

**ABDOMINAL PAIN/VOMITING & DIARRHEA**

**EMT:**

- 1) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
- 2) Call for ALS
- 3) Transport ASAP

**AEMT:**

As above

- 4) IV Isotonic Solution TKO
- 5) **Consider 200 ml bolus** May repeat up 20ml/kg in 200 ml increments if lungs sounds are clear.

**PARAMEDIC:**

As above

- 6) Cardiac monitor
- 7) Consider administering **Zofran 4-8mg IV/IM/PO or Phenergan 6.25mg IV/ 25mg IM adults only** as antiemetic

**(End)**

**ACUTE STROKE**

**EMT:**

- 1) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed.
- 2) Protect paralyzed extremities
- 3) Give the patient reassurance
- 4) Determine the witnessed time of onset of symptoms and notify the receiving hospital as soon as possible if the symptoms are of less than 3 hours duration
- 5) If stroke symptoms are less than 3 hours duration, initiate Stroke Thrombolysis Screen ASAP with out delaying patient transport. \*
- 6) Blood Glucose
- 7) Cincinnati Stroke Screen (Face, Arm, Speech, Time/Onset - FAST Exam)
- 8) Call for ALS
- 9) Transport ASAP

**AEMT/PARAMEDIC:**

As above

- 10) IV Isotonic Solution TKO
  - 11) **Consider 200 ml bolus** May repeat up 20ml/kg in 200 ml increments if lungs sounds are clear.
  - 12) **25G D50W IV** If blood glucose <60
  - 13) **King Airway** if patient is not breathing (See Cardiac - C2/C3)
- Paramedic**
- 14) If King airway in place / attach end tidal CO2 monitoring (confirm oxygenation & ventilation) if not Intubate Patient if patient respirations are less than 8 per minute.

\* **Stroke Thrombolysis Screen on following page.**

**(End)**

**ANAPHYLAXIS**

**MILD:** Red itchy skin; hives; and, if sting present, localized swelling at sting site; vital signs within normal limits.

**EMT:**

- 1) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
- 2) If present scrape stinger out. Stabilize involved extremity and **apply ice**.
- 3) Transport if needed.

**AEMT:**

As above

- 5) IV Isotonic Solution TKO.

**PARAMEDIC:**

As above

- 7) Cardiac monitor
- 8) **Benadryl 25-50 mg IV or Deep IM.**

**MODERATE:** Red itchy skin: hives: swelling of face, lips, tongue or pharynx: mild to moderate SOB: wheezing; BP > 90.

**SEVERE:** As above and possible severe SOB; BP < 90.

**EMT:**

- 9) Follow steps 1-3 for mild anaphylaxis.
- 10) Contact medical control
- 11) **EPI Auto injector** if prescribed for that patient and it is present. Or **Epinephrine 1:1.000 0.3-0.5mg IM** \* Repeat q 5 min. if credentialed

**AEMT:**

As above

- 12) **Albuterol** via nebulizer, if severe SOB
- 13) Attach end tidal CO2 monitoring (confirm oxygenation & ventilation)

**PARAMEDIC:**

As above

- 14) Cardiac Monitor
- 15) **Benadryl 50 mg IM.**
- 16) **ET intubation** and attach end tidal CO2 monitoring if respiratory effort inadequate.

\* Usual adult dose is 0.3-0.5 mg.

\*\* This drug may be given via the endotracheal tube if IV access cannot be established. ET dose is double the IV dose.

**(End)**

**COMA OF UNKNOWN ORIGIN**

**EMT:**

- 1) Take spinal precautions.
- 2) **Obtain Blood glucose.**
- 3) Consider Airway adjunct
- 4) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
- 5) Consider causes of coma AEIOU-TIPS\*.
- 6) Call for ALS
- 7) Transport ASAP

**AEMT:**

As above

- 8) IV Isotonic Solution TKO
- 9) **25GM D50W IV.** If glucose < 60
- 10) **Glucagon 0.5-1 mg IM** if unable to gain IV access and glucose < 60
- 11) **Narcan 0.4 to 2.0 mg IV/IM/MAD**
- 12) **Consider 200 ml bolus** May repeat up 20ml/kg in 200 ml increments if lungs sounds are clear.
- 13) **King Airway** if not breathing.
- 14) Perform secondary assessment; look for signs of trauma.

