



Inland Counties Emergency Medical Agency

1425 South D Street, San Bernardino, CA 92415-0060 ■ (909) 388-5823 ■ Fax (909) 388-5825 ■ www.icema.net

Serving San Bernardino, Inyo, and Mono Counties
Daniel Munoz, Interim, EMS Administrator
Reza Vaezazizi, MD, Medical Director

DATE: July 28, 2022

TO: EMS Providers - ALS, LALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers and PLNs
EMS Training Institutions and Continuing Education Providers
Inyo, Mono and San Bernardino County EMCC Members
Medical Advisory Committee (MAC) Members
Systems Advisory Committee (SAC) Members

FROM: Daniel Munoz
Interim EMS Administrator

Reza Vaezazizi, MD
Medical Director

SUBJECT: 30-DAY NOTIFICATION FOR PUBLIC COMMENT

Public comment for the policies/protocols listed below will occur at the next Medical Advisory Committee meeting on August 25, 2022, at 1:00 pm. Please review and bring suggestions for modification to the meeting.

ICEMA Reference Number and Name

13060	NEW	Drowning/Submersion Injuries
1030	1030R1	EMT-P Accreditation
7010R4	7010R5	Standard Drug and Equipment List - BLS/LALS/ALS
7020R2	7020R3	Standard Drug and Equipment List - EMS Aircraft
11010R4	11010R5	Medication - Standard Orders
14030	14030R1	Bradycardias - Adult
14100	14100R1	Pain Management - Adult and Pediatric

DM/RV/lg

Enclosures

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**30-DAY NOTIFICATION FOR POLICIES/PROTOCOLS CHANGES
JULY 28, 2022**

Reference #	Name	Changes
DELETIONS		
NA		
NEW		
13060	Drowning/Submersion Injuries	Policy added to Environmental Emergencies
CHANGES		
1030	EMT-P Accreditation	The addition of skills competency verification.
7010R4	Standard Drug and Equipment List - BLS/LALS/ALS	Removed the one-way flutter valve for needle thoracotomy. Added Acetaminophen IV.
7020R2	Standard Drug and Equipment List - EMS Aircraft	Removed the one-way flutter valve for needle thoracotomy.
11010R4	Medication - Standard Orders	IV Acetaminophen added for mild to moderate pain. Calcium chloride added for ESRD with base order. Dosing for Midazolam changed to 2.5 mg IV/IO for consistency.
14030	Bradycardia	Calcium chloride added for ESRD with base order.
14100	Pain Management - Adult and Pediatric	IV acetaminophen added for mild to moderate pain.



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. 13060
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Drowning/Submersion Injuries

Cardiac arrest in drowning is caused by hypoxia, airway and ventilation are equally important to high-quality CPR.

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Submersion in water regardless of depth.
- ALOC with submersion.
- Respiratory distress with foaming, vomiting, coughing, wheezing, abnormal lung sounds and or apnea.
- Decreased or absent vital signs.

II. PRIORITIES

- Assure the safety of EMS field personnel.
- Assure and maintain ABCs with an emphasis on reversing hypoxia.
- Ventilate through the foam, do not waste time attempting to suction.
- Consider trauma or pre-existing medical problem (hypoglycemia, seizure, dysrhythmia).
- Assess for hypothermia.
- Encourage transport even if symptoms are mild.

III. BLS INTERVENTIONS

- Assure and maintain ABCs.
- Administer oxygen per ICEMA Reference #11010 - Medication - Standard Orders.
- Maintain spinal motion restriction if indicated.
- Remove wet clothing/ warm patient.
- Obtain and monitor vital signs.
- Provide high quality CPR if indicated with an emphasis on airway.

IV. LIMITED ALS (LALS) INTERVENTIONS PRIOR TO BASE HOSPITAL CONTACT

- Perform activities identified in the BLS Interventions.
- Obtain vascular access at a TKO rate or if signs of inadequate tissue perfusion, administer 500 cc fluid challenge and repeat until perfusion improves.

- For pediatric patients with signs of inadequate tissue perfusion, administer 20 ml/kg IV and repeat until perfusion improves.
- Administer Albuterol per ICEMA Reference #11010-Medication-Standing Orders

V. ALS INTERVENTIONS PRIOR TO BASE HOSPITAL CONTACT

- Perform activities identified in the BLS and LALS Interventions.
- Monitor cardiac status.
- Monitor end tidal CO₂, pulse oximetry
- Obtain glucose level. If indicated administer:
 - Dextrose per ICEMA Reference #11010-Medication-Standing Orders.
 - May repeat blood glucose level. Repeat Dextrose Per ICEMA Reference # 11010R4 - Medication - Standing Orders.
- Administer Albuterol/Atrovent per ICEMA Reference #11010 – Medication - Standard Orders.
- Consider an advanced airway, refer to ICEMA Reference # 11020 - Procedure - Standard Orders.

VI. REFERENCES

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standing Orders
14050	Cardiac Arrest - Adult
14150	Cardiac Arrest - Pediatric



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY
POLICY AND PROTOCOL MANUAL**

Reference No. 1030
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EMT-P ACCREDITATION

I. PURPOSE

To define the accreditation and reverification requirements for an eligible applicant to practice as an Emergency Medical Technician - Paramedic (EMT-P) within the ICEMA region.

II. ELIGIBILITY

- Possess a current California EMT-P License.
- Current employment as an EMT-P by an authorized Advance Life Support (ALS) service provider or by an EMS provider that has formally requested ALS authorization in the ICEMA region.

III. PROCEDURE

Accreditation/Reverification

- Submit a completed online application using the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net that includes:
 - Copy of a valid government issued photo identification.
 - Copy of a valid California EMT-P license.
 - Copy of completed EMT-P skills competency verification form, or electronic verification from employer that skills competency was completed.
 - Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an applicant who is currently certified or licensed as an EMT-P, Registered Nurse, Physician Assistant, or Physician and who shall be designated as part of a skills competency verification process approved by ICEMA.
 - Copy (front and back) of a valid American Heart Association BLS Healthcare Provider, American Red Cross BLS Healthcare Provider card Professional Rescuer CPR card or equivalent. Online course is acceptable with written documentation of skills portion.
 - Copy (front and back) of a valid American Heart Association Advanced Cardiac Life Support (ACLS) card. ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.
 - For military-based fire/EMS field personnel only, American Red Cross Advanced Life Support (ALS) provider card will be recognized and online course is acceptable with written documentation of skills portion.
- Submit the established ICEMA fee. Fees paid for accreditation are not refundable or transferable. ICEMA fees are published on the ICEMA website at ICEMA.net.

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- The EMT-P shall be responsible for notifying ICEMA of any and all changes in name, employer, e-mail and/or mailing address within 30 calendar days of change. This notification/change may be made through the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net.

NOTE: If ICEMA accreditation has lapsed for more than one (1) year, the applicant must comply with the initial accreditation procedure.

Initial Accreditation

- Pass the ICEMA EMT-P accreditation written examination with a minimum score of 80 percent (80%).
 - A candidate who fails to pass the ICEMA written examination on the first attempt will have to pay the ICEMA approved fee and re-take the exam with a minimum passing score of 85 percent (85%).
 - A candidate who fails to pass the ICEMA written examination on the second attempt will have to pay the established ICEMA fee, and provide documentation of eight (8) hours of remedial training in ICEMA protocols, policies/procedures given by their EMS/QI Coordinator and pass the ICEMA exam with a minimum passing score of 85 percent (85%).
 - If the candidate fails to pass the ICEMA written examination on the third attempt, the candidate will be ineligible for accreditation for a period of six (6) months, at which time candidate must reapply and successfully complete all initial accreditation requirements.

ICEMA accreditation will be effective from the date all requirements are verified and expire on the same date as the California EMT-P license, provided all requirements continue to be met.



