



ALTERED LEVEL OF CONSCIOUSNESS/SEIZURES - ADULT

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Patient exhibiting signs/symptoms of a possible altered level of consciousness.
2. Suspected narcotic dependence, overdose, hypoglycemia, traumatic injury, shock and alcoholism.
3. Tonic/clonic movements followed by a brief period of unconsciousness (post-ictal).
4. Suspect status epilepticus for frequent or extended seizures.

BLS INTERVENTIONS

1. Oxygen therapy as clinically indicated.
2. Position patient as tolerated. If altered gag reflex in absence of traumatic injury, place in left lateral position.
3. Place patient in axial spinal stabilization if trauma is suspected.
4. If patient history includes insulin or oral hypoglycemic medications, administer Glucose sublingual.

LIMITED ALS (LALS) INTERVENTIONS

1. Obtain vascular access.
2. Obtain blood glucose. If hypoglycemic administer:
 - a. Dextrose 50% 25 gms (50 cc) IV, or
 - b. Glucagon 1 mg IM/SC/IN, if unable to establish IV. May give one (1) time only.
 - c. May repeat blood glucose. Repeat Dextrose if extended transport time.
3. If suspected narcotic overdose administer:
 - a. Naloxone 2 mg IV/IM/IN. May repeat Naloxone 2 mg IV/IM/IN every two (2) to three (3) minutes if needed.

- b. Do not exceed 10 mgs of Naloxone total regardless of route given.
4. Assess and document response to therapy.
5. Base Station may order additional medication dosages and fluid bolus.

ALS INTERVENTIONS

1. Obtain vascular access and place on monitor.
2. Obtain blood glucose. If hypoglycemic administer:
 - a. Dextrose 50% 25 gms (50 cc) IV/IO , or
 - b. Glucagon 1 mg IM/SC/IN, if unable to establish IV. May give one (1) time only.
 - c. May repeat blood glucose. Repeat Dextrose if extended transport time.
3. For tonic/clonic type seizure activity administer:
 - a. Midazolam, 2.5 mg IN/IV/IO. May repeat in five (5) minutes for continued seizure activity, or
 - b. Midazolam 5 mg IM. May repeat in ten (10) minutes for continued seizure activity
 - c. Assess patient for medication related reduced respiratory rate or hypotension
 - d. Maximum of three (3) doses using any combination of IM/IN/IV/IO may be given for continued seizure activity. Contact Base Station for additional orders and to discuss further treatment options.
4. If suspected narcotic overdose administer:
 - a. Naloxone 2 mg IV/IM/IN. May repeat Naloxone 2 mg IV/IM/IN every two (2) to three (3) minutes if needed.
 - b. Do not exceed 10 mgs of Naloxone total regardless of route given.
5. Assess and document response to therapy.
6. Base Station may order additional medication dosages and fluid bolus.



HEAT RELATED EMERGENCIES

MINOR HEAT ILLNESS SYNDROMES

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Environmental conditions.
2. Increased skin temperature.
3. Increased body temperature.
4. General weakness.
5. Muscle cramps.

HEAT EXHAUSTION (Compensated)

1. All or some of the symptoms above.
2. Elevated temperature.
3. Vomiting.
4. Hypotension.
5. Diaphoresis.
6. Tachycardia.
7. Tachypnea.

HEAT STROKE (Uncompensated)

1. All or some of the symptoms above.
2. Hyperthermia.
3. ALOC or other signs of central nervous system dysfunction.
4. Absence or decreased sweating.

5. Tachycardia.
6. Hypotension.

BLS INTERVENTIONS

1. Remove patient from heat source, place in a position of comfort and begin cooling measures.
2. Oxygen as clinically indicated.
3. Rehydrate with small amounts of appropriate liquids as tolerated.
4. Axial-spinal stabilization if indicated.

HEAT EXHAUSTION/ HEAT STROKE

FIELD ASSESSMENT/ TREATMENT INDICATORS

1. Dehydration.
2. Elevated temperature, vomiting, hypotension, diaphoresis, tachycardia and tachypnea.
3. No change in LOC.