**PARAMEDIC:**

As above

- 15) Cardiac Monitor
- 16) If King airway in place / attach end tidal CO2 monitoring (confirm oxygenation & ventilation) if not Intubate Patient if patient respirations are less than 8 per minute.
- 17) **Cricothyrotomy** if unable to Intubate

\* [A] – Allergies, Alcohol, Anoxia

[E] – Epilepsy, endocrine, environmental exposure

[I] - Infection

[O] - Overdose/Poisoning opiates

[U] - Uremia

[T] - Trauma

[I] – Insulin-dependent diabetes mellitus

[P] – Psychosis, psychiatric, pulmonary

[S] – Sepsis, Stroke, Subarachnoid hemorrhage, Space-occupying lesion

**(End)**

**FEVER**

- EMT:**
- 1) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
  - 2) Temperature above 103.0° F begin cooling measures.
  - 3) Monitor BP every 10 minutes.
  - 4) Call for ALS
  - 5) Transport ASAP

- AEMT:**  
As above
- 6) IV Isotonic Solution TKO.

- PARAMEDIC:**  
As above
- 7) Cardiac monitor
  - 8) Contact on-line medical control as necessary for consultation.

**(End)**

**HYPERTENSIVE EMERGENCY**

**EMT:**

- 1) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
- 2) Monitor BP every 10 minutes.
- 3) **Assist with prescribed Nitroglycerin after consult with online medical Control**
- 4) Call for ALS
- 5) Transport ASAP

IF chest pain present go to Chest Pain protocol P-2

**AEMT:**

As above

- 6) IV Isotonic Solution TKO.
- 7) **Nitroglycerin after consult with online medical Control**

**PARAMEDIC:**

As above

- 8) Cardiac monitor
- 9) Consider **Nitro Paste 1”** if Severe hypertension
- 10) Consider administering **Midazolam (1-10mg)** or **Lorazepam (1-4mg)** slow IVP (consider IO for severely compromised patients), titrate to patient's effect for anxiety.
- 11) Contact on-line medical control as necessary for consultation.

**(End)**

**HYPERGLYCEMIA**

**EMT:**

- 1) **Chemstrip.** If blood glucose > 250
- 2) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed
- 3) Call for ALS
- 4) Transport ASAP

**AEMT/Paramedic:**

As Above

- 1) **Consider 200 ml bolus** May repeat up 20ml/kg in 200 ml increments if lungs sounds are clear.
- 2) (Paramedic) cardiac monitor

**(End)**

**HYPOGLYCEMIA**

As suggested by lethargy or coma in a known diabetic.

**EMT:**

- 1) **Chemstrip.** If blood glucose < 60
- 2) **Oral glucose** If no risk of aspiration
- 3) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed
- 4) Call for ALS
- 5) Transport ASAP

**AEMT:**

As Above

- 6) (EMT I-85) **D5W** IV wide open. If lungs are clear.
- 7) (AEMT) Isotonic Solution **or if D5W already started TKO**
- 8) **25GM D50W** IV.
- 9) **Glucagon 1.0 mg** IM if unable to establish IV.
- 10) Perform secondary assessment look for signs of trauma.
- 11) If no response to above measures, follow Coma of Unknown Origin protocol.

**PARAMEDIC:**

As above

- 12) Cardiac monitor,
- 13) If King airway in place / attach end tidal CO2 monitoring (confirm oxygenation & ventilation) if not Intubate Patient if patient respirations are less than 8 per minute.

**(End)**



## MENTAL HEALTH EMERGENCIES

### EMT/AEMT:

#### BASIC TENANTS FOR EMS PERSONNEL

- 1) Consider possible medical causes of mental health symptoms, such as head injury, drugs, poisoning, hypoglycemia, severe infection, hypothermia, and hypoxia.
- 2) Your task is to avert health threatening circumstances.
- 3) Timing is critical. Working efficiently reduces the progression of a disorder.
- 4) Stay within the limits of your competence.
- 5) Seek consultation and aid from other professionals. The more information you can gather the better quality of treatment can be delivered.
- 6) Gain and maintain control of emergency circumstances until control has been taken over by other professionals.
- 7) Contact Medical Control if patient refusing transport and is an apparent danger to self or others.
- 8) If restraint required recruit support from law.

