



# Inland Counties Emergency Medical Agency

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*Serving San Bernardino, Inyo, and Mono Counties*  
*Tom Lynch, EMS Administrator*  
*Reza Vaezazizi, MD, Medical Director*

**DATE:** May 28, 2021

**TO:** EMS Providers - ALS, LALS, BLS, EMS Aircraft  
Hospital CEOs, ED Directors, Nurse Managers and PLNs  
EMS Training Institutions and Continuing Education Providers  
Inyo, Mono and San Bernardino County EMCC Members  
Medical Advisory Committee (MAC) Members  
Systems Advisory Committee (SAC) Members

**FROM:** Tom Lynch  
EMS Administrator

Reza Vaezazizi, MD  
Medical Director

**SUBJECT: IMPLEMENTATION OF POLICIES/PROTOCOLS EFFECTIVE JUNE 15, 2021**

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The revised policies/protocols listed below are effective June 15, 2021.

ICEMA Reference Number and Name

11010R2 Medication - Standard Orders  
14010R2 Respiratory Emergences - Adult

Please insert and replace the enclosed policies and the Table of Contents in the Policy and Protocol Manual with the updated documents. The ICEMA policies and protocols can also be found on ICEMA's website at [www.ICEMA.net](http://www.ICEMA.net) under the Policy and Protocol Manual section.

If you have any questions, please contact Loreen Gutierrez, RN, Specialty Care Coordinator, at (909) 388-5803 or via e-mail at [loreen.gutierrez@cao.sbcounty.gov](mailto:loreen.gutierrez@cao.sbcounty.gov).

TL/RV/jlm

Enclosures

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**POLICIES/PROTOCOLS CHANGES EFFECTIVE JUNE 15, 2021**

Reference #	Name	Changes
<b>DELETIONS</b>		
None		
<b>NEW</b>		
None		
<b>CHANGES</b>		
11010R1	Medication - Standard Orders	Additional clarification of Nitroglycerine Paste and Versed.
14010R1	Respiratory Emergences - Adult	Additional clarification of Versed for anxiety related to CPAP.

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**INLAND COUNTIES  
EMERGENCY MEDICAL AGENCY  
POLICY AND PROTOCOL MANUAL**

**Reference No. 11010R2**

Effective Date: 06/15/21

Supersedes: 06/01/21

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**MEDICATION - STANDARD ORDERS**

**Medications listed in this protocol may be used only for the purposes referenced by the associated ICEMA Treatment Protocol.**

**For Nerve Agent Antidote Kit (NAAK) or medications deployed with the ChemPack see Appendix I (Page 12).**

**Adenosine (Adenocard) - Adult (ALS)**

*Stable narrow-complex SVT or Wide complex tachycardia:*

Adenosine, 6 mg rapid IVP followed immediately by 20 cc NS bolus, and Adenosine, 12 mg rapid IVP followed immediately by 20 cc NS bolus if patient does not convert. May repeat one (1) time.

*Reference #s 7010, 7020, 14040*

**Albuterol (Proventil) Aerosolized Solution - Adult (LALS, ALS)**

Albuterol, 2.5 mg nebulized, may repeat two (2) times.

*Reference #s 4060, 7010, 7020, 14010, 14070*

**Albuterol (Proventil) Metered-Dose Inhaler (MDI) - Adult (LALS, ALS - Specialty Programs Only)**

Albuterol MDI, four (4) puffs every 10 minutes for continued shortness of breath and wheezing.

*Reference #s 4060, 4080, 7010, 7020, 14120, 14140, 14190*

**Albuterol (Proventil) - Pediatric (LALS, ALS)**

Albuterol, 2.5 mg nebulized, may repeat two (2) times.

*Reference #s 7010, 7020, 14120, 14140, 14190*

**Albuterol (Proventil) Metered-Dose Inhaler (MDI) - Pediatric (LALS, ALS - Specialty Programs Only)**

Albuterol MDI, four (4) puffs every 10 minutes for continued shortness of breath and wheezing.

*Reference #s 4060, 4080, 7010, 7020, 14120, 14140, 14190*

**Aspirin, chewable (LALS, ALS)**

Aspirin, 325 mg PO chewed (one (1) adult non-enteric coated aspirin) or four (4) chewable 81 mg aspirin.

*Reference #s 4060, 4080, 5010, 7010, 7020, 14240*



**Atropine (ALS) - Adult**

Atropine, 0.5 mg IV/IO. May repeat every five (5) minutes up to a maximum of 3 mg or 0.04 mg/kg.

*Organophosphate poisoning:*

Atropine, 2 mg IV/IO, repeat at 2 mg increments every five (5) minutes if patient remains symptomatic.

Reference #s 4060, 4080, 7010, 7020, 13010, 14030, 14260

**Atropine - Pediatric (ALS)***Organophosphate poisoning - Pediatrics less than 14 years of age:*

Atropine, 0.05 mg/kg IV/IO not to exceed adult dose of 2 mg, repeat at 0.1 mg/kg increments every five (5) minutes if patient remains symptomatic.

Reference #s 4060, 4080, 7010, 7020, 13010

**Calcium Chloride - Adult (ALS)***Calcium Channel Blocker Poisonings (base hospital order only):*

Calcium Chloride, 1 gm (10 ml of a 10% solution) IV/IO.

Reference #s 5010, 7010, 7020, 13010

*For cardiac arrest with suspected hypocalcemia, hyperkalemia, hypermagnesemia or calcium channel blocker poisoning (base hospital order only):*

Calcium Chloride, 1 gm (10 ml of a 10% solution) IV/IO.

Reference #s 7010, 7020, 14050

**Calcium Chloride - Pediatric (ALS)***Calcium Channel Blocker Poisonings (base hospital order only):*

Calcium Chloride, 20 mg/kg IV/IO over five (5) minutes.

Reference #s 7010, 7020, 13010

**Dextrose - Adult (LALS, ALS)***Hypoglycemia - Adult with blood glucose less than 80 mg/dL:*

Dextrose 10% /250 ml (D10W 25 gm) IV/IO Bolus

Reference #s 4060, 4080, 5010, 7010, 7020, 8010, 13020, 13030, 14040, 14060

**Dextrose - Pediatric (LALS, ALS)***Hypoglycemia - Neonates (0 - 4 weeks) with blood glucose less than 35 mg/dL or pediatric patients (more than 4 weeks) with glucose less than 60 mg/dL:*

Dextrose 10%/250 ml (D10W 25 gm) 0.5 gm/kg (5 ml/kg) IV/IO

Reference #s 5010, 7010, 7020, 13020, 13030, 14150, 14160, 14170

**Diphenhydramine - Adult (ALS)**

Diphenhydramine, 25 mg IV/IO

Diphenhydramine, 50 mg IM

*Reference #s 4060, 4080, 7010, 7020, 13010, 14010*

**Diphenhydramine - Pediatric (ALS)**

*Allergic reaction:*

2 years to 14 years      Diphenhydramine, 1 mg/kg slow IV/IO, not to exceed adult dose of 25 mg, **or**

Diphenhydramine, 2 mg/kg IM not to exceed adult dose of 50 mg IM.

*Reference #s 7010, 7020, 14140*

**Epinephrine (1 mg/ml) - Adult (LALS, ALS)**

*Severe Bronchospasm, Asthma Attack, Pending Respiratory Failure, Severe Allergic Reactions:*

Epinephrine, 0.3 mg IM. May repeat after 15 minutes one (1) time if symptoms do not improve.

*Reference # 14010*

**Epinephrine (0.1 mg/ml) - Adult (ALS)**

*For persistent severe anaphylactic reaction:*

Epinephrine (0.1 mg/ml), 0.1 mg slow IVP/IO. May repeat every five (5) minutes as needed to total dosage of 0.5 mg.

*Reference # 14010*

*Cardiac Arrest, Asystole, PEA:*

Epinephrine (0.1 mg/ml), 1 mg IV/IO.

