### BLS Patient Management

- **Establish, maintain, and ensure:**
  - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
  - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
  - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated

- **Oxygen**
  - As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD

- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements

- Preserve the patient’s body heat by covering them with warm blankets

- Attach ECG leads to the patient when a paramedic is present. May assist with placement of the 12-lead cables.

- Position the patient supine to meet physiologic requirements: Avoid Trendelenburg or elevating legs for shock. If the patient is pregnant, transport her in left lateral position

- Preserve the patient’s body heat by covering them with warm blankets

  *Consider the causes of shock and act as indicated by REMSA policies, protocols, and standards*

### ALS Patient Management

- **Establish, maintain, and ensure peripheral IV and/or IO access for emergency stabilization, and/or as clinically indicated, in adult and pediatric patients**

  - Consider the need for additional sites as clinically indicated

- **Interpret and continuously monitor ECG, vital signs, SpO₂ and waveform / digital capnography**

  - Perform, interpret, and transmit 12L ECG(s), as clinically indicated, when:
    - A STEMI is suspected
    - A STEMI is ECG-monitor identified or
    - The patient’s cardiac rhythm is atypical or difficult to interpret

- **For shock unrelated to trauma**
  - **Adults:** Normal saline 250 mL IV/IO bolus. **MAY REPEAT AS CLINICALLY INDICATED TO A MAX ADMINISTRATION OF 2 L.**

  - **Pediatrics:** Normal saline 20 mL / kg IV/IO bolus. Use a volume control administration set for accurate dosing. **MAY REPEAT AS CLINICALLY INDICATED.** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

  - **Adults and pediatrics:** Push Dose Epinephrine 0.01 mg (1 mL, 0.01 mg / mL concentration) IV/IO. **MAY REPEAT PRN EVERY 1-5 MINUTES TO MAINTAIN A SYSTOLIC BP GREATER THAN:**
    - 90 mmHg – adults
    - 70 mmHg – pediatrics

  *ADMINISTRATION OF TRANEXAMIC ACID (TXA) FOR SHOCK UNRELATED TO TRAUMA IS NOT PERMITTED*