BLS INTERVENTIONS

1. Remove patient from heat source, position with legs elevated and begin cooling measures.
2. Oxygen as clinically indicated.
3. Rehydrate with small amounts of appropriate liquids as tolerated. Do not give liquids if altered level of consciousness.
4. If patient has signs of Heat Stroke, begin rapid cooling measures including cold packs placed adjacent to large superficial vessels.
5. Evaporative cooling measures.

LIMITED ALS INTERVENTIONS

1. Obtain vascular access

ADULT

- a. Fluid bolus with 500 cc NS. Reassess and repeat fluid bolus if continued signs of inadequate tissue perfusion.

PEDIATRIC

- a. Patients less than nine (9) years of age: Initial 20 cc/kg IV bolus; reassess and repeat fluid bolus if continued signs of inadequate tissue perfusion

2. If clinically indicated, obtain blood glucose. If hypoglycemic administer:

ADULT

- a. Dextrose 25 gms (50 cc) IV of 50% solution, or
- b. Glucagon 1 mg IM/SC/IN, if unable to establish IV. May give one (1) time only.

PEDIATRIC

- a. For neonates (0 - 4 weeks), if blood glucose < 35 mg/dL:
Dextrose 25% (0.25 g/ml) Diluted 1:1 Give 0.5 g/kg (4 ml/kg) IV/IO
- b. For patient < 10 kg and > 4 weeks, if blood glucose < 60 mg/dL:
Dextrose 25% (0.25 g/ml) Give 0.5 g/kg (2 ml/kg) IV/IO
- c. For patient > 10 kg and < 25kg, if glucose less than 60 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
- d. For patient > 25 kg, if glucose less than 80 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
- e. May repeat blood glucose. Repeat Dextrose if extended transport time.
- f. Glucagon 0.025 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after twenty (20) minutes for a combined maximum dose of 1 mg.

3. Seizure precautions refer to ICEMA Reference #11080 - Altered Level of Consciousness/Seizures - Adult.

4. Contact Base Station for destination and further treatment orders.

ALS INTERVENTIONS

1. Obtain vascular access.

ADULT

- a. Fluid bolus with 500 cc NS. May repeat fluid bolus if continued signs of inadequate tissue perfusion.

PEDIATRIC

- a. Patients less than nine (9) years of age: Initial 20 cc/kg IV/IO bolus; reassess and repeat fluid bolus if continued signs of inadequate tissue perfusion

2. If clinically indicated, obtain blood glucose. If hypoglycemic administer:

ADULT

- a. Dextrose 25 gms (50 cc) IV/IO, or
- b. Glucagon 1 mg IM/SC/IN, if unable to establish IV. May give one (1) time only.

PEDIATRIC

- a. For neonates (0 - 4 weeks), if blood glucose < 35 mg/dL:
Dextrose 25% (0.25 g/ml) Diluted 1:1 Give 0.5 g/kg (4 ml/kg) IV/IO
- b. For patient < 10 kg and > 4 weeks, if blood glucose < 60 mg/dL:
Dextrose 25% (0.25 g/ml) Give 0.5 g/kg (2 ml/kg) IV/IO
- c. For patient > 10 kg and < 25 kg, if glucose less than 60 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
- d. For patient > 25 kg, if glucose less than 80 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
- e. May repeat blood glucose. Repeat Dextrose if extended transport time.
- f. Glucagon 0.025 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after twenty (20) minutes for a combined maximum dose of 1 mg.

3. Base Station may order additional medication dosages and additional fluid boluses.

4. Obtain rhythm strip for documentation with copy to receiving hospital.
5. For tonic/clonic type seizure activity administer:

ADULT

- a. Midazolam, 2.5 mg IN/IV/IO. May repeat in five (5) minutes for continued seizure activity, or
- b. Midazolam 5 mg IM. May repeat in ten (10) minutes for continued seizure activity.
- c. Assess patient for medication related reduced respiratory rate or hypotension.
- d. Maximum of three (3) doses using any combination of IM/IN/IV/IO may be given for continued seizure activity. Contact Base Station for additional orders and to discuss further treatment options.

