Treatment Protocols

Unstable
Systolic blood pressure low for age, and/or signs of poo perfusion
ding Order Protocol
 Universal Patient Protocol Oxygen or ventilate – as needed to O2 saturation of 95% Encourage immediate transport
ding Order Protocol
 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
ding Order Protocol
 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 hea failure Dopamine per Shock Protocol PRN
ites

- If LEMSA approved STEMI facility present, transfer all STEMI to STEMI center
 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:

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