

SPECIAL CIRCUMSTANCES

This protocol is meant to provide guidance when signs/symptoms are serious to the patient and the emergent treatment options are specific to the patient. This protocol may be used exclusively, or in conjunction with other symptom-driven care protocols. For a subset of the patients we encounter, there may be specific treatments unique to their condition but outside the traditional prehospital medications. The guidelines in this protocol and consultation with Physician OLMD should guide your decision-making. The patient and family are frequently well informed and valuable sources of information regarding the condition and its management.

The prehospital care goal is to provide patient-specific treatment to the patient in crisis.

Clinical Pearls

Adrenal insufficiency may result from adrenal suppression by steroid medications, congenital adrenal hyperplasia, or Addison's disease. The end result is that the adrenal gland does not produce the body's usual steroids.

- Signs of adrenal crisis, which are not readily identifiable, include:
 - Pallor
 - Dizziness
 - Headache
 - Weakness/lethargy
 - Abdominal pain
 - Vomiting/nausea
 - Hypoglycemia
 - Hypotension
 - Shock
 - Heart failure
- Hemophilia is an inherited disorder of clotting. Patients are missing proteins critical in the formation of blood clots. Such patients present with severe bleeding complications related to relatively minor trauma.
 - The main treatment for hemophilia is called "replacement therapy." This involves getting the clotting factor that the body is missing. There are different types of replacement clotting factors. Some are made from human blood, and others aren't. Replacement therapy goes into a vein.
- Pulmonary hypertension patients may have significant resistance to blood flow across the pulmonary capillary bed and have respiratory or hemodynamic symptoms of their disease. Some patients are managed with continuous infusions and may have severe rebound symptoms should the infusion be interrupted due to catheter related

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Treatment -BLS

- Perform assessment.
- Ensure oxygenation.
- Place electrodes/acquire 12-lead ECG.

Treatment -ALS

- Continue assessment, to include:
 - 12-lead ECG interpretation
- Establish vascular access.
- Identify patient's condition by way of patient, family members, Med-Alert jewelry, Emergency Information Form or other means.

Determine the recommended intervention for the patient condition and confirm the availability of the therapeutic agent.

PHYSICIAN OLMD

Obtain authorization to administer the patient's medication if the patient presents an Emergency Information Form or equivalent documentation that

- Identifies the patient's medical condition
 - States the recommended treatment
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