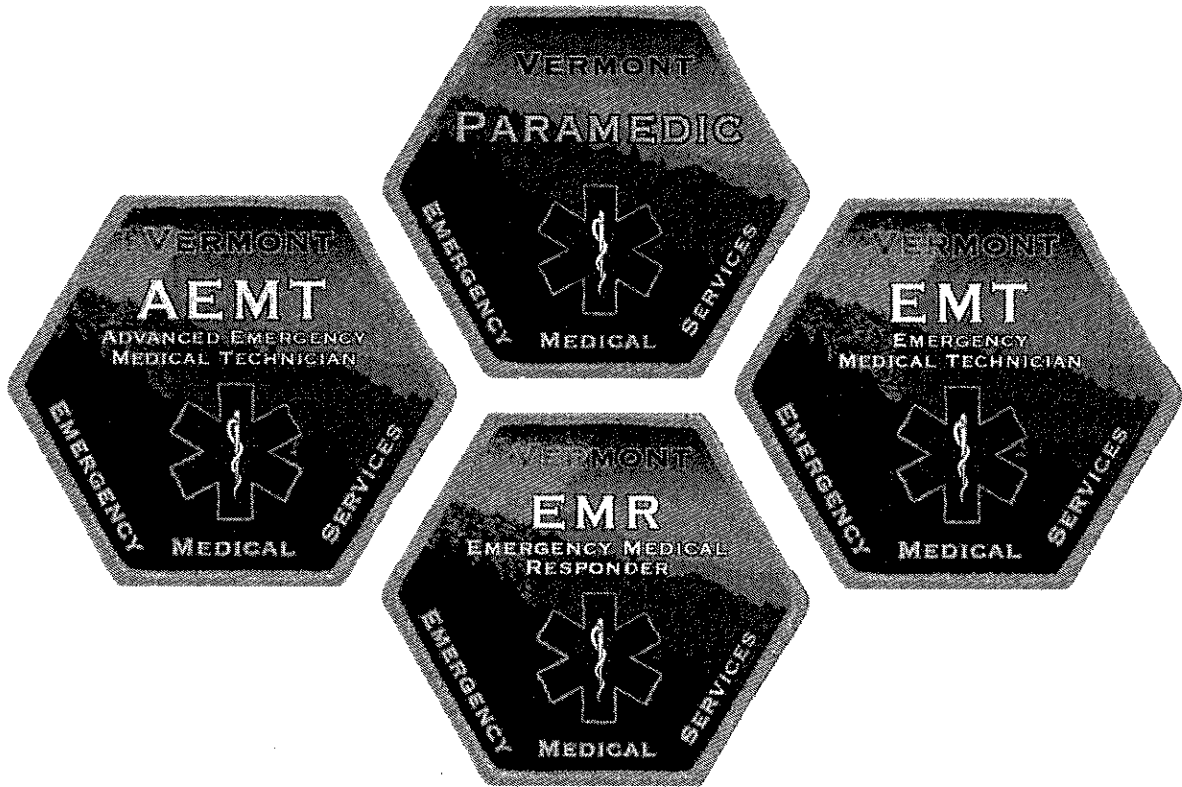




Vermont Statewide Emergency Medical Services Protocols



DEPARTMENT OF HEALTH

October 2013

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Adrenal Insufficiency

Adult & Pediatric

2.1

EMT STANDING ORDERS – ADULT & PEDIATRIC

E

- Routine Patient Care.
- Obtain history of underlying condition.
- Call for Paramedic intercept, if available. If not available, call for AEMT intercept.

ADVANCED EMT STANDING ORDERS – ADULT & PEDIATRIC

A

- Assist the patient/caregiver in giving the patient his or her own medications, as prescribed.

PARAMEDIC STANDING ORDER – ADULT & PEDIATRIC

P

- Establish IV access and administer stress dose hydrocortisone to patient that meets criteria below:
 - **Adult:** History of adrenal insufficiency; administer hydrocortisone 100 mg IV/IM.
 - **Pediatric:** History of adrenal insufficiency; administer hydrocortisone 2 mg/kg IV/IM (maximum dose 100 mg).

PARAMEDIC EXTENDED CARE ORDERS – ADULT & PEDIATRIC

X

- After the stress dose, continue to administer hydrocortisone every 6 hours:
 - **Adult:** 100 mg IV/IM every 6 hours.
 - **Pediatric:** 2 mg/kg IV/IM every 6 hours to a maximum single dose of 100mg.
- In patients with the following signs and symptoms consider the need for repeat stress dosing:
 - Nausea, vomiting, weakness, dizzy, abdominal pain, muscle pain, dehydration, hypotension, tachycardia, fever, mental status changes.
- Additional Considerations:
 - Aggressive volume replacement therapy.
 - Vasopressors may be needed to treat refractory hypotension, see Shock Protocol Protocol – Adult 2.20A or Shock Protocol Protocol – Pediatric 2.20P.
 - Treat for hypoglycemia, see Diabetic Emergencies Protocol – Adult 2.7A or Diabetic Emergencies Protocol – Pediatric 2.7P.
 - Normalize body temperature.

PEARLS:

Adrenal insufficiency results when the body does not produce the essential life-sustaining hormones cortisol and aldosterone, which are vital to maintaining blood pressure, cardiac contractility, water, and salt balance.

Chronic adrenal insufficiency can be caused by a number of conditions:

- Congenital or acquired disorders of the adrenal gland.
- Congenital or acquired disorders of the pituitary gland.
- Long-term use of steroids (COPD, asthma, rheumatoid arthritis, and transplant patients).

Acute adrenal insufficiency can result in refractory shock or death in patients on a maintenance dose of hydrocortisone (SoluCortef)/prednisone who experience illness or trauma and are not given a stress dose and, as necessary, supplemental doses of hydrocortisone.

PEARLS:

A "stress dose" of hydrocortisone should be given to patients with **known chronic adrenal insufficiency** who have the following illnesses/injuries:

- Shock (any cause).
- Fever >100.4°F and ill-appearing.
- Multi-system trauma.
- Submersion injury.
- Environmental hyperthermia or hypothermia.
- Multiple long-bone fractures.
- Vomiting/diarrhea accompanied by dehydration.
- Respiratory distress.
- 2nd or 3rd degree burns >5% BSA
- RSI (Etomidate may precipitate adrenal crisis).

Vermont Adult Medication Reference

This document is to serve as a reference for the 2013 Vermont Statewide Protocols.

See the Pediatric Color Coded Appendix for pediatric dosages

Medication

Adult Protocol/Dosing

<p><u>Haloperidol</u> (Haldol)</p> <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • Medication to assist with sedation of agitated patients. • Chemical restraint. • Caution: May lower seizure threshold. 	<p>Restraint</p> <ul style="list-style-type: none"> • 5 mg IM; may repeat once in 5 minutes, maximum total dose 10 mg.
<p><u>Heparin</u></p> <p><u>Indications/Contraindications</u></p> <ul style="list-style-type: none"> • STEMI and no affirmative finding from fibrinolytic questionnaire. • Contraindication - history of Heparin Induced Thrombocytopenia 	<p>CCP Only</p> <ul style="list-style-type: none"> • Heparin 5000 u IV bolus.
<p><u>Hydrocortisone</u> (Solu-Cortef)</p>	<p>Adrenal Insufficiency</p> <ul style="list-style-type: none"> • 100 mg IV/IM. <p>Shock</p> <ul style="list-style-type: none"> • 100 mg IV/IM.
<p><u>Hydroxocobalamin</u> (Cyanokit)</p>	<p>Smoke Inhalation</p> <ul style="list-style-type: none"> • See <u>Smoke Inhalation Protocol — Adult 2.21A</u> or <u>Smoke Inhalation Protocol – Pediatric 2.21P</u> for administration guidance.
<p><u>Ibuprofen</u> (Motrin)</p> <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • A non-steroidal anti-inflammatory drug (NSAID) fever control. • Avoid in women who are pregnant or could be pregnant. • Use with caution in patients with dehydration, cardiovascular disease, or preexisting renal disease. 	<p>CCP Only</p> <ul style="list-style-type: none"> • 400 – 800 mg PO. • If ibuprofen has been taken within the last 6 hours: Consider acetaminophen 500 – 1,000 mg PO. • May repeat ibuprofen dose 400 - 600 mg every 6 hours or 800 mg every 8 hours. Maximum of 2,400 mg/24 hours.