PEDIATRIC

- a. Midazolam 0.1 mg/kg IV/IO with maximum dose 2.5 mg. May repeat Midazolam in five (5) minutes for continued seizure. Do not to exceed adult dosage, or
- b. Midazolam 0.2 mg/kg IM/IN with maximum dose of 5 mg. May repeat Midazolam in ten (10) minutes for continued seizure. Do not to exceed adult dosage.
- c. Assess patient for medication related reduced respiratory rate or hypotension.
- d. Maximum of three (3) doses using any combination of IM/IN/IV/IO may be given for continued seizure activity. Contact Base Station for additional orders and to discuss further treatment options.

REFERENCE

<u>Number</u>	<u>Name</u>
11080	Altered Level of Consciousness/Seizures - Adult



COLD RELATED EMERGENCIES

FIELD ASSESSMENT/TREATMENT INDICATORS

MILD HYPOTHERMIA

1. Decreased core temperature.
2. Cold, pale extremities.
3. Shivering, reduction in fine motor skills.
4. Loss of judgment and/or altered level of consciousness or simple problem solving skills.

SEVERE HYPOTHERMIA

1. Severe cold exposure or any prolonged exposure to ambient temperatures below 36 degrees with the following indications:
 - a. Altered LOC with associated behavior changes.
 - b. Unconscious.
 - c. Lethargic.
2. Shivering is generally absent.
3. Blood pressure and heart sounds may be unobtainable.

SUSPECTED FROSTBITE

1. Areas of skin that are cold, white, and hard to touch.
2. Capillary refill greater than two (2) seconds.
3. Pain and/or numbness to affected extremity.

BLS INTERVENTIONS

1. Remove from cold/wet environment; remove wet clothing and dry patient.
2. Begin passive warming.

3. Insulate and apply wrapped heat packs, if available, to groin, axilla and neck. This process should be continuous.
4. Maintain appropriate airway with oxygen as clinically indicated (warm, humidified if possible).
5. Assess carotid pulse for a minimum of one (1) to two (2) minutes. If no pulse palpable, place AED if available, per ICEMA Reference #10130 - Automatic External Defibrillation (AED) - BLS. If no shock advised, begin CPR.
6. Insulate to prevent further heat loss.
7. Elevate extremity if frostbite is suspected.
8. Do not massage affected extremity.
9. Wrap affected body part in dry sterile gauze to prevent further exposure and handle with extreme care.

LIMITED ALS INTERVENTIONS

1. Advanced airway as clinically indicated.
2. Obtain vascular access
3. If clinically indicated, obtain blood glucose. If hypoglycemic administer:

ADULT

- a. Dextrose 25 gms (50 cc) IV, or
- b. Glucagon 1 mg IM/SC/IN, if unable to establish IV. May give one (1) time only.

PEDIATRIC

- a. For neonates (0 - 4 weeks), if blood glucose < 35 mg/dL:
Dextrose 25% (0.25 g/ml) Diluted 1:1 Give 0.5 g/kg (4 ml/kg) IV/IO
- b. For patient < 10 kg and > 4 weeks, if blood glucose < 60 mg/dL:
Dextrose 25% (0.25 g/ml) Give 0.5 g/kg (2 ml/kg) IV/IO
- c. For patient > 10 kg and < 25kg, if glucose less than 60 mg/dL:
Dextrose 50% (0.5 g/ml) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
- d. For patient > 25 kg, if glucose less than 80 mg/dL:
Dextrose 50% (0.5 g/ml) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO

- e. May repeat blood glucose. Repeat Dextrose if extended transport time.
 - f. Glucagon 0.025 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after twenty (20) minutes for a combined maximum dose of 1 mg.
4. Obtain vascular access and administer fluid bolus.
 - a. Nine (9) years and older: 300 ml warmed NS, may repeat.
 - b. Birth to eight (8) years: 20 ml/kg warmed NS, may repeat.
 5. Contact Base Station.

ALS INTERVENTIONS

1. Obtain vascular access.
2. Cardiac monitor.
3. If clinically indicated, obtain blood glucose. If hypoglycemic administer:

ADULT

- a. Dextrose 25 gms (50 cc) IV/IO, or
- b. Glucagon 1mg IM/SC/IN, if unable to establish IV. May give one (1) time only.

