

POLICY – 0002

Table of Contents

Subject	Policy
Introduction	0001
Table of Contents	0002
System Hospitals	0005
Scope of Practice	0010
Scope of EMS Service	0011
EMS Medical Director Responsibilities	0012
Assistant EMS Medical Director Responsibilities	0013
EMS Administrative Director Responsibilities	0014
EMS System Coordinator Responsibilities	0015
Methods of Providing EMS Services	0016
EMS System Manual Distribution	0017
Medication and Equipment Replacement	0018
Minimum Vehicle Staffing	0019
Professional Conduct and Code of Ethics	0020
In-Field Service Level Upgrades	0021
Resource Hospital Override	0022
Infection Control	0023
Problem Resolution	0024
ILS/ALS Assessment of BLS Patient	0025
Physician Direction and Voice Order	0026
ECRN Contacting ER Physician	0027
Continuous Quality Improvement	0028
Discipline and Suspension	0029
Substance Abuse	0030
Criminal Conviction	0031
Hospital Bypass or Diversion	0032
Patient Care Report	0033
Agency Responsibilities	0034

Agency Compliance Waiver	0035
Agency Advertisement	0036
System Certification	0037
Re-Licensure Requirements	0038
Off-Line Medical Control	0039
On-Line Medical Control	0040
Radio Communications	0041
Right to Refuse	0042
Incident Reporting	0043
Patient Confidentiality and Release	0044
Patient Destination	0045
Transfer and Termination of Patient Care	0046
Transition of Care	0047
Intercept	0048
Coroner Notification	0049
Crime Scene Control and Reporting	0050
Medical Professional On Scene	0051
School Bus Incident	0052
Latex Allergy	0053
Critical Incident Stress Management	0054
EMS Equipment and Supplies	0055
Controlled Substances	0056
Medication Shortage	0057
Resuscitation vs Cease Efforts	0058
Do Not Resuscitate	0059
Petitioning an Emotionally Disturbed Patient	0060
Treatment of Minors and Mentally Incompetent	0061
Relinquished Newborn	0062
Mandated Reporting	0063

General Medical

Subject	Policy
Routine Patient Care	1105
Syncope and Pre-Syncope	1106
Abdominal Pain	1110
Acute Pain Management	1115
Allergic Reaction and Anaphylaxis	1120
Diabetic Emergencies	1125
Nausea/Vomiting	1135
Poisoning and Overdose	1140
Seizures	1145
Sepsis	1150
Unconscious/Altered Mental Status	1155
Stroke TIA	1160
Routine Patient Care	1205
Altered Mental Status	1210
Syncope and Pre-syncope	1211
Seizure	1215
Allergic Reaction and Anaphylaxis	1220
Acute Pain Management	1225
Apparent Life Threatening Event	1230
Diabetic	1235
Poisoning and Overdose	1240

Cardiac

Subject	Policy
Routine Cardiac Care	2105
STEMI	2110
Cardiogenic Shock	2115
Cardiac Arrest	2120
Ventricular Fibrillation/Pulseless Ventricular Tachycardia	2125

Pulseless Electrical Activity	2130
Asystole	2135
Return of Spontaneous Circulation	2140
Bradycardia	2145
Narrow Complex Tachycardia – Stable	2150
Narrow Complex Tachycardia – Unstable	2155
Wide Complex Tachycardia – Stable	2160
Wide Complex Tachycardia – Unstable	2165
Implanted Cardiac Defibrillator	2170
Cardiac Arrest	2205
VF/Pulseless VT	2210
PEA/Asystole	2215
Bradycardia	2220
Narrow Complex Tachycardia	2225
Wide Complex Tachycardia	2230
Neonatal Resuscitation	2235

Respiratory

Subject	Policy
Airway – Ventilation Management	3105
Asthma/COPD	3110
CHF/Pulmonary Edema	3115
Respiratory Distress	3205
Respiratory Arrest	3210
Respiratory Distress with Tracheostomy	3215
Respiratory Distress with Ventilator	3220

