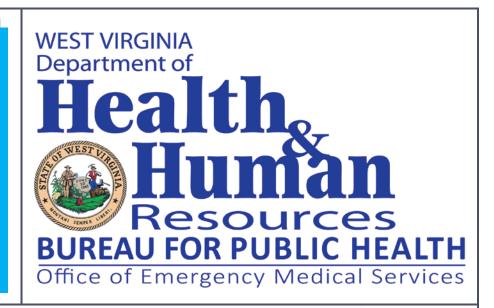
C2IFT Treatment Protocols





West Virginia Office of Emergency Medical Services EMS Protocols



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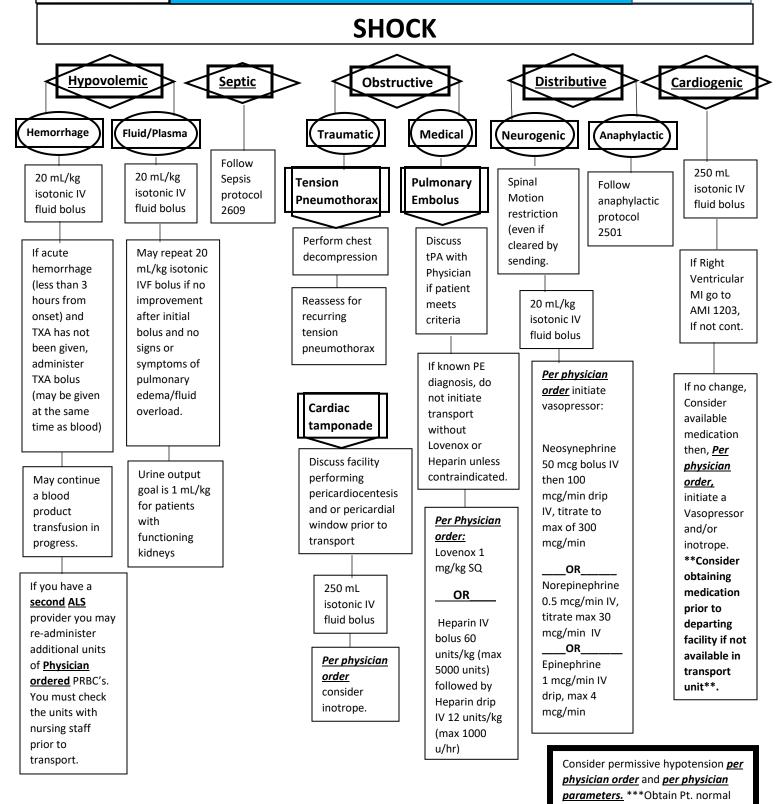
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C2IFT PROTOCOLS

