

## 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*