

NEBRASKA
EMERGENCY MEDICAL SERVICES
MODEL PROTOCOLS
Addendum For 2010
CPR and ECC Guidelines

SERVICE NAME

With the approval of the Physician Medical Director, the service has adopted the following protocols

Date Approved

Physician Medical Director

Agency Head

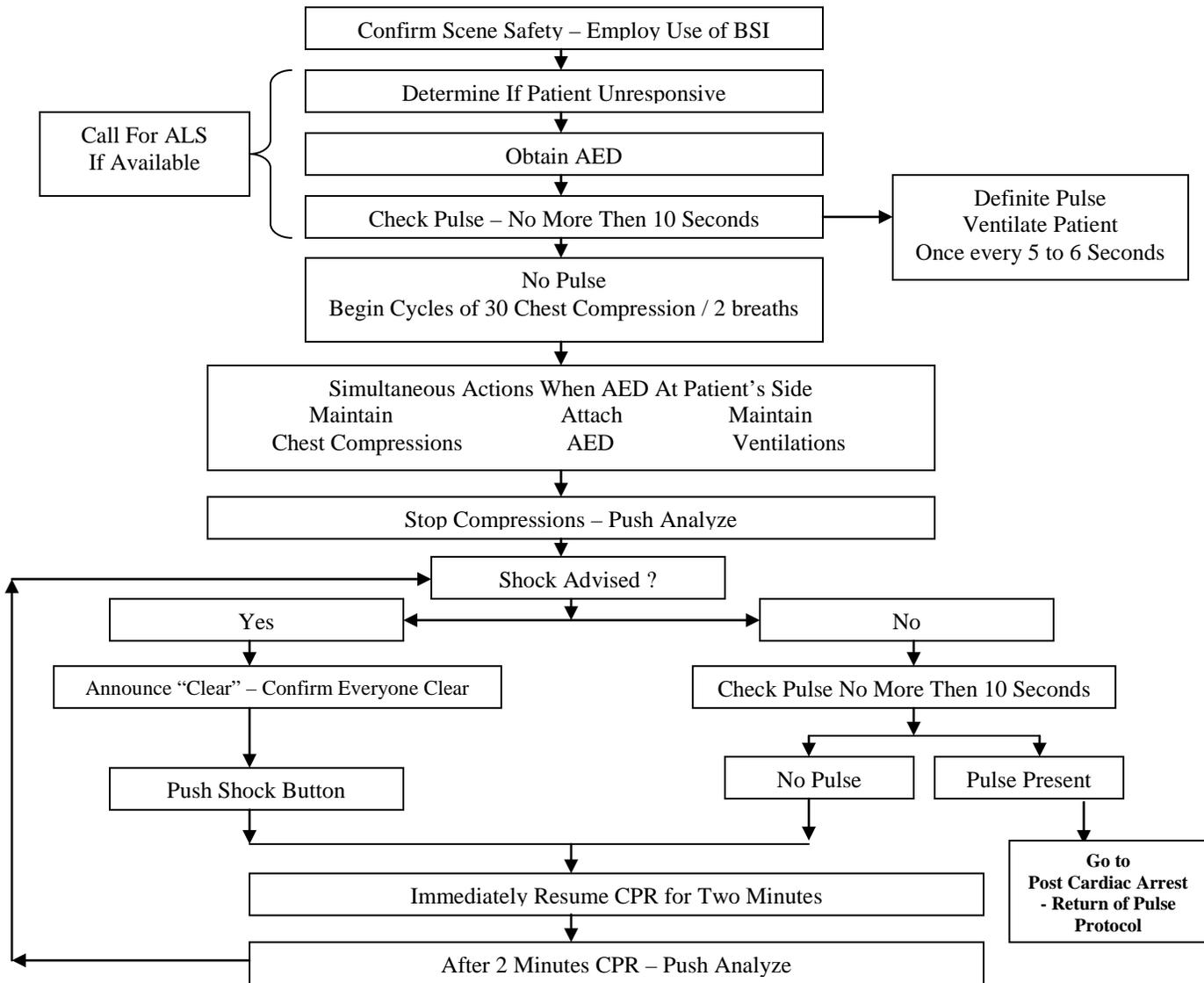
Protocol Addendum Instructions

This Addendum is designed to replace the current protocols for CPR, AED and Emergency Cardiac Care, dated 01/22/2007 and Revised 2/26/2010.

