### 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

- Obtain and evaluate blood glucose

- Attach ECG leads to the patient when a paramedic is present

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

- If able, and applicable, contact Poison Control at 1-800-222-1222

*REMSA Authorized Public Safety Personnel AND first response agency BLS providers in the absence of ALS providers – LOSOP Approval Required*

- **For suspected dystonic reaction**
  - Adults: Diphenhydramine 50 mg (1 mL) IM or slow IV/IO push. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**
  - Pediatrics: Diphenhydramine 1 mg / kg slow IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

  **OR**

  - Diphenhydramine 2 mg / kg IM. **MAX SINGLE DOSE IS 50 MG.** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

### 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, SpO₂ and waveform / digital capnography

  - **For respiratory depression / respiratory arrest with suspected narcotic overdose**
    - **Adults**: Naloxone 0.5 mg (0.5 mL) IV/IO/IM/IN. **MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS.**
      - **Pediatrics**: Naloxone 0.1 mg / kg IV/IO/IM/IN. **MAX SINGLE DOSE IS 0.5 MG. MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS.** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

  - **For suspected dystonic reaction**
    - **Adults**: Diphenhydramine 50 mg (1 mL) IM or slow IV/IO push. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**
    - **Pediatrics**: Diphenhydramine 1 mg / kg slow IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

  **OR**

  - Diphenhydramine 2 mg / kg IM. **MAX SINGLE DOSE IS 50 MG.** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**
**LOSOP required for BLS providers**

- For respiratory depression / respiratory arrest with suspected narcotic overdose
  
  **Adults**: Naloxone 0.5 mg (0.5 mL) IN ONLY. MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS.

  **Pediatrics**: 0.1 mg / kg IN ONLY. MAX SINGLE DOSE IS 0.5 MG. MAY REPEAT PRN. TITRATE TO IMPROVEMENT OF RESPIRATORY DEPRESSION, NOT RESOLUTION OF AMS. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

- For suspected beta blocker or calcium channel blocker overdose
  
  **INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).**
  
  **Adults**: Calcium Chloride 1 gm (10 mL) IVPB. Infuse in 50-100 mL normal saline, administer over 10 minutes.

  **Pediatrics**: Calcium Chloride 20 mg / kg IVPB. Infuse in 50-100 mL normal saline, administer over 10 minutes. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

- For altered mental status and/or dysrhythmia with suspected cyclic antidepressant overdose
  
  **INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).**
  
  **Adults**: Sodium Bicarbonate 50 mEq (50 mL) IV/IO push.

  **Pediatrics**: Sodium Bicarbonate 1 mEq / kg IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.