

In Office Emergency Instructions (ASI-003)

American Safety EMT Corp.

Cardiac Arrest

Call 911

CPR Start Chest Compressions immediately without ventilations, until a pocket mask or BVM is available, then:

- a. 30:2 (BVM may be used with room air, until O2 source is available)
- b. 100-120 CPM
- c. Push 2 inches or 5cm
- d. Allow complete Chest Recoil

AED Attach AED as soon as possible, follow AED prompts.

Note: Do not attach AED unless cardiac arrest
(may give false shock indication)

Heart Attack

Call 911

100% O2 Nasal Cannula 2-4 Lpm

100% O2 Simple Mask 6 Lpm

100% O2 non-rebreather 10-15 Lpm

Aspirin ASA

160-325 mg ASA orally. Four (4) 181 mg chewable tablets, preferred

Nitro

0.4 mg sublingual q3-5min x 3 (Spray or Pills)

Note: contraindicated if SBP <100mm/Hg and/or use of Vaso dilators
i.e. ED/Congestive Heart Failure meds previous 48 hrs.

Morphine

2-4 mg as needed for pain/anxiety (Note: May us Fentanyl 50mcg)

Allergic Reaction

Diphenhydramine Hydrochloride

Draw up 50 mg (1 mL) in a 1-3 mL syringe w/1.5-inch 20g needle
Administer 50 mg IM lateral aspect deltoid or quadricep

For patients 30kg or more 50 mg Diphenhydramine

Less than 30kg 25 mg Diphenhydramine

Note: May use Liquid Diphenhydramine, i.e. Benadryl

Anaphylaxis Shock

Call 911

100% O₂ Nasal Cannula 2-4 Lpm

100% O₂ Simple Mask 6 Lpm or

100% O₂ non-rebreather 10-15 Lpm

Epinephrine/Adrenalin (1mg Epinephrine/Adrenalin in 1mL solution)

0.3 mg in a 1 mL syringe 1.5-inch 20g needle

IM, lateral aspect deltoid or quadricep q/5 x 2

Note: 0.15 mg for patents less than 30kg

OR

0.3 mg Epi injector IM, lateral aspect deltoid or quadricep q/5 x 2

0.15 mg for patents less than 30 kg

OR

0.3 mg Epi nasal spray

0.15 mg for patients less than 30 kg

Note: For patients 30kg or more, 50 mg Diphenhydramine

For patients less then 30kg, 25 mg Diphenhydramine

Diphenhydramine Hydrochloride

Draw up 50 mg (1 mL) in a 1-3 mL syringe w/1.5-inch 20g needle

Administer 50 mg IM, lateral aspect deltoid or quadricep q/10 x 2

Note: For patients +30kg 0.3 mg Epi & 50 mg Diphenhydramine

For patients -30kg 0.15 mg Epi & 25 mg Diphenhydramine

Diabetic Emergencies

Call 911?

100% O2 Nasal Cannula 2-4 Lpm

100% O2 Simple Mask 6 Lpm or

100% O2 non-rebreather 10-15 Lpm

Hypoglycemia: (<60 mg/dL bedside glucose) or suspected hypoglycemia

Glucose 15 or Similar Medication (Glucose Tabs)

May use orange juice or similar juice (Note: No Diet Soda)

Note: if Patient has signs & symptoms of Kussmaul Respirations, i.e. deep and long respirations, indicate possible Diabetic Ketoacidosis.

(more common in hyperglycemia)

(This is a medical emergency... Call 911)

Hyperglycemia: (>120 mg/dL bedside glucose)

Use Patients insulin, metformin, or similar medication

Note: if Patient has signs & symptoms of Kussmaul Respirations, i.e. deep and long respirations, indicate possible Diabetic Ketoacidosis

(This is a medical emergency... Call 911)

Airway Emergencies Asthma, COPD

Albuterol ProAir HFA, Ventolin HFA, and Proventil HFA

A spacer is recommended for better delivery.

How to use (Metered-Dose Inhaler)

- 01. Shake** the inhaler well
- 02. Remove** the protective cap from the mouthpiece
- 03. Breathe out** fully
- 04. Press down** on the canister while inhaling slowly and deeply.
- 05. Hold breath for** about 10 seconds.
- 06. Breathe out** slowly

Note: If a second puff is needed, wait about a minute and repeat steps 1-6