

**OLD DOMINION
EMERGENCY MEDICAL SERVICES
ALLIANCE**



**2018 REGIONAL PREHOSPITAL
PATIENT CARE PROTOCOLS**

1421 Johnston-Willis Drive
Richmond, Virginia 23235
(804) 560-3300
www.odemsa.vaems.org

This page intentionally
left blank.



2018 Regional Prehospital Patient Care Protocols

For Basic and Advanced Life Support Providers

Table of Contents

Section

1

PURPOSE AND USE

1.1	<i>Purpose</i>
1.2	<i>Acknowledgements</i>
1.3	<i>Academic Acknowledgement</i>
1.4	<i>Board of Directors and Faculty</i>
1.5	<i>Regional ALS Skills</i>

Section

2

ADULT CARDIOVASCULAR EMERGENCIES

2.1	<i>Medical – Chest Pain – Cardiac Suspected</i>
2.2	<i>Medical – ST Elevation Myocardial Infarction (STEMI)</i>
2.3	<i>Medical – Pulmonary Edema/CHF</i>
2.4	<i>Medical – Hypotension/Shock (Non-trauma) (Cardiogenic Shock)</i>
2.5	<i>Medical – Abdominal Aortic Aneurysm/Dissection</i>
2.6	<i>Cardiac Arrest – Unknown Rhythm (i.e. BLS)</i>
2.7	<i>General – Cardiac Arrest</i>
2.8	<i>Medical – Supraventricular Tachycardia (including atrial fibrillation) Medical – Tachycardia Medical – Ventricular Tachycardia with a Pulse</i>
2.9	<i>Medical – Bradycardia</i>

Section

3

ADULT MEDICAL EMERGENCIES

3.1	<i>General – Universal Patient Care/Initial Patient Contact (Medical Patient Assessment)</i>
3.2	<i>Medical – Abdominal Pain</i>
3.3	<i>Medical – Allergic Reaction/Anaphylaxis</i>
3.4	<i>General – Behavioral/Patient Restraint</i>
3.5	<i>Medical – Stroke/TIA</i>
3.6	<i>Medical – Dystonic/Extrapyramidal Reaction</i>
3.7	<i>Medical – Diabetic – Hyperglycemia</i>
3.8	<i>Medical – Diabetic – Hypoglycemia</i>
3.9	<i>Medical – Nausea/Vomiting</i>

3.10	General – Pain Control
3.11	Medical – Respiratory Distress/Asthma/COPD/Croup/Reactive Airway
3.12	Medical – Seizure
3.13	Medical – Hypotension/Shock (Non-trauma)
3.14	Medical – Sickle Cell Crisis
3.15	Medical – Altered Mental Status
3.16	Airway – Failed/Difficult
3.17	Medical - Sepsis

Section

4

ADULT TRAUMA EMERGENCIES

4.1	Injury – General Trauma Management
4.2	Injury – Abdominal Trauma
4.3	Injury – Burns – Thermal
4.4	Injury – Crush Syndrome
4.5	Injury – Electrical Injuries
4.6	Injury – Head
4.7	Exposure – Airway/Inhalation Irritants
4.8	Injury – Sexual Assault
4.9	General – Neglect or Abuse Suspected
4.10	Injury – Conducted Electrical Weapons (i.e. Taser)
4.11	Injury – Thoracic
4.12	Injury – General Trauma Management (Field Trauma Triage Scheme)
4.13	Spinal Motion Restriction
4.14	Hemorrhage Control

Section

5

ENVIRONMENTAL EMERGENCIES

5.1	Environmental – Hypothermia
5.2	Environmental – Heat Exposure/Exhaustion Environmental – Heat Stroke/Hyperthermia
5.3	Injury – Bites and Envenomations – Land
5.4	Injury – Diving Emergencies Injury - Drowning/Near Drowning

Section

6

OB / GYN EMERGENCIES

6.1	Physiologic Changes with Pregnancy
6.2	OB/GYN – Childbirth/Labor/Delivery
6.3	Medical – Newborn/Neonatal Resuscitation
6.4	OB/GYN – Pregnancy Related Emergencies (Delivery – Shoulder Dystocia)
6.5	OB/GYN – Pregnancy Related Emergencies (Delivery – Breech Presentation)
6.6	OB/GYN – Pregnancy Related Emergencies (Ectopic Pregnancy/Rupture)
6.7	OB/GYN – Pregnancy Related Emergencies (Abruptio Placenta)
6.8	OB/GYN – Pregnancy Related Emergencies (Placenta Previa)
6.9	OB/GYN – Pregnancy Related Emergencies (Umbilical Cord Prolapse)

