

**Montgomery County Hospital District
Emergency Medical Services**



**First Responder Standard Delegated Orders
February 2008**

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	Montgomery County Hospital District First Responder	AUTOMATIC EXTERNAL DEFIBILLATOR	
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Patient Criteria :

- This protocol applies to patients who have experienced a **NON-TRAUMATIC** arrest whose body weight exceeds (90) pounds.

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs

Primary Interventions:

- **ANY ARREST SCENARIO**
- **AED APPLIED**
Follow prompts given by AED

Critical Points:

- **Follow Prompts**
 - **NOTES: CHANGE RESCUERS OFTEN TO PREVENT FATIGUE.**
COMPRESSION DEPTH AND RATE ARE CRITICAL.
 - At any time the patient remains in cardiac arrest, but the AED does not charge, continue CPR until AED states to stop to reanalyze.
 - Do not perform CPR during analysis.
 - **Refer to the appropriate SDO**
-

	Montgomery County Hospital District First Responder	ALLERGIC REACTION	
	Standard Delegated Orders	ADULT 02	Page 4

Patient Criteria :

Mild Reaction:

- Contact dermatitis (rash) and/or urticaria (hives)
- Dermal Itching
- Without dyspnea or hypotension

Moderate Reaction:

- Mild reactions signs and symptoms
- SOB / Dyspnea
- Without hypotension

Anaphylaxis

- Moderate reactions signs and symptoms
- Generalized edema
- Difficulty swallowing
- Hypotension (Systolic BP < 90)

Assessment:

- C.A.B.C.
- Secondary Assessment
- Vital signs


Primary Interventions:

- O₂ 100 %
- AED if Unconscious, Unresponsive

Intervention Options:

The First Responder may assist the patient in taking these Prescribed medications ONLY AFTER CONTACT WITH SUPERVISOR FOR APPROVAL.

- **Mild**
 - Diphenhydramine 50.0 mg PO
 - **Moderate**
 - Epinephrine Auto Injector Pen
 - Albuterol Metered Dose Inhaler
 - **Anaphylaxis**
 - Albuterol Metered Dose Inhaler
 - Epinephrine Auto Injector Pen
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	AMS UNKNOWN ETIOLOGY	
	Standard Delegated Orders	ADULT 03	Page 5

Patient Criteria :

Unresponsive, disoriented or decreased level of consciousness, without a clear mechanism for altered mentation.

- Hypoglycemia
- Head Injury
- Postictal state
- Possible ingestion of alcohol

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	ASTHMA	
	Standard Delegated Orders	ADULT 04	Page 6

Patient Criteria :

Dyspnea with auscultated findings of bronchospasm

- Wheezes
- Silence

Assessment:

- C.A.B.C.
- Secondary Assessment
- Vital signs


Primary Interventions:

- O₂ 100 %

Intervention Options:

First Responders may assist patient with administration of prescribed medication **ONLY AFTER CONTACT WITH SUPERVISOR**

- Albuterol Metered Dose Inhaler
 - May be repeated x 1 in 10 minutes if dyspnea not relieved
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	BRADYCARDIA	
	Standard Delegated Orders	ADULT 05	Page 7

Patient Criteria :

Weak, Dizzy, Chest Pain

Pulse rate of <60/min With any one or more of the following:

- Systolic BP < 90 mmHg
- Pulmonary Edema
- Altered Mentation

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	CHEST PAIN	
	Standard Delegated Orders	ADULT 06	Page 8

Patient Criteria :

- Chest Pain, Back/Shoulder Pain, Neck/Jaw pain
Discomfort suggestive of myocardial ischemia with associated symptoms:
- Dyspnea
 - Nausea
 - Diaphoresis
 - Systolic BP < 90 mmHg

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs

Primary Interventions:

- O₂ 100 %
- Aspirin 324 mg PO only after checking for allergies or hx of bleeding ulcers

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	COPD	
	Standard Delegated Orders	ADULT 07	Page 9

Patient Criteria :

History of COPD (Chronic Bronchitis and/or Emphysema), SOB / Dyspnea

Auscultated findings such as:

- Rhonchi
- Wheezes
- Silence

Assessment:

- C.A.B.C.
- Secondary Assessment
- Vital signs


Primary Interventions:

- O₂ 100 %

Intervention Options:

First Responders may assist patient with administration of prescribed medication **ONLY AFTER CONTACT WITH SUPERVISOR**

- **Albuterol Metered Dose Inhaler**
 - May be repeated X 1 in 10 minutes if dyspnea not relieved
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	CVA / STROKE	
	Standard Delegated Orders	ADULT 08	Page 10

Patient Criteria :

Altered Mentation or slurred speech and no other possible etiology

Patients presents with:

- Unilateral weakness
- Paralysis
- Facial drooping
- Or other neurological signs

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs
- Neurological Exam

Primary Interventions:

- O₂ 100 %
- BLS Airway Control
 - Suctioning if needed and basic airway maneuvers
- AED if unconscious

Intervention Options:

- Any changes in condition refer to appropriate SDO

	Montgomery County Hospital District First Responder	DEHYDRATION	
	Standard Delegated Orders	ADULT 09	Page 11