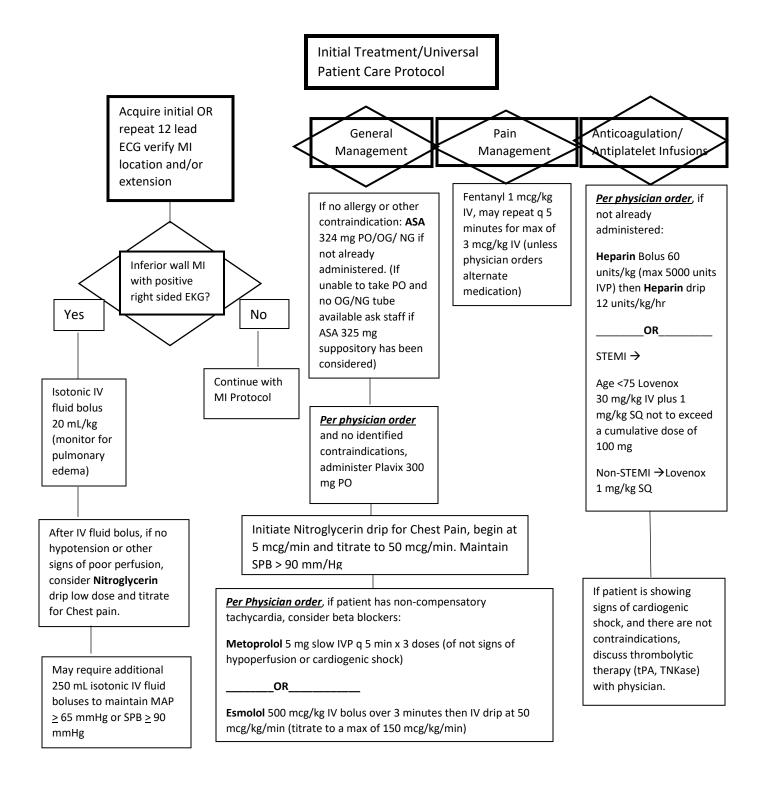
2101



baseline BP (hypertension history)