6.10	OB/GYN – Eclampsia (Hypertension/Eclampsia/HELLPS/0)
6.11	OB/GYN – Pregnancy Related Emergencies (Premature Rupture of Membranes (PROM))
6.12	OB/GYN – Pregnancy Related Emergencies (Pre-term Labor)
6.13	OB/GYN – Post-partum Hemorrhage

Section

7

TOXICOLOGICAL EMERGENCIES

7.1	Medical – Overdose/Poisoning – Opioid
7.2	Medical – Overdose/Poisoning – Stimulant
7.3	Medical – Overdose/Poisoning – Tricyclic Anti-depressant
7.4	Exposure – Organophosphate
7.5	Medical – Overdose/Poisoning – Calcium Channel Blocker
7.6	Medical – Overdose/Poisoning – Beta Blocker

Section

8

PEDIATRIC CARDIAC EMERGENCIES

8.1	Cardiac Arrest – Unknown Rhythm (i.e. BLS)
8.2	General – Cardiac Arrest
8.3	Medical - Newborn/Neonatal Resuscitation
8.4	Medical – Supraventricular Tachycardia (including atrial fibrillation) Medical – Tachycardia Medical – Ventricular Tachycardia with a Pulse
8.5	Medical – Bradycardia

Section

9

PEDIATRIC MEDICAL EMERGENCIES

9.1	General – Universal Patient Care/Initial Patient Contact (Pediatric Medical Patient Assessment)
9.2	Medical – Allergic Reaction/Anaphylaxis
9.3	General – Fever
9.4	Airway – Obstruction/Foreign Body
9.5	Medical – Diabetic – Hyperglycemia
9.6	Medical – Diabetic – Hypoglycemia
9.7	Medical – Nausea/Vomiting
9.8	General – Pain Control
9.9	Medical – Overdose/Poisoning/Toxic Ingestion
9.10	Medical – Respiratory Distress/Asthma/COPD/Croup/Reactive Airway
9.11	Medical – Respiratory Distress – Croup
9.12	Medical – Seizure
9.13	Medical – Hypotension/Shock (Non-trauma)
9.14	Medical – Altered Mental Status

Section
10

PEDIATRIC TRAUMA EMERGENCIES

10.1	<i>Injury – Abdomen</i>
10.2	<i>Injury – Burns – Thermal</i>
10.3	<i>Injury – Electrical Injuries</i>
10.4	<i>Injury – Head</i>
10.5	<i>Injury - Child Abuse</i>

Section
11

CLINICAL PROCEDURES

11.1	<i>12-Lead ECG Acquisition</i>
11.2	<i>Capnography</i>
11.3	<i>Pulse Oximetry</i>
11.4	<i>Needle Thoracentesis</i>
11.5	<i>Oral Intubation</i>
11.6	<i>Nasal Intubation</i>
11.7	<i>Supraglottic Airway</i>
11.8	<i>Surgical Cricothyrotomy</i>
11.9	<i>Oro-gastric (OG) Tube</i>
11.10	<i>Tourniquet</i>
11.11	<i>Interosseous (IO) Access</i>
11.12	<i>Continuous Positive Airway Pressure (CPAP)</i>
11.13	<i>Synchronized Cardioversion</i>
11.14	<i>External (Transcutaneous) Cardiac Pacing</i>
11.15	<i>Mechanical CPR Devices</i>
11.16	<i>Patient Restraint</i>
11.17	<i>Medication Administration Cross-Check</i>

Section
12

ADMINISTRATION

12.1	<i>Patient and Scene Management</i>
12.2	<i>Documentation Compliance</i>
12.3	<i>Treatment of Minors</i>
12.4	<i>Patient Destination Policy</i>
12.5	<i>Hospital Diversion Policy for Emergency Patients</i>
12.6	<i>Patient Refusal</i>
12.7	<i>Do Not Resuscitate (DNR) Orders</i>
12.8	<i>Cease Resuscitation Orders</i>
12.9	<i>Traumatic Cease Resuscitation</i>
12.10	<i>Inter-facility Transfers</i>
12.11	<i>Infection Control - PPE</i>
12.12	<i>Infection Control - Exposure</i>
12.13	<i>Mass Gatherings</i>
12.14	<i>MIVT Reports</i>

