Date: 07/01/2023 Policy #9120P

Stable

Blood pressure appropriate for age

Unstable

Systolic blood pressure low for age, and/or signs of poor perfusion

Pediatric BLS Standing Orders

- Universal Patient Protocol
- Give oxygen and/or ventilate PRN per Airway Policy
- Monitor O2 saturation PRN
- Remove patient from hostile environment
- Blood glucose PRN
- Capnography
- **Heat Exhaustion (Not Altered)**
 - Loosen or remove clothing
 - Cool gradually (spraying with tepid water and fanning); avoid shivering
 - If alert and no nausea, give small amounts of cool liquids by mouth
 - Obtain baseline temperature

- Universal Patient Protocol
- Give oxygen and/or ventilate PRN per Airway Policy
- Monitor O2 saturation PRN
- Remove patient from hostile environment
- Blood glucose PRN
- Capnography

Heat Stroke (Altered Mental Status)

- Remove clothing
- Implement rapid cooling measures, ice packs to axilla, groin, cervical area
- Flush or spray with tepid water, fan patient
- Avoid shivering
- Obtain baseline temperature

Pediatric LALS Standing Order Protocol

- Establish IV PRN
- Capnography

- Establish IV
- Capnography

Heat Exhaustion

 10-20 mL/kg NS IV bolus; titrated to ageappropriate systolic BP MR x1 PRN for suspected dehydration

Heat Stroke

 10-20 mL/kg NS IV bolus; titrated to ageappropriate systolic BP MR x1

Pediatric ALS Standing Orders

- Monitor EKG
- Establish IV/IO PRN
- Capnography

- Monitor EKG
- Establish IV/IO
- Capnography

Heat Exhaustion

 10-20 mL/kg NS IV/IO bolus; titrated to ageappropriate systolic BP MR x1 PRN for dehydration

Heat Stroke

 10-20 mL/kg NS IV/IO bolus; titrated to ageappropriate systolic BP MR x1

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Pediatric Base Hospital Orders	
	LALS BH - Repeat NS 0.9% 20 mL/kg IV ALS BH - Repeat NS 0.9% 20 mL/kg IV/IO BHP – Dopamine per weight-based protocol
Notes•	

- Always consider medical sources for hyperthermia such as:
 - o Sepsis or infection
 - o Intoxication or medication overdose (ex: serotonin syndrome)
- Remove these factors if possible

APPROVED:

Signature on File
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