### PARAMEDIC

As above

- 9) Consider starting IV (consider IO for severely compromised patients) of **Isotonic Solution** lock for medication purposes.
- 10) Consider administration of controlled sedation titrated to effect potential or actual violent patient (**Midazolam, 1-5 mg, IVP/IO, 2-5 IM or 5-10 mg nasal atomizer**), (**Lorazepam, 2-4 mg IVP or IM**), (**Haloperidol 5-10 mg IV/IM**).
- 11) Ensure safety of EMS / fire personnel and others first and foremost!
- 12) If patient appears hyperthermic, cool the patient down by way of cool water, ice packs or removal of layers of clothes. Refer to "Care of the Patient With Environmental Emergencies"
- 13) Consider checking blood glucose level.

**(End)**

**POISONING/OVERDOSE**

**EMT:**

- 1) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
- 2) Assessment:
  - A) Product and route
  - B) Time of incident
  - C) Amount taken
  - D) History, of medications
- 3) Contact Poison Control (800) 222-1222 with assessment information
- 4) Contact receiving physician immediately to share Poison Control recommendations and information.
- 5) Call for ALS
- 6) Transport ASAP with any pills that patient may have taken

**AEMT:**

- As above
- 7) IV Isotonic Solution TKO
  - 8) **Narcan 0.4 – 2 mg. IV/IM/IN**
  - 9) **King Airway** if not breathing

**PARAMEDIC:**

- As above
- 10) Cardiac monitor
  - 11) Consider Sedation **Lorazepam 2-4mg IV/IM or Midazolam 1-5 mg IV, 2-5 MG IM, 5-10 mg IN**
  - 12) If King airway in place / attach end tidal CO2 monitoring (confirm oxygenation & ventilation) if not Intubate Patient if patient respirations are less than 8 per minute.

**(End)**

**SEIZURE Adult**

**EMT:**

- 1) Protect patient and patient's airway from harm.
- 2) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed. After Seizure stops
- 3) Call for ALS
- 4) Transport ASAP

**AEMT:**

As above

- 5) IV Isotonic Solution TKO.
- 6) Chemstrip. If blood glucose < 60
- 7) **25GM D50W IV.**
- 8) **Glucagon 1.0 mg IM.** If blood glucose < 60 and unable to establish IV.

**PARAMEDIC:**

As Above

- 9) Cardiac Monitor
- 10) Consider administering medication to lower seizure threshold
  - A) **Lorazepam 1-4 mg slow IV/IO** (If unable to establish IV may administer dose (1-4mg) IM, nasal atomizer, or rectally. Max 4mg Lorazepam
  - B) **Versed 1-5mg IV/IO**, consider repeating dose in 5-7 minutes (If unable to establish IV may administer dose (1-5mg) IM or nasal atomizer). Max 10mg Versed.
- 11) If King airway in place / attach end tidal CO2 monitoring (confirm oxygenation & ventilation) if not Intubate Patient if patient respirations are less than 8 per minute.

**(End)**

**SYNCOPE**

**EMT:**

- 1) Take spinal precautions.
- 2) **Obtain Blood glucose.**
- 3) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed
- 4) Orthostatic vital signs
- 5) Call for ALS
- 6) Transport ASAP

**AEMT:**

As above

- 7) IV Isotonic Solution
- 8) **Consider 200 ml bolus** May repeat up 20ml/kg in 200 ml increments if lungs sounds are clear.
- 9) **25GM D50W IV.** If glucose < 60
- 10) **Glucagon 0.5-1 mg IM** if unable to gain IV access and glucose < 60
- 11) **Narcan 0.4 to 2.0 mg IV/IM/MAD**
- 12) Perform secondary. assessment; look for signs of trauma.

**PARAMEDIC:**

As above

- 13) Cardiac Monitor
- 14) Treat any Arrhythmias per protocol

**(End)**