

## FIRST RESPONDER/EMT/EMT-INTERMEDIATE STANDING ORDERS

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- Routine Patient Care.
- **Naloxone** 2mg via Nasal Atomized (IN).
  - If no response after 3-5 minutes, give second dose.
  - First Responders may **only** administer if **trained and authorized**.
- If suspected or confirmed hypoglycemia, treat per protocol.

## ADVANCED EMT STANDING ORDERS

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- **Naloxone** 0.4-2mg IV/IO/IM/IN. May be repeated as indicated.

## PARAMEDIC STANDING ORDERS

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- **Thiamine** 100mg IV/IO/IM

## MEDICAL CONTROL MAY ORDER



- **Calcium Chloride 10%**, 2-4 mg/kg IV/IO **SLOWLY OVER FIVE (5) MINUTES** (e.g., for calcium blocker toxicity).
- **Sodium Bicarbonate** 0.5 – 1 mEq/Kg IV/IO (e.g. TCA or Aspirin overdose).
- **Atropine** 2- 5 mg IV/IO (e.g., organophosphate poisoning management).
- **Albuterol** 2.5-3 mg by nebulizer (e.g., bronchospasm management).
- **Furosemide** 40 mg IV/IO (e.g., pulmonary edema management).
- **Diazepam** 5 mg-10 mg slow IV/IO/IM/PR; OR **Lorazepam** 2mg-4mg slow IV/IO/IM (for seizures); OR **Midazolam** 2.5-5mg IV/IO/IM/IN
- **Amyl nitrite**: administer vapors of a crushed inhalant or pearl under the patients nose for 15 out of every 30 thirty seconds with intermittent 100% oxygen administration.
- **CYANIDE ANTIDOTE KIT** if available by EMS service and/or industrial site:
  - Two (2) **Amyl Nitrite** inhalants.
  - **3% Sodium Nitrite** (stop Amyl nitrite):
    - ADULT: 10 mL slow IV/IO over 2-4 minutes.
    - PEDI: 0.2 mL/kg (up to 10 mL) slow IV/IO over 5 minutes.
  - **Sodium Thiosulfate 25%**:
    - ADULT: 50 mL IV/IO.
    - PEDI: 5 mL Sodium Thiosulfate per 1 mL Sodium Nitrate given. **NOTE:** If hypotension develops, STOP all nitrites, treat for shock, and consider administration of **Dopamine**.
- **Hydroxocobalamin** 5 gm. IV/IO for cyanide toxicity.
- **Glucagon** 1 – 5 mg IV/IO/IM/SC, for beta-blocker or calcium-channel blocker overdose
- If suspected or confirmed nerve agent exposure, treat per protocol.



Poison Control may be reached at: 800-222-1222