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY
POLICY AND PROTOCOL MANUAL**

Reference No. 7010R4
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STANDARD DRUG AND EQUIPMENT LIST - BLS/LALS/ALS

Each ambulance and first responder unit shall be equipped with the following functional equipment and supplies. **This list represents mandatory items with minimum quantities** excluding narcotics, which must be kept within the range indicated. All expiration dates must be current. All packaging of drugs or equipment must be intact. No open products or torn packaging may be used.

All ALS (transport and non-transport) and BLS transport vehicles shall be inspected annually.

MEDICATIONS/SOLUTIONS

Exchanged Medications/Solutions	BLS	LALS	ALS Non-Transport	ALS Transport
Acetaminophen (Tylenol) 1 gm IV			<u>1</u>	<u>1</u>
Adenosine (Adenocard) 6 mg			1	1
Adenosine (Adenocard) 12 mg			2	2
Albuterol Aerosolized Solution (Proventil) - unit dose 2.5 mg		4 doses	4 doses	4 doses
Albuterol MDI with spacer		1 SPECIALTY PROGRAMS ONLY	1 SPECIALTY PROGRAMS ONLY	1 SPECIALTY PROGRAMS ONLY
Aspirin, chewable - 81 mg tablet		2	1 bottle	1 bottle
Atropine 1 mg preload			2	2
Calcium Chloride 1 gm preload			1	1
Dextrose 10% in 250 ml Water (D10W)		2	2	2
Diphenhydramine (Benadryl) 50 mg		2	1	1
Epinephrine 0.15 mg Auto-Injector	2 SPECIALTY PROGRAMS ONLY	2 SPECIALTY PROGRAMS ONLY		
Epinephrine 0.3 mg Auto-Injector	2 SPECIALTY PROGRAMS ONLY	2 SPECIALTY PROGRAMS ONLY		
Epinephrine 1 mg/ml 1 mg		2	2	2
Epinephrine 0.1 mg/ml 1 mg preload			4	4
Glucagon 1 mg		1	1	1
Glucose paste	1 tube	1 tube	1 tube	1 tube
Ipratropium Bromide Inhalation Solution (Atrovent) unit dose 0.5 mg			4	4
Irrigating Saline and/or Sterile Water (1000 cc)	2	1	1	2
Lidocaine 100 mg			3	3
Lidocaine 2% Intravenous solution			1	1
Magnesium Sulfate 10 gm			1	1
Naloxone (Narcan) 2 mg preload	2	2	2	2
Nitroglycerine (NTG) - Spray 0.4 mg metered dose and/or tablets (tablets to be discarded 90 days after opening)		2	1	2
Nitroglycerine Paste 2% - 1 gm packets, or Nitroglycerine Paste 2% - 30 gm tube, or Nitroglycerine Paste 2% - 60 gm tube				2 1 1
Normal Saline for Injection (10 cc)		2	2	2
Normal Saline 100 cc			1	2

Exchanged Medications/Solutions	BLS	LALS	ALS Non-Transport	ALS Transport
Normal Saline 250 cc			1	1
Normal Saline 500 ml and/or 1000 ml		2000 ml	3000 ml	6000 ml
Ondansetron (Zofran) 4 mg Oral Disintegrating Tablets (ODT)			4	4
Ondansetron (Zofran) 4 mg IM/IV			4	4
Sodium Bicarbonate 50 mEq preload			2	2
Tranexamic Acid (TXA) 1 gm			2	2

Non-Exchange Controlled Substance Medications MUST BE DOUBLE LOCKED	BLS	LALS	ALS Non-Transport	ALS Transport
Fentanyl			200-400 mcg	200-400 mcg
Midazolam			20-40 mg	20-40 mg
Ketamine			120-1000 mg	120-1000 mg

AIRWAY/SUCTION EQUIPMENT

Exchanged Airway/Suction Equipment	BLS	LALS	ALS Non-Transport	ALS Transport
CPAP circuits - all manufacture's available sizes			1 each	2 each
End-tidal CO2 device - Pediatric and Adult (may be integrated into bag)			1 each	1 each
Endotracheal Tubes cuffed - 6.0 and/or 6.5, 7.0 and/or 7.5 and 8.0 and/or 8.5 with stylet			2 each	2 each
ET Tube holders - adult		1 each	1 each	2 each
i-gel - Size 3, 4, and 5			2 each	2 each
Mask - Adult & Pediatric non-rebreather oxygen mask	2 each	2 each	2 each	2 each
Mask - Infant Simple Mask	1	1	1	1
Nasal cannulas - pediatric and adult	2 each	2 each	2 each	2 each
Naso/Orogastric feeding tubes - 5fr or 6fr, and 8fr			1 each	1 each
Naso/Orogastric tubes - 10fr or 12fr, 14fr, 16fr or 18fr			1 each	1 each
Nasopharyngeal Airways - (infant, child, and adult)	1 each	1 each	1 each	1 each
Needle Cricothyrotomy Device - Pediatric and adult or Needles for procedure 10, 12, 14 and/or 16 gauge			1 each 2 each	1 each 2 each
<u>14 gauge 3.25 inch and 18 gauge 1.75-2 inch IV catheters for Needle Thoracostomy</u> One-way flutter valve with adapter or equivalent			<u>2 each</u> 2 each	<u>2 each</u> 2 each
Oropharyngeal Airways - (infant, child, and adult)	1 each	1 each	1 each	1 each
Rigid tonsil tip suction	1		1	1
Small volume nebulizer with universal cuff		2	2	2

Exchanged Airway/Suction Equipment	BLS	LALS	ALS Non-Transport	ALS Transport
adaptor				
Suction Canister	1		1	1
Suction catheters - 6fr, 8fr or 10fr, 12fr or 14fr	1 each		1 each	1 each
Ventilation Bags -				
Infant 250 ml	1	1	1	1
Pediatric 500 ml (or equivalent)	1	1	1	1
Adult	1	1	1	1
Water soluble lubricating jelly		1	1	1

Non-Exchange Airway/Suction Equipment	BLS	LALS	ALS Non-Transport	ALS Transport
Ambulance oxygen source -10 L / min for 20 minutes	1			1
CPAP - (must be capable of titrating pressure between 2 and 15 cm H ₂ O)			1	1
Flashlight/penlight	1	1	1	1
Laryngoscope blades - #0, #1, #2, #3, #4 curved and/or straight			1 each	1 each
Laryngoscope handle with batteries - or 2 disposable handles			1	1
Magill Forceps - Pediatric and Adult			1 each	1 each
Manual powered suction device		1		
Portable oxygen with regulator - 10 L /min for 20 minutes	1	1	1	1
Portable suction device (battery operated)	1		1	1
Pulse Oximetry device	(SEE OPTIONAL EQUIPMENT SECTION, PG. 5)	1	1	1
Stethoscope	1	1	1	1
Wall mount suction device	1 (BLS TRANSPORT ONLY)			1

IV/NEEDLES/SYRINGES/MONITORING EQUIPMENT

Exchanged IV/Needles/Syringes/Monitor Equipment	BLS	LALS	ALS Non-Transport	ALS Transport
Conductive medium or Pacer/Defibrillation pads			2 each	2 each
Disposable Tourniquets		2	2	2
ECG electrodes			20	20
EZ-IO Driver			1 each	1 each
EZ-IO Needles:				
25 mm			2 each	2 each
45 mm			1 each	1 each
Glucose monitoring device with compatible strips and OSHA approved single use lancets	1	1	1	1
3-way stopcock with extension tubing			2	2
IV Catheters - sizes 14, 16, 18, 20, 22, 24		2 each	2 each	2 each

Exchanged IV/Needles/Syringes/Monitor Equipment	BLS	LALS	ALS Non- Transport	ALS Transport
Macro drip Administration Set		3	3	3
Micro drip Administration Set (60 drops / cc)		1	1	2
Mucosal Atomizer Device (MAD) for nasal administration of medication	2	2	2	4
Pressure Infusion Bag (disposable)		1	1	1
Razors		1	2	2
Safety Needles - 20 or 21 gauge and 23 or 25 gauge		2 each	2 each	2 each
Saline Lock Large Bore Tubing Needleless		2	2	2
Sterile IV dressing		2	2	2
Syringes w/wo safety needles - 1 cc, 3 cc, 10 cc catheter tip		2 each		
Syringes w/wo safety needles - 1 cc, 3 cc, 10 cc, 20 cc, 60 cc catheter tip			2 each	2 each

