ORANGE COUNTY EMERGENCY MEDICAL SERVICES
PREHOSPITAL TREATMENT GUIDELINES
PROCEDURES PRIOR TO BASE CONTACT WHEN NOT UTILIZING STANDING ORDERS: CARDIAC

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CARDIOPULMONARY ARREST[1]

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
   - → 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 A*miodarone 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:
   - ► *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[1]

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:
1. 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 BP > 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.

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

Approved: