|  |  |  |
| --- | --- | --- |
| Zone | Patient Weight | Age |
| 3 kg, 4 kg, and 5 kg Zones | 3 kg, 4 kg, and 5 kg | < 3 mos |
| Pink |  6-7 kg | 3 – 5 mos |
| Red |  8 – 9 kg | 6 – 11 mos |
| Purple |  10 – 11 kg | 12 – 24 mos |
| Yellow |  12 -14 kg | 2 yrs |
| White |  15 -18 kg | 3 -4 yrs |
| Blue |  19 -23 kg |  5 -6 yrs |
| Orange | 24 – 29 kg |  7 -9 yrs |
| Green |  30 – 36 kg |  10 – 11 yrs |

**Abdominal pain – (Advanced EMT/Paramedic)**

 **Adult Fluid resuscitation**: If significant dehydration or signs of shock. Give below and/or see Shock Protocol

**Adult Fluid Resuscitation**

* 500 mL NS/LR bolus - repeat up to 2000mL’s if no signs of fluid overload. If severe diarrhea or septic shock, may give additional 1000mL fluid every 30 minutes.
* Pediatric Fluid Resuscitation • **20 mL/kg NS/LR bolus** – repeat 2 times as needed for a total infusion of **60 mL/kg**.
* Consider establishing second IV if unstable or significant potential for instability.

**(Intermediate/Paramedic)**

* Consider pain management per Pain Protocol. If Hypotensive, Fentanyl is drug of choice (or Ketamine at Paramedic level).
* Consider Nausea Management- see Nausea/Vomiting Protocol.

**Allergic Reaction/Anaphylaxis – (EMT/AEMT/INTERMEDIATE/PARAMEDIC**

* If extensive hives (urticaria), throat or tongue swelling, shortness of breath, or history of systemic reaction in past, give:
	+ **Epinephrine (1:1000) IM 0.5 mg**. Dose may be repeated in 5-15 minutes if severe symptoms persist.
* If wheezing give:
	+ Albuterol Unit Dose (2.5 mg in 3 ml) administer per hand held nebulizer or mask. May repeat X 2 additional doses as needed for wheezing/SOB.
	+ ADVANCED EMT (AEMT)/ INTERMEDIATE / PARAMEDIC Establish vascular access. Do not delay transport to obtain vascular access. Refer to IO protocol if unable to start IV. **If evidence of shock, administer IV fluid 500-1000mL IV/IO\*\*.** May repeat up to 2000mL if necessary. Reassess patient after each bolus and assess for pulmonary edema.
	+ **INTERMEDIATE / PARAMEDIC** - If IM Epinephrine unsuccessful and/or patient has persistent hypotension, give **Epinephrine (1:10,000) 0.1 mg (1 mL) IV/IO (Peds if less than 10 kg give 0.01 mg/kg per dose).** Repeat every 3 minutes as needed.
	+ PARAMEDIC
		- **If still in shock after 2-liter fluid bolus, see Shock Protocol.**
		- **Benadryl 50 mg IV/IO/PO (Peds 0.5-1 mg/kg)**
		- **Solumedrol 125 mg IV/IO/IM (peds 2 mg/kg) or Decadron 10 mg IV/IO/IM (Peds 0.6 mg/kg)**
		- **If available, consider a Histamine-2 antagonist o Cimetidine (Tagamet): 300 mg PO/IV/IM (peds: 5-10 mg/kg IV/IM) or**
		- **Famotidine (Pepcid): 20 mg PO/IV (peds: 0.5-1 mg/kg IV) or**
		- **Ranitidine (Zantac): 50 mg IV/IM or 150 mg PO (peds: 1 mg/kg IV/IM or 2 mg/kg PO)**

