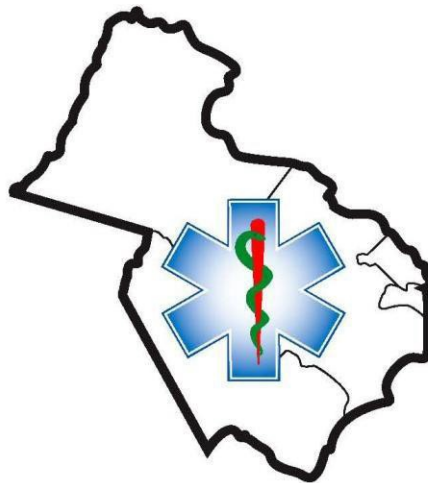


Northern Virginia
Regional Protocol Guidelines



These guidelines apply across the spectrum of EMS agencies and the patients they encounter. Individual EMS agencies may wish to employ additional or alternative strategies.

June 8, 2017

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Northern Virginia EMS Council

Regional Protocol Guidelines

Medical – Stroke / TIA

- * Patients with signs and symptoms of **acute stroke syndrome** should be assessed to identify and define the following:
 - Time of onset of signs/symptoms
 - Nature and degree of signs/symptoms
 - Co-morbid conditions impacting short and long-term management
 - Identify and address causes of secondary insult – hypoxia, hypotension, hypoglycemia, trauma, coagulopathy, etc.
- * Selection of destination facility and mode of transport are the domain of the individual agencies and should be based on operational and geographic considerations.
- * It is recommended that a defined stroke screening tool be utilized.

**Northern Virginia EMS Council
Regional Protocol Guidelines
Medical – Altered Mental Status**

- * For patients presenting with a complaint or signs of **altered mental status** consider the potential underlying causes and manage appropriately. These include the following clinical conditions:
 - Opiate overdoses – (management may include administration of opiate antagonist agents)
 - Hypoglycemia
 - Hypoxia and hypotension
 - Stroke, seizure and other acute neurologic emergencies

- * Additional interventions/medications may be considered at the agency level.

**Northern Virginia EMS Council
Regional Protocol Guidelines
Medical – Allergic Reaction / Anaphylaxis**

- * For patients presenting with signs/symptoms of a systemic anaphylactic reaction the following are recommended:
 - Epinephrine administration
- * The following may be considered:
 - Antihistamines
 - Steroids
- * Additional interventions/medications may be considered at the agency level.

**Northern Virginia EMS Council
Regional Protocol Guidelines
Medical – Chest Pain – Cardiac Suspected**

- * For patients with **Chest Pain or Chest Pain Syndrome** believed to be due to **coronary ischemia** the following are recommended:
 - Rapid identification of ischemia/infarction
 - Supplemental oxygen
 - Aspirin
 - Nitroglycerin
- * Symptomatic management may include:
 - Narcotic analgesics for pain
 - Anti-emetics for nausea and vomiting
- * Additional interventions/medications may be considered at the agency level.

**Northern Virginia EMS Council
Regional Protocol Guidelines
Medical – Diabetic - Hypoglycemia**

- * For patients with signs/symptoms believed and/or demonstrated to be due to **hypoglycemia** the following are recommended:
 - o Administer glucose
- * For those patients in whom an IV cannot be established glucagon administration is recommended.
- * Additional interventions/medications may be considered at the agency level.

**Northern Virginia EMS Council
Regional Protocol Guidelines
Medical – Respiratory Distress / Asthma / COPD /
Croup / Reactive Airway**

* For patients with **Respiratory Distress (SOB)** believed to be due to asthma/reactive airway disease/COPD/emphysema the following are recommended:

- Supplemental oxygen
- Inhaled Bronchodilators
- Consideration of inhaled anticholinergics in select patients
- Consideration of steroids in select patients

* NIPPV (CPAP/BiPAP) may be beneficial in select patients

* Additional interventions/medications may be considered at the agency level.

