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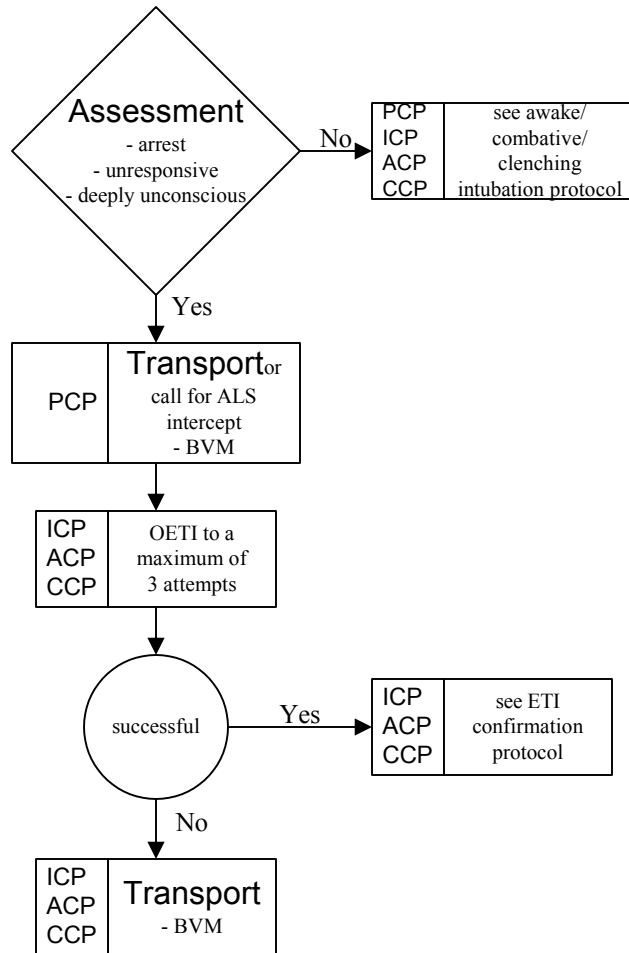
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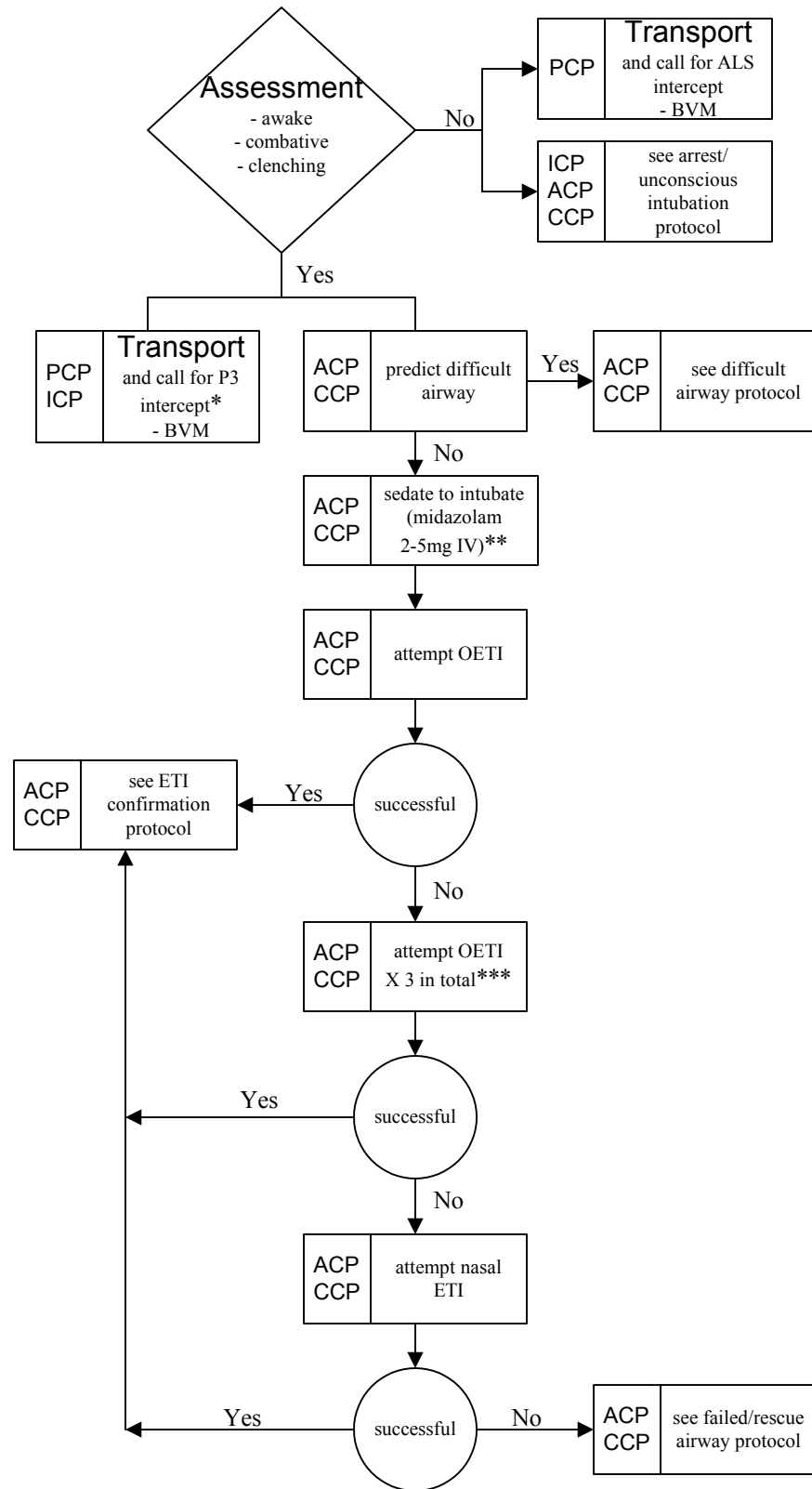
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<i>Category</i>	<i>PDN</i>	<i>Title</i>	<i>Released</i>
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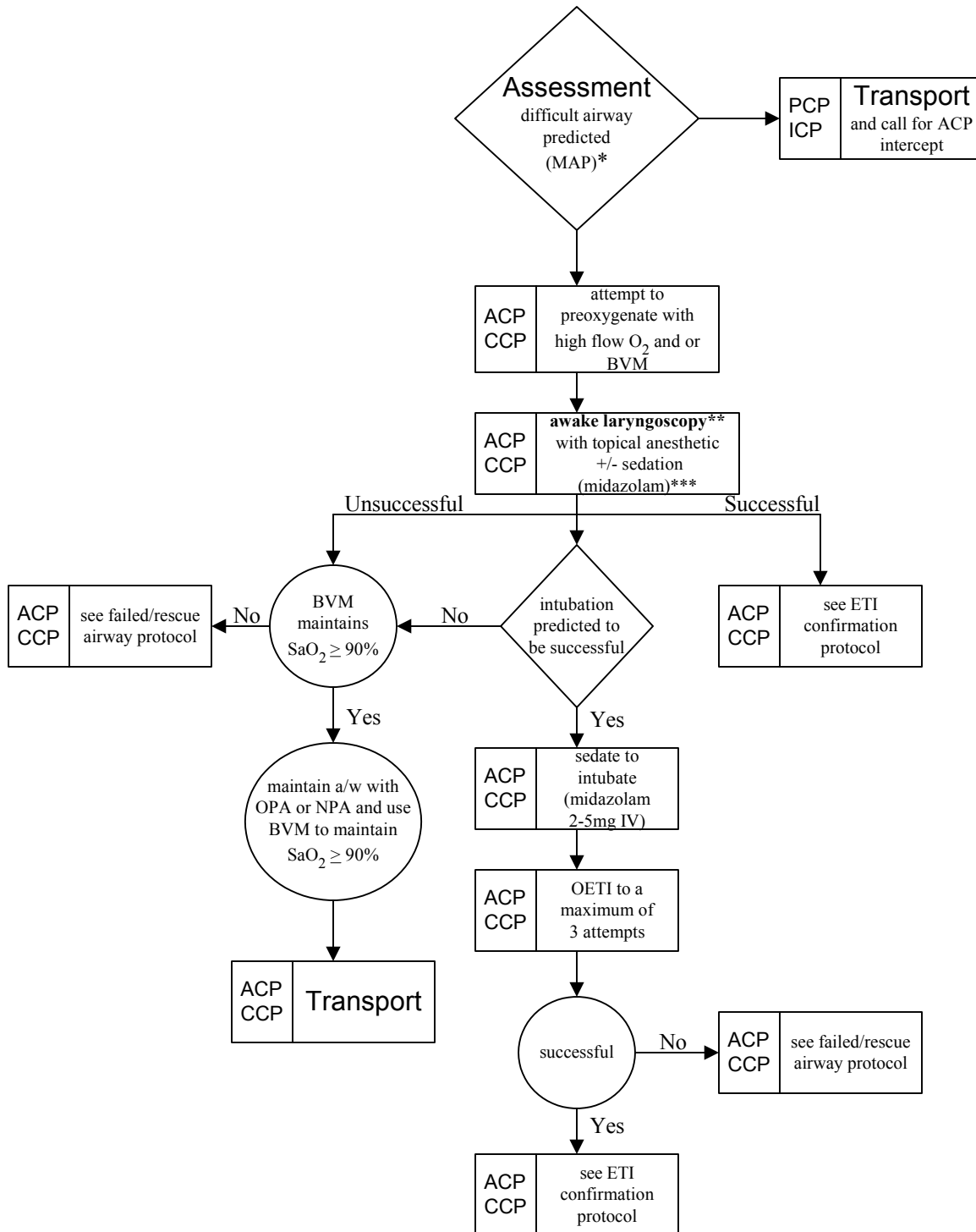


*if during transport patient becomes unresponsive, ICP goes to arrest-unconscious intubation protocol

**if head injury, lidocaine 1.5mg/kg

***GUM Bougie

Protocol: Difficult Airway Intubation	PDN: 6202.04	Last Updated: December 12, 2003	Subject: Advanced Airway Management	Page 1
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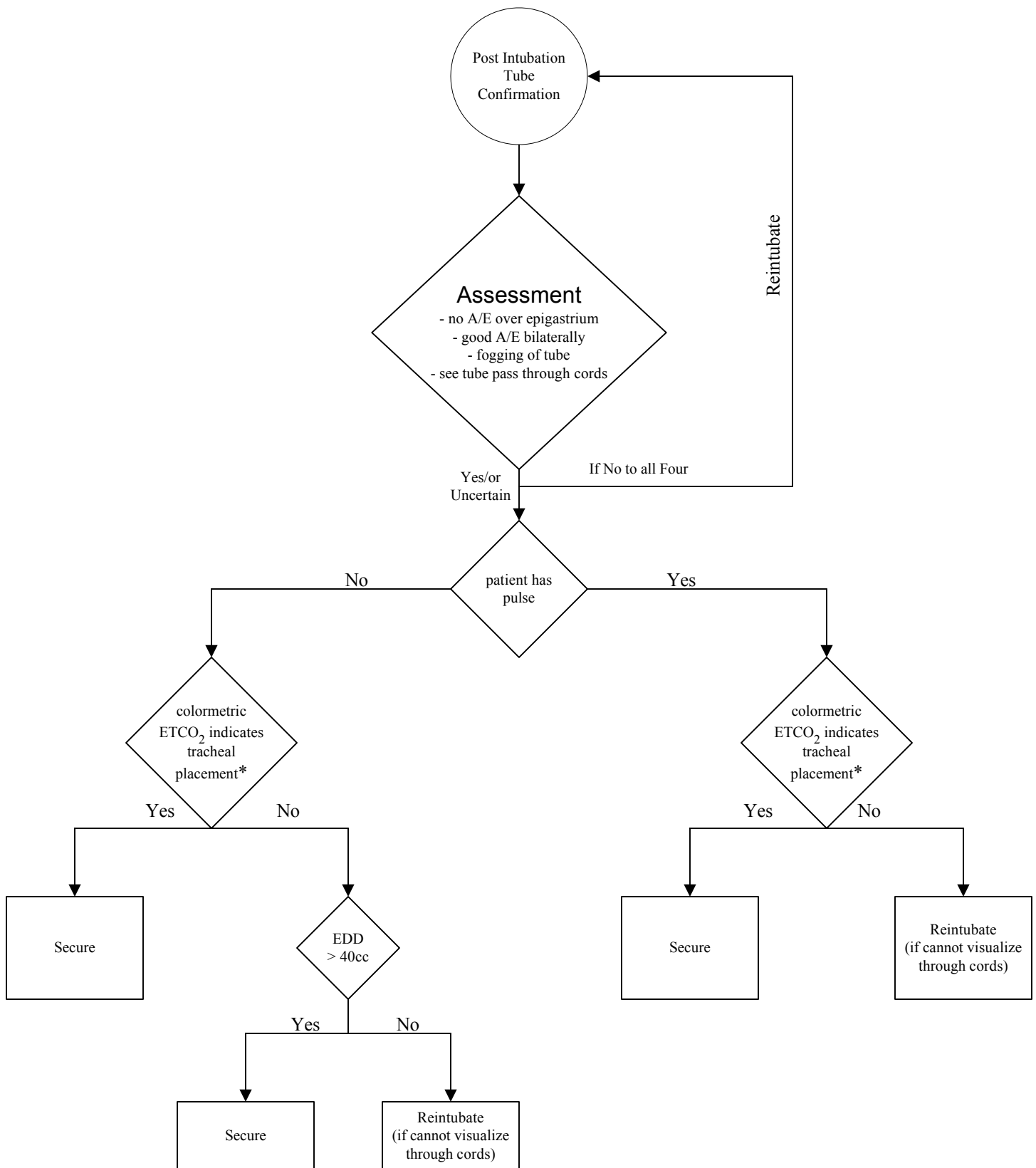
*MAP:

- Measurement/Mallampati
- Anatomical considerations
- Pathological considerations

**if head injury, lidocaine 1.5mg/kg

***Have GUM Bougie Ready

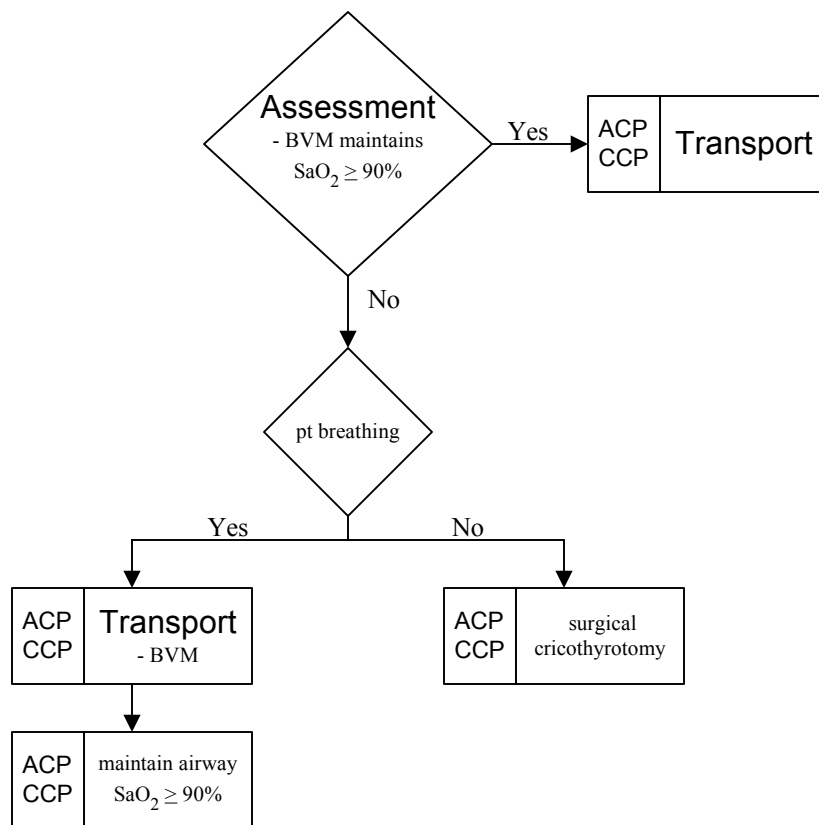
Protocol: ETI Confirmation	PDN: 6204.02	Last Updated: April 1, 2003	Subject: Advanced Airway Management	Page 1 of 1
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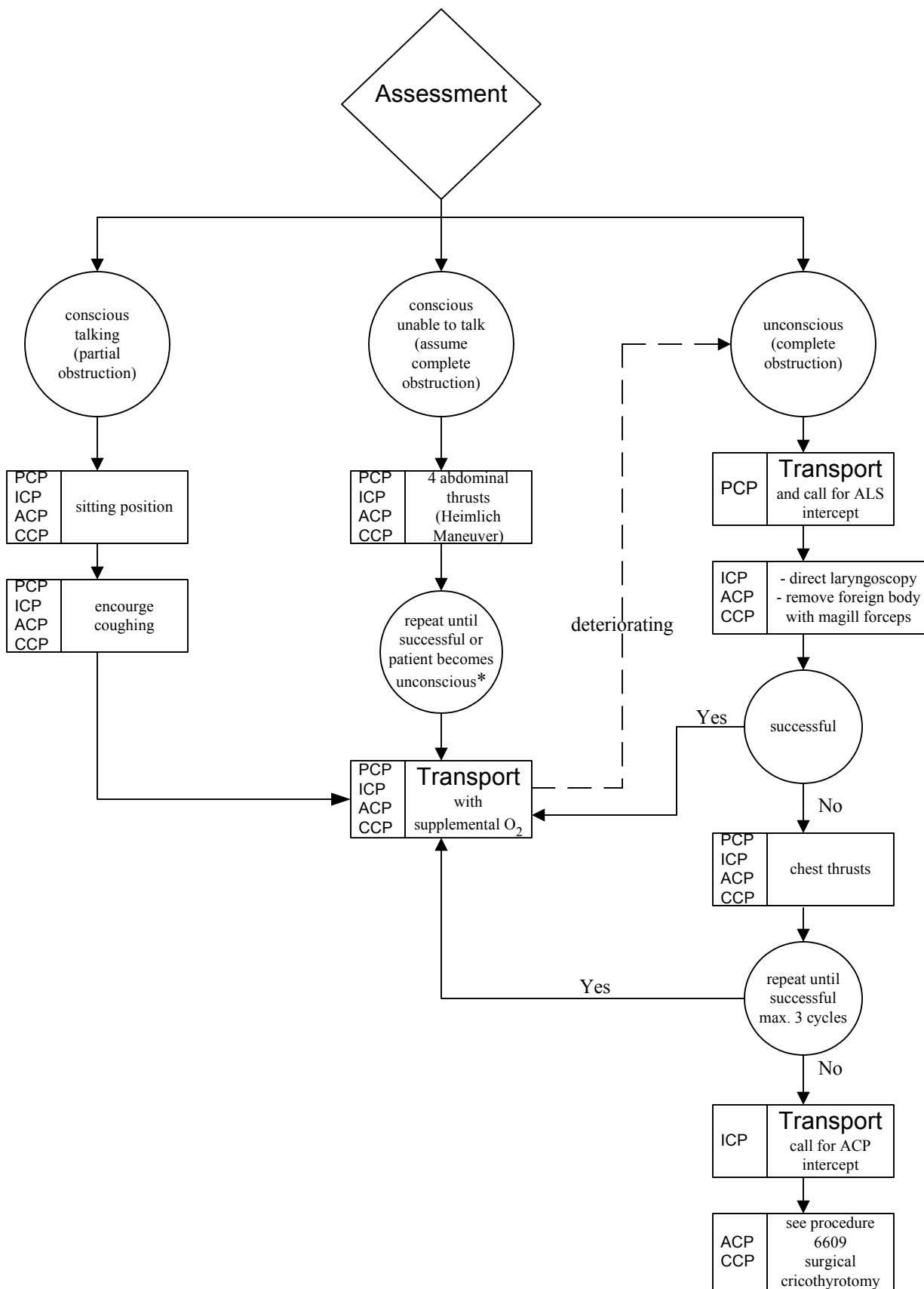


* after 6 breaths

Protocol: Failed/Rescue Airway	PDN: 6205.03	Updated: April 1, 2003	Subject: Advanced Airway Management	Page 1
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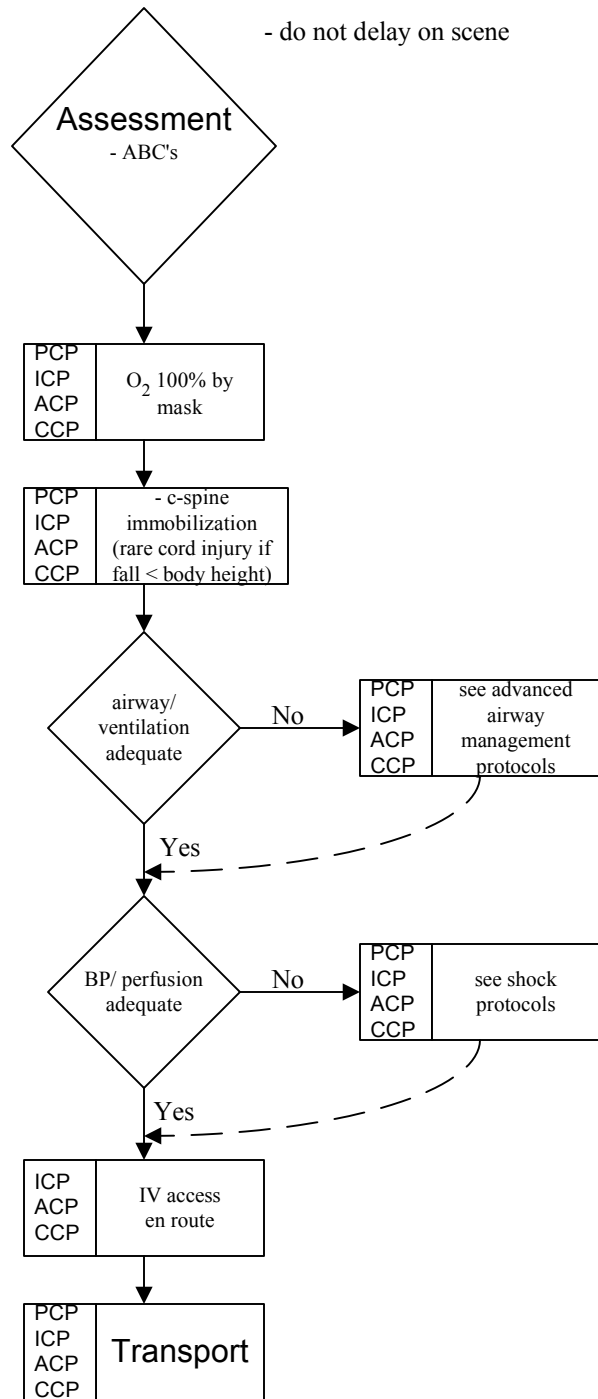
**Can only arrive at this protocol from
awake/combative/clenching or difficult
airway intubation protocol**

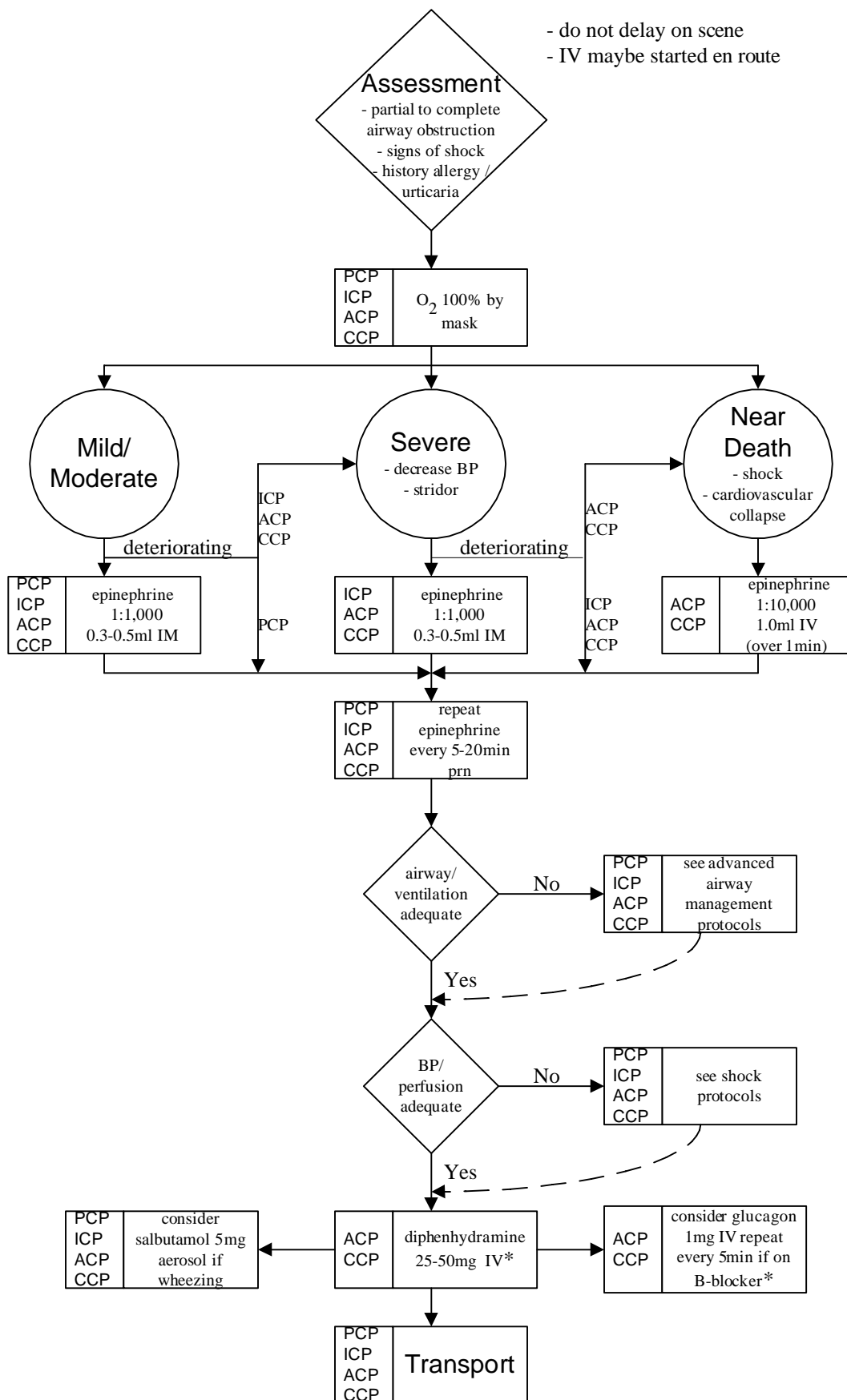




*PCP, ICP call for ACP intercept

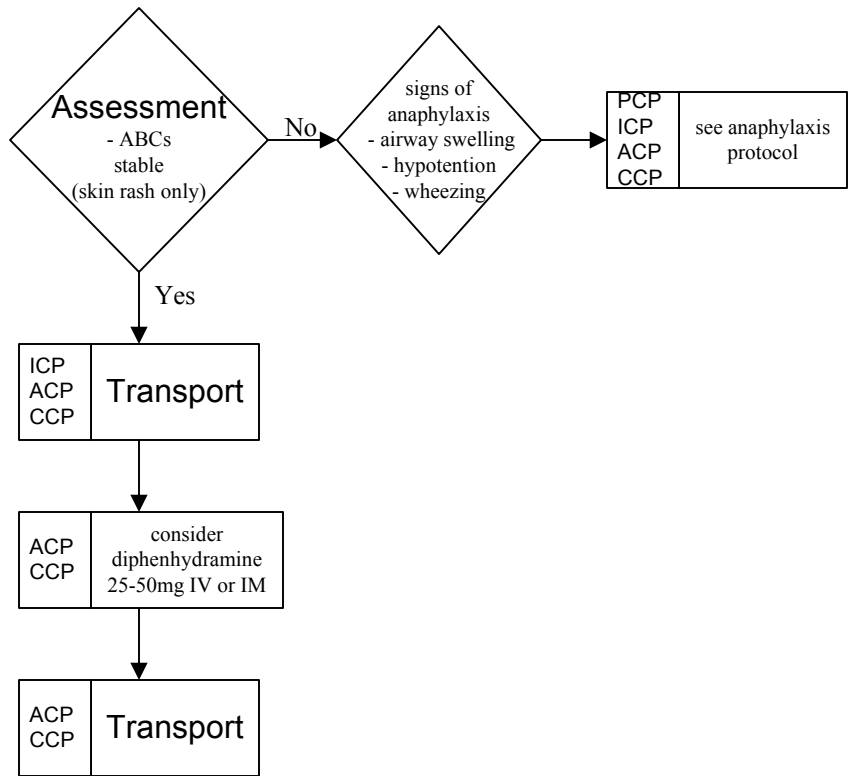
Protocol: Near Hanging	PDN: 6207.01	Updated: April 1, 2003	Subject: Airway Emergency	Page 1
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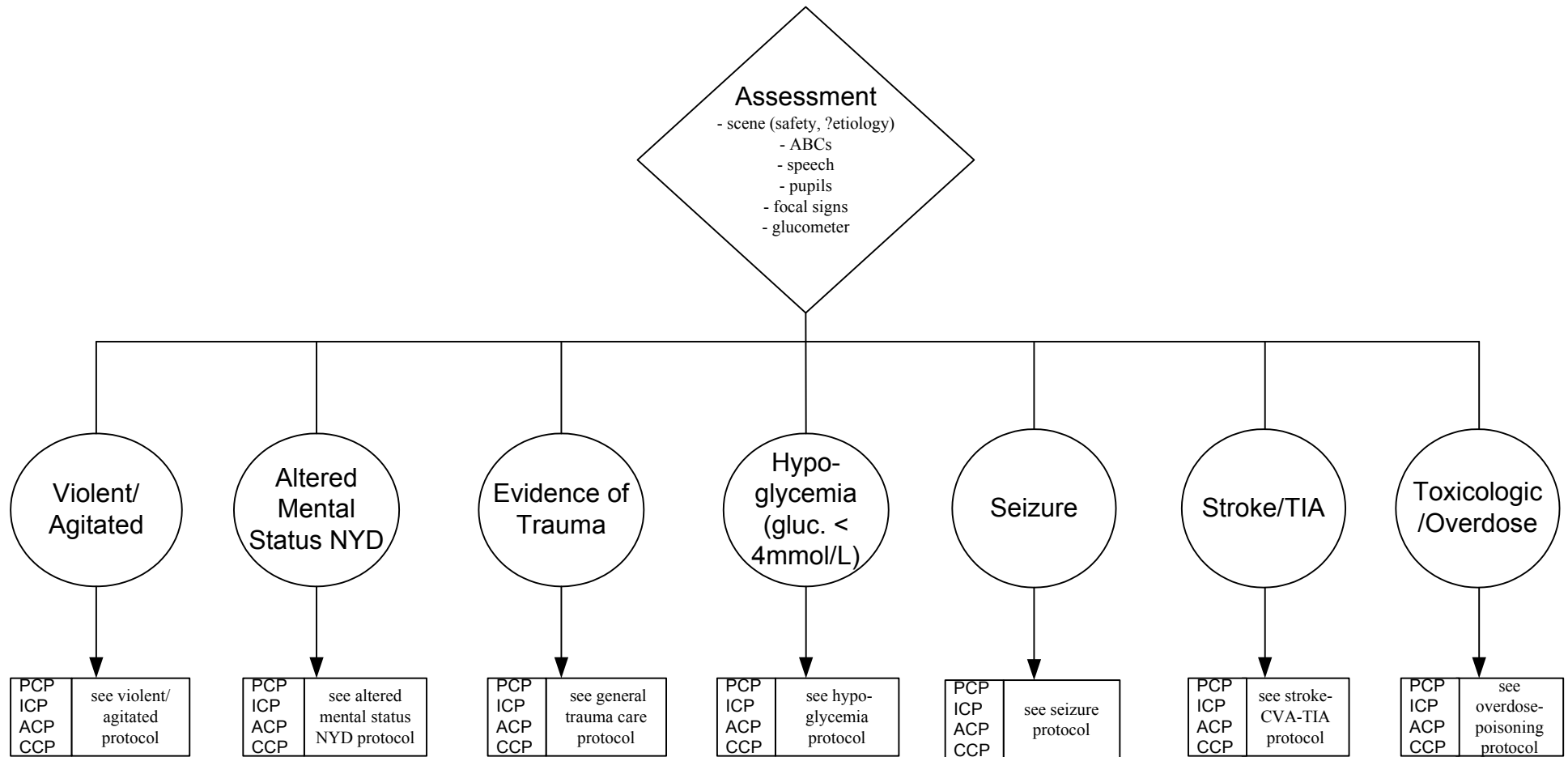


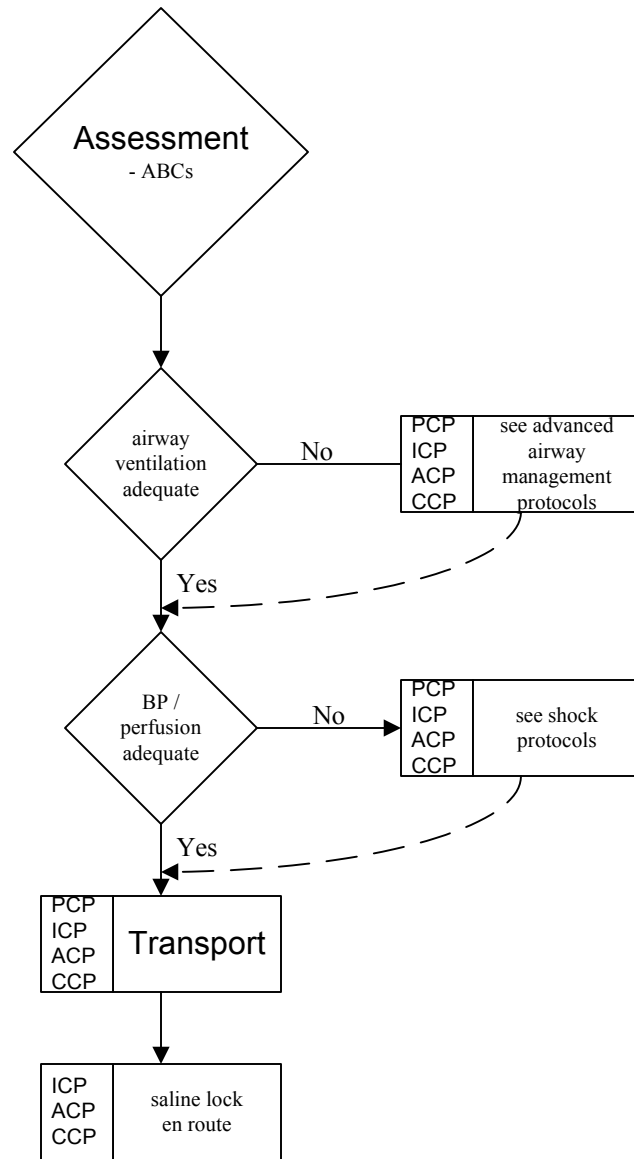
*IM if unable to obtain IV access

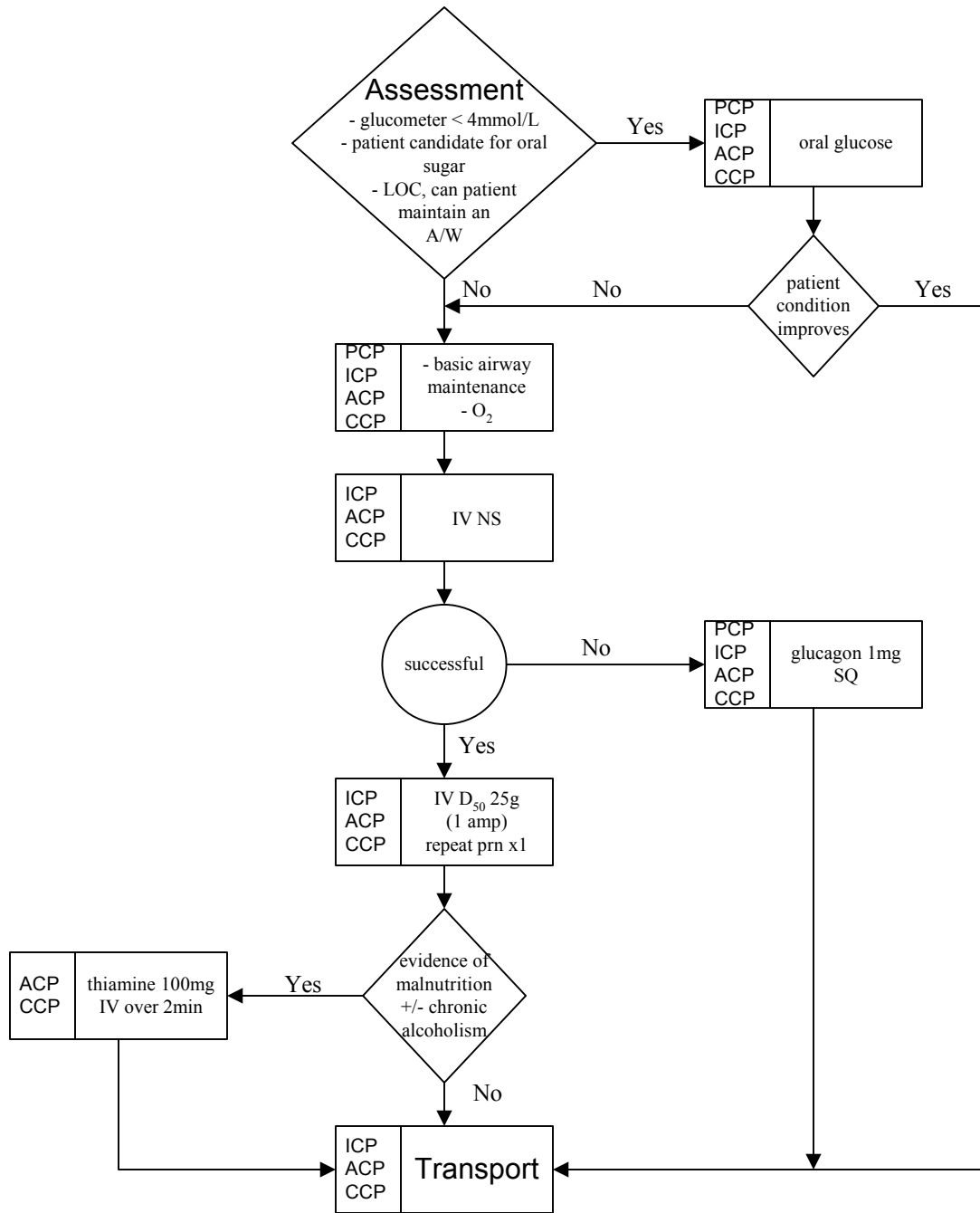
Protocol: Mild Allergic Reaction	PDN: 6209.01	Last Updated: April 1, 2003	Subject: Allergic Reaction	Page 1
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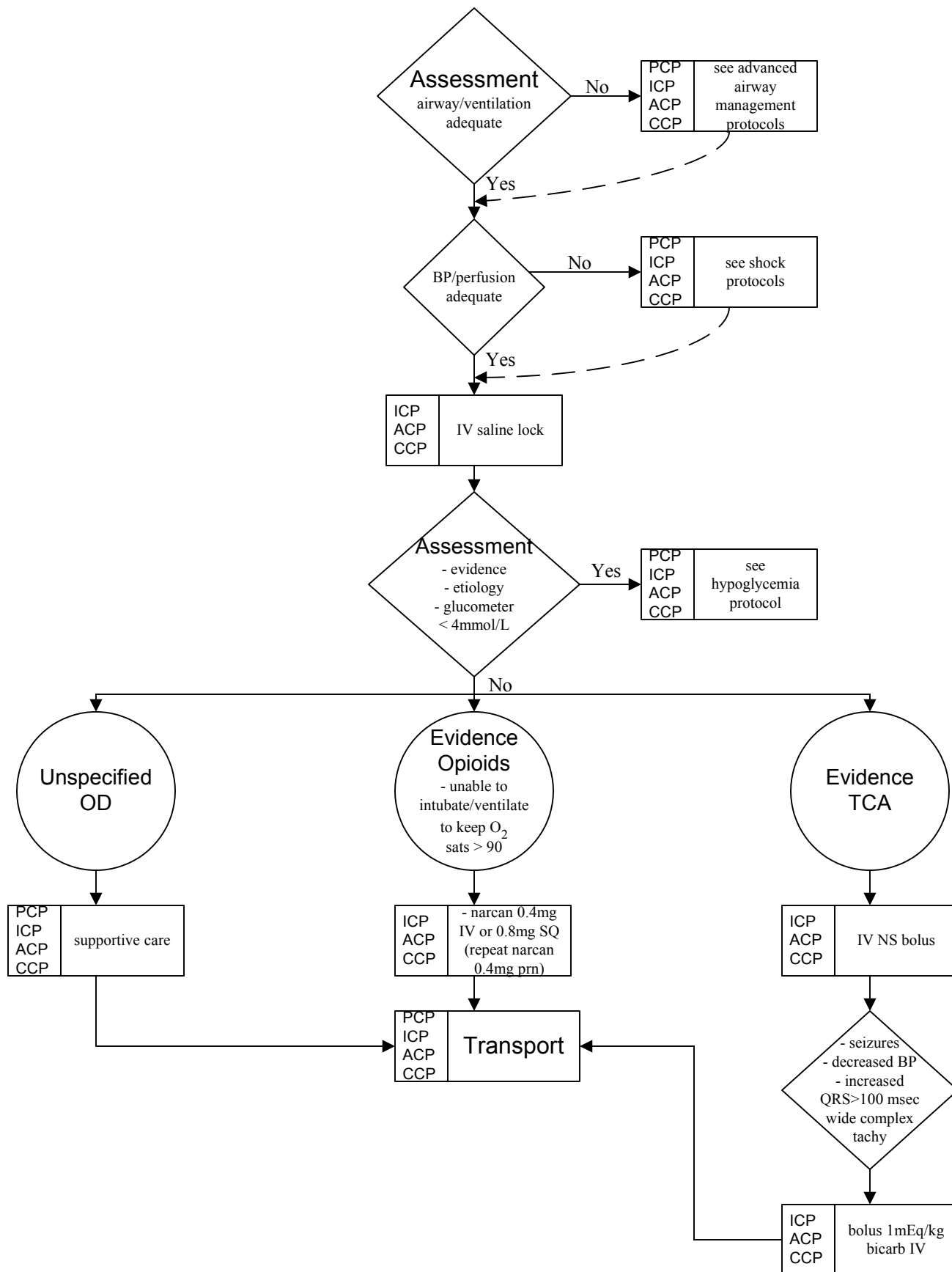


Protocol: Altered Mental Status Overview	PDN: 6210.01	Last Updated: April 1, 2003	Subject: Altered Mental State - Decreased LOC	Page 1
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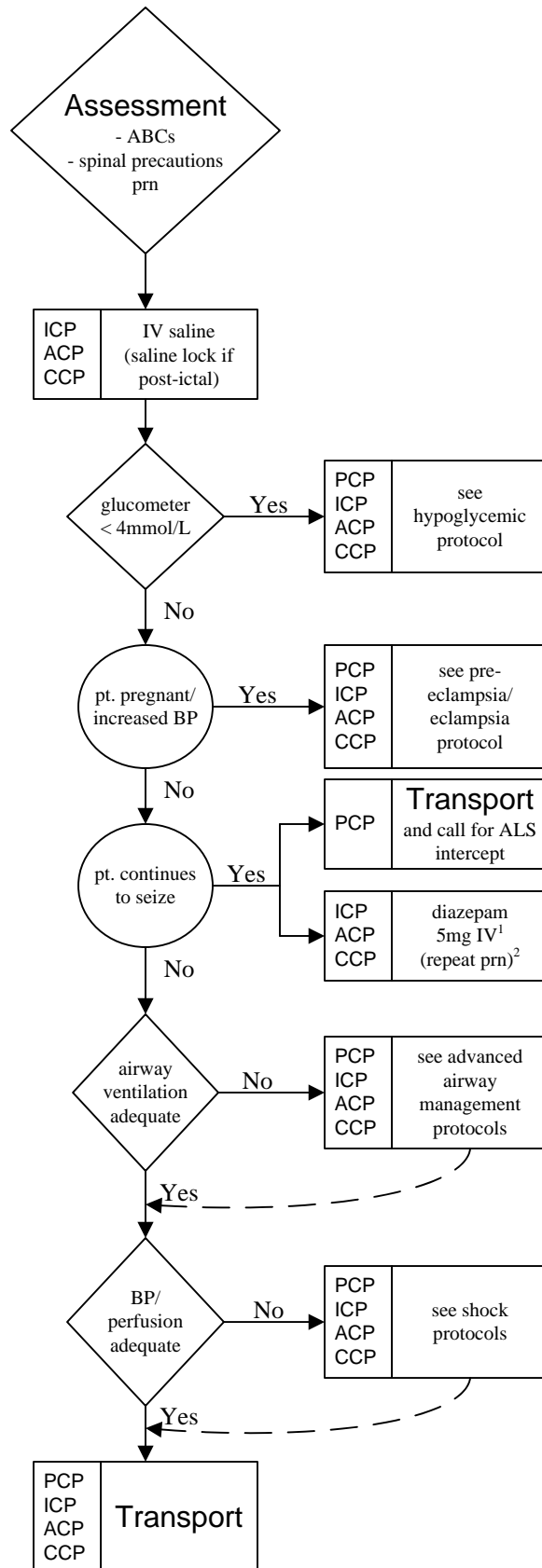






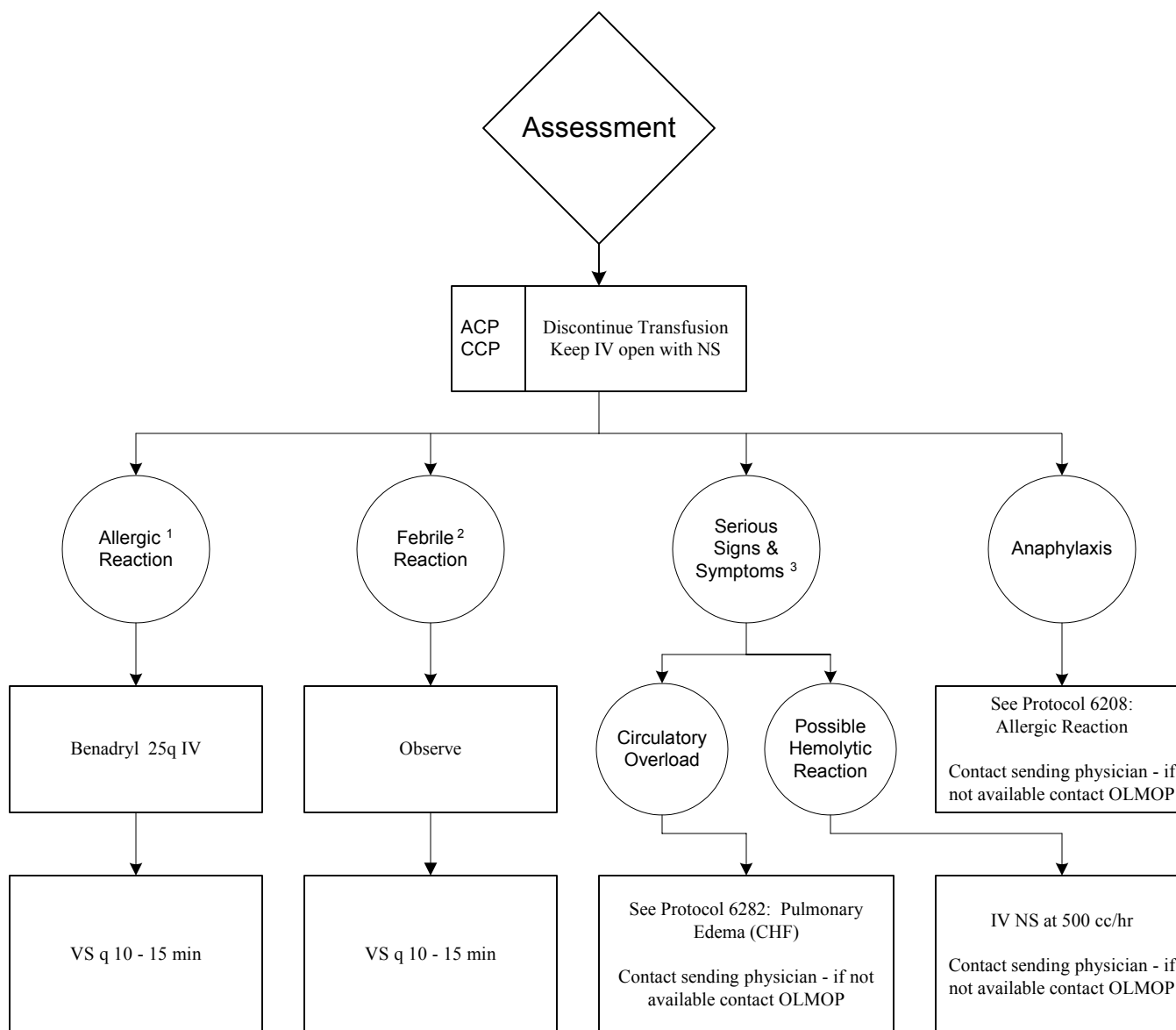


Protocol: Seizure	PDN: 6214.02	Last Updated: May 12, 2006	Subject: Altered Mental State-Decreased LOC	Page 1
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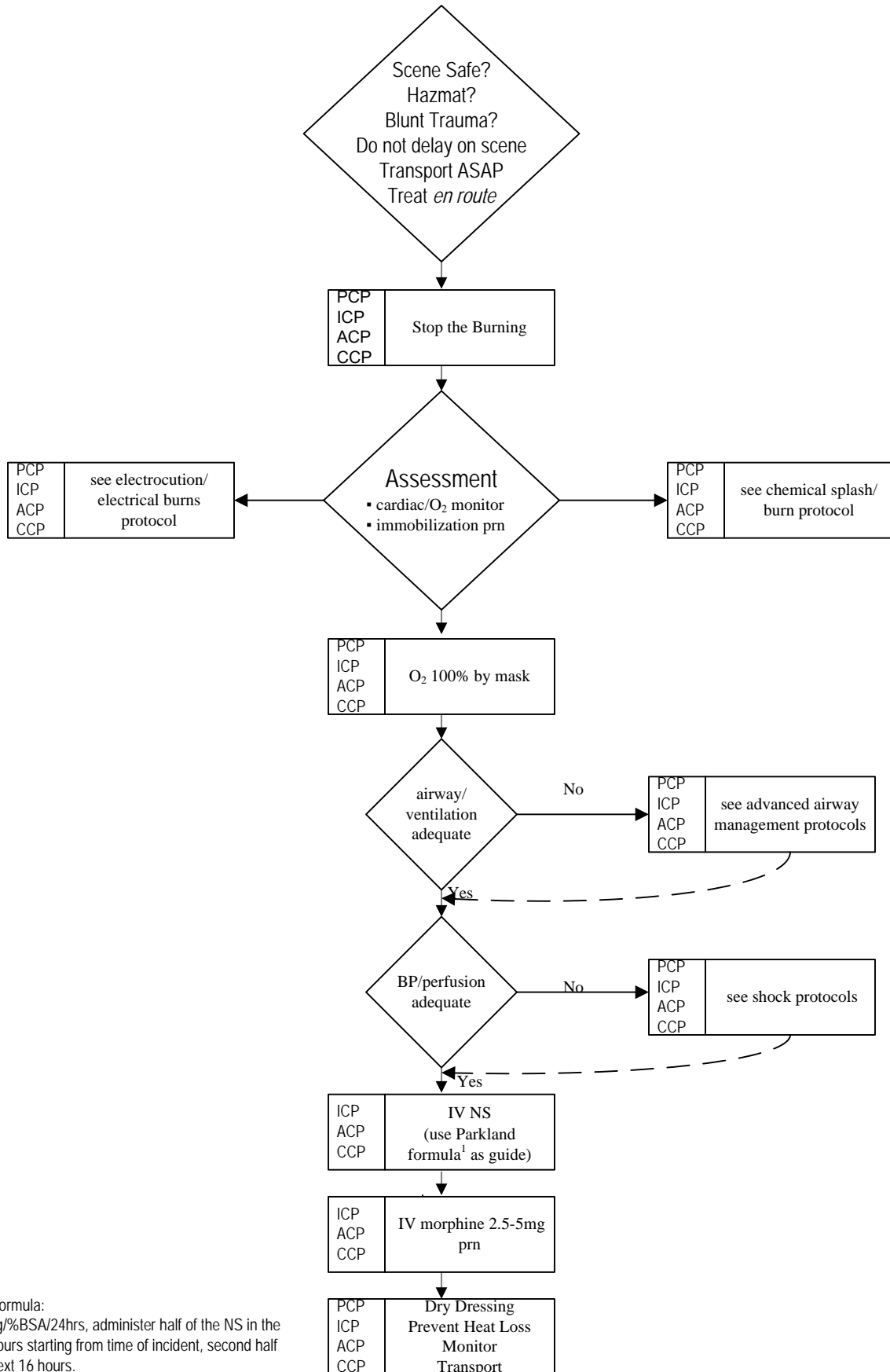
1. If unable to establish IV, ACPs/CCPs use Midazolam 5mg Buccal or Intranasally (IN); ICPs transport and/or call for ACP/CCP Intercept.
2. Call OLMO if you need to exceed 10mg Diazepam or 5mg Midazolam.