Non-Exchange IV/Needles/Syringes/ Monitor Equipment	BLS	LALS	ALS Non- Transport	ALS Transport
12-lead ECG Monitor and Defibrillator with TCP and printout			1	1
Blood pressure cuff - large adult or thigh cuff, adult, child and infant (one of each size)	1	1	1	1
Capnography monitor and supplies, may be integrated in the cardiac monitor			1	1
Needle disposal system (OSHA approved)	1	1	1	1
Thermometer - Mercury Free with covers	1	1	1	1

OPTIONAL EQUIPMENT/MEDICATIONS

Non-Exchange Optional Equipment/ Medications	BLS	LALS	ALS Non- Transport	ALS Transport
AED/defib pads - Adult (1), Pediatric (1)	1 each	1 each		
Automatic CPR device (FDA approved)	1	1	1	1
Automatic transport ventilator (Specialty Program Only - ICEMA approved device)			1	1
Backboard padding	1	1	1	1
Buretrol			1	1
Chemistry profile tubes			3	3
Nerve Agent Antidote Kit (NAAK) - DuoDote or Mark I	3	3	3	3
EMS Tourniquet	1		1	1
Gum Elastic intubation stylet			2	2
Hemostatic Dressings *	1	1	1	1
IO Needles - Manual, Adult and Pediatric, Optional		Pediatric sizes only or EZ-IO needles and drivers	1 each	1 each
IV infusion pump			1	1
IV warming device		1	1	1
Manual IV Flow Rate Control Device			1	1
Manual powered suction device	1	1	1	1
Multi-lumen peripheral catheter			2	2
Needle Thoracostomy Kit (prepackaged)			2	2

Non-Exchange Optional Equipment/ Medications	BLS	LALS	ALS Non-Transport	ALS Transport
Naloxone (Narcan) Nasal Spray 4 mg	2	2	2	2
Pulse Oximetry device	1			
Translaryngeal Jet Ventilation Device			1	1
Vacutainer			1	1

* Hemostatic Dressings

- Quick Clot, Z-Medica
 - Quick Clot, Combat Gauze LE
 - Quick Clot, EMS Rolled Gauze, 4x4 Dressing, TraumaPad
- Celox
 - Celox Gauze, Z-Fold Hemostatic Gauze
 - Celox Rapid, Hemostatic Z-Fold Gauze
- HemCon ChitoFlex Pro Dressing

NOTE:

- The above products are “packaged” in various forms (i.e., Z-fold, rolled gauze, trauma pads, 4”x4”pads) and are authorized provided they are comprised of the approved product.
- Hemostatic Celox Granules, or granules delivered in an applicator, are not authorized.

DRESSING MATERIALS/OTHER EQUIPMENT/SUPPLIES

Exchanged Dressing Materials/Other Equipment/ Supplies	BLS	LALS	ALS Non-Transport	ALS Transport
Adhesive tape - 1 inch	2	2	2	2
Air occlusive dressing	1	1	1	1
Ankle and wrist restraints, soft ties acceptable	1		1	1
Antiseptic swabs/wipes	10	10	10	10
Bedpan or fracture pan	1 (BLS TRANSPORT UNITS ONLY)			1
Urinal	1 (BLS TRANSPORT UNITS ONLY)			1
Cervical Collars - Rigid Pediatric and Adult all sizes or Cervical Collars - Adjustable Adult and Pediatric	2 each 2 each	2 each 2 each	2 each 2 each	2 each 2 each
Cold Packs	2	2	2	2
Emesis basin or disposable bags and covered waste container	1	1	1	1
Head immobilization device	2	2	2	2
OB Kit	1	1	1	1
Pneumatic or rigid splints capable of splinting all extremities	4	2	2	4
Providine/Iodine swabs/wipes or antiseptic equivalent		4	10	10
Roller bandages - 4 inch	6	3	3	6
Sterile bandage compress or equivalent	6	2	2	6
Sterile gauze pads - 4x4 inch	4	4	4	4
Sterile sheet for Burns	2	2	2	2

Exchanged Dressing Materials/Other Equipment/ Supplies	BLS	LALS	ALS Non- Transport	ALS Transport
Universal dressing 10x30 inches	2	2	2	2

Non-Exchange Dressing Materials/Other Equipment/Supplies	BLS	LALS	ALS Non-Transport	ALS Transport
800 MHz Radio		1	1	1
Ambulance gurney	1 (BLS TRANSPORT UNITS ONLY)			1
Bandage shears	1	1	1	1
Blood Borne Pathogen Protective Equipment - (nonporous gloves, goggles face masks and gowns meeting OSHA Standards)	2	1	2	2
Pediatric Emergency Measuring Tape (Broselow, etc.)		1	1	1
Drinkable water in secured plastic container or equivalent	1 gallon			1 gallon
Long board with restraint straps	1	1	1	1
Pediatric immobilization board	1	1	1	1
Pillow, pillow case, sheets and blanket	1 set (BLS TRANSPORT UNITS ONLY)			1 set
Short extrication device	1	1	1	1
Straps to secure patient to gurney	1 set (BLS TRANSPORT UNITS ONLY)			1 set
Traction splint	1	1	1	1
Triage Tags - ICEMA approved	20	20	20	20



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY
POLICY AND PROTOCOL MANUAL**

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STANDARD DRUG AND EQUIPMENT LIST - EMS AIRCRAFT

Each Aircraft shall be equipped with the following functional equipment and supplies. This list represents mandatory items with minimum quantities, to exclude narcotics, which must be kept within the range indicated. All expiration dates must be current. All packaging of drugs or equipment must be intact. No open products or torn packaging may be used.

MEDICATIONS/SOLUTIONS	AMOUNT
<u>Acetaminophen (Tylenol) 1 gm IV</u>	<u>1</u>
Adenosine (Adenocard) 6 mg	1
Adenosine (Adenocard) 12 mg	2
Albuterol Aerosolized Solution (Proventil) - unit dose 2.5 mg	3 doses
Aspirin, chewable - 81 mg tablet	1 bottle
Atropine 1 mg preload	2
Calcium Chloride 1 gm preload	1
Dextrose 10% in 250 ml Water (D10W) *	2
Diphenhydramine (Benadryl) 50 mg	1
Epinephrine 1 mg/ml 1 mg	2
Epinephrine 0.1 mg/ml 1mg preload	3
Glucagon 1 mg	1
Glucopaste	1 tube
Ipratropium Bromide Inhalation Solution (Atrovent) unit dose 0.5 mg	3
Lidocaine 100 mg	3
Lidocaine 2% Intravenous solution	1
Magnesium Sulfate 10 gms	1
Naloxone (Narcan) 2 mg preload	2
Nitroglycerin (NTG) - Spray 0.4 mg metered dose and/or tablets (tablets to be discarded 90 days after opening.)	1
Normal Saline for Injection (10 cc)	2
Normal Saline 250 ml	1
Normal Saline 500 ml and/or 1000 ml	2000 ml
Ondansetron (Zofran) 4 mg Oral Disintegrating Tablets (ODT)	4
Ondansetron (Zofran) 4 mg IM/ IV	4
Sodium Bicarbonate 50 mEq preload	2
Tranexamic Acid (TXA) 1 gm	2

CONTROLLED SUBSTANCE MEDICATIONS-MUST BE DOUBLE LOCKED	AMOUNT
Fentanyl	200-400 mcg
Midazolam	20-40 mg
Ketamine	120-1000 mg