Pediatric Color Coded Appendix

Weight 8-9 Kg (Avg 8.5 Kg)

Length 66.5-74 cm

Red (7-10 months)

Vital Signs		Dextrose 10%	43 mL	Lorazepam	0.85 mg
Heart Rate:	120	Diazepam (IV)	2 mg	Magnesium Sulfate	
Respirations:	24-32	(Rectal)	4 mg	RAD	350 mg
BP Systolic:	92 (+/-25)	Diphenhydramine	HOLD	Torsades	400 mg
		Dopamine (800 mg in 500 mL)		Methylprednisolone	8 mg
Equipment		2 mcg/kg/min	0.7 mL/hr	Midazolam	0.8 mg
ET Tube:	3.5-4.0	5 mcg/kg/min	1.6 mL/hr	Morphine Sulfate	0.8 mg
Blade Size:	1	10 mcg/kg/min	3.2 mL/hr	Naloxone	0.8 mg
		20 mcg/kg/min	6.5 mL/hr	Norepinephrine (4 mg in D ₅ W 250 mL)	
Defibrillation		Epinephrine 1:10,000	0.85 mg	0.1 mcg/kg/min	3.2 mL/hr
Defibrillation:	20 J, 40 J	Epinephrine 1:1000 Nebulized	2.5 mg	0.2 mcg/kg/min	6.4 mL/hr
Cardioversion:	5 J, 9 J	Epinephrine 1:1000 IM	0.85 mg	0.5 mcg/kg/min	15.9 mL/hr
		Fentanyl	4 mcg	1 mcg/kg/min	31.9 mL/hr
Normal Saline	170 mL	Glucagon	0.5 mg	2 mcg/kg/min	63.8 mL/hr
Acetaminophen	127.5 mg	Glucose Oral	1 tube	Ondansetron - IV	0.8 mg
Adenosine:		Hydrocortisone	20 mg	- ODT	2 mg
1st Dose-	0.85 mg	Hydroxocobalamin	600 mg	Pralidoxime IM	125 mg
Repeat Dose-	1.7 mg	Ibuprofen	80 mg	IV (over 30-60 min)	425 mg
Albuterol	2.5 mg	Ipratropium w/ albuterol	0.5 mcg	Infusion	425 mg/hr
Amiodarone	40 mg	Levalbuterol	0.63 mg	Proparacaine	2 drops
Atropine- Bradycardia	0.17 mg	Lidocaine:		Racpinephrine 2.25% Neb	0.5 mL
- Organophosphate Poison	0.42 mg	Cardiac Arrest	8.5 mg	Sodium Bicarbonate	8 mEq
Calcium Chloride	172 mg	Traumatic Brain Injury	12.75 mg	Tetracaine	2 drops
		Intraosseous	4.25 mg		

Weight 10-11 Kg (Avg 10.5 Kg)

Length 74-84.5 cm

Purple (11-18 months)

Vital Signs		Dextrose 10%	50 mL	Lorazepam	1 mg
Heart Rate:	115-120	Diazepam (IV)	2 mg	Magnesium Sulfate	
Respirations:	22-30	(Rectal)	5 mg	RAD	400 mg
BP Systolic:	96 (+/-30)	Diphenhydramine	12.5 mg	Torsades	500 mg
		Dopamine (800 mg in 500 mL)		Methylprednisolone	10 mg
Equipment		2 mcg/kg/min	0.8 mL/hr	Midazolam	1 mg
ET Tube:	4	5 mcg/kg/min	2 mL/hr	Morphine Sulfate	1 mg
Blade Size:	1	10 mcg/kg/min	4 mL/hr	Naloxone	1 mg
		20 mcg/kg/min	8 mL/hr	Norepinephrine (4 mg in D ₅ W 250 mL)	
Defibrillation		Epinephrine 1:10,000	0.105 mg	0.1 mcg/kg/min	3.9 mL/hr
Defibrillation:	20 J, 40 J	Epinephrine 1:1000 Nebulized	5 mg	0.2 mcg/kg/min	7.9 mL/hr
Cardioversion:	5 J, 10 J	Epinephrine 1:1000 IM	0.105 mg	0.5 mcg/kg/min	19.7 mL/hr
		Fentanyl	5 mcg	1 mcg/kg/min	39.4 mL/hr
Normal Saline	210 mL	Glucagon	0.5 mg	2 mcg/kg/min	78.8 mL/hr
Acetaminophen	157.5 mg	Glucose Oral	1 tube	Ondansetron - IV	1 mg
Adenosine:		Hydrocortisone	20 mg	- ODT	2 mg
1st Dose-	1.05 mg	Hydroxocobalamin	700 mg	Pralidoxime IM	150 mg
Repeat Dose-	2.1 mg	Ibuprofen	100 mg	IV (over 30-60 min)	525 mg
Albuterol	2.5 mg	Ipratropium w/ albuterol	0.5 mcg	Infusion	525 mg/hr
Amiodarone	50 mg	Levalbuterol	0.63 mg	Proparacaine	2 drops
Atropine- Bradycardia	0.21 mg	Lidocaine:		Racpinephrine 2.25% Neb	0.5 mL
- Organophosphate Poison	0.52 mg	Cardiac Arrest	10.5 mg	Sodium Bicarbonate	8 mEq
Calcium Chloride	210 mg	Traumatic Brain Injury	15.75 mg	Tetracaine	2 drops
		Intraosseous	5.25 mg		