PEDIATRIC

- a. For neonates (0 - 4 weeks), if blood glucose < 35 mg/dL:
Dextrose 25% (0.25 g/ml) Diluted 1:1 Give 0.5 g/kg (4 ml/kg) IV/IO
- b. For patient < 10 kg and > 4 weeks, if blood glucose < 60 mg/dL:
Dextrose 25% (0.25 g/ml) Give 0.5 g/kg (2 ml/kg) IV/IO
- c. For patient > 10 kg and < 25kg, if glucose less than 60 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
- d. For patient > 25 kg, if glucose less than 80 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
- e. May repeat blood glucose. Repeat Dextrose if extended transport time.
- f. Glucagon 0.025 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after twenty (20) minutes for a combined maximum dose of 1 mg.

4. For complaints of pain in affected body part:

ADULT

- a. Morphine Sulfate 2 mg IV, may repeat in 2 mg increments, not to exceed 10 mg IV, or
- b. Morphine Sulfate 10 mg IM may repeat IM dosage one (1) time for pain relief.

PEDIATRIC

- a. Morphine Sulfate 0.1 mg/kg IV not to exceed 2 mg increments, for a total of 5 mg or
- b. Morphine Sulfate 0.2 mg/kg IM, for a total of 10 mg IM, titrated for pain relief.

5. In Radio Communication Failure, may repeat above dosage of Morphine Sulfate.

6. Advanced airway as clinically indicated.

7. Obtain vascular access and administer fluid bolus.

- a. Nine (9) years and older: 500 ml warmed NS, may repeat.
- b. Birth to eight (8) years: 20 ml/kg warmed NS, may repeat.

8. Obtain rhythm strip for documentation.

9. For documented VF, Pulseless V-Tach:

- a. Defibrillate one (1) time at manufacturer recommended dose. Do not defibrillate again until patient has begun to warm.

10. For documented asystole:

- a. Begin CPR.
- b. May give additional fluid bolus

11. Contact Base Station.

REFERENCE

<u>Reference #</u>	<u>Name</u>
10130	Automatic External Defibrillation (AED) - BLS



ALTERED LEVEL OF CONSCIOUSNESS - PEDIATRIC (Less than 15 years of age)

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Patient exhibits inappropriate behavior for age.
2. History or observation of an Apparent Life Threatening Event (ALTE).

BLS INTERVENTIONS

1. Assess environment and determine possible causes for illness.
2. Axial-spinal stabilization, if clinically indicated.
3. Oxygen therapy as clinically indicated.
4. Airway management as indicated (OPA/NPA, BVM Ventilation).
5. Obtain core temperature, if elevated begin passive cooling measures.

LIMITED ALS (LALS) INTERVENTIONS

1. Establish advanced airway as needed.
2. Obtain vascular access.
3. For symptomatic hypotension with poor perfusion, consider fluid bolus of 20 ml/kg of NS not to exceed 300 ml NS.
4. Check blood glucose level.
 - a. For neonates (0 - 4 weeks), if blood glucose < 35 mg/dL:
Dextrose 25% (0.25 g/ml) Diluted 1:1 Give 0.5 g/kg (4 ml/kg) IV/IO
 - b. For patient < 10 kg and > 4 weeks, if blood glucose < 60 mg/dL:
Dextrose 25% (0.25 g/ml) Give 0.5 g/kg (2 ml/kg) IV/IO
 - c. For patient > 10 kg and < 25kg, if glucose less than 60 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
 - d. For patient > 25 kg, if glucose less than 80 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO

- e. May repeat blood glucose. Repeat Dextrose if extended transport time.
 - f. Glucagon 0.025 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after twenty (20) minutes for a combined maximum dose of 1 mg.
5. For suspected narcotic ingestion, may give Narcan 0.1 mg/kg IV/IM/IN. Do not exceed the adult dosage of 2 mg IV/IM/IN.
 6. Base Station may order additional medication dosages and additional fluid boluses.