Protocol: Blood Transfusion Reaction	PDN: 6315.00	Last Updated: New	Subject: Blood Transfusion	Page 1
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1. Skin reaction only (hives/rash over less than 25% of body), no other symptoms.
2. Febrile Reaction (chills, fever, patient not neutropenic, no other symptoms and onset more than 15 mins into transfusion).
3. Serious Signs & Symptoms: If Patient has any **one** of the following:
Onset < 15 min; Patient is neutropenic; Hypotension/Shock; Rigors; Anxiety; Back/chest pain; Dyspnea /SOB; Bleeding from IV site; Nausea/vomiting; Temperature $\geq 39^{\circ}\text{C}$; Tachycardia/arrhythmias; Generalized flushing; Hives/rash covering > 25% of body.

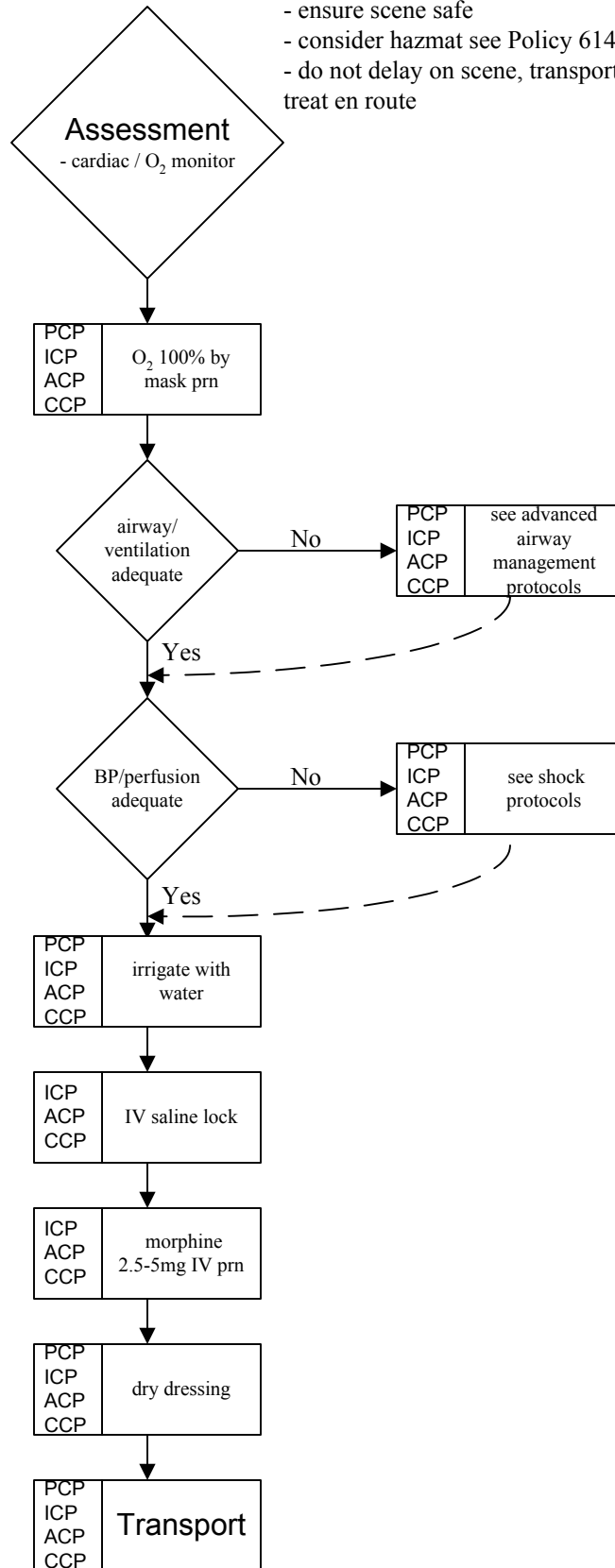
Protocol: Burns (fire/flame)	PDN: 6215.02	Last Updated: November 3, 2006	Subject: Burns	Page 1
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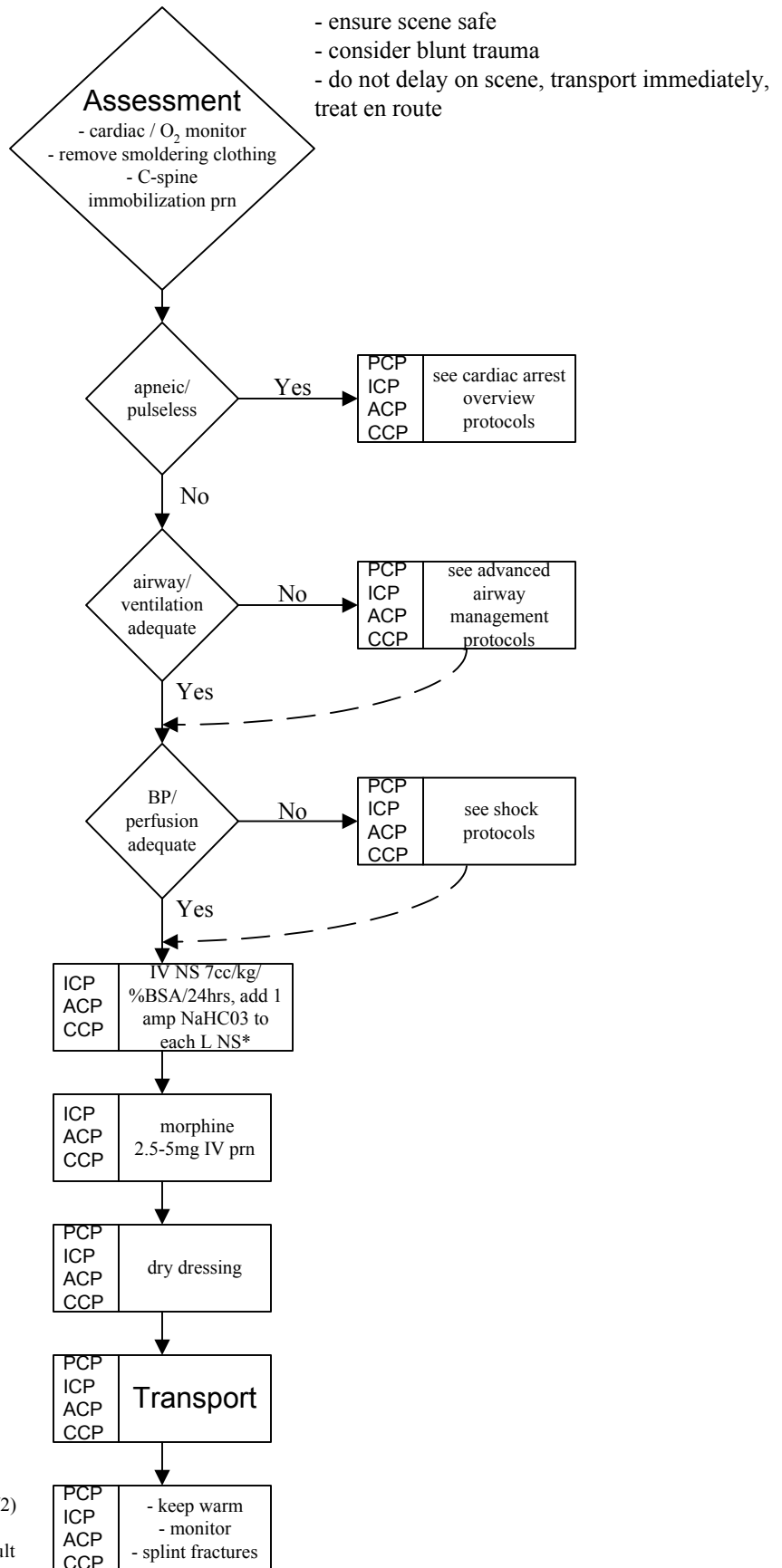
1. Parkland Formula:
2-4cc/kg/%BSA/24hrs, administer half of the NS in the first 8 hours starting from time of incident, second half in the next 16 hours.

Protocol: Chemical Splash/Burn	PDN: 6216.02	Last Updated: April 1, 2003	Subject: Burns	Page 1
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- ensure scene safe
- consider hazmat see Policy 6140
- do not delay on scene, transport immediately, treat en route

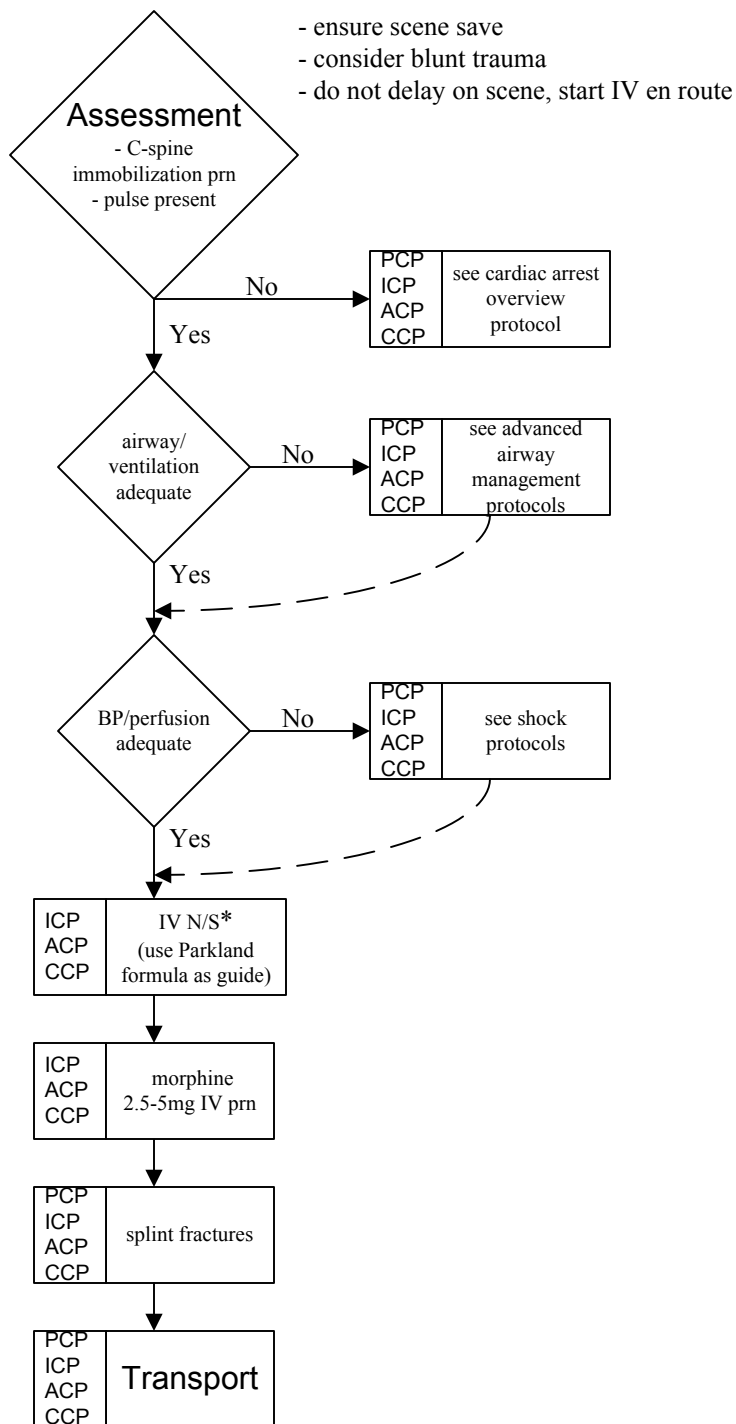


Protocol: Electrocution/Electrical Burns	PDN: 6217.03	Last Updated: April 1, 2003	Subject: Burns	Page 1 of 1
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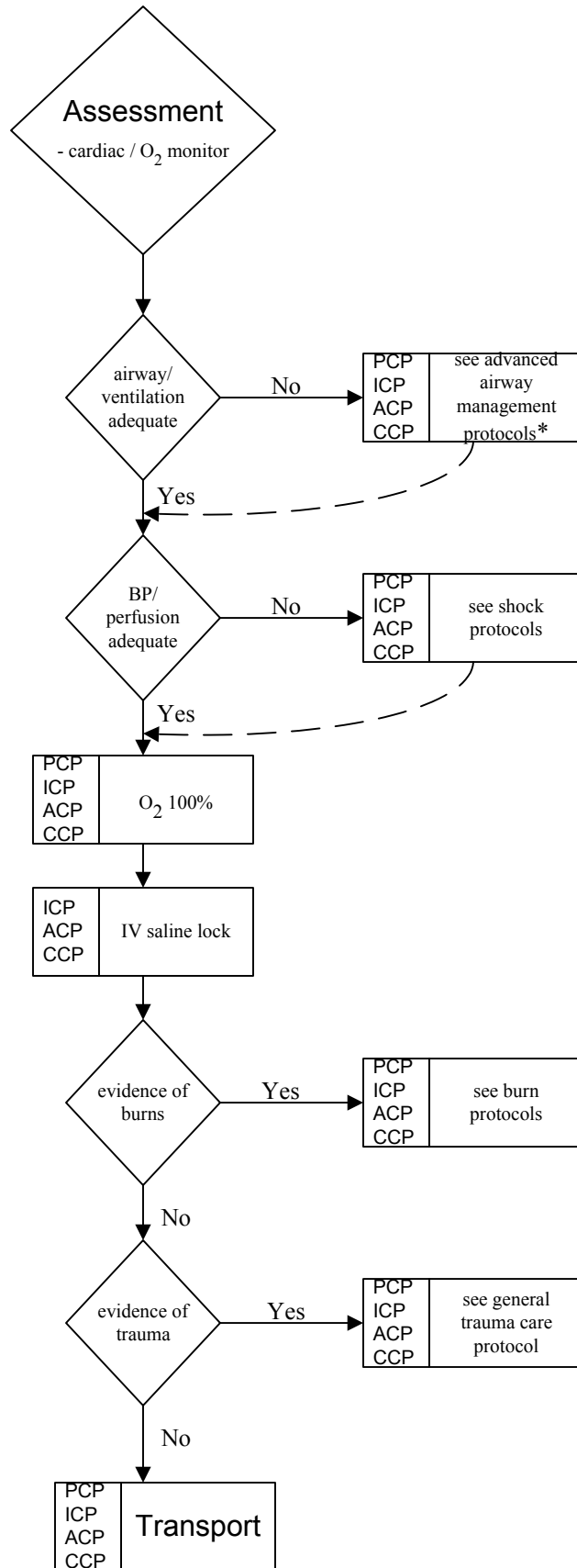
*When calculating the infusion rate remember one half(1/2) of total amount is to be given in the first eight (8) hrs. Therefore a 70 kg patient with a 5% BSA burn would result in 70kg x 5 x 7cc = 2450cc.

Protocol: Lightning	PDN: 6218.01	Last Updated: April 1, 2003	Subject: Burns	Page 1
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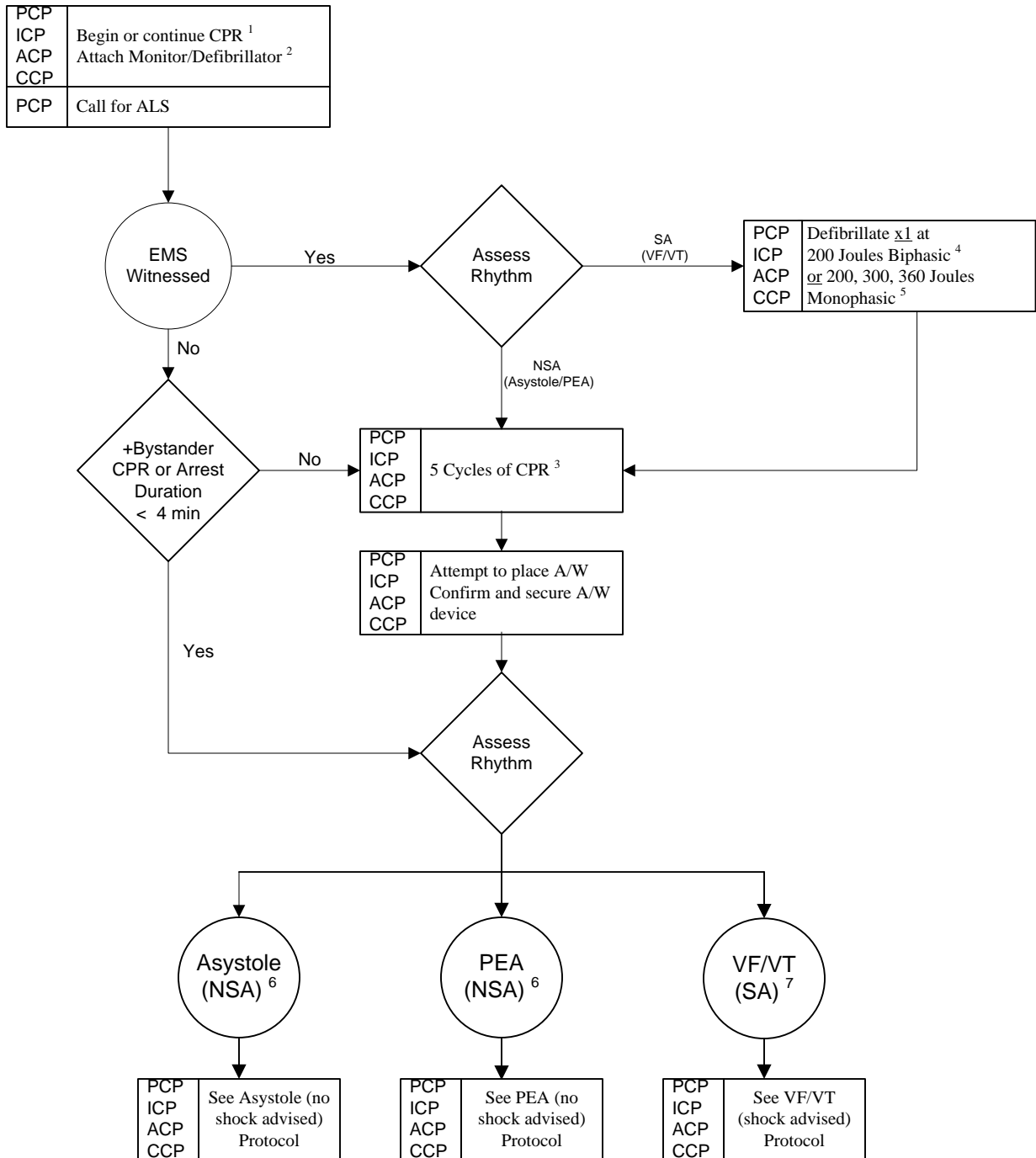
*Parkland Formula:
2-4cc/kg/%BSA/24hrs, administer half of the NS in the first 8 hours
starting from time of incident, second half in the next 16 hours

Protocol: Smoke Inhalation	PDN: 6219.01	Last Updated: April 1, 2003	Subject: Burns	Page 1
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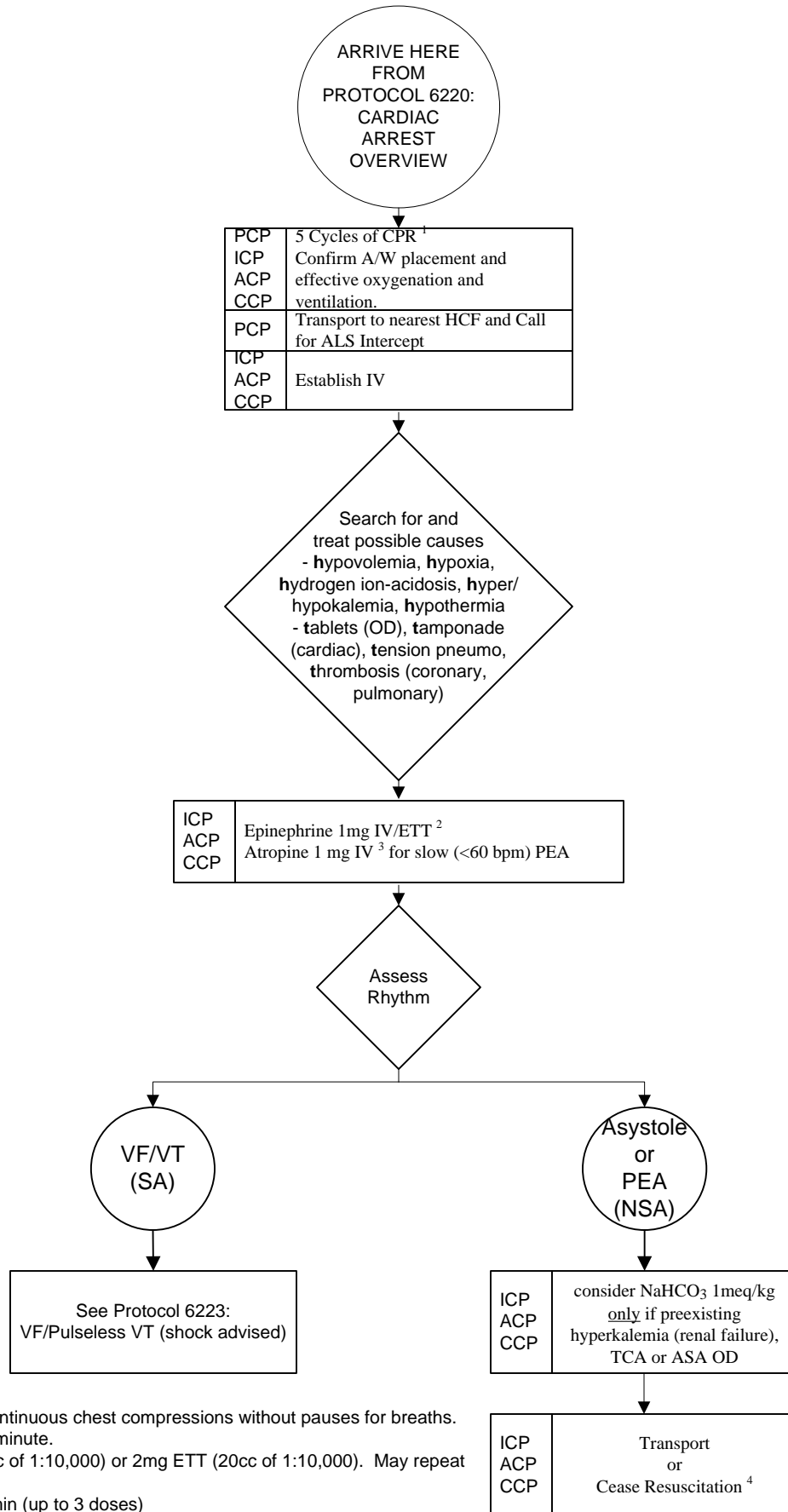
*consider early intubation if any evidence of airway burn

Protocol: Cardiac Arrest Overview	PDN: 6220.03	Last Updated: March 3, 2006	Subject: Cardiac Arrest	Page 1
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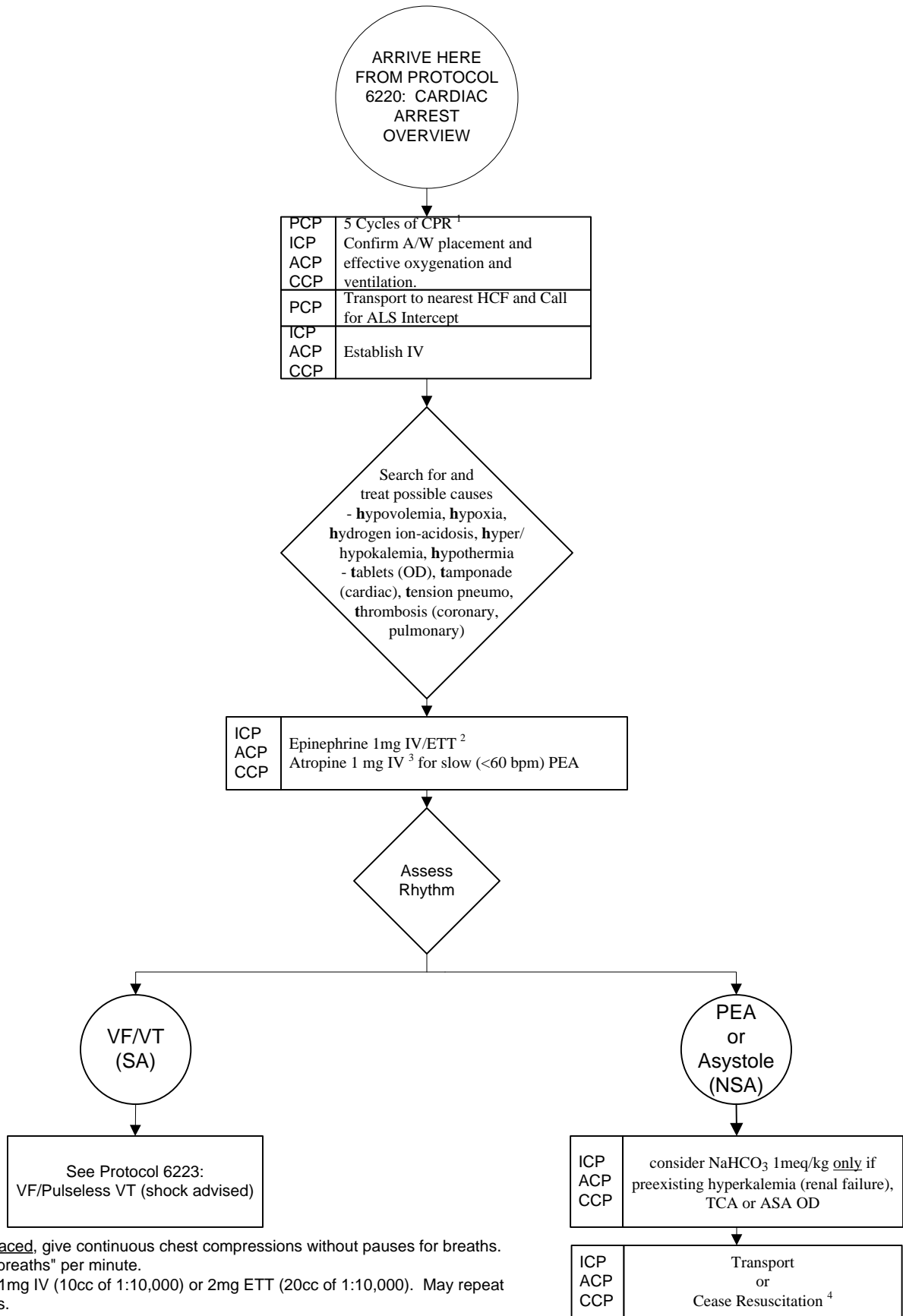
- Emphasis is on minimal interruption of chest compressions. Be aware of possible Foreign Body Airway Obstruction (FBAO).
- Use Defibrillator in Automated Mode - ACPs and CCPs may switch to manual if disagree with Defibrillator interpretation.
- Each cycle is 30:2 (compressions:ventilations with a compression rate of 100/min). If possible the compressor role should be rotated after each cycle of 5 to prevent compressor fatigue.
- Resume CPR immediately. Only do pulse check if you see organized complexes when you assess the rhythm.
- ACPs and ICPs use Monophasic Defibrillator in Manual Mode to give one (1) shock. Resume CPR immediately after shock(s) is (are) given. Only do pulse check if you see organized complexes when you assess the rhythm.
- NSA: No Shock Advised
- SA: Shock Advised

Protocol: Asystole (no shock advised)	PDN: 6221.03	Last Updated: February 7, 2006	Subject: Cardiac Arrest	Page 1
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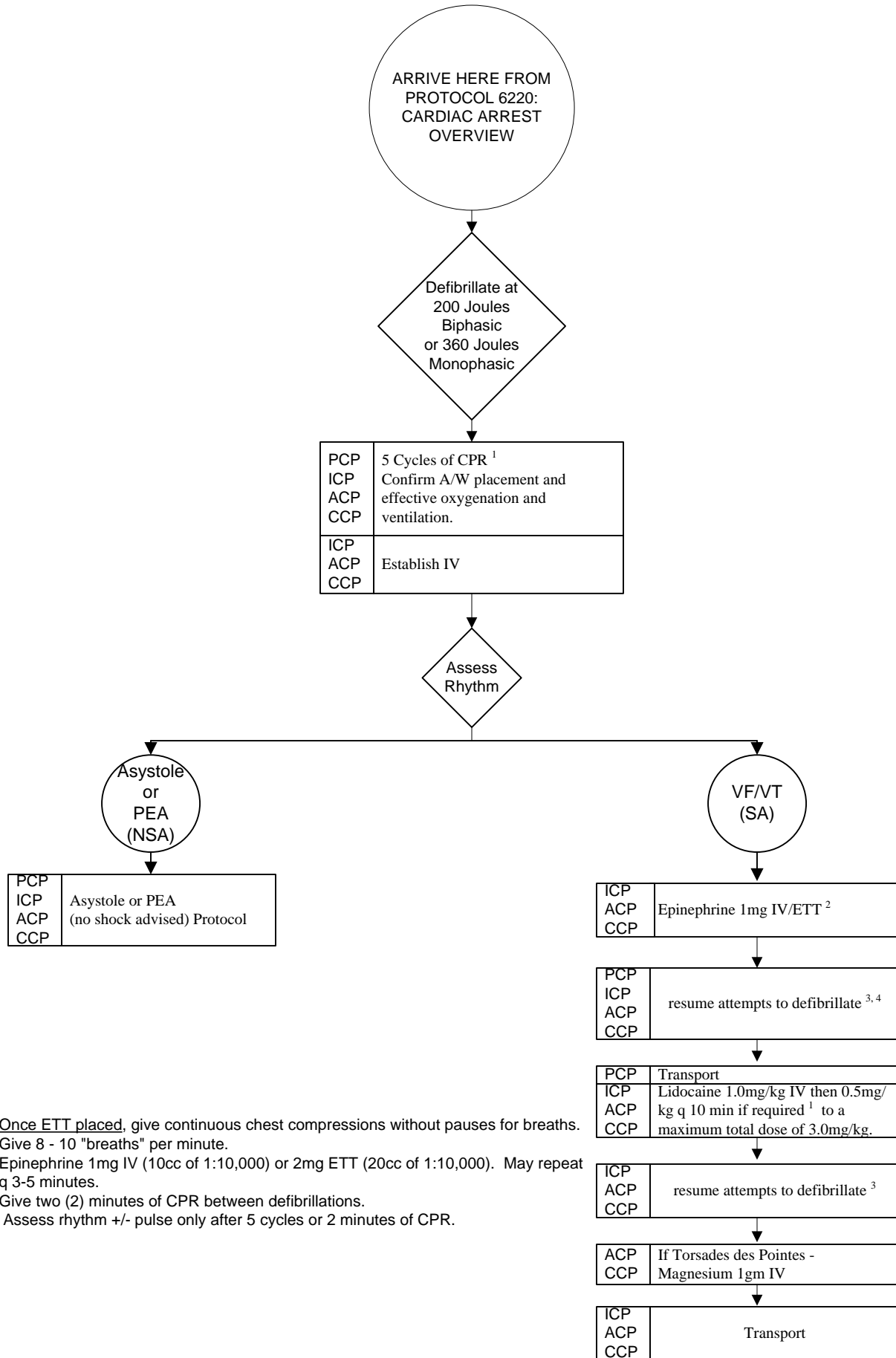
1. Once ETT placed, give continuous chest compressions without pauses for breaths. Give 8 - 10 "breaths" per minute.
2. Epinephrine 1mg IV (10cc of 1:10,000) or 2mg ETT (20cc of 1:10,000). May repeat q 3-5 minutes.
3. Repeat Atropine q 3 - 5 min (up to 3 doses)
4. If patient in PEA or Asystole after 20 min of ALS, contact the OLMOP to discontinue resuscitation efforts

Protocol: PEA (no shock advised)	PDN: 6222.02	Last Updated: February 23, 2006	Subject: Cardiac Arrest	Page 1
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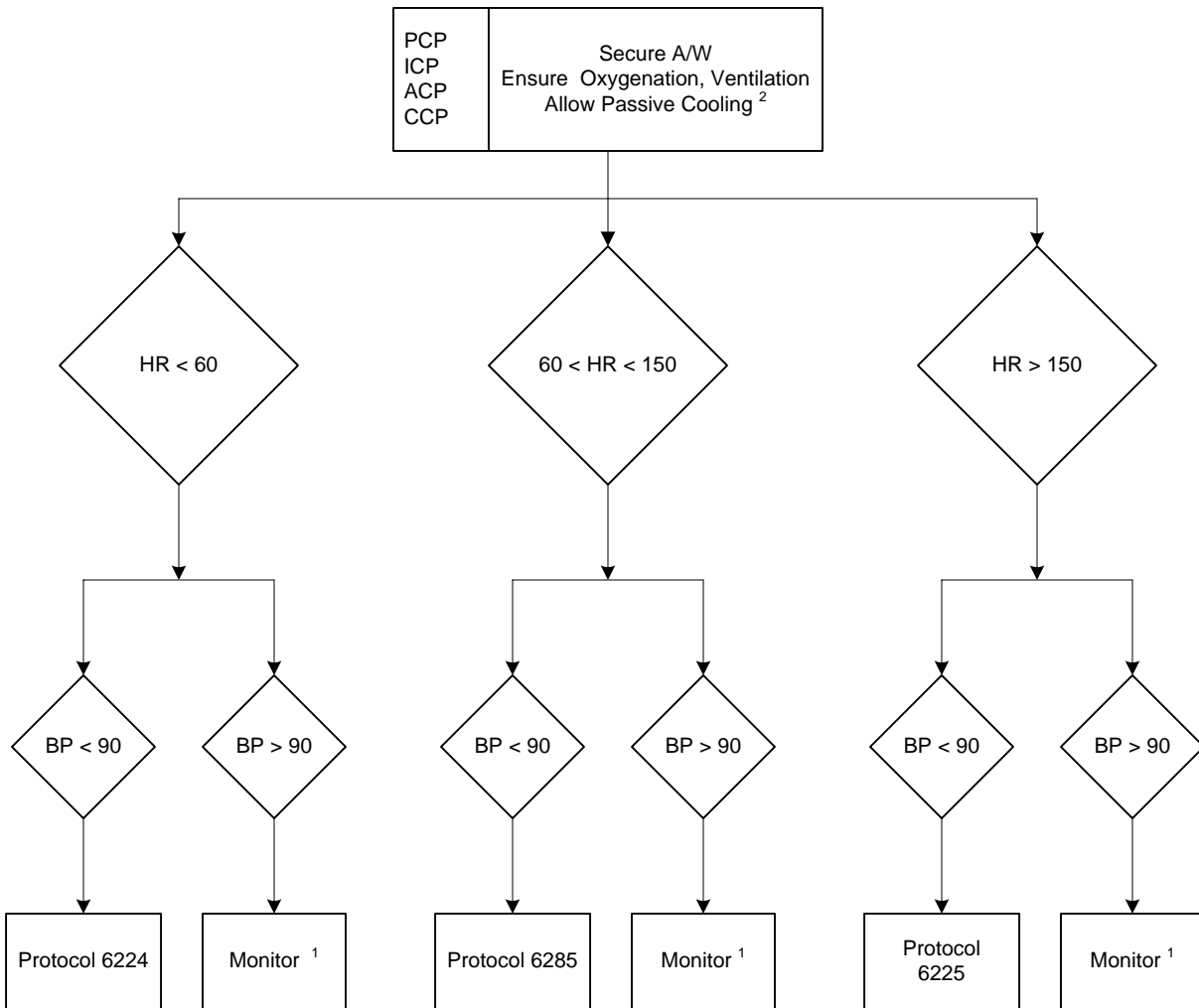
1. Once ETT placed, give continuous chest compressions without pauses for breaths. Give 8 - 10 "breaths" per minute.
2. Epinephrine 1mg IV (10cc of 1:10,000) or 2mg ETT (20cc of 1:10,000). May repeat q 3-5 minutes.
3. Repeat Atropine q 3 - 5 min (up to 3 doses)
4. If patient in PEA or Asystole after 20 min of ALS, contact the OLMOP to discontinue resuscitation efforts

Protocol: VF/Pulseless VT (shock advised)	PDN: 6223.04	Last Updated: May 12, 2006	Subject: Cardiac Arrest	Page 1
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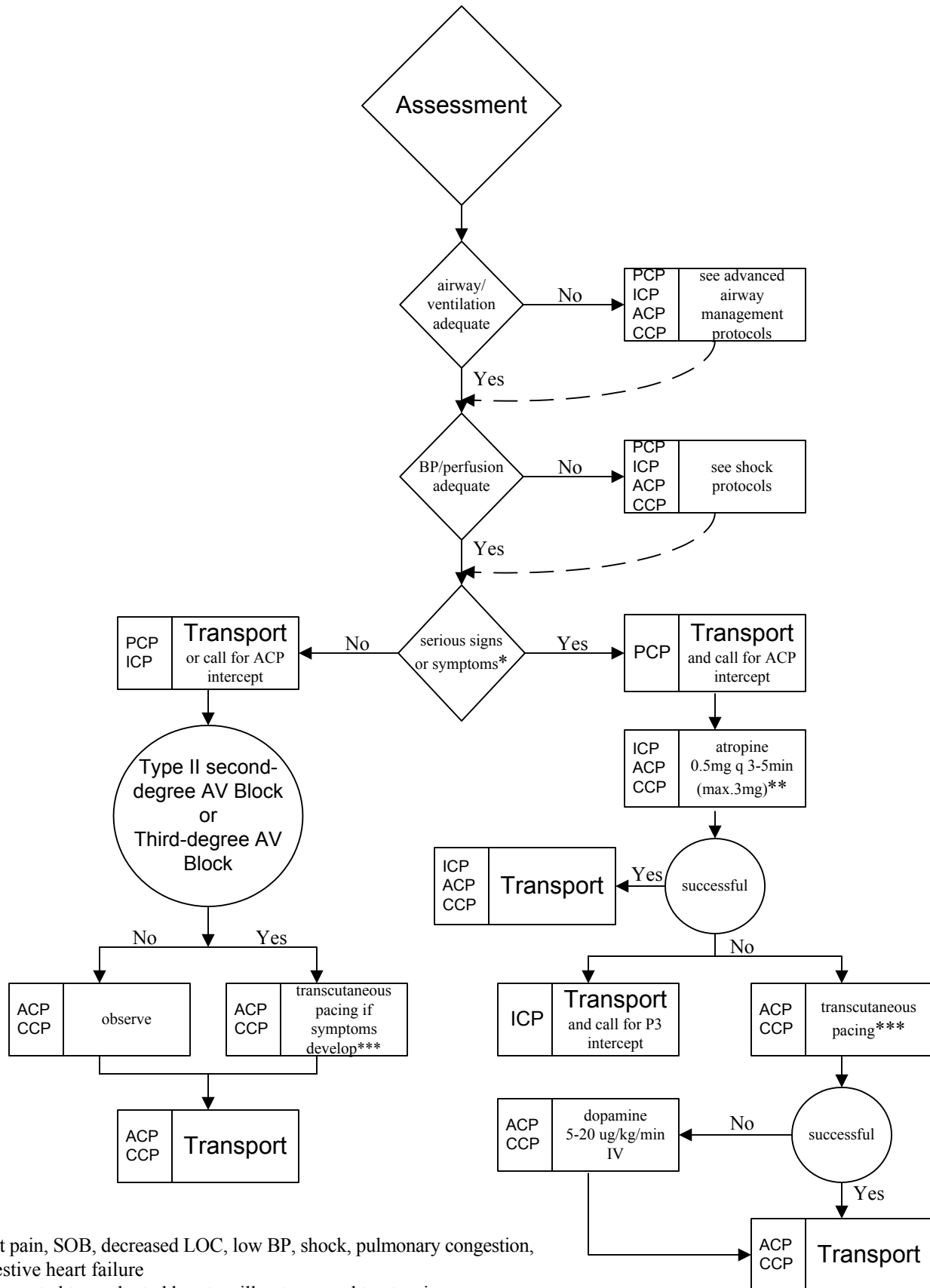
1. Once ETT placed, give continuous chest compressions without pauses for breaths. Give 8 - 10 "breaths" per minute.
2. Epinephrine 1mg IV (10cc of 1:10,000) or 2mg ETT (20cc of 1:10,000). May repeat q 3-5 minutes.
3. Give two (2) minutes of CPR between defibrillations.
4. Assess rhythm +/- pulse only after 5 cycles or 2 minutes of CPR.

Protocol: Post Adult Cardiac Arrest – ROSC ¹	PDN: 6311.03	Last Updated: May 12, 2005	Subject: Cardiac Arrest	Page 1
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1. ROSC - Return of spontaneous circulation.
2. Remove clothing and expose patient to ambient air if patient unable to respond to verbal commands.