Nebraska Model Protocols - Revision 6/10/2011

Adult CPR and AED

ALL LEVELS - OUT Of HOSPITAL EMERGENCY CARE PROVIDERS



Continue Cycles of Analyze - Shock Or No Shock - With 2 Minutes of CPR

Prepare For Transport after Three Cycles of Shock or No Shock

The EMT Options and EMT-I 85 with PMD Approval

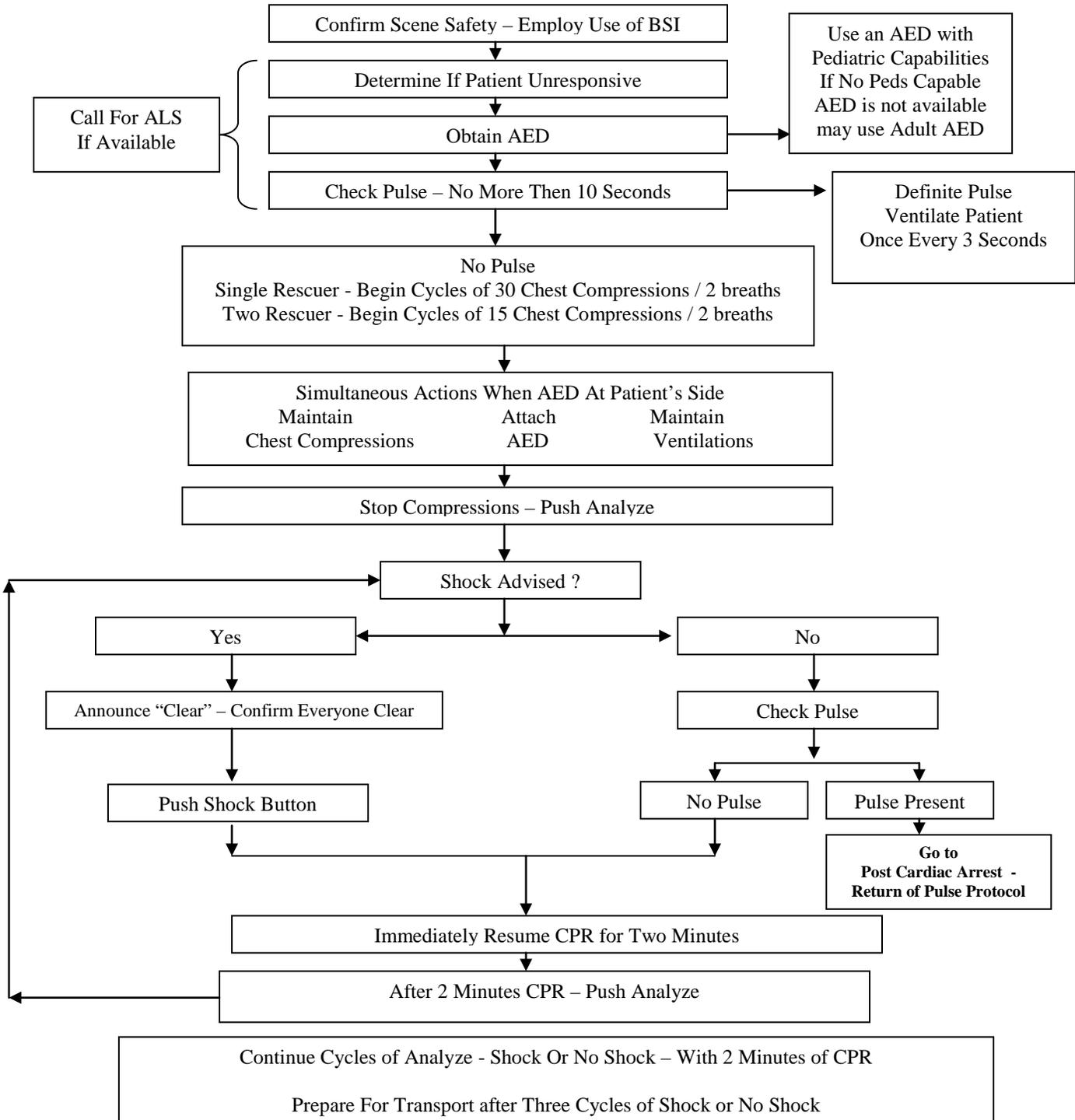