*Reference #s 4060, 4080, 5010, 7010, 7020, 14010, 14050, 14260*

**Epinephrine (0.01 mg/ml) - Adult (ALS)**

*Post resuscitation, persistent profound nontraumatic shock and hypotension (Push Dose Epinephrine):*

Prepare Epinephrine 0.01 mg/ml solution by mixing 9 ml of normal saline with 1 ml of Epinephrine 0.1 mg/ml in a 10 ml syringe. Administer 1 ml every one (1) to five (5) minutes titrated to maintain SBP more than 90 mm Hg.

*Reference #s 4060, 4080, 5010, 7010, 7020, 11010, 14050, 14230*

**Epinephrine (1 mg/ml) - Pediatric (LALS, ALS)**

*Severe Bronchospasm, Asthma Attack, Pending Respiratory Failure, Severe Allergic Reactions:*

Epinephrine, 0.01 mg/kg IM not to exceed adult dosage of 0.3 mg.

*Reference #s 4060, 5010, 7010, 7020, 14120, 14140*

**Epinephrine (0.1 mg/ml) - Pediatric (ALS)**

*Anaphylactic reaction (no palpable radial pulse and depressed level of consciousness):*

Epinephrine (0.1 mg/ml), 0.01 mg/kg IV/IO, no more than 0.1 mg per dose. May repeat to a maximum of 0.5 mg.

*Cardiac Arrest:*

1 day to 8 years                      Epinephrine (0.1 mg/ml), 0.01 mg/kg IV/IO (do not exceed adult dosage)

9 to 14 years                         Epinephrine (0.1 mg/ml), 1.0 mg IV/IO

*Newborn Care:*

Epinephrine (0.1 mg/ml), 0.01 mg/kg IV/IO if heart rate is less than 60 after one (1) minute after evaluating airway for hypoxia and assessing body temperature for hypothermia.

Epinephrine (0.1 mg/ml), 0.005 mg/kg IV/IO every 10 minutes for persistent hypotension as a base hospital order or in radio communication failure.

*Reference # 14200*

**Epinephrine (0.01 mg/ml) - Pediatric (ALS)**

*Post resuscitation, profound shock and hypotension (Push Dose Epinephrine):*

Prepare Epinephrine 0.01 mg/ml solution by mixing 9 ml of normal saline with 1 ml of Epinephrine 0.1 mg/ml in a 10 ml syringe. Administer 0.1 ml/kg (do not exceed adult dosage), every one (1) to five (5) minutes. Titrate to maintain a SBP more than 70 mm Hg.

*Reference #s 5010, 7010, 7020, 11010, 14150, 14230*

**Fentanyl - Adult (ALS)**

*Chest Pain (Presumed Ischemic Origin):*

Fentanyl, 50 mcg slow IV/IO over one (1) minute. May repeat every five (5) minutes titrated to pain, not to exceed 200 mcg.

Fentanyl, 100 mcg IM/IN. May repeat 50 mcg every 10 minutes titrated to pain, not to exceed 200 mcg.

*Acute traumatic injuries, acute abdominal/flank pain, burn injuries, Cancer pain, Sickle Cell Crisis:*

Fentanyl, 50 mcg slow IV/IO push over one (1) minute. May repeat every five (5) minutes titrated to pain, not to exceed 200 mcg IV/IO, **or**

Fentanyl, 100 mcg IM/IN. May repeat 50 mcg every 10 minutes titrated to pain, not to exceed 200 mcg.

*Pacing, synchronized cardioversion:*

Fentanyl, 50 mcg slow IV/IO over one (1) minute. May repeat in five (5) minutes titrated to pain, not to exceed 200 mcg.

Fentanyl, 100 mcg IN. May repeat 50 mcg every 10 minutes titrated to pain, not to exceed 200 mcg.

*Reference #s 3050, 4060, 4080, 5010, 7010, 7020, 11020, 13030, 14070, 14090, 14100, 14240*

**Fentanyl - Pediatric (ALS)**

Fentanyl, 0.5 mcg/kg slow IV/IO over one (1) minute. May repeat in five (5) minutes titrated to pain, not to exceed 100 mcg.

Fentanyl, 1 mcg/kg IM/IN, may repeat every 10 minutes titrated to pain not to exceed 200 mcg.

*Reference #s 3050, 4080, 5010, 7010, 7020, 13030, 14180, 14190, 14240*

**Glucose - Oral - Adult (BLS, LALS, ALS)**

*Adult with blood glucose less than 80 mg/dL:*

Glucose - Oral, one (1) tube for patients with an intact gag reflex and hypoglycemia.

*Reference #s 7010, 7020, 13020, 14060, 14080, 14230*

**Glucose - Oral - Pediatric (BLS, LALS, ALS)**

*Hypoglycemia - Neonates (0 - 4 weeks) with blood glucose less than 35 mg/dL or pediatric patients (more than 4 weeks) with glucose less than 60 mg/dL:*

Glucose - Oral, one (1) tube for patients with an intact gag reflex and hypoglycemia.

*Reference #s 7010, 7020, 14170, 14160*

**Glucagon - Adult (LALS, ALS)**

Glucagon, 1 mg IM/SC/IN, if unable to establish IV. May administer one (1) time only.

*Beta blocker Poisoning (base hospital order only):*

Glucagon, 1 mg IV/IO

*Reference #s 4060, 4080, 7010, 7020, 13010, 13030, 14060*

**Glucagon - Pediatric (LALS, ALS)**

*Hypoglycemia, if unable to establish IV:*

Glucagon, 0.03 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after 20 minutes for a combined maximum dose of 1 mg.

*Reference #s 7010, 7020, 13030, 14160, 14170*

*Beta blocker poisoning (base hospital order only):*

Glucagon, 0.03 mg/kg IV/IO

*Reference #'s 4060, 4080, 7010, 7020, 13010*

**Ipratropium Bromide (Atrovent) Inhalation Solution use with Albuterol Adult (ALS)**

Atrovent, 0.5 mg nebulized. Administer one (1) dose only.

*Reference #s 7010, 7020, 14010, 14070*

**Ipratropium Bromide (Atrovent) Metered-Dose Inhaler (MDI) use with Albuterol Adult (ALS - Specialty Programs Only)**

When used in combination with Albuterol MDI use Albuterol MDI dosing.

*Reference #s 4060, 4080, 7010, 7020, 14010, 14070*

**Ipratropium Bromide (Atrovent) Inhalation Solution use with Albuterol - Pediatric (ALS)**

1 day to 12 months      Atrovent, 0.25 mg nebulized. Administer one (1) dose only.  
 1 year to 14 years      Atrovent, 0.5 mg nebulized. Administer one (1) dose only.

*Reference #s 7010, 7020, 14120, 14140, 14190*

**Ipratropium Bromide (Atrovent) Metered-Dose Inhaler (MDI) use with Albuterol - Pediatric (ALS - Specialty Programs Only)**

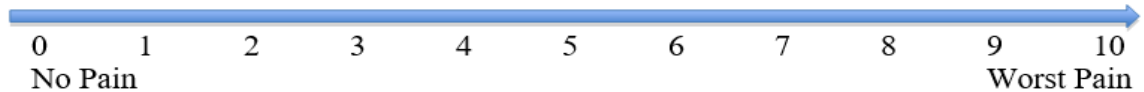
When used in combination with Albuterol MDI use Albuterol MDI dosing.

*Reference #s 4060, 4080, 7010, 7020, 14120, 14140, 14190*

**Ketamine - Adult (ALS)**

*Acute traumatic injury, acute abdominal/flank pain, burn injuries, cancer related pain and sickle cell crisis:*  
 Ketamine, 0.3 mg/kg to a max of 30 mg in a 50 - 100 ml of NS via IV over five (5) minutes. May repeat one (1) time, after 15 minutes, if pain score remains at five (5) or higher. Do not administer IVP, IO, IM, or IN.

This is the official pain scale to be used in patient assessment and documented on the PCR.