Pediatric Color Coded Appendix

Weight 12-14 Kg (Avg 13 Kg)

Length 84.5-97.5 cm

Vital Signs		Dextrose 10%	70 mL	Lorazepam	1.2 mg
Heart Rate:	110-115	Diazepam (IV)	3 mg	Magnesium Sulfate	
Respirations:	20-28	(Rectal)	6 mg	RAD	500 mg
BP Systolic:	100 (+/-30)	Diphenhydramine	10 mg	Torsades	650 mg
		Dopamine (800 mg in 500 mL)		Methylprednisolone	12 mg
Equipment		2 mcg/kg/min	0.8 mL/hr	Midazolam	1.2 mg
ET Tube:	4.5	5 mcg/kg/min	2.5 mL/hr	Morphine Sulfate	1.2 mg
Blade Size:	2	10 mcg/kg/min	5 mL/hr	Naloxone	1.2 mg
		20 mcg/kg/min	10 mL/hr	Norepinephrine (4 mg in D ₅ W 250 mL)	
Defibrillation		Epinephrine 1:10,000	0.13 mg	0.1 mcg/kg/min	4.9 mL/hr
Defibrillation:	30 J, 50 J	Epinephrine 1:1000 Nebulized	5 mg	0.2 mcg/kg/min	9.8 mL/hr
Cardioversion:	6 J, 15 J	Epinephrine 1:1000 IM	0.13 mg	0.5 mcg/kg/min	24.4 mL/hr
		Fentanyl	6.5 mcg	1 mcg/kg/min	48.8 mL/hr
Normal Saline	260 mL	Glucagon	0.5 mg	2 mcg/kg/min	97.5 mL/hr
Acetaminophen	195 mg	Glucose Oral	1 tube	Ondansetron - IV	1.4 mg
Adenosine:		Hydrocortisone	30 mg	- ODT	2 mg
1st Dose-	1.3 mg	Hydroxocobalamin	900 mg	Pralidoxime IM	200 mg
Repeat Dose-	2.6 mg	Ibuprofen	120 mg	IV (over 30-60 min)	650 mg
Albuterol	2.5 mg	Ipratropium w/ albuterol	0.5 mg	Infusion	650 mg/hr
Amiodarone	60 mg	Levalbuterol	0.63 mg	Proparacaine	2 drops
Atropine- Bradycardia	0.26 mg	Lidocaine:		Racpinephrine 2.25% Neb	0.5 mL
- Organophosphate Poison	0.65 mg	Cardiac Arrest	13 mg	Sodium Bicarbonate	8 mEq
Calcium Chloride	259 mg	Traumatic Brain Injury	19.5 mg	Tetracaine	2 drops
		Intraosseous	6.5 mg		

Yellow (19-35 months)

Weight 15-18 Kg (Avg 16.5 Kg)

