
North Coast EMS EMTP Procedures Quick Reference

EMT-P Standing Orders

The following procedures may be performed prior to attempting voice contact with the base hospital.

A. Administer the following medications:

1. Adenosine for narrow complex tachycardia >150 bpm in adults.
2. Albuterol Sulfate via SVN for bronchospasm or acute asthma
3. Aspirin, PO, for chest pain suspect of MI
4. Atropine Sulfate, IV, ET, IO, or PVP for cardiac arrest, IV for symptomatic bradycardia or third degree heart block
5. Dextrose 10%, 25%, or 50% for ALOC or status epilepticus from suspected hypoglycemia
6. Diazepam IV or rectally for status epilepticus
7. Diphenhydramine Hydrochloride for anaphylaxis, EPR or to prevent motion sickness.
8. Dopamine for cardiac shock after fluid administration.
9. Epinephrine IV, ET, IO, PVP for cardiac arrest, IV, IO, sub Q for anaphylaxis or acute asthma
10. Furosemide (for pulmonary edema in patients with signs and symptoms of CHF) after the administration of nitrates.
11. Glucagon IM for ALOC with proven hypoglycemia without IV access.
12. Lidocaine IV, IO, ET, or PVP for V-tach, V-fib, wide complex PSVT, or symptomatic ventricular ectopy.
13. Midazolam for status epilepticus or combative behavior that endangers patient or caregivers.
14. Morphine Sulfate.
15. Naloxone IV, ET, IM or IO for ALOC suspected of narcotic overdose.
16. Neosynephrine topical prior to nasotracheal intubation
17. Nitroglycerin sublingual for chest pain or acute pulmonary edema with BP >100 systolic.

B. Perform the following procedures:

1. Control airway by insertion of OPA, NPA, EOA, EGTA, ETAD, PTL, ET or NT intubation, needle cricothyrotomy, and use of suction devices and Magill forceps.
2. Administer Oxygen by use of Nasal Cannula, mask, BVM, and jet insufflation devices.
3. Defibrillate V-fib or pulseless V-Tach.
4. Cardiovert an unconscious patient in V-Tach with a pulse.
5. Provide instruction for Valsalva Maneuver for SVT.
6. Establish peripheral vascular access with IV cap, saline locks, or other cannulae and administer NS, LR or D5W.
7. Obtain venous or capillary bed samples for diagnostic testing.
8. Obtain intraosseous access and administer infusions.
9. Perform needle thoracostomy for obvious tension pneumothorax.
10. Apply suction extraction devices for envenomation.
11. Place nasogastric or orogastric tubes for gastric decompression in the cardiac arrest setting.
12. Utilize pulse oxymetry and end tidal CO2 monitors.
13. Perform transcutaneous pacing per Policy 4803.

EMT – P Radio failure

The following procedures may be performed when unable to establish or maintain direct voice contact with the base hospital

A. All procedures and medications under “Standing Orders.”

B. Administer the following medications:

1. Activated Charcoal for poisonings
2. Atropine for Organophosphate poisoning
3. Calcium Chloride for cardiac arrest in renal patients.
4. Diazepam for pre – cardioversion sedation.
5. Glucagon as inotropic agent in Beta Blocker overdose
6. Magnesium Sulfate in Torsades de Pointes, V-Tach, or V-fib refractory to Lidocaine
7. Oxytocine.
8. Procainamide for V-fib and wide complex tachycardias refractory to other ACLS measures
9. Sodium Bicarbonate for cardiac arrest with known downtime >10 min, known hyperkalemia, tricyclic OD, known ASA OD
10. Calcium Chloride for cardiac arrest in a known dialysis or hyperkalemic patient.

C. Perform the following procedures:

1. Monitor or administer medications through pre-existing central or peripheral lines
2. Monitor Potassium Chloride solutions with <40 meq/ml
3. Insert nasogastric or orogastric tubes for gastric lavage in the poisoning patient
4. Cardiovert severely symptomatic, unstable V-Tach, PSVT, A-Fib or A-Flutter with RVR in the conscious pt.

EMT – P Direct Voice Orders

The following procedures should only be performed following direct voice orders from the base hospital physician or MICN

A. Administer the following medications:

1. Magnesium Sulfate for eclampsia, severe preeclampsia, and pre-term labor
2. Any other medication outside the NCEMS policy’s indications or dosage.
3. Midazolam for anxiety.

B. Perform the following procedures:

1. Carotid Sinus Massage
2. Monitor thoracostomy tubes
3. Any other procedure or medication dosages which deviate from approved NCEMS policy.