Patient Criteria :

- Compensated Hypovolemia
 - Normotension and tachycardiac
- Uncompensated Hypovolemia
 - Systolic BP < 90 with HR > 90
- Other indicator of dehydration, including any one of the following:
 - Systolic BP < 90 with HR > 90
 - Little or no urine output
 - Dry mucous membranes
- Evidence of dehydration mechanism including:
 - Vomiting
 - Fever
 - Diminished oral intake

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs
- Temperature

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Trendelenburg
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	FOREIGN BODY AIRWAY OBSTRUCTION	
	Standard Delegated Orders	ADULT 10	Page 12

Patient Criteria :

Partial or Complete Airway obstruction secondary to foreign body aspiration:

- Decreased Level of consciousness or
- Cyanosis or
- Obvious inadequate air exchange

Assessment:


- C.A.B.C.
- Continual reassessment of airway
- After obstruction is relieved:
 - Vital Signs
 - Secondary Assessment

Primary Interventions:

- Abdominal/chest thrusts
- O₂ 100 %
- BLS Airway Control
- AED if unconscious

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	HEAT RELATED EMERGENCIES	
	Standard Delegated Orders	ADULT 11	Page 13

Patient Criteria :

Environmental potential of heat related emergencies

- Hot
- Humid

- **Heat Cramps**

- Cramps in extremities and/or abdomen

- **Heat Exhaustion**

Other indicator of dehydration, including any one of the following:

- Weakness
- Dizziness
- Nausea
- Syncope
- Profuse sweating
- Tachycardic

- **Heat Stroke**

Temperature of 105 degrees F or greater with one or more of the following:

- Altered Mentation
- Seizure Activity

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs
- Temperature

Primary Interventions:

- O₂ 100 %
- External Cooling
- AED if unconscious

Intervention Options:

- Lay patient supine with feet elevated
 - Commercial electrolyte substitute 250 – 500 ml slow PO
 - if not nauseated and conscious
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	HYPERTENSIVE CRISIS	
	Standard Delegated Orders	ADULT 12	Page 14

Patient Criteria :

Systolic BP>200 mmHg and/or Diastolic BP>110 mmHg

Clinical evidence of end-organ dysfunction including:

- Chest Pain or Myocardial Ischemia symptoms
- SOB
- Severe Headache
- Nausea/Vomiting

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Neurological Exam

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	HYPERGLYCEMIA	
	Standard Delegated Orders	ADULT 13	Page 15

Patient Criteria :

Signs and Symptoms suggestive of hyperglycemia, including:

- Altered Mentation
- Tachypea
- Abdominal Pain
- Hypotensive and tachycardiac

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	HYPOGLYCEMIA	
	Standard Delegated Orders	ADULT 14	Page 16

Patient Criteria :

Signs and Symptoms suggestive of hypoglycemia, including one or more of the following:

- Decreased LOC / Altered Mental status
- Tremors
- Weakness
- Diaphoresis
- Nausea
- Intense Hunger

Assessment:

- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate SDO
-



Patient Criteria :

Increased rate/depth of respiration without evidence of hypoxemia and of trauma, and one or more of the following:

- Facial/peripheral tingling
- Extremity cramping or carpopedal spasms
- Dizziness

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ with NRB mask at low flow
- Psychological Support

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	HYPOTHERMIA / HYPOTHERMIC ARREST	
	Standard Delegated Orders	ADULT 16	Page 18

Patient Criteria :

Hypothermia

- Altered Mental Status
- Uncoordinated physical activity
- No shivering

Hypothermia Induced Cardiac Arrest

- Pulseless / apneic
- Environmental evidence of hypothermia

Assessment:


- C.A.B.C.
- Temperature
- Vital Signs
- Secondary Assessment

Primary Interventions:

- Remove from the environment
- CPR if indicated
- AED if pulseless and apneic
- BVM 100% O₂ with cricoid pressure
 - If respirations's less than 12 / min

Intervention Options:

- External Warming
 - Hot Packs
 - Internal Warming
 - Warm humidified O₂
 - If temperature > 85 degrees F, continue with appropriate dysrhythmia SDO
 - Any changes in condition refer to appropriate SDO
-

 7	Montgomery County Hospital District First Responder	NEAR DROWNING	
	Standard Delegated Orders	ADULT 17	Page 19

Patient Criteria :

- Water submersion
 - Without cardiopulmonary arrest
 - Without evidence of hypothermia

Assessment:

- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Temperature

Primary Interventions:

- Remove from water if can be done safely
- O₂ 100 %
 - BVM with cricoid pressure
- External Warming

Intervention Options:

- Any changes in condition refer to appropriate SDO



Patient Criteria :

- Pulseless / Apneic
 - > 90 lbs
-

Assessment:


- C.A.B.C.
 - Vital Signs
 - Secondary Assessment
-

Primary Interventions:

- CPR
 - O₂ 100 %
 - BVM with cricoid pressure
 - AED
 - If AED charges, defib until AED says “no shock advised”
 - Check patient and continue CPR
 - Defib. If AED charges, if not continue CPR
-

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	SEIZURES	
	Standard Delegated Orders	ADULT 19	Page 21

Patient Criteria :

- Post-ictal
 - Witnessed, reported or suspected seizure prior to EMS arrival without current seizure activity
- Active
 - Actively seizing patient upon arrival

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Temperature

Primary Interventions:

- O₂ 100 %
 - Ventilate with BVM as needed with cricoid pressure
- External Cooling
 - If febrile

Intervention Options:

- Consider possible causes:
 - Febrile
 - Epilepsy
 - Withdrawals
 - Hypoglycemia
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	AMPUTATED PARTS	
	Standard Delegated Orders	ADULT 20	Page 22

Patient Criteria :

A severed part or a part that is pathologically or surgically totally separated from the rest of the body.