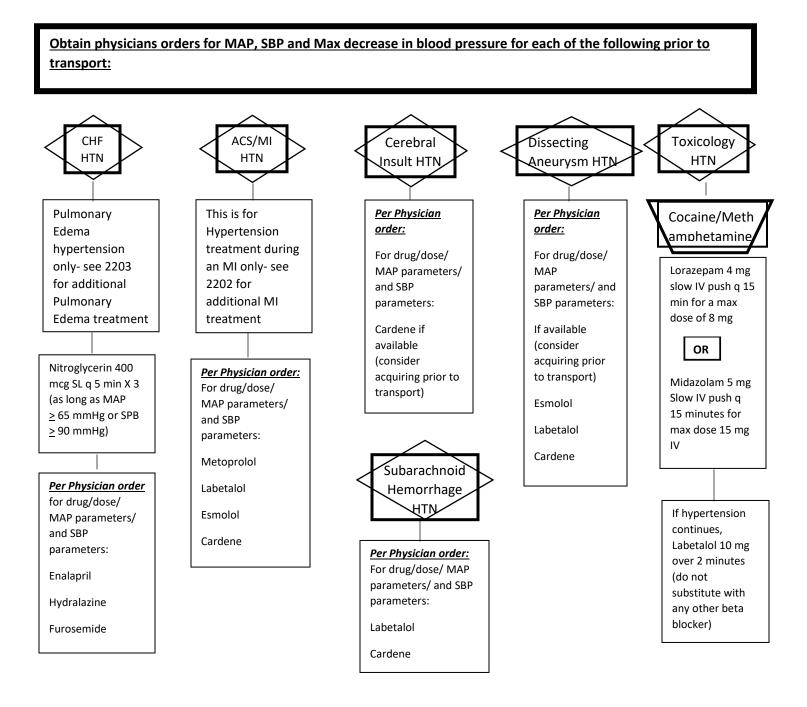
Acute Myocardial Infarction





2202

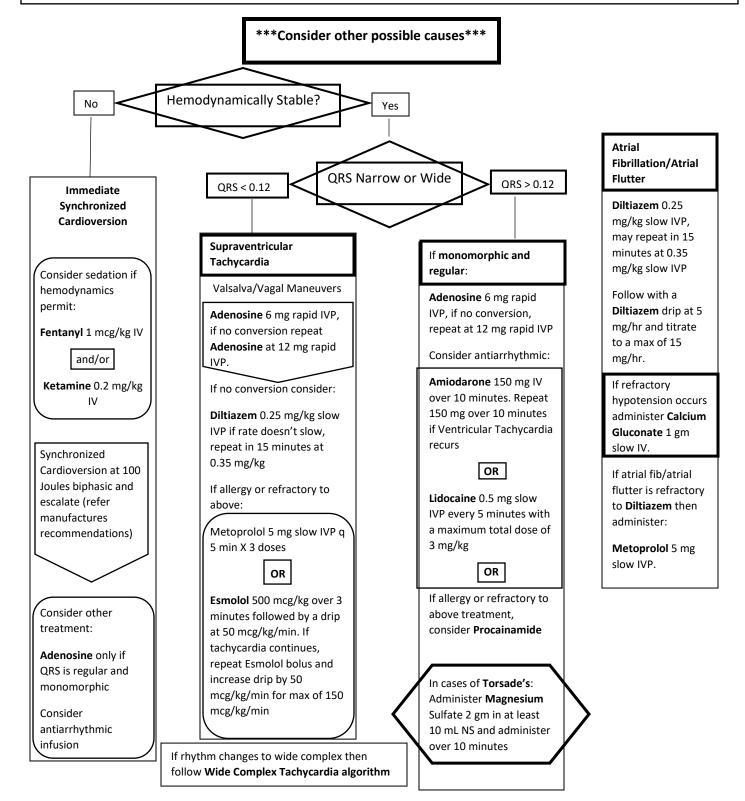
Hypertensive Emergencies





2203

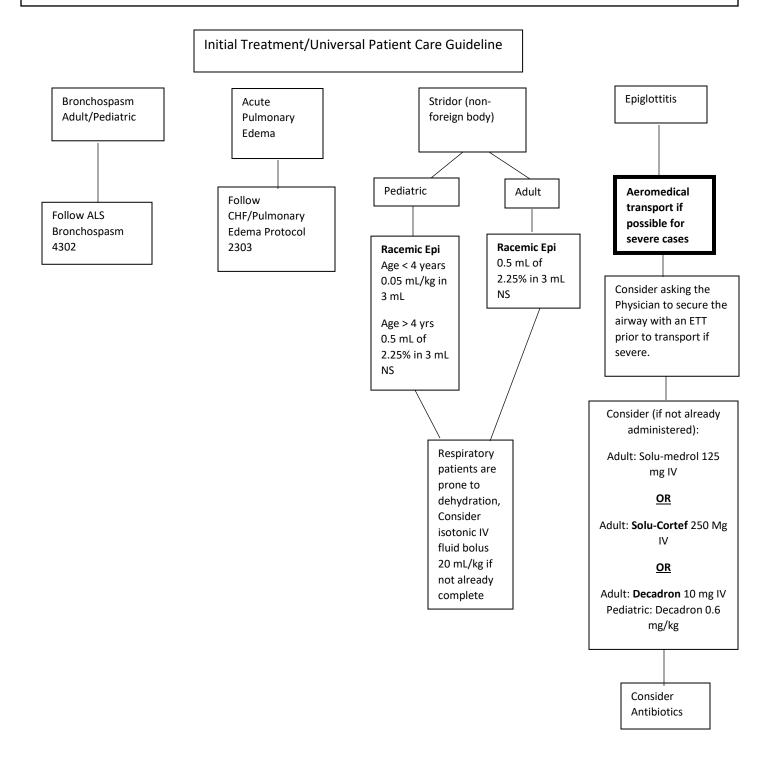
Adult Tachycardia