Environmental

Subject	Policy
Hypothermia	4110
Heat Related Emergency	4115
Burn	4120

Smoke Inhalation/Cyanide Exposure	4125
Submersion Incident	4130
SCUBA Injury/Accident	4135
Altitude Illness	4140
Bites and Envenomation	4145
Heat Related Emergency	4210
Hypothermia	4215
Near Drowning	4220
Burn	4225

Aberrant Situations

Subject	Policy
Domestic and Elder Abuse/Neglect	5105
Behavioral Emergency	5110
Chemical Gas Exposure	5115
Taser Related Injury	5120
Biological Agent Exposure	5125
Suspected Child Maltreatment	5205

Obstetric and Gynecological

Subject	Policy
Childbirth	6105
Post-Partum Care	6110
Obstetric Complications	6115
Rape/Sexual Assault	6120

Trauma

Subject	Policy
Routine Trauma Care	7105
Shock	7110
Head Trauma	7115
Spinal Trauma	7120

Traumatic Arrest	7125
Extremity Trauma	7130
Thoracic Trauma	7135
Abdominal Trauma	7140
Routine Trauma Care	7205
Shock	7210
Head Injury	7215

Special Situations

Subject	Policy
Hazardous Material Exposure	8105
Special Healthcare Needs	8205

Procedures

Subject	Policy
Basic Airway Management	9001
Airway Obstruction	9002
Capnography	9003
CPAP	9004
King LTS-D	9005A
i-gel O ₂ [™] Supraglottic Airway	9005B
Orotracheal Intubation	9006
Endotracheal Introducer	9007
Orogastric Tube Insertion	9008
12 Lead ECG	9009
Manual Defibrillation	9010
Synchronized Cardioversion	9011
Transcutaneous Pacing	9012
Intravenous Cannulation	9013
Intraosseous Cannulation	9014
External Jugular Cannulation	9015

Medication Administration	9016
Central Lines and Fistula Access	9017
Patient Restraint	9018
Spinal Motion Restriction	9019
Tourniquet	9020
Hemostatic Agent	9021
Pelvic Sling	9022
Needle Decompression	9023
Medication Assisted Intubation	9024
Surgical Cricothyrotomy	9025
High Quality CPR	9026
Pediatric AED	9027
Field Triage	9028

Medications

Subject	Policy
Adenosine	9501
Albuterol	9502
Amiodarone	9503
Aspirin	9504
Atropine	9505
Brilinta	9506
Dextrose 10%	9507
Diphenhydramine	9508
Dopamine	9509
Epinephrine 1mg/mL	9510
Epinephrine 0.1 mg/mL	9511
Glucagon	9512
Ipratropium Bromide	9513
Lidocaine	9514
Naloxone	9515
Nitroglycerin	9516

Ondansetron	9517
Sodium Bicarbonate	9518
Fentanyl	9519
Morphine	9520
Versed	9521
Tranexamic Acid	9522
Ketamine	9523
Methylprednisolone	9524
Ketorolac	9525
Calcium Chloride	9526
Furosemide	9527

Appendix

Subject	Policy
EMS License Renewal Request	A01
Pain Scale	A02
STEMI Destination Determination	A03
Region 3 Stroke Destination Determination	A04
Emergency Childbirth Record	A05
Complaint/Unusual Occurrence Report	A06
School Bus Incident Log	A07
Notice of EMS Response to a Minor	A08

ADULT MEDICAL - 1115

ACUTE PAIN MANAGEMENT

EMR

- Perform Routine Patient Care Protocol 1105.