Length 97.5-110 cm

Vital Signs		Dextrose 10%	80 mL	Lorazepam	1.6 mg
Heart Rate:	110-115	Diazepam (IV)	3 mg	Magnesium Sulfate	
Respirations:	20-26	(Rectal)	8 mg	RAD	650 mg
BP Systolic:	100 (+/-20)	Diphenhydramine	20 mg	Torsades	800 mg
		Dopamine (800 mg in 500 mL)		Methylprednisolone	16 mg
Equipment		2 mcg/kg/min	1.2 mL/hr	Midazolam	1.6 mg
ET Tube:	5	5 mcg/kg/min	3 mL/hr	Morphine Sulfate	1.6 mg
Blade Size:	2	10 mcg/kg/min	6 mL/hr	Naloxone	1.6 mg
		20 mcg/kg/min	12 mL/hr	Norepinephrine (4 mg in D ₅ W 250 mL)	
Defibrillation		Epinephrine 1:10,000	0.165 mg	0.1 mcg/kg/min	6.2 mL/hr
Defibrillation:	30 J, 70 J	Epinephrine 1:1000 Nebulized	5 mg	0.2 mcg/kg/min	12.4 mL/hr
Cardioversion:	8 J, 15 J	Epinephrine 1:1000 IM	0.165 mg	0.5 mcg/kg/min	30.9 mL/hr
		Fentanyl	8 mcg	1 mcg/kg/min	61.9 mL/hr
Normal Saline	330 mL	Glucagon	0.5 mg	2 mcg/kg/min	123.8 mL/hr
Acetaminophen	247.5 mg	Glucose Oral	1 tube	Ondansetron - IV	1.6 mg
Adenosine:		Hydrocortisone	30 mg	- ODT	4 mg
1st Dose-	1.65 mg	Hydroxocobalamin	1200 mg	Pralidoxime IM	250 mg
Repeat Dose-	3.3 mg	Ibuprofen	160 mg	IV (over 30-60 min)	825 mg
Albuterol	2.5 mg	Ipratropium w/ albuterol	0.5 mg	Infusion	825 mg
Amiodarone	80 mg	Levalbuterol	0.63 mg	Proparacaine	2 drops
Atropine- Bradycardia	0.33 mg	Lidocaine:		Racpinephrine 2.25% Neb	0.5 mL
- Organophosphate Poison	0.82 mg	Cardiac Arrest	16.5 mg	Sodium Bicarbonate	8 mEq
Calcium Chloride	330 mg	Traumatic Brain Injury	24.75 mg	Tetracaine	2 drops
		Intraosseous	8.25 mg		

White (3-4 years)

Pediatric Color Coded Appendix

Weight 19-22 Kg (Avg 20.75 Kg)

Length 110-122 cm

Blue (5-6 years)

Vital Signs		Dextrose 10%	100 mL	Lorazepam	2 mg
Heart Rate:	100	Diazepam (IV)	4.0 mg	Magnesium Sulfate	
Respirations:	20-24	(Rectal)	10 mg	RAD	850 mg
BP Systolic:	100 (+/-15)	Diphenhydramine	30 mg	Torsades	1050 mg
		Dopamine (800 mg in 500 mL)		Methylprednisolone	20 mg
Equipment		2 mcg/kg/min	1.6 mL/hr	Midazolam	2 mg
ET Tube:	5.5	5 mcg/kg/min	3.9 mL/hr	Morphine Sulfate	2 mg
Blade Size:	2	10 mcg/kg/min	7.8 mL/hr	Naloxone	2 mg
		20 mcg/kg/min	16 mL/hr	Norepinephrine (4 mg in D ₅ W 250 mL)	
Defibrillation		Epinephrine 1:10,000	0.2075 mg	0.1 mcg/kg/min	7.8 mL/hr
Defibrillation:	40 J, 85 J	Epinephrine 1:1000 Nebulized	5 mg	0.2 mcg/kg/min	15.6 mL/hr
Cardioversion:	10 J, 20 J	Epinephrine 1:1000 IM	0.2075 mg	0.5 mcg/kg/min	38.9 mL/hr
		Fentanyl	10 mcg	1 mcg/kg/min	77.8 mL/hr
Normal Saline	410 mL	Glucagon	1 mg	2 mcg/kg/min	155.6 mL/hr
		Glucose Oral	1 tube	Ondansetron - IV	2 mg
Acetaminophen	311.25 mg	Hydrocortisone	40 mg	- ODT	4 mg
Adenosine:		Hydroxocobalamin	1500 mg	Pralidoxime IM	300 mg
1st Dose-	2.075 mg	Ibuprofen	200 mg	IV (over 30-60 min)	1000 mg
Repeat Dose-	4.15 mg	Ipratropium w/ albuterol	0.5 mg	Infusion	1000 mg/hr
Albuterol	2.5 mg	Levalbuterol	0.63 mg	Proparacaine	2 drops
Amiodarone	100 mg	Lidocaine:		Racepinephrine 2.25% Neb	0.5 mL
Atropine- Bradycardia	0.41 mg	Cardiac Arrest	20.75 mg	Sodium Bicarbonate	8 mEq
- Organophosphate Poison	1 mg	Traumatic Brain Injury	31.125 mg	Tetracaine	2 drops
Calcium Chloride	416 mg	Intraosseous	10.375 mg		