AIRWAY/SUCTION EQUIPMENT	AMOUNT
Aircraft Oxygen source -10 L /min for 20 minutes	1
C-PAP circuits - all manufacture's available sizes	1 each
End-tidal CO2 device - pediatric and adult (may be integrated into bag)	1 each
Endotracheal Tubes cuffed - 6.0 and/or 6.5, 7.0 and/or 7.5 and 8.0 and/or 8.5 with stylet	2 each
ET Tube holders - adult	1 each
Flashlight/penlight	1
Laryngoscope handle with batteries - or 2 disposable handles	1
Laryngoscope blades - #0, #1, #2, #3, #4 curved and/or straight	1 each
Magill Forceps - Pediatric and Adult	1 each
Nasal Cannulas - infant, pediatric and adult	2 each

AIRWAY/SUCTION EQUIPMENT	AMOUNT
Naso/Orogastric tubes - 10fr or 12fr, 14fr, 16fr or 18fr	1 each
Naso/Orogastric feeding tubes - 5fr or 6fr, and 8fr	1 each
Nasopharyngeal Airways - infant, child, and adult	1 each
Needle Cricothyrotomy Device (Approved) - Pediatric and adult <i>or</i>	1 each
Needles for procedure 10, 12, 14 and/or 16 gauge	2 each
Non Re-Breather O ₂ Mask - Pediatric and Adult, Infant Simple Mask	2 each
One way flutter valve with adapter or equivalent 14 gauge 3.25 inch and 18 gauge 1.75-2 inch IV catheters for Needle Thoracostomy.	2 each ⁴
Oropharyngeal Airways - infant, child, and adult	1 each
Portable Oxygen with regulator - 10 L /min for 20 minutes	1
Portable suction device (battery operated) <i>and/or</i> Wall mount suction device	1 each
Pulse Oximetry device	1
Small volume nebulizer with universal cuff adaptor	1
Stethoscope	1
Suction catheters - 6fr, 8fr or 10fr, 12fr or 14fr	1 each
Ventilation Bags - Infant 250 ml, Pediatric 500 ml and Adult 1 L	1 each
Water soluble lubricating jelly	1
Ridged tonsil tip suction	1

IV/NEEDLES/SYRINGES/MONITORING EQUIPMENT	AMOUNT
12-Lead ECG Monitor and Defibrillator with TCP and printout	1
800 MHz Radio	1
Blood pressure cuff - large adult or thigh cuff, adult, child and infant	1 set
Capnography monitor and supplies, may be integrated in the cardiac monitor	1
Conductive medium <i>or</i> Adult and Pediatric Pacer/Defibrillation pads	2 each
ECG - Pediatric and Adult	20 patches
EZ IO Needles and Driver 25 mm <i>and</i>	2 each
45 mm	1 each
3-way stopcock with extension tubing	2
IO Needles - Manual, Adult and Pediatric, <u>Optional</u>	1 each
IV Catheters - sizes 14, 16, 18, 20, 22, 24	2 each
Glucose monitoring device	1
Macro drip Administration Set	3
Micro drip Administration Set (60 drops/ml)	1
Mucosal Atomizer Device (MAD) for nasal administration of medication	4
Needle disposal system (OSHA approved)	1
Pressure infusion bag	1
Safety Needles - 20 or 21 gauge and 23 or 25 gauge	2 each
Saline Lock	2
Syringes w/wo safety needles - 1 ml, 3 ml, 10 ml, 20 ml	2 each
Syringe - 60 ml catheter tip	2
Thermometer - Mercury free with covers	1

DRESSING MATERIALS/OTHER EQUIPMENT SUPPLIES	AMOUNT
Adhesive tape - 1 inch	2
Air occlusive dressing	1
Aircraft stretcher or litter system with approved FAA straps that allows for Axial Spinal Immobilization	1
Ankle and wrist restraints, soft ties acceptable	1
Antiseptic swabs/wipes	

DRESSING MATERIALS/OTHER EQUIPMENT SUPPLIES	AMOUNT
Bandage shears	1
Blanket or sheet	2
Blood Borne Pathogen Protective Equipment - (nonporous gloves, goggles face masks and gowns meeting OSHA Standards)	2
Cervical Collars - Rigid Pediatric & Adult all sizes <i>or</i> Cervical Collars - Adjustable Adult and Pediatric	1 each 1 each
Emesis basin or disposable bags and covered waste container	1
Head immobilization device	1
OB Kit	1
Pediatric Emergency Measuring Tape (Broselow, etc.)	1
Pneumatic or rigid splints capable of splinting all extremities	4
Provodine/Iodine swabs/wipes or antiseptic equivalent	
Roller bandages - 4 inch	3
Sterile bandage compress or equivalent	6
Sterile gauze pads - 4x4 inch	4
Sterile Sheet for Burns	2
Traction splint	1
Universal Dressing 10x30 inches	2

OPTIONAL EQUIPMENT/MEDICATIONS	Amount
Automatic ventilator (Approved)	1
Backboard padding	1
BLS AED/defib pads	1
Chemistry profile tubes	3
Nerve Agent Antidote Kit (NAAK) - DuoDote or Mark I	3
D5W in bag	1
Hemostatic Dressing *	1
IV infusion pump	1
IV warming device	1
Manual powered suction device	1
Medical Tourniquet	1
Naloxone (Narcan) Nasal Spray 4 mg	2
Needle Thoracostomy Kit (prepackaged)	2
Pediatric immobilization board	1
Translaryngeal Jet Ventilation Device	1
Vacutainer	1

* Hemostatic Dressings

- Quick Clot, Z-Medica
 - Quick Clot, Combat Gauze LE
 - Quick Clot, EMS Rolled Gauze, 4x4 Dressing, TraumaPad
- Celox
 - Celox Gauze, Z-Fold Hemostatic Gauze
 - Celox Rapid, Hemostatic Z-Fold Gauze

NOTE:

- The above products are “packaged” in various forms (i.e., Z-fold, rolled gauze, trauma pads, and 4”x4” pads) and are authorized provided they are comprised of the approved product.
- Hemostatic Celox Granules, or granules delivered in an applicator, are not authorized.



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY
POLICY AND PROTOCOL MANUAL**

Reference No. 11010R4

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MEDICATION - STANDARD ORDERS

Medications listed in this protocol may be used only for the purposes referenced by the associated ICEMA Treatment Protocol.

For Nerve Agent Antidote Kit (NAAK) or medications deployed with the ChemPack see Appendix I (Page 12).

Acetaminophen (Tylenol) - Adult (ALS)

For mild to moderate pain scales of 1-5 or in moderate to severe pain where other medications are contraindicated or deferred.

Tylenol, 1 gm IV/IO infusion over fifteen (15) minutes. Single dose only

Acetaminophen (Tylenol) - Pediatric (ALS)

For mild to moderate pain scales of 1-5 or in moderate to severe pain where other medications are contraindicated or deferred.

Tylenol, 15mg/kg to max of 1000mg or 1 gm IV/IO infusion over fifteen (15) minutes. Single dose only

Reference #s 7010, 7020, 14100

Adenosine (Adenocard) - Adult (ALS)

Stable narrow-complex SVT or Wide complex tachycardia:

Adenosine, 6 mg rapid IVP followed immediately by 20 cc NS bolus, and Adenosine, 12 mg rapid IVP followed immediately by 20 cc NS bolus if patient does not convert. May repeat one (1) time.

Reference #s 7010, 7020, 14040

Albuterol (Proventil) Aerosolized Solution - Adult (LALS, ALS)

Albuterol, 2.5 mg nebulized, may repeat two (2) times.

Reference #s 4060, 7010, 7020, 14010, 14070

Albuterol (Proventil) Metered-Dose Inhaler (MDI) - Adult (LALS, ALS - Specialty Programs Only)

Albuterol MDI, four (4) puffs every 10 minutes for continued shortness of breath and wheezing.

Reference #s 4060, 4080, 7010, 7020, 14010

Albuterol (Proventil) - Pediatric (LALS, ALS)

Albuterol, 2.5 mg nebulized, may repeat two (2) times.