Protocol: Bradycardia	PDN: 6224.02	Last Updated: April 2, 2003	Subject: Cardiac Arrhythmia	Page 1
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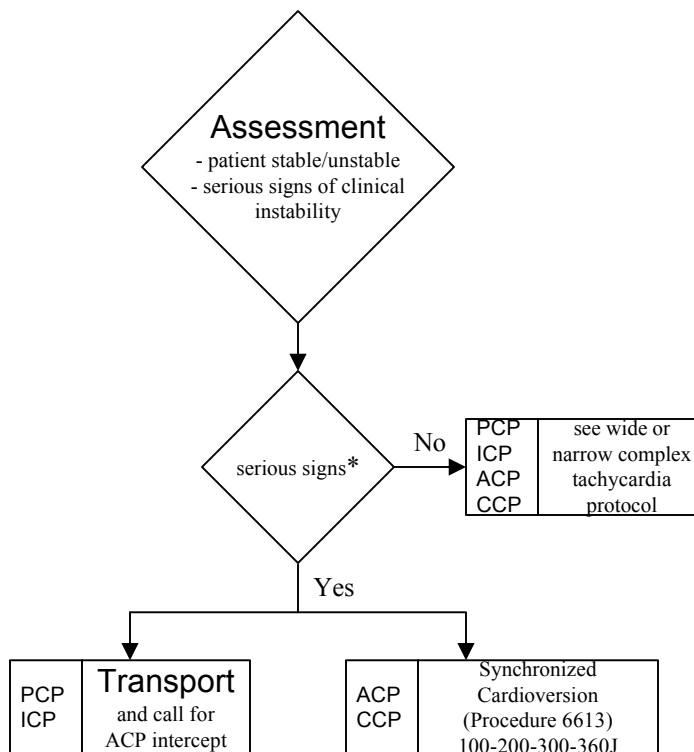


*chest pain, SOB, decreased LOC, low BP, shock, pulmonary congestion, congestive heart failure

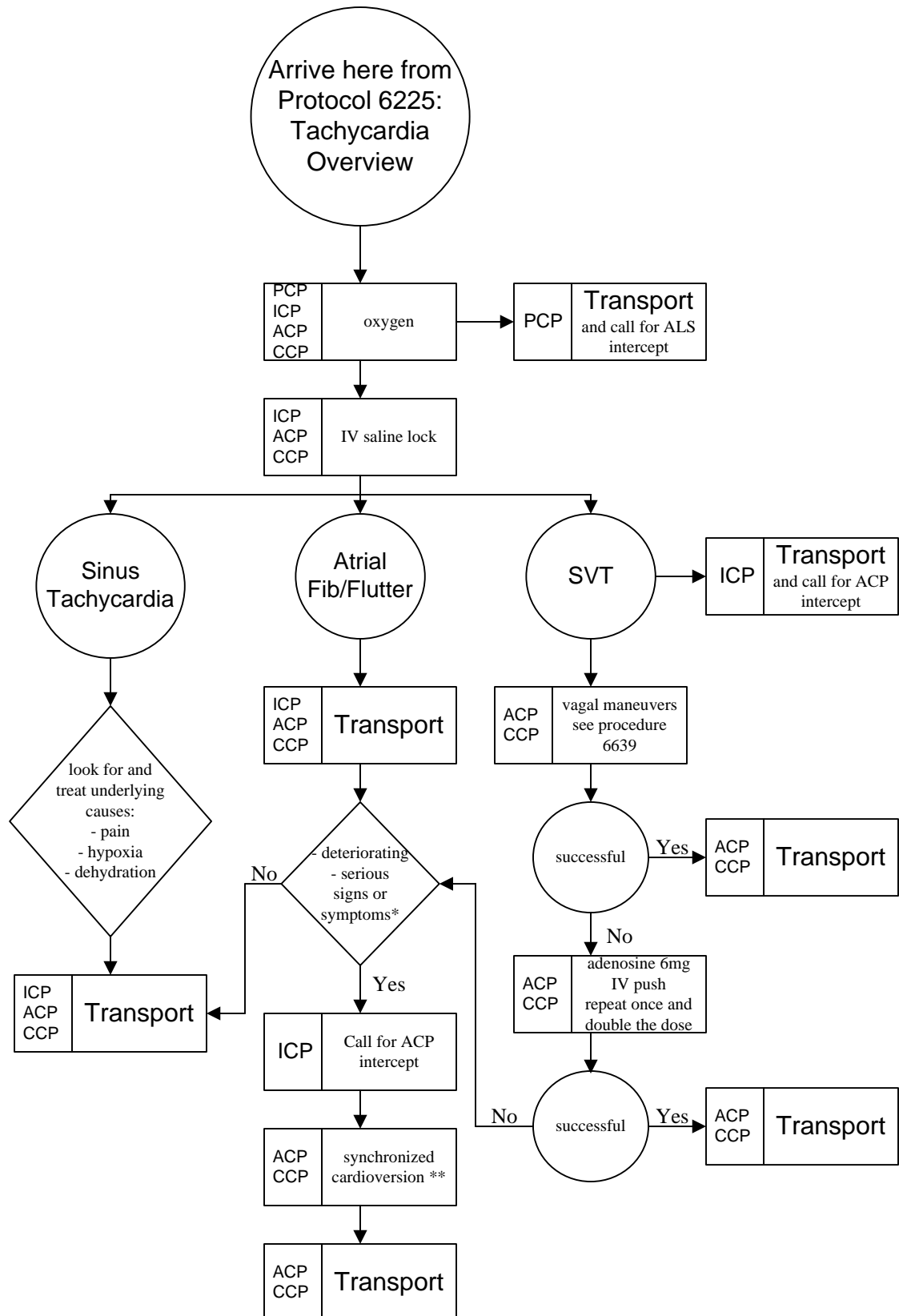
**denervated transplanted hearts will not respond to atropine

***consider sedation

Protocol: Tachycardia Overview	PDN: 6225.02	Last Updated: February 11, 2004	Subject: Cardiac Arrhythmia	Page 1
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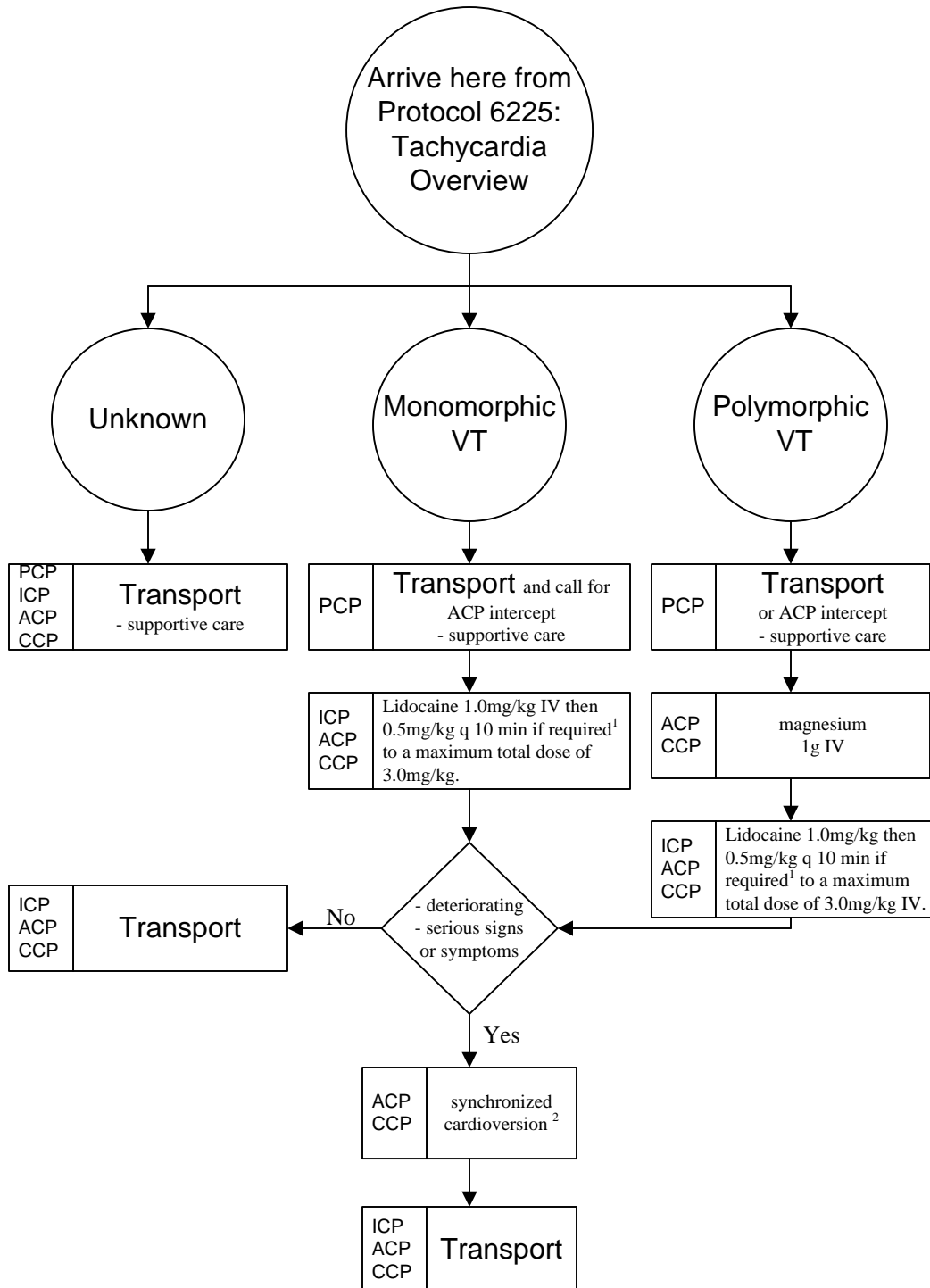


*chest pain, SOB, decreased LOC, low BP, shock, pulmonary congestion and congestive heart failure



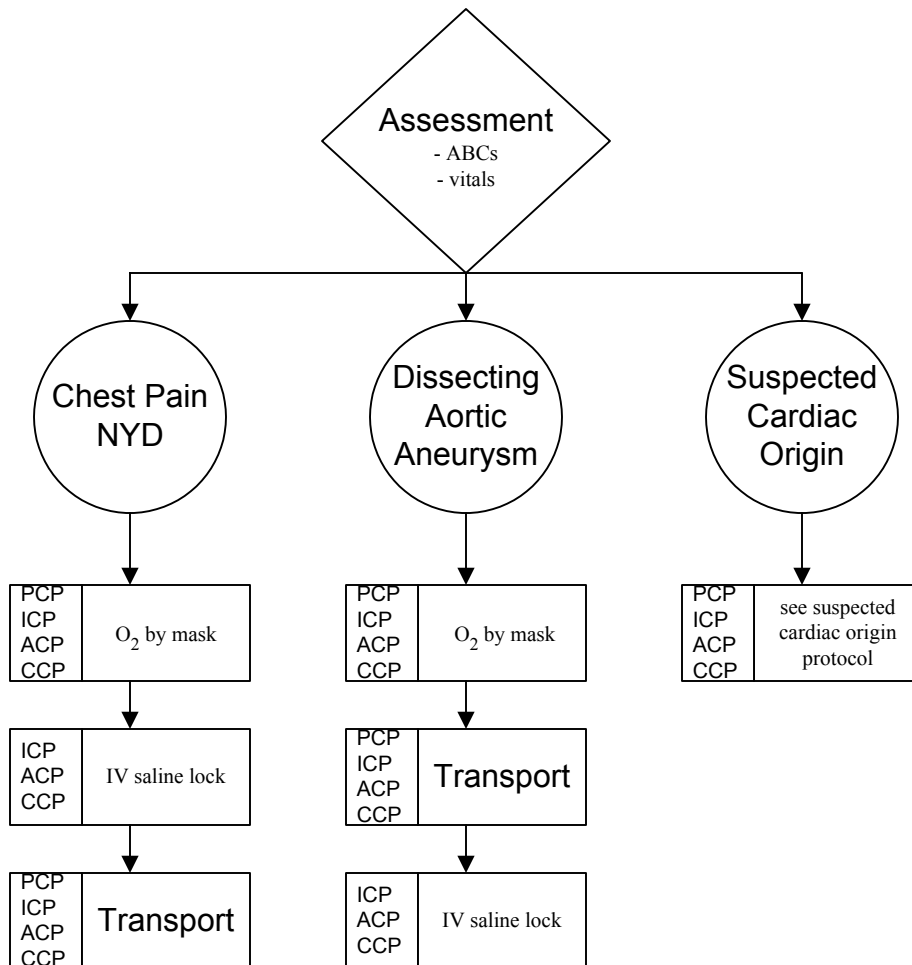
* chest pain, decreased LOC, low BP, shock, pulmonary congestion and congestive heart failure

** start at 100 Joules. If initial shock fails to convert the Arrhythmia, increase to 200 Joules, then 300 Joules, then 360 Joules.

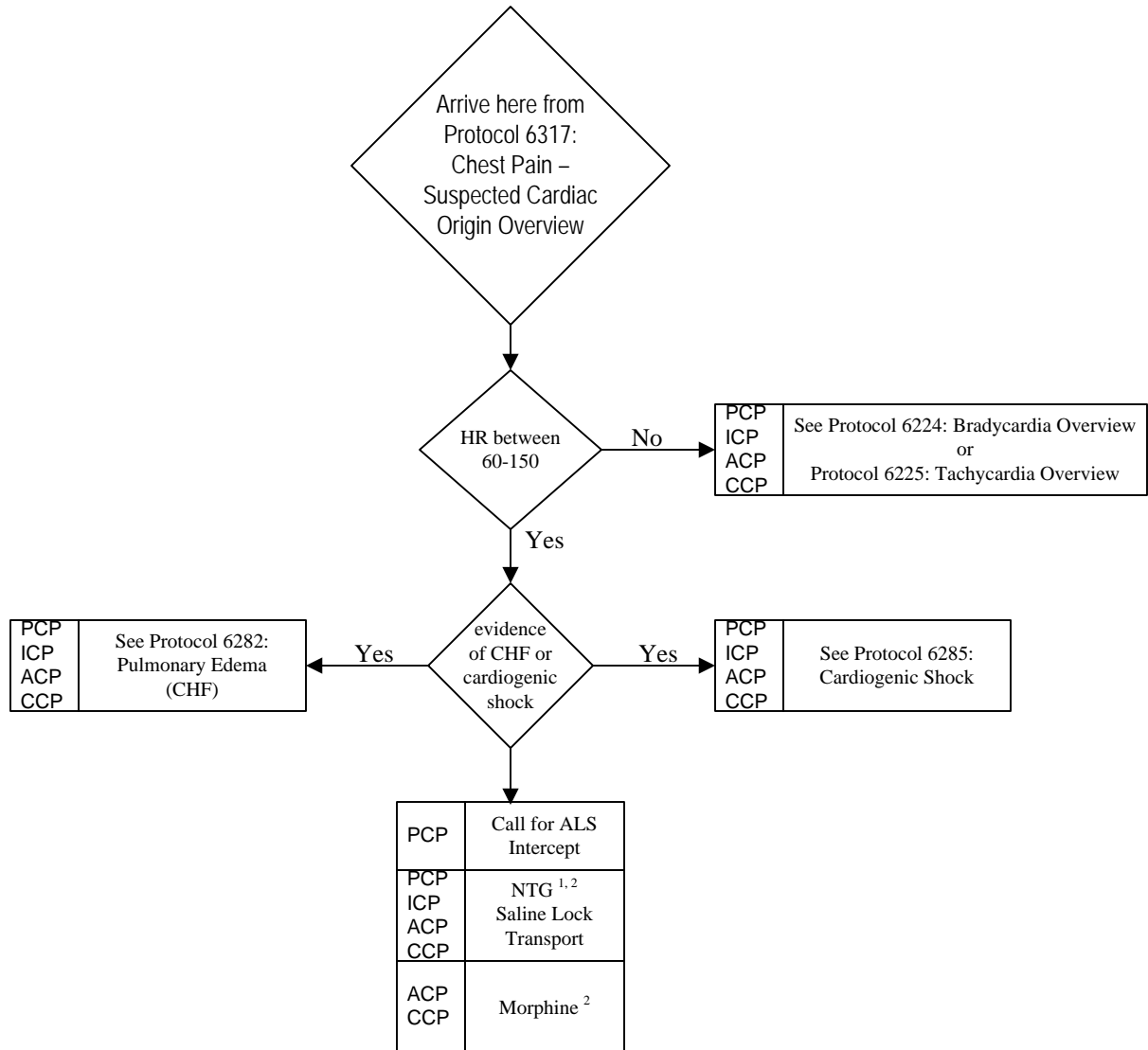


1. If runs of VT.
2. Start at 100 Joules. If initial shock fails to convert the Arrhythmia, increase to 200 Joules, then 300 Joules, then 360 Joules Biphasic or Monophasic.

Protocol: Chest Pain NYD	PDN: 6228.01	Last Updated: April 2, 2003	Subject: Chest Pain	Page 1
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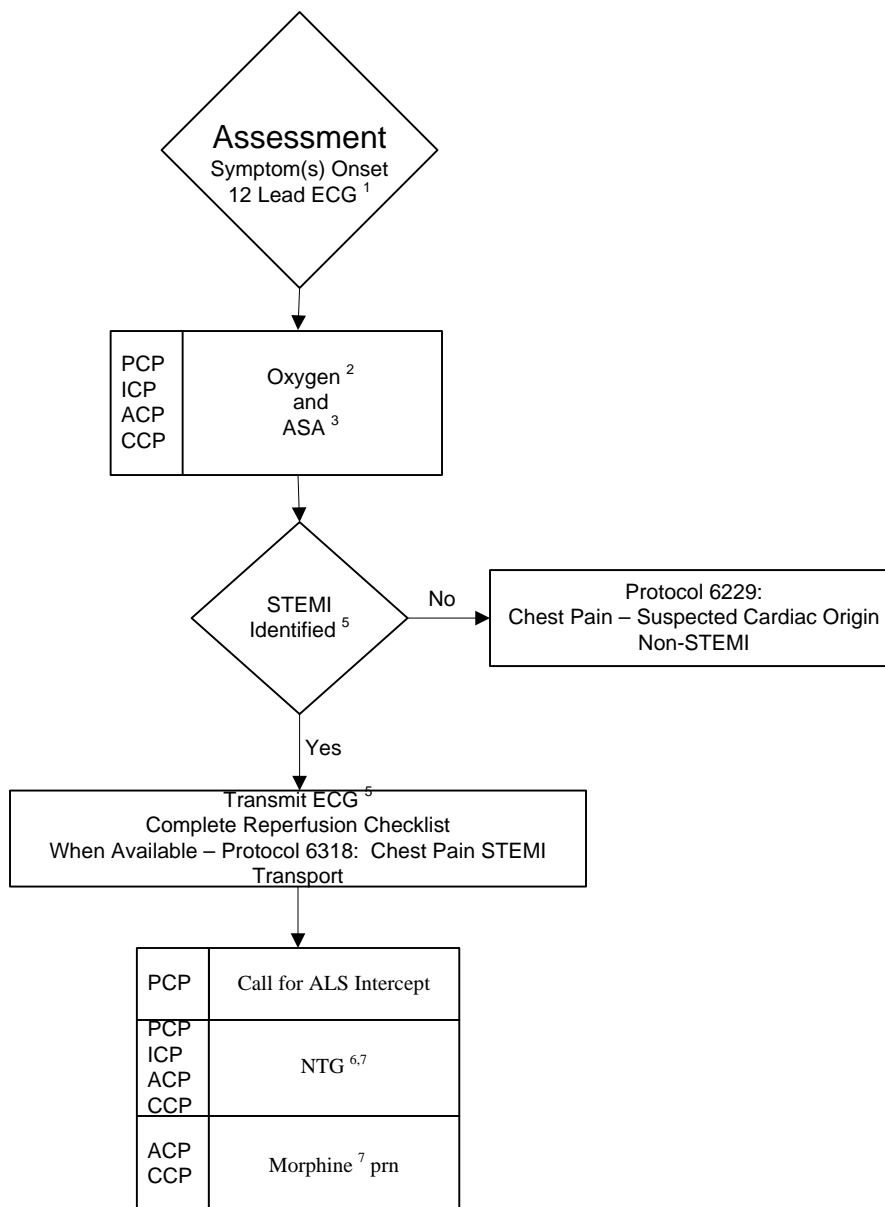


Protocol: Suspected Cardiac Origin – Non STEMI	PDN: 6229.04	Last Updated: November 3, 2006	Subject: Chest Pain	Page 1
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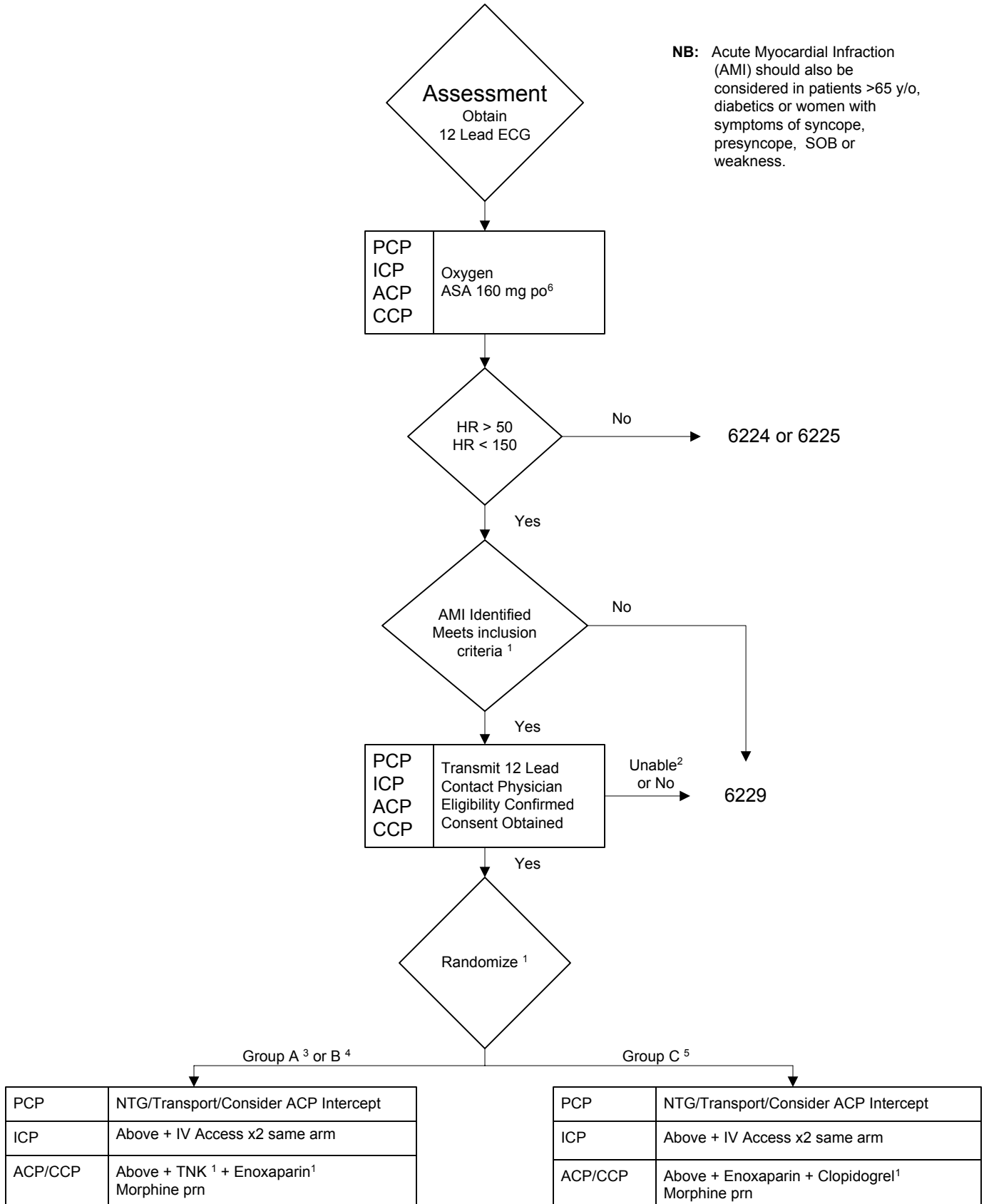
1. NTG – 0.4mg S/L prn every 3 – 5 minutes up to a maximum of 3 doses only and if patient remains stable (SBP > 90 and HR between 50 and 150 bpm).
2. Be extremely cautious using NTG and Morphine with inferior MIs.

Protocol: Suspected Cardiac Origin Overview	PDN: 6317.00	Last Updated: November 3, 2006	Subject: Chest Pain	Page 1 of 1
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1. If unable to complete ECG
- manage as Chest Pain – Suspected Cardiac Origin – Non-STEMI (Oxygen, ASA, NG +/- Morphine)
2. Maintain O₂ Sats of at least 92% (Use Nasal Prongs first).
3. ASA 160 mg po
4.
 - a. 2mm of ST elevation in two (2) or more contiguous precordial leads or
 - b. 1mm of ST elevation in two (2) or more limb leads or
 - c. a new LBBB
5. If unable to transmit and ECG shows STEMI, Transport and attempt to transmit enroute.. Continue conventional treatment en route.
6. NTG – 0.4mg S/L prn every 3 – 5 minutes up to a maximum of 3 doses only and if patient remains stable (SBP > 90 and HR between 50 and 150 bpm).
7. Be extremely cautious using NTG and Morphine with inferior MIs.

NB: Acute Myocardial Infarction (AMI) should also be considered in patients >65 y/o, diabetics or women with symptoms of syncope, presyncope, SOB or weakness.



1 See Reference Cards

2 May retry once if condition permits

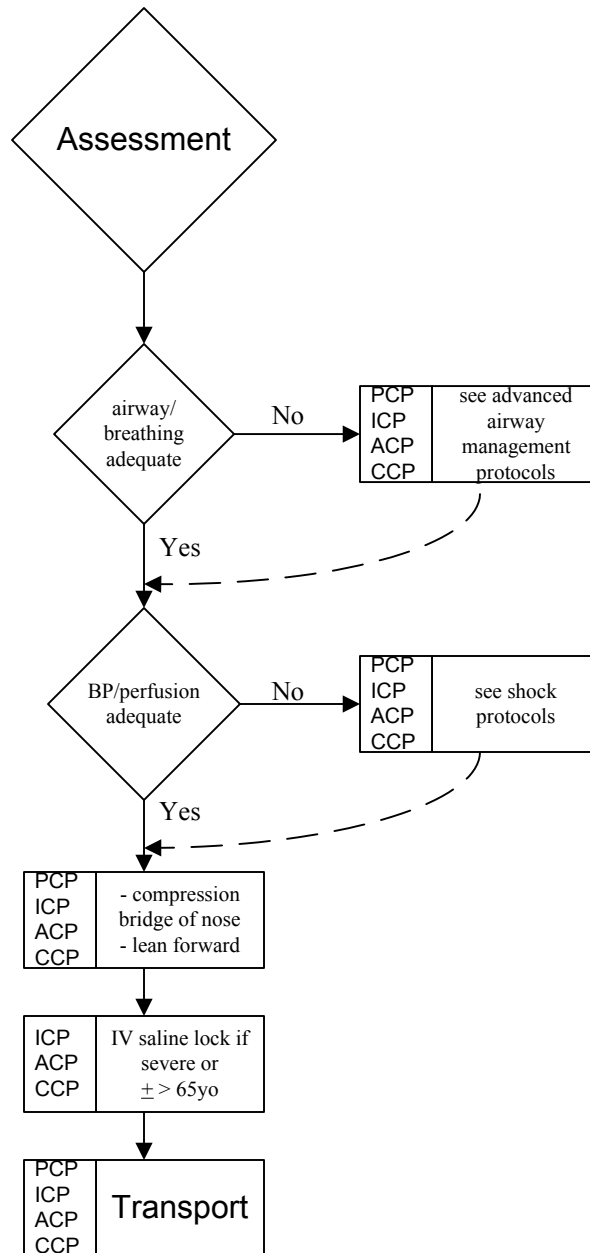
3 Transport to nearest HCF or if TNK given bypass CMC and go directly to DGH or QEII - whichever is closer.

4 Transport to nearest HCF or if TNK given, go directly to QEII.

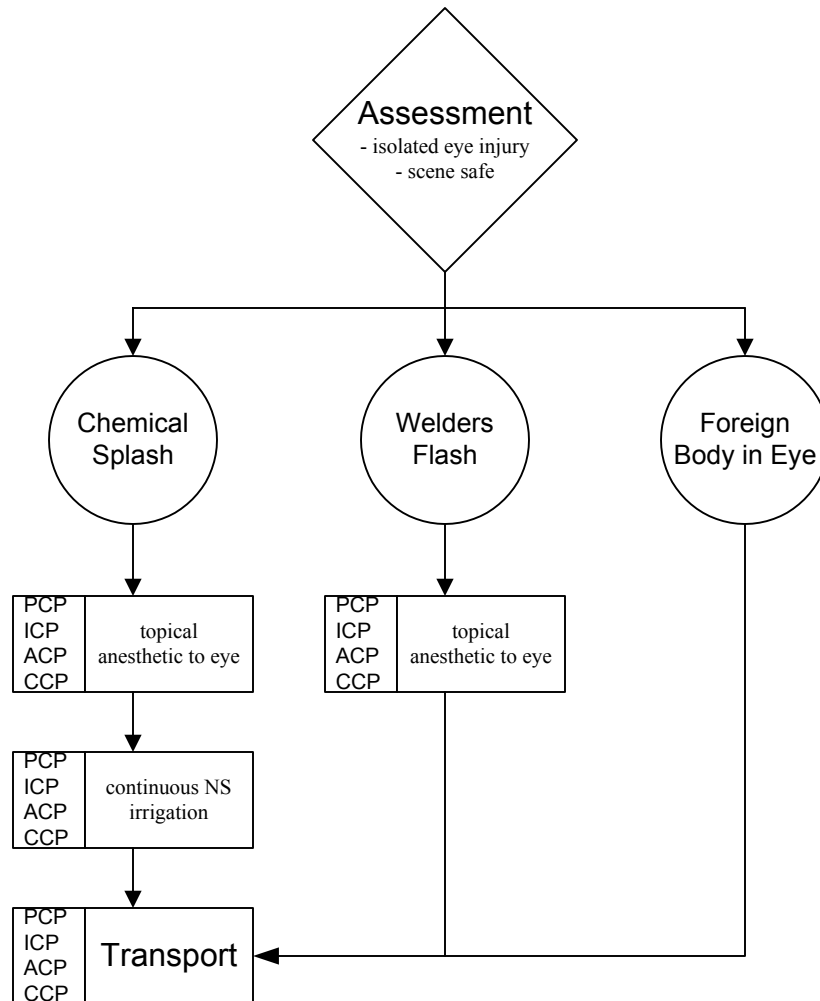
5 Transport directly to QEII.

6 For patients with an allergy to ASA, ACP/CCPs may give Clopidogrel 300 mg po.

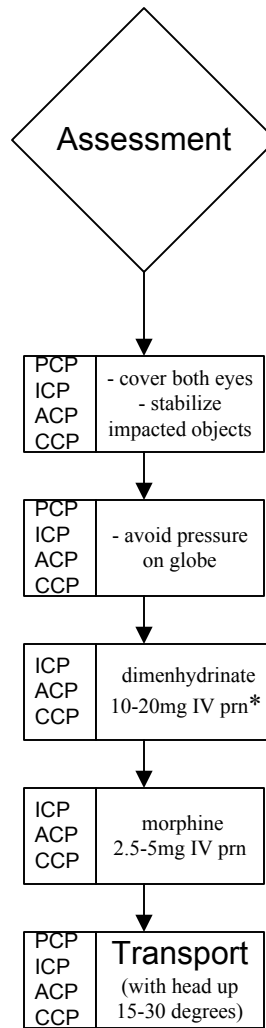
Protocol: Epistaxis	PDN: 6230.01	Last Updated: April 2, 2003	Subject: EENT	Page 1
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Protocol: Foreign Body/Welders Flash/Chemical Splash Eye	PDN: 6231.02	Last Updated: April 3, 2003	Subject: EENT	Page 1
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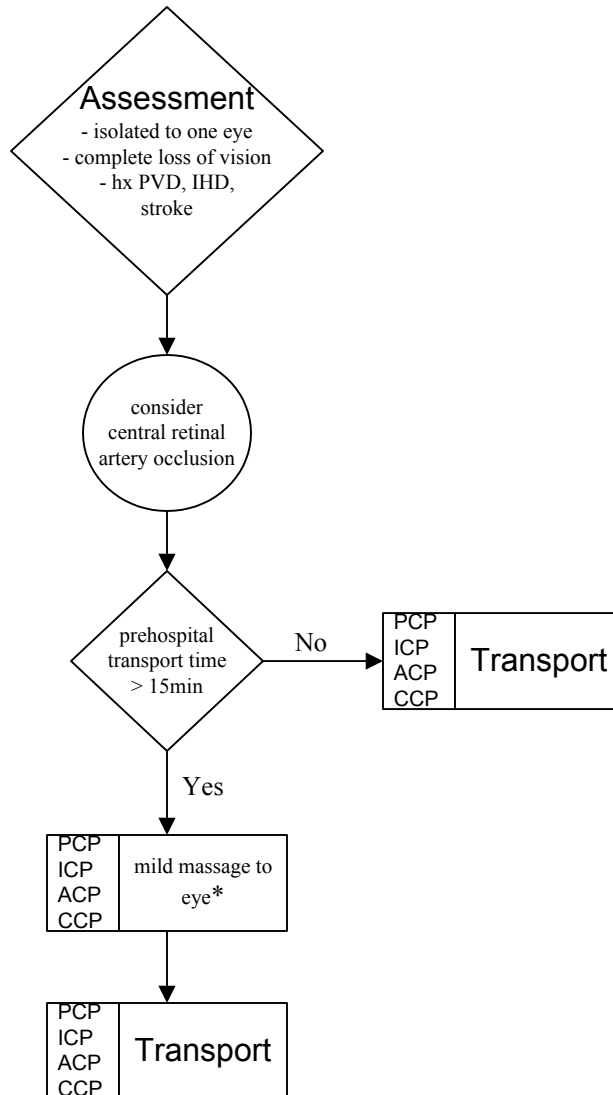


Protocol: Ocular Trauma	PDN: 6232.01	Last Updated: April 2, 2003	Subject: EENT	Page 1
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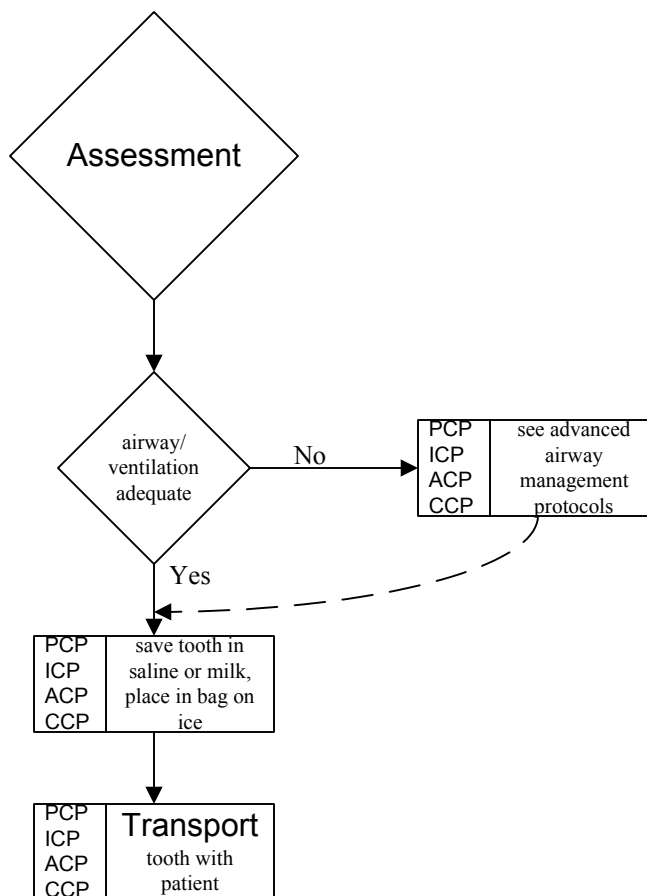
*important to prevent vomiting

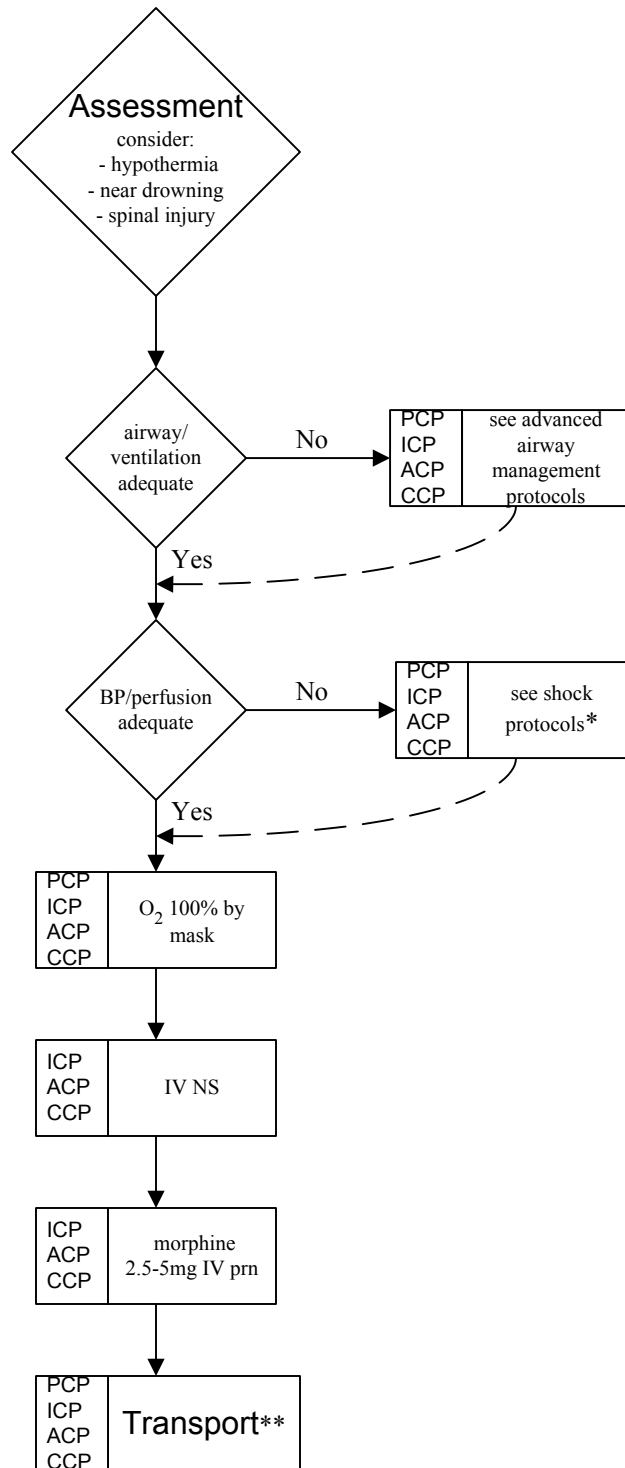
Protocol: Sudden Painless Vision Loss	PDN: 6233.01	Last Updated: April 2, 2003	Subject: EENT	Page 1
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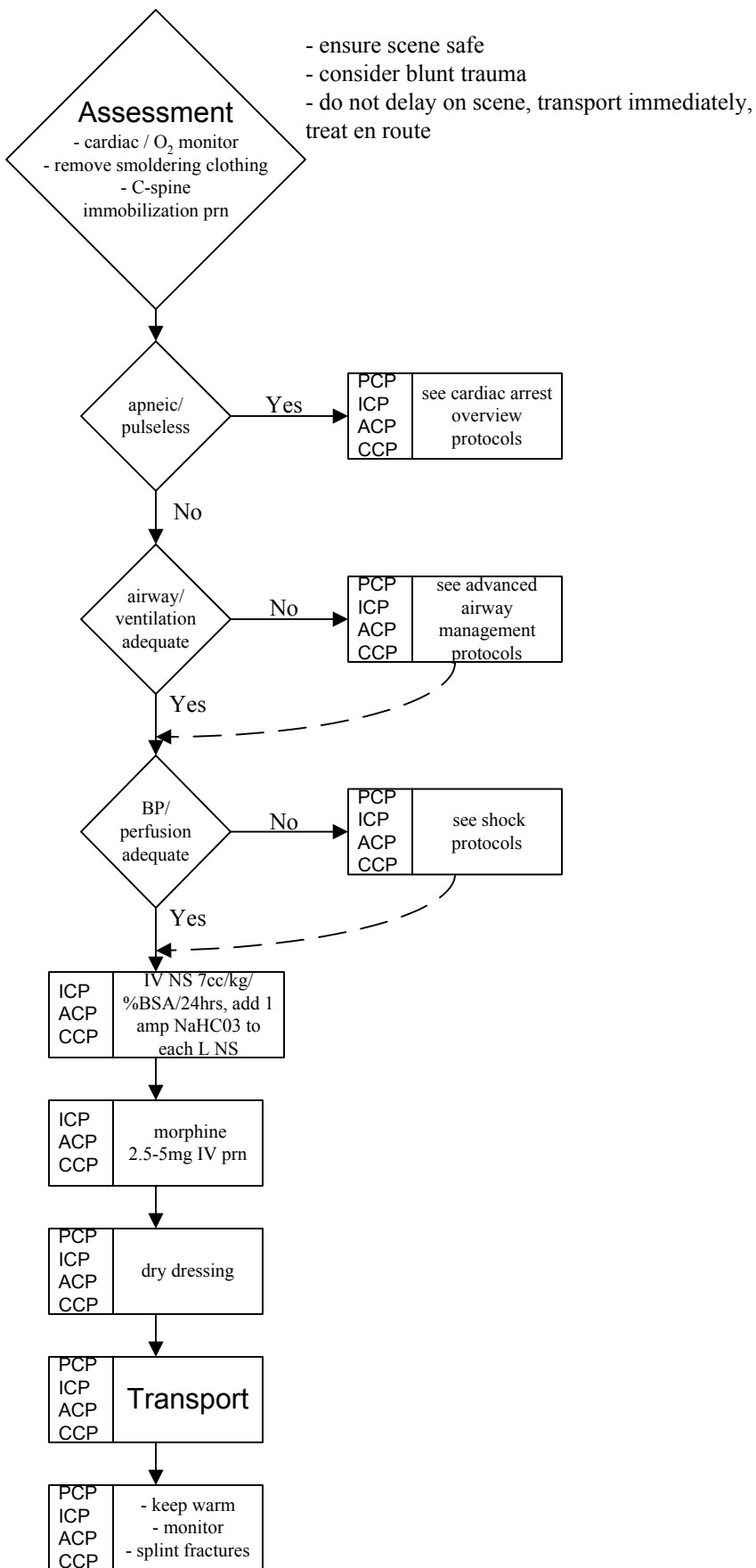
*contact On Line Medical Oversight (OLMO)

Protocol: Tooth Avulsion	PDN: 6234.01	Last Updated: April 2, 2003	Subject: EENT	Page 1
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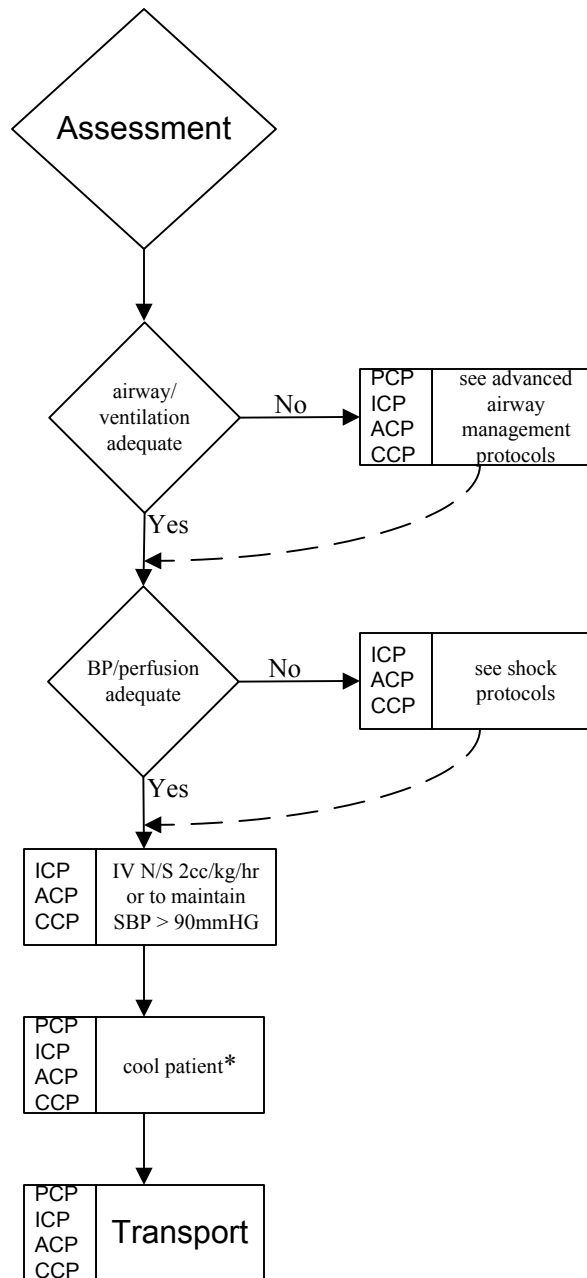




*watch for tension pneumothorax
**there is no need to transport in left lateral decubitus