*Reference #s 7010, 7020, 14100*

**Lidocaine - Adult (ALS)**

*VT (pulseless)/VF:*

Initial Dose: Lidocaine, 1.5 mg/kg IV/IO

For refractory *VT (pulseless)/VF*, may administer an additional 0.75 mg/kg IV/IO, repeat one (1) time in five (5) to 10 minutes; maximum total dose of 3 mg/kg.

*V-Tach, Wide Complex Tachycardia - with Pulses:*

Lidocaine, 1.5 mg/kg slow IV/IO

May administer an additional 0.75 mg/kg slow IV/IO; maximum total dose of 3 mg/kg.

*Reference #s 4060, 5010, 7010, 7020, 8010, 11020, 14040, 14050, 14090*

**Lidocaine - Pediatric (ALS)***Cardiac Arrest:*

1 day to 8 years Lidocaine, 1.0 mg/kg IV/IO

9 to 14 years Lidocaine, 1.0 mg/kg IV/IO

May repeat Lidocaine at 0.5 mg/kg after five (5) minutes; maximum total dose of 3 mg/kg.

*Reference #s 5010, 7010, 7020, 14150***Lidocaine 2% (Intravenous Solution) - Pediatric and Adult (ALS)***Pain associated with IO infusion:*

Lidocaine, 0.5 mg/kg slow IO push over two (2) minutes, not to exceed 40 mg total.

*Reference #s 5010, 7010, 7020, 11020***Magnesium Sulfate (ALS)***Polymorphic Ventricular Tachycardia:*

Magnesium Sulfate, 2 gm IV/IO bolus over five (5) minutes for polymorphic VT if prolonged QT is observed during sinus rhythm post-cardioversion.

*Eclampsia (Seizure/Tonic/Clonic Activity):*

Magnesium Sulfate, 4 gm IV/IO slow IV push over three (3) to four (4) minutes.

Magnesium Sulfate, 10 mg/min IV/IO drip to prevent continued seizures.

*Reference #s 5010, 7010, 7020, 8010, 14210**Severe Asthma/Respiratory Distress (ALS) (base hospital order only):*

Magnesium Sulfate, 2 gm slow IV drip over 20 minutes. Do not repeat.

*Reference# 14010***Magnesium Sulfate - Pediatric (ALS)***Severe Asthma/Respiratory Distress (base hospital order only):*

Magnesium Sulfate, 50 mg/kg slow IV drip over 20 minutes. Do not exceed the adult dosage of 2 gm total. Do not repeat.

*Reference # 14120***Midazolam (Versed) - Adult (ALS)***Behavioral Emergencies, with suspected excited delirium:*Midazolam, 2.5 mg IV/IO/IN. May repeat in five (5) minutes, **or**

Midazolam, 5 mg IM. May repeat in 10 minutes.

Maximum of three (3) doses using any combination of IV/IO/IM/IN may be administered. Contact base hospital for additional orders and to discuss further treatment options.

*Reference # 14110*

**Seizure:**

Midazolam, 2.5 mg IV/IO/IN. May repeat in five (5) minutes for continued seizure activity, **or**

Midazolam, 5 mg IM. May repeat in 10 minutes for continued seizure activity.

Assess patient for medication related reduced respiratory rate or hypotension.

Maximum of three (3) doses using any combination of IV/IO/IM/IN may be administered for continued seizure activity. Contact base hospital for additional orders and to discuss further treatment options.

**Pacing, synchronized cardioversion:**

Midazolam, 2 mg slow IV/IO push or IN

**CPAP:**

Midazolam, 1 mg slow IV/IO push may be administered one (1) time for anxiety related to application of CPAP. Contact base hospital for additional orders.

*Reference #s 4060, 4080, 7010, 7020, 11020, 13020, 14060, 14210*

**Midazolam (Versed) - Pediatric (ALS)****Seizures:**

Midazolam, 0.1 mg/kg IV/IO with maximum dose 2.5 mg. May repeat Midazolam in five (5) minutes, **or**

Midazolam, 0.2 mg/kg IM/IN with maximum dose of 5 mg. May repeat Midazolam in 10 minutes for continued seizure.

Assess patient for medication related reduced respiratory rate or hypotension.

Maximum of three (3) doses using any combination of IV/IO/IM/IN may be administered for continued seizure activity. Contact base hospital for additional orders and to discuss further treatment options.

*Reference #s 7010, 7020, 14170*

**Naloxone (Narcan) - Adult (BLS)****For resolution of respiratory depression related to suspected opiate overdose:**

Naloxone, 0.5 mg IM/IN, may repeat Naloxone 0.5 mg IM/IN every two (2) to three (3) minutes if needed.

Do not exceed 10 mg of Naloxone total regardless of route administered.

*Reference #s 7010, 7020, 8030, 14060*

**Naloxone (Narcan) - Adult (LALS, ALS)****For resolution of respiratory depression related to suspected opiate overdose:**

Naloxone, 0.5 mg IV/IO/IM/IN, may repeat Naloxone 0.5 mg IV/IO/IM/IN every two (2) to three (3) minutes if needed.

Do not exceed 10 mg of Naloxone total regardless of route administered.

*Reference #s 4080, 7010, 7020, 14060*

**Naloxone (Narcan) - Pediatric (BLS)**

*For resolution of respiratory depression related to suspected opiate overdose:*

- |                  |   |
|------------------|---|
| 1 day to 8 years | Naloxone, 0.1 mg/kg IM/IN (do not exceed the adult dose of 0.5 mg per administration) |
| 9 to 14 years    | Naloxone, 0.5 mg IM/IN  |

May repeat every two (2) to three (3) minutes if needed. Do not exceed the adult dosage of 10 mg total IM/IN.

*Reference #s 7010, 7020, 8030, 14150, 14160*

**Naloxone (Narcan) - Pediatric (LALS, ALS)**

*For resolution of respiratory depression related to suspected opiate overdose:*

- |                  |   |
|------------------|---|
| 1 day to 8 years | Naloxone, 0.1 mg/kg IV/IO/IM/IN (do not exceed the adult dose of 0.5 mg per administration) |
| 9 to 14 years    | Naloxone, 0.5 mg IV/IO/IM/IN  |

May repeat every two (2) to three (3) minutes if needed. Do not exceed the adult dosage of 10 mg total IV/IO/IM/IN.

*Reference #s 7010, 7020, 14150, 14160*

**Nitroglycerin (NTG) (LALS, ALS)**

Nitroglycerin, 0.4 mg sublingual/transmucosal.

One (1) every three (3) minutes as needed. May be repeated as long as patient continues to have signs of adequate tissue perfusion. **If a Right Ventricular Infarction is suspected, the use of nitrates requires base hospital contact.**

Nitroglycerin Paste, 1 inch (1 gm) transdermal, may not repeat.

Nitroglycerin sublingual is the preferred route of administration for ACS. Nitro Paste is a one (1) time dose and intended for when sublingual cannot be easily administered (i.e., CPAP).

Nitroglycerin is contraindicated if there are signs of inadequate tissue perfusion or if sexual enhancement medications have been utilized within the past 48 hours.

*Reference #s 4060, 4080, 7010, 7020, 14010, 14240*

**Ondansetron (Zofran) - Patients four (4) years old to Adult (ALS)**

*Nausea/Vomiting:*

Ondansetron, 4 mg slow IV/IO/ODT

All patients four (4) to eight (8) years old: May administer a total of 4 mgs of Ondansetron prior to base hospital contact.

All patients nine (9) and older: May administer Ondansetron 4 mg; may repeat two (2) times, at 10 minute intervals, for a total of 12 mgs prior to base hospital contact.

May be used as prophylactic treatment of nausea and vomiting associated with narcotic administration.



*Reference #s 4080, 7010, 7020, 14090, 14180, 14220*

**Oxygen (non-intubated patient per appropriate delivery device)**

*General Administration (Hypoxia):*

Titrate Oxygen at lowest rate required to maintain SPO<sub>2</sub> at 94%. Do not administer supplemental oxygen for SPO<sub>2</sub> more than 95%.

*Chronic Obstructive Pulmonary Disease (COPD):*

Titrate Oxygen at lowest rate required to maintain SPO<sub>2</sub> at 90%. Do not administer supplemental oxygen for SPO<sub>2</sub> more than 91%.

