### BLS Patient Management

- If you are exposed to hazardous materials follow your agency’s procedure or, if none, begin self-decontamination and self-treatment. Don an escape hood when appropriate and if equipped. Escape to a safe location: 300 feet or more upwind, uphill, and upstream. Identify yourself as a patient.

- When you encounter possible hazardous materials, follow your agency’s procedure or, if none, then stage in a safe location: 300 feet or more upwind, uphill, and upstream. Maintain exit routes and deny entry. Ensure Hazardous Materials Response Team (HMRT) response. Mount a wind streamer to your vehicle’s antenna and monitor wind direction. Do not enter until the Incident Commander has deemed it reasonably ‘safe to enter.’

- When decontaminating the patient(s), follow your agency’s procedure or, if none and you are trained/equipped, remove and bag the patient’s clothing, jewelry, etc. Brush off dry chemicals and dilute excess liquid chemicals. Wash patient with mild soap and rinse off with large amounts of clean water. Flush contaminated eyes with saline for 15 minutes or until pain and irritation subside. Cover with warm dry clothing and/or blankets. Consult container label or any onsite MSDS for decontamination instructions. Remove label or copy page from MSDS, preserve in sealed plastic bag, and transport with the patient.

- Antidote:
  Consult container label or onsite MSDS for antidote instructions. Read and relate decontamination and antidote instructions to the base hospital.

  Do not spread contamination! Never transport a contaminated patient, container, or materials!

### 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 bronchospasm associated with suspected toxic inhalation**
  Adults and pediatrics: Albuterol 2.5 mg / 3 mL (one pouch), nebulized. **MAY REPEAT PRN.**

- **For suspected toxic exposure, inhalation, or ingestion**
  INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).
  Assist with the administration of physician prescribed, site supplied antidote.

- **For suspected toxic ingestion**
  INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).
  Milk or Potable Water PO

- **For cardiac dysrhythmias associated with toxic exposure, inhalation, or ingestion**
  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.
- **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

- Do not induce vomiting

- **Oxygen**
  As clinically indicated. Titrate to maintain, or increase, \( \text{SpO}_2 \) to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD

- 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

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<tr>
<th>INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).</th>
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<tbody>
<tr>
<td><strong>Adults</strong>: Magnesium Sulfate 2 gm (4 mL) slow IV / IO push.</td>
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<tr>
<td><strong>Pediatrics</strong>: Magnesium Sulfate 50 mg / kg slow IV / IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.</td>
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