Reference #s 7010, 7020, 14120, 14140, 14190

Albuterol (Proventil) Metered-Dose Inhaler (MDI) - Pediatric (LALS, ALS - Specialty Programs Only)

Programs Only)

Albuterol MDI, four (4) puffs every 10 minutes for continued shortness of breath and wheezing.

Reference #s 4060, 4080, 7010, 7020, 14120, 14140, 14190

Aspirin, chewable (LALS, ALS)

Aspirin, 325 mg PO chewed (one (1) adult non-enteric coated aspirin) or four (4) chewable 81 mg aspirin.

Reference #s 4060, 4080, 5010, 7010, 7020, ~~14240~~

Atropine (ALS) - Adult

Atropine, 1 mg IV/IO. May repeat every five (5) minutes up to a maximum of 3 mg or 0.04 mg/kg.

Organophosphate poisoning:

Atropine, 2 mg IV/IO, repeat at 2 mg increments every five (5) minutes if patient remains symptomatic.

Reference #s 4060, 4080, 7010, 7020, 13010, 14030

Atropine - Pediatric (ALS)*Organophosphate poisoning - Pediatrics less than 14 years of age:*

Atropine, 0.05 mg/kg IV/IO not to exceed adult dose of 2 mg, repeat at 0.1 mg/kg increments every five (5) minutes if patient remains symptomatic.

Reference #s 4060, 4080, 7010, 7020, 13010

Calcium Chloride - Adult (ALS)*Calcium Channel Blocker Poisonings (base hospital order only):*

Calcium Chloride, 1 gm (10 ml of a 10% solution) IV/IO.

Reference #s 5010, 7010, 7020, 13010

For cardiac arrest with suspected hypocalcemia, hyperkalemia, hypermagnesemia or calcium channel blocker poisoning (base hospital order only):

Calcium Chloride, 1 gm (10 ml of a 10% solution) IV/IO.

Reference #s 7010, 7020, 14050

For End Stage Renal Disease (ESRD) patients on dialysis with suspected hyperkalemia and hemodynamic instability with documented sinus bradycardia, 3rd degree AV Block, 2nd degree Type II AV Block, slow junctional and ventricular escape rhythms, or slow atrial fibrillation. (Base hospital order only).

Calcium Chloride, 1 gm (10 ml of a 10% solution) IV/IO

Reference #s 5010, 7010, 7020, 14030

Calcium Chloride - Pediatric (ALS)

Calcium Channel Blocker Poisonings (base hospital order only):

Calcium Chloride, 20 mg/kg IV/IO over five (5) minutes.

Reference #s 7010, 7020, 13010

Dextrose - Adult (LALS, ALS)

Hypoglycemia - Adult with blood glucose less than 80 mg/dL:

Dextrose 10% /250 ml (D10W 25 gm) IV/IO Bolus

Reference #s 4060, 4080, 5010, 7010, 7020, 8010, 13020, 13030, 14040, 14060

Dextrose - Pediatric (LALS, ALS)

Hypoglycemia - Neonates (0 - 4 weeks) with blood glucose less than 35 mg/dL or pediatric patients (more than 4 weeks) with glucose less than 60 mg/dL:

Dextrose 10%/250 ml (D10W 25 gm) 0.5 gm/kg (5 ml/kg) IV/IO

Reference #s 5010, 7010, 7020, 13020, 13030, 14150, 14160, 14170

Diphenhydramine - Adult (ALS)

Diphenhydramine, 25 mg IV/IO

Diphenhydramine, 50 mg IM

Reference #s 4060, 4080, 7010, 7020, 13010, 14010

Diphenhydramine - Pediatric (ALS)

Allergic reaction:

2 years to 14 years Diphenhydramine, 1 mg/kg slow IV/IO, not to exceed adult dose of 25 mg, **or**

Diphenhydramine, 2 mg/kg IM not to exceed adult dose of 50 mg IM.

Reference #s 7010, 7020, 14140

Epinephrine (0.3 mg) Auto-Injector - Adult and Pediatrics >30 kg (BLS, LALS-Specialty Program Only)

Anaphylaxis (Severe Allergic Reactions), Severe Bronchospasm, Oropharyngeal Edema, Pending Respiratory Failure:

Epinephrine, 0.3 mg IM. May repeat after 15 minutes one (1) time if symptoms do not improve.

Reference # 14010

Epinephrine (0.15 mg) Auto-Injector - Pediatric 15 - 30 kg (BLS, LALS-Specialty Program Only)

Anaphylaxis (Severe Allergic Reactions), Severe Bronchospasm, Oropharyngeal Edema, Pending Respiratory Failure:

Epinephrine, 0.15 mg IM. May repeat after 15 minutes one (1) time if symptoms do not improve.

Reference #s 4060, 5010, 7010, 7020, 14120, 14140

Epinephrine (1 mg/ml) - Adult (LALS, ALS)

Anaphylaxis (Severe Allergic Reactions), Severe Bronchospasm, oropharyngeal edema, Pending Respiratory Failure:

Epinephrine, 0.3 mg IM. May repeat after 15 minutes one (1) time if symptoms do not improve. Contact base hospital for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.

Reference # 14010

Epinephrine (0.1 mg/ml) - Adult (ALS)

For persistent severe anaphylactic reaction:

Epinephrine (0.1 mg/ml), 0.1 mg slow IVP/IO. May repeat every five (5) minutes as needed to total dosage of 0.5 mg. Contact base hospital for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.

Reference # 14010

Cardiac Arrest, Asystole, PEA:

Epinephrine (0.1 mg/ml), 1 mg IV/IO.

Reference #s 4060, 4080, 5010, 7010, 7020, 14010, 14050

Epinephrine (0.01 mg/ml) - Adult (ALS)

Post resuscitation, persistent profound nontraumatic shock and hypotension (Push Dose Epinephrine):

Prepare Epinephrine 0.01 mg/ml solution by mixing 9 ml of normal saline with 1 ml of Epinephrine 0.1 mg/ml in a 10 ml syringe. Administer 1 ml every one (1) to five (5) minutes titrated to maintain SBP more than 90 mm Hg.

Reference #s 4060, 4080, 5010, 7010, 7020, , 14050, 14230

Epinephrine (1 mg/ml) - Pediatric (LALS, ALS)

Anaphylaxis (Severe Allergic Reactions), Severe Bronchospasm, Pending Respiratory Failure:

Epinephrine, 0.01 mg/kg IM not to exceed adult dosage of 0.3 mg.

Reference #s 4060, 5010, 7010, 7020, 14120, 14140

Epinephrine (0.1 mg/ml) - Pediatric (ALS)

Anaphylactic reaction (no palpable radial pulse and depressed level of consciousness):

Epinephrine (0.1 mg/ml), 0.01 mg/kg IV/IO, no more than 0.1 mg per dose. May repeat to a maximum of 0.5 mg.

Cardiac Arrest:

1 day to 8 years Epinephrine (0.1 mg/ml), 0.01 mg/kg IV/IO (do not exceed adult dosage)

9 to 14 years Epinephrine (0.1 mg/ml), 1.0 mg IV/IO

Newborn Care:

Epinephrine (0.1 mg/ml), 0.01 mg/kg IV/IO if heart rate is less than 60 after one (1) minute after evaluating airway for hypoxia and assessing body temperature for hypothermia.

Epinephrine (0.1 mg/ml), 0.005 mg/kg IV/IO every 10 minutes for persistent hypotension as a base hospital order or in radio communication failure.

Reference # 14200

Epinephrine (0.01 mg/ml) - Pediatric (ALS)

Post resuscitation, profound shock and hypotension (Push Dose Epinephrine):

Prepare Epinephrine 0.01 mg/ml solution by mixing 9 ml of normal saline with 1 ml of Epinephrine 0.1 mg/ml in a 10 ml syringe. Administer 0.1 ml/kg (do not exceed adult dosage), every one (1) to five (5) minutes. Titrate to maintain a SBP more than 70 mm Hg.