*Reference #s 12010, 13010, 13020, 13030, 13050, 14010, 14020, 14030, 14040, 14060, 14070, 14090, 14120, 14130, 14140, 14160, 14170, 14180, 14190, 14200, 14210, 14220, 14230, 14240*

**Sodium Bicarbonate - Adult (ALS)**

*Tricyclic Poisoning (base hospital order only):*

Sodium Bicarbonate, 1 mEq/kg IV/IO

*Reference #s 5010, 7010, 7020, 13010*

*For cardiac arrest with suspected metabolic acidosis, hyperkalemia or tricyclic poisoning (base hospital order only):*

Sodium Bicarbonate, 50 mEq IV/IO

*Reference #'s 7010, 7020, 14050*

**Sodium Bicarbonate - Pediatric (ALS)**

*Tricyclic Poisoning (base hospital order only):*

Sodium Bicarbonate, 1 mEq/kg IV/IO

*Reference #'s 7010, 7020, 13010*

**Tranexamic Acid (TXA) - Patients 15 years of age and older (ALS)**

*Signs of hemorrhagic shock meeting inclusion criteria:*

Administer TXA 1 gm in 50 - 100 ml of NS via IV/IO over 10 minutes. Do not administer IVP as this will cause hypotension.

*Reference #s 7010, 7020, 14090*

**APPENDIX I****Medications for self-administration or with deployment of the ChemPack.**

**Medications listed below may be used only for the purposes referenced by the associated ICEMA Treatment Protocol. Any other use, route or dose other than those listed, must be ordered in consultation with the Base Hospital physician.**

**Atropine - Pediatric (BLS, AEMT-Auto-injector only with training, ALS)**

*Known nerve agent/organophosphate poisoning with deployment of the ChemPack using:*

Two (2) or more mild symptoms: Administer the weight-based dose listed below as soon as an exposure is known or strongly suspected. If severe symptoms develop after the first dose, two (2) additional doses should be repeated in rapid succession 10 minutes after the first dose; do not administer more than three (3) doses. If profound anticholinergic effects occur in the absence of excessive bronchial secretions, further doses of atropine should be withheld.

One (1) or more severe symptoms: Immediately administer (3) three weight-based doses listed below in rapid succession.

*Weight-based dosing:*

Less than 6.8 kg (less than 15 lbs):	0.25 mg, IM using multi-dose vial
6.8 to 18 kg (15 to 40 lbs):	0.5 mg, IM using AtroPen auto-injector
18 to 41 kg (40 to 90 lbs):	1 mg, IM using AtroPen auto-injector
More than 41 kg (more than 90 lbs):	2 mg, IM using multi-dose vial

*Symptoms of insecticide or nerve agent poisoning, as provided by manufacturer in the AtroPen product labeling, to guide therapy:*

Mild symptoms: Blurred vision, bradycardia, breathing difficulties, chest tightness, coughing, drooling, miosis, muscular twitching, nausea, runny nose, salivation increased, stomach cramps, tachycardia, teary eyes, tremor, vomiting, or wheezing.

Severe symptoms: Breathing difficulties (severe), confused/strange behavior, defecation (involuntary), muscular twitching/generalized weakness (severe), respiratory secretions (severe), seizure, unconsciousness, urination (involuntary).

**NOTE:** Infants may become drowsy or unconscious with muscle floppiness as opposed to muscle twitching.

*Reference #s 11010, 13010, 13040*

**Diazepam (Valium) - Adult (ALS)**

*For seizures associated with nerve agent/organophosphate exposure ONLY with the deployment of the ChemPack:*

Diazepam 10 mg (5 mg/ml) auto-injector IM (if IV is unavailable), **or**  
Diazepam 2.5 mg IV

*Reference # 13040*

**Diazepam (Valium) - Pediatric (ALS)**

*For seizures associated with nerve agent/organophosphate exposure ONLY with the deployment of the ChemPack:*

Diazepam 0.05 mg/kg IV

*Reference # 13040*

**Nerve Agent Antidote Kit (NAAK)/Mark I or DuoDote (containing Atropine/Pralidoxime Chloride for self-administration or with deployment of the ChemPack) - Adult**

*Nerve agent exposure with associated symptoms:*

One (1) NAAK auto-injector IM into outer thigh. May repeat up to two (2) times every 10 to 15 minutes if symptoms persist.

*Reference #s 7010, 7020, 13010, 13040*



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## RESPIRATORY EMERGENCIES - ADULT

### CHRONIC OBSTRUCTIVE PULMONARY DISEASE

#### I. FIELD ASSESSMENT/TREATMENT INDICATORS

Symptoms of chronic pulmonary disease, wheezing, cough, pursed lip breathing, decreased breath sounds, accessory muscle use, anxiety, ALOC or cyanosis.

#### II. BLS INTERVENTIONS

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated, obtain oxygen saturation on room air, or on home oxygen if possible.

#### III. LIMITED ALS (LALS) INTERVENTIONS

- Perform activities identified in the BLS Interventions.
- Maintain airway with appropriate adjuncts, including advanced airway if indicated. Obtain oxygen saturation on room air or on home oxygen if possible.
- Administer Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.

#### IV. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.
- Administer Albuterol with Atrovent per ICEMA Reference #11010 - Medication - Standard Orders.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #11020 - Procedure - Standard Orders.  
  
If systolic BP remains greater than 90 mm Hg, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders for relief of anxiety related to CPAP mask.
- Consider advanced airway, refer to ICEMA Reference #11020 - Procedure - Standard Orders.

#### V. REFERENCES

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders.

### ACUTE ASTHMA/BRONCHOSPASM/ALLERGIC REACTION/ANAPHYLAXIS

#### I. FIELD ASSESSMENT/TREATMENT INDICATORS

History of prior attacks, possible toxic inhalation or allergic reaction, associated with wheezing, diminished breath sounds or cough.

**II. BLS INTERVENTIONS (For severe asthma and/or anaphylaxis only)**

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated, humidified oxygen preferred.

**III. LIMITED ALS (LALS) INTERVENTIONS**

- Perform activities identified in the BLS Interventions.
- Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible.
- Administer Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.
- For signs of inadequate tissue perfusion, initiate IV bolus of 300 ml NS. If signs of inadequate tissue perfusion persist may repeat fluid bolus one (1) time.
- If no response to Albuterol, administer Epinephrine (1 mg/ml) per ICEMA Reference #11010 - Medication - Standard Orders. Contact base hospital for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.
- May repeat Epinephrine (1 mg/ml), per ICEMA Reference #11010 - Medication - Standard Orders, after 15 minutes one (1) time.

**IV. ALS INTERVENTIONS**

- Perform activities identified in the BLS and LALS Interventions.
- Administer Albuterol, with Atrovent per ICEMA Reference #11010 - Medication - Standard Orders.
- For suspected allergic reaction, consider Diphenhydramine per ICEMA Reference #11010 - Medication - Standard Orders.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #11020 - Procedure - Standard Orders.  
  
If systolic BP remains greater than 90 mm Hg, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders for relief of anxiety related to CPAP mask.
- If no response to Albuterol, administer Epinephrine per ICEMA Reference #11010 - Medication - Standard Orders. Contact base hospital for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.
- May repeat Epinephrine (1 mg/ml) per ICEMA Reference #11010 - Medication - Standard Orders after 15 minutes one (1) time.
- For persistent severe anaphylactic reaction, administer Epinephrine (0.1 mg/ml) per ICEMA Reference #11010 - Medication - Standard Orders.

- Consider advanced airway, refer to ICEMA Reference #11020 - Procedure - Standard Orders.

#### V. BASE HOSPITAL MAY ORDER THE FOLLOWING

- For severe asthma/respiratory distress that has failed to respond to the other previous treatments, administer Magnesium Sulfate per ICEMA Reference #11010 - Medication - Standard Orders.