Consider Advanced Airway

Consider Establishing IV Access of NS or LR

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Pediatric CPR and AED

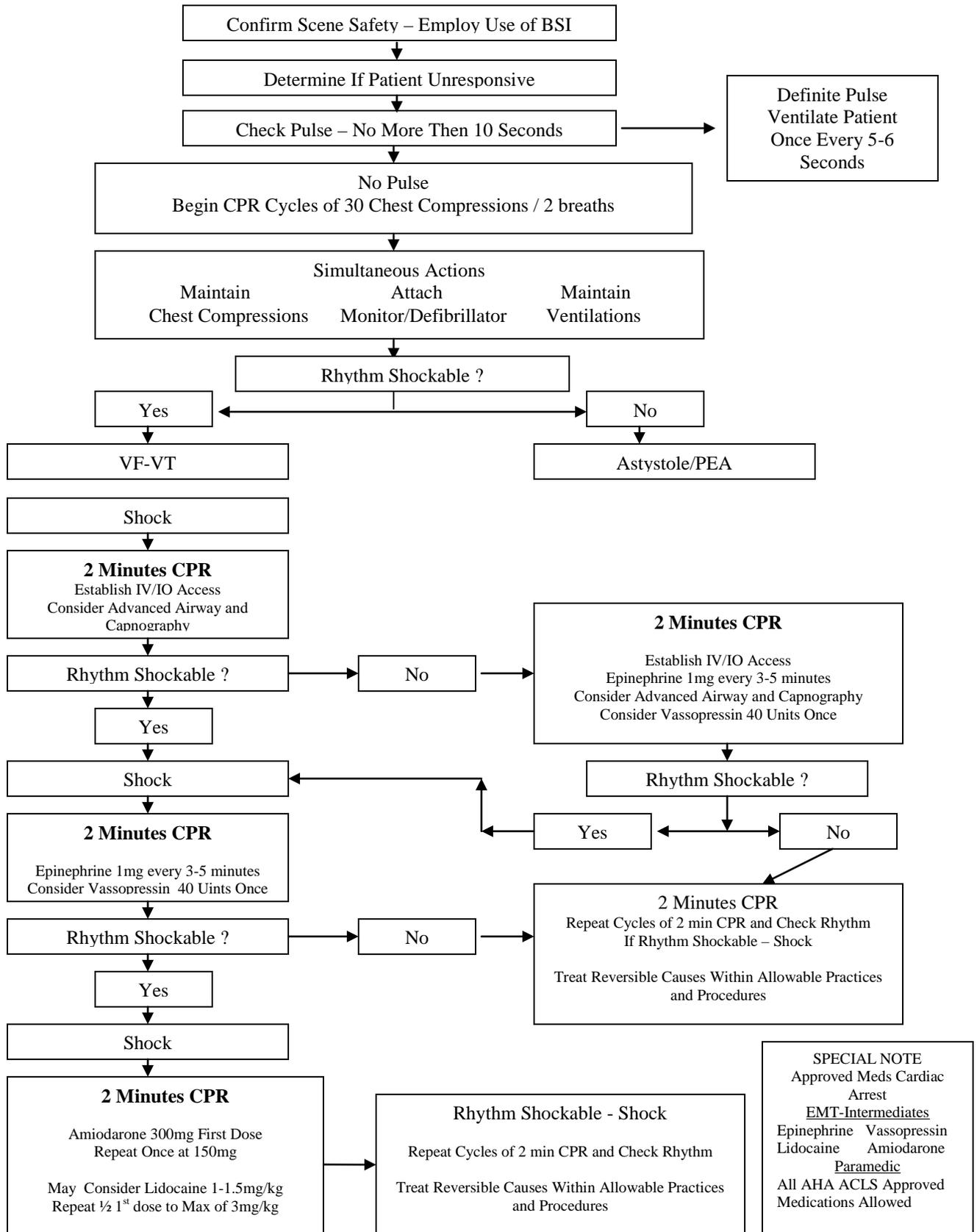
ALL LEVELS - OUT Of HOSPITAL EMERGENCY CARE PROVIDERS



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Adult Cardiac Arrest Protocol