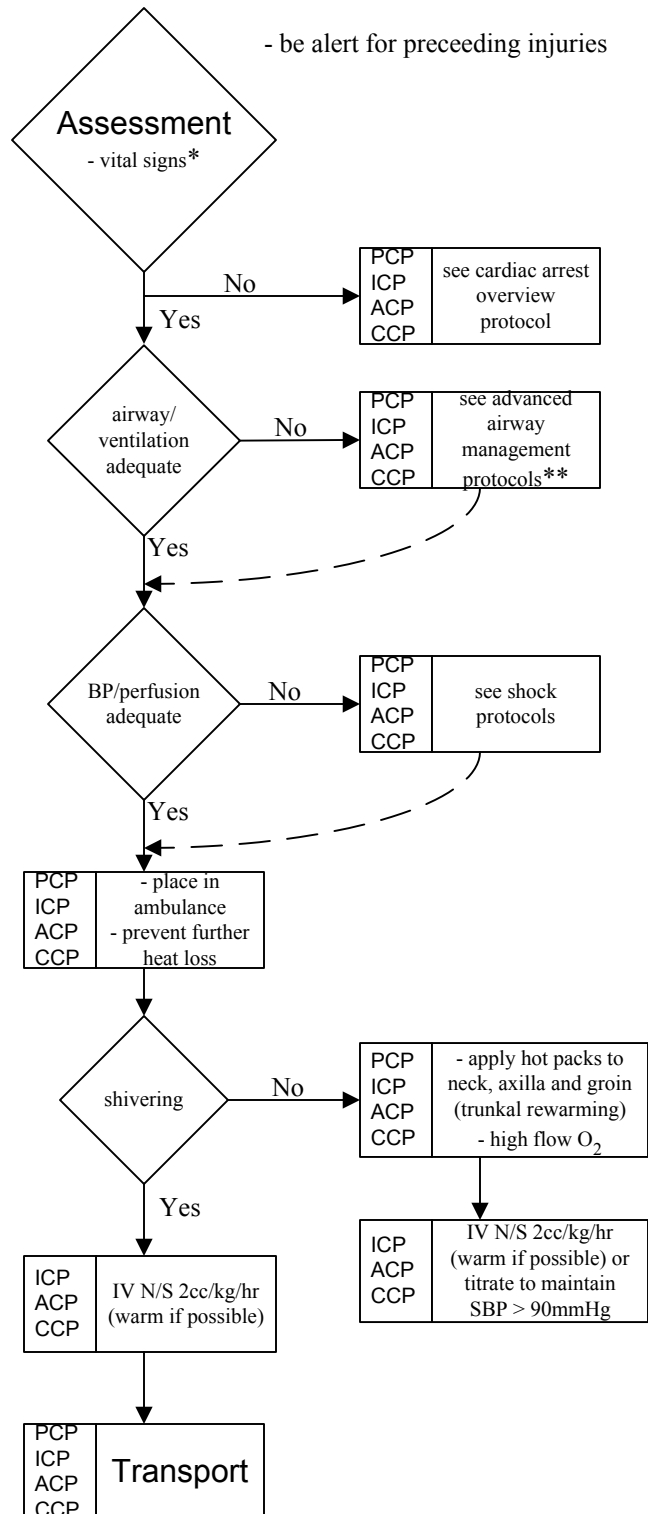
Protocol: Hyperthermia	PDN: 6237.01	Last Updated: April 3, 2003	Subject: Environmental Emergency	Page 1
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*to cool

- expose as much of patient's body surface area to air as feasible
- place cold packs/ice on head, neck, axilla and/or groin
- wet patient's skin with water

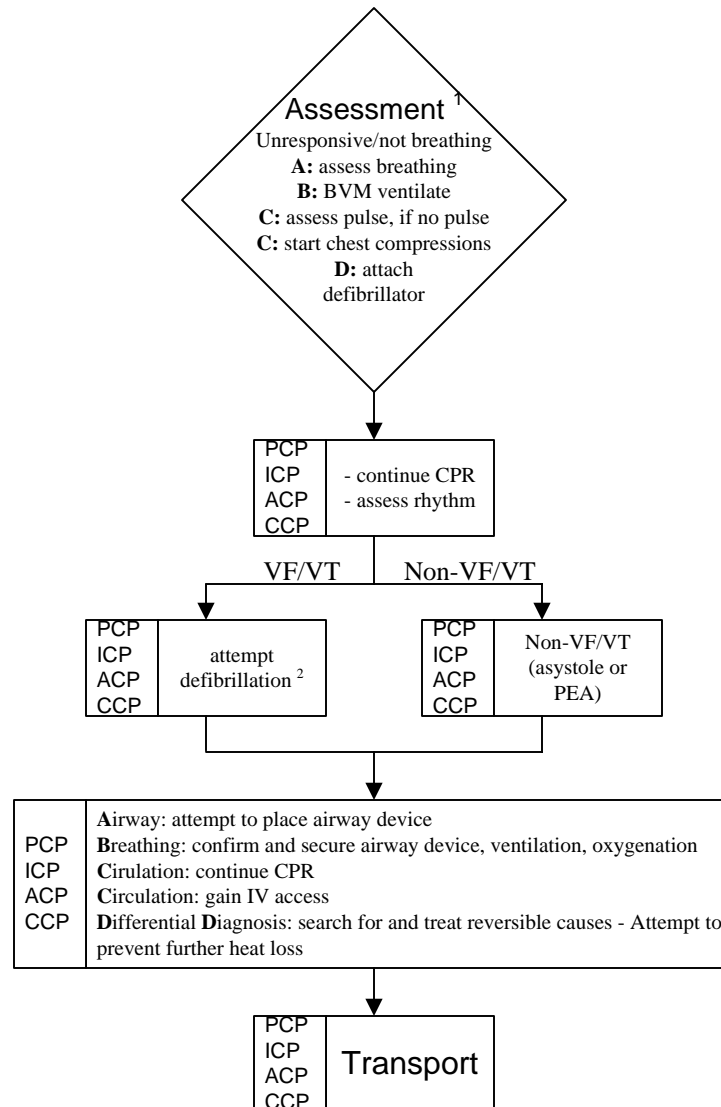
Protocol: Hypothermia	PDN: 6238.01	Last Updated: April 2, 2003	Subject: Environmental Emergency	Page 1
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*check for vital signs for 30-40seconds

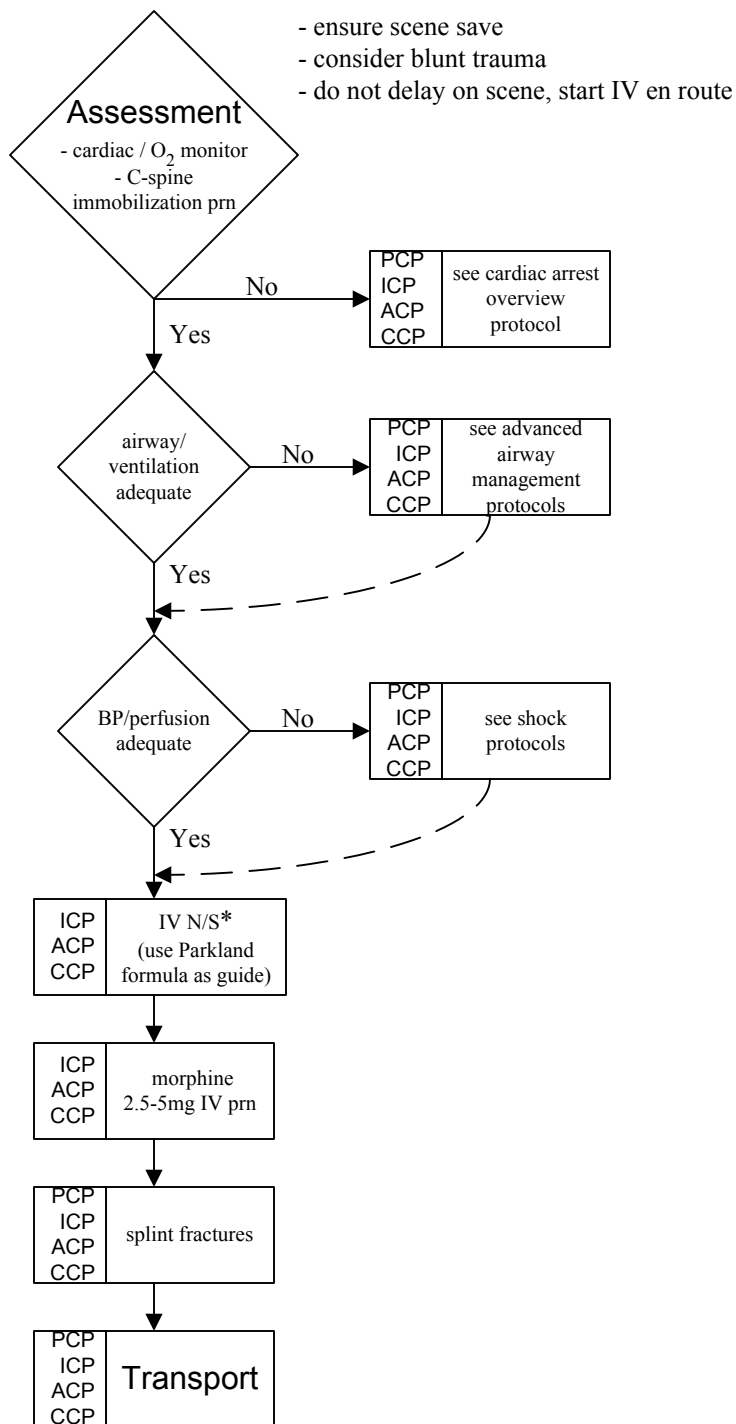
**intubation should be preformed as gently as possible

Protocol: Hypothermic Cardiac Arrest	PDN: 6239.03	Last Updated: May 12, 2006	Subject: Environmental Emergency	Page 1
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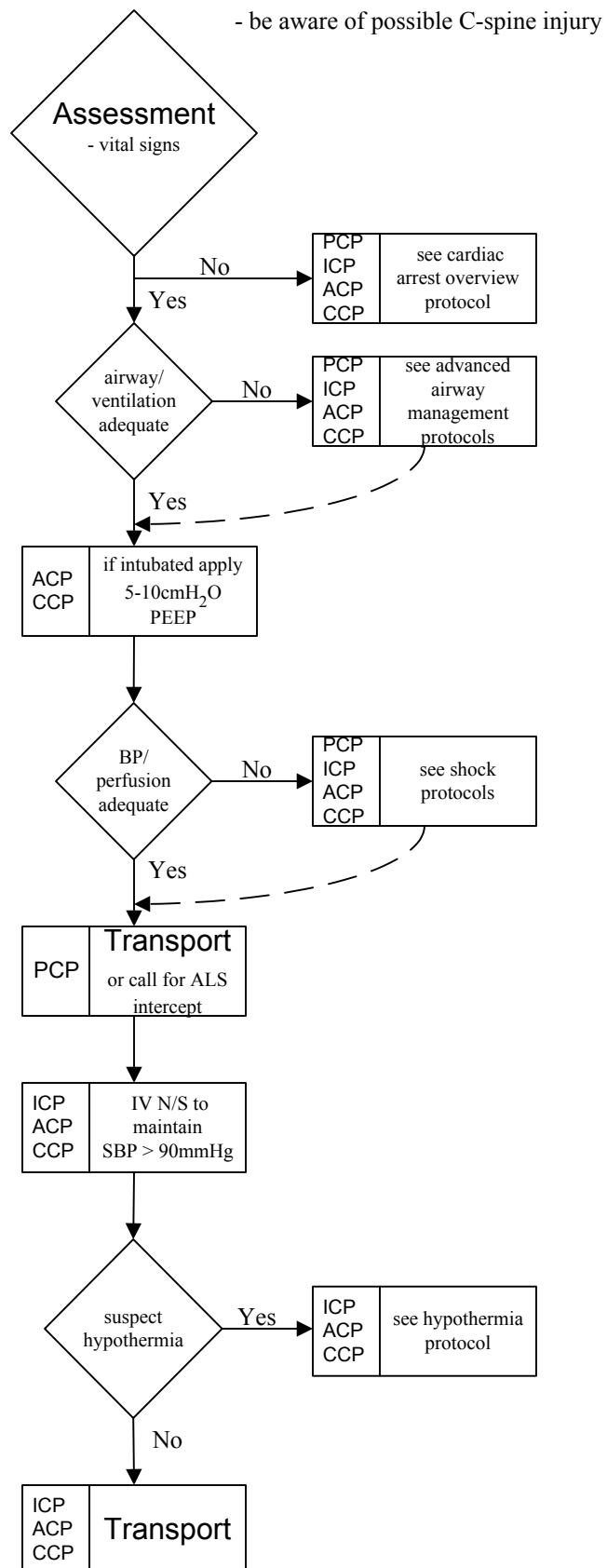
1. For at least 30 seconds

2. Single defibrillation at 200 Joules with Biphasic and 360 Joules with Monophasic Defibrillator.

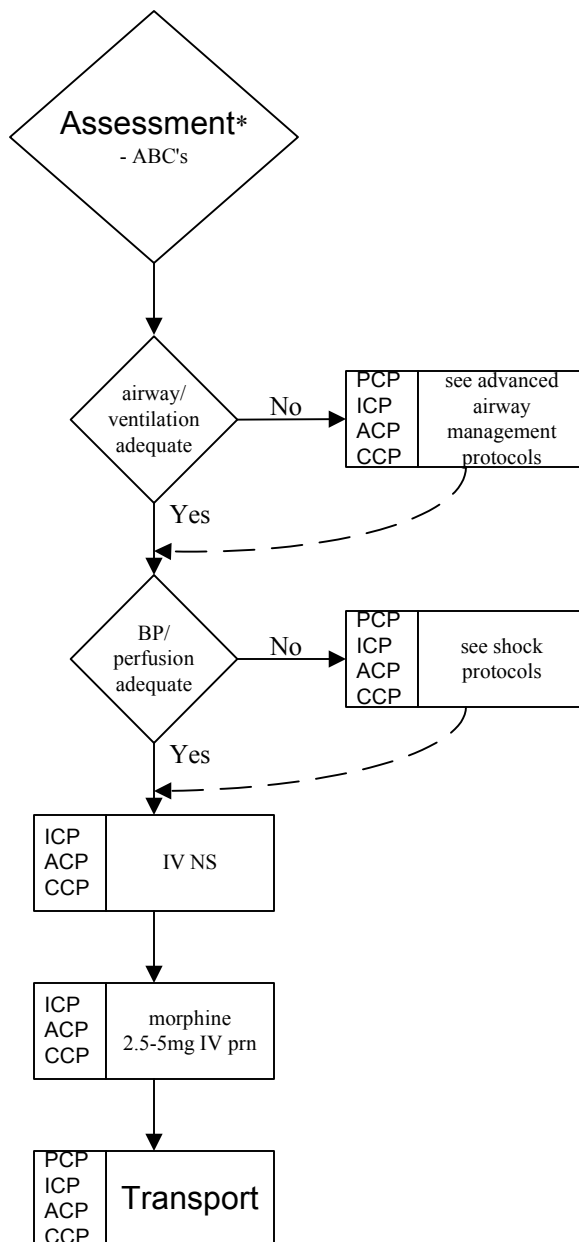


*Parkland Formula:
2-4cc/kg/%BSA/24hrs, administer half of the NS in the first 8 hours starting from time of incident, second half in the next 16 hours

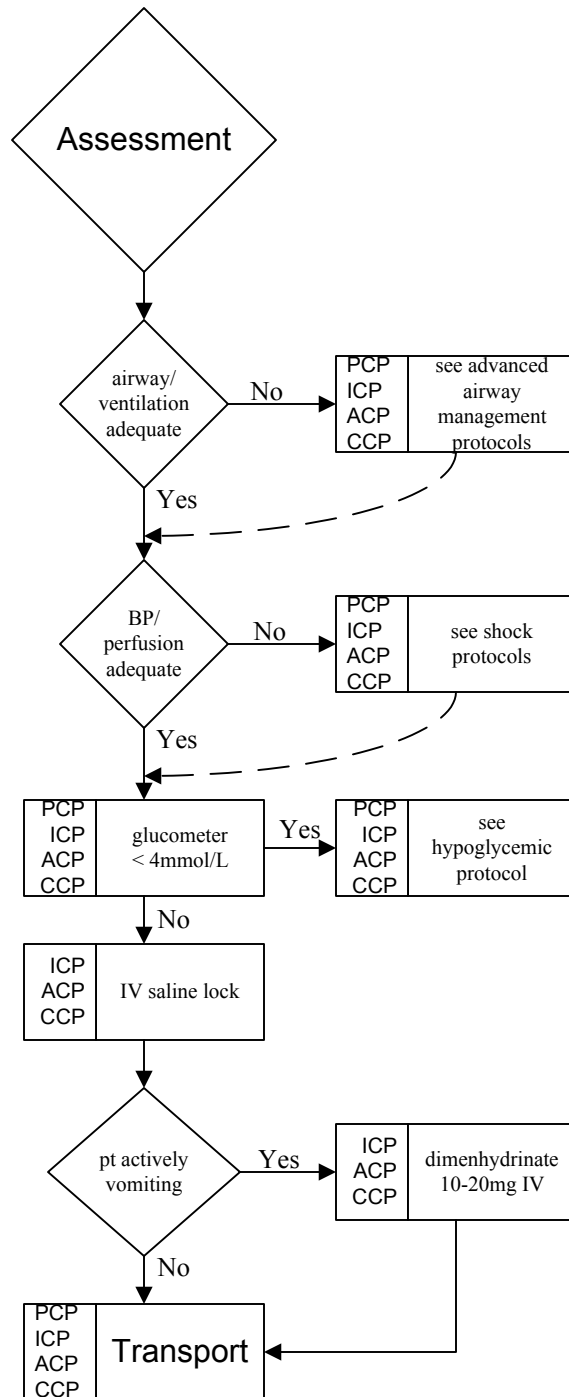
Protocol: Near Drowning	PDN: 6241.02	Last Updated: April 2, 2003	Subject: Environmental Emergency	Page 1
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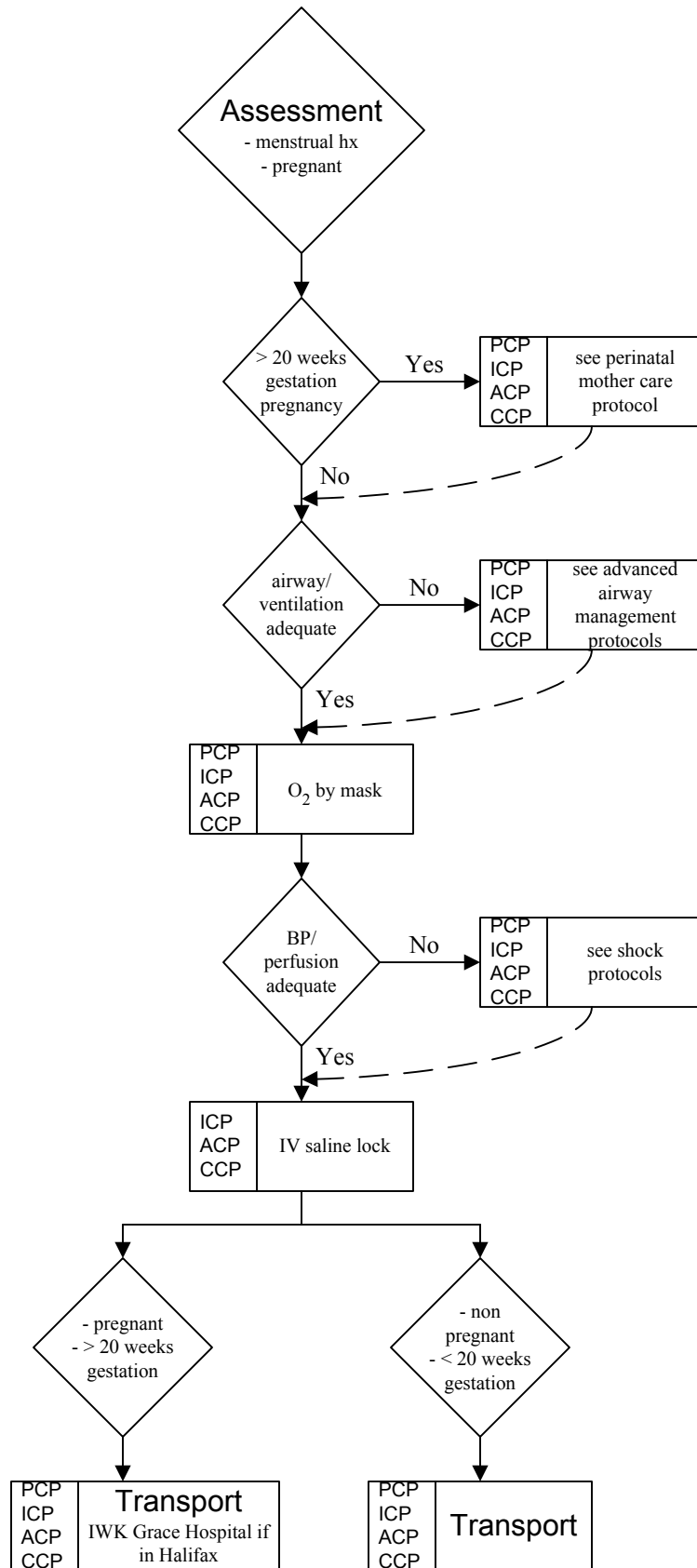


Protocol: Abdominal Pain/F flank Pain	PDN: 6242.03	Last Updated: March 3, 2004	Subject: GI-GU-Gyne	Page 1
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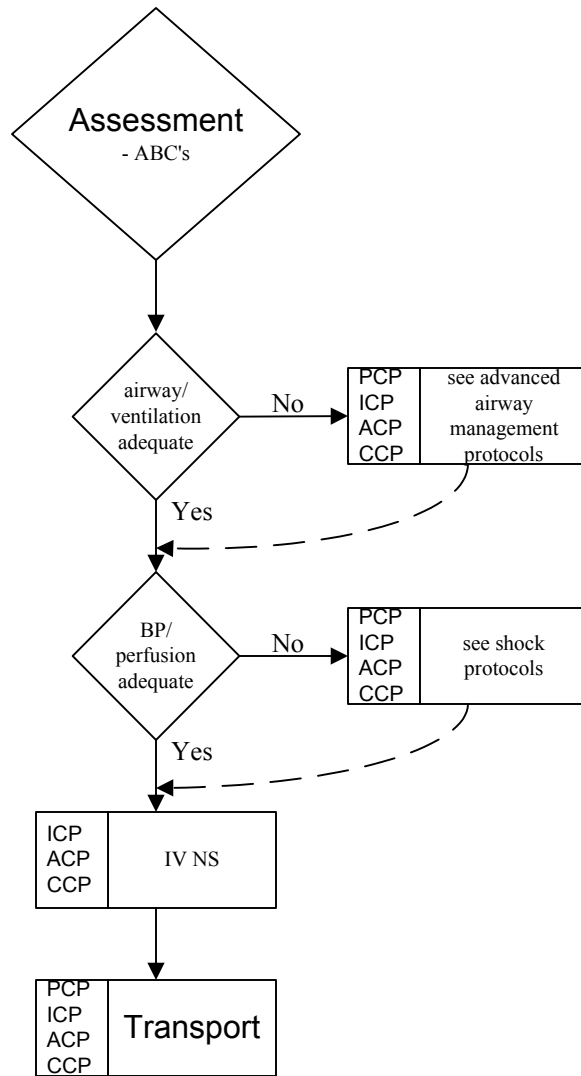


*a detailed assessment of the abdomen is not required, document area of tenderness, presence of guarding or rigidity and presence of pulsatile mass

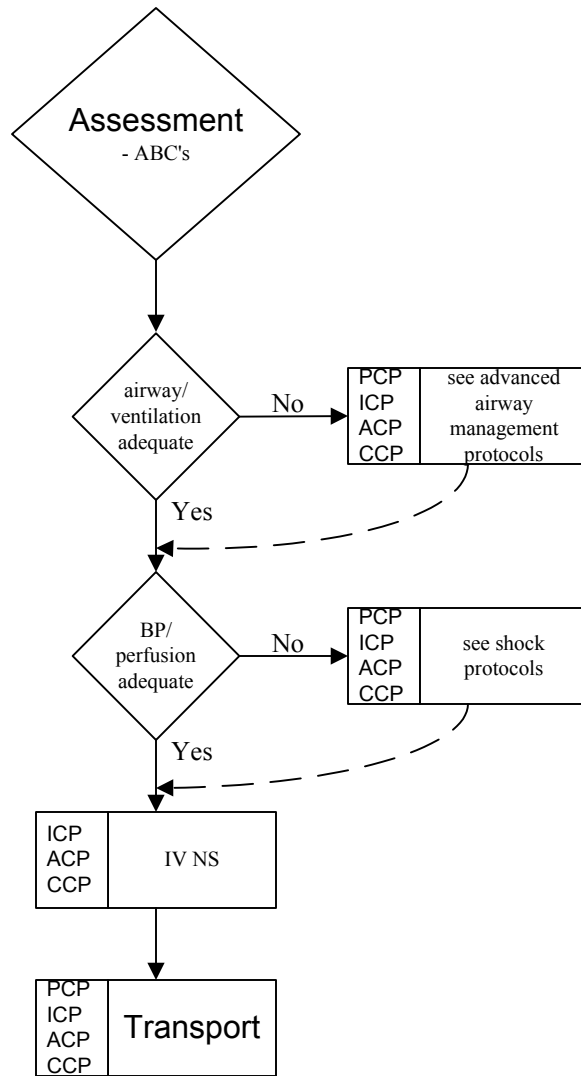




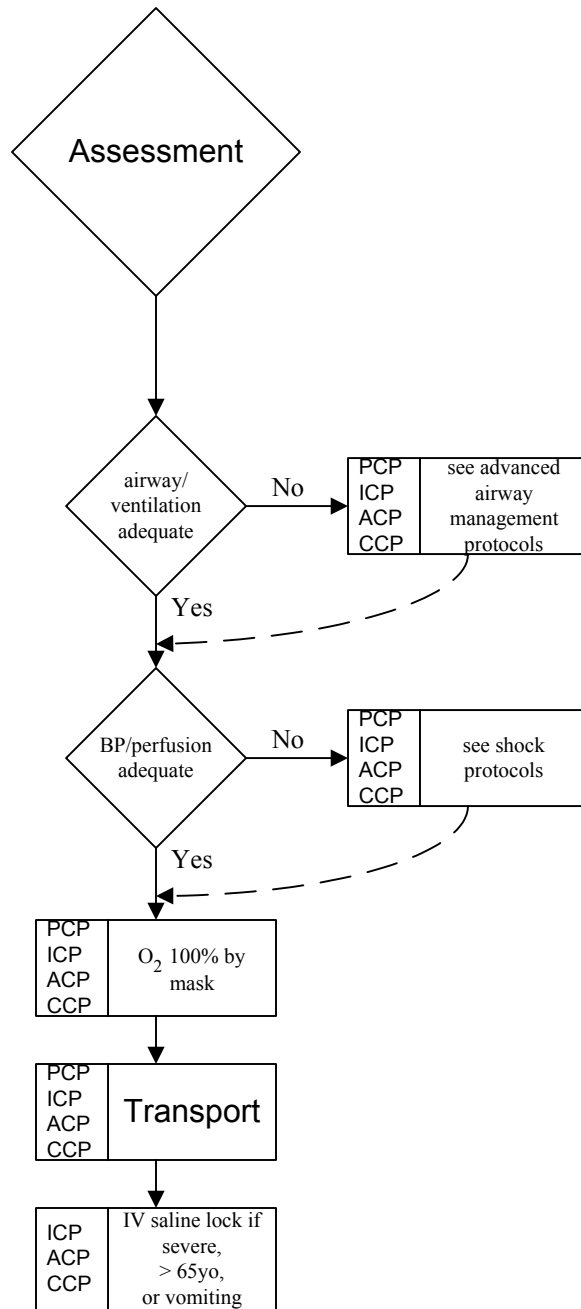
Protocol: Gross Hematuria	PDN: 6313.00	Last Updated: August 15, 2003	Subject: GI-GU-Gyne	Page 1
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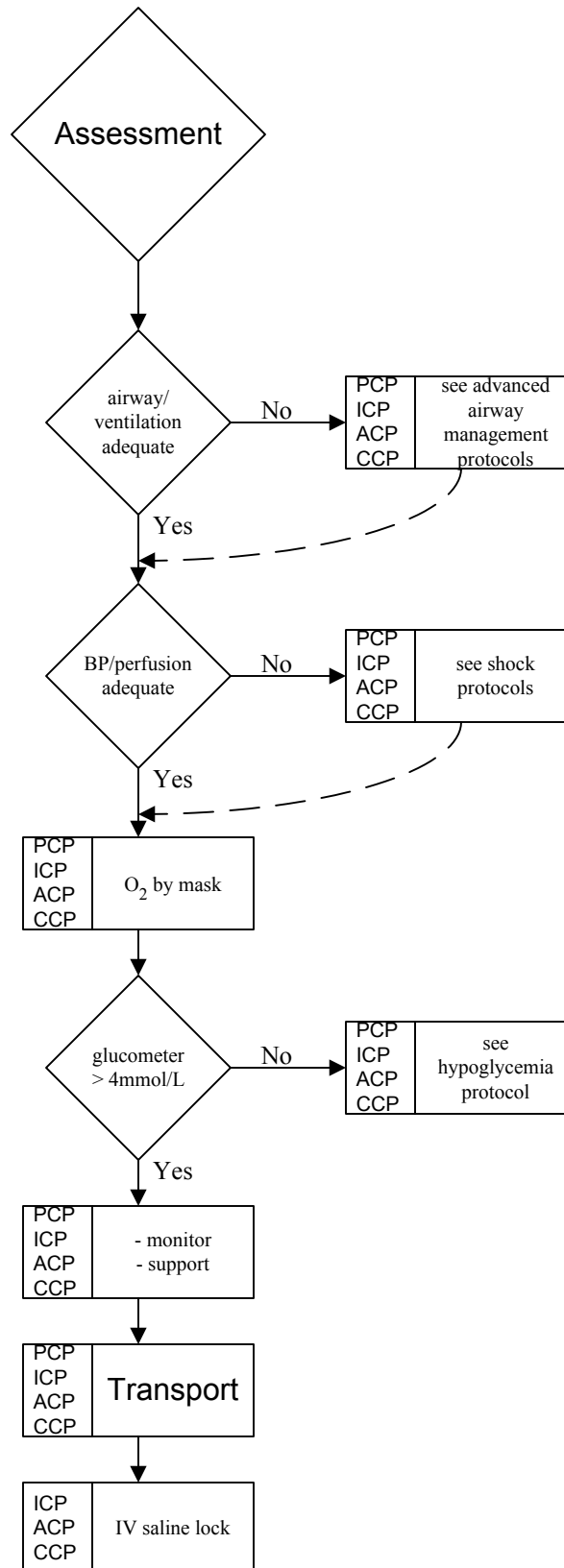
Protocol: GI Bleed	PDN: 6314.00	Last Updated: August 15, 2003	Subject: GI-GU-Gyne	Page 1
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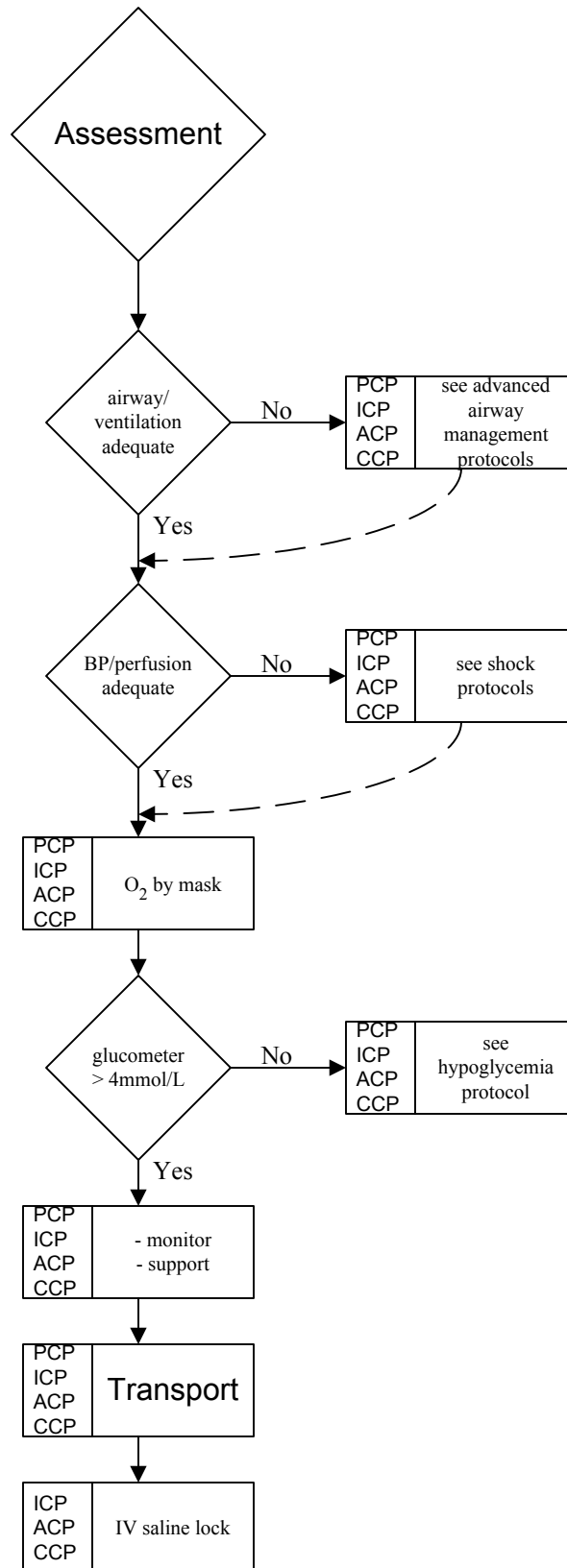
Protocol: Headache	PDN: 6245.01	Last Updated: April 2, 2003	Subject: Headache	Page 1
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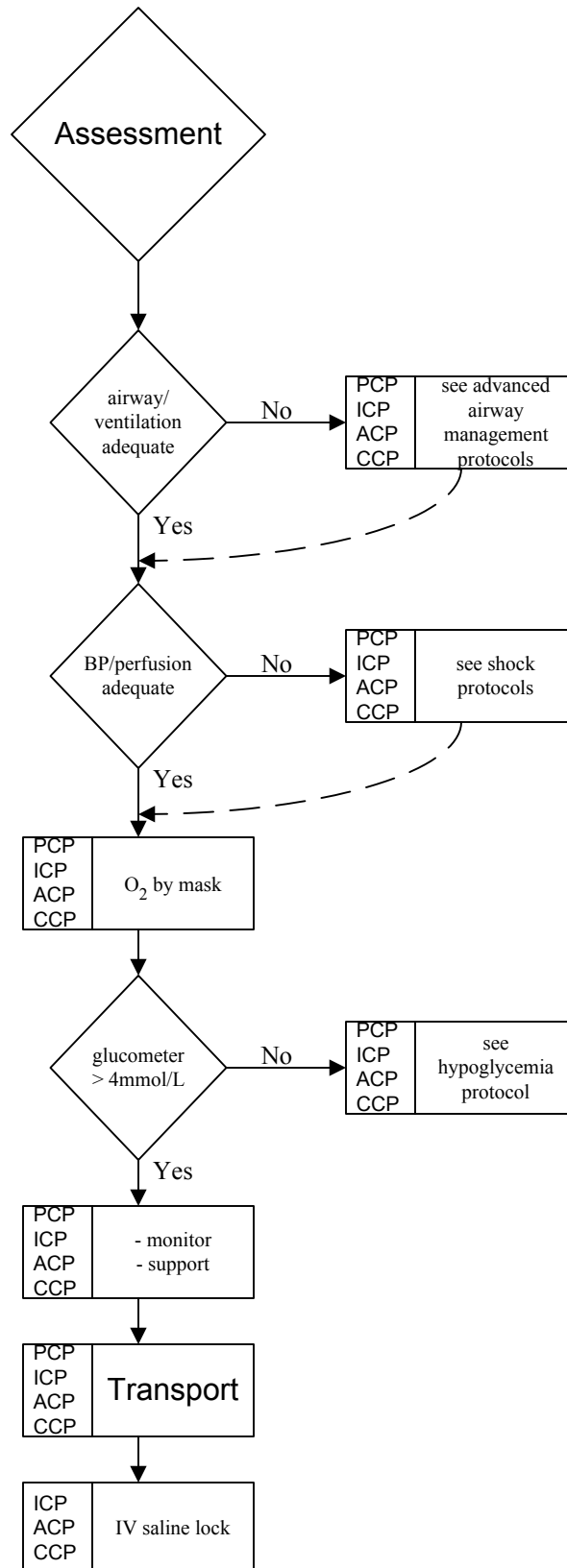
Protocol: Syncope	PDN: 6246.01	Last Updated: April 2, 2003	Subject: Malaise, Sick	Page 1
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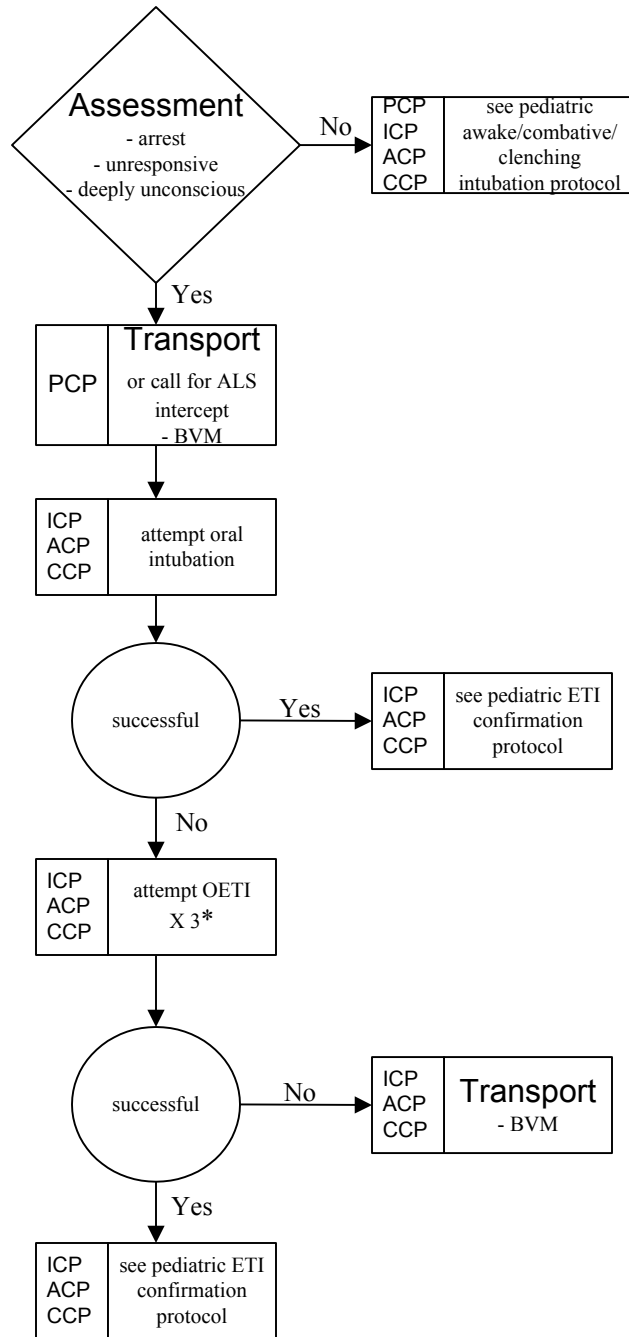
Protocol: Vertigo/Dizziness	PDN: 6247.01	Last Updated: April 2, 2003	Subject: Malaise, Sick	Page 1
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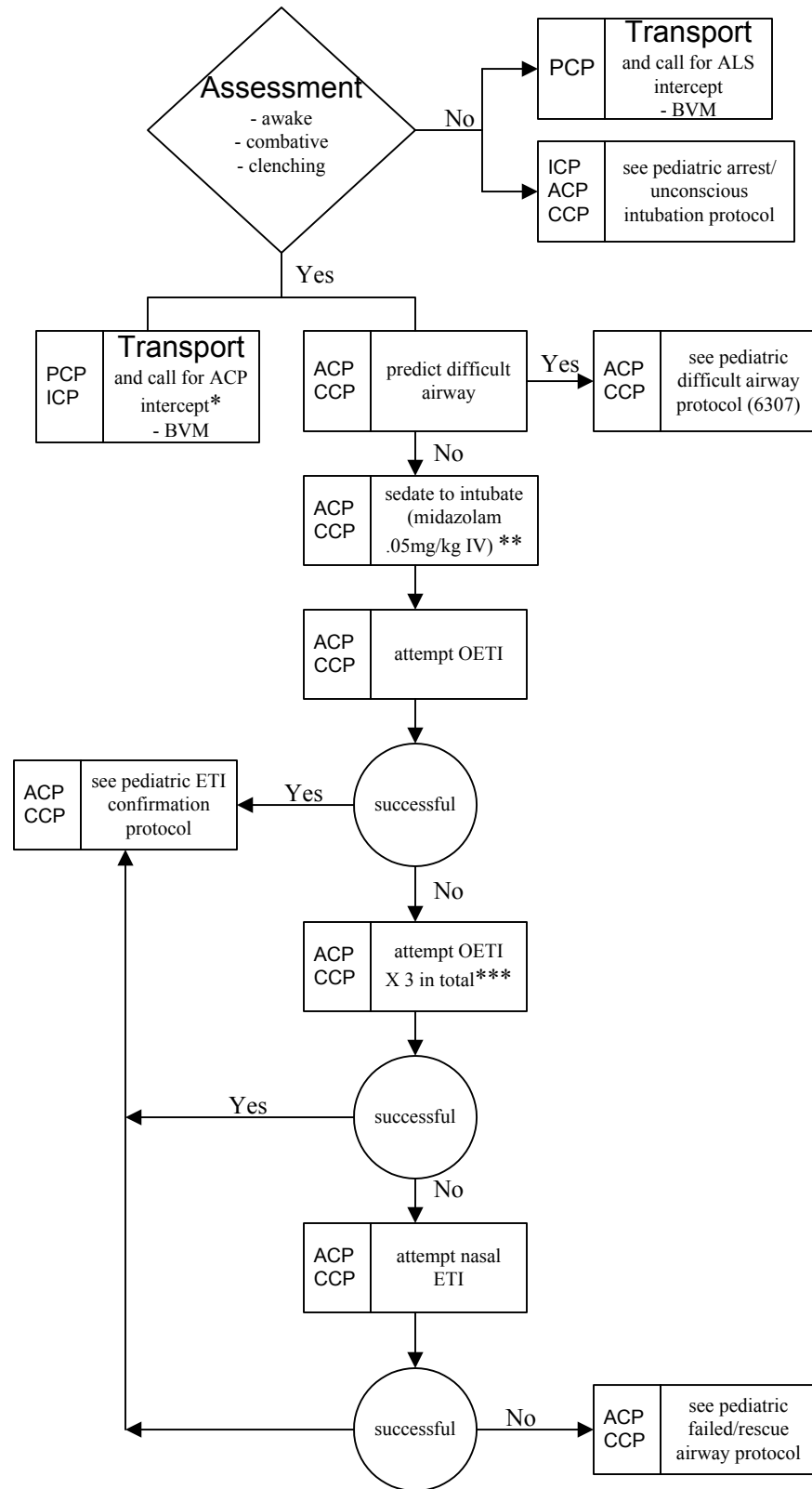
Protocol: Weakness/Fatigue	PDN: 6248.01	Last Updated: April 2, 2003	Subject: Malaise, Sick	Page 1
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Protocol: Pediatric Arrest/Unconscious Intubation	PDN: 6305.02	Last Updated: April 2, 2003	Subject: Pediatric Advanced Airway Management	Page 1
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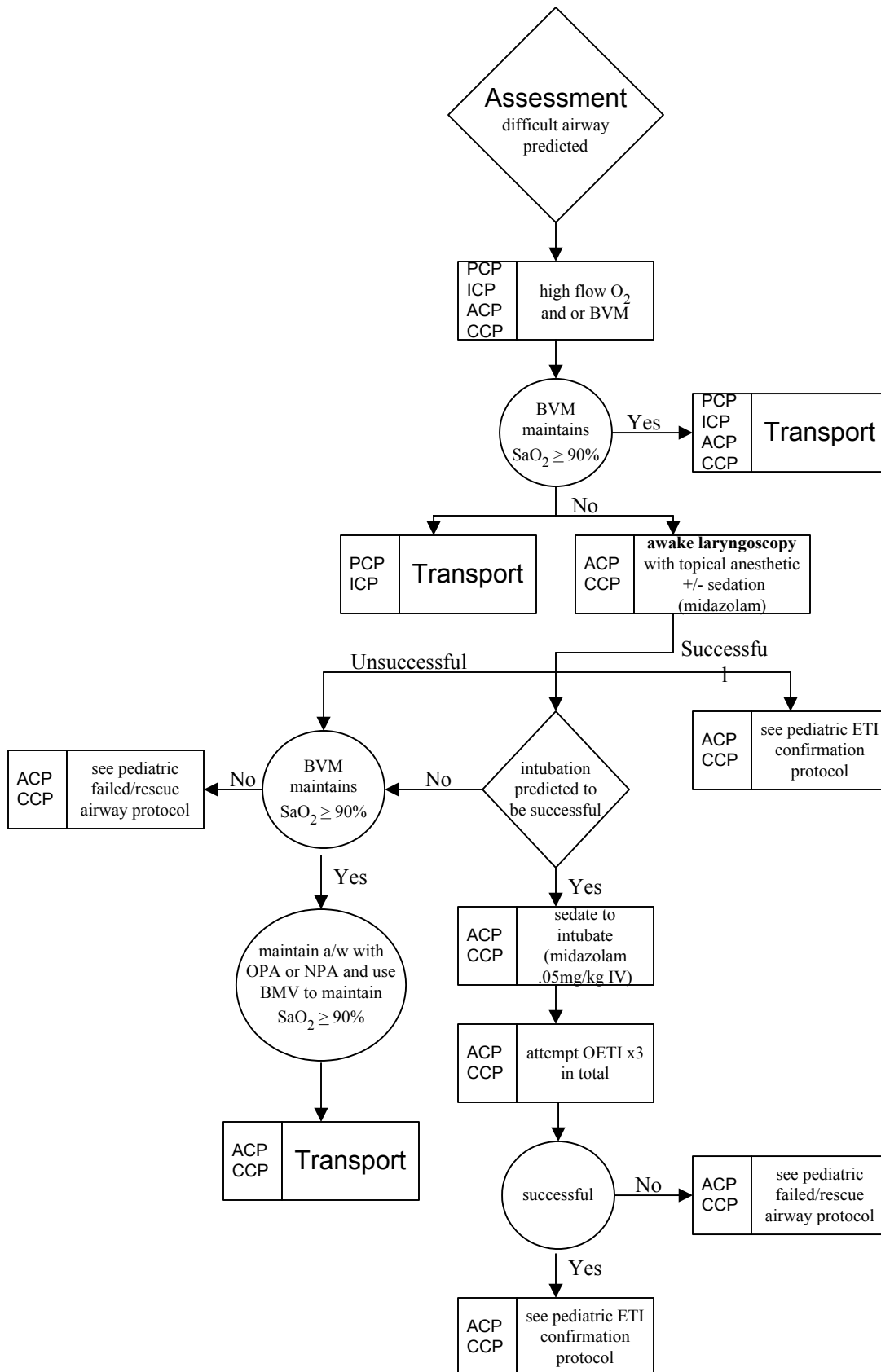
*GUM Bougie for ACP,
CCP, prn