EMT

- Continue EMR care.
- For nausea / vomiting, refer to Nausea/Vomiting Protocol 1135.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

I

- Continue EMT care.
- For mild to moderate pain:
 - Administer Ketorolac.
 - ≤ 65 years old and/or ≥ 50 kg - 30 mg IV/IM.
 - ≥ 66 years old and/or ≤ 49 kg - 15 mg IV or 30 mg IM.
- For cases with isolated extremity fracture, chest pain, burns, or discomfort from IO infusion the following may be given:
 - Fentanyl.
 - 50 mcg IV/IM/IN, reduce dose by 50% for patients with renal impairment. May repeat in 5 minutes.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

P

- Continue ILS care.
- For cases with isolated extremity fracture, chest pain, burns, or discomfort from IO infusion the following may be given:
 - Morphine; or,
 - 2-5 mg IV every 5 minutes or 2-5 mg IM every 15 minutes.
 - Fentanyl.
 - 50 mcg IV/IM/IN, reduce dose by 50% for patients with renal impairment. May repeat in 5 minutes to total dose of 100 mcg.
- All other cases require consult with Medical Control.
- If pain is not relieved via Morphine and Fentanyl, consult with Medical Control for orders for Ketamine
 - 0.3mg/kg IV over 10 minutes as a drip or 2 mg/kg IM.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

Critical Thinking Elements

- Monitor the patient for respiratory depression when administering narcotics.
- Blood pressure should be monitored closely - check 5 minutes after narcotic administration and prior to administering repeat doses.
- Patients with a head injury, altered level of consciousness, or unstable vital signs should not receive pain medication.
- Patient's receiving pain medications should be monitored continuously via ETCO₂, ECG, and SpO₂.
- Patients should also be receiving supplemental oxygen regardless of SpO₂.
- Prophylactic antiemetic should be administered.
- In adults pretreatment of Midazolam 0.03 mg/kg, may be beneficial to reduce risk of recovery agitation after ketamine administration.

ADULT CARDIAC - 2145 UNSTABLE BRADYCARDIA

EMR

- Perform Routine Cardiac Care Protocol 2105.

EMT

- Continue EMR care.
- Obtain and transmit 12 lead ECG if possible.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

I

- Continue EMT care.
- Establish IV/IO and administer 500 mL fluid bolus.
- Administer Atropine
 - 0.5 mg IV/IO Medical Control Order Required. May repeat every 5 minutes with Medical Control Order to a max dose of 3 mg.
- Begin transcutaneous pacing if the patient is in a 3rd degree AV block or 2nd degree type II block.
 - Rate should be 70 bpm.
 - Start current low and increase until mechanical and electrical capture is obtained.
- Consider sedation
 - Versed 2 mg IV, if time permits
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

P

- Continue ILS care.
- Begin transcutaneous pacing if the patient is in a 3rd degree AV block or 2nd degree type II block.
 - Rate should be 70 bpm.
 - Start current low and increase until mechanical and electrical capture is obtained.
- Consider sedation
 - Ketamine 4 mg/kg IM or 2 mg/kg IV.
- Administer Dopamine
 - 2-20 mcg/kg/min.
- Transport as soon as possible.
- Contact the receiving hospital as soon as possible.

Critical Thinking Elements

- Bradycardia does not necessarily mean that a patient is unstable or requires interventions.
- Patients are considered stable if they are asymptomatic (i.e. alert, oriented, normal skin, and SBP > 100 mmHg).
- The patient is unstable if he/she presents with:
 - Altered level of consciousness
 - Diaphoresis
 - Dizziness
 - Chest pain or discomfort
 - Ventricular ectopy
 - Hypotension (SBP < 100 mmHg)
- Treat underlying etiologies according to appropriate protocol.
- Atropine is contraindicated in patients with normal or elevated blood pressure.
- Consider other factors when assessing bradycardic patients such as:
 - Health and physical condition (Athlete)
 - Current medications (Beta blockers)
 - Head trauma or injury (Cushing's triad)

ADULT CARDIAC -- 2155 NARROW COMPLEX TACHYCARDIA (>150 BPM) - UNSTABLE

EMR

- Perform Routine Cardiac Care Protocol 2105.