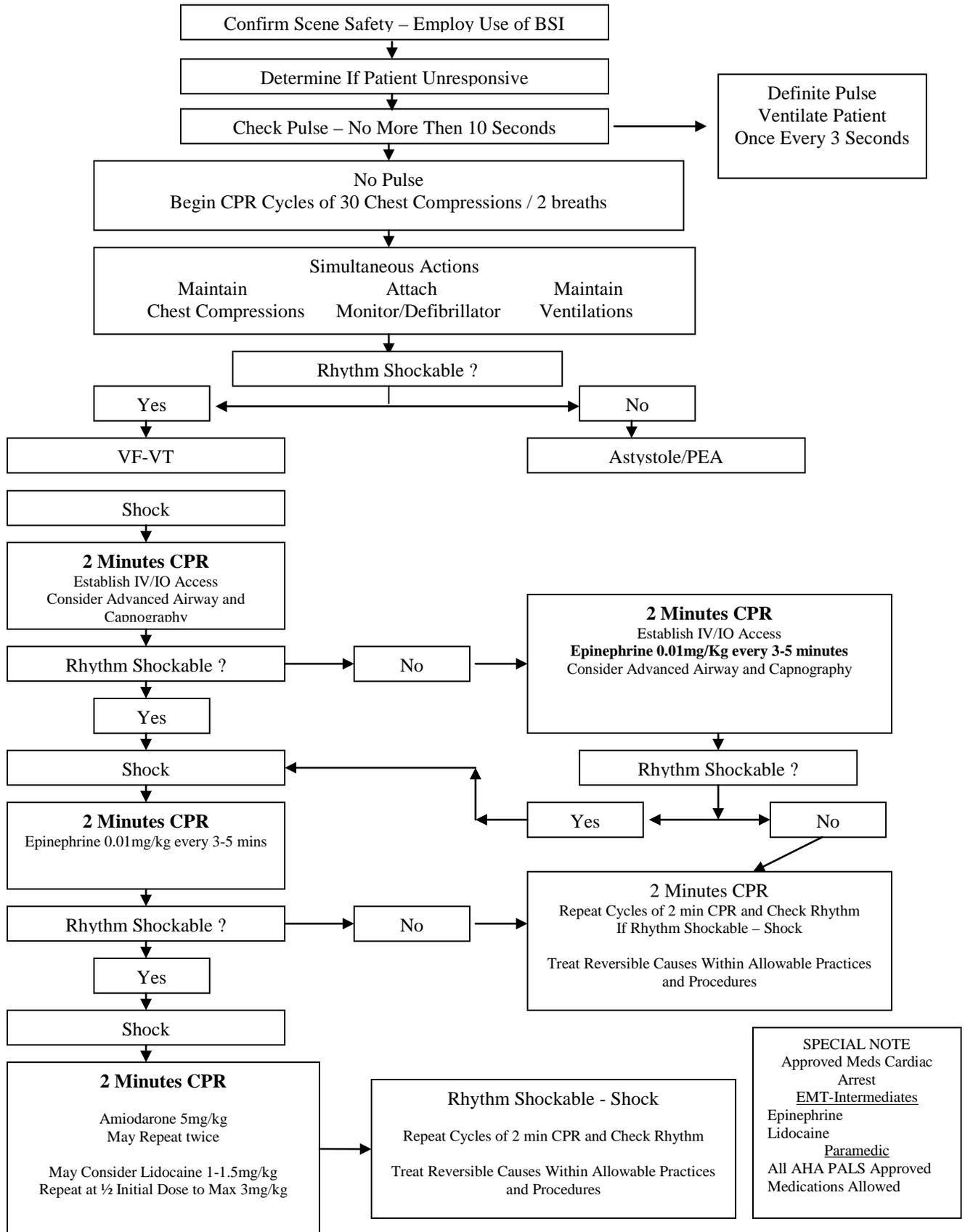
EMT- INTERMEDIATE 99 AND PARAMEDIC



Nebraska Model Protocols - Revision 6/10/2011 – UPDATE 7/20/2011

Pediatric Cardiac Arrest Protocol

EMT- INTERMEDIATE 99 AND PARAMEDIC



Nebraska Model Protocols - Revision 6/10/2011

Adult Post Cardiac Arrest Protocol

First Responder

Scene Safety – BSI SAFETY FIRST
Level of Conscious Confirm Unresponsiveness
Airway Establish an Airway
Breathing
 Assist Ventilations with Bag Valve Mask
 Ventilate at 10 to 12 Times/Minutes
Circulation Confirm Pulse Present, Recheck Often
Assess Conduct Simple Patient Assessment