MEDICATION REFERENCE

13.1	<i>ODEMSA Drug Box Contents</i>
13.2	<i>Adenosine (Adenocard)</i>
13.3	<i>Albuterol</i>
13.4	<i>Amiodarone (Cordarone)</i>
13.5	<i>Aspirin</i>
13.6	<i>Atropine Sulfate</i>
13.7	<i>Bumetanide (Bumex)</i>
13.8	<i>Calcium Chloride</i>
13.9	<i>Dexamethasone (Decadron)</i>
13.10	<i>Dextrose 50%, 25%, 10%</i>
13.11	<i>Diazepam (Valium)</i>
13.12	<i>Diltiazem (Cardizem)</i>
13.13	<i>Diphenhydramine (Benadryl)</i>
13.14	<i>Dopamine</i>
13.15	<i>Epinephrine 1:1,000 and 1;10,000</i>
13.16	<i>Fentanyl</i>
13.17	<i>Furosemide (Lasix)</i>
13.18	<i>Glucagon</i>
13.19	<i>Ipratropium (Atrovent)</i>
13.20	<i>Lorazepam (Ativan)</i>
13.21	<i>Magnesium Sulfate</i>
13.22	<i>Metoprolol (Lopressor)</i>
13.23	<i>Midazolam (Versed)</i>
13.24	<i>Morphine Sulfate</i>
13.25	<i>Naloxone (Narcan)</i>
13.26	<i>Nitroglycerin</i>
13.27	<i>Norepinephrine (Levophed)</i>
13.28	<i>Ondansetron (Zofran)</i>
13.29	<i>Oxygen</i>
13.30	<i>Prednisone</i>
13.31	<i>Sodium Bicarbonate</i>
13.32	<i>Toradol</i>
13.33	<i>Vasopressin, ADH</i>
13.34	<i>Ziprasidone (Geodon)</i>
	RSI Medications
13.35	<i>Lidocaine</i>
13.36	<i>Etomidate</i>
13.37	<i>Succinylcholine</i>
13.38	<i>Vecuronium Bromide (Norcuron)</i>

APPENDICES

14.1	<i>Skeletal System – Anterior</i>
14.2	<i>Skeletal System – Lateral</i>
14.3	<i>Vertebral Column</i>
14.4	<i>Anatomy of the Skull</i>
14.5	<i>Anatomy of the Hand</i>
14.6	<i>Anatomy of the Foot</i>
14.7	<i>Tooth Chart</i>
14.8	<i>Arterial System</i>
14.9	<i>Venous System</i>
14.10	<i>Thoracic and Abdominal Organs</i>
14.11	<i>Anatomy of the Heart</i>
14.12	<i>Dermatomes – Anterior</i>
14.13	<i>Dermatomes – Posterior</i>
14.14	<i>Adult Burn Estimation</i>
14.15	<i>Pediatric Burn Estimation</i>

Section 1-1

SECTION: Introduction

PROTOCOL TITLE: Purpose and Use

REVISED: 5/2017

The purpose of these protocols is to establish guidelines between EMS administration, the EMS provider and medical direction for the management, treatment and transport of specific medical emergencies.

These guidelines are intended to assist in achieving excellent, consistent prehospital care for patients. The following guidelines are not intended to provide a solution to every problem which may arise. The guidelines set forth are not designed nor intended to limit the EMS provider in the exercise of good judgment or initiative in taking reasonable action in extraordinary circumstances. If **MC** is listed in the grid for the intervention, the provider must call **medical control** to obtain permission for the intervention.

Prehospital care is a shared responsibility between the operational medical director, online medical control physician, and the EMS provider. The services which EMS providers are authorized to perform pursuant to the Virginia Emergency Medical Services Regulations shall be performed by the EMS provider only pursuant to the written or verbal authorization of the operational medical director or online physician medical control. If **MC** is listed in the grid for the intervention, the provider must call **medical control** to obtain permission for the intervention.

Our objective is not only to serve the citizens and residents of our region, but also to give them our best possible prehospital care. We will measure up to the high standard required of emergency medical services, only by coordinating our operations, working together, and maintaining a high degree of professionalism.

The following levels of EMS certification are recognized in ODEMSA. Both the traditional levels and the new scope of practice levels are listed. EMS provider levels are referenced in the protocols based on the associated level of certification recognized by the Virginia Office of Emergency Medical Services.