Reference #s 5010, 7010, 7020, , 14150, 14230

Fentanyl - Adult (ALS)

Chest Pain (Presumed Ischemic Origin):

Fentanyl, 50 mcg slow IV/IO over one (1) minute. May repeat every five (5) minutes titrated to pain, not to exceed 200 mcg.

Fentanyl, 100 mcg IM/IN. May repeat 50 mcg every 10 minutes titrated to pain, not to exceed 200 mcg.

Acute traumatic injuries, acute abdominal/flank pain, burn injuries, Cancer pain, Sickle Cell Crisis:

Fentanyl, 50 mcg slow IV/IO push over one (1) minute. May repeat every five (5) minutes titrated to pain, not to exceed 200 mcg IV/IO, **or**

Fentanyl, 100 mcg IM/IN. May repeat 50 mcg every 10 minutes titrated to pain, not to exceed 200 mcg.

Pacing, synchronized cardioversion:

Fentanyl, 50 mcg slow IV/IO over one (1) minute. May repeat in five (5) minutes titrated to pain, not to exceed 200 mcg.

Fentanyl, 100 mcg IN. May repeat 50 mcg every 10 minutes titrated to pain, not to exceed 200 mcg.

Reference #s 3050, 4060, 4080, 5010, 7010, 7020, 11020, 13030, 14070, 14090, 14100, 14240

Fentanyl - Pediatric (ALS)

Fentanyl, 0.5 mcg/kg slow IV/IO over one (1) minute. May repeat in five (5) minutes titrated to pain, not to exceed 100 mcg.

Fentanyl, 1 mcg/kg IM/IN, may repeat every 10 minutes titrated to pain not to exceed 200 mcg.

Reference #s 3050, 4080, 5010, 7010, 7020, 13030, 14180, 14190, 14240

Glucose - Oral - Adult (BLS, LALS, ALS)

Adult with blood glucose less than 80 mg/dL:

Glucose - Oral, one (1) tube for patients with an intact gag reflex and hypoglycemia.

Reference #s 7010, 7020, 13020, 14060, 14080, 14230

Glucose - Oral - Pediatric (BLS, LALS, ALS)

Hypoglycemia - Neonates (0 - 4 weeks) with blood glucose less than 35 mg/dL or pediatric patients (more than 4 weeks) with glucose less than 60 mg/dL:

Glucose - Oral, one (1) tube for patients with an intact gag reflex and hypoglycemia.

Reference #s 7010, 7020, 14170, 14160

Glucagon - Adult (LALS, ALS)

Glucagon, 1 mg IM/SC/IN, if unable to establish IV. May administer one (1) time only.

Beta blocker Poisoning (base hospital order only):

Glucagon, 1 mg IV/IO

Reference #s 4060, 4080, 7010, 7020, 13010, 13030, 14060

Glucagon - Pediatric (LALS, ALS)

Hypoglycemia, if unable to establish IV:

Glucagon, 0.03 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after 20 minutes for a combined maximum dose of 1 mg.

Reference #s 7010, 7020, 13030, 14160, 14170

Beta blocker poisoning (base hospital order only):

Glucagon, 0.03 mg/kg IV/IO

Reference #'s 4060, 4080, 7010, 7020, 13010

Ipratropium Bromide (Atrovent) Inhalation Solution use with Albuterol Adult (ALS)

Atrovent, 0.5 mg nebulized. Administer one (1) dose only.

Reference #s 7010, 7020, 14010, 14070

Ipratropium Bromide (Atrovent) Metered-Dose Inhaler (MDI) use with Albuterol Adult (ALS - Specialty Programs Only)

When used in combination with Albuterol MDI use Albuterol MDI dosing.

Reference #s 4060, 4080, 7010, 7020, 14010, 14070

Ipratropium Bromide (Atrovent) Inhalation Solution use with Albuterol - Pediatric (ALS)

1 day to 12 months Atrovent, 0.25 mg nebulized. Administer one (1) dose only.
 1 year to 14 years Atrovent, 0.5 mg nebulized. Administer one (1) dose only.

Reference #s 7010, 7020, 14120, 14140, 14190

Ipratropium Bromide (Atrovent) Metered-Dose Inhaler (MDI) use with Albuterol - Pediatric (ALS - Specialty Programs Only)

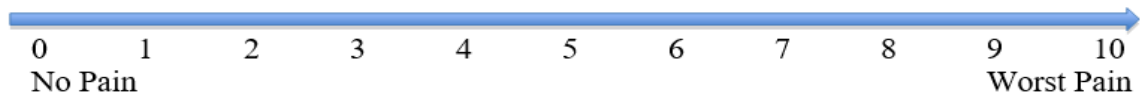
When used in combination with Albuterol MDI use Albuterol MDI dosing.

Reference #s 4060, 4080, 7010, 7020, 14120, 14140, 14190

Ketamine - Adult (ALS)

Acute traumatic injury, acute abdominal/flank pain, burn injuries, cancer related pain and sickle cell crisis:
 Ketamine, 0.3 mg/kg to a max of 30 mg in a 50 - 100 ml of NS via IV over five (5) minutes. May repeat one (1) time, after 15 minutes, if pain score remains at five (5) or higher. Do not administer IVP, IO, IM, or IN.

This is the official pain scale to be used in patient assessment and documented on the PCR.



Reference #s 7010, 7020, 14100

Lidocaine - Adult (ALS)

VT (pulseless)/VF:

Initial Dose: Lidocaine, 1.5 mg/kg IV/IO

For refractory *VT (pulseless)/VF*, may administer an additional 0.75 mg/kg IV/IO, repeat one (1) time in five (5) to 10 minutes; maximum total dose of 3 mg/kg.

V-Tach, Wide Complex Tachycardia - with Pulses:

Lidocaine, 1.5 mg/kg slow IV/IO

May administer an additional 0.75 mg/kg slow IV/IO; maximum total dose of 3 mg/kg.

Reference #s 4060, 5010, 7010, 7020, 8010, 11020, 14040, 14050, 14090

Lidocaine - Pediatric (ALS)*Cardiac Arrest:*

1 day to 8 years Lidocaine, 1.0 mg/kg IV/IO

9 to 14 years Lidocaine, 1.0 mg/kg IV/IO

May repeat Lidocaine at 0.5 mg/kg after five (5) minutes; maximum total dose of 3 mg/kg.

*Reference #s 5010, 7010, 7020, 14150***Lidocaine 2% (Intravenous Solution) - Pediatric and Adult (ALS)***Pain associated with IO infusion:*

Lidocaine, 0.5 mg/kg slow IO push over two (2) minutes, not to exceed 40 mg total.

*Reference #s 5010, 7010, 7020, 11020***Magnesium Sulfate (ALS)***Polymorphic Ventricular Tachycardia:*

Magnesium Sulfate, 2 gm IV/IO bolus over five (5) minutes for polymorphic VT if prolonged QT is observed during sinus rhythm post-cardioversion.

Eclampsia (Seizure/Tonic/Clonic Activity):

Magnesium Sulfate, 4 gm IV/IO slow IV push over three (3) to four (4) minutes.

Magnesium Sulfate, 10 mg/min IV/IO drip to prevent continued seizures.

*Reference #s 5010, 7010, 7020, 8010, 14210**Severe Asthma/Respiratory Distress (ALS) (base hospital order only):*

Magnesium Sulfate, 2 gm slow IV drip over 20 minutes. Do not repeat.

*Reference# 14010***Magnesium Sulfate - Pediatric (ALS)***Severe Asthma/Respiratory Distress (base hospital order only):*

Magnesium Sulfate, 50 mg/kg slow IV drip over 20 minutes. Do not exceed the adult dosage of 2 gm total. Do not repeat.

*Reference # 14120***Midazolam (Versed) - Adult (ALS)***Behavioral Emergencies, if patient meets criteria for potentially fatal and dangerous agitation:*Midazolam, 2.5 mg IV/IO/IN. May repeat in five (5) minutes, **or**

Midazolam, 5 mg IM. May repeat in 10 minutes.