EMT

- Continue EMR care.
- Apply 12 lead ECG. Obtain a 12 lead ECG and transmit, if available.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

I

- Continue EMT care.
- Establish IV access.
- Administer 500 cc IV fluid bolus.
- Consider sedation
 - Versed 2 mg IV if time permits
- Synchronize Cardioversion - Apply defibrillator pads and limb leads. Ensure synchronize mode is selected.
 - For narrow and regular rhythm, administer 50 - 100 J.
 - For narrow and irregular rhythm, administer 100 - 120 J.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

P

- Continue ILS care.
- Consider sedation
 - Ketamine 4 mg/kg IM or 2 mg/kg IV.
- Synchronize Cardioversion - Apply defibrillator pads and limb leads. Ensure synchronize mode is selected.
 - For narrow and regular rhythm, administer 50 - 100 J.
 - For narrow and irregular rhythm, administer 100 - 120 J.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

ADULT CARDIAC - 2165

WIDE COMPLEX TACHYCARDIA (QRS \geq 0.12) - UNSTABLE

EMR

- Perform Routine Cardiac Care Protocol 2105.

EMT

- Continue EMR care.
- Apply cardiac monitor and obtain 12-lead ECG and transmit to receiving facility, if equipped.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

I

- Continue EMT care.
- Place defibrillation patches.
- Perform 12-lead ECG and transmit to receiving facility.
- Initiate IV/IO normal saline or lactated ringer TKO or saline lock.
- Consider sedation
 - Versed 2 mg IV, if time permits;
- If wide complex and regular, perform synchronized cardioversion at 100J.
- If wide complex and irregular, defibrillate.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

P

- Continue ILS care.
- Consider sedation
 - Ketamine 4 mg/kg IM or 2 mg/kg IV.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

ADULT CARDIAC - 2170

IMPLANTED CARDIAC DEFIBRILLATOR

EMR

- Perform Routine Cardiac Care Protocol 2105.

EMT

- Continue EMR care.
- Apply cardiac monitor and obtain 12-lead ECG and transmit to receiving facility, if equipped.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

I

- Continue EMT care.
- Treat arrhythmias according to appropriate protocol.
- Initiate ALS intercept if indicated.
- Consider sedation
- Versed 2 mg IV, if time permits
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

P

- Continue ILS care.
- Initiate ALS intercept if indicated.
- Consider sedation
 - Ketamine 4 mg/kg IM or 2 mg/kg IV.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

ADULT RESPIRATORY – 3110

ASTHMA/COPD

EMR

- Perform protocol Routine Patient Care 1105.
- Administer Albuterol if patient's lung sounds are diminished or wheezing. May repeat every 20 minutes as needed.
 - 2.5mg/3mL

EMT

- Continue EMR care.
 - Administer Albuterol 2.5 mg/3 mL mixed with Ipratropium 0.5 mg/3 mL. Repeat as necessary every 20 minutes.
- If the patient is suffering from status asthmaticus and does not improve with albuterol, administer Epinephrine 1 mg/mL 0.3 mg IM.
 - If the patient is >40 years old, has an irregular heart rate, has a heart rate > 150 bpm, history of heart disease, or has hypertension; consult MEDICAL CONTROL.
- For moderate to severe respiratory distress initiate CPAP; adjust PEEP to 5-10 cmH₂O. If SBP is < 90 mmHg adjust to PEEP of 5 and discontinue if hypotension persists.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

I

- Continue EMT care.
- Continue airway management and perform advanced airway procedures, if indicated.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

P

- Continue ILS care.
- Administer Midazolam 1-2 mg slow IV or IM for anxious patients unable to tolerate CPAP.
- Administer Methylprednisolone
 - 125 mg IV.
 - If patient is still deteriorating, contact Medical Control for consideration of Ketamine.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

ADULT RESPIRATORY -- 3115

CHF/PULMONARY EDEMA

EMR

- Perform protocol Routine Patient Care 1105.

EMT

- Continue EMR care.
- Administer Nitroglycerin
 - 0.4mg SL. May repeat every 3-5 minutes to a max dose of 3 tablets.
Ensure SBP > 100 mmHg prior to administration.
- For moderate to severe respiratory distress initiate CPAP; adjust PEEP to 5-10 cmH₂O. If SBP is < 90 mmHg adjust to PEEP of 5 and discontinue if hypotension persists.
- Be prepared to support ventilations with BVM.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

I

- Continue EMT care.
- Administer Furosemide
 - 40 mg IV or double daily patient dose, Max dose 80 mg.
- Continue airway management and perform advanced airway procedures, if indicated.
- Initiate ALS intercept if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

P

- Continue ILS care.
- Administer Midazolam 1-2 mg slow IV or IM for anxious patients unable to tolerate CPAP.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

ADULT ABERRANT - 5110

BEHAVIORAL EMERGENCY/CHEMICAL RESTRAINT

EMR

- Perform Routine Patient Care Protocol 1105.
- Maintain control of the scene and request law enforcement if needed.

