12-lead Electrocardiography (EMT-P)

- ECG should be performed prior to medication administration.
- ECG should be performed on any patient whose medical history and/or presenting symptoms are consistent with acute coronary syndrome including typical or atypical chest pain, syncopal episode, prior AMI, heart disease, or other associated risk factors.

Capnography (EMT-P)

- Utilize capnography in patients with respiratory distress, respiratory failure, cardiac arrest, and critically ill patients
- Capnography is required for continuous monitoring of patients given medications that may cause respiratory depression.
- Perform capnography after administration of Midazolam for behavioral emergencies.
- Monitor waveform, numerical value and document in ePCR.

Continuous Positive Airway Pressure Device (CPAP) - Adult (EMT-P)

- Start at lowest setting and increase slowly until patient experiences relief or until a maximum of 15 cm H_2O is reached.

External Jugular Vein Access (AEMT and EMT-P)

- Not indicated for patients eight (8) years of age and younger.
- Patient condition requires IV access and other peripheral venous access attempts are unsuccessful.

Blood Glucose Check (EMT, AEMT, and EMT-P)

- Should be assessed if the patient meets key indicators consistent with high or low blood sugar.

Intraosseous Insertion (AEMT pediatric patients only and EMT-P)

- EMT-Ps may administer Lidocaine slowly per ICEMA Reference #11010 - Medication - Standard Orders, to control infusion pain.
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- Approved insertion sites:
  - Eight (8) years of age or younger (LALS and ALS):
    - Proximal Tibia - Anterior medial surface of tibia, 2 cm below tibial tuberosity.

- Nine (9) years of age and older (ALS only):
  - Proximal Tibia - Anterior medial surface of tibia, 2 cm below tibial tuberosity.
  - Distal Tibia - Lower end of tibia, 2 cm above the medial malleolus.
  - Humeral Head .
  - Anterior distal femur, 2 cm above the patella - Base hospital contact only.

- Leave site visible and monitor for extravasation.

Nasogastric/Orogastric Tube (EMT-P)

- Use a water-soluble lubricating jelly.

Needle Cricothyrotomy (EMT-P)

- Absolute contraindication: Transection of the distal trachea.
- Monitor end-tidal CO_2 and wave form capnography.
- Monitor pulse oximetry.
- Contact base hospital if unable to ventilate adequately and transport immediately to the closest hospital for airway management.

Needle Thoracostomy (EMT-P)

- As a temporary method for chest decompression in the management of suspected tension pneumothorax.
  - **Clinical Indications:**
    - Patients with hypotension (SBP less than 90), clinical signs of shock, and at least one of the following signs:
      - Jugular vein distention.
      - Tracheal deviation away from the side of the injury (often a late sign).
      - Absent or decreased breath sounds on the affected side.
      - Increased resistance when ventilating a patient.
- The midaxillary line at the 5th intercostal space is the preferred site.
- Consider bilateral needle thoracostomy if no improvement or in traumatic cardiac arrest.

Oral Endotracheal Intubation - Adult (EMT-P)

- Oral endotracheal intubation is permitted only in patients who are taller than the maximum length of a pediatric emergency measuring tape (Broselow, etc.) or equivalent measuring from the top of the head to the heal of the foot.
- Monitor end-tidal CO_2 and wave form capnography.
- Monitor pulse oximetry.

- If unable to place ET after a maximum of three (3) intubation attempts (defined as placement of the laryngoscope in the mouth). If unsuccessful, continue with BVM airway management and transport to the nearest receiving hospital. If BVM is ineffective then attempt placement of supraglottic airway.

- Document verification of tube placement (auscultation, visualization, capnography).

Supraglottic Airway –Pediatric and Adult (EMT-P)

- Supraglottic airway is permitted only as a **Backup** airway in patients who have failed attempts with BLS airway and oral endotracheal intubation.

- Monitor end-tidal CO_2 and wave form capnography.

- Monitor pulse oximetry.

- If unable to place after three (3) attempts (defined as placement of the soft gel into the mouth), continue with BLS airway and proceed to nearest receiving hospital

- Document verification of SGA (auscultation, continuous capnography).

Spinal Motion Restriction (EMT, AEMT and EMT-P)

- Should be placed if patient meets the indicators, per ICEMA Reference #14090 - Trauma - Adult (Neuro Deficits present, Spinal Tenderness present, Altered Mental status, Intoxication, or Distracting Injury).

- An AEMT and/or EMT-P may remove if placed by BLS crew and it does not meet indicators.

Synchronized Cardioversion (EMT-P)

- For anxiety prior to cardioversion, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders.

- For pain, consider Fentanyl per ICEMA Reference #11010 - Medication - Standard Orders.

- If rhythm deteriorates to v-fib, turn off the sync button and defibrillate.

- Select initial energy level setting at 100 joules or a clinically equivalent biphasic energy level per manufacture guidelines. Procedure may be repeated at 200, 300 and 360 joules or a clinically equivalent biphasic energy level per manufacture guidelines.

- With base hospital order, repeated cardioversion attempts at 360 joules or clinically equivalent biphasic energy level per manufacturer’s guidelines may be attempted.

Transcutaneous Cardiac Pacing (EMT-P)

- Start at a rate of 60 and adjust output to the lowest setting to maintain capture. Assess peripheral pulses and confirm correlation with paced rhythm.
- Reassess peripheral pulses. Adjust output to compensate for loss of capture.
- Increase rate **(not to exceed 100)** to maintain adequate tissue perfusion.
- For anxiety, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders.
- For pain, consider Fentanyl per ICEMA Reference #11010 - Medication - Standard Orders.
- Contact the base hospital if rhythm persists or for continued signs of inadequate tissue perfusion.

Vagal Maneuvers (EMT-P)

- Relative contraindications for patients with hypertension, suspected STEMI, or suspected head/brain injury.
- Reassess cardiac and hemodynamic status. Document rhythm before, during and after procedure.
- If rhythm does not covert within ten (10) seconds, follow ICEMA Reference #14040 - Tachycardias - Adult.