

Treatment Protocols**Date: 07/01/2023*****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>
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"> ○ Prearival 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

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