Level	Designation
First Responder / EMR	EMR
EMT - Basic / EMT	EMT
EMT - Enhanced / AEMT	A
EMT - Intermediate	I
EMT - Paramedic / Paramedic	P

Section

1-1

Continued

PURPOSE AND USE

This page intentionally
left blank.

SECTION: Introduction

PROTOCOL TITLE: Acknowledgements

REVISED: 06/2017

ODEMSA is proud to continue our long history of providing progressive regional protocols which set the standard of care for our boundaries. As the regional council, established by law within the Code of Virginia, Section 32.1-111.11 to coordinate EMS, it is the mission of ODEMSA to assess, identify, coordinate and implement an effective regional EMS delivery system within the planning districts of 13, 14, 15, and 19.

The ODEMSA region has benefited from the resulting Standard of Care that has been maintained and frequently enhanced by the ODEMSA Medical Direction Committee. The Committee is comprised of physicians that represent hospital emergency departments, EMS agency Operational Medical Directors (OMDs), trauma surgeons, and other physicians with an interest in or specialty that involves emergency medicine. While the Virginia Office of EMS, Virginia Department of Health, sets the minimum patient care standards, the ODEMSA Medical Direction Committee, in concert with other standing ODEMSA Committees, establishes the region's Standard of Care and oversees its Prehospital Patient Care Protocols.

The area that encompasses the ODEMSA region includes Virginia Planning Districts 13, 14, 15, and 19 services, 17 acute care hospitals, 5 free standing emergency departments, 106 licensed EMS agencies, and at present time, 5,900 certified EMS providers. The vast majority of these providers have been trained within the ODEMSA service area.

The ODEMSA Board of Directors thanks each respective agency and individual who took the time to review and revise the existing set of protocols and to write new protocols that reflect the current, state of the art patient care.

We would like to recognize everyone who had a role in this life-saving project. No doubt with the volume of help that was received, we may have unintentionally missed some individuals. For any such oversight, we apologize. ODEMSA's goal is to review these protocols periodically and to update individual protocols whenever necessary. We invite EMS providers, out-of-hospital and in-hospital, to contact ODEMSA at any time with suggestions, questions, or comments.

Section

1-2

Continued

ACKNOWLEDGMENTS

This page intentionally
left blank.

SECTION: Introduction

PROTOCOL TITLE: Academic Acknowledgements

REVISED: 06/2017

ODEMSA would like to acknowledge the authors and publishers of the following sources. These reference materials were utilized in multiple locations throughout these protocols.

Texts:

Paramedic Care: Principles and Practice Volumes 1 - 5: Trauma Emergencies, 3rd Edition

- By Bryan E. Bledsoe, Robert S. Porter, Richard A. Cherry
Published Mar 14, 2008; by Prentice Hall

OB Stat Course Reference Manual

- <http://www.obstat.org/>

Critical Care Paramedic

- By Bryan E. Bledsoe, Randall W. Benner
Published Dec 19, 2005; by Prentice Hall

Essentials of Prehospital Maternity Care

- By Bonnie Urquhart-Gruenberg
Published Sep 28, 2005; by Prentice Hall

Advanced Medical Life Support, 2nd Edition

Published 2016; by Jones and Bartlett

Manual of Emergency Airway Management

- By Ron M. Walls, Robert C. Luten, Michael F. Murphy, Robert E. Schneider
Published May 3, 2004; by Lippincott Williams & Wilkins

Flight and Ground Transport Nursing Core Curriculum; ISBN 0-9718090-4-6

- By Donna York Clark, Jacqueline Stocking, Jill Johnson
Published 2010; by Air and Surface Transport Nursing Association

Section

1-3

Continued

ACADEMIC ACKNOWLEDGMENTS

Pre-Hospital Trauma Life Support, 8th Edition

- By the National Association of Emergency Medical Technicians
Published 2016 by Jones and Bartlett

Pediatric Advanced Life Support Provider Manual

- By The American Heart Association
Published 2015; Distributed by Channing Bete Company

Advanced Cardiac Life Support Provider Manual

- By The American Heart Association
Published 2015; Distributed by Channing Bete Company

Basic Life Support for Healthcare Providers, Provider Manual

- By The American Heart Association
Published 2015; Distributed by Channing Bete Company

Papers and Articles:

Virginia Commonwealth University Ischemic Stroke and TIA Care Plan and Acute Hemorrhagic Stroke, Intracerebral Hemorrhage (ICH) and Subarachnoid Hemorrhage (SAH) Care Plan Booklet

- Revised June 1, 2008

Rhabdo and Acute Injury Review Article

- NEJM 2009

Websites:

The Brain Trauma Foundation

- <http://www.braintrauma.org>

The American Heart Association

- <http://www.heart.org/HEARTORG>

SECTION: Introduction

PROTOCOL TITLE: Board of Directors and Faculty

REVISED: 09/2017

**2017
Old Dominion EMS Alliance
Board of Directors and Council Officers**

Brain McRay, Board President, Metro Richmond Council Prehospital Representative PD - 15
Sean Moore, Law Enforcement Officer, Board Vice President,
Ellen Buchanan, Board Secretary, Crater Council Healthcare Rep. PD - 19
David G. Norman, Board Treasurer, South Central Council President PD - 14
Rodney Newton, Southside Council President PD - 13
Helen T. Compton, Southside Council Prehospital Representative PD – 13
Willoughby Hundley, Southside Council Healthcare Representative PD - 13
Karen Giles, South Central Council Prehospital Representative PD - 14
Kathleene "Kathi" Manis, R.N., South Central Council Healthcare Rep. PD - 14
Robert Trimmer, Metro Richmond Council President PD - 15
Al Thompson, Metro Richmond Council Healthcare Representative PD - 15
Pier Ferguson, R.N., Crater Council Prehospital Representative PD - 19
Allen Yee, M.D., Regional Medical Director
Jessica Goodman, Crater Council President PD – 19
Chip Decker, EMS Advisory Board Representative
Heidi M. Hooker, Executive Director

Sub-Council Presidents

Southside EMS Council Planning District 13

Rodney Newton President

South Central EMS Council, Planning District 14

David G. Norman, President

Metro Richmond EMS Council, Planning District 15

Robert Trimmer, President

Crater EMS Council, Planning District 19

Jessica Goodman, President

ODEMSA Faculty

Heidi M. Hooker, EMT, Executive Director,

Megan Young, NRP, Training Director

Jordan Rennie, NRP, Program Coordinator

Adam Alford, NRP, Special Project Coordinator

Annie Edwards, RN, NRP, Field Coordinator PD 15 - 19

Delbert Garrett Sr., NRP, Field Coordinator PD 13 - 14

JoAnn McCoy, EMT, Administrative Coordinator

Auxiliary Members

Catina Downey, CPA, Accountant

Section

1-4

Continued

DIRECTORS AND FACULTY

This page intentionally
left blank.

Section 1-5

SECTION: Introduction

PROTOCOL TITLE: Regional ALS Skills

REVISED: 09/2017

The following ALS skills have been approved, by the Old Dominion EMS Alliance (ODEMSA) Medical Control Committee, for ALS providers throughout the ODEMSA region. However, **the practice of any ALS skill by an individual Provider must be authorized in advance by the Provider's primary Operational Medical Director (OMD).** If there is ANY doubt, check with your agency OMD.

TD – Technician Discretion per ODEMSA Protocols

Medical Control – Physician Order Required

XXX – Procedure Prohibited

OMD Option – Provider's Agency OMD Determines "Who" Can and Cannot Perform the Procedure

	AIRWAY	EMT	AEMT	I	P
A.	Adult – Endotracheal Intubation	XXX	XXX	TD	TD
B.	Child < 8 - 12 – Endotracheal Intubation	XXX	XXX	XXX	TD
C.	Neonate ≤ 30 days – ET	XXX	XXX	XXX	TD
D.	Adult – Nasal Intubation	XXX	XXX	XXX	TD
E.	Multilumen or Supraglottic Airways	TD	TD	TD	TD
F.	Neuromuscular Blockade for Intubation	XXX	XXX	XXX	OMD Option
G.	Surgical Cricothyrotomy	XXX	XXX	XXX	TD
H.	Needle Cricothyrotomy	XXX	XXX	XXX	TD
I.	Mechanical Ventilation (Maintain Long Term/Established)	XXX	TD	TD	TD
J.	Needle Chest Decompression	XXX	XXX	TD	TD
K.	Suction Endotracheal	TD	TD	TD	TD
L.	Meconium Aspiration Neonate w/ET	XXX	XXX	XXX	TD
M.	Gastric Decompression	OMD Option	TD	TD	TD
N.	Continuous Positive Airway Pressure – Fixed Pressure	TD	TD	TD	TD
O.	Continuous Positive Airway Pressure – CPAP/BiPAP, PEEP adjustable	XXX	XXX	TD	TD

