick Sinus Syndrome, Patients with bronchospasmatic disease

ADVERSE REACTIONS

CNS- Fatigue, Vertigo, Hallucinations, Headache, Dizziness, Confusion

Cardiovascular- Hypertension, Bradycardia, 2nd/3rd degree heart block, Heart failure

Respiratory- Dyspnea

GI- Nausea, Abdominal pain

Miscellaneous- Unstable diabetes

* Note- Closely monitor blood pressure, Heart rate, and ECG during administration

MIDAZOLAM

TRADE NAME: Versed

CLASSIFICATION: Benzodiazepine, Anticonvulsant, Sedative

INDICATIONS: Seizures, Pain management, Sedation, Eclampsia, Behavioral

ACTIONS: CNS depressant

ONSET: 1-5 minutes

DOSE: Seizures: 1-5mg

Pain management: 1mg increments with Morphine

Sedation: 2mg

Eclampsia: 2mg

Behavioral: 1-5mg

*Note- Routes: IV, IM, IO, IN (Double dose)

CONTRAINDICATIONS

Hypersensitivity, Glaucoma

ADVERSE REACTIONS

Altered vital signs, Decreased tidal volume, Respiratory depression or apnea, B/P changes

PRECAUTIONS

Doses should be decreased for elderly and debilitated patients. Midazolam does not protect against increased ICP, heart rate, or blood pressure associated with endotracheal intubation

MORPHINE SULFATE

TRADE NAME: MORPHINE

CLASSIFICATION: NARCOTIC ANALGESIC

INDICATIONS: Pain management, Chest pain (Medic only)

ACTIONS: Analgesic

ONSET: 1-3 minutes

DOSE: 1-2mg IV(Over 1 minute), IM, IO

CONTRAINDICATIONS

Hypersensitivity, Hypotension, Acute abdominal pain, Multisystem trauma, Head injury, Convulsive disorders, Hypovolemia, Asthma, Pregnancy, Exacerbated COPD

ADVERSE REACTIONS

Respiratory depression, Orthostatic hypotension, Bradycardia, Nausea/Vomiting, Syncope, Abdominal cramping, Blurred vision

PRECAUTIONS

IV access should be obtained prior to administering. Maintain systolic B/P of >90mmHg prior to administering. Watch for respiratory depression. Use with caution in patients with addiction history. Narcan should be available. Use with caution in elderly patients

NALOXONE

TRADE NAME: Narcan

CLASSIFICATION: Opioid antagonist

INDICATIONS: Opioid overdose

ACTIONS: Blocks opioid receptors

ONSET: 1-2 minutes

DOSE: Adult: 1-2mg IV, IM, IO, IN (Repeat every 3-5 minutes)

Pediatric: 0.1mg/kg IV,IO 0.2mg/kg IN

CONTRAINDICATIONS

Hypersensitivity

ADVERSE REACTIONS

Increased B/P, Tachycardia, Vomiting, Tremors, Seizures, Dysrhythmia, Cardiac arrest

PRECAUTIONS

Effects last 1-4 hours. Narcotic effects may outlast Narcan. Use with caution in patients with known dependency, as it could cause withdrawal symptoms

*Note- ASII patient should be encouraged to be seen in the ED due to possible relapse

NITROGLYCERIN

TRADE NAMES: Nitrostat, Nitrolingual

CLASSIFICATION: Coronary vasodilator, Antianginal

INDICATIONS: Chest pain, Hypertensive crisis

ACTIONS: Coronary vasodilation

ONSET: 2 minutes

DOSE: 0.4mg SL, Repeat every 3-5 minutes (Max -3)

CONTRAINDICATIONS

Hypersensitivity, Hypotension, Increased ICP, Glaucoma, Possible CVA, Head trauma, Recent use of erectile dysfunction medication (Viagra/Levitra= <24hrs, Cialis= <48hrs)

ADVERSE REACTIONS

Headache, Hypotension, Dizziness, Weakness, Palpitations, Nausea/Vomiting

PRECAUTIONS

Use with caution with intoxicated patients. EMTs may assist patient in taking their own

Note- Blood pressure must be closely monitored prior to each administration. IV access should be obtained prior to administration. Maintain systolic B/P of >90mmHg

NORMAL SALINE (0.9% NaCl)

TRADE NAME: Saline

CLASSIFICATION: Crystalloid electrolyte

INDICATIONS: Venous access

ACTIONS: Medication route, Fluid replacement

ONSET: N/A

DOSE: KVO (Keep Vein Open)

Bolus: 20ml/kg to maintain systolic B/P of >90mmHg

CONTRAINDICATIONS:

None

ADVERSE REACTIONS:

Pulmonary edema, Extravasation, Fever, Local swelling, Venous thrombosis, Hypervolemia

PRECAUTIONS:

Use with caution in elderly patients, or patients with renal problems, CHF. Closely monitor lung sounds for presence of pulmonary edema.

ONDANSETRON

TRADE NAMES: Zofran

CLASSIFICATION: Antiemetic

INDICATIONS: Nausea/Vomiting

ACTIONS: Decreases nausea/Vomiting

ONSET: Immediate

DOSE: Oral: 4mg PO, Repeat in 10 minutes

IV: 2-4mg

Pediatric Dose: 4mg (Oral), 0.1mg/kg IV (Max-4mg)

CONTRAINDICATIONS

Hypersensitivity

ADVERSE REACTIONS

Cardiovascular- Angina, Abnormal ECG, Hypotension, Tachycardia, Syncope, Palpitations

Neurological- Seizure, Dizziness, Lightheadedness

General- Flushed skin, Hiccups

PRECAUTIONS

Monitor airway in presence of vomiting

ORAL GLUCOSE

TRADE NAMES: Insta-Glucose, Glutose

CLASSIFICATION: Antihypoglycemic

INDICATIONS: Hypoglycemia

ACTIONS: Increase blood glucose

ONSET: 1-2 minutes

DOSE: 15-25g PO, Repeat after 5 minutes as needed

CONTRAINDICATIONS

Unconscious, Unable to swallow

ADVERSE REACTIONS

None

PRECAUTIONS

None

OXYGEN

TRADE NAMES: Oxygen

CLASSIFICATION: Gas

INDICATIONS: Dyspnea, Hypoxia, General patient care

ACTIONS: Increase oxygen levels

ONSET: Immediate

DOSE: 1-15lpm NC, NRB, BVM (Maintain SaO₂ > 94%)

CONTRAINDICATIONS

None

ADVERSE REACTIONS

Oxygen toxicity

PRECAUTIONS

Use with caution in patients with COPD as to not depress hypoxic drive

SODIUM BICARBONATE

TRADE NAMES: None

CLASSIFICATION: Alkalinizing agent

INDICATIONS: Cardiac Arrest, Overdose, Crush Syndrome

ACTIONS: Reverse metabolic acidosis

ONSET: Immediate

DOSE: Cardiac Arrest: 1mEq/kg IV, IO (Repeat in 10 minutes @ 0.5mEq/kg)

Overdose: 1mEq/kg IV, IO

Crush Syndrome: 50mEq/1000ml over 30 minutes

CONTRAINDICATIONS

Metabolic or respiratory alkalosis

ADVERSE REACTIONS

Alkalosis and/or hypokalemia, Tissue necrosis

PRECAUTIONS

Over dosage and alkalosis should be avoided, May cause irritation if extravascularly. Avoid scalp vein use. Use caution in patients with CHF or other edematous or sodium-retaining states

*Note- Flush IV before and after use

INTRODUCTION

The purpose of the Trackside Medical EMS protocol is to establish guidelines between EMS administration, the EMS provider and the Medical Director for the management, treatment and transport of medical and trauma emergencies.

The patient relationship between the patient and EMS begins when EMS initiates contact to assess the extent of any illness or injury. This relationship between the EMS provider and the patient shall continue until another competent health care professional with an equal or higher level of training has taken responsibility for this patient's continuation of care.

In the situations where additional treatment or care may not be warranted or is refused by the patient or their legal representative, the EMS provider will follow the protocol in "Refusal of Treatment " guideline.

All decisions regarding patient care such as interventions and/or transport decisions shall always be made in the best interest of the patient and documented accordingly.