#### VI. REFERENCES

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders

### ACUTE PULMONARY EDEMA/CHF

#### I. FIELD ASSESSMENT/TREATMENT INDICATORS

History of cardiac disease, including CHF, and may present with rales, occasional wheezes, jugular venous distention and/or peripheral edema.

#### II. BLS INTERVENTIONS

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated. For pulmonary edema with high altitude as a suspected etiology, descend to a lower altitude and administer high flow oxygen with a non re-breather mask.
- Be prepared to support ventilations as clinically indicated.

#### III. LIMITED ALS (LALS) INTERVENTIONS

- Perform activities identified in the BLS Interventions.
- Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible.
- Administer Nitroglycerine (NTG) per ICEMA Reference #11010 - Medication - Standard Orders. In the presence of hypotension (SBP less than 100), the use of NTG is contraindicated.
- If symptoms do not improve after NTG administration, consider Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.

#### IV. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #11020 - Procedure - Standard Orders.

If systolic BP remains greater than 90 mm Hg, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders for relief of anxiety related to CPAP mask.

- Consider advanced airway, refer to ICEMA Reference #11020 - Procedure - Standard Orders.

**V. REFERENCES**

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders



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**MEDICATION - STANDARD ORDERS**

**Medications listed in this protocol may be used only for the purposes referenced by the associated ICEMA Treatment Protocol.**

**For Nerve Agent Antidote Kit (NAAK) or medications deployed with the ChemPack see Appendix I (Page 12).**

**Adenosine (Adenocard) - Adult (ALS)**

*Stable narrow-complex SVT or Wide complex tachycardia:*

Adenosine, 6 mg rapid IVP followed immediately by 20 cc NS bolus, and Adenosine, 12 mg rapid IVP followed immediately by 20 cc NS bolus if patient does not convert. May repeat one (1) time.

*Reference #s 7010, 7020, 14040*

**Albuterol (Proventil) Aerosolized Solution - Adult (LALS, ALS)**

Albuterol, 2.5 mg nebulized, may repeat two (2) times.

*Reference #s 4060, 7010, 7020, 14010, 14070*

**Albuterol (Proventil) Metered-Dose Inhaler (MDI) - Adult (LALS, ALS - Specialty Programs Only)**

Albuterol MDI, four (4) puffs every 10 minutes for continued shortness of breath and wheezing.

*Reference #s 4060, 4080, 7010, 7020, 14120, 14140, 14190*

**Albuterol (Proventil) - Pediatric (LALS, ALS)**

Albuterol, 2.5 mg nebulized, may repeat two (2) times.

*Reference #s 7010, 7020, 14120, 14140, 14190*

**Albuterol (Proventil) Metered-Dose Inhaler (MDI) - Pediatric (LALS, ALS - Specialty Programs Only)**

Albuterol MDI, four (4) puffs every 10 minutes for continued shortness of breath and wheezing.

*Reference #s 4060, 4080, 7010, 7020, 14120, 14140, 14190*

**Aspirin, chewable (LALS, ALS)**

Aspirin, 325 mg PO chewed (one (1) adult non-enteric coated aspirin) or four (4) chewable 81 mg aspirin.

*Reference #s 4060, 4080, 5010, 7010, 7020, 14240*



**Atropine (ALS) - Adult**

Atropine, 0.5 mg IV/IO. May repeat every five (5) minutes up to a maximum of 3 mg or 0.04 mg/kg.

*Organophosphate poisoning:*

Atropine, 2 mg IV/IO, repeat at 2 mg increments every five (5) minutes if patient remains symptomatic.

Reference #s 4060, 4080, 7010, 7020, 13010, 14030, 14260

**Atropine - Pediatric (ALS)***Organophosphate poisoning - Pediatrics less than 14 years of age:*

Atropine, 0.05 mg/kg IV/IO not to exceed adult dose of 2 mg, repeat at 0.1 mg/kg increments every five (5) minutes if patient remains symptomatic.

Reference #s 4060, 4080, 7010, 7020, 13010

**Calcium Chloride - Adult (ALS)***Calcium Channel Blocker Poisonings (base hospital order only):*

Calcium Chloride, 1 gm (10 ml of a 10% solution) IV/IO.

Reference #s 5010, 7010, 7020, 13010

*For cardiac arrest with suspected hypocalcemia, hyperkalemia, hypermagnesemia or calcium channel blocker poisoning (base hospital order only):*

Calcium Chloride, 1 gm (10 ml of a 10% solution) IV/IO.

Reference #s 7010, 7020, 14050

**Calcium Chloride - Pediatric (ALS)***Calcium Channel Blocker Poisonings (base hospital order only):*

Calcium Chloride, 20 mg/kg IV/IO over five (5) minutes.

Reference #s 7010, 7020, 13010

**Dextrose - Adult (LALS, ALS)***Hypoglycemia - Adult with blood glucose less than 80 mg/dL:*

Dextrose 10% /250 ml (D10W 25 gm) IV/IO Bolus

Reference #s 4060, 4080, 5010, 7010, 7020, 8010, 13020, 13030, 14040, 14060

**Dextrose - Pediatric (LALS, ALS)***Hypoglycemia - Neonates (0 - 4 weeks) with blood glucose less than 35 mg/dL or pediatric patients (more than 4 weeks) with glucose less than 60 mg/dL:*

Dextrose 10%/250 ml (D10W 25 gm) 0.5 gm/kg (5 ml/kg) IV/IO

Reference #s 5010, 7010, 7020, 13020, 13030, 14150, 14160, 14170

**Diphenhydramine - Adult (ALS)**

Diphenhydramine, 25 mg IV/IO

Diphenhydramine, 50 mg IM

Reference #s 4060, 4080, 7010, 7020, 13010, 14010

**Diphenhydramine - Pediatric (ALS)***Allergic reaction:*

2 years to 14 years      Diphenhydramine, 1 mg/kg slow IV/IO, not to exceed adult dose of 25 mg, **or**

Diphenhydramine, 2 mg/kg IM not to exceed adult dose of 50 mg IM.

Reference #s 7010, 7020, 14140

**Epinephrine (1 mg/ml) - Adult (LALS, ALS)***Severe Bronchospasm, Asthma Attack, Pending Respiratory Failure, Severe Allergic Reactions:*

Epinephrine, 0.3 mg IM. May repeat after 15 minutes one (1) time if symptoms do not improve.

Reference # 14010

**Epinephrine (0.1 mg/ml) - Adult (ALS)***For persistent severe anaphylactic reaction:*

Epinephrine (0.1 mg/ml), 0.1 mg slow IVP/IO. May repeat every five (5) minutes as needed to total dosage of 0.5 mg.

Reference # 14010

*Cardiac Arrest, Asystole, PEA:*

Epinephrine (0.1 mg/ml), 1 mg IV/IO.

Reference #s 4060, 4080, 5010, 7010, 7020, 14010, 14050, 14260

**Epinephrine (0.01 mg/ml) - Adult (ALS)***Post resuscitation, persistent profound nontraumatic shock and hypotension (Push Dose Epinephrine):*

Prepare Epinephrine 0.01 mg/ml solution by mixing 9 ml of normal saline with 1 ml of Epinephrine 0.1 mg/ml in a 10 ml syringe. Administer 1 ml every one (1) to five (5) minutes titrated to maintain SBP more than 90 mm Hg.

Reference #s 4060, 4080, 5010, 7010, 7020, 11010, 14050, 14230

**Epinephrine (1 mg/ml) - Pediatric (LALS, ALS)***Severe Bronchospasm, Asthma Attack, Pending Respiratory Failure, Severe Allergic Reactions:*

Epinephrine, 0.01 mg/kg IM not to exceed adult dosage of 0.3 mg.

Reference #s 4060, 5010, 7010, 7020, 14120, 14140

**Epinephrine (0.1 mg/ml) - Pediatric (ALS)**

*Anaphylactic reaction (no palpable radial pulse and depressed level of consciousness):*

Epinephrine (0.1 mg/ml), 0.01 mg/kg IV/IO, no more than 0.1 mg per dose. May repeat to a maximum of 0.5 mg.