ALS INTERVENTIONS

1. Establish advanced airway as needed.
2. Obtain vascular access and place on cardiac monitor
3. For symptomatic hypotension with poor perfusion, consider fluid bolus of 20ml/kg of NS not to exceed 300ml NS.
4. Check blood glucose level.
 - a. For neonates (0 - 4 weeks), if blood glucose < 35 mg/dL:
Dextrose 25% (0.25 g/ml) Diluted 1:1 Give 0.5 g/kg (4ml/kg) IV/IO
 - b. For patient < 10 kg and > 4 weeks, if blood glucose < 60 mg/dL:
Dextrose 25% (0.25 g/ml) Give 0.5 g/kg (2 ml/kg) IV/IO
 - c. For patient > 10 kg and < 25kg, if glucose less than 60 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
 - d. For patient > 25 kg, if glucose less than 80 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
 - e. May repeat blood glucose. Repeat Dextrose if extended transport time.
 - f. Glucagon 0.025 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after twenty (20) minutes for a combined maximum dose of 1 mg.
5. For suspected narcotic ingestion, may give Narcan 0.1 mg/kg IV/IM/IN. Do not exceed the adult dosage of 2 mg IV/IM/IN.
6. Base Station may order additional medication dosages and additional fluid boluses.



SEIZURE - PEDIATRIC (Less than 15 years of age)

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Tonic/clonic movements followed by a brief period of unconsciousness (post-ictal).
2. Suspect status epilepticus for frequent or extended seizures.
3. History of prior seizures, narcotic dependence or diabetes.
4. Febrile seizures (patients under four (4) years of age).
5. Traumatic injury.

BLS INTERVENTIONS

1. Protect patient from further injury; axial-spinal stabilization if indicated.
2. Assure and maintain airway patency after cessation of seizure, with oxygen therapy as indicated.
3. Airway management as indicated (OPA/NPA, BVM Ventilation).
4. Position patient in left lateral position in absence of traumatic injury; watch for absent gag reflex.
5. Remove excess clothing and begin cooling measures if patient is febrile.
6. Protect patient during transport by padding appropriately.

LIMITED ALS INTERVENTIONS

1. Advanced airway as clinically indicated.
2. Obtain vascular access.
3. If clinically indicated, obtain blood glucose. If hypoglycemic administer:

PEDIATRIC

- a. For neonates (0 - 4 weeks), if blood glucose < 35 mg/dL:
Dextrose 25% (0.25 g/ml) Diluted 1:1 Give 0.5 g/kg (4 ml/kg) IV/IO

- b. For patient < 10 kg and > 4 weeks, if blood glucose < 60 mg/dL:
Dextrose 25% (0.25 g/ml) Give 0.5 g/kg (2 ml/kg) IV/IO
- c. For patient > 10 kg and < 25 kg, if glucose less than 60 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
- d. For patient > 25 kg, if glucose less than 80 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
- e. May repeat blood glucose. Repeat Dextrose if extended transport time.
- f. Glucagon 0.025 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after twenty (20) minutes for a combined maximum dose of 1 mg.

ALS INTERVENTIONS

- 1. Establish advanced airway as needed.
- 2. Obtain vascular access and place on cardiac monitor if indicated.
- 3. If clinically indicated, obtain blood glucose. If hypoglycemic administer:

PEDIATRIC

- a. For neonates (0 - 4 weeks), if blood glucose < 35 mg/dL:
Dextrose 25% (0.25 g/ml) Diluted 1:1 give 0.5 g/kg (4ml/kg) IV/IO
 - b. For patient < 10 kg and > 4 weeks, if blood glucose < 60 mg/dL:
Dextrose 25% (0.25 g/ml) Give 0.5 g/kg (2 ml/kg) IV/IO
 - c. For patient > 10 kg and < 25 kg, if glucose less than 60 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
 - d. For patient > 25 kg, if glucose less than 80 mg/dL:
Dextrose 50% (0.5 g/mL) Diluted 1:1 Give 0.5 g/kg (2 ml/kg) IV/IO
 - e. May repeat blood glucose. Repeat Dextrose if extended transport time.
 - f. Glucagon 0.025 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after twenty (20) minutes for a combined maximum dose of 1 mg.
- 4. For tonic/clonic type seizure activity administer:
 - a. Midazolam 0.1 mg/kg IV/IO with maximum dose 2.5 mg. May repeat Midazolam in five (5) minutes for continued seizure. Do not to exceed adult dosage, or

- b. Midazolam 0.2 mg/kg IM/IN with maximum dose of 5 mg. May repeat Midazolam in ten (10) minutes for continued seizure. Do not to exceed adult dosage.
- c. Assess patient for medication related reduced respiratory rate or hypotension.
- d. Maximum of three (3) doses using any combination of IM/IN/IV/IO may be given for continued seizure activity. Contact Base Station for additional orders and to discuss further treatment options.
- e. Assess and document response to therapy.
- f. Base Station may order additional medication dosages or a fluid bolus.