* For patients with **Respiratory Distress (SOB)** believed to be due to pulmonary edema due to CHF the following are recommended:

- Supplemental Oxygen
- NIPPV (CPAP/BiPAP) may be beneficial in select patients
- Nitroglycerin
- Consideration of diuretics in select patients

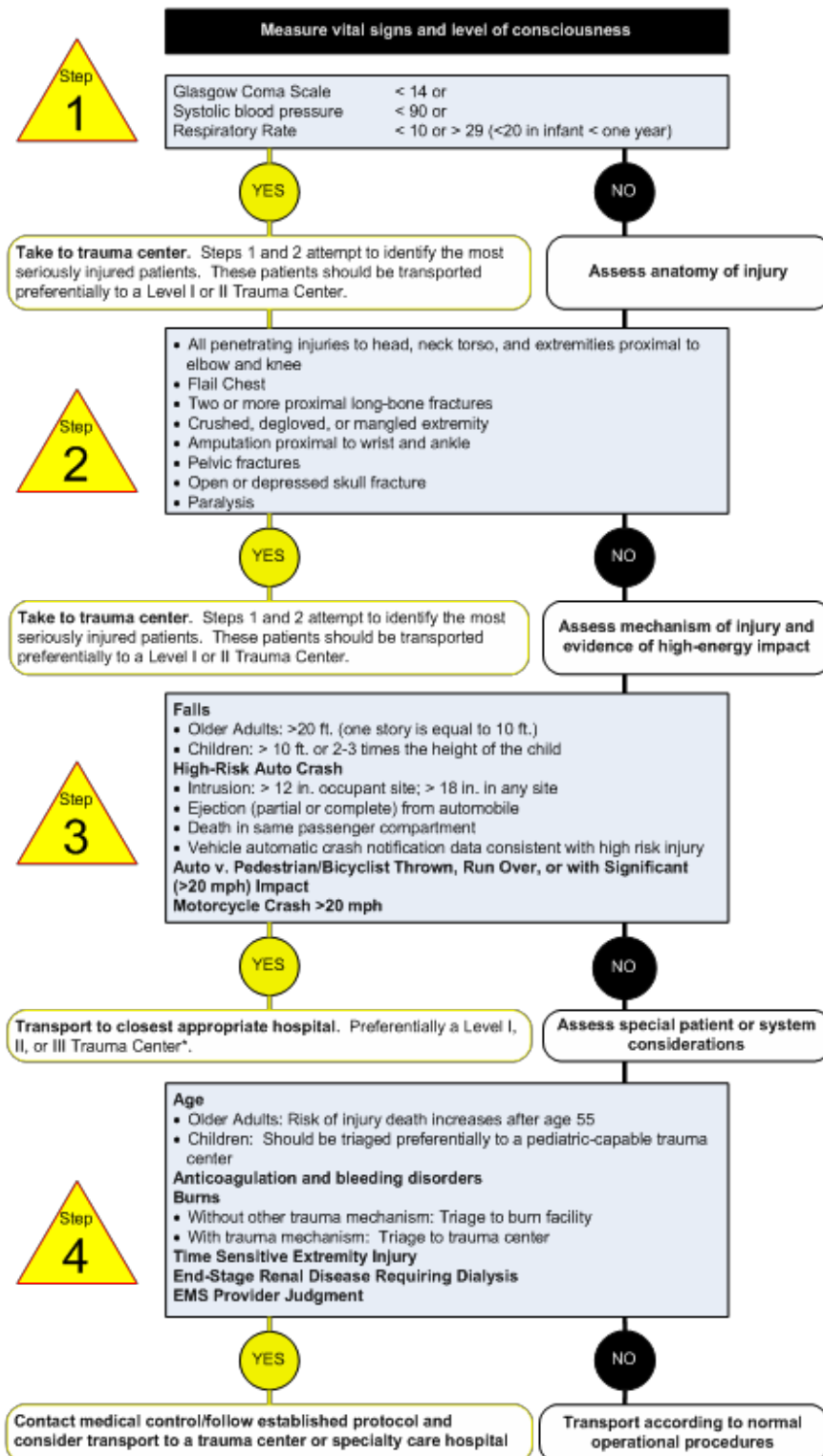
* Additional interventions/medications may be considered at the agency level

**Northern Virginia EMS Council
Regional Protocol Guidelines
Medical – Seizure**

* For patients with presenting with signs/symptoms believed to be due to seizures the following are recommended:

- Evaluate for hypoglycemia as the cause of seizures and treat accordingly
- Benzodiazepines for persistent or ongoing seizures

Northern Virginia EMS Council Regional Protocol Guidelines Virginia Trauma Triage Scheme





