Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	September 10, 2009 9:30 a.m.

I.	**Introductions**		
II.	**Approve Agenda**		
III.	**Minutes**		
IV.	**New Business**		
	A.	H1N1 – Barbara Spraktes - VCPH	
	B.	CISD – Stephanie Huhn	
	C.	Other	
V.	**Medical Issues**		
	A.	STEMI Update	
	B.	Cardiac Arrest Improvement 2009	
	C.	Other	
VI	**Old Business**		
	A.	CPR Competency Testing – A. Salvucci	
	B.	CARES Project Update – A. Salvucci	
	C.	ART/BART Report – A. Salvucci	
	D.	Trauma System Update – S. Carroll	
	E.	Impedance Threshold Device/King Airway Study – D. Chase	
	F.	Policy 612:	Notification of Exposure to a Communicable Disease – Committee Report
	G.	Policy 351:	EMS Update Procedure
	H.	Policy 619:	Safely Surrendered Babies
	I.	Other	
VII.	**TAG Report**		
VIII.	**Policies for Review**		
	A.	Policy 705:	Airway Obstruction
	B.	Policy 705:	Shortness of Breath
	C.	Policy 705:	Snake Bites
	D.	Other	
IX.	**Agency Reports**		
	A.	ALS Providers	
	B.	BLS Providers	
	C.	Base Hospitals	
	D.	Receiving Hospitals	
	E.	ALS Education Programs	
	F.	EMS Agency	
	G.	Other	
X.	**Informational Topics**		
	A.	Other	
XI.	**Closing**		

TEMPORARY
PARKING PASS
Expires September 10, 2009

Health Care Services
2240 E. Gonzales Rd
Oxnard, CA 93036

For use in "Green Permit Parking" Areas only, EXCLUDES Patient parking areas

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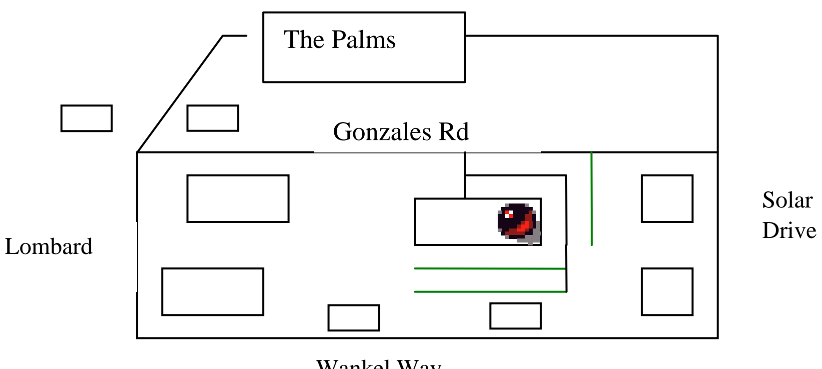
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

2240 Gonzales Rd. location
If you park in a designated "green permit parking" slot, fold this flyer in half and place pass face-up on the dash of your car, to avoid receiving a ticket.

2100 Solar Drive
An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). **Place this flyer on your dash.** If all of those stalls are occupied, overflow parking is available at The Palms shopping area or side streets.

The Palms - shopping mall
Enter The Palms at Lombard and Gonzales. Allow for a ten minute walk to venue location.

Additional parking is available on side streets, Lombard, Solar and Wankel Way.



Prehospital Services Committee 2009

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/8/2009	2/12/2009	3/12/2009	4/9/2009	5/14/2009	6/11/2009	7/9/2009	8/13/2009	9/10/2009	10/8/2009	11/12/2009	12/10/2009	%
AMR	Clay	Nick	NC	NC	NC	NC		NC		NC					
AMR	Stevens	Ambrose	RS	AS	AS	AS		AS							
CMH - ER	Canby	Neil		NC	NC	NC		NC							
CMH - ER	Ortiz	Mary Grace				MO		MO		Stuart					
FFD	Davis	Royce			RD	BH		BH		RD					
FFD	Hall	Jim		JH	JH			JH		CP					
GCA	Norton	Tony	TN	TN	TN	TN		YN		TN					
GCA	Stillwagon	Mike	MS	MS	MS	MS									
Lifeline	Frank	Steve	SF	SF	SF			SF		SF					
Lifeline	Winter	Jeff	JW	JW		JW		JW		JW					
LRRMC - ER	David	Paul	PD	PD	PD	PD		PD							
LRRMC - ER	Tadlock	Lynn	LT	LT		LT		LT		OB					
OFD	Carroll	Scott	SC	SC	SC	SC		SC		GS					
OFD	Huhn	Stephanie	SH	SH	SPH	SPH		SPH		SPH					
OVCH	Boynton	Stephanie	SB	SB	SB	SB									
OVCH	Patterson	Betsy	BP	BP		BP		BP		BP					
SJPVH	Juan	Naomi	DB	DB		NJ		NJ							
SJRMC	Gregson	Erica			EG	EG		EG							
SJRMC - SJPVH	Handin	Richard	RH	RH	RH	RH		RH		RH					
SPFD	Dowd	Andrew	AD	AD	AD			AD		AD					
SVH - ER	Yu	Alfred		AY	AY	AY		AY							
SVH - ER	Hoffman	Jennifer	JH			JH		JH							
V/College	Mundell	Meredith	MM	MM	MM	MM		NM		NM					
VCFD	Merman	Nancy	NM	NM	NM	NM		MM		MM					
VCFD	Hansen	Jack	JH	JH	JH	JH		JH		JH					
VNC	Hadduck	Katy	KH	KH	KH	KH		KH		KH					
VNC	Pina	Mark		MP	MP	MP				MP					
VNC	Shedlosky	Robin	RS	RS	RS	RS		RS		RS					
VCMC - ER	Chase	David	DC	DC	DC	DC		DC		DC					
VCMC - ER	Utley	Dede	DU	DU	DU	DU		DU		DU					
VCMC-SPH	Daucett	Michelle	MD	MD						MD					

