

# ORANGE COUNTY EMERGENCY MEDICAL SERVICES PREHOSPITAL TREATMENT GUIDELINES

# PROCEDURES PRIOR TO BASE CONTACT WHEN NOT UTILIZING STANDING

ORDERS: CARDIAC

#: I- 40-A2
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Date: 2/92
Revised: 6/2012

# CARDIOPULMONARY ARREST<sup>1</sup>

## VENTRICULAR FIBRILLATION / VENTRICULAR TACHYCARDIA

- 1. Initiate or continue CPR and when defibrillator available:
  - ► Defibrillate once at pre- programmed defibrillator setting Pediatric: Defibrillate at 2 J/kg
- 2. If at any time develops rhythm with pulse:
  - Ventilate and oxygenate
  - Make base contact for further orders
- 3. If remains pulseless:
  - ► High-flow oxygen by BVM
  - → IV/IO vascular access without interruption of CPR
- 4. Continually monitor cardiac rhythm:
  - → If persistent VF/pulseless VT
    - ► Defibrillate once at pre-programmed defibrillator setting Pediatric: Defibrillate at 4 J/kg
  - ightarrow If PEA or asystole: refer to PEA/Asystole Section below.
- 5. For continued VF/ pulseless VT:
  - ► Administer Epinephrine 1 mg (1:10,000) IV/IO, (Pediatric 0.01 mg/kg) repeat approximately every 3 minutes for continued VF/pulseless VT
  - ► Intubate Adults / Adolescents with minimal interruption of CPR and confirm tube placement.
- 6. For continued VF/pulseless VT:
  - ► Defibrillate once using pre-programmed defibrillator setting Pediatric: Defibrillate using 4 J/kg
- 7. For continued VF/ pulseless VT:
  - ► Administer Amiodarone 300 mg IV/IO
- 8. For continued VF/pulseless VT:
  - ► Defibrillate once using pre-programmed defibrillator setting Pediatric: Defibrillate using 4 J/kg
- 9. Make Base contact for further orders.

## PEA / ASYSTOLE

- 1. Initiate or maintain CPR
  - ► High-flow oxygen by BVM
  - ► IV/IO vascular access without interruption of CPR
  - ► 250 mL Normal Saline bolus, up to maximum 1 liter to attain and maintain perfusion.

## Pediatric: 20 mL/kg, may repeat twice

- 2. If no response to initial 250 mL Normal Saline bolus:
  - ► Administer *Epinephrine 1 mg (1:10,000) IV/IO, Pediatric* **0.01 mg/kg,** approximately every 3 minutes
  - ► Intubate Adults/Adolescents with minimal interruption of CPR and confirm tube placement
- 3. If VF/ pulseless VT develops:

Approved:

- ► Defibrillate once using pre-programmed defibrillator setting, **Pediatric 2 J/kg**, and follow VF/pulseless VT algorithm.
- 4. Make Base contact for further orders

# BRADYCARDIA - SYMPTOMATIC<sup>1</sup>

## Adult/Adolescent:

- 1. Initiate Transcutaneous Pacing (see Procedure PR-110)
- 2. Atropine 0.5 mg IV or IM

## Pediatric:

- 1. Insure adequate ventilation and oxygenation
- 2. Atropine 0.02 mg/kg IV or IM

# SUPRAVENTRICULAR TACHYCARDIA 1

## ADEQUATE PERFUSION

# Adult/Adolescent:

- 1. Valsalva maneuver
- 2. Adenosine 6 mg rapid IV, may repeat 12 mg rapid IV

# Pediatric:

1. Support ventilation and oxygenation and transport rapidly POOR PERFUSION

## Adult/Adolescent:

- 1. Synchronized cardioversion, 100 J; may repeat using maximum energy setting
- 2. Rapid transport

#### Pediatric:

- 1. Normal saline bolus 20 mL/kg
- 2. Rapid transport

# VENTRICULAR TACHYCARDIA WITH PULSES 1

## ADEQUATE PERFUSION

## Adult/Adolescent:

- 1. Support ventilation and oxygenation and transport rapidly Pediatric:
- 1. Support ventilation and oxygenation and transport rapidly POOR PERFUSION

# Adult/Adolescent:

- Synchronized cardioversion, 100 J; may repeat using maximum energy setting
- 2. Rapid transport

## Pediatric:

- 1. Synchronized cardioversion, 1 J/kg; may repeat with 2 J/kg
- 2. Rapid transport

# CHEST PAIN / ANGINA 1

# ADULT:

- 1. Nitroglycerine 0.4 mg SL, may repeat twice if  $\ensuremath{\mathsf{BP}}\xspace > 90$  systolic.
- 2. 12-lead ECG for age greater than 45 or suspected MI.
- 3. Aspirin 324 (or 325 mg) chewed if suspected cardiac chest pain.

# RESPIRATORY DISTRESS WITH RALES (CHF) 1

# ADULT:

# SYSTOLIC BP > 100

- 1. Nitroglycerine 0.4 mg SL, may repeat twice if BP > 100 systolic.
- 2. 12-lead ECG for age greater than 45 or suspected MI.

# SYSTOLIC BP > 150

- 1. Nitroglycerine 0.8 mg SL, may repeat twice if BP > 150 systolic.
- 2. 12-lead ECG for age greater than 45 or suspected MI.

1. In addition to general ALS measures, the following apply for the specific symptom listed