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %
- Control Hemorrhage
- Transport patient and amputated part ASAP
 - Consider Air Ambulance Destination Determination policy

Intervention Options:

- Consider pressure points or a tourniquet
 - If bleeding can not be controlled
 - Splint any associated fractures / dislocations
 - Rinse amputated part with sterile water, placed in bag and keep cool
 - DO NOT soak in water
 - DO NOT cover with wet gauze or towels
 - DO NOT place directly on ice
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	ABDOMINAL PAIN	
	Standard Delegated Orders	ADULT 21	Page 23

Patient Criteria :

Abdominal pain with one or more of the following:

- Rebound tenderness
- Increased pain on palpation
- Increased pain on movement

Females of reproductive age who are not surgically sterile complaining of abdominal pain are managed with the Abdominal Pain SDO 30

Abdominal pain secondary to trauma is managed with the Multi-system trauma SDO.

Assessment:


- C.A.B.C.
 - Vital Signs
 - Secondary Assessment
 - Abdomen exam must be done with caution
-

Primary Interventions:

- O₂ 100 %
-

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	BURNS	
	Standard Delegated Orders	ADULT 22	Page 24

Patient Criteria :

Tissue injury from direct contact with:

- Heat source
- Chemical reaction
- Inhalation
- Electrical / Lightning

Inhalation injuries/burns with any one or more of the following:

- Singed nasal hairs or oral mucosa
- Erythema of the palate, soot in the mouth, larynx or sputum
- Rapid, shallow ventilation with tachypnea of >40 AND decreased mental status
- Mechanical airway obstruction from trauma, edema, or laryngospasm
- Signs of respiratory distress such as nasal flaring, respiratory crowing or stridor, anxiety, agitation, or combativeness
- Edema associated with a burn of the face or neck

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- Remove the burn source
- O₂ 100 %
 - BVM with cricoid pressure if indicated

Intervention Options:

- Treat underlying injuries
- Remove loose clothing and jewelry
- Dress burns as follows:
 - BSA < 15% may use burn gel
 - BSA > 15% use dry sterile dressing or burn sheet
- All other injuries should be treated en-route to the hospital if feasible
- Any changes in condition refer to appropriate SDO

	Montgomery County Hospital District First Responder	EYE INJURIES	
	Standard Delegated Orders	ADULT 23	Page 25

Patient Criteria :

Injury to the globe, open or closed, including:

- Corneal abrasion
- Foreign body in eye
- Chemical burn
- Lacerated or avulsed globe
- "Arc" burn of globe

Pain to eye(s)

Assessment:


- C.A.B.C.
 - Vital Signs
 - Secondary Assessment
-

Primary Interventions:

- O₂ 100 %
 - If indicated
-

Intervention Options:

- If chemical burn:
 - Flush continuously with normal saline
 - If open injury to globe:
 - Shield both eyes
 - Remove foreign body if globe not penetrated
 - Shield affected eye
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	HEAD INJURY	
	Standard Delegated Orders	ADULT 24	Page 26

Patient Criteria :

Closed or open injury to the head with any of the following:

- Substantial mechanism of injury
- Altered mentation or loss of consciousness

Isolated or in the presence of other injuries, with the exception of patients meeting Multi-System Trauma Criteria

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Glasgow Coma Scale

Primary Interventions:

- Immobilize
- O₂ 100 %
 - BVM if indicated

Intervention Options:

- Helmet Removal if clinically indicated (with C-spine precautions)
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	MULTI-SYSTEM TRAUMA	
	Standard Delegated Orders	ADULT 25	Page 27

Patient Criteria :

Injury to the chest, abdomen, or pelvis with evidence of significant possible injury.
Multiple soft-tissue or musculo-skeletal injuries with evidence of compensated or uncompensated shock

Assessment:


- C.A.B.C.
 - Vital Signs
 - Secondary Assessment
-

Primary Interventions:

- Immobilize
 - O₂ 100 %
 - BVM if indicated
 - Occlude Open Chest Wounds
-

Intervention Options:

- Any changes in condition refer to appropriate SDO
 - All other injuries should be treated en-route to the hospital if feasible
-

	Montgomery County Hospital District First Responder	TRAUMATIC ARREST	
	Standard Delegated Orders	ADULT 26	Page 28

Patient Criteria :

- Pulseless/Apneic
- Underlying Multi-system trauma or other surgical problem

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- CPR
- Immobilize
- O₂ 100 %
 - BVM
- Occlude Open Chest Wounds
- “Stablize for Transport”

