

Treatment Protocols

Date: 02/01/2021

Chest Pain/Discomfort (Suspected ACS) - Pediatric

Policy #9080P

<u>Stable</u> Blood pressure appropriate for age	<u>Unstable</u> Systolic blood pressure low for age, and/or signs of poor perfusion
Pediatric BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Oxygen or ventilate – as needed to O2 saturation of 95% 	<ul style="list-style-type: none"> • Universal Patient Protocol • Oxygen or ventilate – as needed to O2 saturation of 95%
Pediatric LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV PRN 	<ul style="list-style-type: none"> • Establish IV • NS 0.9% 20 mL/kg IV/IO bolus; titrated to age appropriate systolic BP
Pediatric ALS Standing Order Protocol	
<ul style="list-style-type: none"> • Continuous monitor: ECG, EtCO2 Monitor, blood pressure and pulse oximetry • Place defibrillator pads on patient • Obtain 12 lead ECG • Establish IO PRN • Ondansetron – 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN • Pain Management Protocol 	<ul style="list-style-type: none"> • Continuous monitor: ECG, EtCO2 Monitor, blood pressure and pulse oximetry • Place defibrillator pads on patient • Obtain 12 lead ECG • Establish IO PRN • Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN x1 • Encourage immediate transport • Pain Management Protocol
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"> ○ Prerarrival 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 	

APPROVED:

Signature on File

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