Boulder County
EMS Protocols
2019
4040 Seizure
4050 Hypoglycemia
4060 Pediatric BRUE (Formerly ALTE)
4070 Drug/Alcohol Intoxication
4080 Overdose and Acute Poisoning
4090 Allergy and Anaphylaxis
4100 Non-Traumatic Abdominal Pain/Vomiting
4110 Suspected Carbon Monoxide Exposure
4120 Adrenal Insufficiency
4130 Epistaxis Management
4140 Sepsis

**Environmental Protocols (5000-5999)**

5000 Drowning
5010 Hypothermia
5020 Hyperthermia
5030 Altitude Illness
5040 Insect/Arachnid Stings and Bites
5050 Snake Bite

**Behavioral Protocols (6000-6999)**

6000 Psychiatric/Behavioral Patient
6010 Agitated/Combative Patient
6020 Transport of the Handcuffed Patient

**Obstetric Protocols (7000-7999)**

7000 Childbirth
7010 Obstetrical Complications

**Trauma Protocols (8000-8999)**

8000 General Trauma Care
8005 Trauma Activation Criteria – Boulder County
8010 Special Trauma Scenarios: Sexual Assault and Abuse/Neglect
8020 Trauma in Pregnancy
8030 Traumatic Pulseless Arrest
8040 Traumatic Shock
8050 Amputations
8055 Crush Injury
8060 Head Trauma
8070 Face and Neck Trauma
8080 Spinal Trauma
8090 Spinal Motion Restriction
8110 Chest Trauma
8120 Abdominal Trauma
8130 Burns

**Medication Protocols (9000-9999)**

- Acetaminophen
- Adenosine
- Albuterol Sulfate
- Amiodarone
- Antiemetics
- Aspirin
- Atropine Sulfate
- Benzodiazepines
- Calcium
- Dextrose
- Diphenhydramine
- Droperidol
- DuoDote™
- Epinephrine
- Glucagon
- Haloperidol
- Hemostatic Agents
- Hydrocortisone
- Hydroxocobalamin
- Ibuprofen
- Ipatropium Bromide
- Ketamine
- Lidocaine 2%
- Magnesium Sulfate
- Methylprednisolone
- Naloxone
- Nitroglycerin
- Opioids
- Oral Glucose
- Oxygen
- Phenylephrine
- Racemic Epinephrine
- Sodium Bicarbonate
Patient at risk for adrenal insufficiency (Addisonian crisis):
- Identified by family or medical alert bracelet
- Chronic steroid use
- Congenital Adrenal Hyperplasia
- Addison's disease

Assess for signs of acute adrenal crisis:
- Pallor, weakness, lethargy
- Vomiting, abdominal pain
- Hypotension, shock
- Congestive heart failure

All symptomatic patients:
- Check blood glucose and treat hypoglycemia, if present
- Start IV and give oxygen
- If signs of poor perfusion AND/OR hypotension for age, see Medical Shock protocol and begin fluid resuscitation

Give hydrocortisone (preferred) or methylprednisolone

- Continue to monitor for development of hypoglycemia
- Contact Receiving Hospital for consult if patient not responding to treatment
- Monitor 12 lead ECG for signs of hyperkalemia

Chronic corticosteroid use is a common cause for adrenal crisis, carefully assess for steroid use in patients with unexplained shock.

Administration of steroids are life-saving and necessary for reversing shock or preventing cardiovascular collapse.

Patients at risk for adrenal insufficiency may show signs of shock when under physiologic stress which would not lead to cardiovascular collapse in normal patients. Such triggers may include trauma, dehydration, infection, myocardial ischemia, etc.

If no corticosteroid is available during transport, notify receiving hospital of need for immediate corticosteroid upon arrival.

Under Chapter 2 Rule: specialized prescription medications to address an acute crisis may be given by all levels with a direct VO, given the route of administration is within the scope of the provider. This applies to giving hydrocortisone for adrenal crisis, for instance, if a patient or family member has this medication available on scene. Contact hospital for direct verbal order.