Weight 23-29 Kg (Avg 27 Kg)

Length 122-137 cm

Orange (7-9 years)

Vital Signs		Dextrose 10%	135 mL	Lorazepam	2.8 mg
Heart Rate:	90	Diazepam (IV)	5 mg	Magnesium Sulfate	
Respirations:	18-22	(Rectal)	13 mg	RAD	1100 mg
BP Systolic:	105 (+/-15)	Diphenhydramine	40 mg	Torsades	1350 mg
		Dopamine (800 mg in 500 mL)		Methylprednisolone	28 mg
Equipment		2 mcg/kg/min	2 mL/hr	Midazolam	2.8 mg
ET Tube:	6	5 mcg/kg/min	5 mL/hr	Morphine Sulfate	2.8 mg
Blade Size:	2-3	10 mcg/kg/min	10 mL/hr	Naloxone	2 mg
		20 mcg/kg/min	20 mL/hr	Norepinephrine (4 mg in D ₅ W 250 mL)	
Defibrillation		Epinephrine 1:10,000	0.27 mg	0.1 mcg/kg/min	10.1 mL/hr
Defibrillation:	50 J, 100 J	Epinephrine 1:1000 Nebulized	5 mg	0.2 mcg/kg/min	20.3 mL/hr
Cardioversion:	15 J, 30 J	Epinephrine 1:1000 IM	0.27 mg	0.5 mcg/kg/min	50.6 mL/hr
		Fentanyl	13.5 mcg	1 mcg/kg/min	101.3 mL/hr
Normal Saline	540 mL	Glucagon	1 mg	2 mcg/kg/min	202.5 mL/hr
		Glucose Oral	1 tube	Ondansetron - IV	2.8 mg
Acetaminophen	405 mg	Hydrocortisone	60 mg	- ODT	4 mg
Adenosine:		Hydroxocobalamin	1900 mg	Pralidoxime IM	400 mg
1st Dose-	2.7 mg	Ibuprofen	280 mg	IV (over 30-60 min)	1350 mg
Repeat Dose-	5.4 mg	Ipratropium w/ albuterol	0.5 mg	Infusion	1350 mg/hr
Albuterol	2.5 mg	Levalbuterol	0.63 mg	Proparacaine	2 drops
Amiodarone	130 mg	Lidocaine:		Racepinephrine 2.25% Neb	0.5 mL
Atropine- Bradycardia	0.5 mg	Cardiac Arrest	27 mg	Sodium Bicarbonate	8 mEq
- Organophosphate Poison	1.3 mg	Traumatic Brain Injury	40.5 mg	Tetracaine	2 drops
Calcium Chloride	540 mg	Intraosseous	13.5 mg		

Pediatric Color Coded Appendix

Weight 30-36 Kg (Avg 33 Kg)

Length 137-150 cm

Green (10-12 years)