West Virginia Office of Emergency Medical Services – C2IFT Protocols

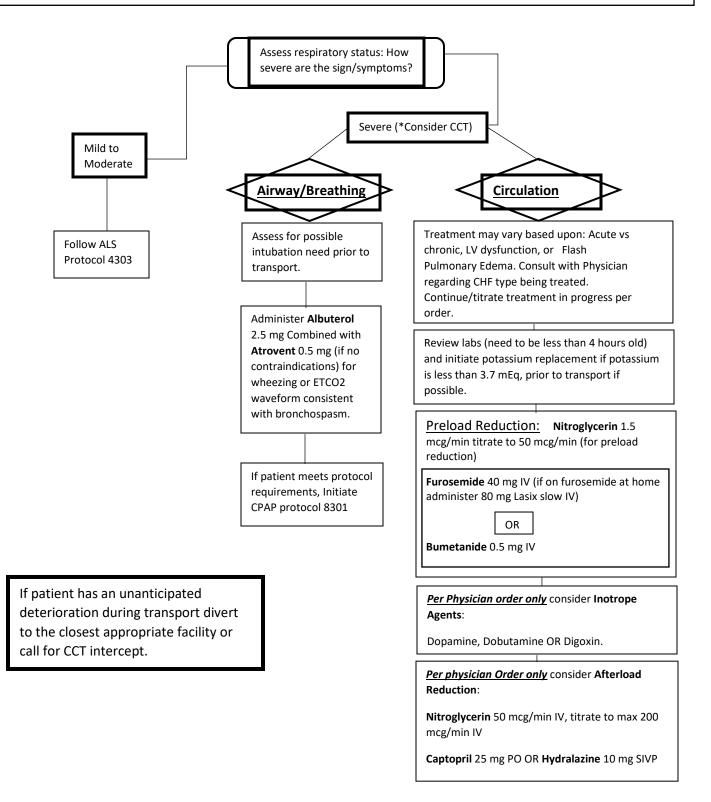


Respiratory Distress





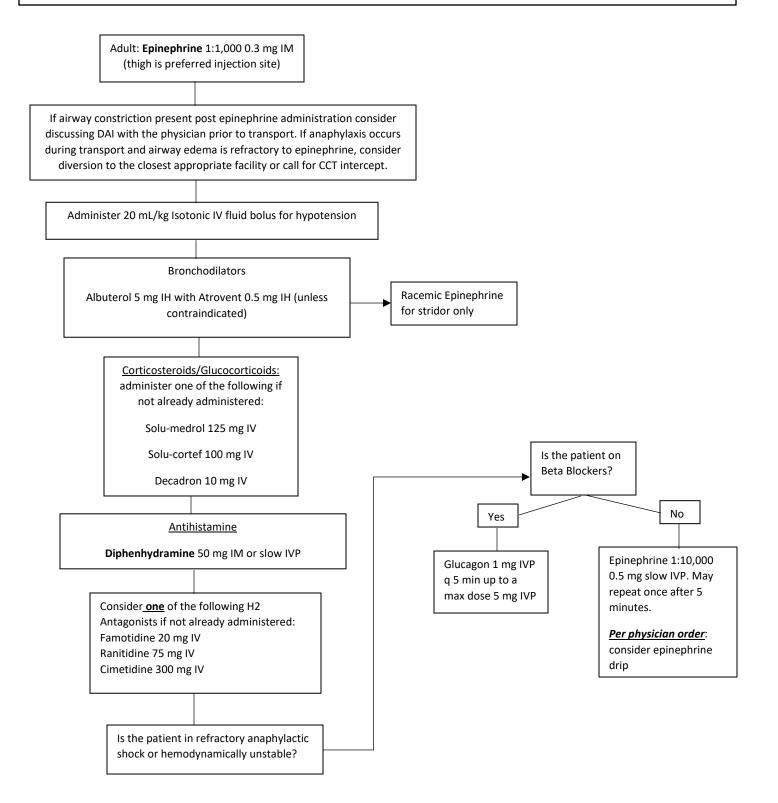
CHF/Pulmonary Edema





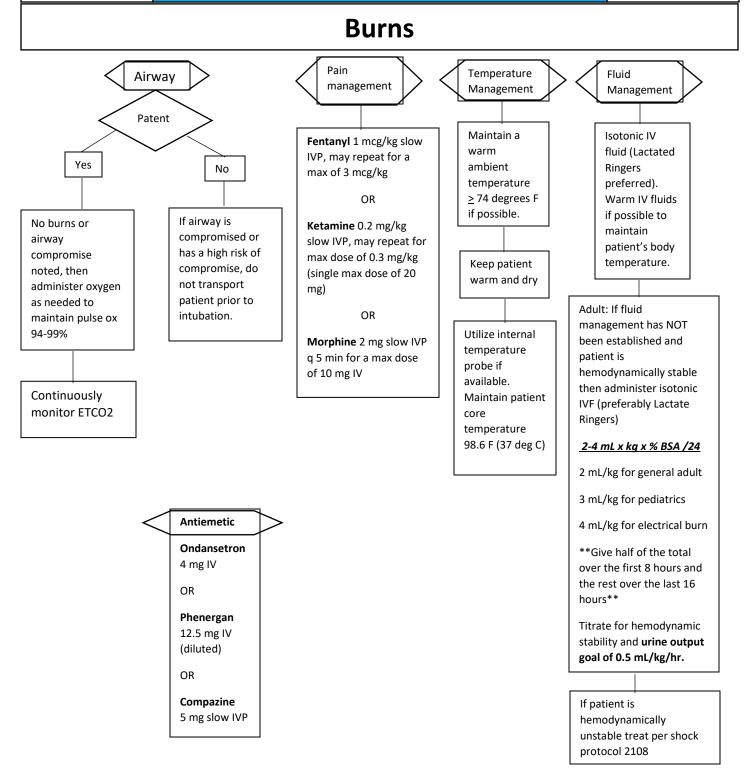


Anaphylaxis