EMT

- Continue EMR care.
- Determine if patient is a threat to self or others.
- Contact Medical Control as early as possible if restraints are needed.
- Initiate ALS intercept, if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

I

- Continue EMT care.
- Initiate ALS intercept, if indicated.
- Administer Midazolam for sedation if patient is agitated and needs to be restrained.
 - 5 mg IM
- Initiate ALS intercept, if indicated.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

P

- Continue ILS care.
- Administer Ketamine for sedation if patient is agitated and patient needs to be restrained.
 - 2 mg/kg IM.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.

Critical Thinking Elements

- Document patient's behavior, statements, actions, and surroundings.
- Attempt to verbally calm and reorient the patient.
- If restraints are used, thoroughly document the reasons for applying restraints, method of restraint, and any law enforcement involvement. Also, be sure to note time medical control was contacted.
- Patient and restraints should be checked every 15 minutes and checks must be documented.

PROCEDURE -- 9005B

i-gel O₂TM SUPRAGLOTTIC AIRWAY

Level of Care	EMR	EMT	ILS	ALS
Approved		Adult/Pedi	Adult/Pedi	Adult/Pedi

Indications:

- Apneic patient when endotracheal intubation is not possible or not available.
- Patient must be unconscious, without a gag reflex.
- Failed Airway
- No history of esophageal foreign body, disease, or caustic ingestion.

Size	Pediatric				Adult		
	1	1.5	2	2.5	3	4	5
Color	Pink	Light Blue	Grey	White	Yellow	Green	Orange
Patient Type	Neonate	Infant	Small Pediatric	Large Pediatric	Small Adult	Medium Adult	Large Adult
Patient Criteria	2 - 5 kg	5 - 12 kg	10 - 25 kg	25-35 kg	30 - 60 kg	50 - 90 kg	90+ kg
Suction Catheter	N/A	10 Fr	12 Fr	12 Fr	12 Fr	12 Fr	14 Fr

Contraindications:

- Responsive patients with an intact gag reflex.
- Patients with known esophageal disease.
- Patients who have ingested caustic substances.

This airway device is not proved to protect the airway from the effects of regurgitation and aspiration. The risk of regurgitation and aspiration must be weighed against the potential benefit of establishing an airway.

1. Using the information provided, choose the correct size, based on patient weight.
2. Open the i-gel package and take out the protective cradle containing the device. Remove the accessory pack containing the sachet of lubricant and airway support strap from the protective cradle and place to side.
3. Remove the i-gel and transfer it to the palm of the same hand that is holding the protective cradle, supporting the device between the thumb and index finger.
4. Open the sachet of lubricant and place a small bolus onto the middle of the smooth surface of the cradle in preparation for lubrication. Do not use silicone based lubricants.

5. Grasp the i-gel with the free hand along the integral bite block and lubricate the back, sides, and front of the cuff with a thin layer of lubricant.
6. Inspect the device carefully; confirm there are no foreign bodies or a bolus of lubricant obstructing the distal opening. Place the i-gel back into the cradle in preparation for insertion.
7. Remove the i-gel from the cradle. Grasp the lubricated i-gel firmly along the integral bite block. Position the device so that the i-gel cuff outlet is facing towards the chin of the patient. The patient should be in the sniffing position with the head extended and neck flexed. The chin should be gently pressed down before proceeding introducing the leading soft time into the mouth of the patient in a direction towards the hard palate.
8. Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt. The tip of the airway should be located into the upper esophageal opening and the cuff should be located against the laryngeal framework. The incisors should be resting on the integral bite block.
9. Utilize the airway support strap or tape the i-gel in place maxilla to maxilla.