Intervention Options:

- Any changes in condition refer to appropriate SDO
 - All other injuries should be treated en-route to the hospital if feasible
-

	Montgomery County Hospital District First Responder	MUSCULO-SKELETAL / SOFT TISSUE INJURIES	
	Standard Delegated Orders	ADULT 27	Page 29

Patient Criteria :

Mechanism of injury capable of resulting in a musculo-skeletal injury

Pain on palpation or movement with any of the following:

- Ecchymosis
- Swelling
- Deformity
- Abrasions / Lacerations

Isolated Musculo-skeletal/soft tissue injury in the absence of significant:

- Head injury
- Chest injury
- Abdominal injury
- Multi-system injury

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Distal circulation/Neurological function before and after immobilizing.

Primary Interventions:

- O₂ 100 %
- Immobilize c-spine
 - If indicated
- Control hemorrhage / bandage
- Splint

Intervention Options:

- Consider cooling site of musculo-skeletal injury
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	SNAKE BITES	
	Standard Delegated Orders	ADULT 28	Page 30

Patient Criteria :

Known or suspected bite by a venomous snake.
Fang marks, swelling, and pain at wound site
Pain to location

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %
- Keep patient supine
- Minimize patient movement

Intervention Options:

- Do not apply ice, cold pack or arterial tourniquet
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	INSECT STINGS AND SPIDER BITES	
	Standard Delegated Orders	ADULT 30	Page 31

Patient Criteria :

Pain to the location

Known or suspected envenomation by:

- **Ants, Bees, and Wasps**
 - Symptoms: Immediate pain
 - Signs: Vary from local reaction to anaphylaxis

- **Brown Recluse**
 - Symptoms: Localized, immediate pain. Nausea and vomiting, weakness, fever, hemolysis, renal failure, and shock.
 - Signs: A blister forms at the bite, which develops into an ulcerative lesion. Cardiac dysrhythmias may develop.

- **Black Widow**
 - Symptoms: Immediate pain, which may subside. Muscle cramps and muscle pain develops in 1 to 2 hrs after bite. Weakness, Back and abdominal pain
 - Signs: Muscle rigidity, convulsions, and respiratory paralysis.

Assessment:

- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %
 - Appropriate for patient condition


Intervention Options:

- If signs/ symptoms of an allergic reaction are present, refer to Allergic Reaction SDO
 - Any changes in condition refer to appropriate SDO
-

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OBSTETRICAL



	Montgomery County Hospital District First Responder	ABDOMINAL PAIN - FEMALE	
	Standard Delegated Orders	OB 30	Page 34

Patient Criteria :

Abdominal pain in:

- Any female patient of child-bearing potential complaining of abdominal pain **WITHOUT** evidence of labor or trauma

Differential diagnoses may include:

- Incomplete abortion
- PID symptoms
- Ectopic pregnancy
- Uterine rupture
- Abruptio placenta
- Missed menstrual period
- Non-Obstetrical or gynecological etiologies

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	VAGINAL BLEEDING	
	Standard Delegated Orders	OB 31	Page 35

Patient Criteria :

Bleeding with pregnancy

Vaginal bleeding that is non-menstrual WITHOUT:

- Labor
- History of trauma
- Evidence of abortion (tissue, etc.)

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Perineal exam

Primary Interventions:

- O₂ 100 %
- Control Bleeding
 - Place pad at vaginal opening

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	SPONTANEOUS ABORTION	
	Standard Delegated Orders	OB 32	Page 36

Patient Criteria :

- Vaginal bleeding that is non-menstrual:
 - Abdominal or back cramping or pains
 - Known or suspected intrauterine pregnancy
 - Tissue passing with blood
- WITHOUT:
 - History of trauma
 - Passage of a viable fetus

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Perineal exam

Primary Interventions:

- O₂ 100 %
- Control Bleeding
 - Place pad at vaginal opening
 - Treat for shock

Intervention Options:

- Collect all passed tissue, if possible
 - Evacuate visible clots and tissue from vaginal opening
 - If continued vaginal bleeding
 - Save all
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	LABOR	
	Standard Delegated Orders	OB 33	Page 37

Patient Criteria :

Gravid female with

- Intrauterine pregnancy of greater than 20 weeks
- Back and/or abdominal cramping or pains which occur periodically (not constant)
- Membrane intact

True labor is characterized by:

- Contractions occurring at regular intervals
- Intervals of contractions that gradually shorten
- Intensity of pain gradually increasing
- Discomfort mostly of the back, less on the abdomen
- Pain / contractions that are intensified by walking
- A bloody show (usually)

False labor is characterized by:

- Contractions that occur at irregular intervals
- Intervals that remain long
- Intensity that remains the same
- Pain that is mostly on the abdomen
- Pains / contractions that subside or are not affected by walking
- A lack of bloody show

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Perineal exam
- OB Information
 - Gravity & Parity
 - Physician Care During Pregnancy
 - Known Complications

Primary Interventions:

- O₂ 100 %
- Control Bleeding
 - Place pad at vaginal opening
 - Treat for shock

Intervention Options:

- Any changes in condition refer to appropriate SDO

	Montgomery County Hospital District First Responder	CHILDBIRTH / DELIVERY	
	Standard Delegated Orders	OB 35	Page 38

Patient Criteria :

Intra-uterine pregnancy

- With presentation of a viable fetus through cervix
- including complete delivery of a viable fetus and of the placenta

Contractions

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Perineal exam

Primary Interventions:

- O₂ 100 %
- Deliver infant
 - See Limb Presentation SDO if indicated
 - See Prolapsed Umbilical Cord SDO if indicated
- See Post-Delivery Care of the Neonate SDO

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	LIMB PRESENTATION	
	Standard Delegated Orders	OB 35	Page 39

Patient Criteria :

- Newborn infant
 - Less than 12 hours old

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Respirations
- Heart Rate
- Color

Primary Interventions:

- Suction, dry, warm, stimulate, position
- O₂ 100 %

Intervention Options:

- If indicated resp. rate/condition of pt
 - BVM assist
 - If HR < 80
 - Chest compressions
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	LIMB PRESENTATION	
	Standard Delegated Orders	OB 36	Page 40

Patient Criteria :

Baby will not deliver
Gravid female with presentation of an extremity at vaginal opening

Assessment:


- C.A.B.C.
 - Vital Signs
 - Vaginal Exam
-

Primary Interventions:

- Call for TRANSPORT ASAP
 - O₂ 100 %
 - If infant's head has entered the canal, continue delivery of head with limb
 - Manually establish airway for infant
 - O₂ to infant, if possible
-

Intervention Options:

- Transverse lies are not deliverable in the field
 - Position mother in trendelenburg and slightly left lateral or in "knee-chest" position
 - Provide oxygen
 - Call for Transport immediately
-

	Montgomery County Hospital District First Responder	PROLAPSED UMBILICAL CORD	
	Standard Delegated Orders	OB 37	Page 41

Patient Criteria :

Abdominal Pain

Gravid female in active labor with presentation of umbilical cord at vaginal opening

Assessment:


- C.A.B.C.
- Vital Signs
- Perineal Exam

Primary Interventions:

- O₂ 100 %
- Gather exposed section of cord into gloved hand and insert hand (and cord) into vagina as far as necessary to make contact with the baby's head
- Gently push back on the head so that it is no longer compressing the cord If infant's head has entered the canal, continue delivery of head with limb

Intervention Options:

- If infant's head has entered canal, continue delivery of head
 - Manually establish airway for infant by gently lifting infant from contact with cord. As the head delivers, be prepared to cut the cord if it is wrapped too tightly to lift away from the infant
 - O₂ to infant, if possible
 - Removing any impingement (i.e., the baby's head) from the cord and rapid transport takes precedence over any other intervention
 - Place the mother in knee-to-chest prone position ("praying-like")
-

	Montgomery County Hospital District First Responder	TOXEMIA – PRE-ECLAMPSIA	
	Standard Delegated Orders	OB 38	Page 42

Patient Criteria :

Gravid female with

- Intra-uterine pregnancy of greater than 20 weeks gestation
- Persistent hypertension defined as Systolic BP greater than 140 mmHg and/or diastolic BP of greater than 90 mmHg

One or more of the following:

- Peripheral edema
- Moderate to severe nausea/vomiting
- Severe headache

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	TOXEMIA – ECLAMPSIA	
	Standard Delegated Orders	OB 39	Page 43

Patient Criteria :

Gravid female with

- Intra-uterine pregnancy of greater than 20 weeks gestation
- Persistent hypertension defined as Systolic BP greater than 140 mmHg and/or diastolic BP of greater than 90 mmHg
- Altered mentation
- Seizure Activity

One or more of the following:

- Peripheral edema
- Moderate to severe nausea/vomiting
- Severe headache

Assessment:

- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %

Intervention Options:


- Any changes in condition refer to appropriate SDO
-

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PEDIATRIC



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	Montgomery County Hospital District First Responder	ALLERGIC REACTION	
	Standard Delegated Orders	PEDI 40	Page 47

Patient Criteria :

Mild Reaction:

- Contact dermatitis (rash) and/or urticaria (hives)
- Dermal Itching
- Without dyspnea or hypotension

Moderate Reaction:

- Mild reactions signs and symptoms
- SOB / Dyspnea
- Without hypotension

Anaphylaxis

- Moderate reactions signs and symptoms
- Generalized edema
- Difficulty swallowing
- Hypotension (Systolic BP < 90)

Assessment:

- C.A.B.C.
- Secondary Assessment
- Vital signs


Primary Interventions:

- **O₂ 100 %**
- **AED if Unconscious, Unresponsive**

Intervention Options:

The First Responder may assist the patient in taking these Prescribed medications ONLY AFTER CONTACT WITH SUPERVISOR FOR APPROVAL.

- **Albuterol Metered Dose Inhaler**
 - **Epinephrine Auto Injector Pen**
 - Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	AMS UNKNOWN ETIOLOGY	
	Standard Delegated Orders	PEDI 41	Page 48

Patient Criteria :

Unresponsive, disoriented or decreased level of consciousness, without a clear mechanism for altered mentation.