2502

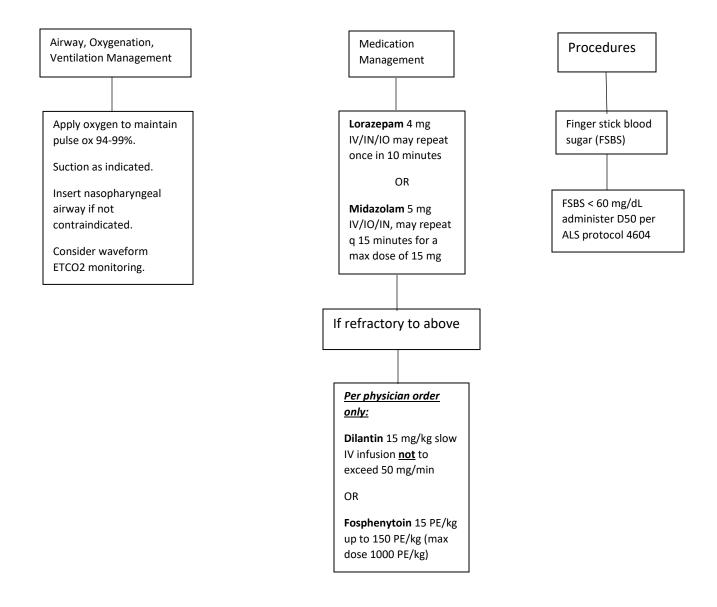






Seizures

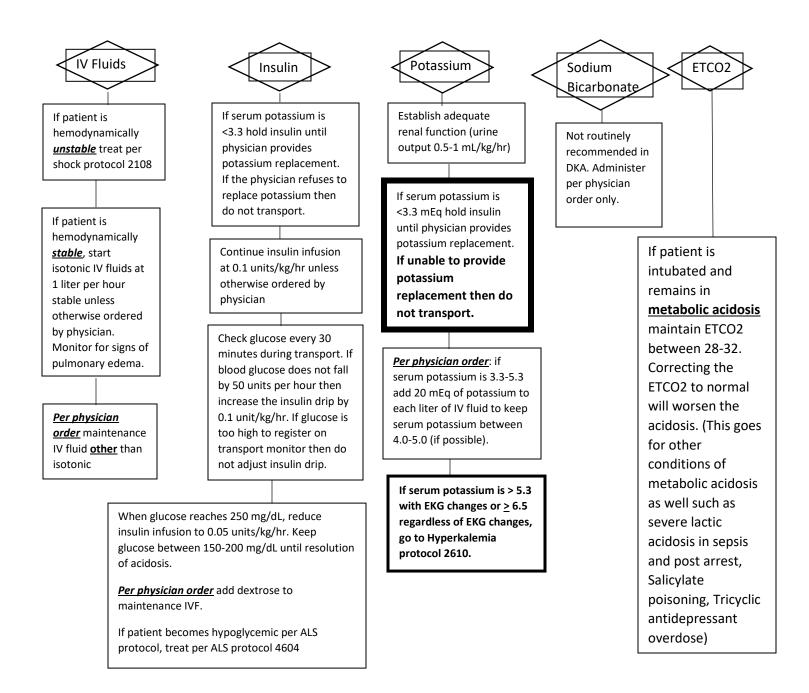
Isolated seizure treat per ALS protocol 4403. Seizure that is prolonged or recurrent not related to eclampsia continue in this protocol.

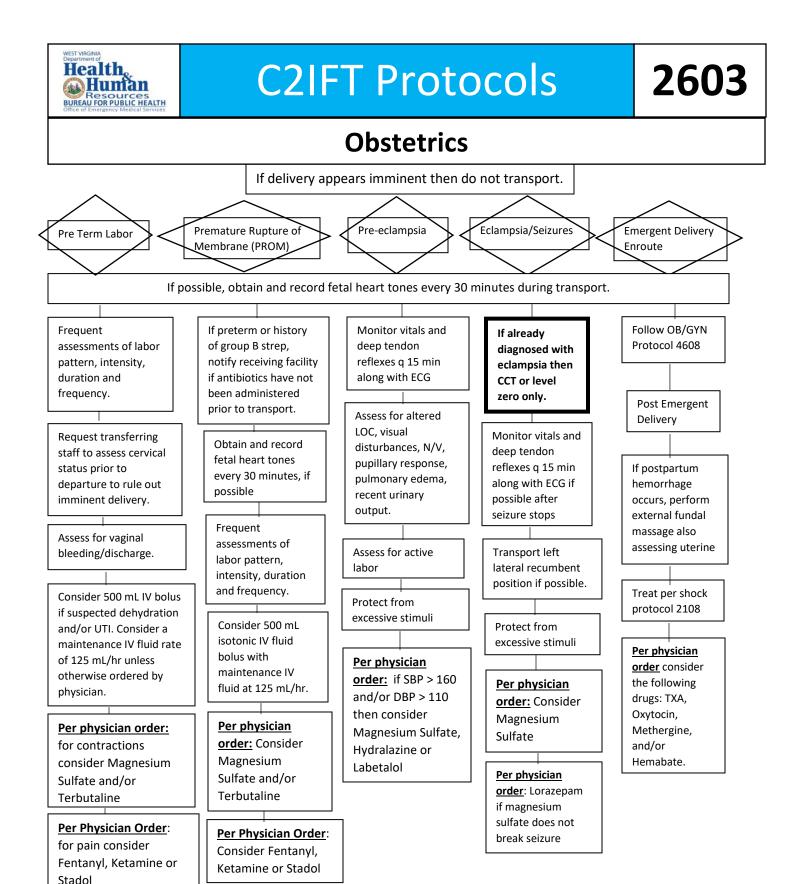




Adult DKA

Complete initial evaluation. <u>Ensure labs are < 30 min old</u> or ask facility to repeat labs and call transport crew with results while enroute to receiving facility. Check serum/urine ketones to confirm ketonemia/ketonuria. Check glucose to verify hyperglycemia.





Monitor for Mag Toxicity. If present, administer Calcium Gluconate or Calcium Chloride Slow IV- goal is reversal of CNS depression



perfusion and urine output goal of 1 mL/kg/hr. Monitor for signs of

If the hemoglobin is <7 request **PRBC transfusion** prior to transport

pulmonary edema.