*Cardiac Arrest:*

1 day to 8 years                      Epinephrine (0.1 mg/ml), 0.01 mg/kg IV/IO (do not exceed adult dosage)

9 to 14 years                         Epinephrine (0.1 mg/ml), 1.0 mg IV/IO

*Newborn Care:*

Epinephrine (0.1 mg/ml), 0.01 mg/kg IV/IO if heart rate is less than 60 after one (1) minute after evaluating airway for hypoxia and assessing body temperature for hypothermia.

Epinephrine (0.1 mg/ml), 0.005 mg/kg IV/IO every 10 minutes for persistent hypotension as a base hospital order or in radio communication failure.

*Reference # 14200*

**Epinephrine (0.01 mg/ml) - Pediatric (ALS)**

*Post resuscitation, profound shock and hypotension (Push Dose Epinephrine):*

Prepare Epinephrine 0.01 mg/ml solution by mixing 9 ml of normal saline with 1 ml of Epinephrine 0.1 mg/ml in a 10 ml syringe. Administer 0.1 ml/kg (do not exceed adult dosage), every one (1) to five (5) minutes. Titrate to maintain a SBP more than 70 mm Hg.

*Reference #s 5010, 7010, 7020, 11010, 14150, 14230*

**Fentanyl - Adult (ALS)**

*Chest Pain (Presumed Ischemic Origin):*

Fentanyl, 50 mcg slow IV/IO over one (1) minute. May repeat every five (5) minutes titrated to pain, not to exceed 200 mcg.

Fentanyl, 100 mcg IM/IN. May repeat 50 mcg every 10 minutes titrated to pain, not to exceed 200 mcg.

*Acute traumatic injuries, acute abdominal/flank pain, burn injuries, Cancer pain, Sickle Cell Crisis:*

Fentanyl, 50 mcg slow IV/IO push over one (1) minute. May repeat every five (5) minutes titrated to pain, not to exceed 200 mcg IV/IO, **or**

Fentanyl, 100 mcg IM/IN. May repeat 50 mcg every 10 minutes titrated to pain, not to exceed 200 mcg.

*Pacing, synchronized cardioversion:*

Fentanyl, 50 mcg slow IV/IO over one (1) minute. May repeat in five (5) minutes titrated to pain, not to exceed 200 mcg.

Fentanyl, 100 mcg IN. May repeat 50 mcg every 10 minutes titrated to pain, not to exceed 200 mcg.

*Reference #s 3050, 4060, 4080, 5010, 7010, 7020, 11020, 13030, 14070, 14090, 14100, 14240*

**Fentanyl - Pediatric (ALS)**

Fentanyl, 0.5 mcg/kg slow IV/IO over one (1) minute. May repeat in five (5) minutes titrated to pain, not to exceed 100 mcg.

Fentanyl, 1 mcg/kg IM/IN, may repeat every 10 minutes titrated to pain not to exceed 200 mcg.

*Reference #s 3050, 4080, 5010, 7010, 7020, 13030, 14180, 14190, 14240*

**Glucose - Oral - Adult (BLS, LALS, ALS)**

*Adult with blood glucose less than 80 mg/dL:*

Glucose - Oral, one (1) tube for patients with an intact gag reflex and hypoglycemia.

*Reference #s 7010, 7020, 13020, 14060, 14080, 14230*

**Glucose - Oral - Pediatric (BLS, LALS, ALS)**

*Hypoglycemia - Neonates (0 - 4 weeks) with blood glucose less than 35 mg/dL or pediatric patients (more than 4 weeks) with glucose less than 60 mg/dL:*

Glucose - Oral, one (1) tube for patients with an intact gag reflex and hypoglycemia.

*Reference #s 7010, 7020, 14170, 14160*

**Glucagon - Adult (LALS, ALS)**

Glucagon, 1 mg IM/SC/IN, if unable to establish IV. May administer one (1) time only.

*Beta blocker Poisoning (base hospital order only):*

Glucagon, 1 mg IV/IO

*Reference #s 4060, 4080, 7010, 7020, 13010, 13030, 14060*

**Glucagon - Pediatric (LALS, ALS)**

*Hypoglycemia, if unable to establish IV:*

Glucagon, 0.03 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after 20 minutes for a combined maximum dose of 1 mg.

*Reference #s 7010, 7020, 13030, 14160, 14170*

*Beta blocker poisoning (base hospital order only):*

Glucagon, 0.03 mg/kg IV/IO

*Reference #'s 4060, 4080, 7010, 7020, 13010*

**Ipratropium Bromide (Atrovent) Inhalation Solution use with Albuterol Adult (ALS)**

Atrovent, 0.5 mg nebulized. Administer one (1) dose only.

*Reference #s 7010, 7020, 14010, 14070*

**Ipratropium Bromide (Atrovent) Metered-Dose Inhaler (MDI) use with Albuterol Adult (ALS - Specialty Programs Only)**

When used in combination with Albuterol MDI use Albuterol MDI dosing.

*Reference #s 4060, 4080, 7010, 7020, 14010, 14070*

**Ipratropium Bromide (Atrovent) Inhalation Solution use with Albuterol - Pediatric (ALS)**

1 day to 12 months      Atrovent, 0.25 mg nebulized. Administer one (1) dose only.  
 1 year to 14 years      Atrovent, 0.5 mg nebulized. Administer one (1) dose only.

*Reference #s 7010, 7020, 14120, 14140, 14190*

**Ipratropium Bromide (Atrovent) Metered-Dose Inhaler (MDI) use with Albuterol - Pediatric (ALS - Specialty Programs Only)**

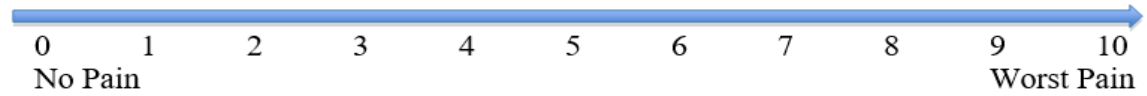
When used in combination with Albuterol MDI use Albuterol MDI dosing.

*Reference #s 4060, 4080, 7010, 7020, 14120, 14140, 14190*

**Ketamine - Adult (ALS)**

*Acute traumatic injury, acute abdominal/flank pain, burn injuries, cancer related pain and sickle cell crisis:*  
 Ketamine, 0.3 mg/kg to a max of 30 mg in a 50 - 100 ml of NS via IV over five (5) minutes. May repeat one (1) time, after 15 minutes, if pain score remains at five (5) or higher. Do not administer IVP, IO, IM, or IN.

This is the official pain scale to be used in patient assessment and documented on the PCR.



*Reference #s 7010, 7020, 14100*

**Lidocaine - Adult (ALS)**

*VT (pulseless)/VF:*  
 Initial Dose: Lidocaine, 1.5 mg/kg IV/IO

For refractory *VT (pulseless)/VF*, may administer an additional 0.75 mg/kg IV/IO, repeat one (1) time in five (5) to 10 minutes; maximum total dose of 3 mg/kg.

*V-Tach, Wide Complex Tachycardia - with Pulses:*  
 Lidocaine, 1.5 mg/kg slow IV/IO

May administer an additional 0.75 mg/kg slow IV/IO; maximum total dose of 3 mg/kg.

*Reference #s 4060, 5010, 7010, 7020, 8010, 11020, 14040, 14050, 14090*

**Lidocaine - Pediatric (ALS)***Cardiac Arrest:*

1 day to 8 years Lidocaine, 1.0 mg/kg IV/IO

9 to 14 years Lidocaine, 1.0 mg/kg IV/IO

May repeat Lidocaine at 0.5 mg/kg after five (5) minutes; maximum total dose of 3 mg/kg.

*Reference #s 5010, 7010, 7020, 14150***Lidocaine 2% (Intravenous Solution) - Pediatric and Adult (ALS)***Pain associated with IO infusion:*

Lidocaine, 0.5 mg/kg slow IO push over two (2) minutes, not to exceed 40 mg total.

