

Treatment Protocols**Date: 07/01/2025*****Chest Pain/Discomfort (Suspected ACS) - Pediatric*****Policy #9080P**

| <p align="center"><u>Stable</u></p> <p align="center">Blood pressure appropriate for age</p> | <p align="center"><u>Unstable</u></p> <p align="center">Systolic blood pressure low for age, and/or signs of poor perfusion</p> |
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| Pediatric BLS Standing Order Protocol | |
| <ul style="list-style-type: none"> • Universal Patient Protocol • Oxygen or ventilate – as needed to O2 saturation of 95% • Capnography | <ul style="list-style-type: none"> • Universal Patient Protocol • Oxygen or ventilate – as needed to O2 saturation of 95% • Encourage immediate transport • Capnography |
| Pediatric LALS Standing Order Protocol | |
| <ul style="list-style-type: none"> • Establish IV PRN • Capnography | <ul style="list-style-type: none"> • Establish IV • 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1, if patient is without rales and there is no evidence of heart failure • Capnography |
| Pediatric ALS Standing Order Protocol | |
| <ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography • Obtain 12 Lead ECG • Pain Management Protocol PRN • Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN MR x1 | <ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography • Obtain 12 Lead ECG • Pain Management Protocol PRN • Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN MR x1 • 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1, if patient is without rales and there is no evidence of heart failure • Dopamine per Shock Protocol PRN |
| Notes | |
| <ul style="list-style-type: none"> • Report all automated, or paramedic identified 12-Lead interpretations of ACUTE MI or STEMI to receiving facility prior to arrival • If LEMSA approved STEMI facility present, transfer all STEMI to STEMI center <ul style="list-style-type: none"> ○ Prearrival ECG should be transmitted to STEMI center • Do NOT give aspirin to pediatric patients in the prehospital realm • In pediatric patients, ask for any history of heart problems, including Kawasaki's or previous heart surgeries • Encourage early base hospital contact for pediatric chest pain | |

APPROVED:

SIGNATURE ON FILE – 07/01/25Katherine Staats, M.D. FACEP
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