- Hypoglycemia
- Head Injury
- Postictal state
- Possible ingestion of alcohol

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	ASTHMA	
	Standard Delegated Orders	PEDI 42	Page 49

Patient Criteria :

Dyspnea with auscultated findings of bronchospasm

- Wheezes
- Silence

Assessment:

- C.A.B.C.
- Secondary Assessment
- Vital signs


Primary Interventions:

- O₂ 100 %

Intervention Options:

First Responders may assist patient with administration of prescribed medication ONLY AFTER CONTACT WITH SUPERVISOR

- Albuterol Metered Dose Inhaler
 - Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	RESPIRATORY DISTRESS	
	Standard Delegated Orders	PEDI 43	Page 50

Patient Criteria :

Dyspnea **WITHOUT** clear etiology

Assessment:


- C.A.B.C.
 - Secondary Assessment
 - Vital signs
-

Primary Interventions:

- O₂ 100 %
 - Maintain normothermia
-

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	RESPIRATORY FAILURE AND SHOCK	
	Standard Delegated Orders	PEDI 44	Page 51

Patient Criteria :

Respiratory Failure:

- Dyspnea (Tachypnea or bradynea, accessory muscle use)
- Cyanosis or
- Agitation / Obtundation

Shock:

- Apathy and listlessness
 - Diminished peripheral pulses
 - Prolonged capillary refill
 - Cool, pale, or mottled skin
-

Assessment:


- C.A.B.C.
 - Secondary Assessment
 - Vital signs
-

Primary Interventions:

- O₂ 100 %
 - BVM for ventilatory support as needed
-

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	CROUP	
	Standard Delegated Orders	PEDI 45	Page 52

Patient Criteria :

- Difficulty breathing with barking cough
- Dyspnea
- Inspiratory stridor
- Recent history or current symptoms of Upper Respiratory Infection

Assessment:


- C.A.B.C.
- Vital Signs

Primary Interventions:

- O₂ 100 %
 - Oxygen must be humidified at 10-12 LPM via Pedi or infant mask or blow-by
 - It is **IMPERATIVE** that oxygen administration not result in increased agitation

Intervention Options:

- **Maintain normothermia**
 - If any doubt as to whether patient has croup or epiglottitis, treat as epiglottitis
 - Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	BRONCHIOLITIS/PNEUMONIA	
	Standard Delegated Orders	PEDI 46	Page 53

Patient Criteria :

- Dyspnea
- Auscultated findings of bronchospasm (wheezes/silence)

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	EPIGLOTTIS	
	Standard Delegated Orders	PEDI 47	Page 54

Patient Criteria :

- Dyspnea
- Evidence of upper airway obstruction (inspiratory stridor, drooling, or hoarseness)
- Any one or more of the following:
 - Fever
 - Recent history of URI symptoms
 - Dysphasia or severe sore throat

Assessment:


- C.A.B.C.
- Vital Signs

Primary Interventions:

- O₂ 100 %
 - Oxygen must be humidified at 10-12 LPM via Pedi or infant mask or blow-by
 - It is **IMPERATIVE** that oxygen administration not result in increased agitation

Intervention Options:

- **Maintain normothermia**
- Any changes in condition refer to appropriate pediatric SDO

	Montgomery County Hospital District First Responder	FOREIGN BODY AIRWAY OBSTRUCTION	
	Standard Delegated Orders	PEDI 48	Page 55

Patient Criteria :

Partial or Complete Airway obstruction secondary to foreign body aspiration:

- Decreased Level of consciousness or
- Cyanosis or
- Obvious inadequate air exchange

Assessment:


- C.A.B.C.
- Continual reassessment of airway
- After obstruction is relieved:
 - Vital Signs
 - Secondary Assessment

Primary Interventions:

- Abdominal/ chest thrusts
 - If conscious in children > 1 y/o
 - Back blows in infants < 1 y/o
- O₂ 100 %
- BLS Airway Control

Intervention Options:

- BVM as needed
 - Only after obstruction is relieved, if needed
 - Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	HYPOTHERMIC ARREST	
	Standard Delegated Orders	PEDI 49	Page 56

Patient Criteria :

Hypothermia

- Altered Mental Status
- Uncoordinated physical activity
- No shivering

Hypothermia Induced Cardiac Arrest

- Pulseless / apneic
- Environmental evidence of hypothermia

Assessment:

- C.A.B.C.
- Temperature
- Vital Signs
- Secondary Assessment

Primary Interventions:

- Remove from the environment
- CPR if indicated
- BVM 100% O₂ with cricoid pressure
 - If respirations's less than 12 / min
- External Warming
 - Hot Packs

Intervention Options:

- Internal Warming
 - Warm humidified O₂
 - If temperature > 85 degrees F, continue with appropriate dysrhythmia SDO
 - Any changes in condition refer to appropriate pediatric SDO
-



Patient Criteria :

Chest Pain

Other types of pain including:

- Back,
- Shoulder,
- Neck,
- Jaw, or
- Other pain radiating or non-radiating

Associated symptoms indicating myocardial ischemia

- Dyspnea
- Nausea
- Diaphoresis, etc

Assessment:

- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
-



Patient Criteria :

Weak, Listless

Any underlying cardiac rhythm with a ventricular rate of

- < 80/min in an infant
- < 60/min in a child

One or more of the following:

- Systolic BP < 90 mmHg
- Pulmonary Edema
- Altered Mentation

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	ASYSTOLE	
	Standard Delegated Orders	PEDI 52	Page 59

Patient Criteria :

Pulseless / Apneic

Assessment:

- C.A.B.C.