Maximum of three (3) doses using any combination of IV/IO/IM/IN may be administered. Contact base hospital for additional orders and to discuss further treatment options.

Reference # 14110

Post ROSC Agitation (base hospital order only): Agitation following ROSC that hinders patient's care, i.e. biting or attempting to remove ET tube/lines, Not to be used for sedation during intubation of any patients. Patient must have advanced airway (endotracheal tube or i-gel.):
Midazolam, 2.5 mg IV/IO or

Midazolam 5 mg IM/IN

Repeat dose requires base hospital contact.

Seizure:

Midazolam, 2.5 mg IV/IO/IN. May repeat in five (5) minutes for continued seizure activity, **or**

Midazolam, 5 mg IM. May repeat in 10 minutes for continued seizure activity.

Assess patient for medication related reduced respiratory rate or hypotension.

Maximum of three (3) doses using any combination of IV/IO/IM/IN may be administered for continued seizure activity. Contact base hospital for additional orders and to discuss further treatment options.

Pacing, synchronized cardioversion:

Midazolam, 2.5 mg slow IV/IO/~~IN~~ push may repeat in five (5) minutes.~~or IN~~

CPAP:

Midazolam, 1 mg slow IV/IO/~~IM/IN~~ push may be administered one (1) time for anxiety related to application of CPAP. Contact base hospital for additional orders.

Reference #s 4060, 4080, 7010, 7020, 11020, 13020, 14060, 14210

Midazolam (Versed) - Pediatric (ALS)

Seizures:

Midazolam, 0.1 mg/kg IV/IO with maximum dose 2.5 mg. May repeat Midazolam in five (5) minutes, **or**

Midazolam, 0.2 mg/kg IM/IN with maximum dose of 5 mg. May repeat Midazolam in 10 minutes for continued seizure.

Assess patient for medication related reduced respiratory rate or hypotension.

Maximum of three (3) doses using any combination of IV/IO/IM/IN may be administered for continued seizure activity. Contact base hospital for additional orders and to discuss further treatment options.

Reference #s 7010, 7020, 14170

Naloxone (Narcan) - Adult (BLS)

For resolution of respiratory depression related to suspected opiate overdose:

Naloxone, 0.5 mg IM/IN, may repeat Naloxone 0.5 mg IM/IN every two (2) to three (3) minutes if needed.

For suspected Fentanyl overdose with respiratory depression:

Consider a loading dose of 4 mg IN Naloxone. If no signs of respiratory improvement, consider Naloxone 0.5 mg IM/IN every two (2) to three (3) minutes if needed.

Do not exceed 10 mg of Naloxone total regardless of route administered.

Reference #s 7010, 7020, 8030, 14060

Naloxone (Narcan) - Adult (LALS, ALS)

For resolution of respiratory depression related to suspected opiate overdose:

Naloxone, 0.5 mg IV/IO/IM/IN, may repeat Naloxone 0.5 mg IV/IO/IM/IN every two (2) to three (3) minutes if needed.

For suspected Fentanyl overdose with respiratory depression:

Consider a loading dose of 4 mg IN Naloxone. If no signs of respiratory improvement, consider Naloxone 0.5 mg IV/IO/IM/IN every two (2) to three (3) minutes if needed.

Do not exceed 10 mg of Naloxone total regardless of route administered.

Reference #s 4080, 7010, 7020, 14060

Naloxone (Narcan) - Pediatric (BLS)

For resolution of respiratory depression related to suspected opiate overdose:

1 day to 8 years Naloxone, 0.1 mg/kg IM/IN (do not exceed the adult dose of 0.5 mg per administration)

9 to 14 years Naloxone, 0.5 mg IM/IN

May repeat every two (2) to three (3) minutes if needed. Do not exceed the adult dosage of 10 mg total IM/IN.

Reference #s 7010, 7020, 8030, 14150, 14160

Naloxone (Narcan) - Pediatric (LALS, ALS)

For resolution of respiratory depression related to suspected opiate overdose:

1 day to 8 years Naloxone, 0.1 mg/kg IV/IO/IM/IN (do not exceed the adult dose of 0.5 mg per administration)

9 to 14 years Naloxone, 0.5 mg IV/IO/IM/IN

May repeat every two (2) to three (3) minutes if needed. Do not exceed the adult dosage of 10 mg total IV/IO/IM/IN.

Reference #s 7010, 7020, 14150, 14160

Nitroglycerin (NTG) (LALS, ALS)

Nitroglycerin, 0.4 mg sublingual/transmucosal.

One (1) every three (3) minutes as needed. May be repeated as long as patient continues to have signs of adequate tissue perfusion. **If a Right Ventricular Infarction is suspected, the use of nitrates requires base hospital contact.**

Nitroglycerin Paste, 1 inch (1 gm) transdermal, may not repeat.

Nitroglycerin sublingual is the preferred route of administration for ACS. Nitro Paste is a one (1) time dose and intended for when sublingual cannot be easily administered (i.e., CPAP).

Nitroglycerin is contraindicated if there are signs of inadequate tissue perfusion or if sexual enhancement medications have been utilized within the past 48 hours.

Reference #s 4060, 4080, 7010, 7020, 14010, 14240

Ondansetron (Zofran) - Patients four (4) years old to Adult (ALS)*Nausea/Vomiting:*

Ondansetron, 4 mg slow IV/IO/ODT

All patients four (4) to eight (8) years old: May administer a total of 4 mgs of Ondansetron prior to base hospital contact.

All patients nine (9) and older: May administer Ondansetron 4 mg; may repeat two (2) times, at 10 minute intervals, for a total of 12 mgs prior to base hospital contact.

May be used as prophylactic treatment of nausea and vomiting associated with narcotic administration.

Reference #s 4080, 7010, 7020, 14090, 14180, 14220

Oxygen (non-intubated patient per appropriate delivery device)*General Administration (Hypoxia):*

Titrate Oxygen at lowest rate required to maintain SPO₂ at 94%. Do not administer supplemental oxygen for SPO₂ more than 95%.

Chronic Obstructive Pulmonary Disease (COPD):

Titrate Oxygen at lowest rate required to maintain SPO₂ at 90%. Do not administer supplemental oxygen for SPO₂ more than 91%.

Reference #s 12010, 13010, 13020, 13030, 13050, 14010, 14020, 14030, 14040, 14060, 14070, 14090, 14120, 14130, 14140, 14160, 14170, 14180, 14190, 14200, 14210, 14220, 14230, 14240

Sodium Bicarbonate - Adult (ALS)*Tricyclic Poisoning (base hospital order only):*

Sodium Bicarbonate, 1 mEq/kg IV/IO

Reference #s 5010, 7010, 7020, 13010

*For cardiac arrest with suspected metabolic acidosis, hyperkalemia or tricyclic poisoning (**base hospital order only**):*

Sodium Bicarbonate, 50 mEq IV/IO

Reference #'s 7010, 7020, 14050

Sodium Bicarbonate - Pediatric (ALS)

*Tricyclic Poisoning (**base hospital order only**):*

Sodium Bicarbonate, 1 mEq/kg IV/IO

Reference #'s 7010, 7020, 13010

Tranexamic Acid (TXA) - Patients 15 years of age and older (ALS)

Signs of hemorrhagic shock meeting inclusion criteria:

Administer TXA 1 gm in 50 - 100 ml of NS via IV/IO over 10 minutes. Do not administer IVP as this will cause hypotension.

Reference #'s 7010, 7020, 14090

APPENDIX I**Medications for self-administration or with deployment of the ChemPack.**

Medications listed below may be used only for the purposes referenced by the associated ICEMA Treatment Protocol. Any other use, route or dose other than those listed, must be ordered in consultation with the Base Hospital physician.