Vital Signs		Dextrose 10%	180 mL	Lorazepam	3.6 mg
Heart Rate:	85-90	Diazepam (IV)	7.2 mg	Magnesium Sulfate	
Respirations:	16-22	(Rectal)	18 mg	RAD	1450 mg
BP Systolic:	115 (+/-20)	Diphenhydramine	50 mg	Torsades	1800 mg
		Dopamine (800 mg in 500 mL)		Methylprednisolone	36 mg
Equipment		2 mcg/kg/min	2.7 mL/hr	Midazolam	3.6 mg
ET Tube:	6.5	5 mcg/kg/min	7.0 mL/hr	Morphine Sulfate	3.6 mg
Blade Size:	3	10 mcg/kg/min	14 mL/hr	Naloxone	2 mg
		20 mcg/kg/min	28.0 mL/hr	Norepinephrine (4 mg in D ₅ W 250 mL)	
Defibrillation		Epinephrine 1:10,000	0.36 mg	0.1 mcg/kg/min	12.4 mL/hr
Defibrillation:	60 J, 150 J	Epinephrine 1:1000 Nebulized	5 mg	0.2 mcg/kg/min	24.8 mL/hr
Cardioversion:	15 J, 30 J	Epinephrine 1:1000 IM	0.36 mg	0.5 mcg/kg/min	61.9 mL/hr
		Fentanyl	18 mcg	1 mcg/kg/min	123.8 mL/hr
Normal Saline	720 mL	Glucagon	1 mg	2 mcg/kg/min	247.5 mL/hr
Acetaminophen	540 mg	Glucose Oral	1 tube	Ondansetron - IV	3.6 mg
Adenosine:		Hydrocortisone	80 mg	- ODT	4 mg
1st Dose-	3.6 mg	Hydroxocobalamin	2500 mg	Pralidoxime IM	500 mg
Repeat Dose-	7.2 mg	Ibuprofen	360 mg	IV (over 30-60 min)	1650 mg
Albuterol	2.5 mg	Ipratropium w/ albuterol	0.5 mg	Infusion	1650 mg/hr
Amiodarone	180 mg	Levalbuterol	0.63 mg	Proparacaine	2 drops
Atropine- Bradycardia	0.5 mg	Lidocaine:		Racepinephrine 2.25% Neb	0.5 mL
- Organophosphate Poison	1.8 mg	Cardiac Arrest	36 mg	Sodium Bicarbonate	8 mEq
Calcium Chloride	718 mg	Traumatic Brain Injury	54 mg	Tetracaine	2 drops
		Intraosseous	18 mg		

Preface

Preface Continued

Requests for Out-of-Scope Procedures

Please note that while medical control may have some variation from facility to facility, on-line Medical Control may not direct providers to practice outside their scope of practice. Likewise, providers should not ask to perform procedures outside their scope of practice as defined within these protocols. Providers that perform a procedure outside their scope of practice risk the loss of their EMS licensure.

Medication and Equipment Options

Multiple medications are sometimes listed within a protocol and multiple options for some medical equipment are provided (eg. Combitube, LMA, King-LT, different types of Intraosseous devices, etc.). This is intended to provide Medical Control and agencies with options for treatment and help deal with inevitable medication shortages. This should not be interpreted as requiring agencies to stock all of the medications or devices listed in a given classification. As an example, agencies may choose to stock only one benzodiazepine or may choose to stock multiple options. When a medication becomes unavailable to an agency and there is no alternative listed in these protocols, the agency head or designee should contact the Vermont EMS office. The state medical director will work with the agency, hospital, and other parties to identify and approve appropriate alternatives and any training that may be required for a medication not usually listed or approved.

Extended Care Protocols

Throughout the document you will find sections in relevant protocols identified with an "X" in blue. These are intended to be used in remote settings where transport will be significantly delayed or impossible due to wilderness or disaster settings. These are not intended for transports of normal travel distance and time.

Incident Command

Incident command will be structured in accordance with the Incident Command System (ICS) of the National Incident Management System (NIMS).

Off-Duty EMS Personnel

These protocols apply statewide. EMS providers that are bystanders when off duty outside the normal response area of their affiliated agency should provide BLS care and notify 911. Once the agency with jurisdiction arrives, care should be transferred.

On-Duty EMS Crews Outside of Normal Response Area

These protocols apply statewide and therefore cover mutual aid responses as well as incidental patient contact regardless of where in Vermont it occurs.

Example 1: ABC Rescue squad comes across a car crash while returning to their station after transporting to a hospital that is in a different EMS district. ABC Rescue follows these statewide protocols.

Example 2: XYZ Fire/Rescue is called to provide mutual aid into a different EMS district on a mass-casualty call. XYZ Fire/Rescue follows these statewide protocols.

Preface Continues