-

Primary Interventions:

- CPR
- BVM with O₂ 100 %

Intervention Options:

- Any changes in condition or rhythm refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	SEIZURES	
	Standard Delegated Orders	PEDI 53	Page 60

Patient Criteria :

Post-ictal

- Witnessed, reported or suspected seizure prior to EMS arrival without current seizure activity

Active

- Actively seizing patient upon arrival

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Temperature

Primary Interventions:

- O₂ 100 %
 - Ventilate with BVM as needed with cricoid pressure
- External Cooling
 - If febrile

Intervention Options:

- Consider possible causes:
 - Febrile
 - Epilepsy
 - Withdrawals
 - Hypoglycemia
 - Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	OVERDOSE / POISONING	
	Standard Delegated Orders	PEDI 54	Page 61

Patient Criteria :

- Known or suspected ingestion or injection of pharmacologic substance, whether intentional or accidental
- Ingestion, Inhalation or absorption of potentially harmful non-pharmaceutical substance

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	NEAR DROWNING	
	Standard Delegated Orders	PEDI 55	Page 62

Patient Criteria :

- Water submersion
 - Without cardiopulmonary arrest
 - Without evidence of hypothermia
-

Assessment:


- C.A.B.C.
 - Vital Signs
 - Secondary Assessment
 - Temperature
-

Primary Interventions:

- Remove from water if can be done safely
 - O₂ 100 %
 - BVM with cricoid pressure
 - External Warming
-

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	HEAT EXPOSURE	
	Standard Delegated Orders	PEDI 56	Page 63

Patient Criteria :

Environmental potential of heat related emergencies

- Hot
- Humid

- Heat Cramps
 - Cramps in extremities and/or abdomen

- Heat Exhaustion

Other indicator of dehydration, including any one of the following:

 - Weakness
 - Dizziness
 - Nausea
 - Syncope
 - Profuse sweating
 - Tachycardic

- Heat Stroke

Temperature of 105 degrees F or greater with one or more of the following:

 - Altered Mentation
 - Seizure Activity

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs
- Temperature

Primary Interventions:

- O₂ 100 %
- External Cooling
- Commercial electrolyte substitute 10 – 20 ml/kg slow PO
 - If not nauseated and conscious
 - May be repeated once in 5 min

Intervention Options:

- Lay patient supine with feet elevated
 - Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	HYPERGLYCEMIA	
	Standard Delegated Orders	PEDI 57	Page 64

Patient Criteria :

Signs and Symptoms suggestive of hyperglycemia, including:

- Altered Mentation
- Tachypea
- Abdominal Pain
- Hypotensive and tachycardiac

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	HYPOGLYCEMIA	
	Standard Delegated Orders	PEDI 58	Page 65

Patient Criteria :

Signs and Symptoms suggestive of hypoglycemia, including:

- Decreased LOC / Altered Mental status
- Tremors
- Weakness
- Diaphoresis
- Nausea
- Intense Hunger

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO

	Montgomery County Hospital District First Responder	DEHYDRATION	
	Standard Delegated Orders	PEDI 59	Page 66

Patient Criteria :

- Compensated Hypovolemia
 - Normotension and tachycardiac
- Uncompensated Hypovolemia
 - Hypotension
- Other indicator of dehydration, including any one of the following:
 - Poor skin turgor
 - Little or no urine output
 - Dry mucous membranes
- Evidence of dehydration mechanism including:
 - Vomiting
 - Fever
 - Dimished oral intake

Assessment:


- C.A.B.C.
- Secondary Assessment
- Vital signs
- Temperature

Primary Interventions:

- O₂ 100 %

Intervention Options:

- Trendelenburg
 - Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	ABDOMINAL PAIN	
	Standard Delegated Orders	PEDI 60	Page 67

Patient Criteria :

Non-traumatic abdominal pain

Assessment:


- C.A.B.C.
 - Vital Signs
 - Secondary Assessment
-

Primary Interventions:

- O₂ 100 %
 - Trendelenburg (Elevate legs)
 - If hypotension or other signs of hypoperfusion
-

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	MULTI-SYSTEM TRAUMA	
	Standard Delegated Orders	PEDI 61	Page 68

Patient Criteria :

Injury to the chest, abdomen, or pelvis with evidence of significant possible injury.
Multiple soft-tissue or musculo-skeletal injuries with evidence of compensated or uncompensated shock

Assessment:


- C.A.B.C.
 - Vital Signs
 - Secondary Assessment
-

Primary Interventions:

- Immobilize
 - O₂ 100 %
 - BVM
 - Occlude Open Chest Wounds
-

Intervention Options:

- Any changes in condition refer to appropriate pediatric SDO
 - All other injuries should be treated en-route to the hospital if feasible
-

	Montgomery County Hospital District First Responder	HEAD INJURY	
	Standard Delegated Orders	PEDI 62	Page 69

Patient Criteria :

Closed or open injury to the head with either one of the following:

- Substantial mechanism of injury
- Altered mentation or loss of consciousness

Isolated or in the presence of other injuries, with the exception of patients meeting Multi-System Trauma Criteria

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment
- Glasgow Coma Scale

Primary Interventions:

- Immobilize
- O₂ 100 %
 - BVM if indicated

Intervention Options:

- Helmet Removal if clinically indicated (with C-spine precautions)
 - Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	EYE INJURIES	
	Standard Delegated Orders	PEDI 63	Page 70

Patient Criteria :

Injury to the globe, open or closed, including:

- Corneal abrasion
- Foreign body in eye
- Chemical burn
- Lacerated or avulsed globe
- "Arc" burn of globe

Pain to eye(s)

Assessment:


- C.A.B.C.
 - Vital Signs
 - Secondary Assessment
-

Primary Interventions:

- O₂ 100 %
 - If indicated
-

Intervention Options:

- If chemical burn:
 - Flush continuously with normal saline
 - If open injury to globe:
 - Shield both eyes
 - Remove foreign body if globe not penetrated
 - Shield affected eye
 - Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	INSECT STINGS AND SPIDER BITES	
	Standard Delegated Orders	PEDI 64	Page 71

Patient Criteria :

Pain to the location

Known or suspected envenomation by:

- Ants, Bees, and Wasps
 - Symptoms: Immediate pain
 - Signs: Vary from local reaction to anaphylaxis

- Brown Recluse
 - Symptoms: Localized, immediate pain. Nausea and vomiting, weakness, fever, hemolysis, renal failure, and shock.
 - Signs: A blister forms at the bite, which develops into an ulcerative lesion. Cardiac dysrhythmias may develop.

- Black Widow
 - Symptoms: Immediate pain, which may subside. Muscle cramps and muscle pain develops in 1 to 2 hrs after bite. Weakness, Back and abdominal pain
 - Signs: Muscle rigidity, convulsions, and respiratory paralysis.

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %
 - Appropriate for patient condition

Intervention Options:

- If signs/ symptoms of an allergic reaction are present, refer to Allergic Reaction SDO
 - Any changes in condition refer to appropriate SDO
-

	Montgomery County Hospital District First Responder	SNAKE BITES	
	Standard Delegated Orders	PEDI 65	Page 72

Patient Criteria :

Known or suspected bite by a venomous snake.
 Fang marks, swelling, and pain at wound site
 Pain to location

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- O₂ 100 %
- Keep patient supine
- Minimize patient movement

Intervention Options:

- Do not apply ice, cold pack or arterial tourniquet
 - Any changes in condition refer to appropriate pediatric SDO
-

	Montgomery County Hospital District First Responder	BURNS	
	Standard Delegated Orders	PEDI 66	Page 73

Patient Criteria :

Tissue injury from direct contact with:

- Heat source
- Chemical reaction
- Inhalation
- Electrical / Lightning

Inhalation injuries/burns with any one of the following:

- Singed nasal hairs or oral mucosa
- Erythema of the palate, soot in the mouth, larynx or sputum
- Rapid, shallow ventilation with tachypnea of >40 AND decreased mental status
- Mechanical airway obstruction from trauma, edema, or laryngospasm
- Signs of respiratory distress such as nasal flaring, respiratory crowing or stridor, anxiety, agitation, or combativeness
- Edema associated with a bum of the face or neck
- Unconsciousness

Assessment:


- C.A.B.C.
- Vital Signs
- Secondary Assessment

Primary Interventions:

- Remove the burn source
- O₂ 100 %
 - BVM if necessary
 - Guidelines for BVM are respirations less than 10 per minute or greater than 30 per min

Intervention Options:

- Treat underlying injuries
- Remove loose clothing and jewelry
- Dress burns as follows:
 - BSA < 15% may use burn gel
 - BSA > 15% use dry sterile dressing or burn sheet
- All other injuries should be treated en-route to the hospital if feasible
- Any changes in condition refer to appropriate pediatric SDO
- Consider air ambulance determination policy

	Montgomery County Hospital District First Responder	AUTOMATIC EXTERNAL DEFIBRILLATOR	
	Standard Delegated Orders	PEDI 67	Page 74

Patient Criteria :

- Pediatric patient age 8 and below who have experienced a non-traumatic arrest.

Assessment:

- C.A.B.C.
- Vital signs
- Secondary Assessment

Primary Interventions:

- Any arrest scenario
 - AED applied
 - Pediatric pads utilized if available
 - Adult pads if pedi pediatric pads not available. Place one pad on center of front chest and one on center of back.
 - Follow prompts given by AED

Intervention Options:

- Follow Prompts
 - Change rescuers often to prevent failure
 - Compression rate and depth are critical
 - At any time the patient remains in cardiac arrest, but the AED does not charge continue to perform CPR
 - Do not perform CPR during analysis
-

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