



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

**Reference No. 11010**  
Effective Date: 05/01/2024  
Supersedes: 11/10/2023  
Page 1 of 14

## 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).**

### **Acetaminophen (Tylenol) - Adult (ALS)**

*For mild to moderate pain scales of 1-5 or in moderate to severe pain where other medications are contraindicated or deferred.*

Tylenol, 1 gm IV/IO infusion over fifteen (15) minutes. Single dose only

### **Acetaminophen (Tylenol) – Pediatric (ALS)**

*For mild to moderate pain scales of 1-5 or in moderate to severe pain where other medications are contraindicated or deferred.*

2 years to 14 years:

Tylenol, 15mg/kg to max of 1000mg or 1 gm IV/IO infusion over fifteen (15) minutes. Single dose only

*Reference #s 7010, 7020, 14100*

### **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 (BLS, LALS, ALS)**

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 (BLS, LALS, ALS)**

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 -Adult (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*

**Atropine (ALS) - Adult**

Atropine, 1 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*

**Buprenorphine-Naloxone (Suboxone ®)-Adult (ALS):***Opioid Withdrawal- Clinical Opioid Withdrawal Scale  $\geq$  8:*

Buprenorphine-Naloxone, 16 mg/4mg sublingual, may repeat at 8 mg/2mg sublingual after ten (10) minutes if patient remains symptomatic, to a maximum total dose of 24 mg/6mg.

*Reference #s 7010, 10050*

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

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*

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

*Reference #s 7010, 7020, 14050*

*For End Stage Renal Disease (ESRD) patients on dialysis with suspected hyperkalemia and hemodynamic instability with documented sinus bradycardia, 3<sup>rd</sup> degree AV Block, 2<sup>nd</sup> degree Type II AV Block, slow junctional and ventricular escape rhythms, or slow atrial fibrillation. (Base hospital order only).*

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

Reference #s 5010, 7010, 7020, 14030

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

*Calcium Channel Blocker Poisonings*

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

**Diazepam – Adult (ALS) only when midazolam is not commercially available.**

**Seizures:**

*Diazepam , 5 mg IV/IO, single dose only*

*Diazepam 10mg IM, single dose only*

**Diazepam- Pediatric (ALS) only when midazolam is not commercially available.**

**Seizures:**

***Diazepam 0.1mg/kg IV/IO, single dose only, not to exceed adult dose of 5mg***

***Diazepam 0.2mg/kg IM, single dose only, not to exceed adult dose of 10mg***

Reference #s 7010, 7020, 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 (0.3 Auto injector) - Adult (BLS, LALS, ALS)**

*For severe asthma and/or anaphylaxis only*

Epinephrine 0.3 mg auto-injector, may repeat once after 15 minutes

**Epinephrine (0.15 Auto injector Jr.) - Pediatric (BLS,LALS, ALS)**

*For anaphylaxis only*

Epinephrine 0.15 mg auto-injector

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

*Post resuscitation, persistent profound nontraumatic shock and hypotension, and for persistent shock due to trauma where cardiac arrest is imminent:(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, 14090,14230*

**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. May repeat after 15 minutes one (1) time if symptoms do not improve.

*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, for persistent shock due to trauma where cardiac arrest is imminent (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, 14180, 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.

Any combination of IV/IO/IM/IN may be administered, not to exceed 200 mcg. Contact base hospital for additional orders and to discuss further treatment options.

*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 50 mcg for a single dose.

Fentanyl, 1 mcg/kg IM/IN, may repeat every 10 minutes titrated to pain not to exceed 100 mcg for a single dose.

Any combination of IV/IO/IM/IN may be administered, not to exceed four (4) doses or cumulative maximum of 200 mcg. Contact base hospital for additional orders and to discuss further treatment options.

*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)**

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)**

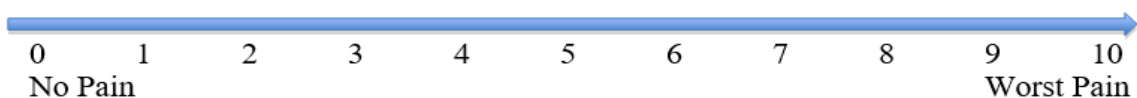
When used in combination with Albuterol MDI use Albuterol MDI dosing.

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-Adult (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, if patient meets criteria for potentially fatal and dangerous agitation:*

Midazolam, 2.5 mg IV/IO. May repeat in five (5) minutes, **or**

Midazolam, 5 mg IM/IN. 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*

*Post ROSC Agitation (base hospital order only): Agitation following ROSC that hinders patient's care, i.e. biting or attempting to remove ET tube/lines, **Not to be used for sedation during intubation of any patients.***

Midazolam, 2.5 mg IV/IO **or**

Midazolam 5 mg IM/IN

Patient must have advanced airway (endotracheal tube or i-gel.)

*Repeat dose requires base hospital contact.*

*Reference # 14050***Seizure:**

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

Midazolam, 5 mg IM/IN. 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, 2.5 mg slow IV/IO. May repeat in five (5) minutes.

Midazolam, 5 mg IM/IN. May repeat in ten (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.

**CPAP:**

Midazolam, 1 mg IV/IO/IM/IN 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.

***Behavioral Emergencies, if patient meets criteria for potentially fatal and dangerous agitation (base hospital order):***

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

Midazolam, 0.2 mg/kg IM/IN. May repeat in 10 minutes.

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. Not to exceed adult dose. Contact base hospital for additional orders and to discuss further treatment options.

*Reference #s 7010, 7020, 14170, 14110*

**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 to improve respiratory effort.

*For suspected Fentanyl overdose with respiratory depression:*

Consider a loading dose of 4 mg IN Naloxone. If no signs of respiratory improvement, consider 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 to improve respiratory effort.

*For suspected Fentanyl overdose with respiratory depression:*

Consider a loading dose of 4 mg IN Naloxone, may repeat one (1) time. If no signs of respiratory improvement, consider 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) -Adult (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 - Pediatric and Adult (BLS, LALS, ALS) (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/ 50cc preload or 50cc single-dose vial

*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.

*Signs of postpartum hemorrhagic shock (base hospital order only)*

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, 14210, 14230,*

**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*