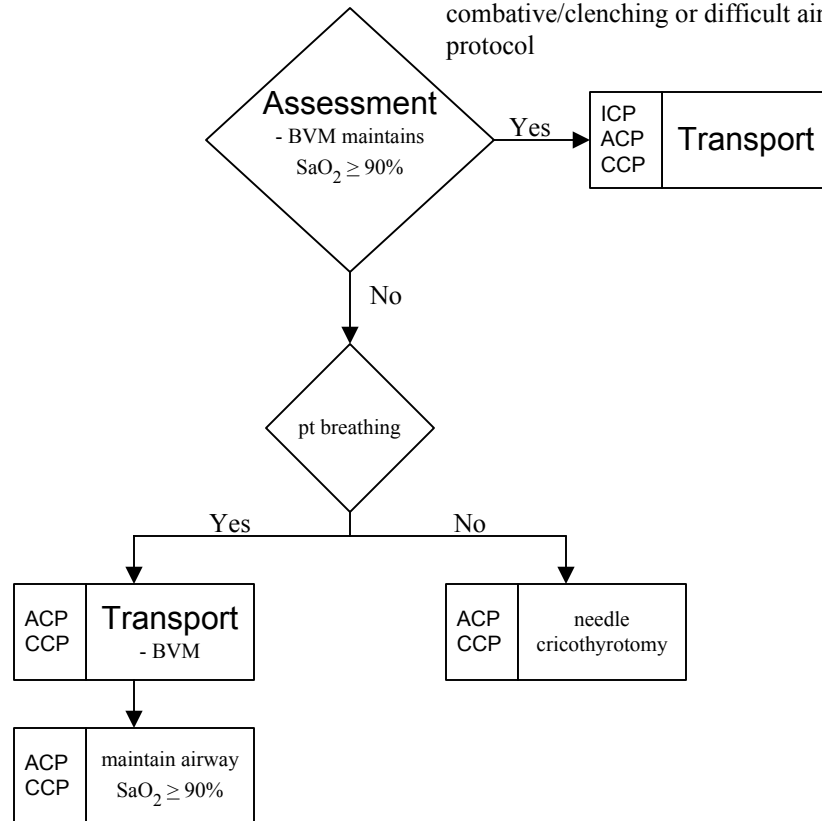
*if during transport patient becomes unresponsive, ICP goes to arrest-unconscious intubation protocol

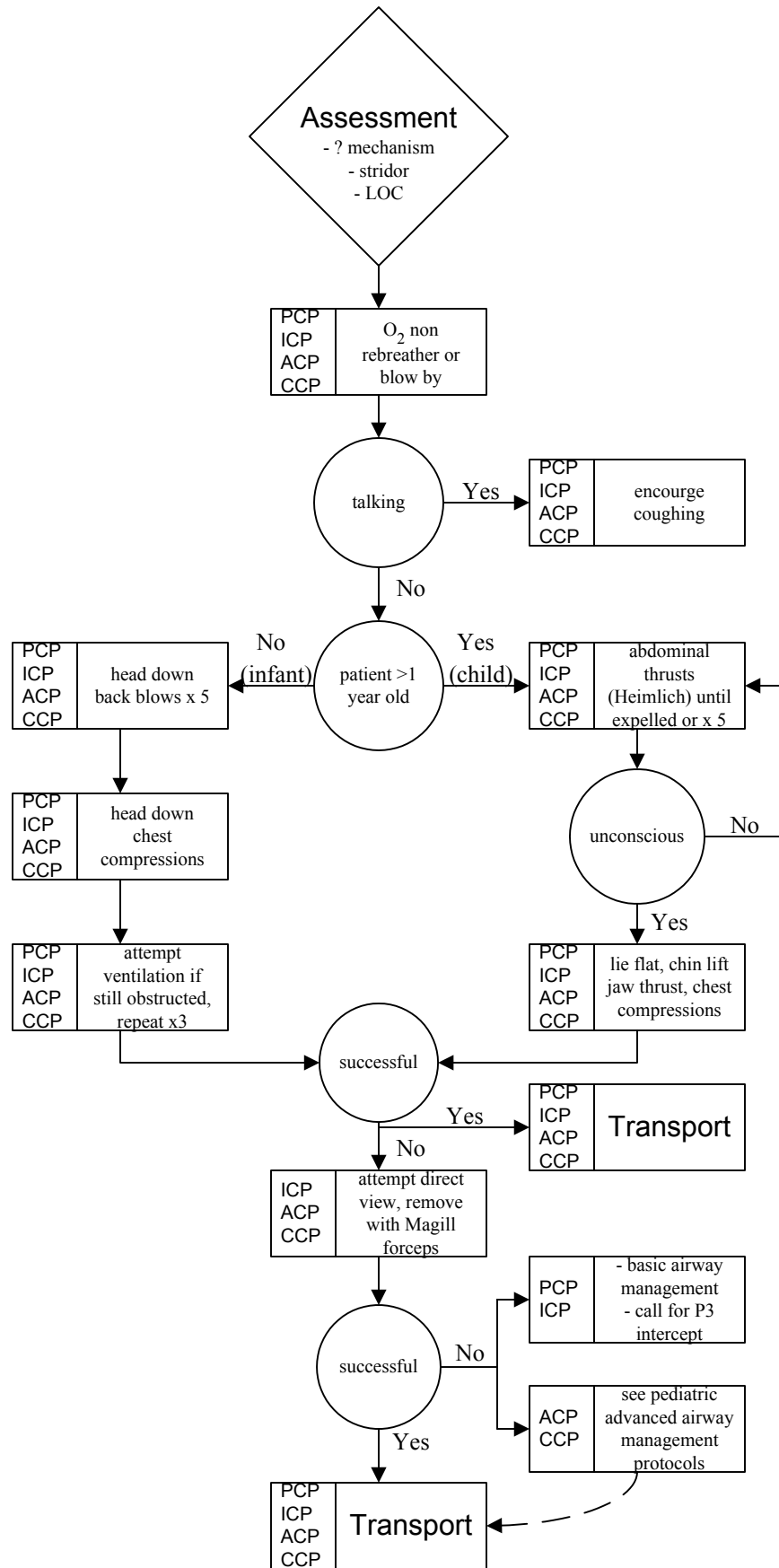
**if head injury, lidocaine 1.0mg/kg

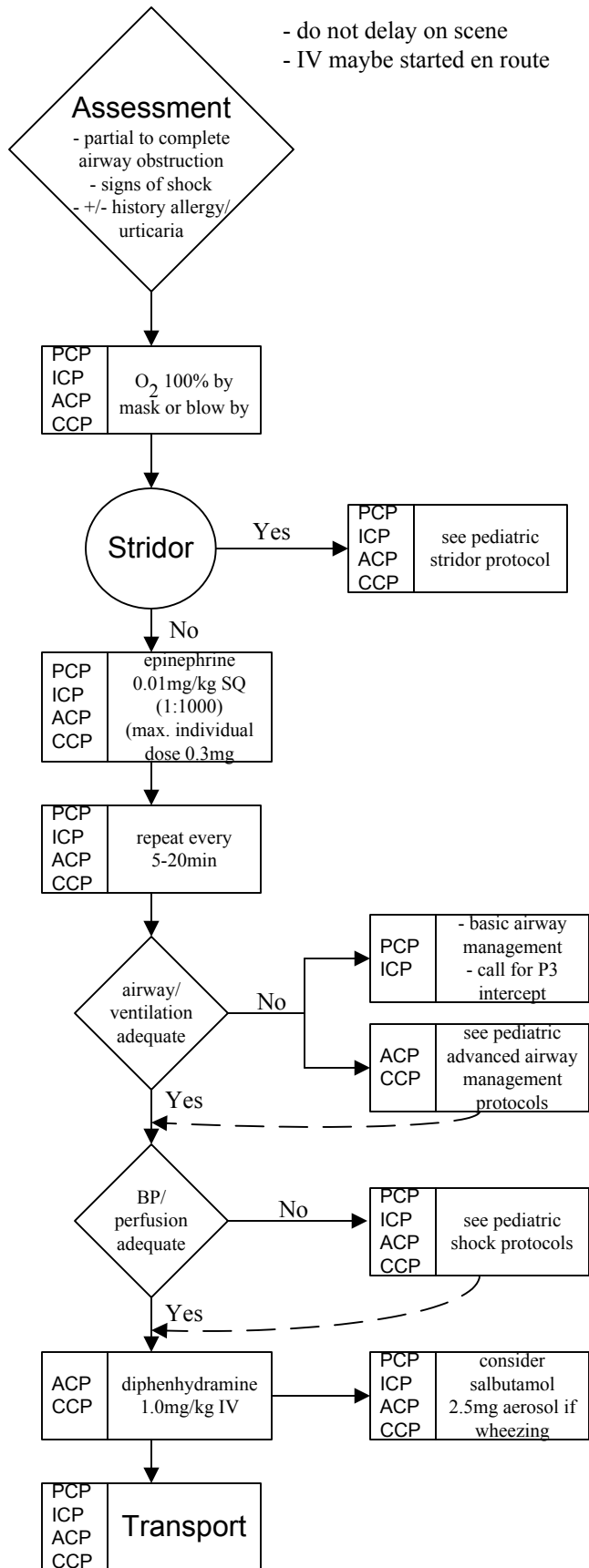
***GUM Bougie

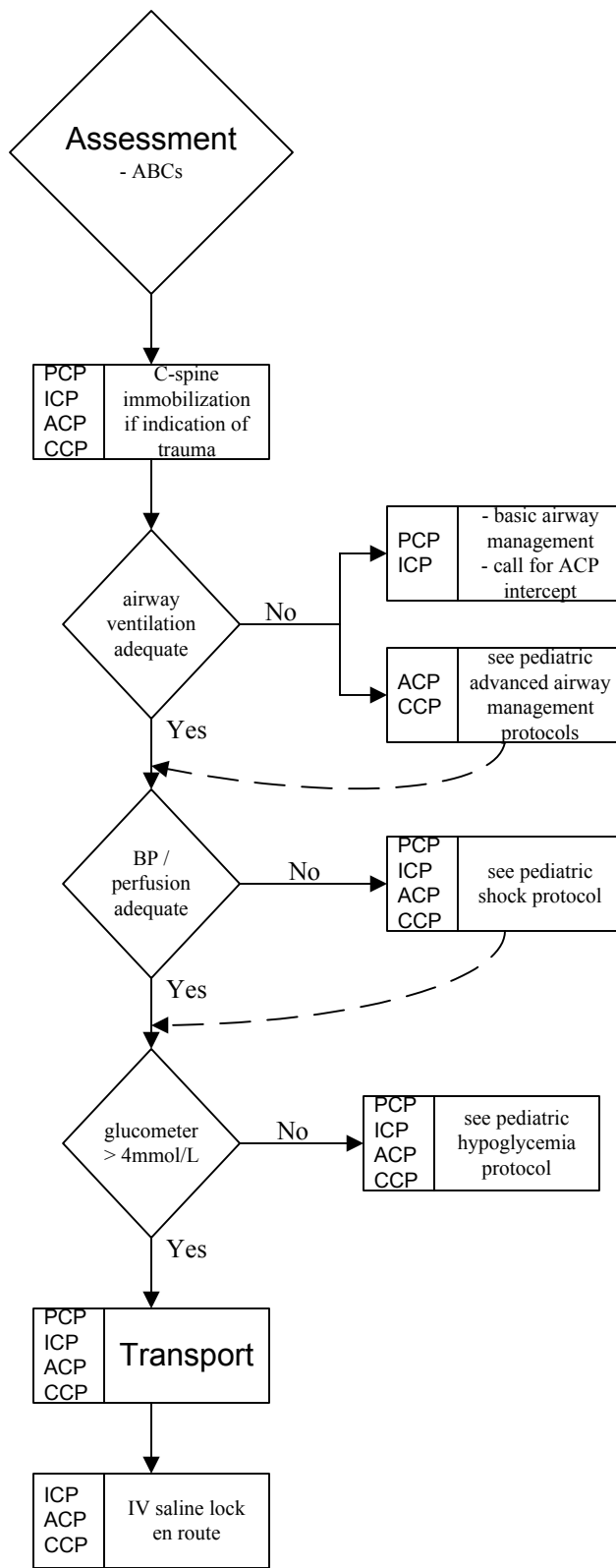


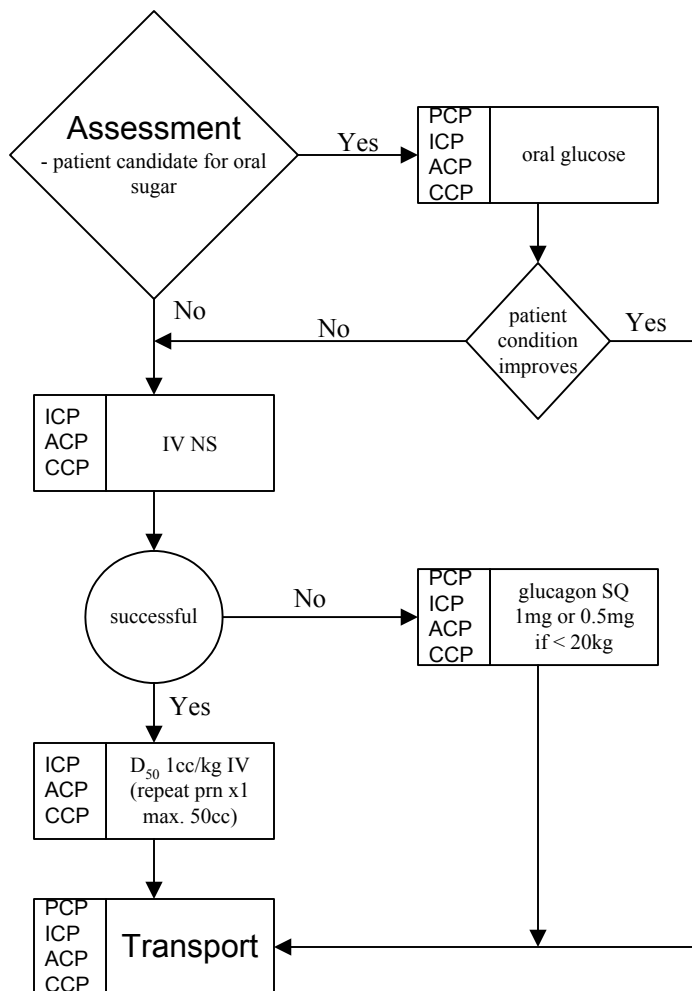
- can only arrive at this protocol from awake/
combative/clenching or difficult airway intubation
protocol

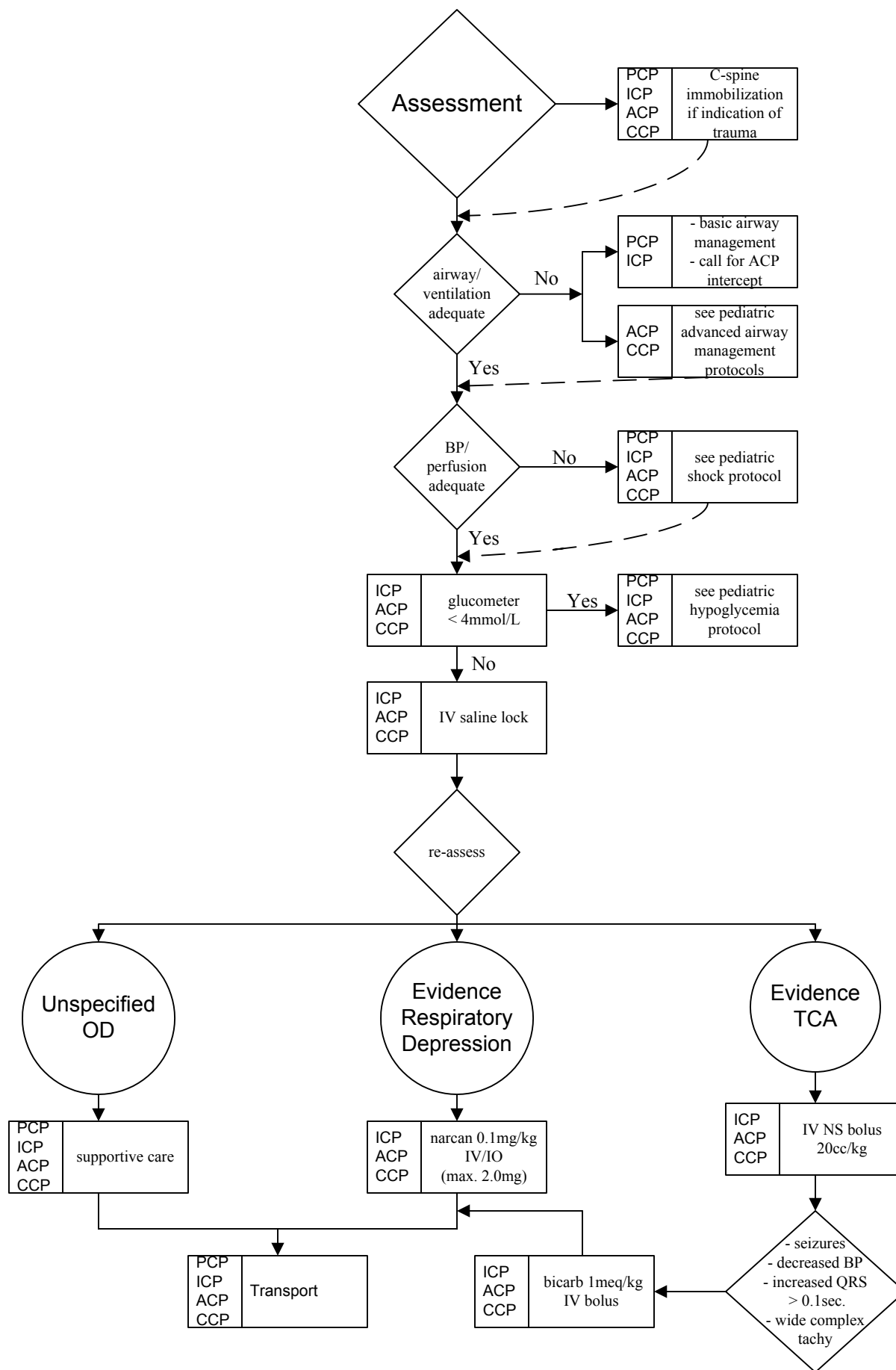


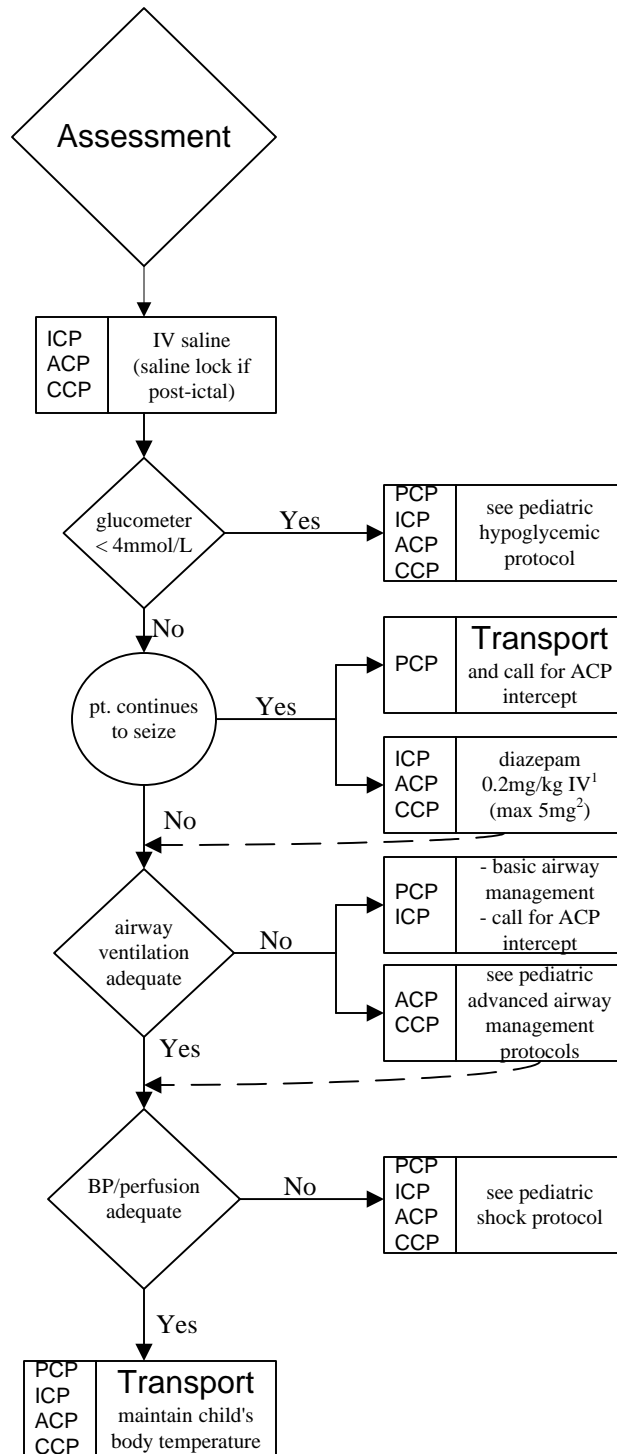






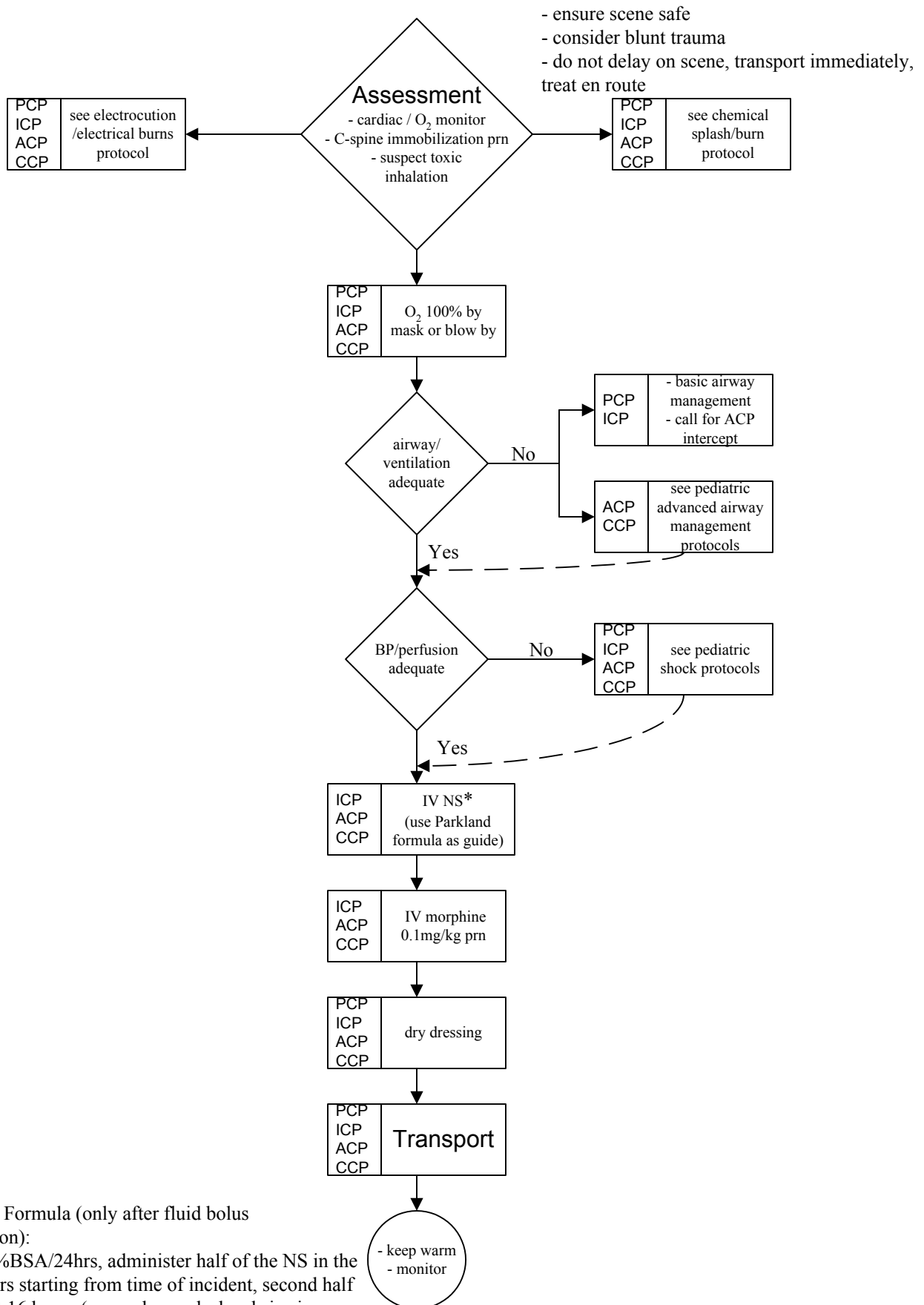






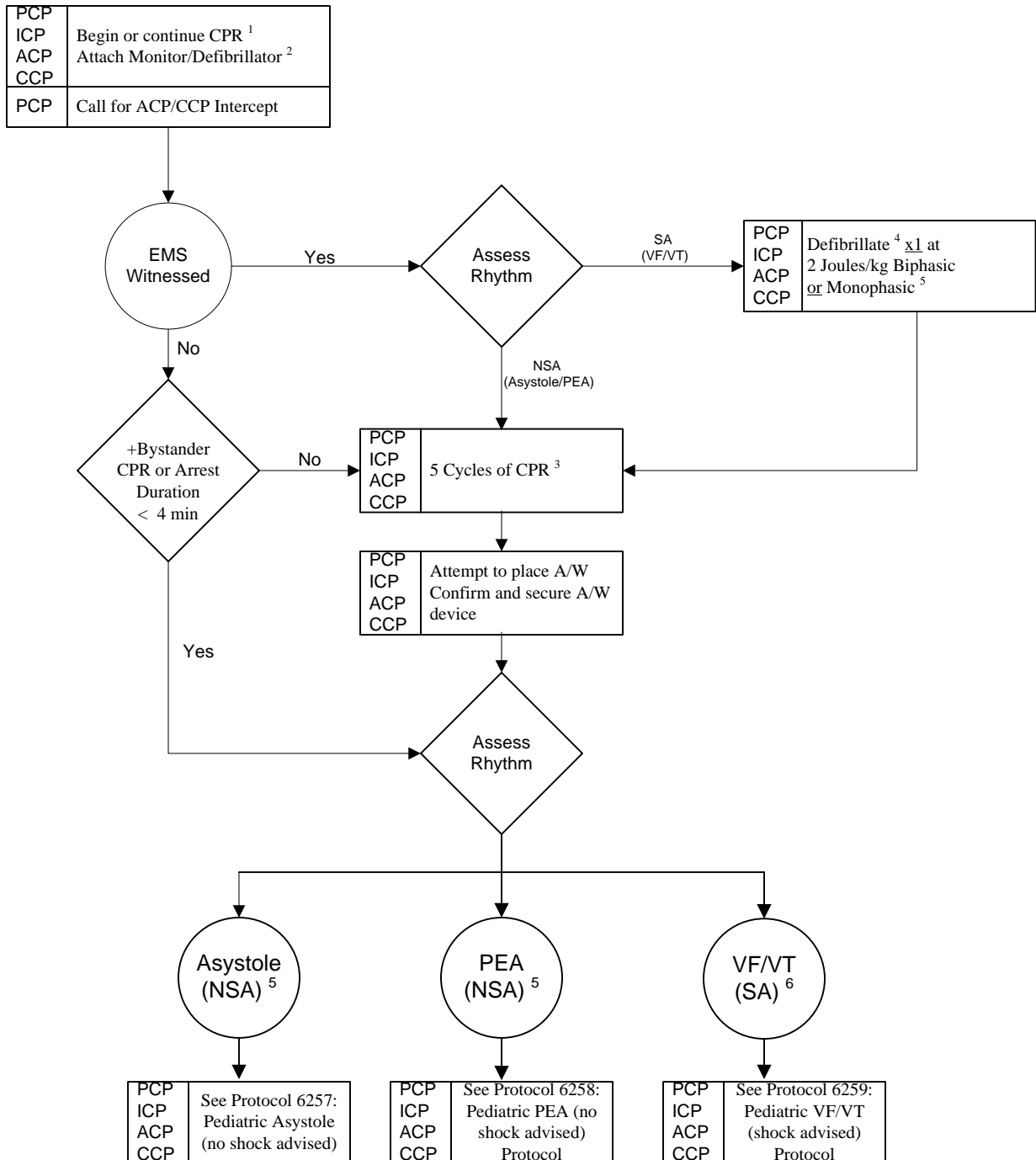
1. If unable to establish IV, ACPs/CCPs use Midazolam intranasally (IN) or Buccal (drip medication into nose or between gums and cheek) .2mg/kg (maximum of 2mg). ICPs use Diazepam .5mg/kg pr (Maximum 5mg).
2. Call OLMOP if you need to exceed 5mg Diazepam or 2mg Midazolam.

Protocol: Pediatric Burns (fire/flame)	PDN: 6255.01	Last Updated: April 2, 2003	Subject: Pediatric Burns	Page 1
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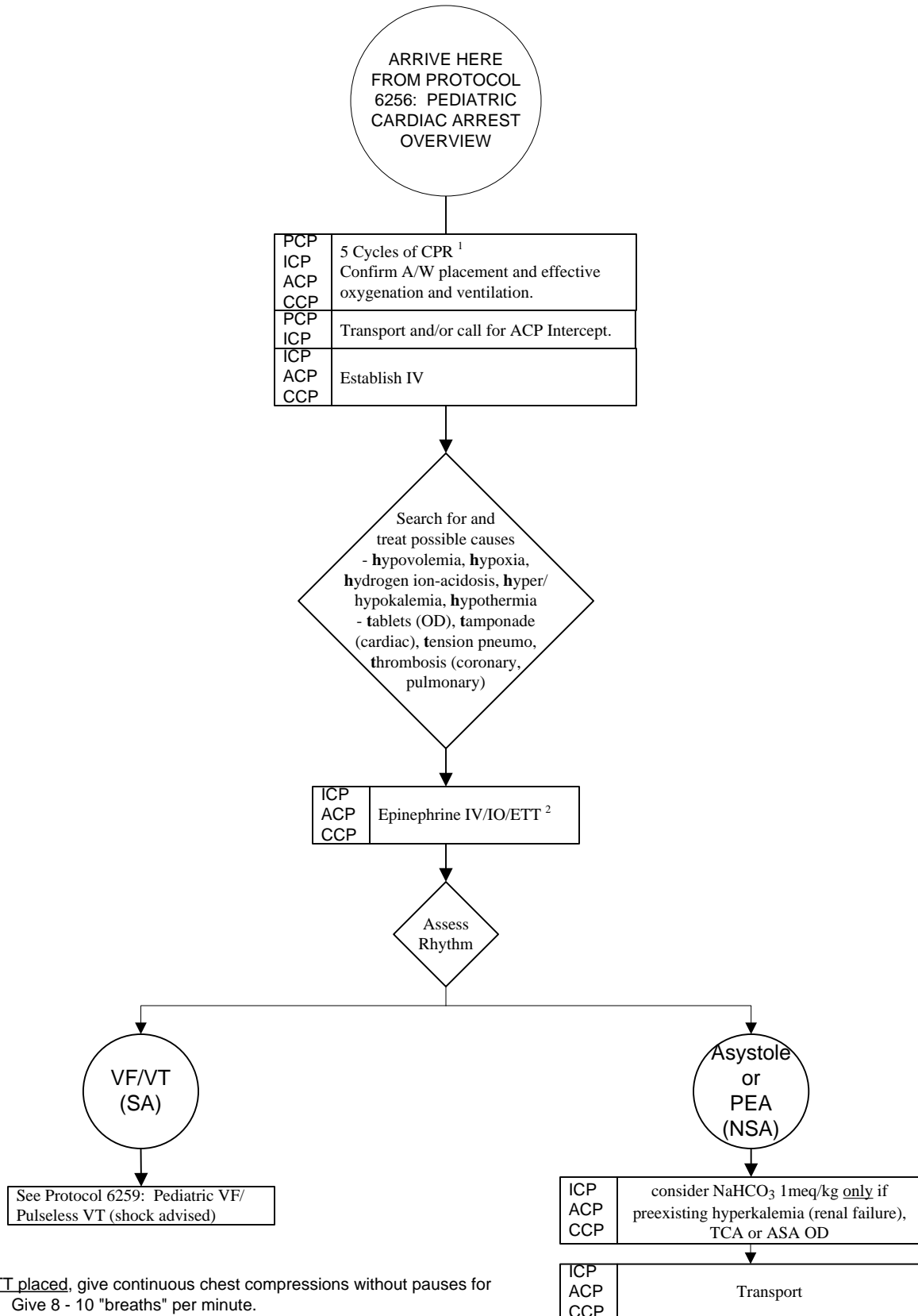
*Parkland Formula (only after fluid bolus resuscitation):
2-4cc/kg/%BSA/24hrs, administer half of the NS in the first 8 hours starting from time of incident, second half in the next 16 hours (remember peds. head size is relatively bigger-see guide on PCR)

Protocol: Pediatric Cardiac Arrest Overview	PDN: 6256.03	Last Updated: February 7, 2006	Subject: Cardiac Arrest	Page 1
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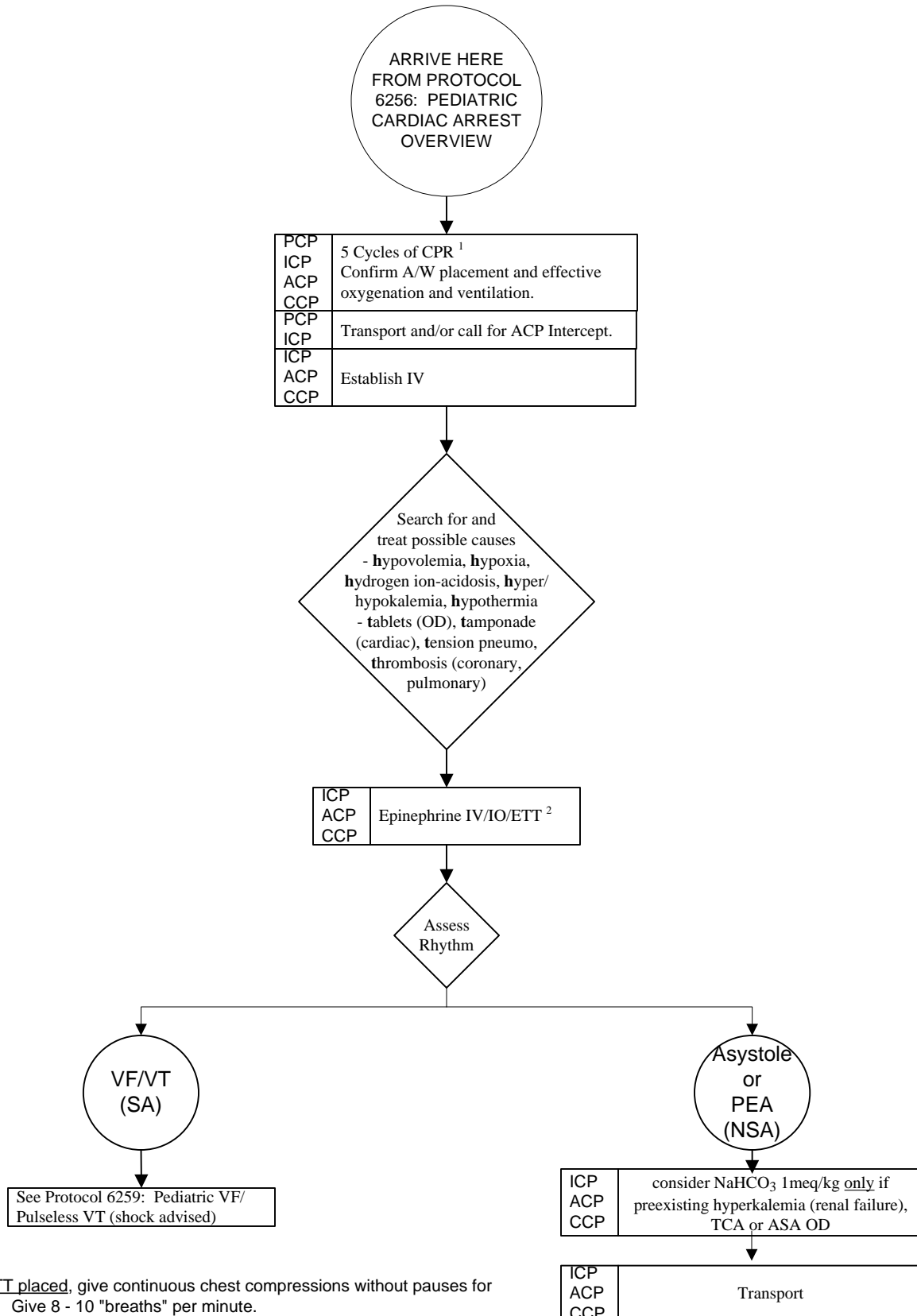
- Emphasis is on minimal interruption of chest compressions. Be aware of possible Foreign Body Airway Obstruction (FBAO).
- PCPs and ICPs – follow Procedure 6641: Semi-Automated External Defibrillation – Pediatric.
ACPs and ICPs – follow either Procedure 6641: Semi-Automated External Defibrillation – Pediatric or Procedure 6633: Manual Defibrillation.
- Each cycle is 15:2 (compressions:ventillations with a compression rate of 100/min). If possible the compressor role should be rotated after each cycle of 5 to prevent compressor fatigue.
- Use 2 Joules/kg for initial defibrillation and 4 Joules/kg for subsequent shocks. If unable to change energy setting, use 200J Biphasic or 360J Monophasic.
- Resume CPR immediately. Only do pulse check if you see organized complexes when you assess the rhythm.
- NSA: No Shock Advised
- SA: Shock Advised

Protocol: Pediatric Asystole (no shock advised)	PDN: 6257.03	Last Updated: February 7, 2006	Subject: Pediatric Cardiac Arrest	Page 1
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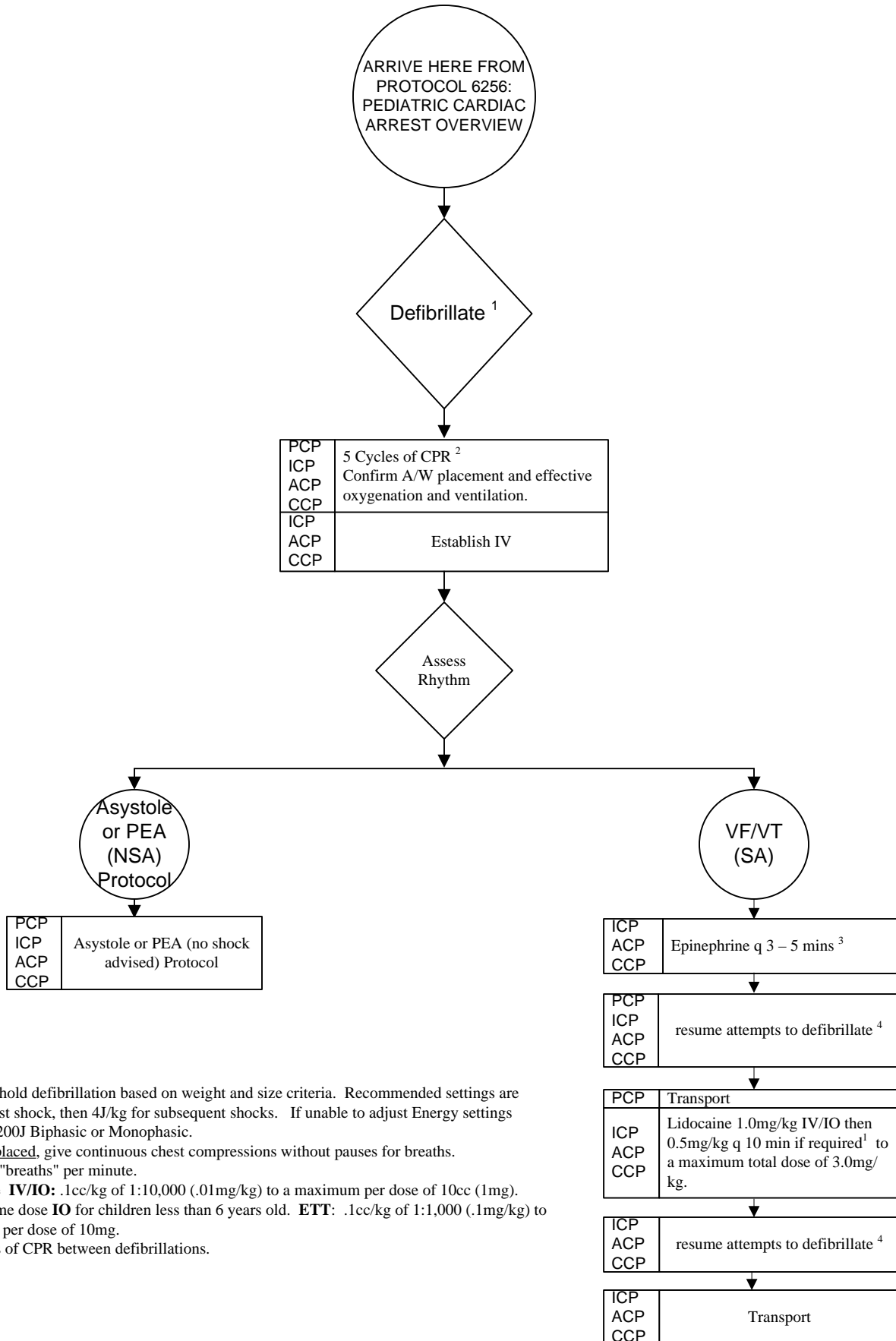
1. Once ETT placed, give continuous chest compressions without pauses for breaths. Give 8 - 10 "breaths" per minute.
2. Epinephrine **IV/IO**: .01mg/kg (.1cc/kg of 1:10,000) q 3-5 mins **ETT**: .1mg/kg (.1cc/kg of 1:1,000) up to 1mg IV/IO or 10mg ETT q 3-5 minutes.

Protocol: Pediatric PEA (no shock advised)	PDN: 6258.03	Last Updated: February 7, 2006	Subject: Pediatric Cardiac Arrest	Page 1
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1. Once ETT placed, give continuous chest compressions without pauses for breaths. Give 8 - 10 "breaths" per minute.
2. Epinephrine **IV/IO**: .01mg/kg (.1cc/kg of 1:10,000) q 3-5 mins **ETT**: .1mg/kg (.1cc/kg of 1:1,000) up to 1mg IV/IO or 10mg ETT q 3-5 minutes.

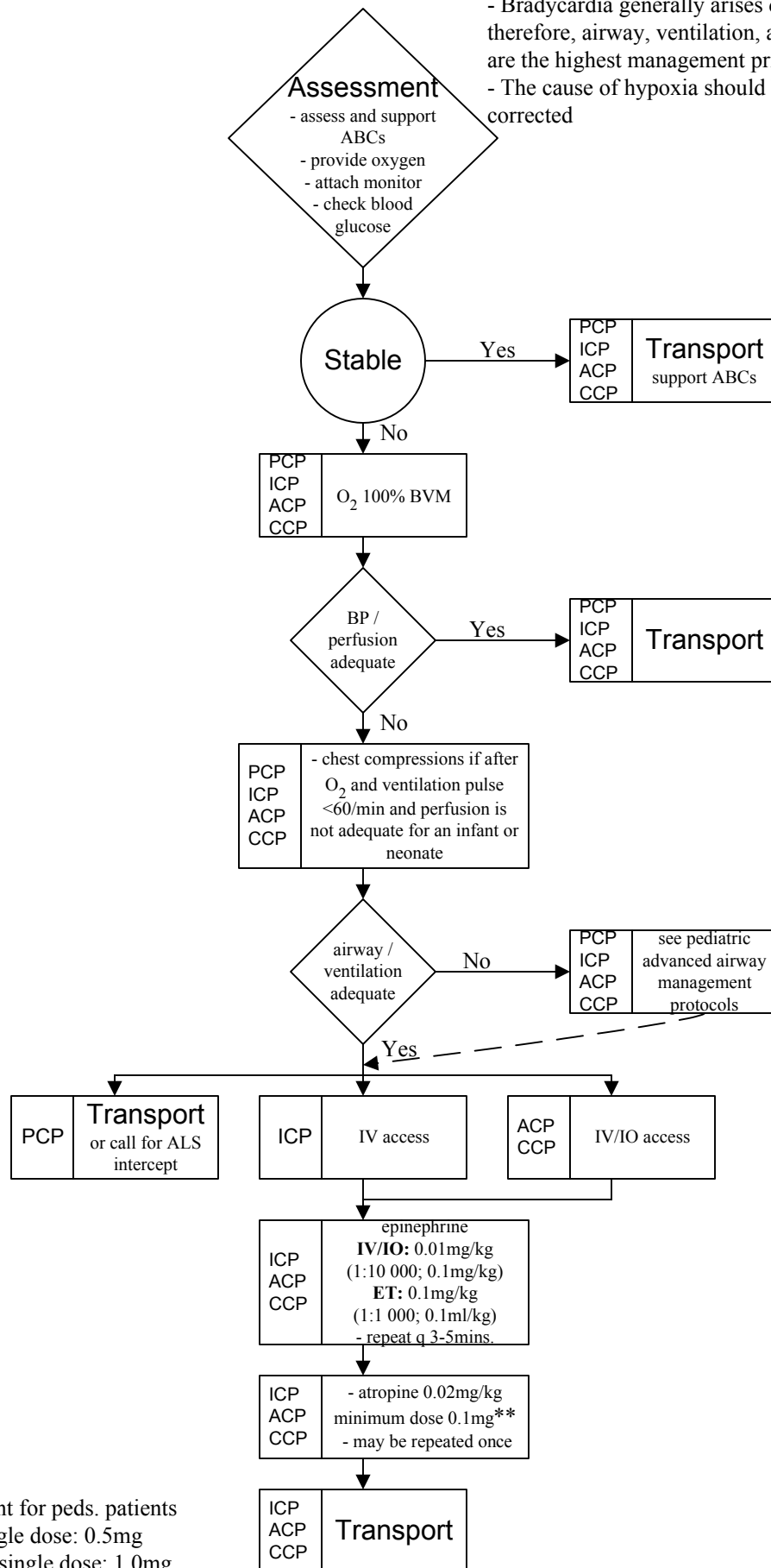
Protocol: Pediatric VF/Pulseless VT (shock advised)	PDN: 6259.06	Last Updated: May 12, 2006	Subject: Pediatric Cardiac Arrest	Page 1
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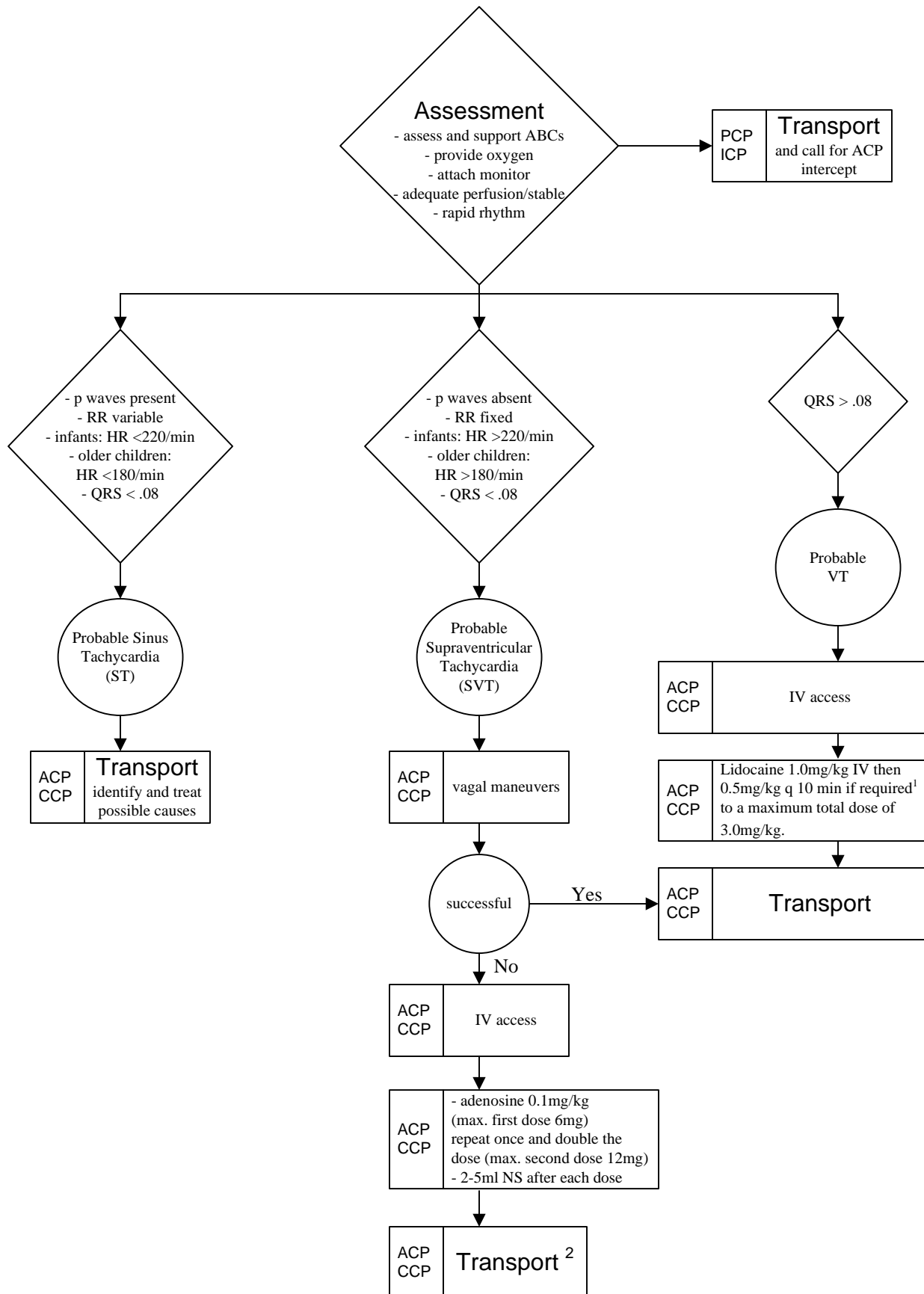
1. Do not withhold defibrillation based on weight and size criteria. Recommended settings are 2J/kg for first shock, then 4J/kg for subsequent shocks. If unable to adjust Energy settings (AED) use 200J Biphasic or Monophasic.
2. Once ETT placed, give continuous chest compressions without pauses for breaths. Give 8 - 10 "breaths" per minute.
3. Epinephrine **IV/IO**: .1cc/kg of 1:10,000 (.01mg/kg) to a maximum per dose of 10cc (1mg). May use same dose **IO** for children less than 6 years old. **ETT**: .1cc/kg of 1:1,000 (.1mg/kg) to a maximum per dose of 10mg.
4. Give 2 mins of CPR between defibrillations.