EMT

Airway Insert Oral Airway
Assess Perform Basic Patient Assessment
Consider ALS Intercept

EMT Options / EMT Intermediate 85

Airway Insert Medical Director Approved Advanced Airway Device if Indicated
(Multi-lumen Airway, LMA, ET)
Ventilate Patient to Achieve
 O2 Saturation of 94% or Better while Avoiding O2 Saturations Over 99%
IV Establish Peripheral IV Access
Consider 250 to 500cc Fluid Bolus Reassess And Repeat

EMT Intermediate 99

Assess Perform Advanced Assessment
Titrate Ventilations to Achieve
 O2 Saturation of 94% or Better while Avoiding O2 Saturations Over 99%
 EtCO2 of 35 to 45 mmHg
Cardiac Monitor Determine Cardiac Rhythm
Consider Lidocaine 1mg/kg bolus if rate >60 and presence of ventricular ectopy
Lidocaine infusion 1 – 4 mg/min
Dysrhythmia Treat with Appropriate Advanced Cardiac Dysrhythmia Protocol

Paramedic

Assess Perform Comprehensive Assessment
Consider 12 Lead EKG
Dysrhythmia Treat with Appropriate Advanced Cardiac Dysrhythmia Protocol
Consider Dopamine Infusion 5 to 20 mcg/kg/min for Hypotension

Nebraska Model Protocols - Revision 6/10/2011

Advanced Cardiac Dysrhythmia Protocol

EMT- INTERMEDIATE 99 AND PARAMEDIC

Bradycardia with a Pulse

Initial Management

Establish Airway
Oxygenate to Achieve O2 Saturation of 94% or Better
Identify Cardiac Rhythm
Obtain 12 Lead (Only Paramedic May Interpret)
Do Not Delay Therapy In the Unstable Patient to Obtain 12 lead

Obtain Vitals and Monitor
Obtain IV/IO Access with NS or LR
Determine and Treat Underlying Cause

Is Bradycardia Causing :

No
Monitor
Patient

Hypotension ?
Signs of Shock ?
Acute Heart Failure ?

Decreased Mental Status ?
Chest Pain ?

Yes

Treatment Consideration

EMT I99 and Paramedic

Atropine 0.5mg May Repeat To Max of 3mg
If Atropine Ineffective After 1st Dose
Transcutaneous Pace
Pacing Pre-medication – Diazepam 2-4 Mg

Paramedic Only

Dopamine Infusion 2-10 mcg/kg/min OR
Epinephrine Infusion 2-10 mcg per min
Pacing Pre-medication – Midazolam 2-4 mg
Lorazepam 1-2 mg
Consider Fentanyl 25 to 100mcg

Tachycardia with a Pulse – Rate 150 or More

Initial Management

Establish Airway
Oxygenate to Achieve O2 Saturation of 94% or Better
Identify Cardiac Rhythm
Obtain 12 Lead (Only Paramedic May Interpret)
Do Not Delay Therapy In the Unstable Patient to Obtain 12 lead

Obtain Vitals and Monitor
Obtain IV/IO Access with NS or LR
Determine and Treat Underlying Cause

Is Tachycardia Causing :

Hypotension ?
Signs of Shock ?
Acute Heart Failure ?

Decreased Mental Status ?
Chest Pain ?

No

Wide QRS Complex ?

No

Vagal Maneuvers
EMT-I99 and Paramedic
Consider Adenosine 6mg - Repeat at 12 mg
Paramedic Only
Consider Diltiazem 0.25mg/kg - repeat 0.35mg/kg
Consider Verapamil 2.5 to 5mg – repeat 5 to 10mg

Yes

EMT-I99 and Paramedic
Consider Adenosine 6mg -
Repeat at 12 mg
Consider Amiodarone 150mg
over 10 minutes
Paramedic may consider
infusion of Amiodarone

Yes

Synchronize Cardioversion
Pre-medication
EMT-I99 and Paramedic
Diazepam 2-4 Mg
Paramedic Only
Diazepam 2-4 Mg or
Midazolam 2-4 mg or
Lorazepam 1-2 mg
Consider Fentanyl 25 to 100mcg