**BETA BLOCKER/CALCIUM CHANNEL BLOCKER OVERDOSE –(INTERMEDIATE/PARAMEDIC)**

* **BETA BLOCKER OVERDOSE** –
	+ **Glucagon 1mg IV/IO every 5 minutes**.
	+ Anticipate nausea or hypotension – be prepared to give anti-emetic medications
	+ If refractory consider:
		- **Dopamine 5–20 mcg/kg/min IV/IO**
		- **Calcium Chloride (10%) 5–10 mL** (peds 0.1 mL/kg) IV/IO
		- Consider transcutaneous pacing
* **CALCIUM CHANNEL BLOCKER OVERDOSE**
	+ **Calcium Chloride (10%) 5–10 mL** (peds 0.1 mL/kg) IV/IO
	+ **Glucagon 1mg IV/IO every 5 minutes**.
		- Anticipate nausea or hypotension – be prepared to give anti-emetic medications
* If refractory, consider:
	+ **Dopamine infusion 5-20 mcg/kg/min IV/IO**.
	+ **Repeat Calcium Chloride (10%) 5–10 mL** **(peds 0.1 mL/kg) IV/IO.**
	+ Consider transcutaneous pacing

**CARDIOGENIC SHOCK (PARAMEDIC)**

* Establish IV/IO\*\*
* If hypovolemic and/or dehydrated and lungs are clear: **Fluid bolus in 500 mL increments up to 2 liters.**
* For Patients with systolic BP less than 100 mmHg WITH evidence of poor tissue perfusion (cold periphery, altered mental status, etc.) DESPITE correction of non-cardiac factors (hypovolemia, hypoxia, acidosis, and dysrhythmias).
* If SBP 70-100 mmHg and signs of shock start **Dopamine 5 mcg/kg/min. Titrate up to 20 mcg/kg/min** or SBP greater than or equal to 100 mmHg
* If SBP less than 70 mmHg give **Dopamine at 20 mcg/kg/minute and when SBP greater than or equal to 100 mm Hg titrate down 10.**
* For Patients with systolic BP less than 100 mmHg WITHOUT evidence of poor tissue perfusion (cold periphery, altered mental status, etc.).
	+ Correct non-cardiac factors (hypovolemia, hypoxia, acidosis, and dysrhythmias)
	+ Transport

**DOPAMINE DRIP DOSING CHART**

**FOR USE WITH DOPAMINE DRIP PREMIX 400 MG/250 ML OR 800 MG/500 ML D5W**

**THIS CHART IS ONLY GOOD WHEN USING MICRO DRIP SETS 60 DROPS – 1 ML**

|  |  |
| --- | --- |
| **WEIGHT** | **DOSE RANGES** |
| **POUNDS KILOGRAMS** | **START AT 5 MCG/KG/MIN DO NOT EXCEED 20 MCG/KG/MIN** |
| 88 40 | 8 gtts/min 32 gtts/min |
| 121 55 | 10 gtts/min 40 gtts/min |
| 143 65 | 12 gtts/min 48 gtts/min |
| 165 75 | 14 gtts/min 56 gtts/min |
| 187 85 | 16 gtts/min 64 gtts/min |
| 220 100 | 19 gtts/min 78 gtts/min |
| 253 115 | 22 gtts/min 88 gtts/min |
| 286 130 | 24 gtts/min 98 gtts/min |
|  |  |
|  | **Always titrate to patient response. Individual dosage requirements** |
|  | **vary widely by weight.** |

**NEONATAL RESUSCITATION – NEWBORNS IN DISTRESS/ARREST (PARAMEDIC)**

* If heart rate remains under 80/minute despite warming, stimulation, 100% oxygen/BVM, and chest compressions:
	+ Attempt peripheral IV for one attempt with a 22-gauge to 24-gauge catheter TKO. If unsuccessful, place IO.
	+ Give Epinephrine (1:10,000=0.1 mg/ml)) 0.01 mg/kg IV/IO.
	+ Repeat Epinephrine (1:10,000=0.1 mg/ml) 0.01 mg/kg IV/IO every 3-minutes, if indicated.
	+ **USE BROSELOW TAPE FOR MEDICATION DOSES**