Protocol: Pediatric Bradycardia	PDN: 6260.02	Last Updated: April 2, 2003	Subject: Pediatric Cardiac Arrhythmia	Page 1
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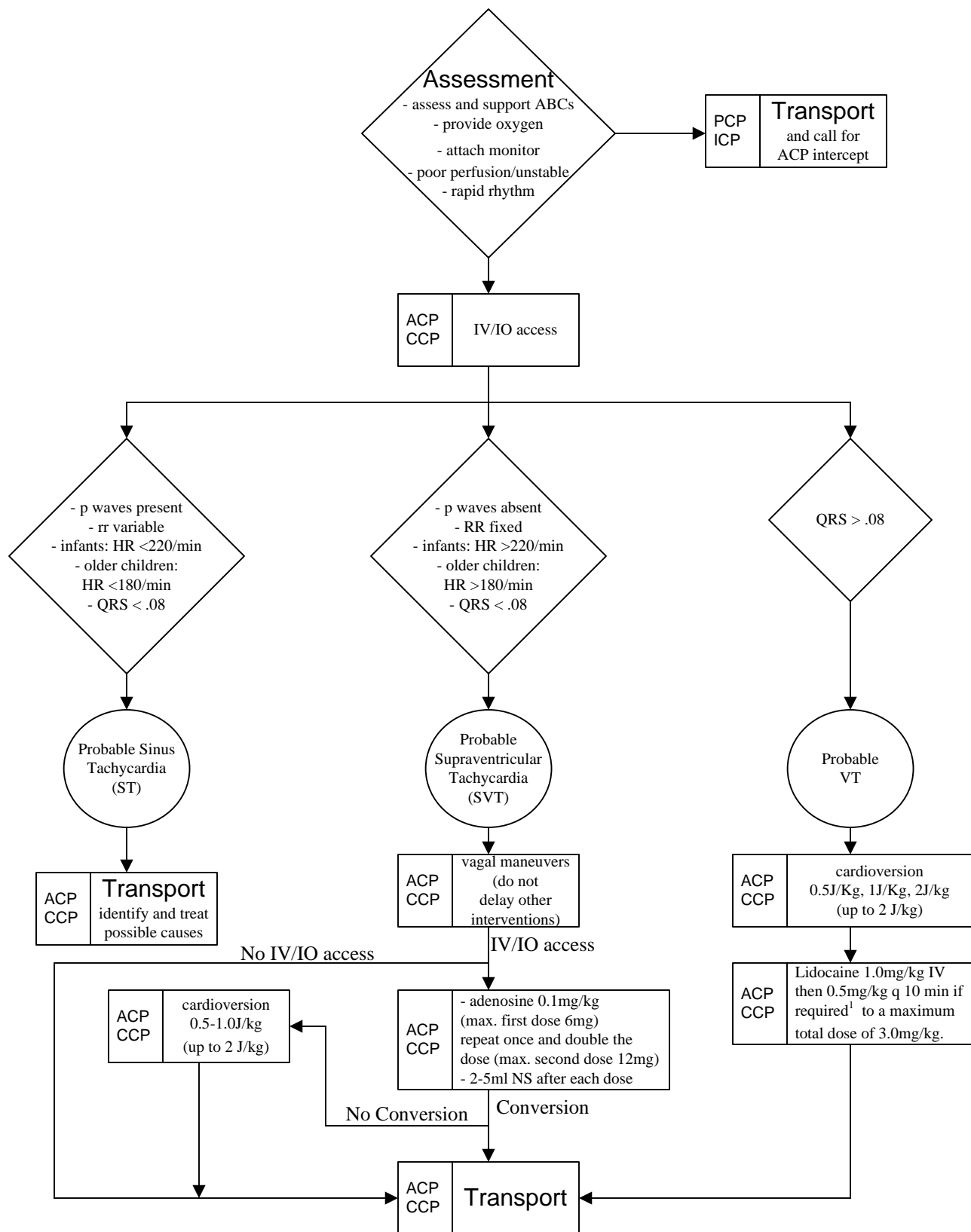
- Bradycardia generally arises due to hypoxia therefore, airway, ventilation, and oxygenation are the highest management priorities
 - The cause of hypoxia should be identified and corrected



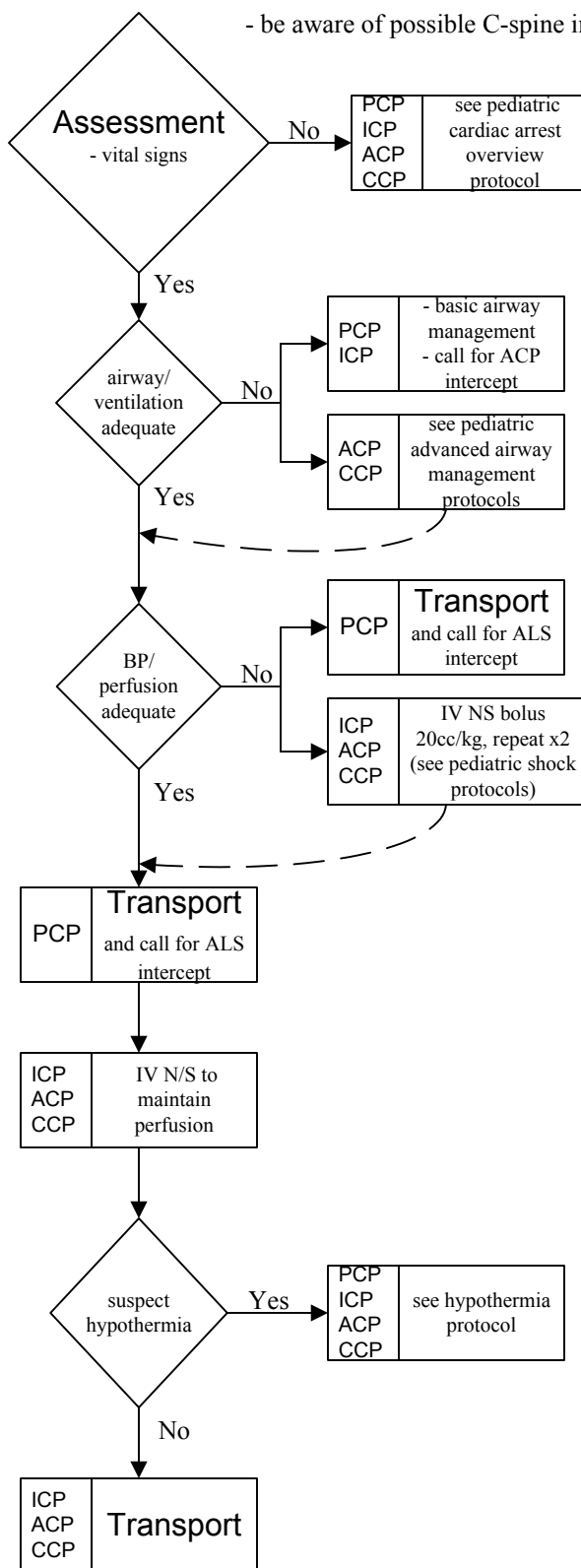
*BVM may be sufficient for peds. patients
 **Child: maximum single dose: 0.5mg
 Adolescent: maximum single dose: 1.0mg

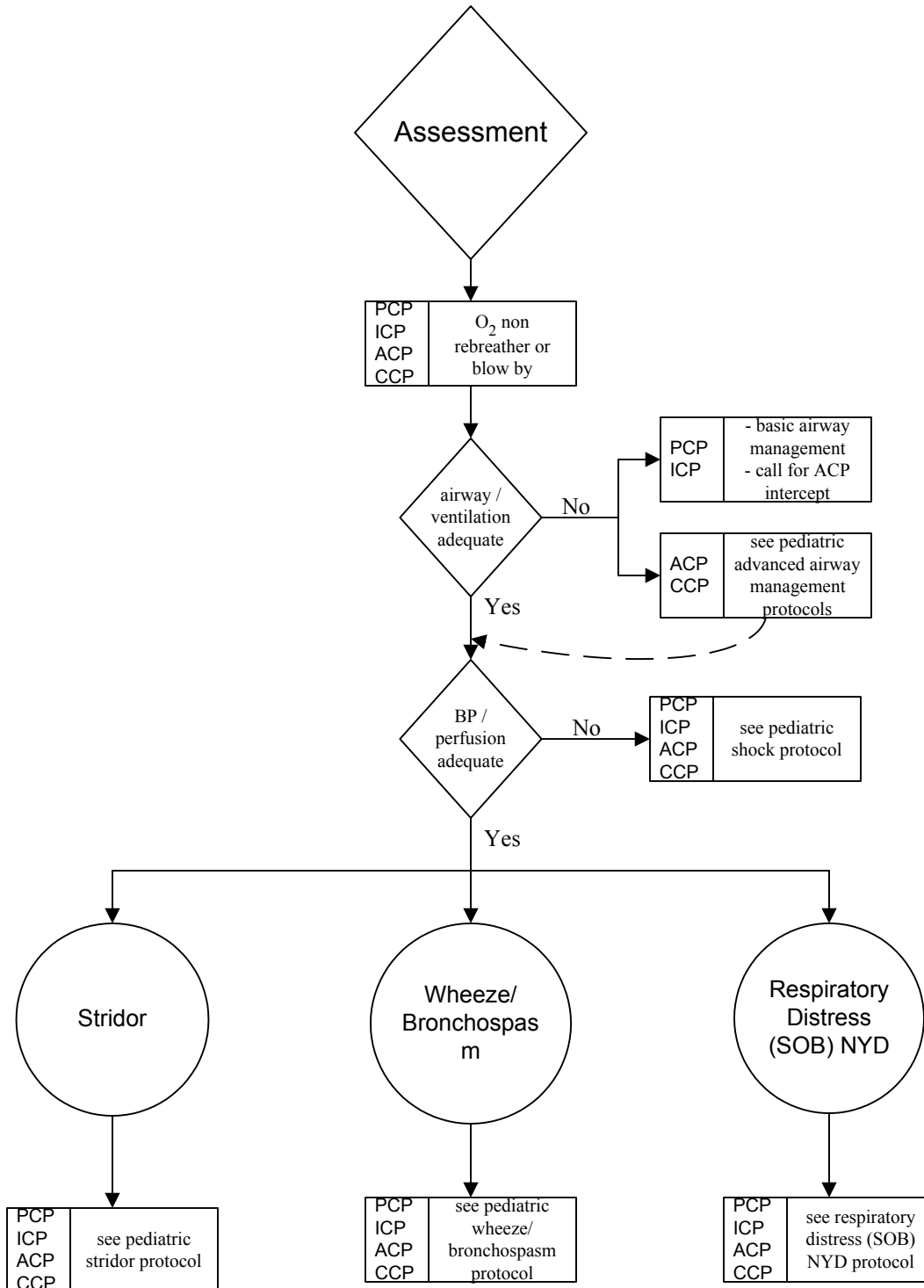


1. If runs of VT.
2. Prepare for cardioversion if patient deteriorates

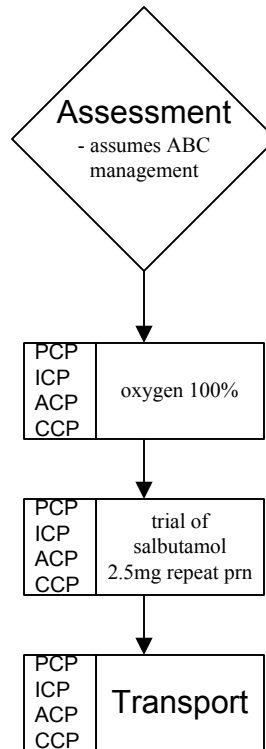


1. If runs of VT.

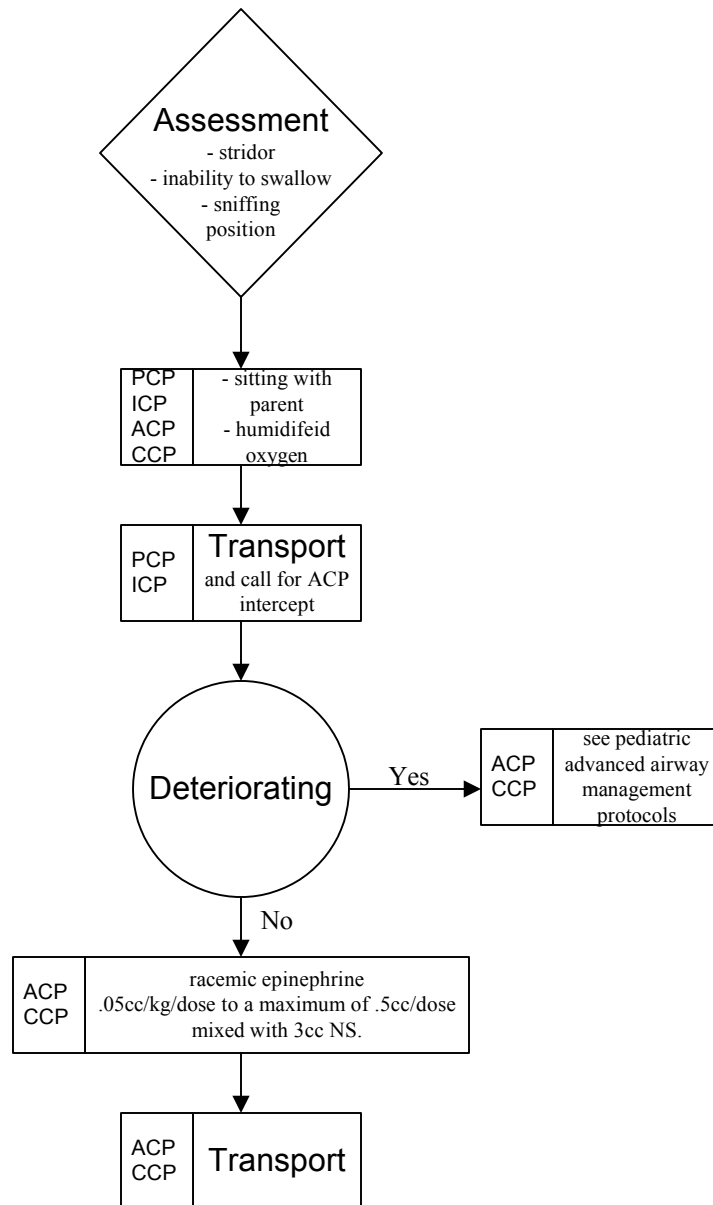


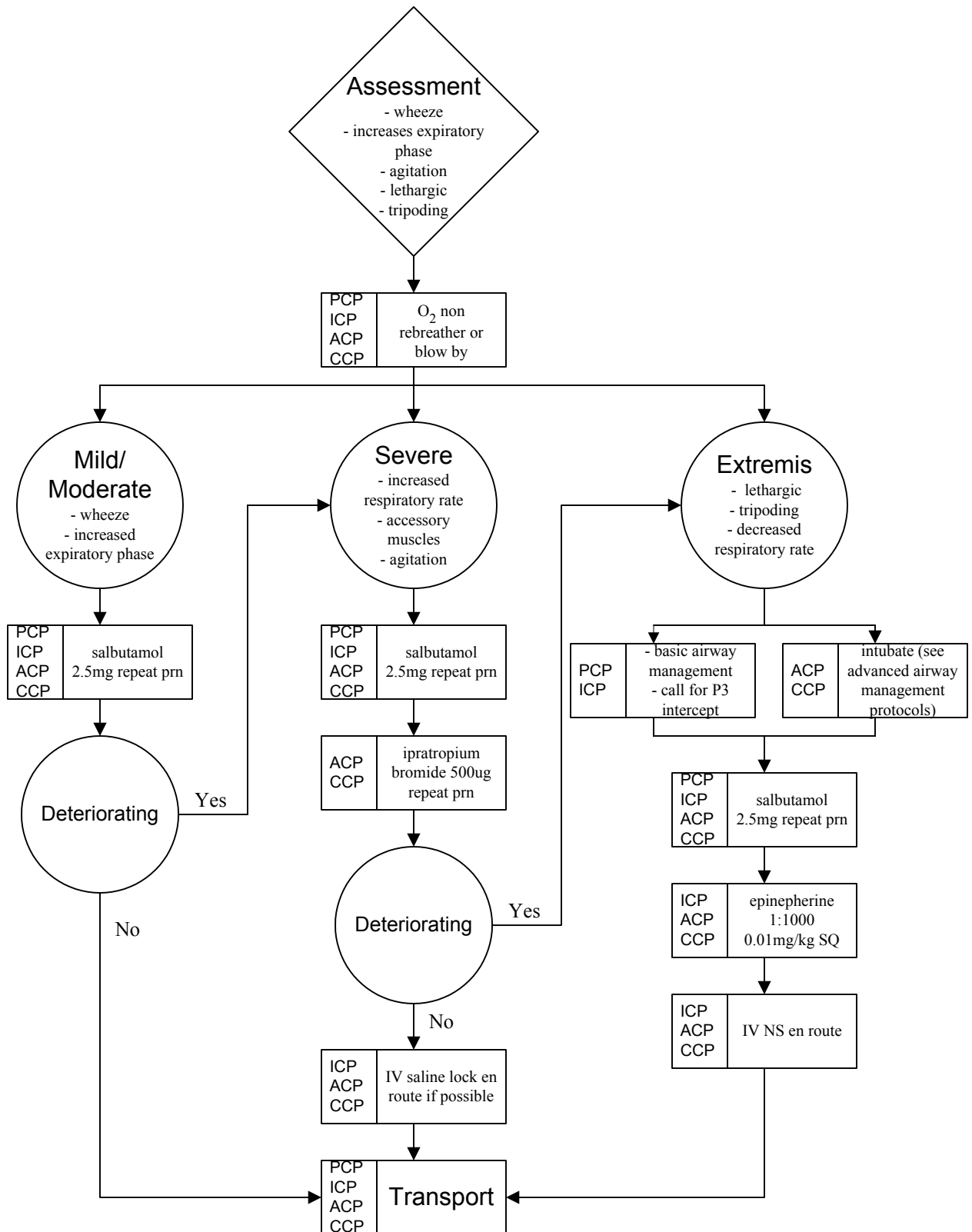


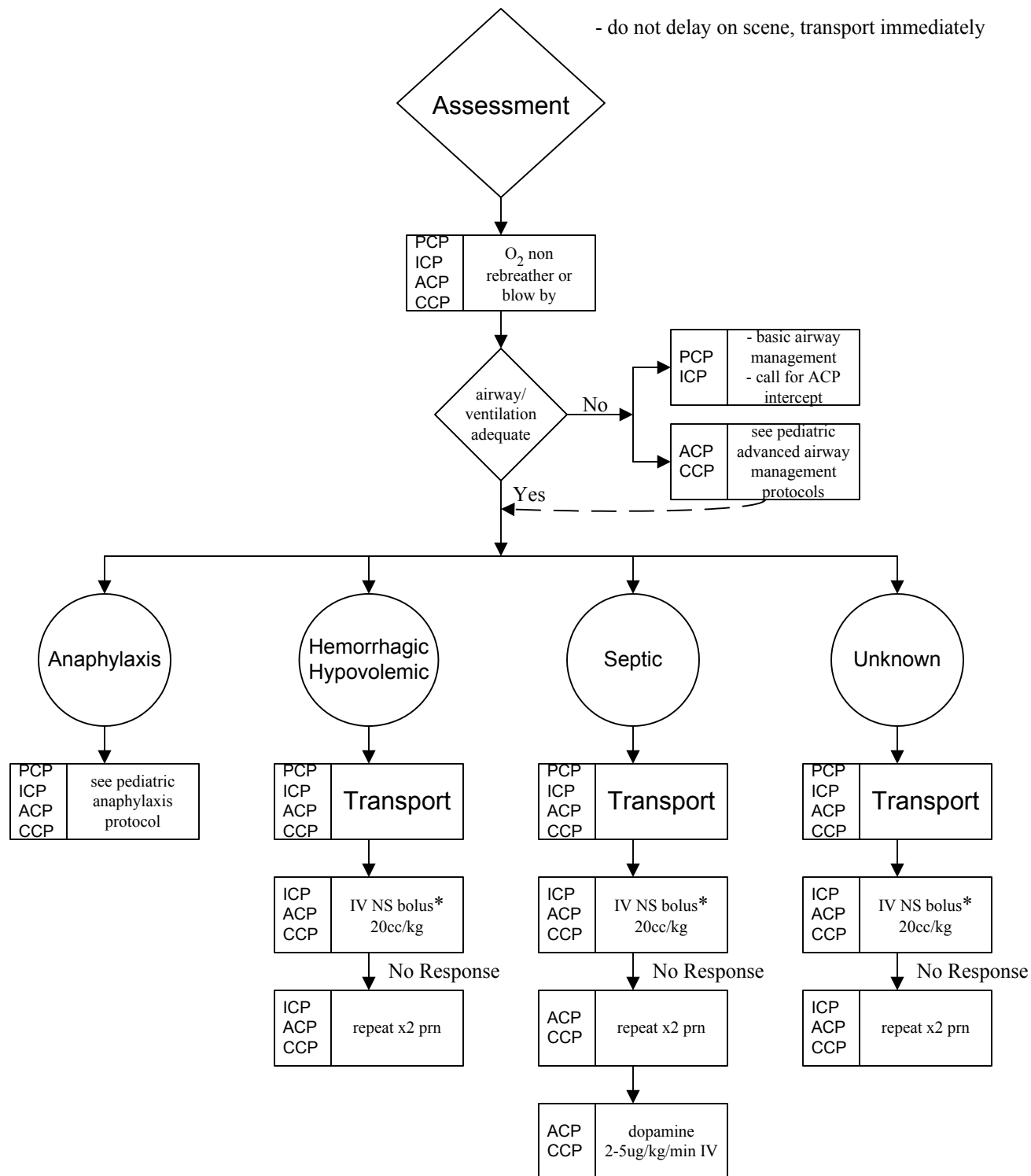
Protocol: Pediatric Respiratory Distress (SOB) NYD	PDN: 6265.01	Last Updated: April 3, 2003	Subject: Pediatric Respiratory Distress (SOB)	Page 1
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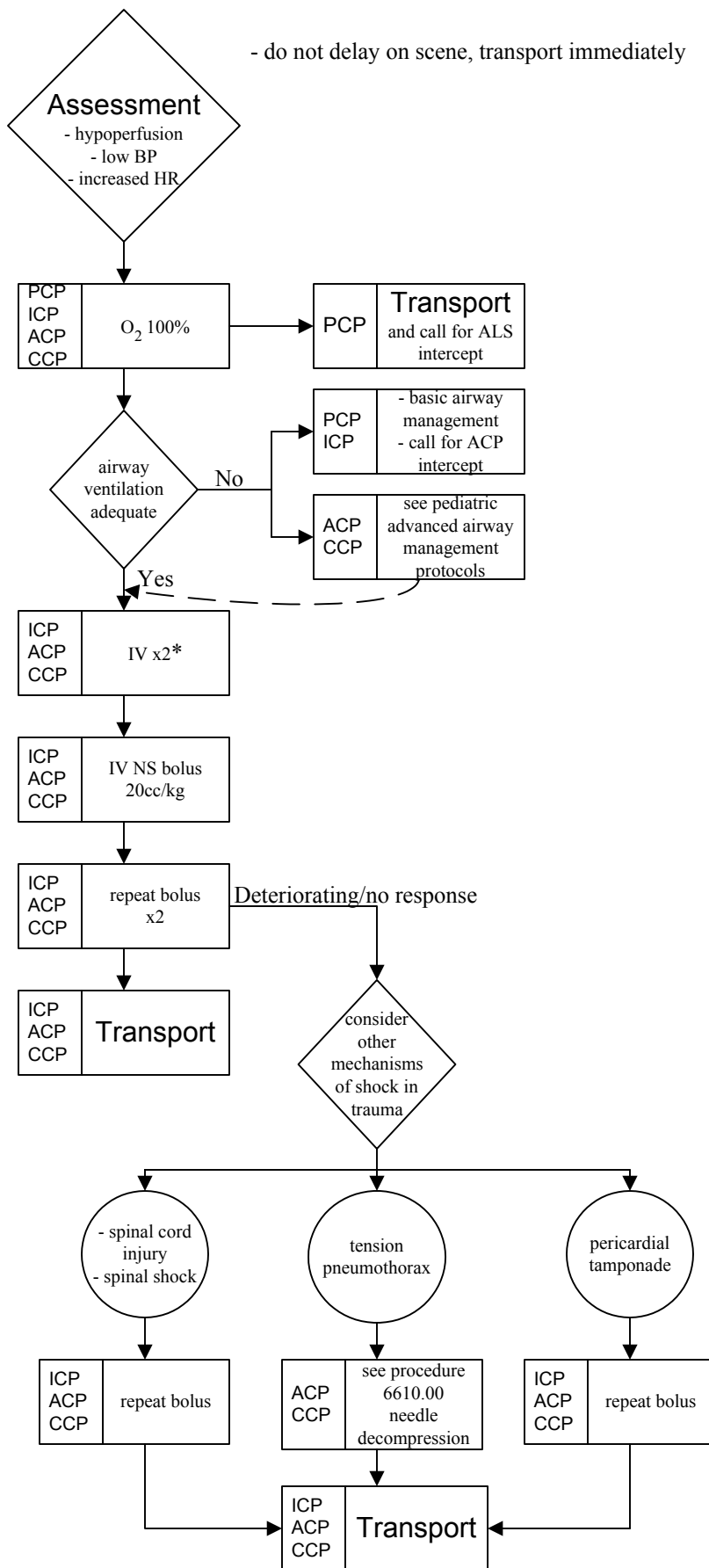
Protocol: Pediatric Stridor	PDN: 6266.02	Last Updated: December 22, 2003	Subject: Pediatric Respiratory Distress (SOB)	Page 1
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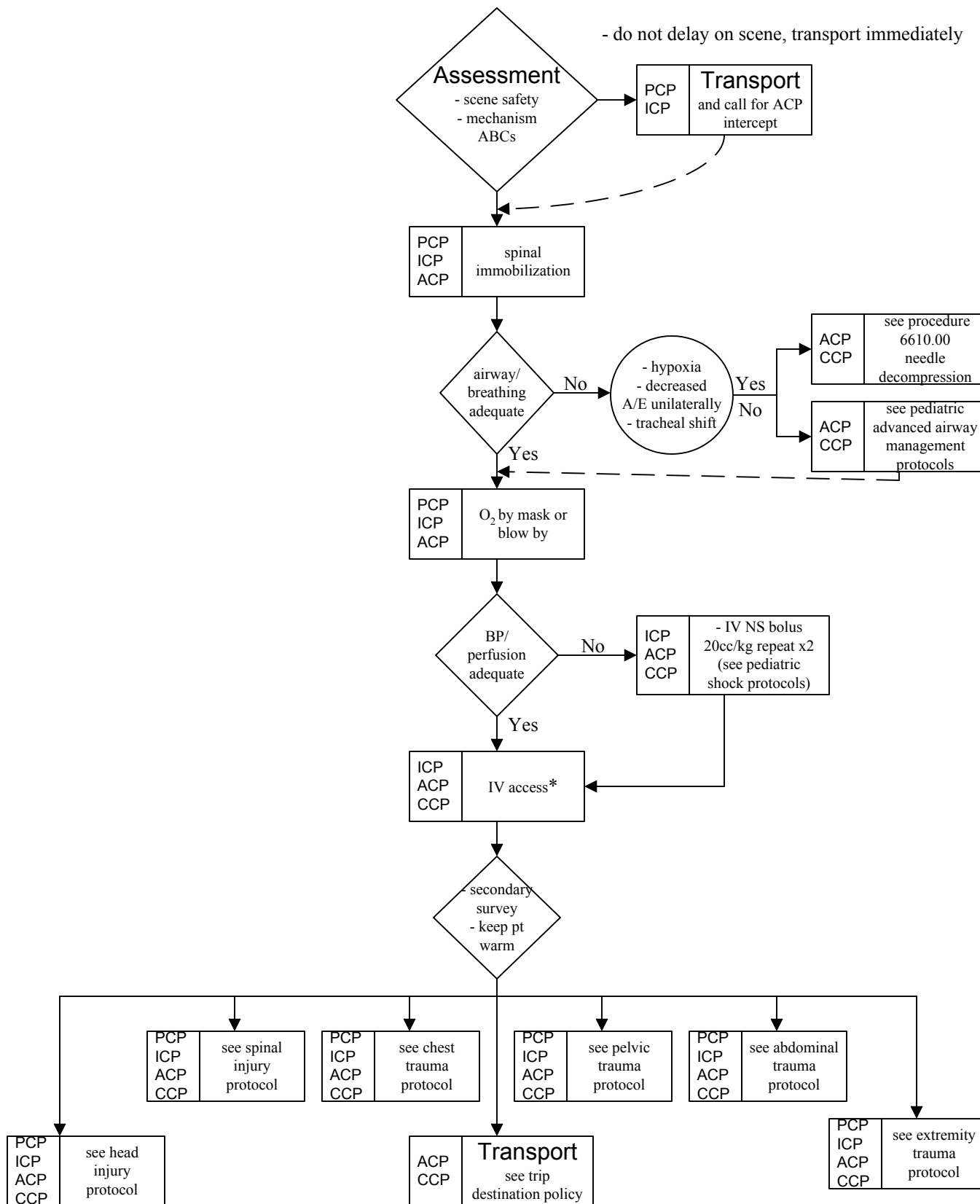




*ACP IO if unable to obtain IV access

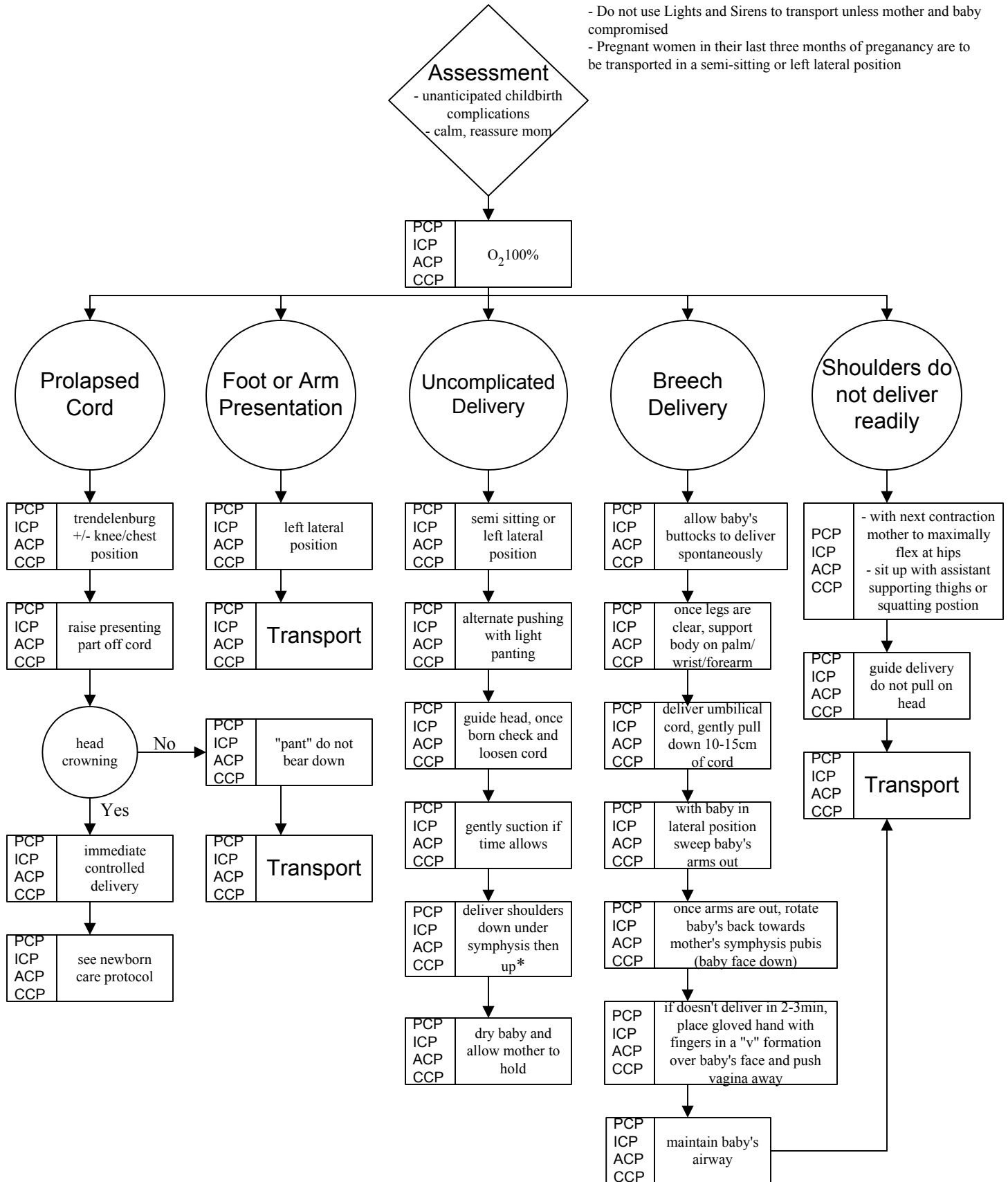


*ACP IO if unable to obtain IV

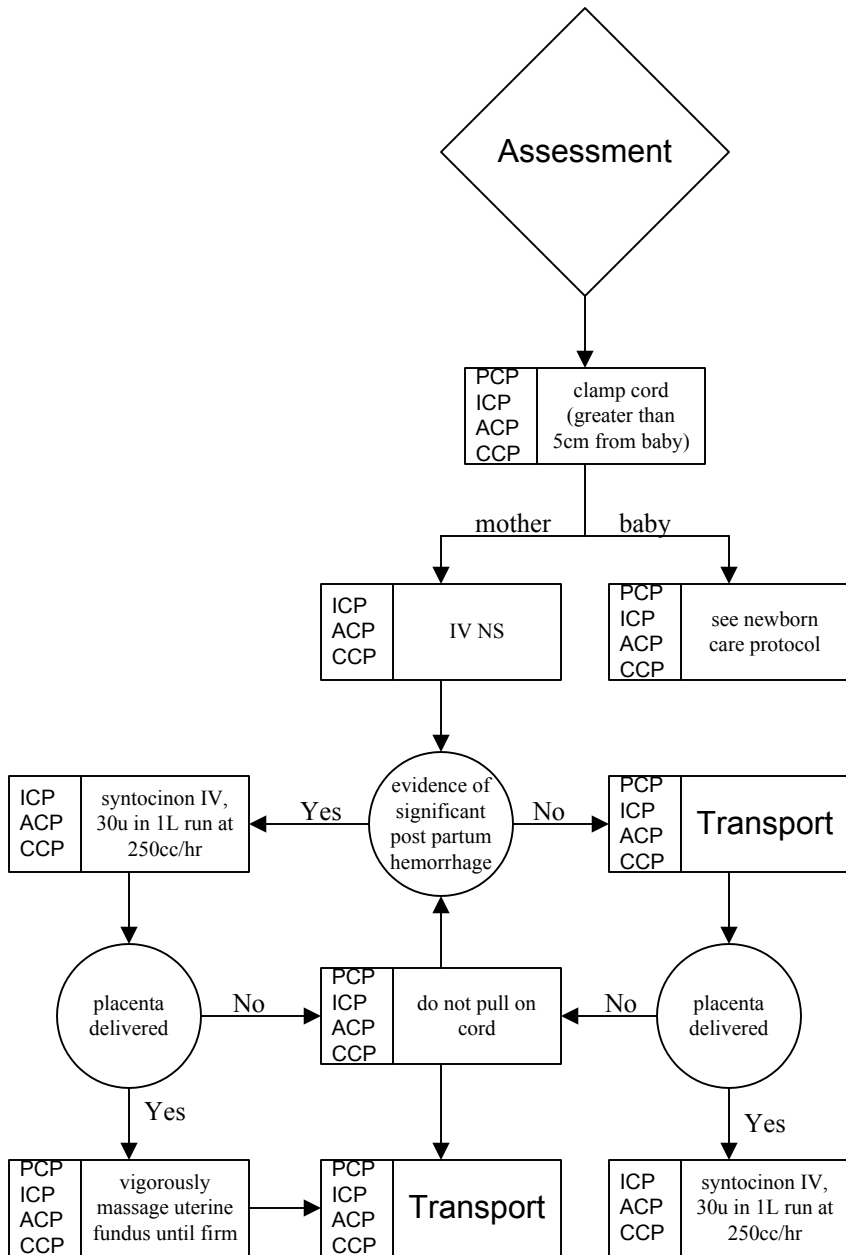


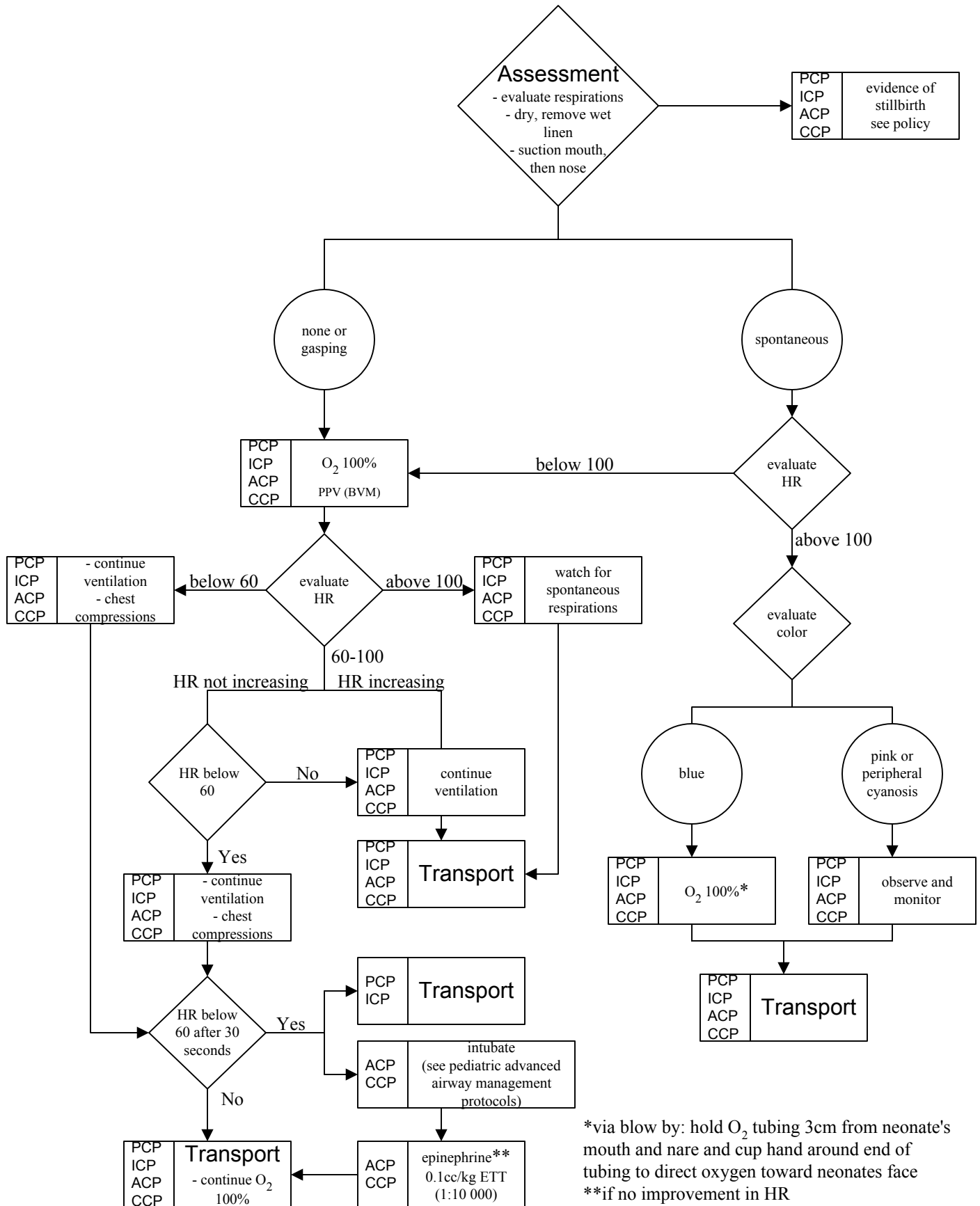
*ACP/CCP IO if unable to obtain IV

- Do not use Lights and Sirens to transport unless mother and baby compromised
- Pregnant women in their last three months of pregnancy are to be transported in a semi-sitting or left lateral position



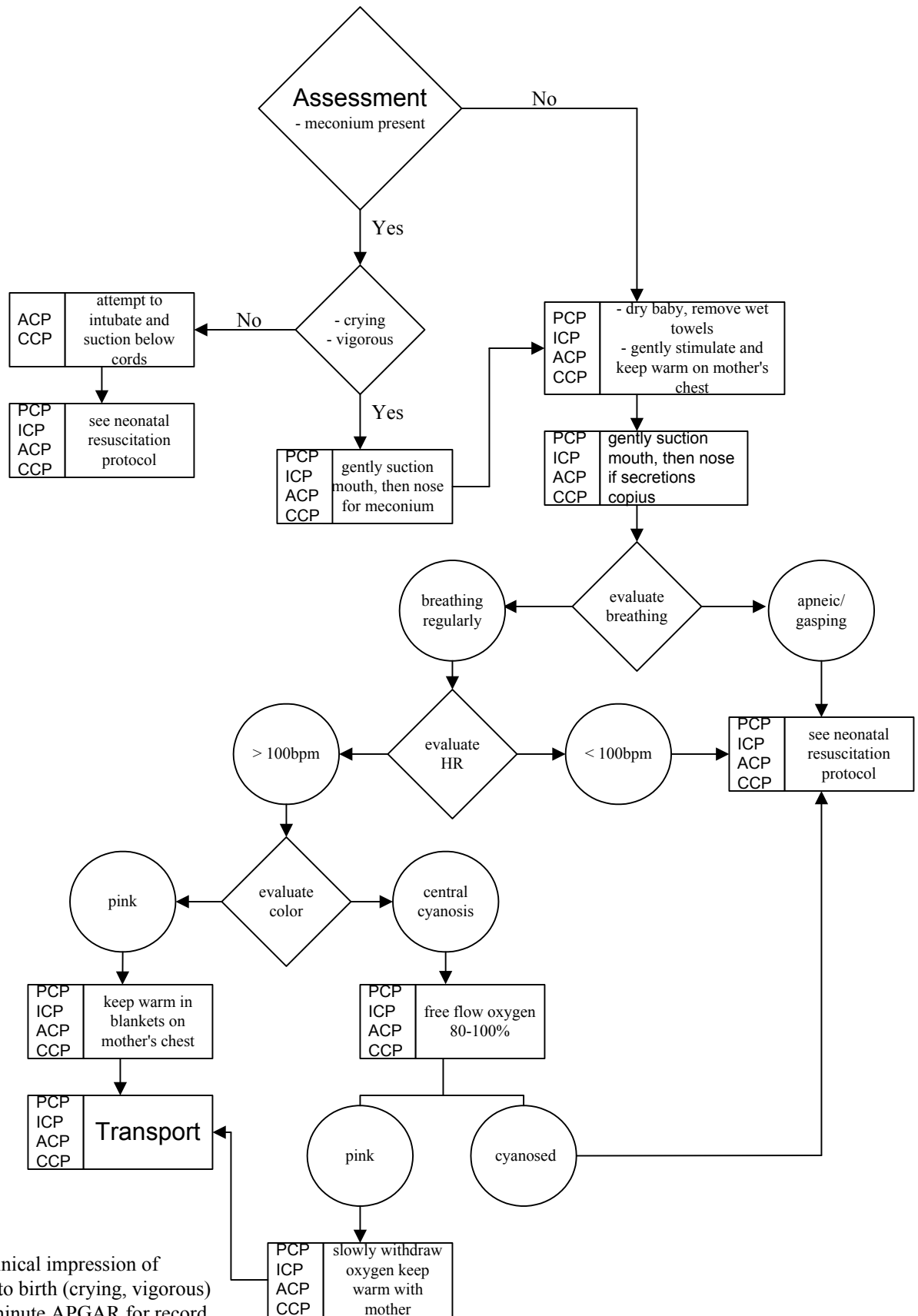
*never pull on baby



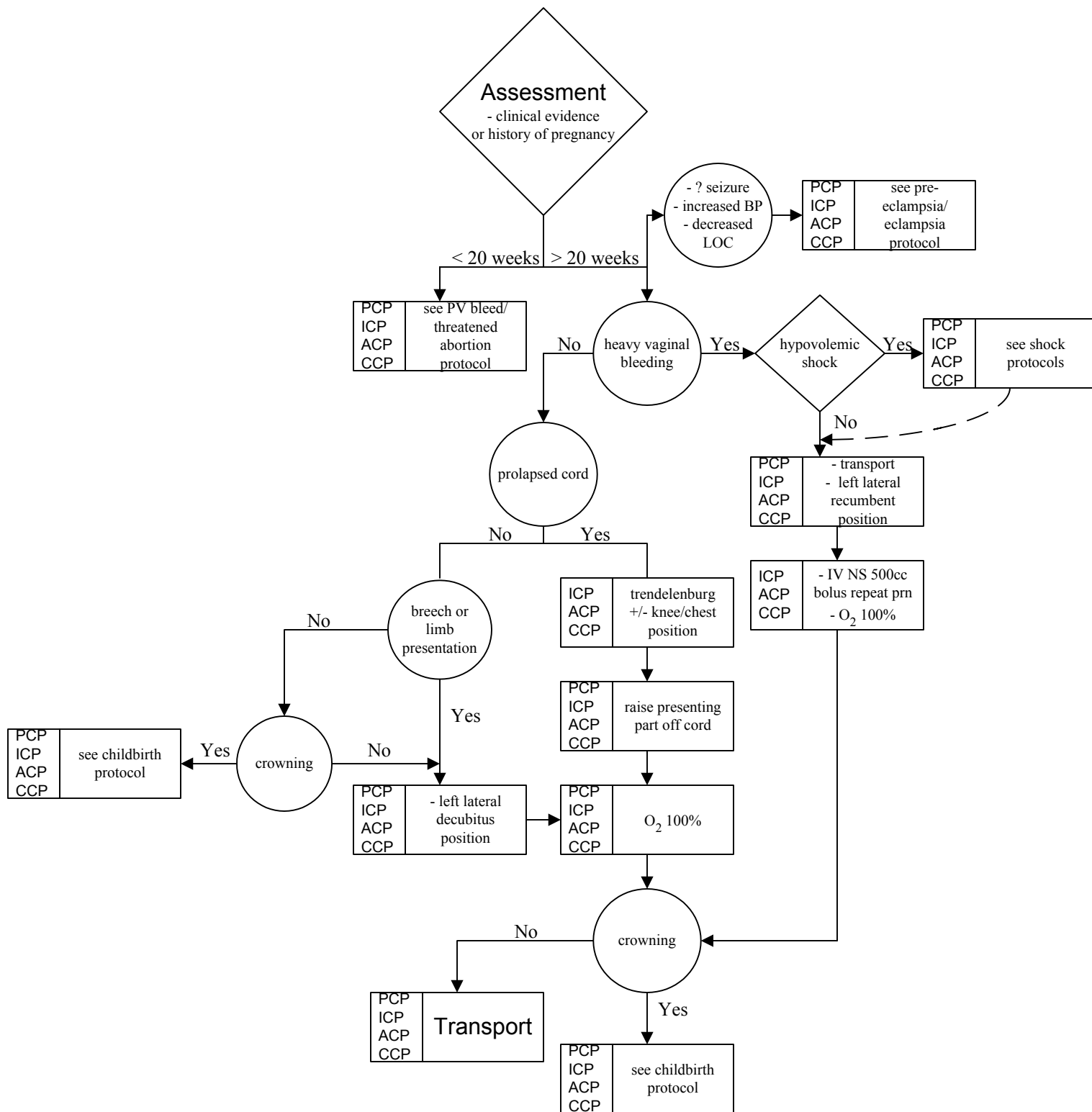


*via blow by: hold O₂ tubing 3cm from neonate's mouth and nares and cup hand around end of tubing to direct oxygen toward neonates face
**if no improvement in HR

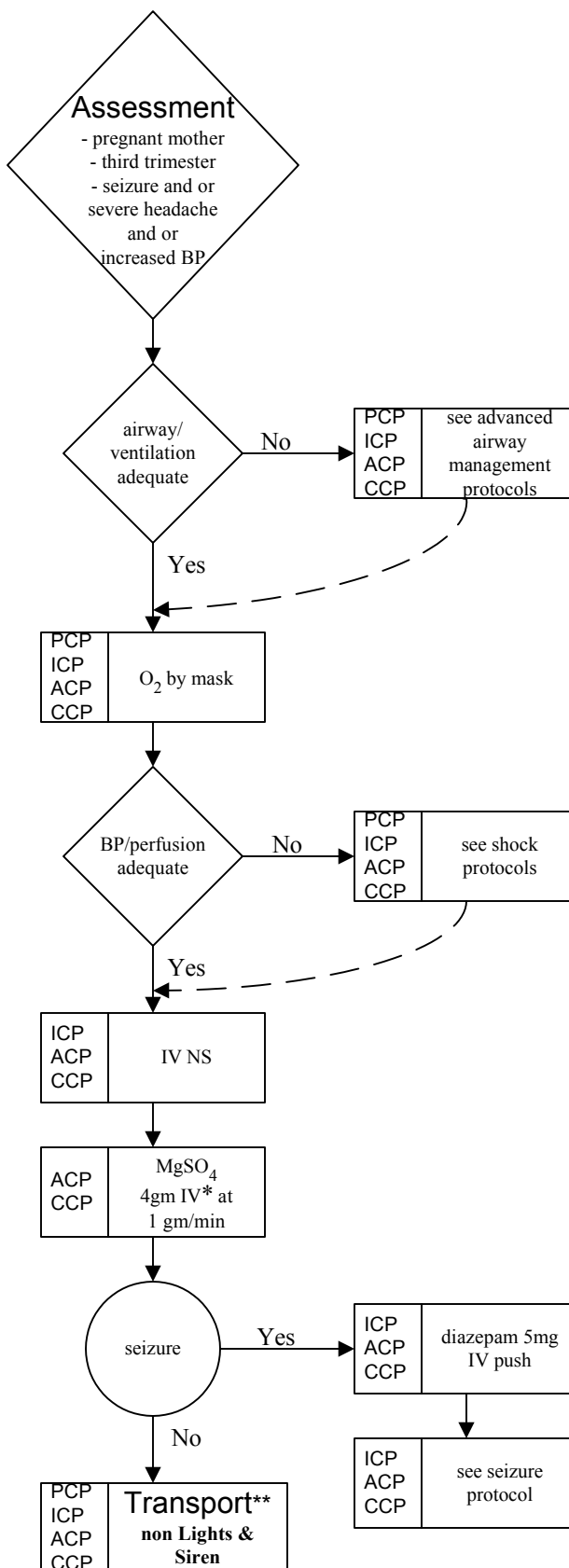
Protocol: Newborn Care	PDN: 6274.01	Last Updated: April 3, 2003	Subject: Perinatal Care	Page 1
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- Assess overall clinical impression of baby's adjustment to birth (crying, vigorous) and obtain 1 & 5 minute APGAR for record only
 - DO NOT wait for 1 minute APGAR to start resuscitation if required



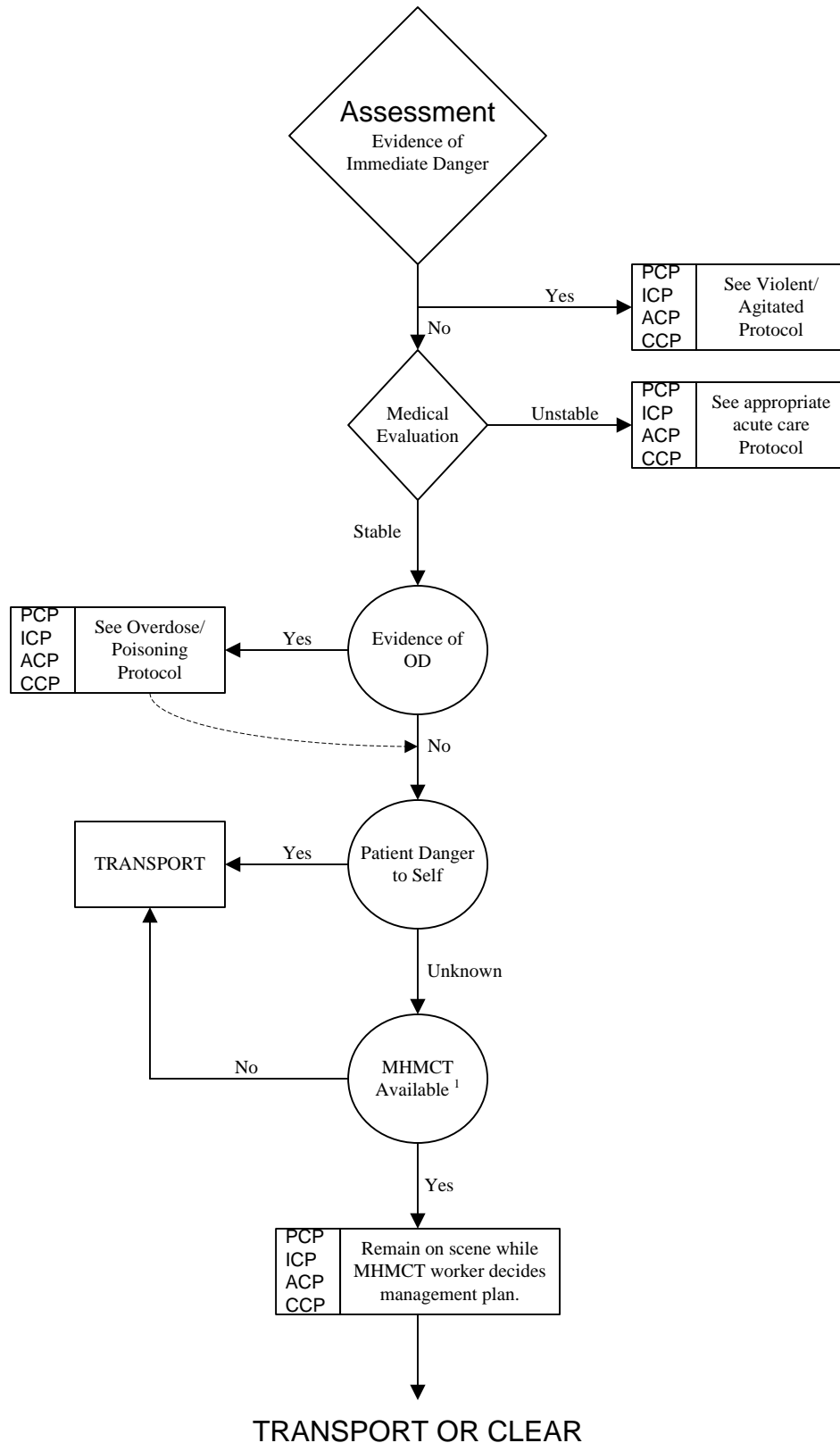
Protocol: Pre-Eclampsia/Eclampsia	PDN: 6276.03	Last Updated: February 7, 2005	Subject: Perinatal Care	Page 1
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*may give magnesium IM if unable to get IV, indications for magnesium (seizure, severe headache, BP > 160/100)

** PCP and ICP call for ACP intercept

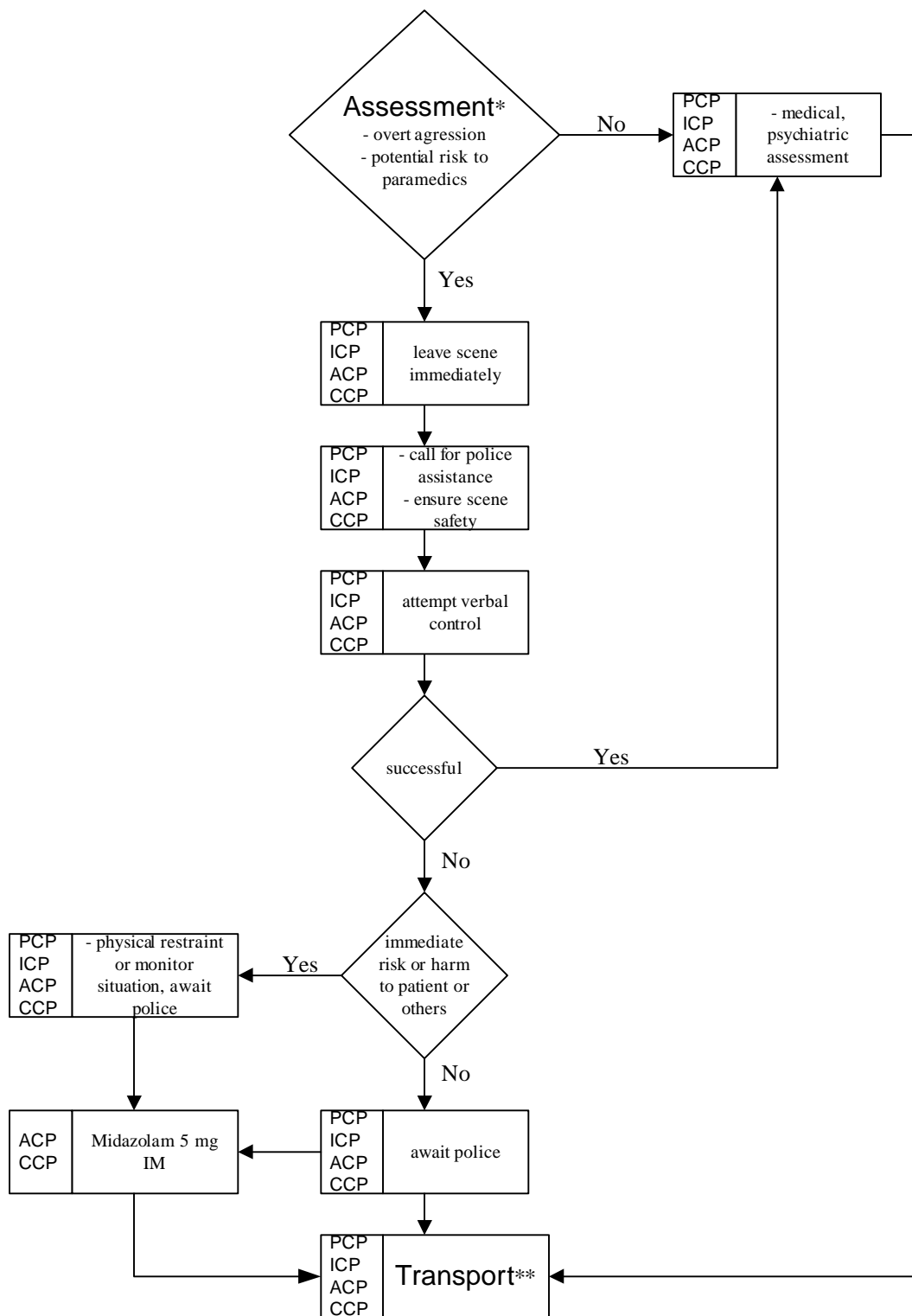
Protocol: Depressed/Suicidal	PDN: 6277.02	Last Updated: November 3, 2006	Subject: Psychiatric	Page 1
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1. MHMCT:

- Mental Health Mobile Crisis Team (429-8167) available to respond in Halifax Regional Police Catchment area between 1300 – 0100 daily.
- Mental Health Worker available by phone from 0900 – 0500 daily for patients in Capital Health District.

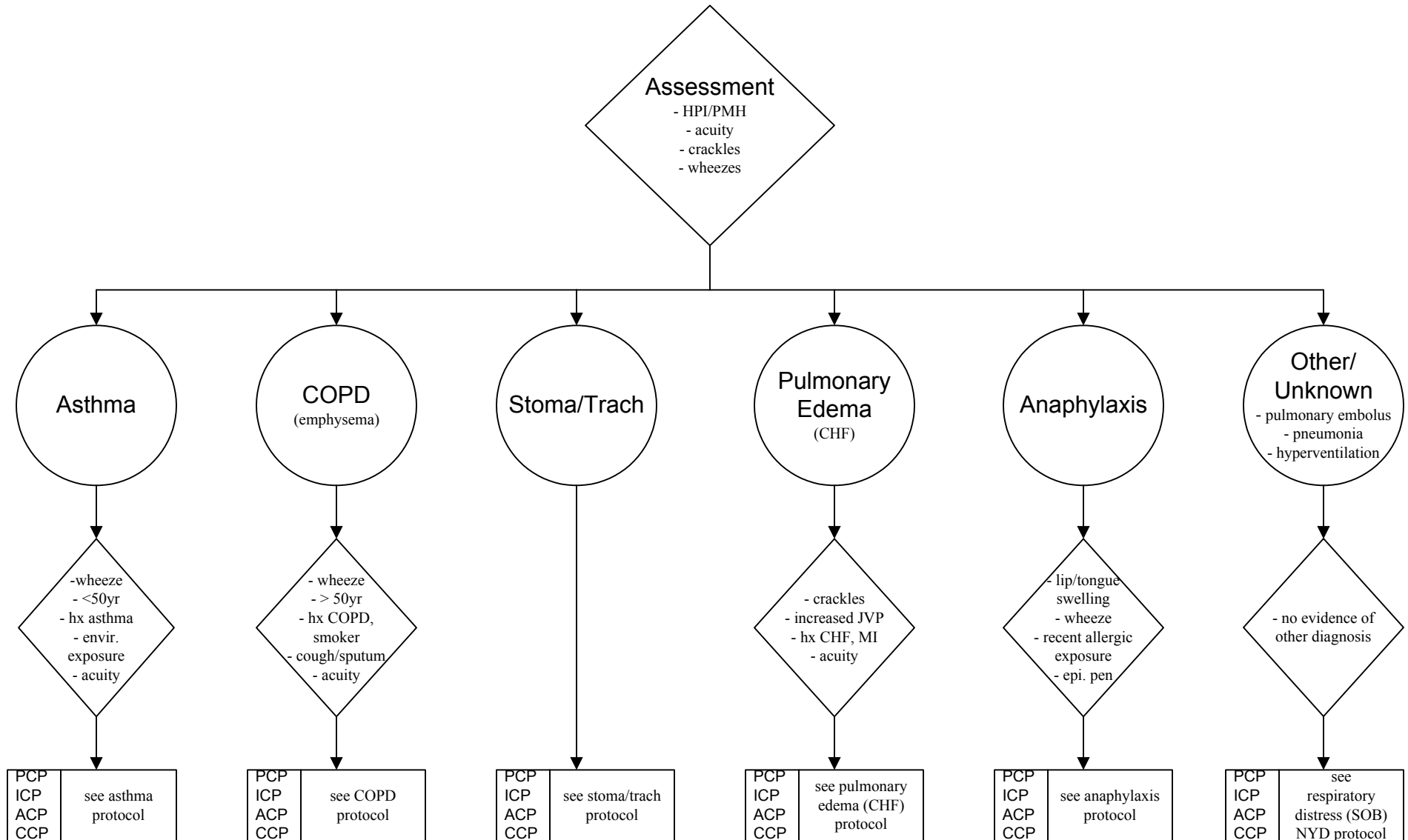
Protocol: Violent/Agitated	PDN: 6278.03	Last Updated: February 9, 2005	Subject: Psychiatric	Page 1
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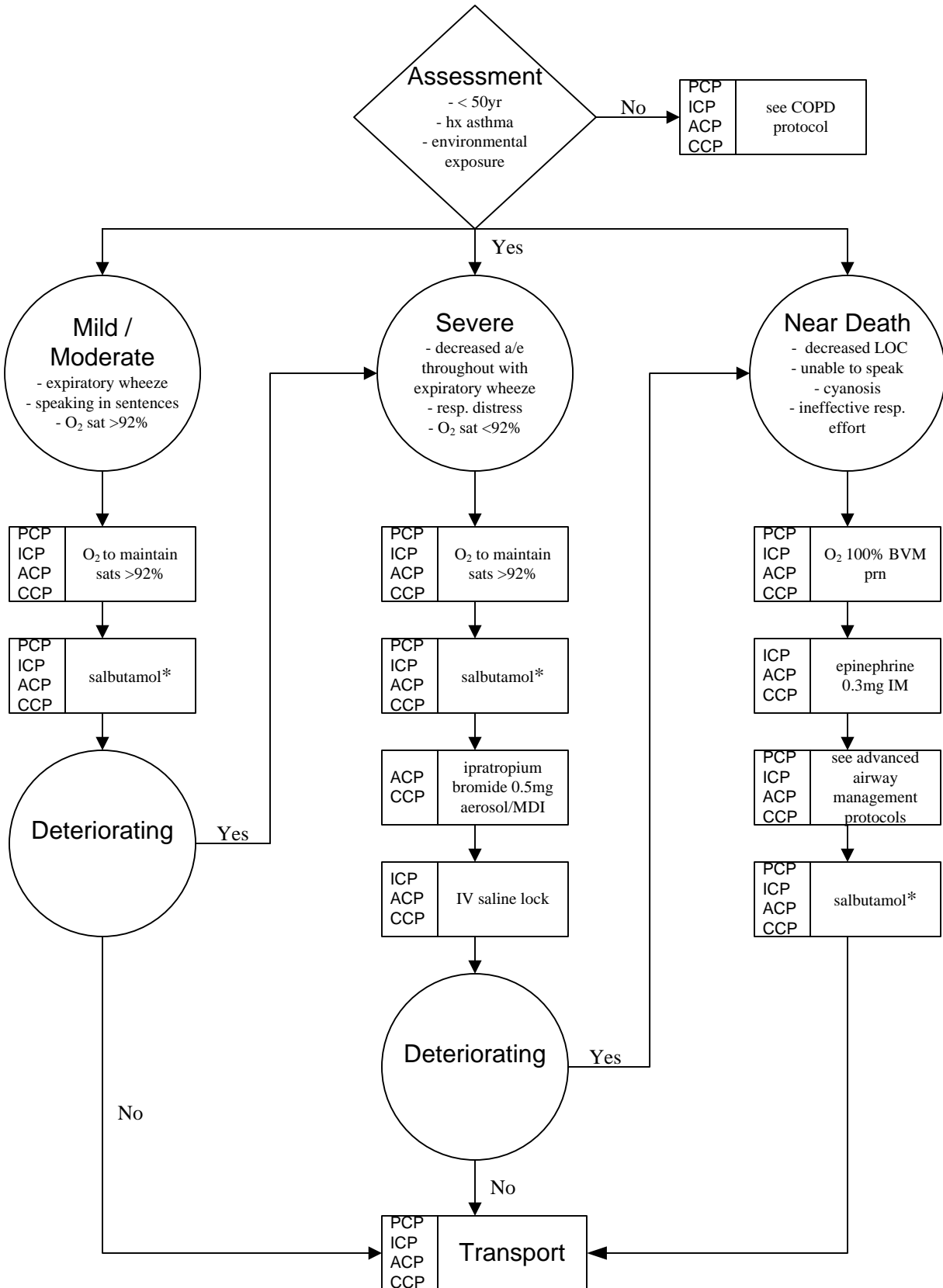


* be aware of the possibility of hypoglycemia

** whether police accompany you in ambulance or transport patient in their vehicle, this will be made on a case by case basis, either way

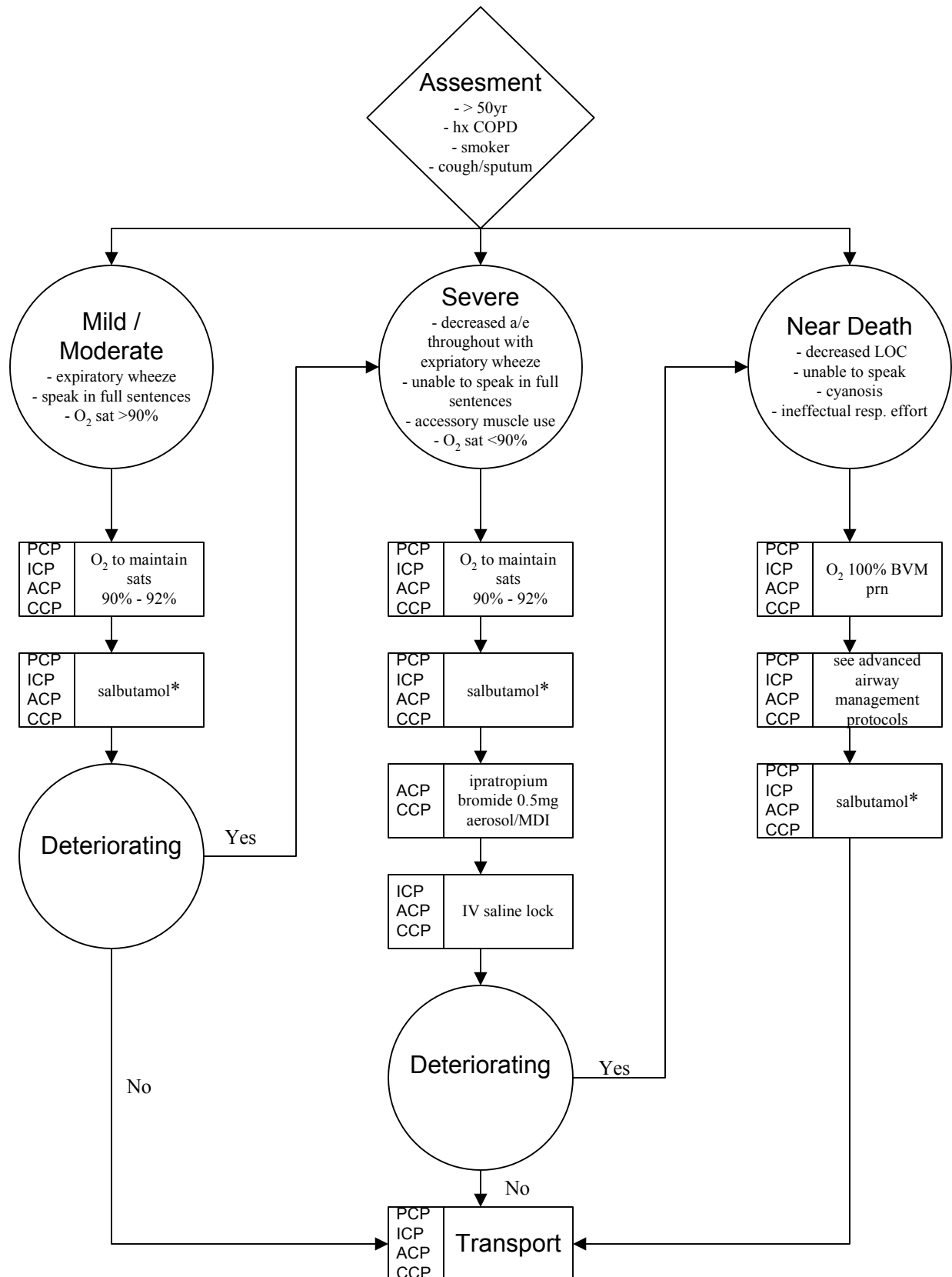
Patients receiving Medication must be Transported by Ambulance



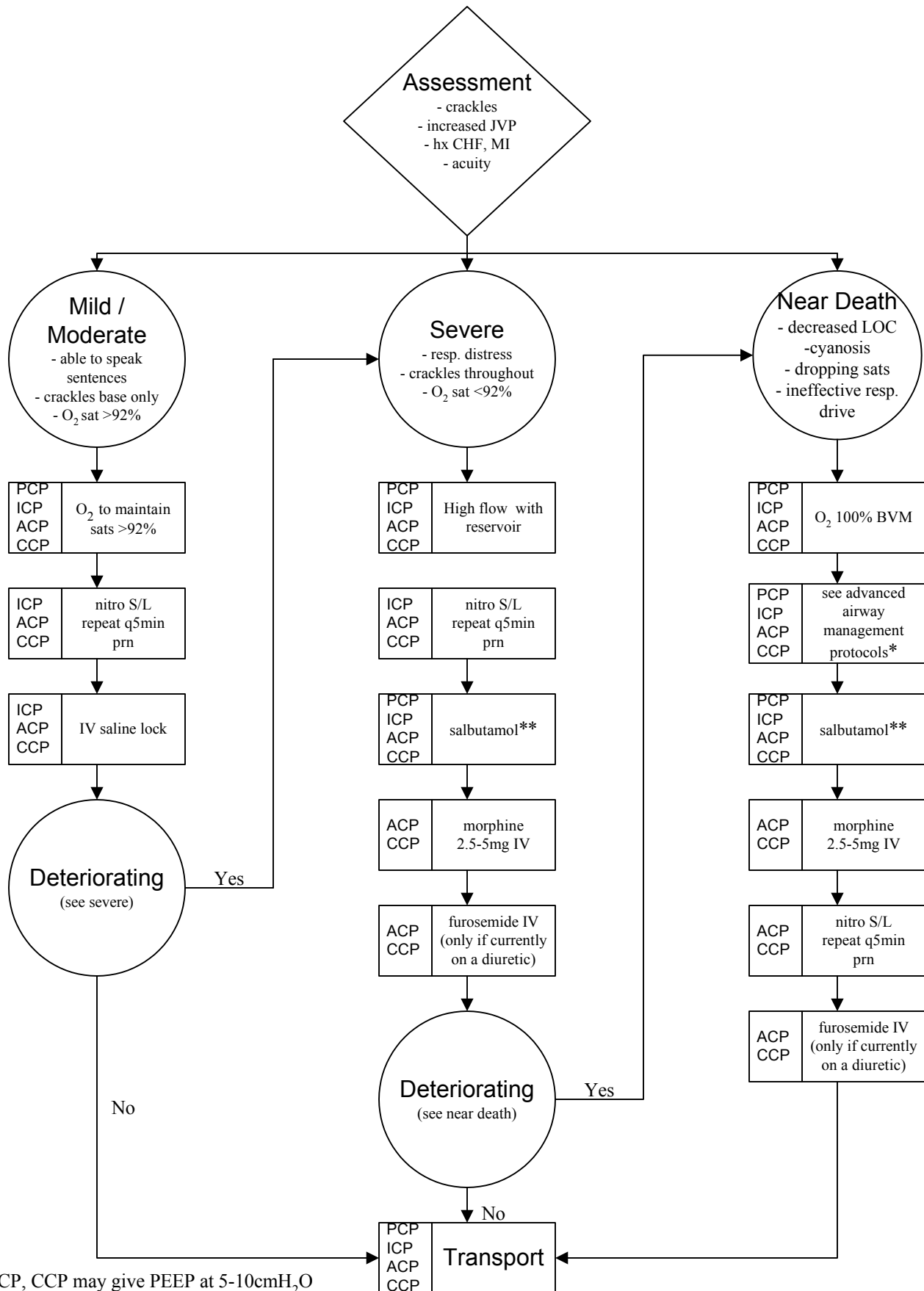


*5mg by mask or 4-6 puffs by MDI/spacer, repeat prn

Protocol: COPD	PDN: 6281.03	Last Updated: March 26, 2004	Subject: Respiratory Distress (SOB)	Page 1
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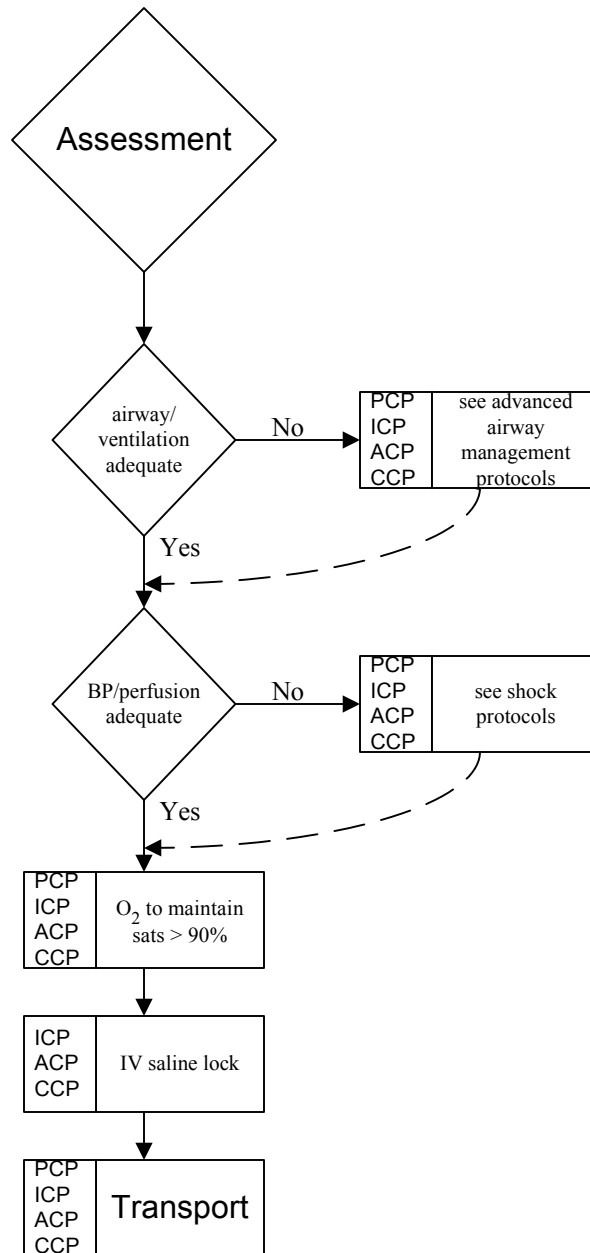
*5mg by mask or 4-6 puffs by MDI/spacer, repeat prn



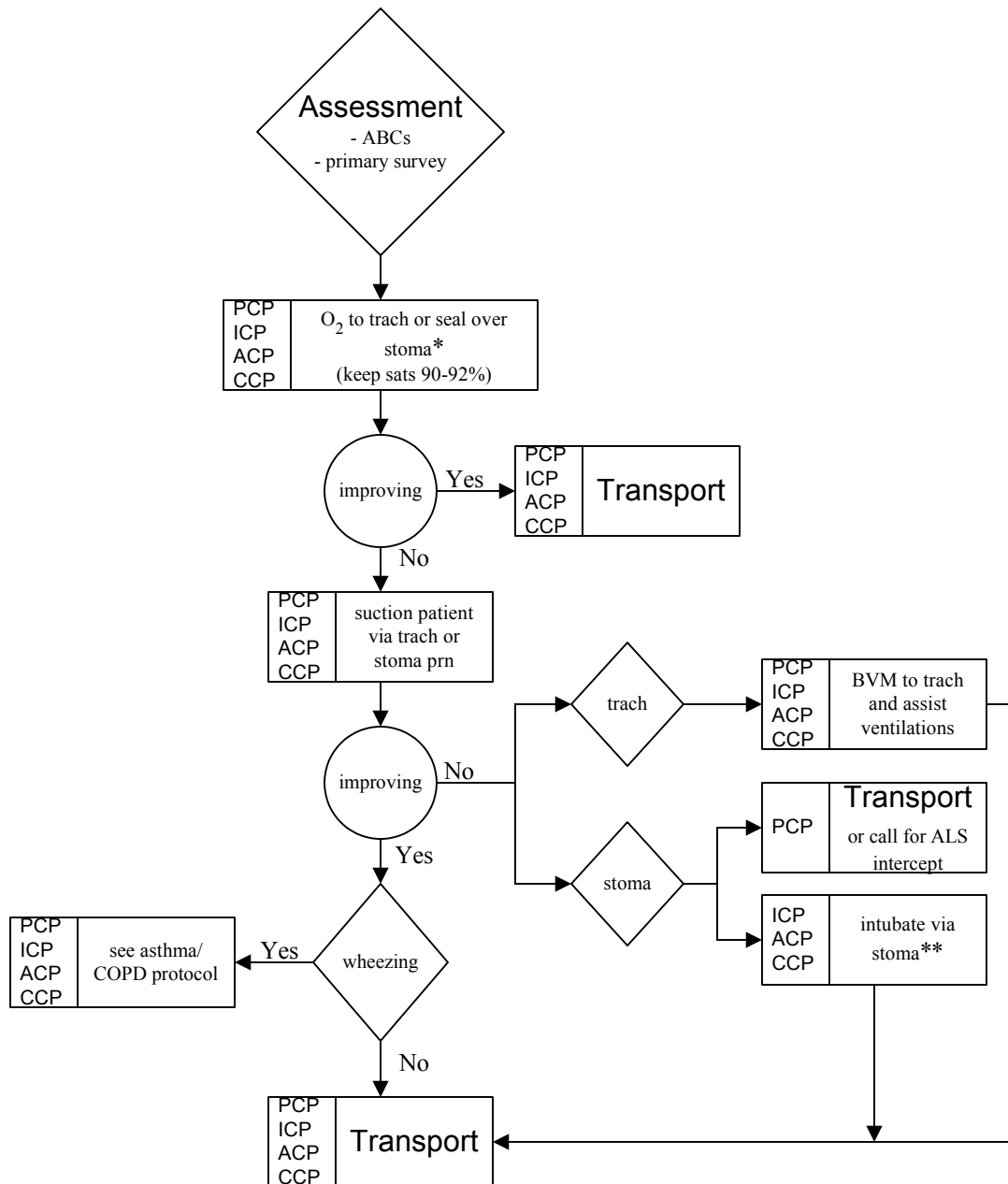
*ACP, CCP may give PEEP at 5-10cmH₂O

**only if wheezes present

Protocol: Respiratory Distress NYD	PDN: 6283.02	Last Updated: March 26, 2004	Subject: Respiratory Distress (SOB)	Page 1
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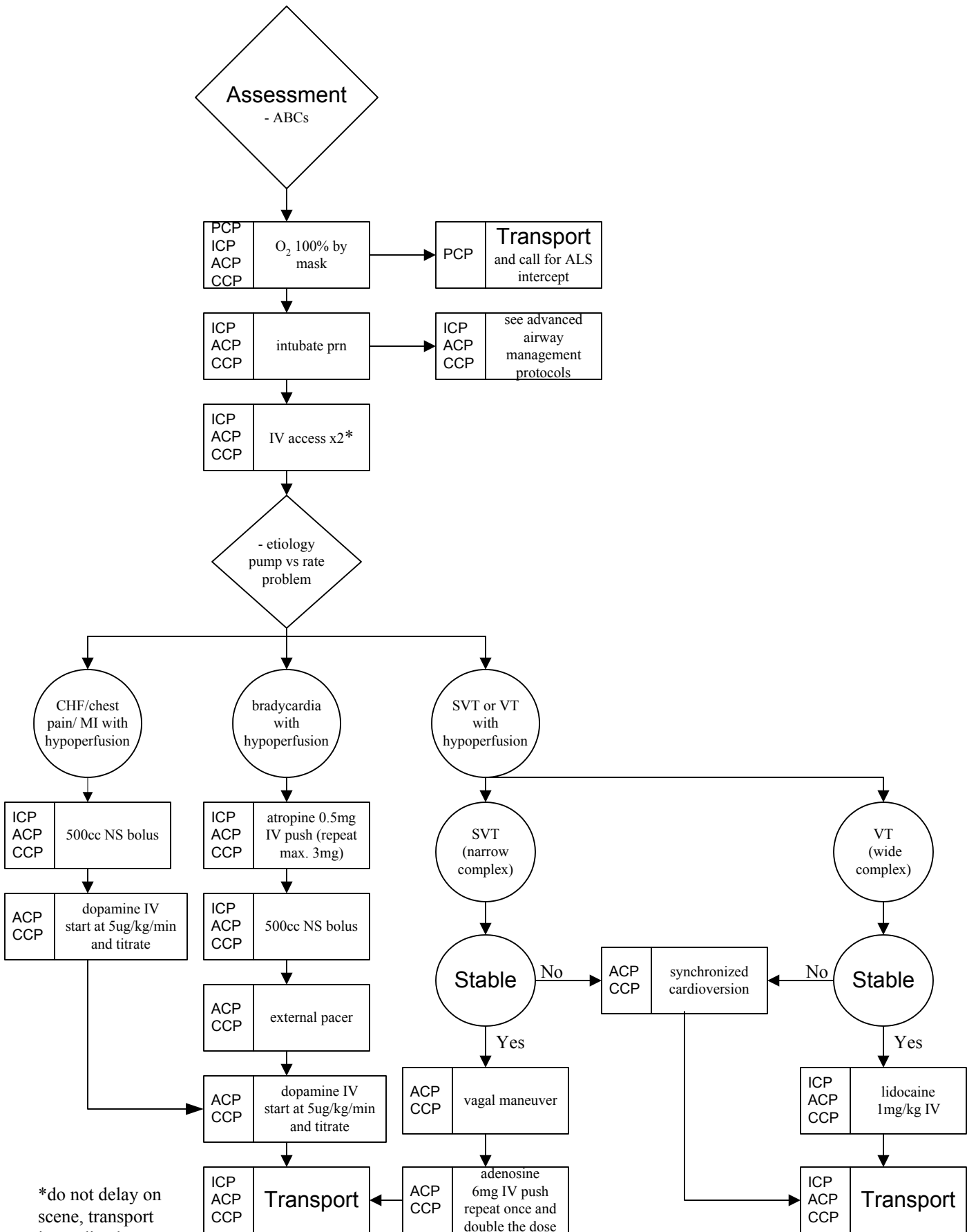


Protocol: SOB (Stoma/Trach)	PDN: 6284.02	Last Updated: March 26, 2004	Subject: Respiratory Distress (SOB)	Page 1
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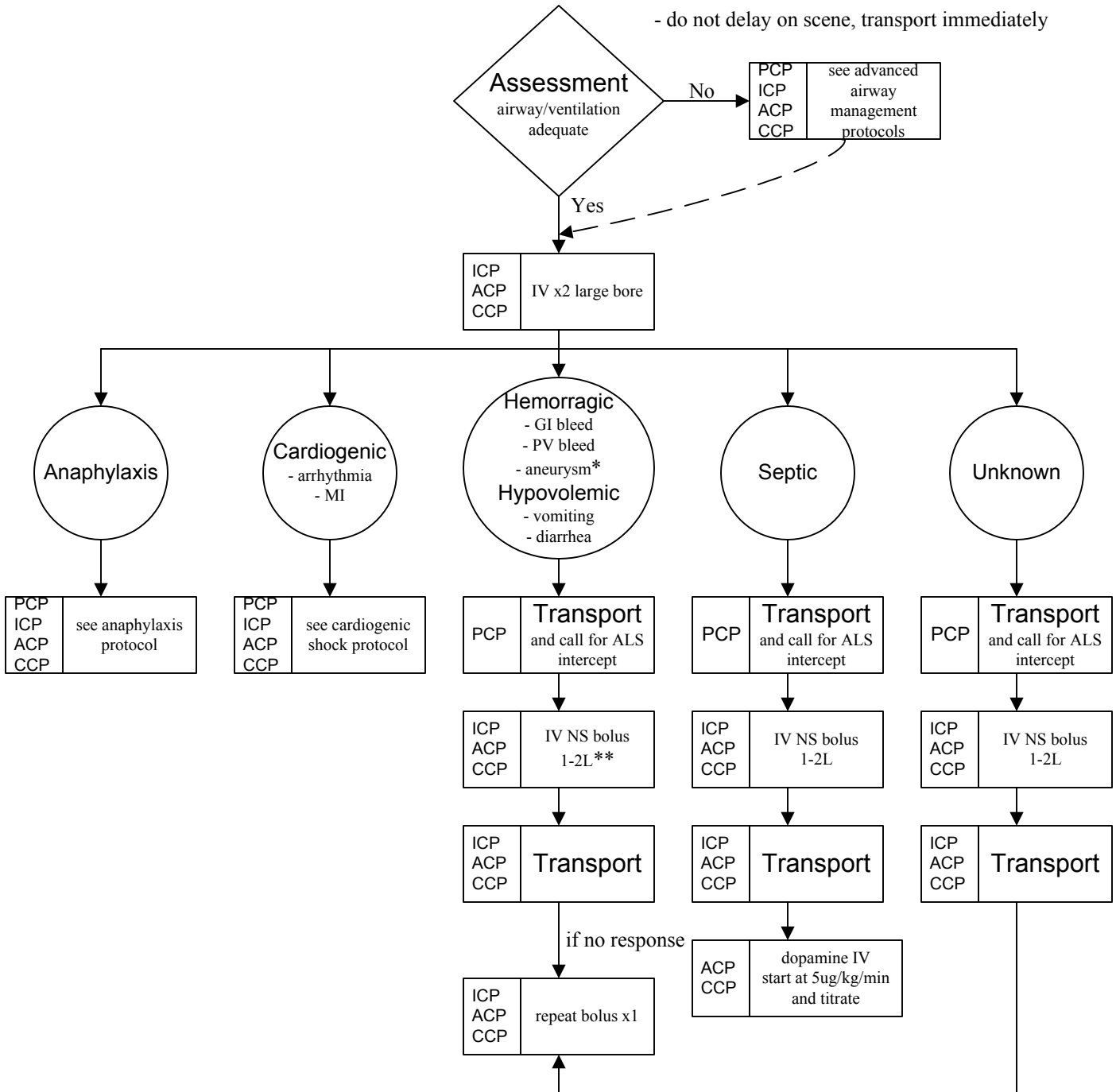


*if not ventilating, bag mask patient and have partner seal stoma with hand and 4x4 to prevent air leak