PROCEDURE – 9024

MEDICATION ASSISTED INTUBATION

Level of Care	EMR	EMT	ILS	ALS
Approved				X

Indication:

- Actual or potential airway impairment or aspiration risk,
- Actual/impending ventilatory failure (HF, Pulmonary edema, COPD, asthma, anaphylaxis, shallow or labored effort),
- Increased work in breathing resulting in severe fatigue,
- GCS 8 or less,
- Inability to ventilate/oxygenate adequately after inserting OPA/NPA and/or via BVM
- Need for increased inspiratory or positive end expiratory pressures to maintain gas exchange,
- Need for sedation to control respirations

Procedure

- Make sure all equipment is prepared and medication is ready.
- Preoxygenate with 100% O₂ with a BVM or non-rebreather mask. Preoxygenation is more successful if the head is elevated at least 20°.
- Administer Ketamine
 - 2 mg/kg IV/IO. Repeat 1 mg/kg IV/IO every 5-10 minutes to keep sedation.
- Administer Fentanyl.
 - 100 mcg IV/IO.
- Consider Zofran for nausea.
- Intubate the patient, making sure you visualize the tube passing the vocal cords.
- Assess for correct placement; bilateral breath sounds, ETCO₂ reading of at least 35 mmHg and chest rise and fall.
- Secure ETT.
- Continue to reassess and monitor patient.

PROCEDURE - 9027 PEDIATRIC AED

Level of Care	EMR	EMT	ILS	ALS
Approved	X	X	X	X

Ideally utilization of an AED with pediatric capabilities is preferred. However, if one is not available; use of any AED is appropriate.

Apply pediatric pads according to manufacture instructions. When using adult pads, apply pads to the child's chest and back.