OBSTETRICAL EMERGENCIES

UNCOMPLICATED DELIVERY

BLS INTERVENTIONS

1. Administer oxygen as clinically indicated.
2. Prepare for delivery.
3. Massage fundus if placenta delivered.

COMPLICATED DELIVERY

BLS INTERVENTIONS

1. Excessive vaginal bleeding prior to delivery:
 - a. Attempt to control bleeding. Do not place anything into vagina.
 - b. Place in trendelenberg position.
2. Prolapsed Cord:
 - a. Elevate hips.
 - b. Gently push presenting part of head away from cord.
 - c. Consider knee/chest position for mother.
3. Postpartum Hemorrhage:
 - a. Massage fundus to control bleeding.
 - b. Encourage immediate breast feeding.
 - c. Place in trendelenburg position.
4. Cord around infant's neck:
 - a. Attempt to slip cord over the head.
 - b. If unable to slip cord over the head, deliver the baby through the cord.

- c. If unable to deliver the baby through the cord, double clamp cord, then cut cord between clamps.
5. Breech presentation and head not delivered within three (3) to four (4) minutes:
 - a. Administer oxygen.
 - b. Place in trendelenburg position.
 - c. Transport Code 3 to closest appropriate facility.
6. Pregnancy Induced Hypertension and/or Eclampsia:
 - a. Initiate and maintain seizure precautions.
 - b. Attempt to reduce stimuli.
 - c. Limit fluid intake.
 - d. Monitor and document blood pressure.
 - e. Consider left lateral position.

LIMITED ALS INTERVENTIONS

1. Obtain IV access, and maintain IV rate as appropriate.
2. Excessive vaginal bleeding or post-partum hemorrhage:
 - a. Give fluid challenge of 500 ml, if signs of inadequate tissue perfusion persist may repeat fluid bolus.
 - b. Maintain IV rate at 150 ml per hour.
 - c. Establish second large bore IV enroute.
3. Pregnancy Induced Hypertension and/or Eclampsia:
 - a. IV TKO, limit fluid intake.
 - b. Obtain O₂ saturation on room air, if possible.
 - c. Place in left lateral position, and obtain blood pressure after five (5) minutes.
4. Consider immediate notification of Base Station physician.

ALS INTERVENTIONS

1. Obtain IV access, and maintain IV rate as appropriate.
2. Excessive vaginal bleeding or post-partum hemorrhage:
 - a. Administer fluid challenge of 500 ml. If signs of inadequate tissue perfusion persist may repeat fluid bolus.
 - b. Maintain IV rate at 150 ml per hour.
 - c. Establish second large bore IV enroute.
3. Pregnancy induced hypertension:
 - a. Administer IV TKO. Limit fluid intake.
 - b. Obtain O₂ saturation on room air, if possible.
 - c. Place in left lateral position, and obtain blood pressure after five (5) minutes.
 - d. Obtain rhythm strip with copy to receiving hospital.
4. Eclampsia (Seizure/Tonic/Clonic Activity):
 - a. Magnesium Sulfate 4 gms diluted with 20 ml NS, IV/IO over three (3) to four (4) minutes, and
 - b. Start infusion of Magnesium Sulfate 2 gms in 100 cc of NS at 30 cc per hour IV/IO to prevent continued seizures.
 - c. Midazolam
 - i. Midazolam, 2.5 mg IN/IV/IO. May repeat in five (5) minutes for continued seizure activity, or
 - ii. Midazolam 5 mg IM. May repeat in ten (10) minutes for continued seizure activity
 - iii. Assess patient for medication related reduced respiratory rate or hypotension
 - iv. Maximum of three (3) doses using any combination of IM/IN/IV/IO may be given for continued seizure activity. Contact Base Station for additional orders and to discuss further treatment options.

5. Consider immediate notification of Base Station physician.
6. Base Station physician may order or in Radio Communication Failure:
 - a. Dopamine infusion at 400 mg in 250 ml NS titrated between 5 - 20 mcg/kg/min to maintain adequate tissue perfusion.