**intubate via stoma using largest ETT that will fit. Do not use a stylet

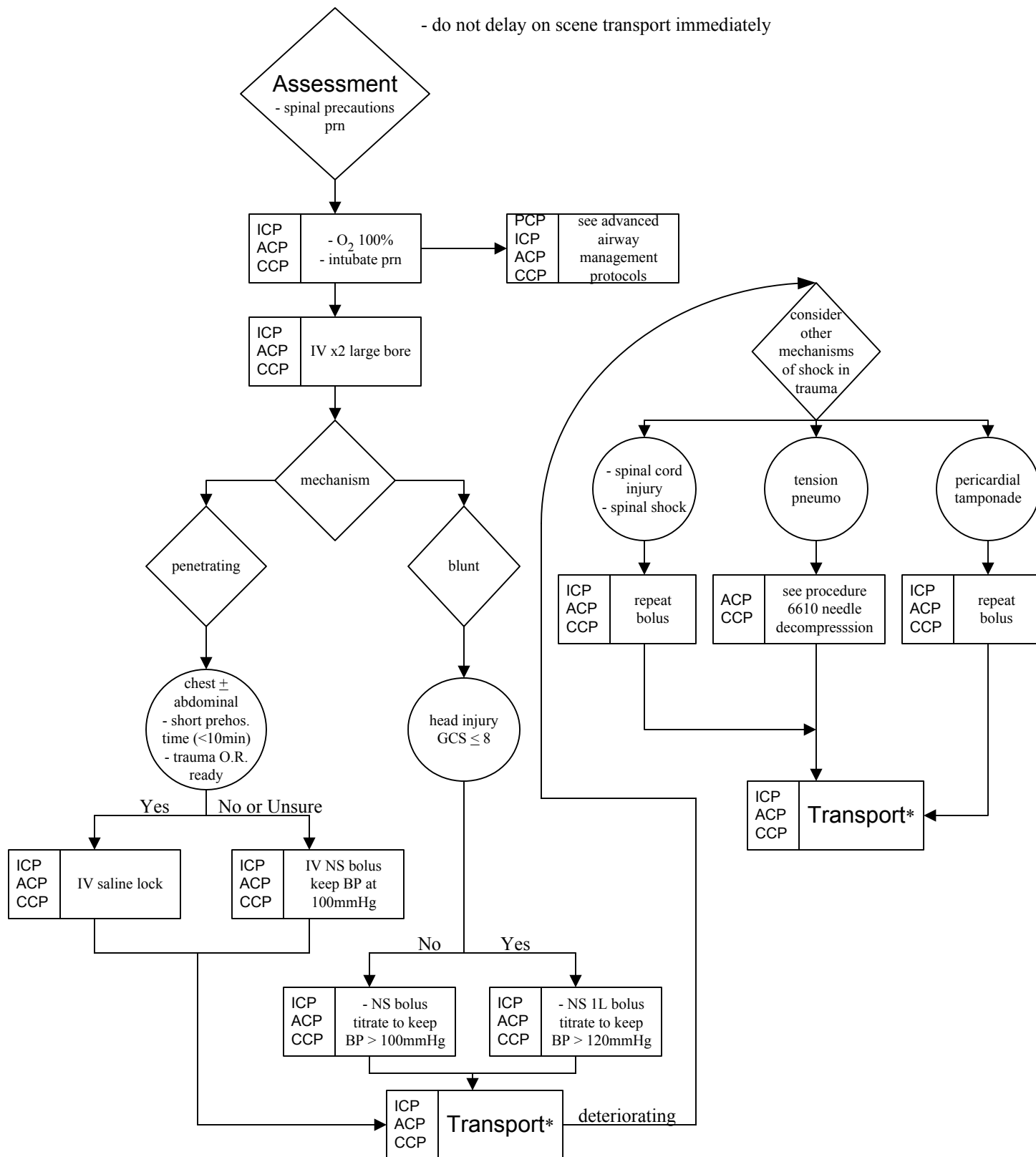


*do not delay on scene, transport immediately



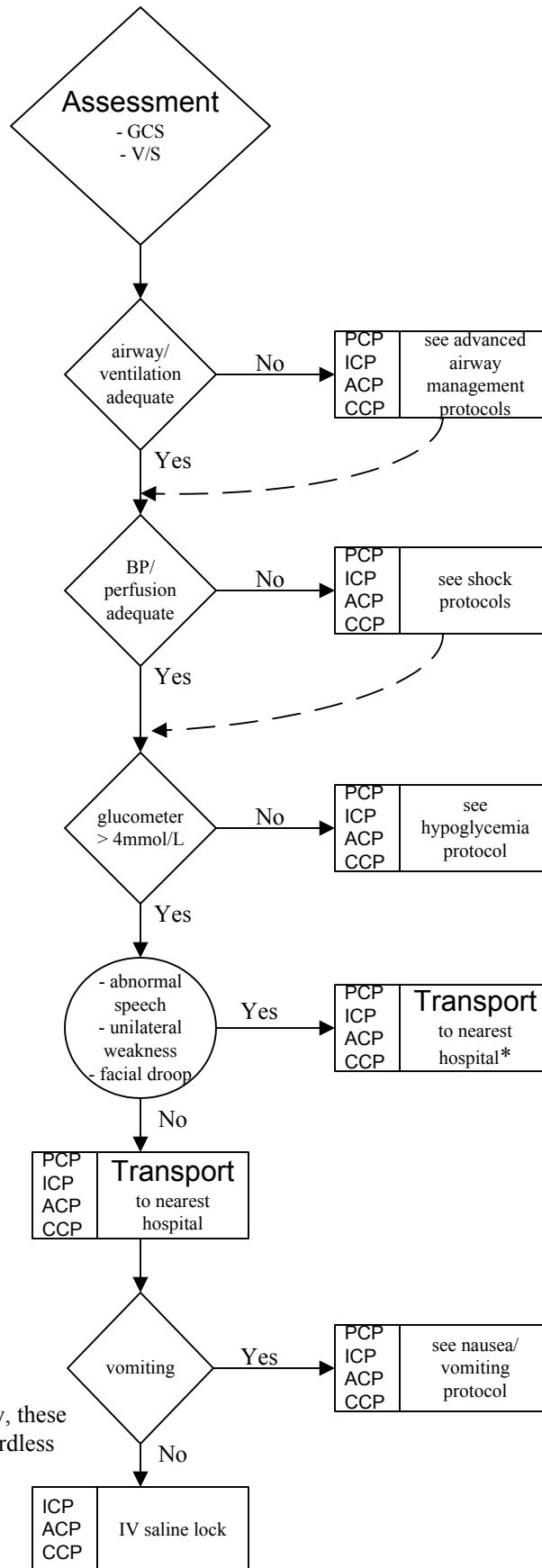
*maintain SBP > 90mmHg

**do not give to patients suspected to have leaking aneurysm



*follow trip destination policy 6120

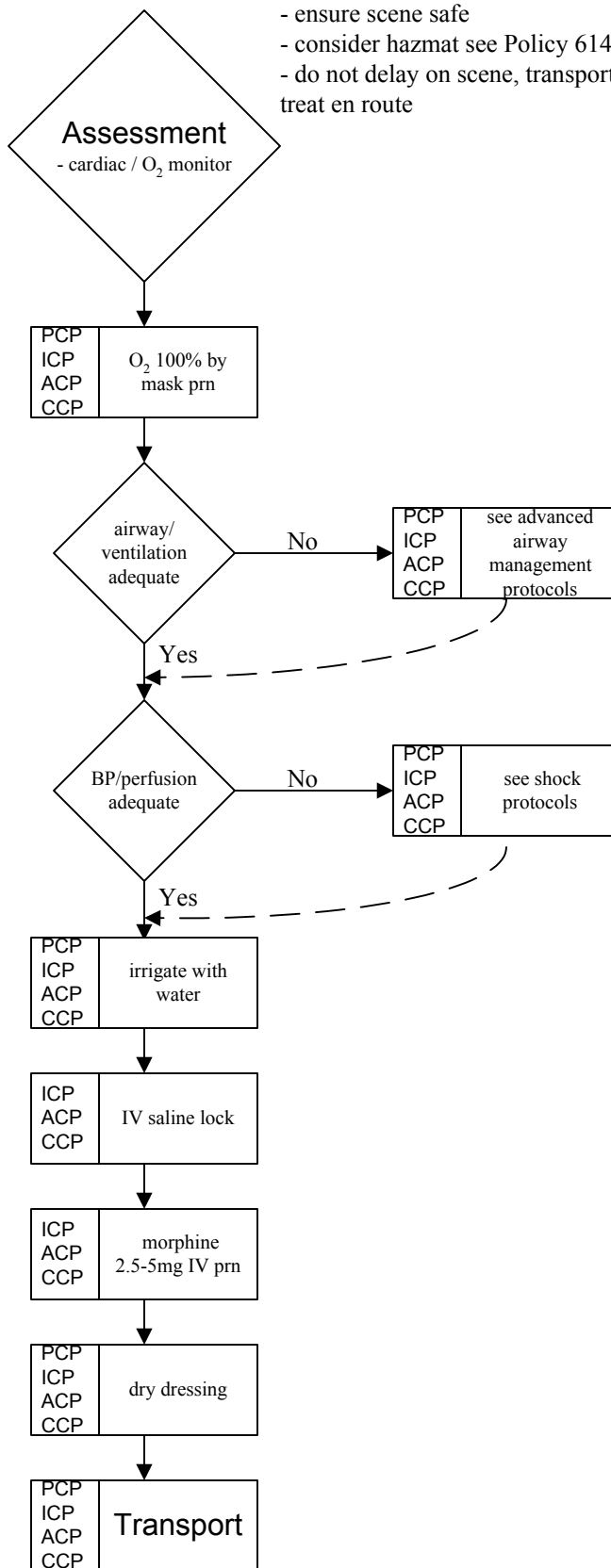
Protocol: Stroke/CVA/TIA	PDN: 6288.03	Last Updated: April 3, 2003	Subject: Stroke-CVA-TIA	Page 1
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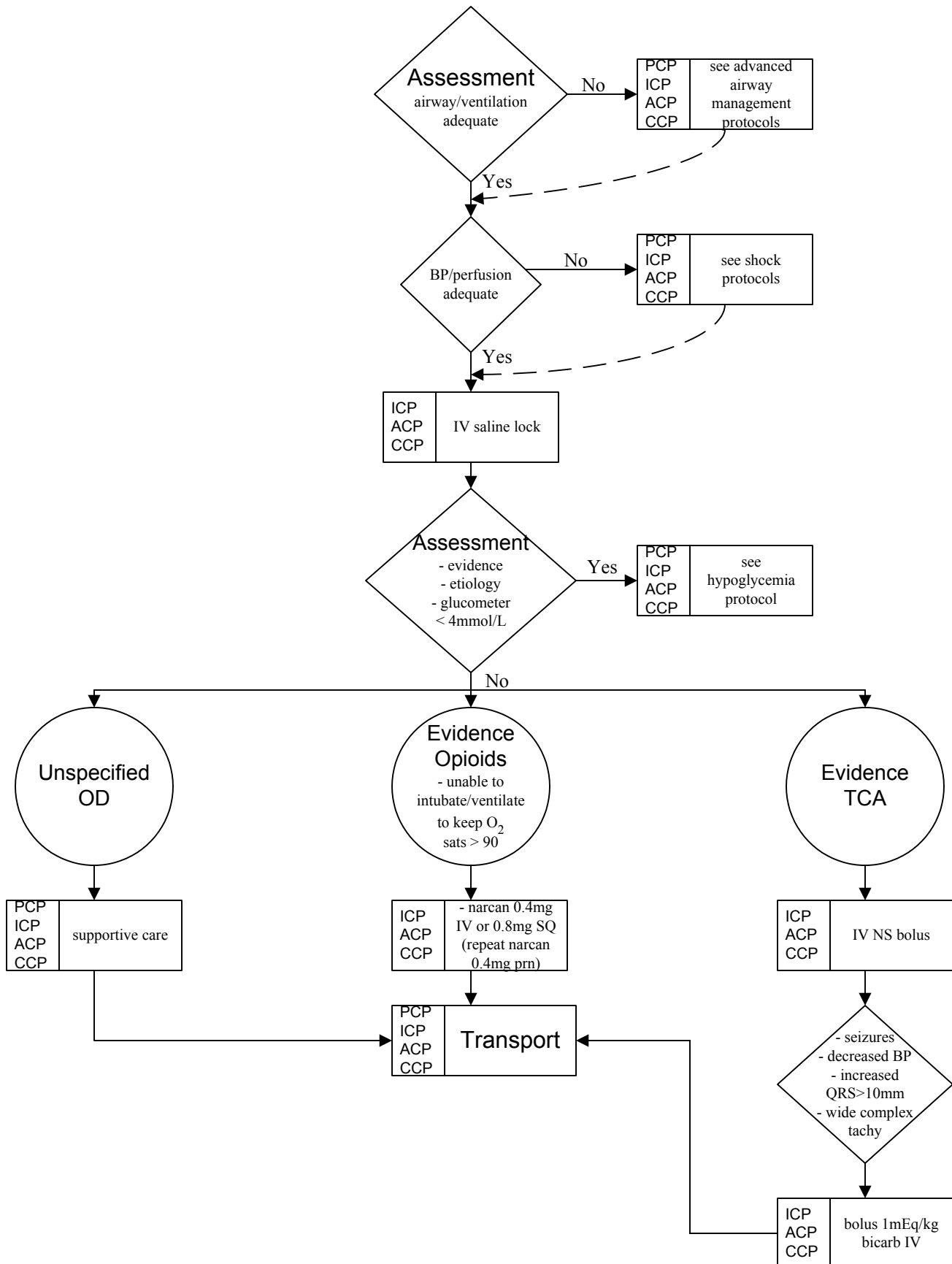


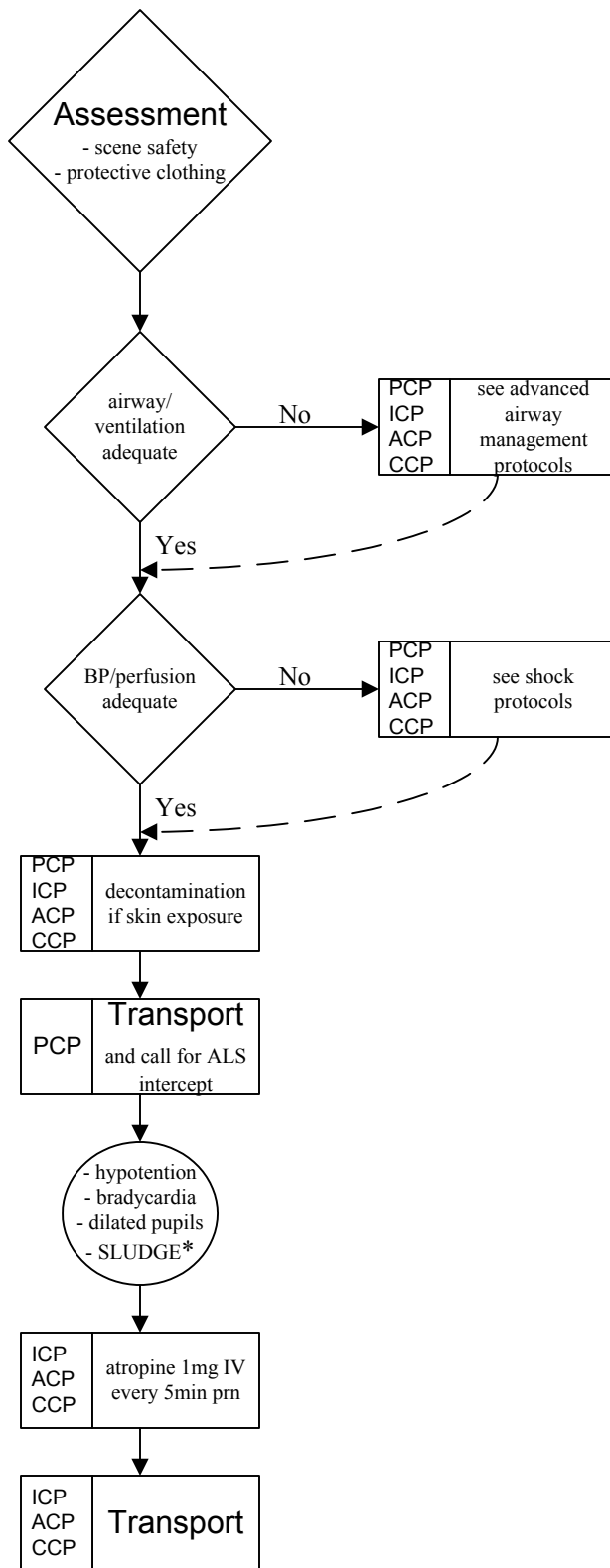
*when stroke centres are designated provincially, these patients will be transported to these centres regardless of the duration of symptoms

Protocol: Chemical Splash/Burn	PDN: 6289.02	Last Updated: April 1, 2003	Subject: Toxicologic Emergency	Page 1
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- ensure scene safe
- consider hazmat see Policy 6140
- do not delay on scene, transport immediately, treat en route

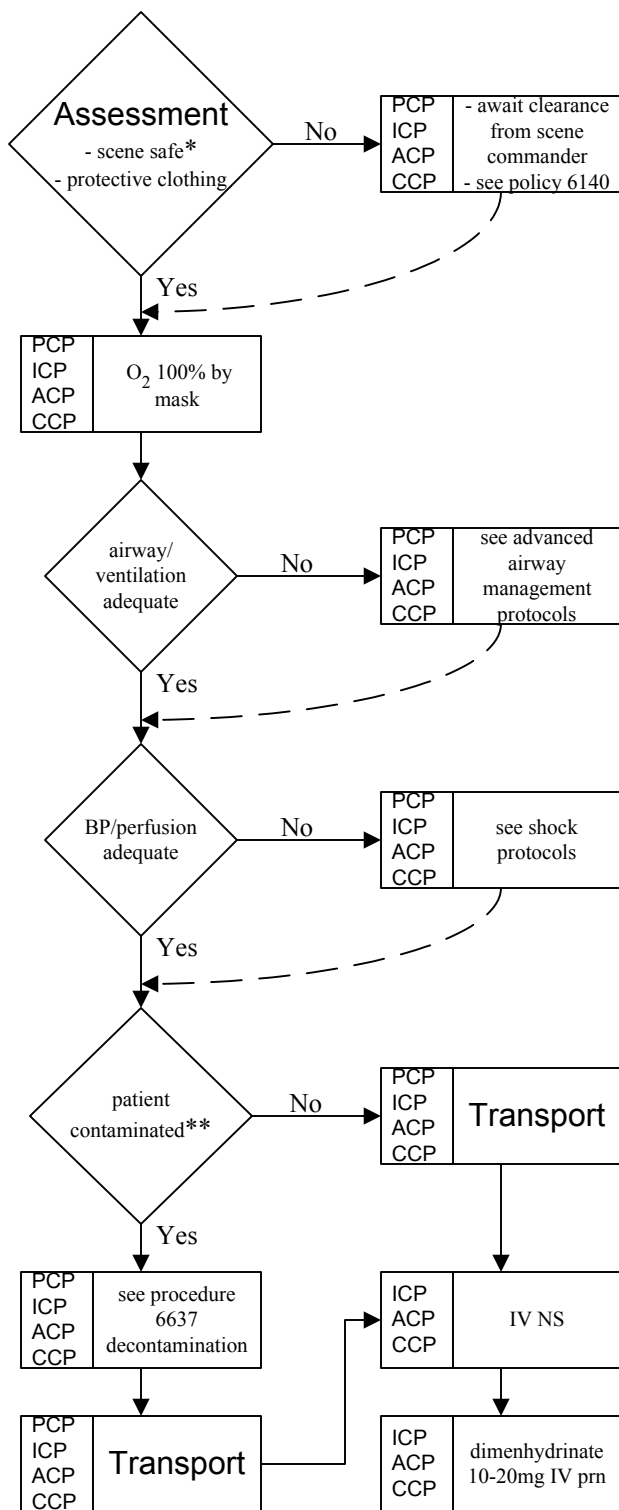






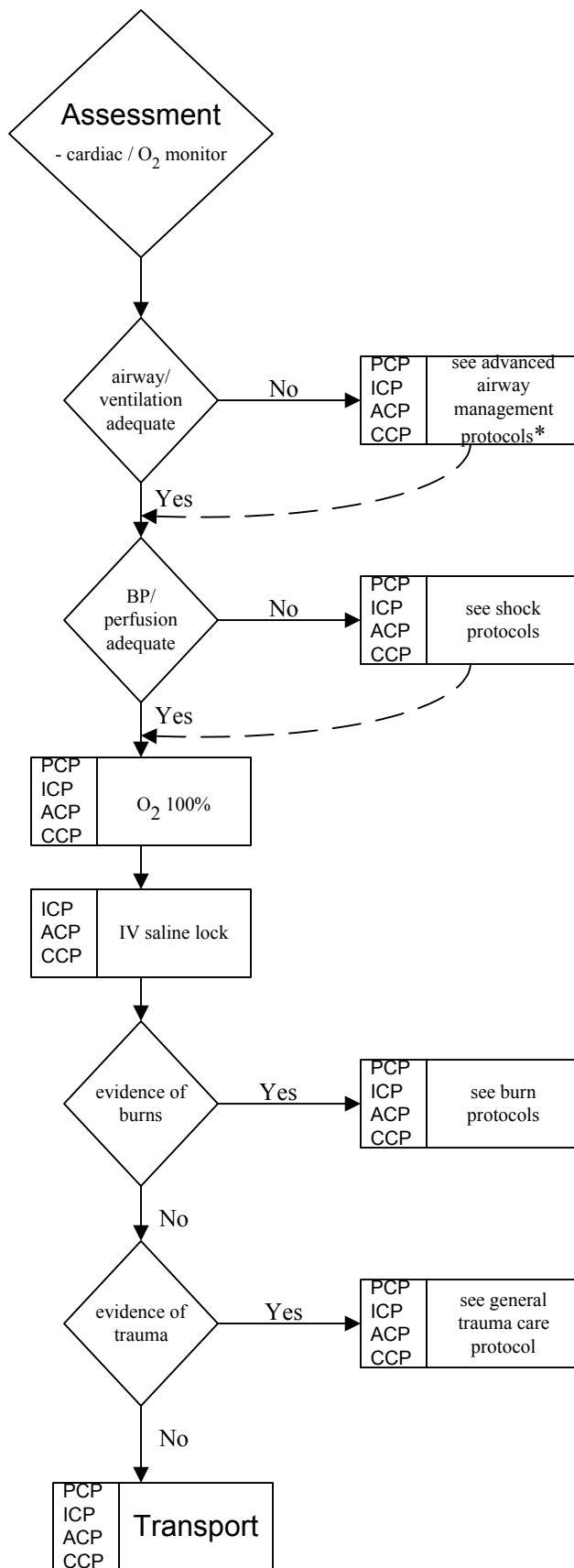
*SLUDGE
Salivation
Lacrimation (watery eye)
Urination
Defecation
GI upset
Eye problems

Protocol: Radiation Injury	PDN: 6292.01	Last Updated: April 3, 2003	Subject: Toxicologic Emergency	Page 1
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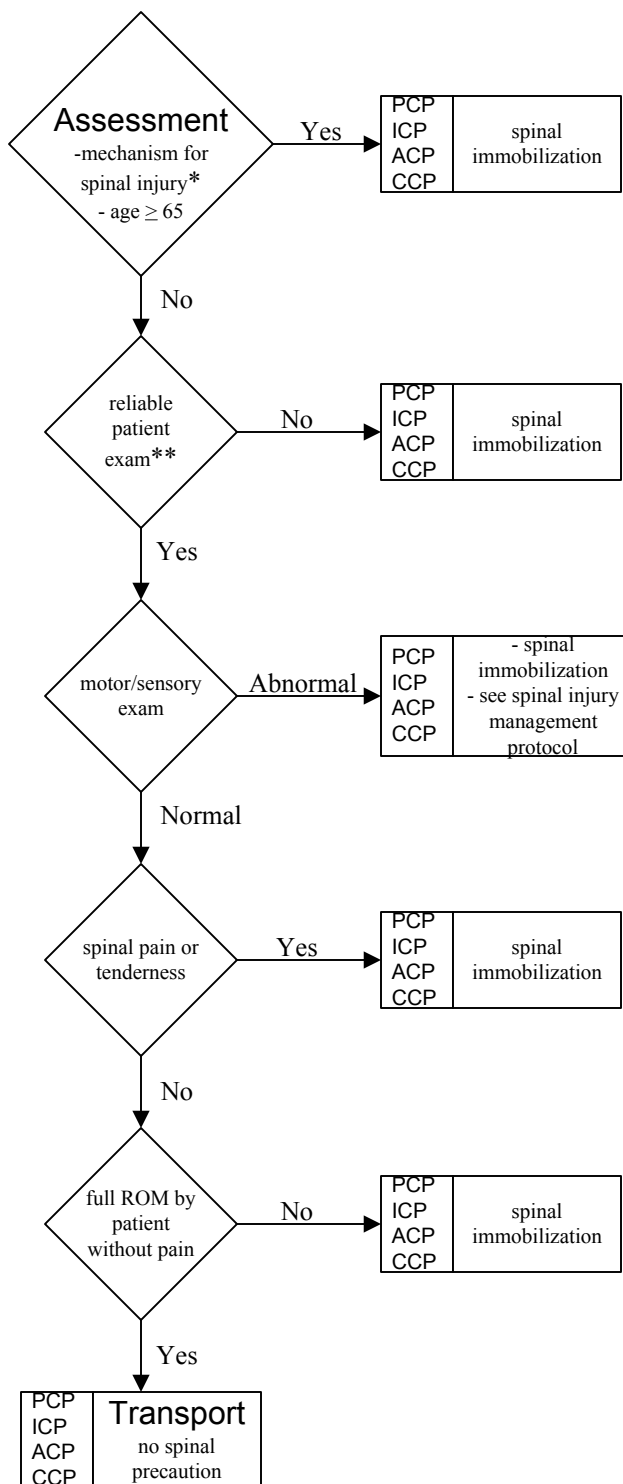
*see policy 6140 (Hazardous Material Exposure)

**at no time during or after the accident does an exposed patient carry radioactive material or emit radiation. In contrast, contamination accidents involve not only exposure, but the patient has radioactive materials present either externally or internally. As a result, the contaminated patient is continuously exposed to radiation from the contaminated material until it is removed and he/she will give off radiation to responding rescuers



*consider early intubation if any evidence of airway burn

Protocol: C-Spine Clearance	PDN: 6294.01	Last Updated: April 3, 2003	Subject: Trauma (ABCs/Major)	Page 1
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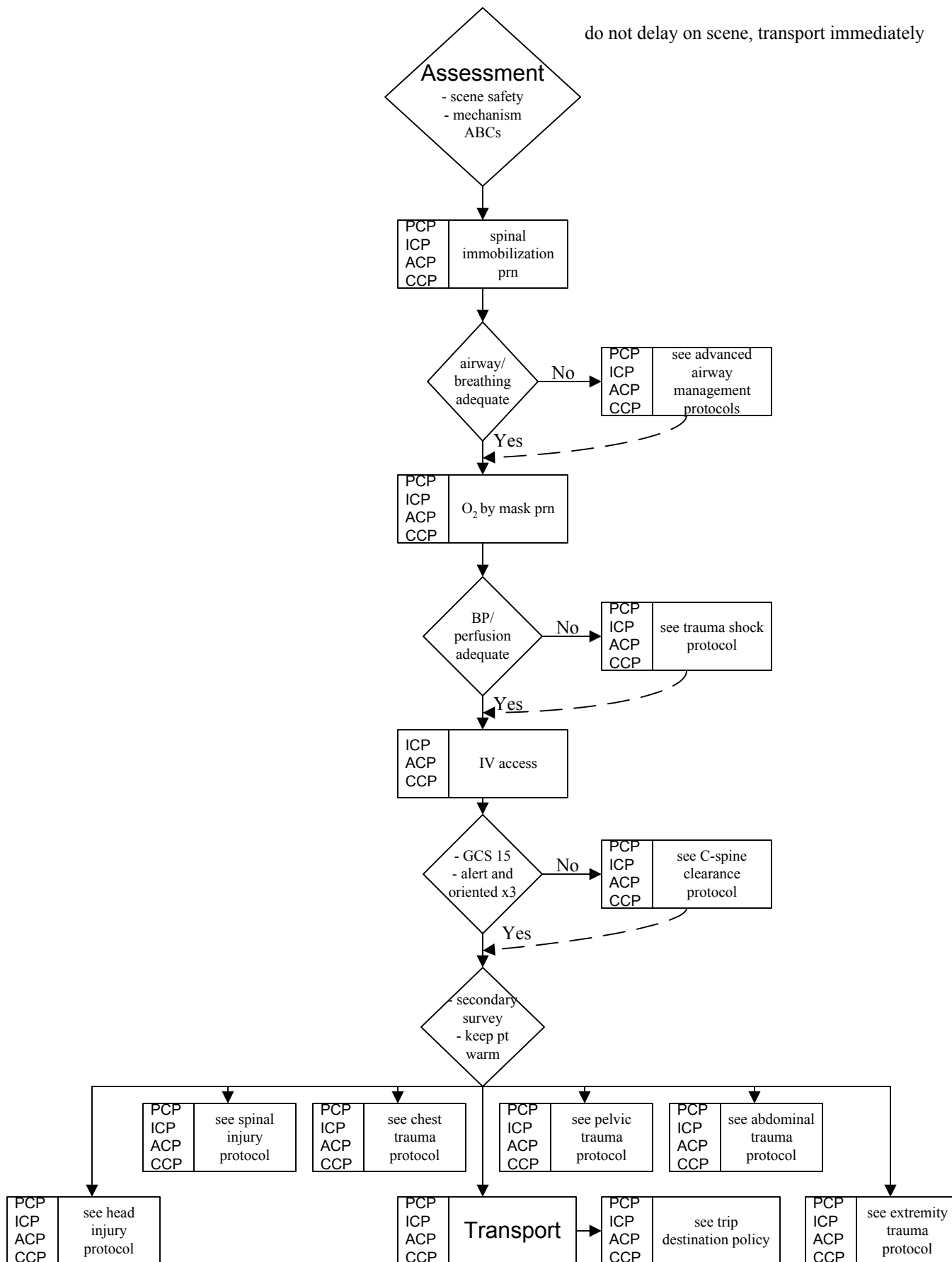
*mechanism of spinal injury:

- fall > 1m/5 stairs
- axial loading injury
- MVC high speed, rollover, ejection
- motorcycle
- penetrating trauma to spine

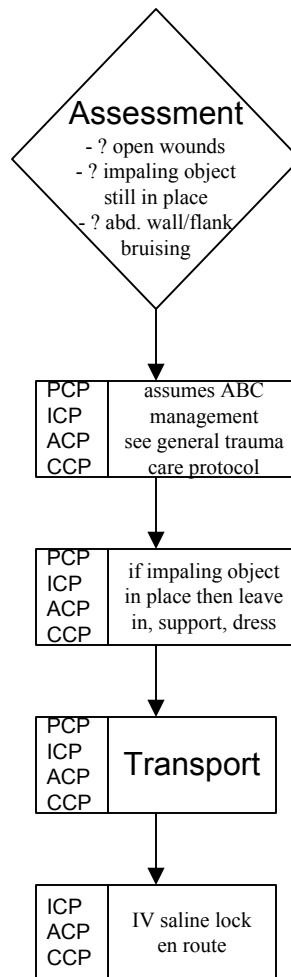
** no:

- acute stress reaction
- intoxication
- abnormal mental status
- distracting injuries
- communication problems

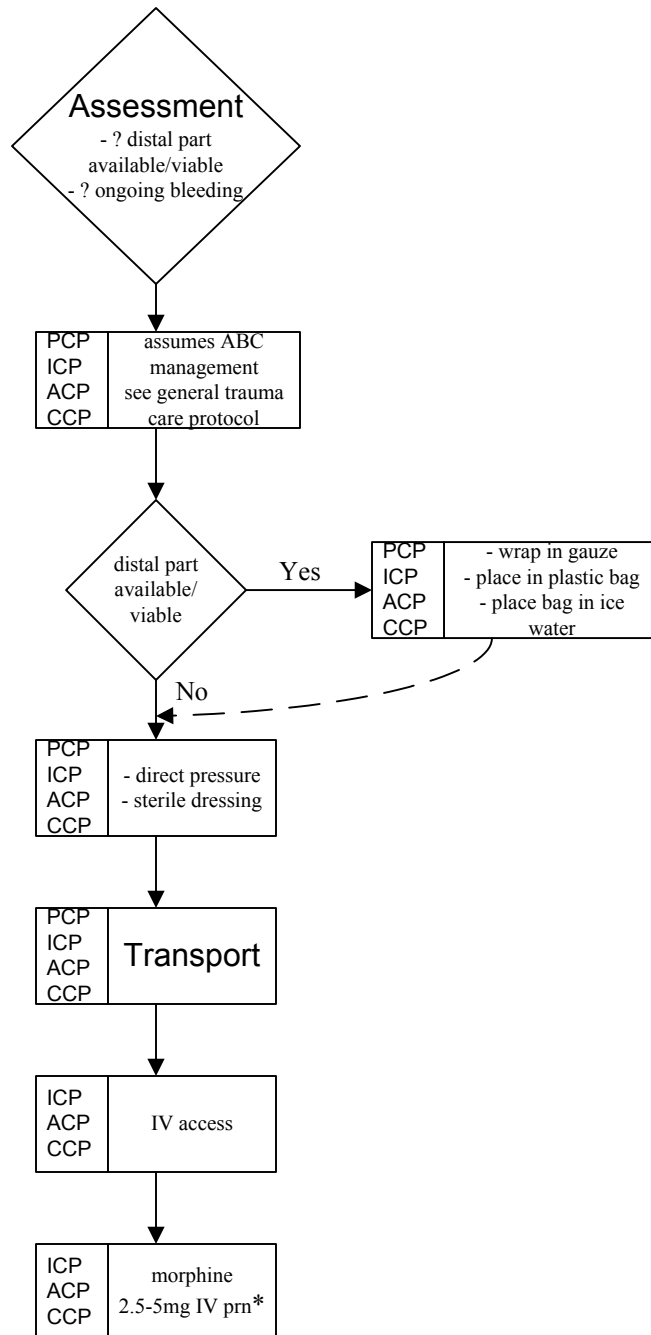
Protocol: General Trauma Care	PDN: 6295.01	Last Updated: April 3, 2003	Subject: Trauma (ABCs/Major)	Page 1
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Protocol: Abdominal Trauma	PDN: 6296.01	Last Updated: April 3, 2003	Subject: Trauma (Major)	Page 1
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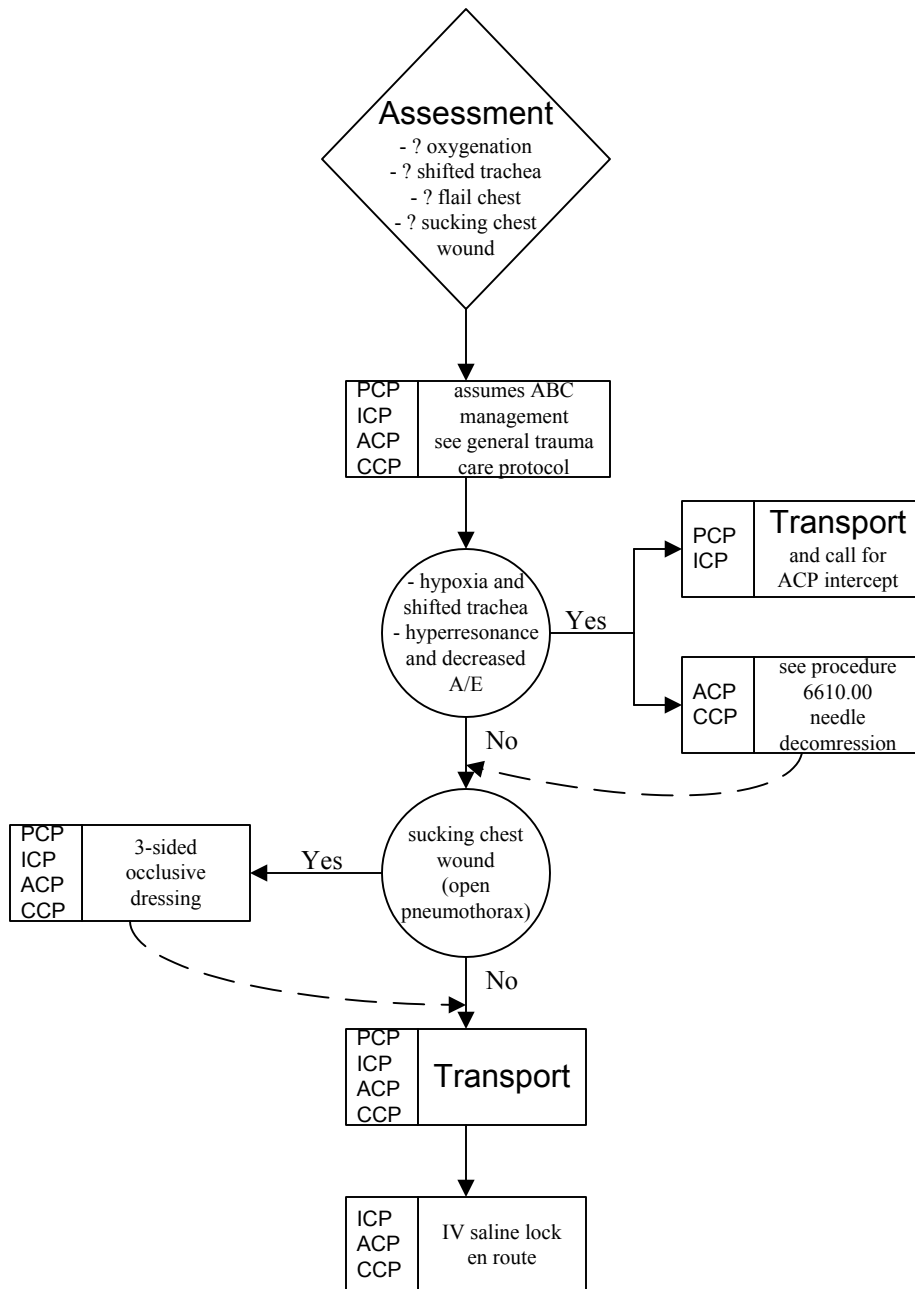


Protocol: Amputation	PDN: 6297.01	Last Updated: April 3, 2003	Subject: Trauma (Major)	Page 1
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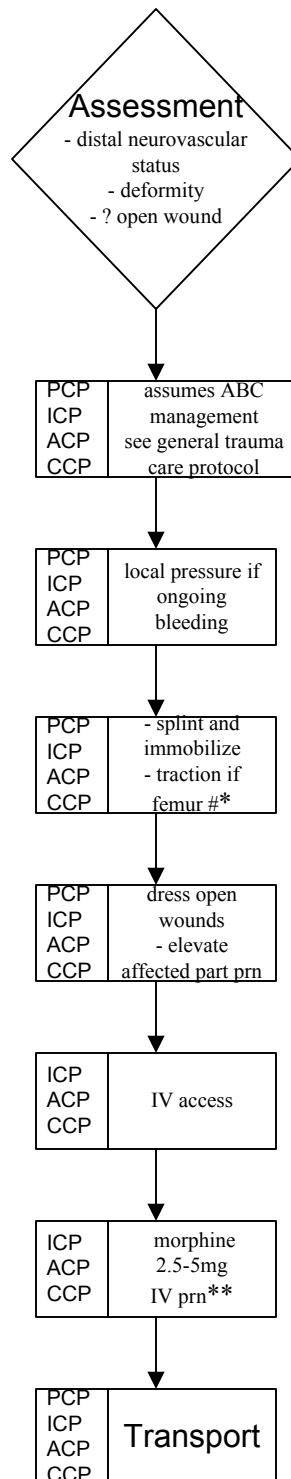


*Peds- 0.1mg/kg

Protocol: Chest Trauma	PDN: 6298.01	Last Updated: April 3, 2003	Subject: Trauma (Major)	Page 1
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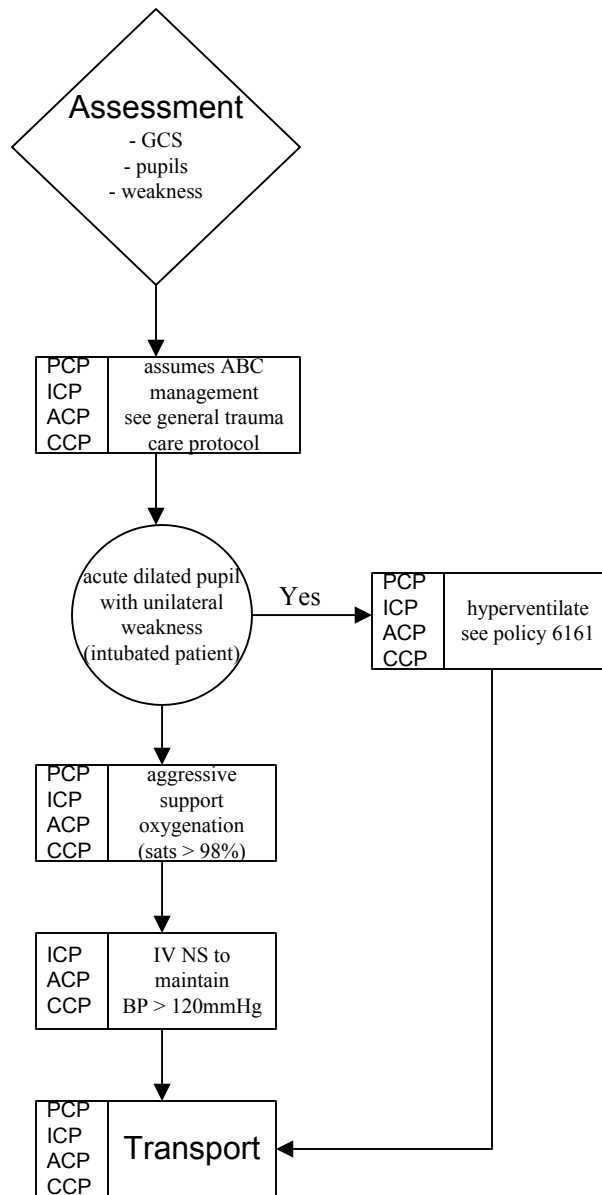


Protocol: Extremity Trauma	PDN: 6299.01	Last Updated: April 3, 2003	Subject: Trauma (Major)	Page 1
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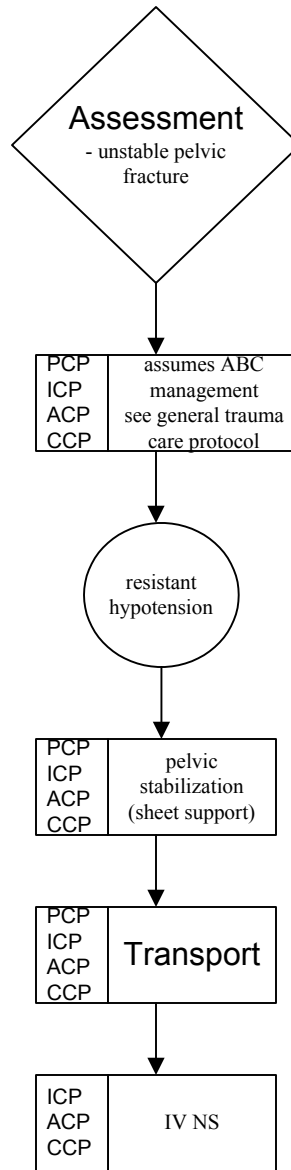


*if patient stable IV and analgesia before splinting and/or moving patient
**Peds- 0.1mg/kg

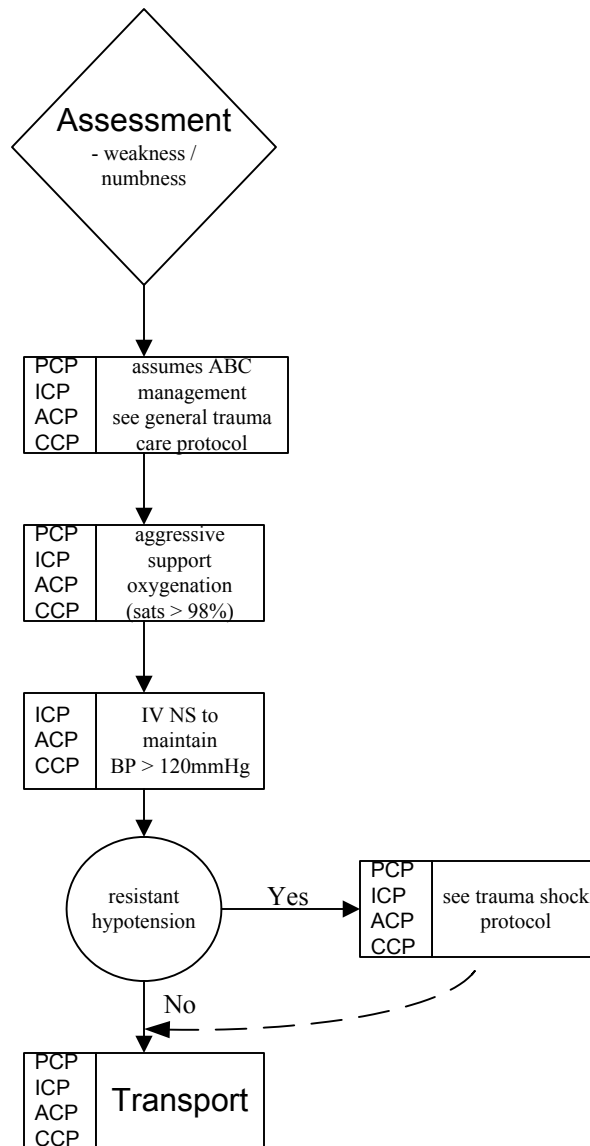
Protocol: Head Injury	PDN: 6300.01	Last Updated: April 3, 2003	Subject: Trauma (Major)	Page 1
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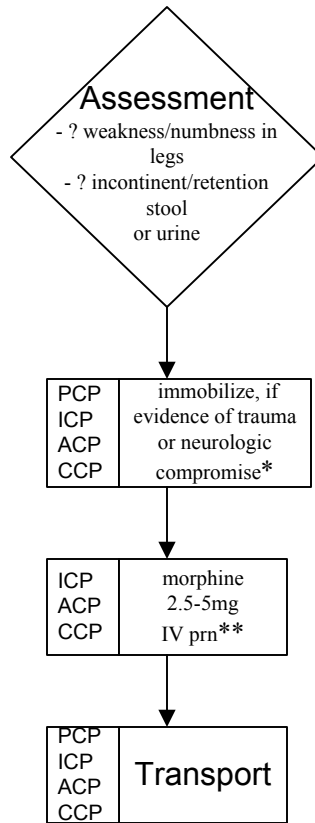
Protocol: Pelvic Trauma	PDN: 6301.01	Last Updated: April 3, 2003	Subject: Trauma (Major)	Page 1
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Protocol: Spinal Injury	PDN: 6302.02	Last Updated: April 3, 2003	Subject: Trauma (Major)	Page 1
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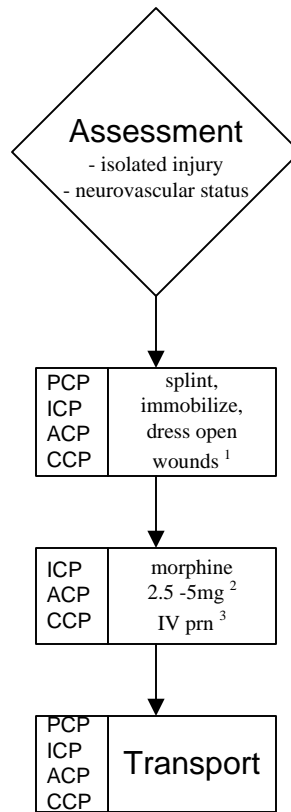
Protocol: Back Pain	PDN: 6303.01	Last Updated: April 3, 2003	Subject: Trauma (Minor)	Page 1
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*if patient stable IV and analgesia before splinting and/or moving patient

**peds - 0.1mg/kg

Protocol: Fractures/Sprains/Abrasions/Lacerations	PDN: 6304.02	Last Updated: November 3, 2006	Subject: Trauma (Minor)	Page 1
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1. If patient stable, IV and analgesia before splinting and/or moving patient.
2. Peds - 0.1mg/kg infused at 1mg/min.
3. If unable to start IV, give Morphine 5mg subcutaneously PRN.