*Reference #s 5010, 7010, 7020, 11020***Magnesium Sulfate (ALS)***Polymorphic Ventricular Tachycardia:*

Magnesium Sulfate, 2 gm IV/IO bolus over five (5) minutes for polymorphic VT if prolonged QT is observed during sinus rhythm post-cardioversion.

*Eclampsia (Seizure/Tonic/Clonic Activity):*

Magnesium Sulfate, 4 gm IV/IO slow IV push over three (3) to four (4) minutes.

Magnesium Sulfate, 10 mg/min IV/IO drip to prevent continued seizures.

*Reference #s 5010, 7010, 7020, 8010, 14210**Severe Asthma/Respiratory Distress (ALS) (base hospital order only):*

Magnesium Sulfate, 2 gm slow IV drip over 20 minutes. Do not repeat.

*Reference# 14010***Magnesium Sulfate - Pediatric (ALS)***Severe Asthma/Respiratory Distress (base hospital order only):*

Magnesium Sulfate, 50 mg/kg slow IV drip over 20 minutes. Do not exceed the adult dosage of 2 gm total. Do not repeat.

*Reference # 14120***Midazolam (Versed) - Adult (ALS)***Behavioral Emergencies, with suspected excited delirium:*Midazolam, 2.5 mg IV/IO/IN. May repeat in five (5) minutes, **or**

Midazolam, 5 mg IM. May repeat in 10 minutes.

Maximum of three (3) doses using any combination of IV/IO/IM/IN may be administered. Contact base hospital for additional orders and to discuss further treatment options.

*Reference # 14110*

**Seizure:**

Midazolam, 2.5 mg IV/IO/IN. May repeat in five (5) minutes for continued seizure activity, **or**

Midazolam, 5 mg IM. May repeat in 10 minutes for continued seizure activity.

Assess patient for medication related reduced respiratory rate or hypotension.

Maximum of three (3) doses using any combination of IV/IO/IM/IN may be administered for continued seizure activity. Contact base hospital for additional orders and to discuss further treatment options.

**Pacing, synchronized cardioversion:**

Midazolam, 2 mg slow IV/IO push or IN

**CPAP:**

Midazolam, 1 mg slow IV/IO push may be administered one (1) time for anxiety related to application of CPAP. Contact base hospital for additional orders.

*Reference #s 4060, 4080, 7010, 7020, 11020, 13020, 14060, 14210*

**Midazolam (Versed) - Pediatric (ALS)****Seizures:**

Midazolam, 0.1 mg/kg IV/IO with maximum dose 2.5 mg. May repeat Midazolam in five (5) minutes, **or**

Midazolam, 0.2 mg/kg IM/IN with maximum dose of 5 mg. May repeat Midazolam in 10 minutes for continued seizure.

Assess patient for medication related reduced respiratory rate or hypotension.

Maximum of three (3) doses using any combination of IV/IO/IM/IN may be administered for continued seizure activity. Contact base hospital for additional orders and to discuss further treatment options.

*Reference #s 7010, 7020, 14170*

**Naloxone (Narcan) - Adult (BLS)****For resolution of respiratory depression related to suspected opiate overdose:**

Naloxone, 0.5 mg IM/IN, may repeat Naloxone 0.5 mg IM/IN every two (2) to three (3) minutes if needed.

Do not exceed 10 mg of Naloxone total regardless of route administered.

*Reference #s 7010, 7020, 8030, 14060*

**Naloxone (Narcan) - Adult (LALS, ALS)****For resolution of respiratory depression related to suspected opiate overdose:**

Naloxone, 0.5 mg IV/IO/IM/IN, may repeat Naloxone 0.5 mg IV/IO/IM/IN every two (2) to three (3) minutes if needed.

Do not exceed 10 mg of Naloxone total regardless of route administered.

*Reference #s 4080, 7010, 7020, 14060*

**Naloxone (Narcan) - Pediatric (BLS)**

*For resolution of respiratory depression related to suspected opiate overdose:*

- |                  |   |
|------------------|---|
| 1 day to 8 years | Naloxone, 0.1 mg/kg IM/IN (do not exceed the adult dose of 0.5 mg per administration) |
| 9 to 14 years    | Naloxone, 0.5 mg IM/IN  |

May repeat every two (2) to three (3) minutes if needed. Do not exceed the adult dosage of 10 mg total IM/IN.

*Reference #s 7010, 7020, 8030, 14150, 14160*

**Naloxone (Narcan) - Pediatric (LALS, ALS)**

*For resolution of respiratory depression related to suspected opiate overdose:*

- |                  |   |
|------------------|---|
| 1 day to 8 years | Naloxone, 0.1 mg/kg IV/IO/IM/IN (do not exceed the adult dose of 0.5 mg per administration) |
| 9 to 14 years    | Naloxone, 0.5 mg IV/IO/IM/IN  |

May repeat every two (2) to three (3) minutes if needed. Do not exceed the adult dosage of 10 mg total IV/IO/IM/IN.

*Reference #s 7010, 7020, 14150, 14160*

**Nitroglycerin (NTG) (LALS, ALS)**

Nitroglycerin, 0.4 mg sublingual/transmucosal.

One (1) every three (3) minutes as needed. May be repeated as long as patient continues to have signs of adequate tissue perfusion. **If a Right Ventricular Infarction is suspected, the use of nitrates requires base hospital contact.**

Nitroglycerin Paste, 1 inch (1 gm) transdermal, may not repeat.

Nitroglycerin sublingual is the preferred route of administration for ACS. Nitro Paste is a one (1) time dose and intended for when sublingual cannot be easily administered (i.e., CPAP).

Nitroglycerin is contraindicated if there are signs of inadequate tissue perfusion or if sexual enhancement medications have been utilized within the past 48 hours.

*Reference #s 4060, 4080, 7010, 7020, 14010, 14240*

**Ondansetron (Zofran) - Patients four (4) years old to Adult (ALS)**

*Nausea/Vomiting:*

Ondansetron, 4 mg slow IV/IO/ODT

All patients four (4) to eight (8) years old: May administer a total of 4 mgs of Ondansetron prior to base hospital contact.

All patients nine (9) and older: May administer Ondansetron 4 mg; may repeat two (2) times, at 10 minute intervals, for a total of 12 mgs prior to base hospital contact.

May be used as prophylactic treatment of nausea and vomiting associated with narcotic administration.



Reference #s 4080, 7010, 7020, 14090, 14180, 14220

### Oxygen (non-intubated patient per appropriate delivery device)

*General Administration (Hypoxia):*

Titrate Oxygen at lowest rate required to maintain SPO<sub>2</sub> at 94%. Do not administer supplemental oxygen for SPO<sub>2</sub> more than 95%.

*Chronic Obstructive Pulmonary Disease (COPD):*

Titrate Oxygen at lowest rate required to maintain SPO<sub>2</sub> at 90%. Do not administer supplemental oxygen for SPO<sub>2</sub> more than 91%.

Reference #s 12010, 13010, 13020, 13030, 13050, 14010, 14020, 14030, 14040, 14060, 14070, 14090, 14120, 14130, 14140, 14160, 14170, 14180, 14190, 14200, 14210, 14220, 14230, 14240

### Sodium Bicarbonate - Adult (ALS)

*Tricyclic Poisoning (base hospital order only):*

Sodium Bicarbonate, 1 mEq/kg IV/IO

Reference #s 5010, 7010, 7020, 13010

*For cardiac arrest with suspected metabolic acidosis, hyperkalemia or tricyclic poisoning (base hospital order only):*

Sodium Bicarbonate, 50 mEq IV/IO

Reference #'s 7010, 7020, 14050

### Sodium Bicarbonate - Pediatric (ALS)

*Tricyclic Poisoning (base hospital order only):*

Sodium Bicarbonate, 1 mEq/kg IV/IO

Reference #'s 7010, 7020, 13010

### Tranexamic Acid (TXA) - Patients 15 years of age and older (ALS)

*Signs of hemorrhagic shock meeting inclusion criteria:*

Administer TXA 1 gm in 50 - 100 ml of NS via IV/IO over 10 minutes. Do not administer IVP as this will cause hypotension.