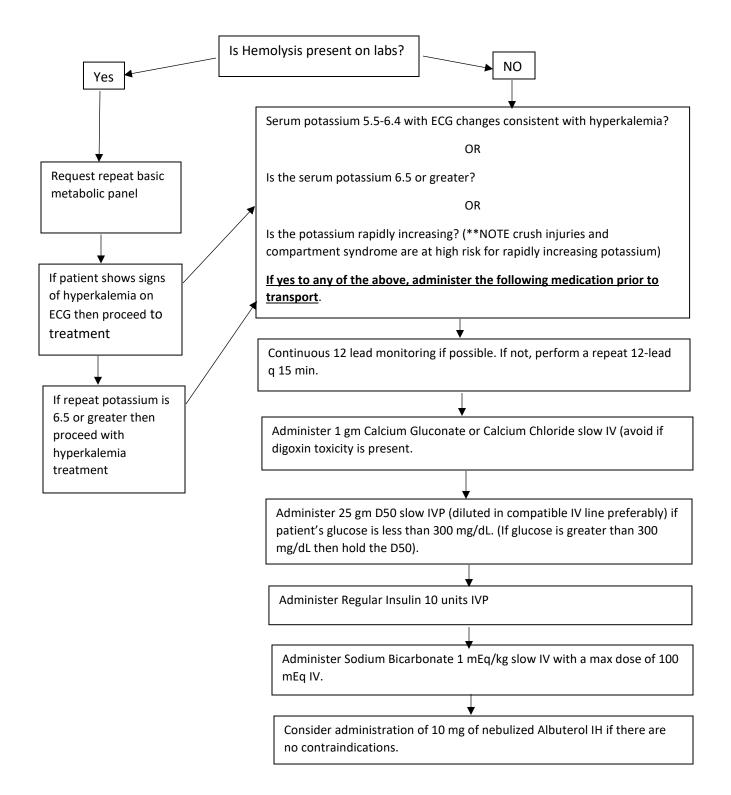
C2IFT Protocols

2604

Sepsis Antibiotic Ventilator IV Fluids Vasopresso considerations Verify how much IVF Ensure antibiotic If hypotension is intake the patient has therapy is initiated refractory to IV fluid If patient is intubated and has had in the last 4 hours. prior to transport. boluses consider ARDS, maintain tidal volume at Find out what the Levophed drip at 5 6 mL/kg of IDEAL BODY patients original mcg/min IV, titrate by WEIGHT for lung protective MAP/BP was. 2.5 mcg/min strategy. increments for a max of 30 mcg/min. Determine patients hourly Peak airway pressure should urine output If patient requires a second not exceed 40 cmH20. If it vasopressor drip then the does then change to patient should be pressure control ventilation. Hemodynamically <u>unstable</u> \rightarrow transported by full CCT or administer 20 mL/kg of isotonic IVF level zero. (may repeat up to 40 mL/kg as long as there are no signs of pulmonary edema and the fluids demonstrate For patients with metabolic improvement in the patient acidosis maintain ETCO2 (improved BP/MAP, decreased heart 28-32 mmHg. Correcting rate, increased urine output, ETCO2 before acidosis resolves will worsen the improved cap refill, Improved ETCO2 {if decreased from poor perfusion not acidosis. from metabolic acidosis}) Hemodynamically <u>stable</u>→ administer isotonic IVF to maintain

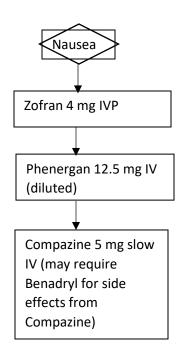


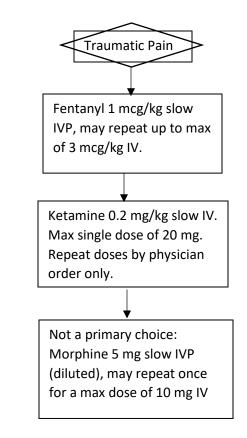
Hyperkalemia

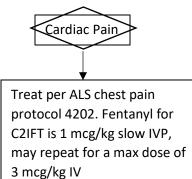




Patient Comfort Adult









Blood Product Administration