1. Confirm pulseless and apnea.
2. Perform CPR
3. Apply AED as indicated.
4. Follow prompts on AED.

PROCEDURE - 9028

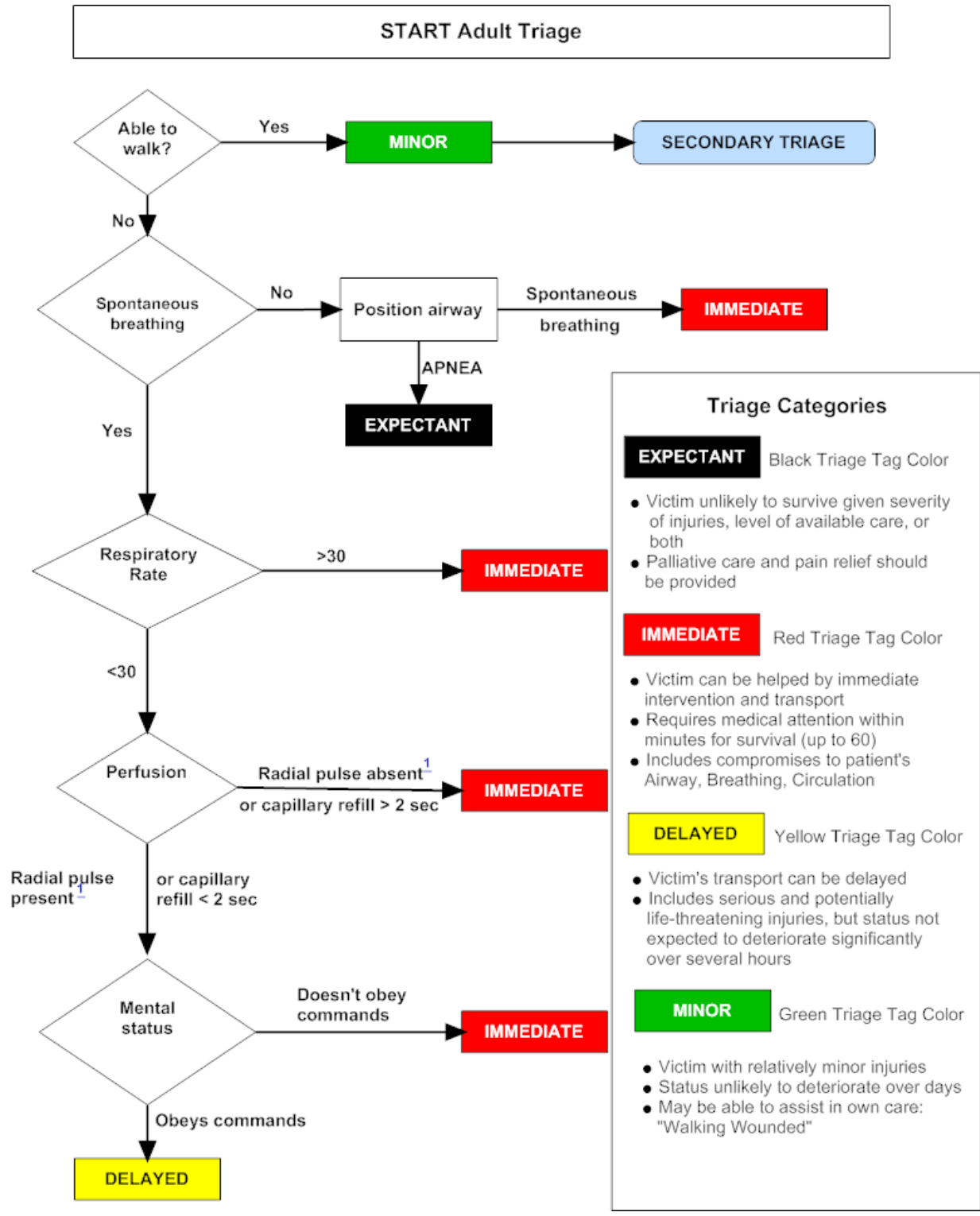
FIELD TRIAGE

Level of Care	EMR	EMT	ILS	ALS
Approved	X	X	X	X

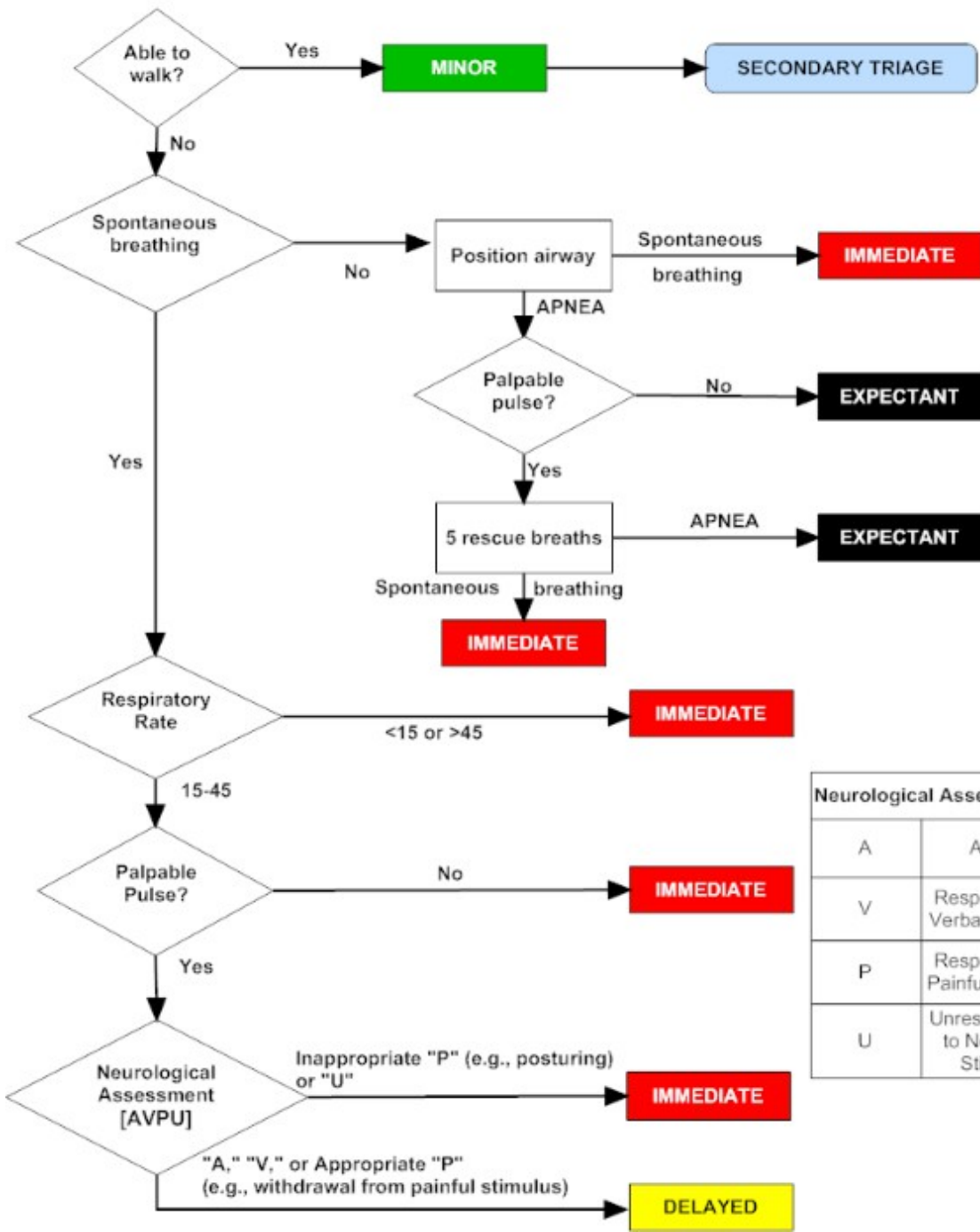
Field triage is indicated at any incident where resources are stressed. No more than 60 seconds should be spent with each patient. Opening of airways, clearing airways, and bleeding control are the only interventions to be performed during triage. Triage should be a continuous process and once all patients are triaged, the process should continue.

