

## **Key Protocol Updates:**

### **(REVISED)**

#### **Behavioral Emergencies – Severe Agitation / High Risk of Violence**

##### **Ketamine**

- Adult and Pediatric: *0.5–1 mg/kg IV (~1-minute onset)*
- Adult and Pediatric: *2–4 mg/kg IM (~3–5-minute onset)*
- *Consider medical direction for patients under age 2*

### **(REVISED)**

#### **Fluids**

- Language updated throughout the document from “Administer or consider normal saline” to “*Administer or consider NS or LR.*”

### **(NEW)**

(Added to cardiogenic, obstructive [PE], neurogenic, and septic shock protocols)

#### **Push-Dose Epinephrine for Shock**

- *10–20 mcg IV/IO*
- *Used as a bridge until a vasopressor infusion is initiated*

### **(EXPANDED)**

#### **Hemorrhage Control**

Bleeding with signs of hemorrhagic shock – consider TXA

- Adult: *1 g IV in 100 mL NS or D5W over 10 minutes OR 1 g IM, divided into two 500 mg injections into a large muscle*
- *IV route preferred*

### **(EXPANDED)**

#### **Needle Cricothyrotomy**

1. *Hyperextend head/neck to make landmarks prominent*
2. *Stabilize the thyroid cartilage and locate the cricothyroid membrane*
3. *Cleanse the area*
4. *Insert device at a 90° angle in the midline while aspirating*
5. *Once air is aspirated (confirming tracheal entry), drop the angle to 45° caudally*
6. *Remove stopper*
7. *Withdraw metal needle while advancing plastic cannula forward*
8. *Use provided neck strap to secure flange to neck*
9. *Attach 15 mm connector to device and attach a BVM to connector*

(EXPANDED)

Needle Thoracostomy

- 2nd intercostal space, midclavicular line, OR *5th intercostal space, midaxillary line (preferred)*

(EXPANDED)

Breathing Difficulty

Steroids

- Adult: Methylprednisolone 40–125 mg IM/IV OR *Dexamethasone 10 mg IM/IV*

(NEW)

*Croup*

- *Respiratory distress with stridor at rest:*
- *Epinephrine 5 mg (5 mL of 1:1000) nebulized*
- *Patients under 10 kg administer 2.5 mL*
- *May repeat in 20 minutes as needed*
- *Dexamethasone 0.6 mg/kg IV/IM, maximum 16 mg*