

5. Hypotension (Shock Protocol)

- a. If shock syndrome is not present and systolic BP is greater than 90 mm/Hg, initiate large bore fluid access at TKO (KVO)
- b. If shock syndrome is present and systolic BP is less than 90 mm/Hg, initiate large bore fluid access as needed to maintain BP between 90 and 100 mm/Hg
 - i. Consider fluid bolus of 250 or 500 cc's
 - ii. May repeat to max of 1,000 cc's
- c. If GCS is less than 13, notify receiving hospital from the scene
- h. Perform all treatments en-route, if possible
- i. Maintain oxygenation and ventilation per policies
- j. Consider PASG – (☎) for inflation

These protocols have been approved for implementation effective 0800 May 12, 2004 per Philip Brown, DO and the EMS District 6 Board. **Revised 06/01/04**

(☎) = On-Line medical Control (OLMC) required per Vermont State EMS Protocol

VERMONT EMS DISTRICT 6 EMT-INTERMEDIATE '03 PROTOCOLS Effective 05/12/04 Revised 06/01/04

1. Altered Level of Consciousness

a. Hypoglycemia

- i. Measure blood glucose (do not draw blood); if blood glucose is less than 80 mg/dl and
 - a. Patient is able to hold a cup without assistance – administer oral glucose, 30 G, PO
 - b. Patient is not able to hold a cup without assistance (☎) administer dextrose 50%, 50 ml, IV in large vein
- ii. Administer thiamine, 100 mg IV or IM; (do not repeat thiamine) if indications of malnutrition are present
 - Chronic Alcoholism
 - Chemotherapy; currently or in past 6 mths
 - Malnutrition, including significant dieting, anorexia or bulimia
 - a. Repeat blood glucose in 10 minutes
 - b. If blood glucose is less than 80 mg/dl, (☎) administer dextrose 50%, 50 ml, IV in large vein; do not repeat thiamine
- iii. (☎) If unable to administer oral glucose or initiate fluid access
 - a. Administer glucagon 1 mg IM; do not repeat glucagon
 - b. Administer thiamine, 100 mg IM; do not repeat thiamine, if indications of malnutrition are present
 - Chronic Alcoholism
 - Chemotherapy, current or in past 6 mths
 - Malnutrition, including significant dieting, anorexia or bulimia

b. Overdose

- i. Treat per **Hypotension a & b** protocol
- ii. If narcotic overdose is suspected, and
 - a. Patient has pinpoint pupils WITH unlabored

respiratory rate greater than 10 breaths per minute do not administer naloxone

- b. (☎) Patient has pinpoint pupils WITH respiratory rate less than 10 breaths per minutes;
 - i. Administer naloxone 0.4 mg (IV, IM, IN, SQ)
 - ii. Repeat naloxone in 0.4 mg increments to maintain respirations at or above 10 breaths per minute regardless of patients mental status
- c. (☎) Absent respiratory effort, regardless of pupils size
 - i. Administer naloxone 2 mg (IV, IN, SQ)
 - ii. Repeat in 0.4 mg increments to maintain respirations at or above 10 breaths per minute

c. **Seizure** – Follow **Seizure** protocol

d. **Stroke**

- i. Initiate large bore fluid access at TKO (KVO)
 - a. May use saline lock
 - b. Limit access attempts if patient is candidate for thrombolysis; complete “Thrombolytic Checklist”
- ii. Monitor cardiac rhythm
- iii. Determine blood glucose; treat per **Hypoglycemia/ALS** protocol
- iv. Seizures – Treat per **Seizure** protocol

e. **Toxemia** – Treat per **Pregnancy Related Emergencies and Vaginal Bleeding** protocol

2. Anaphylaxis

- a. Treat per **Hypotension, a & b** protocol
- b. Monitor cardiac rhythm
- c. (☎) If signs of progressive anaphylaxis and/or significant respiratory distress
 - i. Administer Epinephrine 1:1000, 0.3 mg (0.3 cc) SQ
 - ii. May repeat Epinephrine 1:1000, 0.3 mg (0.3 cc) SQ if no improvement after 5 minutes

3. Chest Pain

- a. (☎) Administer aspirin, up to 325 mg, PO, unless the patient has contraindications, including
 - i. Allergy to aspirin or aspirin induced asthma
 - ii. History of active bleeding disorder (i.e., hemophilia)
 - iii. Current ulcer or GI bleeding
 - iv. Patient receiving anticoagulation therapy
 - v. Suspected aortic dissection

NOTE: USE CAUTION in patients with history of asthma!

- b. Initiate large bore fluid access at TKO (KVO) prior to administration of nitroglycerin for patient’s that have not taken nitroglycerin in the past
 - i. Treat per **Hypotension, a & b** protocol
 - ii. Limit access attempts if patient is candidate for thrombolysis; complete “Thrombolytic Checklist”
- c. (☎) Administer Nitroglycerin 0.4 mg (tablet or spray) SL every 5 minutes until
 - i. Patient is pain free
 - ii. Systolic BP under 100 mm/Hg
 - iii. Arrival at hospital
 - iv. Arrival of Paramedics

NOTE: DO NOT ADMINISTER NITROGLYCERIN WITHOUT OLMC APPROVAL if the patient has taken Viagra, Levitra, Cialis (or any similar medication) within the previous 24 hours from time of call

4. Difficulty Breathing

- a. Initiate large bore fluid access at TKO (KVO); may use Saline Lock
- b. Monitor cardiac rhythm. Lead II only
- c. (☎) Asthma/COPD
 - i. Administer nebulized albuterol (2.5 mg in 3 cc of saline; [1 unit dose])
 - ii. May repeat up to three doses