1. Ensure scene safety.
2. Size up scene and request additional resources as needed and ensure notification to dispatch.
3. Designate staging area and triage/treatment area.
4. All incoming units must report to the staging area and await further orders.

Begin START and JumpSTART Triage Algorithm



JumpSTART Pediatric Multiple Casualty Incident Triage



Neurological Assessment	
A	Alert
V	Responds to Verbal Stimuli
P	Responds to Painful Stimuli
U	Unresponsive to Noxious Stimuli

Use JumpSTART if the Patient appears to be a child.

Use an adult system, such as START, if the patient appears to be a young adult.

Triage Categories

EXPECTANT

Black Triage Tag Color

- Victim unlikely to survive given severity of injuries, level of available care, or both
- Palliative care and pain relief should be provided

DELAYED

Yellow Triage Tag Color

- Victim's transport can be delayed
- Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours

IMMEDIATE

Red Triage Tag Color

- Victim can be helped by immediate intervention and transport
- Requires medical attention within minutes for survival (up to 60)
- Includes compromises to patient's Airway, Breathing, Circulation

MINOR

Green Triage Tag Color

- Victim with relatively minor injuries
- Status unlikely to deteriorate over days
- May be able to assist in own care: "Walking Wounded"

DRUG PROFILE - 9523

KETAMINE

Level of Care	EMR	EMT	ILS	ALS
Approved				X

Alternate Name:

- Ketalar

Class:

- General Anesthetic

Indication:

- Acute pain uncontrolled by narcotics
- Sedation for procedure or restraints
- Asthma exacerbation with decline in condition
- Medication assisted intubation

Contraindication:

- Hypersensitivity
- Known or suspected schizophrenia
- Infants < 3 months of age

Supplied:

- 500 mg/10 mL

Dose:

- Sedation
 - o IM 4 mg/kg
 - o IV 2 mg/kg
- Pain
 - o IM 2 mg/kg
 - o IV 0.3 mg/kg over 10 minutes as a drip
- Medication Assisted Intubation
 - o IV 2 mg/kg
- Agitation
 - o IM 2mg/kg