Reference #s 7010, 7020, 14090

**APPENDIX I****Medications for self-administration or with deployment of the ChemPack.**

**Medications listed below may be used only for the purposes referenced by the associated ICEMA Treatment Protocol. Any other use, route or dose other than those listed, must be ordered in consultation with the Base Hospital physician.**

**Atropine - Pediatric (BLS, AEMT-Auto-injector only with training, ALS)**

*Known nerve agent/organophosphate poisoning with deployment of the ChemPack using:*

Two (2) or more mild symptoms: Administer the weight-based dose listed below as soon as an exposure is known or strongly suspected. If severe symptoms develop after the first dose, two (2) additional doses should be repeated in rapid succession 10 minutes after the first dose; do not administer more than three (3) doses. If profound anticholinergic effects occur in the absence of excessive bronchial secretions, further doses of atropine should be withheld.

One (1) or more severe symptoms: Immediately administer (3) three weight-based doses listed below in rapid succession.

*Weight-based dosing:*

Less than 6.8 kg (less than 15 lbs):	0.25 mg, IM using multi-dose vial
6.8 to 18 kg (15 to 40 lbs):	0.5 mg, IM using AtroPen auto-injector
18 to 41 kg (40 to 90 lbs):	1 mg, IM using AtroPen auto-injector
More than 41 kg (more than 90 lbs):	2 mg, IM using multi-dose vial

*Symptoms of insecticide or nerve agent poisoning, as provided by manufacturer in the AtroPen product labeling, to guide therapy:*

Mild symptoms: Blurred vision, bradycardia, breathing difficulties, chest tightness, coughing, drooling, miosis, muscular twitching, nausea, runny nose, salivation increased, stomach cramps, tachycardia, teary eyes, tremor, vomiting, or wheezing.

Severe symptoms: Breathing difficulties (severe), confused/strange behavior, defecation (involuntary), muscular twitching/generalized weakness (severe), respiratory secretions (severe), seizure, unconsciousness, urination (involuntary).

**NOTE:** Infants may become drowsy or unconscious with muscle floppiness as opposed to muscle twitching.

*Reference #s 11010, 13010, 13040*

**Diazepam (Valium) - Adult (ALS)**

*For seizures associated with nerve agent/organophosphate exposure ONLY with the deployment of the ChemPack:*

Diazepam 10 mg (5 mg/ml) auto-injector IM (if IV is unavailable), **or**  
Diazepam 2.5 mg IV

*Reference # 13040*

**Diazepam (Valium) - Pediatric (ALS)**

*For seizures associated with nerve agent/organophosphate exposure ONLY with the deployment of the ChemPack:*

Diazepam 0.05 mg/kg IV

*Reference # 13040*

**Nerve Agent Antidote Kit (NAAK)/Mark I or DuoDote (containing Atropine/Pralidoxime Chloride for self-administration or with deployment of the ChemPack) - Adult**

*Nerve agent exposure with associated symptoms:*

One (1) NAAK auto-injector IM into outer thigh. May repeat up to two (2) times every 10 to 15 minutes if symptoms persist.

*Reference #s 7010, 7020, 13010, 13040*



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. **14010R42**  
Effective Date: ~~06/01/2106/15/21~~  
Supersedes: ~~03/01/2006/01/21~~  
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## RESPIRATORY EMERGENCIES - ADULT

### **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

#### **I. FIELD ASSESSMENT/TREATMENT INDICATORS**

Symptoms of chronic pulmonary disease, wheezing, cough, pursed lip breathing, decreased breath sounds, accessory muscle use, anxiety, ALOC or cyanosis.

#### **II. BLS INTERVENTIONS**

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated, obtain oxygen saturation on room air, or on home oxygen if possible.

#### **III. LIMITED ALS (LALS) INTERVENTIONS**

- Perform activities identified in the BLS Interventions.
- Maintain airway with appropriate adjuncts, including advanced airway if indicated. Obtain oxygen saturation on room air or on home oxygen if possible.
- Administer Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.

#### **IV. ALS INTERVENTIONS**

- Perform activities identified in the BLS and LALS Interventions.
- Administer Albuterol with Atrovent per ICEMA Reference #11010 - Medication - Standard Orders.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #11020 - Procedure - Standard Orders.  
  
If systolic BP remains greater than 90 mm Hg, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders for relief of anxiety related to CPAP mask.
- Consider advanced airway, refer to ICEMA Reference #11020 - Procedure - Standard Orders.

#### **V. REFERENCES**

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders.

### **ACUTE ASTHMA/BRONCHOSPASM/ALLERGIC REACTION/ANAPHYLAXIS**

#### **I. FIELD ASSESSMENT/TREATMENT INDICATORS**

History of prior attacks, possible toxic inhalation or allergic reaction, associated with wheezing, diminished breath sounds or cough.

**II. BLS INTERVENTIONS (For severe asthma and/or anaphylaxis only)**

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated, humidified oxygen preferred.

**III. LIMITED ALS (LALS) INTERVENTIONS**

- Perform activities identified in the BLS Interventions.
- Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible.
- Administer Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.
- For signs of inadequate tissue perfusion, initiate IV bolus of 300 ml NS. If signs of inadequate tissue perfusion persist may repeat fluid bolus one (1) time.
- If no response to Albuterol, administer Epinephrine (1 mg/ml) per ICEMA Reference #11010 - Medication - Standard Orders. Contact base hospital for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.
- May repeat Epinephrine (1 mg/ml), per ICEMA Reference #11010 - Medication - Standard Orders, after 15 minutes one (1) time.

**IV. ALS INTERVENTIONS**

- Perform activities identified in the BLS and LALS Interventions.
- Administer Albuterol, with Atrovent per ICEMA Reference #11010 - Medication - Standard Orders.
- For suspected allergic reaction, consider Diphenhydramine per ICEMA Reference #11010 - Medication - Standard Orders.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #11020 - Procedure - Standard Orders.  
  
If systolic BP remains greater than 90 mm Hg, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders for relief of anxiety related to CPAP mask.
- If no response to Albuterol, administer Epinephrine per ICEMA Reference #11010 - Medication - Standard Orders. Contact base hospital for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.
- May repeat Epinephrine (1 mg/ml) per ICEMA Reference #11010 - Medication - Standard Orders after 15 minutes one (1) time.
- For persistent severe anaphylactic reaction, administer Epinephrine (0.1 mg/ml) per ICEMA Reference #11010 - Medication - Standard Orders.

- Consider advanced airway, refer to ICEMA Reference #11020 - Procedure - Standard Orders.

#### V. BASE HOSPITAL MAY ORDER THE FOLLOWING

- For severe asthma/respiratory distress that has failed to respond to the other previous treatments, administer Magnesium Sulfate per ICEMA Reference #11010 - Medication - Standard Orders.

#### VI. REFERENCES

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders

### ACUTE PULMONARY EDEMA/CHF

#### I. FIELD ASSESSMENT/TREATMENT INDICATORS

History of cardiac disease, including CHF, and may present with rales, occasional wheezes, jugular venous distention and/or peripheral edema.

#### II. BLS INTERVENTIONS

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated. For pulmonary edema with high altitude as a suspected etiology, descend to a lower altitude and administer high flow oxygen with a non re-breather mask.
- Be prepared to support ventilations as clinically indicated.

#### III. LIMITED ALS (LALS) INTERVENTIONS

- Perform activities identified in the BLS Interventions.
- Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible.
- Administer Nitroglycerine (NTG) per ICEMA Reference #11010 - Medication - Standard Orders. In the presence of hypotension (SBP less than 100), the use of NTG is contraindicated.
- If symptoms do not improve after NTG administration, consider Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.

#### IV. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #11020 - Procedure - Standard Orders.

If systolic BP remains greater than 90 mm Hg, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders for relief of anxiety related to CPAP mask.

- Consider advanced airway, refer to ICEMA Reference #11020 - Procedure - Standard Orders.

**V. REFERENCES**

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders