

**BLS Treatment**

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
  - If pulseless, see Protocol 700-C1 *Cardiac Arrest*
- ❖ Identify presence of serious signs or symptoms\*
- ❖ Prepare for transport/transfer of care.

**ALS Treatment**

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Cardiac Monitor/12-lead-ECG
- ❖ HR < 60 bpm without serious signs or symptoms\*:
  - Transport/Contact Base Station.
- ❖ HR < 60 bpm and serious signs or symptoms\*:
  - **Atropine** 0.5mg IV/IO.
    - May be administered while awaiting pacing set up
    - Repeat q 3-5 min. prn to alleviate symptoms or increase pulse to 60 bpm.
    - Not to exceed 3mg maximum total dose IV/IO.
    - If cardiac transplant, Type II, 2nd degree block, 3rd degree block with widened QRS or in-extremis then proceed directly to Transcutaneous Cardiac Pacing
  - Establish TCP. See Procedure 705, *Transcutaneous Cardiac Pacing*.
    - **Warning:** Avoid TCP with severe hypothermia (See Protocol 700-E2 *Cold Exposure/Hypothermia*)
  - Transport/Contact Base
  - Consider positioning, 250ml fluid bolus.
  - If persistent hypotension
    - Push-dose **Epinephrine** 0.5 ml (5 mcg) very slow IV/IO every 3-5 minutes prn SBP < 90. See Procedure 708 *Push-dose Epinephrine Mixing Instructions*.

<b>*Serious Signs or Symptoms</b>	
Chest Pain	Decreased LOC
SBP < 90 mmHg	Pulmonary
Acute MI	Congestion
Shock	CHF
	SOB

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