Atropine - Pediatric (BLS, AEMT-Auto-injector only with training, ALS)

Known nerve agent/organophosphate poisoning with deployment of the ChemPack using:

Two (2) or more mild symptoms: Administer the weight-based dose listed below as soon as an exposure is known or strongly suspected. If severe symptoms develop after the first dose, two (2) additional doses should be repeated in rapid succession 10 minutes after the first dose; do not administer more than three (3) doses. If profound anticholinergic effects occur in the absence of excessive bronchial secretions, further doses of atropine should be withheld.

One (1) or more severe symptoms: Immediately administer (3) three weight-based doses listed below in rapid succession.

Weight-based dosing:

Less than 6.8 kg (less than 15 lbs):	0.25 mg, IM using multi-dose vial
6.8 to 18 kg (15 to 40 lbs):	0.5 mg, IM using AtroPen auto-injector
18 to 41 kg (40 to 90 lbs):	1 mg, IM using AtroPen auto-injector
More than 41 kg (more than 90 lbs):	2 mg, IM using multi-dose vial

Symptoms of insecticide or nerve agent poisoning, as provided by manufacturer in the AtroPen product labeling, to guide therapy:

Mild symptoms: Blurred vision, bradycardia, breathing difficulties, chest tightness, coughing, drooling, miosis, muscular twitching, nausea, runny nose, salivation increased, stomach cramps, tachycardia, teary eyes, tremor, vomiting, or wheezing.

Severe symptoms: Breathing difficulties (severe), confused/strange behavior, defecation (involuntary), muscular twitching/generalized weakness (severe), respiratory secretions (severe), seizure, unconsciousness, urination (involuntary).

NOTE: Infants may become drowsy or unconscious with muscle floppiness as opposed to muscle twitching.

Reference #s, 13010, 13040

Diazepam (Valium) - Adult (ALS)

For seizures associated with nerve agent/organophosphate exposure ONLY with the deployment of the ChemPack:

Diazepam 10 mg (5 mg/ml) auto-injector IM (if IV is unavailable), **or**
Diazepam 2.5 mg IV

Reference # 13040

Diazepam (Valium) - Pediatric (ALS)

For seizures associated with nerve agent/organophosphate exposure ONLY with the deployment of the ChemPack:

Diazepam 0.05 mg/kg IV

Reference # 13040

Nerve Agent Antidote Kit (NAAK)/Mark I or DuoDote (containing Atropine/Pralidoxime Chloride for self-administration or with deployment of the ChemPack) - Adult

Nerve agent exposure with associated symptoms:

One (1) NAAK auto-injector IM into outer thigh. May repeat up to two (2) times every 10 to 15 minutes if symptoms persist.

Reference #s 7010, 7020, 13010, 13040



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY
POLICY AND PROTOCOL MANUAL**

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BRADYCARDIAS - ADULT

STABLE BRADYCARDIA

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Heart rate less than 60 bpm.
- Signs of adequate tissue perfusion.

II. BLS INTERVENTIONS

- Recognition of heart rate less than 60 bpm.
- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated.

III. LIMITED ALS (LALS) INTERVENTIONS

- Establish vascular access if indicated. If lungs sound clear, consider bolus of 300 cc NS, may repeat.
- Monitor and observe for changes in patient condition.

IV. ALS INTERVENTIONS

- Establish vascular access if indicated. If lungs sound clear, consider bolus of 300 ml NS, may repeat.
- Place on cardiac monitor, obtain rhythm strip for documentation and upload to ePCR with a copy to receiving hospital. If possible, obtain a 12-lead ECG to better define the rhythm.
- Monitor and observe for changes in patient condition.

V. REFERENCES

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders

UNSTABLE BRADYCARDIA

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Signs of inadequate tissue perfusion/shock, ALOC, or ischemic chest discomfort.

II. BLS INTERVENTIONS

- Recognition of heart rate less than 60 bpm.
- Reduce anxiety, allow patient to assume position of comfort.

- Administer oxygen as clinically indicated.

III. LIMITED ALS (LALS) INTERVENTIONS

- Establish vascular access if indicated by inadequate tissue perfusion.
 - Administer IV bolus of 300 ml NS, may repeat one (1) time.
 - Maintain IV rate at TKO after bolus.
- Monitor and observe for changes in patient condition.

IV. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.
- Place on cardiac monitor, obtain rhythm strip for documentation and upload to ePCR with a copy to receiving hospital. If possible, obtain a 12-lead ECG to better define the rhythm.
- Administer Atropine per ICEMA Reference #11010 - Medication -Standard Orders.
- If Atropine is ineffective, or for documented MI, 3rd degree AV Block with wide complex and 2nd degree Type II AV Block, utilize Transcutaneous Cardiac Pacing, per ICEMA Reference #11020 Procedure - Standard Orders.
- Contact base hospital if interventions are unsuccessful.

V. BASE HOSPITAL MAY ORDER THE FOLLOWING:

For End Stage Renal Disease (ESRD) patients on dialysis with suspected hyperkalemia And hemodynamic instability, with documented sinus bradycardia, 3rd degree AV block and 2nd degree Type II AV Block, slow junctional and ventricular escape rhythms, or slow atrial fibrillation, administer Calcium Chloride per ICEMA Reference # 11010- Medication- Standard Orders

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VI. REFERENCES

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY
POLICY AND PROTOCOL MANUAL**

Reference No. 14100
Effective Date: 04/01/22
Supersedes: 03/01/20
Page 1 of ~~222~~

PAIN MANAGEMENT - ADULT

I. PURPOSE

To define the prehospital use of analgesics for pain management to patients with moderate to severe pain.

II. FIELD ASSESSMENT/TREATMENT INDICATORS

The prehospital use of analgesics should be considered for the following patients who have a Glasgow Coma Score (GCS) of 15 or at a baseline mentation and have a pain score of five (5) or higher on a scale of 1 - 10:

- Acute traumatic injuries
- Acute abdominal/flank pain
- Burn injuries
- Cancer pain
- Sickle Cell Crisis

~~Special consideration must be given to the type of pain, the patient's overall condition, allergies, current medical conditions, and drug contraindications when deciding if pain management is appropriate and which pain medication to be administered.~~

~~The inability to recall a specific traumatic incident does not necessarily preclude the administration of pain medication.~~

III. BLS INTERVENTIONS

- Attempt to calm, reduce anxiety, and allow patient to assume position of comfort.
- Utilize ice, immobilize and splint the affected area as indicated.
- Assess patients level of pain using the pain scale from 1 - 10 with 10 being the worst pain.
- Administer oxygen as clinically indicated per ICEMA Reference # 12010 - Patient Care Guidelines.

IV. ALS INTERVENTIONS

- Perform activities identified in the BLS Interventions.
- Consider early vascular access.
- Place on cardiac monitor. Obtain capnography, monitoring waveform and numerical value.
- Monitor and assess patient vital signs prior to administration of any analgesic.
- For treatment of pain as needed with a blood pressure of greater than 100 systolic:

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➤ Fentanyl per ICEMA Reference # 11010 - Medication - Standard Orders, or

➤ Ketamine per ICEMA Reference # 11010 - Medication - Standard Orders.

➤ Tylenol per ICEMA Reference # 11010 - Medication - Standard Orders (adult or pediatric patients), for mild to moderate pain 1-5 on pain scale or in moderate to severe pain where other medications are contraindicated of deferred.

- For treatment of pain as needed with a blood pressure less than 100 systolic:
 - Ketamine per ICEMA Reference # 11010 - Medication - Standard Orders.
- After administration of any pain medication, continuous monitoring of patients ECG and capnography is required.
- Reassess and document vital signs, capnography, and pain scores every five (5) minutes.

V. SPECIAL CONSIDERATIONS

- Once a pain medication has been administered via route of choice, changing route (i.e., from IM to IV) requires base hospital order.
- Shifting from one analgesic while treating a patient requires base hospital contact.

Pain management should only be considered for patients that have a pain score of five (5) or higher on the below scale of 1 - 10.

This is the official pain scale to be used in patient assessment and documented on the PCR.



VI. REFERENCES

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
12010	Patient Care Guidelines

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