Regional EMS Drug Issue Sheet

Northern Virginia Emergency Medical Services Council



This form shall be used to obtain medications from all Northern Virginia Emergency Departments or Pharmacies

- Providers must be in uniform and show department or agency identification for issue
- Pharmacy sends the completed form to the EMS agency for reconciliation and/or billing

Revised 07/01/2017

Hospital Name:		Date Issued:	
Reason for issue: <input type="checkbox"/> Patient care <input type="checkbox"/> Breakage* <input type="checkbox"/> Expiration* <input type="checkbox"/> Other		Patient Name: (last, first, middle):	
		DOB:	Apply hospital medical record sticker here (if available)
		Medical Record #:	
<i>*Providers replacing expired or damaged medications are required to provide those to the pharmacy for verification purposes</i>			
Quantity	Item	Quantity	Item
	Acetaminophen 325mg/10.15 mL for PO use		Ipratropium bromide 0.5mg/2.5mL bullet
	Acetaminophen 500mg tablet for PO use		Ketorolac 30mg/1mL vial
	Activated Charcoal 50 grams/240 mL		Ketorolac 60mg/2mL vial
	Adenosine 6mg/2mL vial		Labetolol 100 mg vial
	Albuterol 2.5mg/3mL bullet		Lidocaine 2%100mg/5mL PFS
	Albuterol 2.5mg/0.5mL bullet		Lidocaine Premix 2gram/500mL
	Amiodarone 150mg/3mL vial		Magnesium Sulfate 1gram/2mL vial
	Aspirin 81mg tablet, chewable		Magnesium Sulfate 4 grams/100mL
	Atropine 1mg/10mL PFS		Magnesium Sulfate 5 gram vial
	Calcium Chloride 1gram/10mL PFS		Methylprednisolone 125mg/2mL vial
	Calcium Gluconate 10% 5 grams/50 mL		Metoprolol 5 mg vial
	Dexamethasone 10mg/mL		Naloxone 2mg/2mL PFS or vial
	Dextrose 10% (D10W) 250 mL bag		Nitroglycerin bottle 0.4 mg tablets
	Dextrose 50% 25g/50mL PFS		Nitroglycerin infusion 50mg/250mL
	Diltiazem 25mg/10mL vial		Nitroglycerin paste 2% unit dose 1"
	Diltiazem 100mg/5mL vial		Nitroglycerin 0.4 mg spray
	Diphenhydramine 50 mg/1mL vial		Norepinephrine 4 mg/4mL vial
	Diphenhydramine liquid 25 mg/10mL		Ondansetron 4mg ODT
	Dopamine pre-mixed 400mg/250mL		Ondansetron 4mg vial
	DuoNeb 3mL solution for inhalation		Promethazine 25 mg/1mL amp or vial
	Epinephrine (1:10,000) 1mg/10mL PFS		Racemic Epi 11.25mg/0.5mL
	Epinephrine (1:1000) 1mg/1mL amp or vial		Rocuronium bromide 50 mg/5mL
	Epinephrine (1:1000) 30mg/30mL vial		Sodium Bicarb 4.2% 10mL PFS
	Etomidate 20mg/10mL		Sodium Bicarb 8.4% 50mL PFS
	Etomidate 40mg/20mL		Succinylcholine 20mg/mL vial
	Famotidine 10mg/mL 2 mL vial		Terbutaline 1mg/1ml
	Furosemide 100 mg/10mL vial		Tetracaine 0.5 % ophthalmic solution
	Glucagon 1mg kit or vial		Tranexamic acid 1000mg/10mL
	Haloperidol 5mg/mL		Vecuronium 10mg powder
	Ibuprofen 200mg tablets for PO use		
	Ibuprofen 100mg/5mL for PO use		<u>TOTAL ITEMS ISSUED</u>
EMS Agency:		Unit ID:	EMS Incident Number:
EMS Attendant in charge (Print)		EMS Attendant in charge (Signature)	
RN/NP/PA/MD (Print) (If applicable)		RN/NP/PA/MD (Signature)	
Hospital Pharmacy Tech or Pharmacist (Print)		Hospital Pharmacy Tech or Pharmacist (Signature)	

For more information contact Northern Virginia EMS Council (877)261-3550 or northern@vaems.org