Section

1-5

Continued

REGIONAL ALS SKILLS

	CIRCULATORY	EMT	AEMT	I	P
A.	Peripheral IV	XXX	TD	TD	TD
B.	IV Fluid Bolus w/o Meds	XXX	TD	TD	TD
C.	Manual Defibrillation	XXX	XXX	TD	TD
D.	Intraosseous / IV	XXX	TD	TD	TD
E.	IV Piggyback	XXX		TD	TD
F.	Synchronized Cardioversion	XXX	XXX	TD	TD
G.	Pacing	XXX	XXX	TD	TD
H.	External Jugular	XXX	XXX	TD	TD
I.	Access Permanent Indwelling IV	XXX	XXX	OMD Option	TD
J.	12 Lead ECG – Obtain	TD	TD	TD	TD
K.	12 Lead ECG – Interpret	XXX	XXX	TD	TD

	MEDICATION ROUTE	EMT	AEMT	I	P
A.	Inhaled – Nebulizer	TD	TD	TD	TD
B.	Inhaled – MDI	TD	TD	TD	TD
C.	Sublingual (SL)	TD	TD	TD	TD
D.	Transdermal	TD	TD	TD	TD
E.	Subcutaneous (SQ)	TD	TD	TD	TD
F.	Oral (PO)	TD	TD	TD	TD
G.	Intramuscular (IM)	TD	TD	TD	TD
H.	Intravenous (IV)	TD	TD	TD	TD
I.	Intranasal (IN)	TD	TD	TD	TD
J.	Endotracheal Tube	XXX	Medical Control	TD	TD
K.	Rectal (PR)	XXX	TD	TD	TD

Section

1-5

Continued

	MEDICATIONS	EMT	AEMT	I	P
A.	Adenosine	XXX	XXX	TD	TD
B.	Albuterol	TD	TD	TD	TD
C.	Amiodarone	XXX	XXX	TD	TD
D.	Aspirin (ASA)	TD	TD	TD	TD
E.	Atropine Sulfate	XXX	TD	TD	TD
F.	Atrovent	TD	TD	TD	TD
G.	Bumetanide (Bumex)	XXX	XXX	TD	TD
H.	Calcium Chloride	XXX	XXX	TD	TD
I.	Dexamethasone (Decadron)	XXX	TD	TD	TD
J.	D ₁₀	XXX	TD	TD	TD
K.	D ₂₅	XXX	TD	TD	TD
L.	D ₅₀	XXX	TD	TD	TD
M.	Diazepam (Valium)	XXX	XXX	TD	TD
N.	Diphenhydramine (Benadryl)	XXX	TD	TD	TD
O.	Dopamine (Intropin)	XXX	XXX	TD	TD
P.	Epinephrine 1 :1,000	TD	TD	TD	TD
Q.	Epinephrine 1 :10,000	XXX	XXX	TD	TD
R.	Fentanyl (IN/IV/IM)	XXX	TD	TD	TD
S.	Furosemide (Lasix)	XXX	XXX	TD	TD
T.	Glucagon (IN/IV/IM)	TD	TD	TD	TD
U.	Lorazepam (Ativan)	XXX	XXX	TD	TD
V.	Magnesium Sulfate	XXX	XXX	TD	TD
W.	Metoprolol (Lopressor)	XXX	XXX	Medical Control	Medical Control
X.	Midazolam (Versed) (IN/IV)	XXX	XXX	TD	TD
Y.	Naloxone (Narcan) (IN/IV)	TD (<i>IN only</i>)	TD	TD	TD
Z.	Nitroglycerin Tablets	TD	TD	TD	TD
AA.	Nitropaste	TD	TD	TD	TD
BB.	Norepinephrine (Levophed)	XXX	XXX	TD	TD
CC.	Odansetron (Zofran)	XXX	TD	TD	TD
DD.	Prednisone	TD	TD	TD	TD
EE.	Sodium Bicarbonate	XXX	XXX	TD	TD
FF.	Ziprasidone (Geodon)	XXX	XXX	Medical Control	TD

REGIONAL ALS SKILLS

Section

1-5

Continued

REGIONAL ALS SKILLS

This page intentionally
left blank.