Date: 02/01/2021 Policy #9030P

Pediatric BLS Standing Orders

- Universal Patient Protocol
- Assess and control airway and breathing as needed per Airway Policy
- Apply pulse oximetry, blood pressure and ECG monitoring
- Apply EtCO2 monitoring if ALS available
- Oxygen PRN
- Test glucose
- Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends
- Bring family or friend to hospital if available for history
- Assess for traumatic injury. If present, go to **Trauma Protocol**
- If suspected stroke or TIA, go to **Stroke/TIA Protocol**
- If suspected poisoning, including opioid overdose, go to **Poisoning Protocol**
 - o If possible bring the medication or pill bottles to the hospital
- If suspected Sepsis/SIRS, use Sepsis/SIRS Protocol

HYPOGLYCEMIA, Glucose < 80 (adult), 60 (child), or 45 (neonate) dL/mg

- Administer glucose PO, If patient is alert, has a gag reflex, and can swallow:
 - O Glucose paste on tongue depressor placed between cheek and gum
 - o Granulated sugar dissolved in liquid

SEIZURE

• See Seizure Protocol

Pediatric LALS Standing Orders

- Establish IV
- Begin NS bolus 20 mL/kg IV PRN hypotension

HYPOGLYCEMIA(<60 mg/dL in children, <45 mg/dL in neonates)

- Dextrose 10% IV dosing per chart, may repeat once (1)
- Glucagon IM dosing per chart if no IV and BS level low or unobtainable

Pediatric ALS Standing Orders

- Monitor/ECG
- Apply EtCO2 monitor
- Obtain 12 Lead EKG
- Insert ETT PRN per Airway Policy
- Establish IO PRN
- Ondansetron 0.1 mg/kg IO (max 4 mg) for nausea/vomiting
- Begin NS bolus 10-20 mL/kg IO PRN hypotension

HYPOGLYCEMIA(<60 mg/dL in children, <45 mg/dL in neonates)

- Dextrose 10% IV/IM/IO dosing per chart, may repeat once (1)
- Glucagon IM dosing per chart if no IV/IO and BS level low or unobtainable

Treatment Protocols

Altered Mental Status (Non-Traumatic) – Pediatric

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Pediatric Base Hospital Orders

• Additional glucose dosing per BH

APPROVED:

Signature on File Katherine Staats, M.D. EMS Medical Director