Prehospital Services Committee 2009

For Attendance, please initial your name for the current month

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VCMC-SPH	Pelkola	Marie	MP	MP	MP	MP		MP		MP					
VCSO SAR	Fuggles	Lisa	DH		DH	LF		LF							
VCSO SAR	Patterson	Carl		CP	CP	CP		CP		CP					
VFF	Rhoden	Crystal													
VFF	Dison	Derrick	EG	EG	EG	EG		EG							
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
Non Voting Members															
EMS	Carroll	Steve	SC	SC	SC	SC		SC		SC					
AMR	Drehsen	Charles	CD	CD		CD		CD							
VCMC	Duncan	Thomas						TD		TD					
EMS	Fisher	Barry		BF											
EMS	Haney	Debora	DH	DH		DH		DH		DH					
AMR	Kedrowski	Butch	BK	BK		BK		BK		BK					
VNC	Komins	Mark	MK	MK		MK		MK							
EMS	Lara-Jenkins	Stephanie	SL	SL	SL	SL				SL					
EMS	Salvucci	Angelo	AS	AS		AS		AS		AS					
EMS	Snyder	Robert													
LMT	Tibbs	Phillip	PT	PT											
VNC	Plott	Norm	NP	NP	NP					NP					
SAR	Askew	Chris				CA									

Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	August 13, 2009 9:30 a.m.

Topic	Discussion	Action	Assigned
I. Approve Agenda		Meeting called to order at 9:25 a.m. It was M/S/C (S. Huhn/N. Merman) to approve the agenda as submitted.	
II. Minutes		It was M/S/C (B. Patterson/N. Clay) to approve the minutes.	
III. Medical Issues			
A. STEMI Update	Every three month we look at door to balloon times for all STEMI cases. We started out with 96% in 2007. Standard is 90 minutes from door to balloon time and we are now at 56 minutes. SRC Walk-In – average is about 80 minutes now, prior to policy implementation, we are now at 100% less than 90 minutes. Over the last two months averaged 75 minutes. If you walk in to a SRC you get your artery opened in 80 minutes.		
B. Cardiac Arrest Improvement 2009	Chart distributed with packet. Most areas have improved. We are in the process of establishing our own database.		
C. Other			
IV. New Business			
A. Other	Guest Speaker: Robert Frick from Air Medical Services from Lancaster. He went over their service and noted that they would be available for mutual aide and transfers.		
V Old Business			
A. CPR Competency Testing – A. Salvucci	Due August 1. We have not requested final documentation. More importantly we will start going out next month to visit a sample of on duty crews to see the change. These surprise visits will to determine if we need additional training.		
B. CARES Project Update – A. Salvucci	Everyone is doing a great job in getting data entered.		
C. ART/BART Report – A. Salvucci	Dan Davis will come next month. Nothing new to report.		
D. Trauma System Update – S. Carroll	On Tuesday EMS went to board for fee and positions approval and received them. We probably will not have to go through the Purchasing system. RFP will probably in the hospital hands next month with possible implementation at the beginning of year. $75,000 fee for each hospital per year per hospital.		
E. Impedance	Dr. Chase presented the outline of the study. New airway form was presented.		

Topic	Discussion	Action	Assigned
Threshold Device/King Airway Study – D. Chase	Form has study protocol on one side and King Airway on the back. Policy 705 will have some changes for the study. Study protocol was discussed. We are using devices in their airway. BLS Providers will be included in this study. 98% of people go down with an arrhythmia. Device will be used in conjunction with the Res Q Pod. This is a comparative retro study as opposed to current. We are trying to make sure the Res Q Pod is applied early. IPD was not approved by State for BLS providers. Study patients include patients 18 years of age and older, cardiopulmonary arrest only. Documentation: Use King Airway tracking form, each agency will collect and forward to Katy Hadduck. VNC will restock some items. Instruction on how the complete the form was given by Dr. Chase. Each provider will complete their form, so there may be numerous forms for each patient. For patients who are in the study you would fill out the study form. If a patient is not in the study you would only complete the data collection form. Suggestions for form change send to Katy Hadduck. Gatekeeper will fax form to EMS, PCC and Katy Hadduck. The intent of the study is to augment blood flow with chest compressions. The device is assisting with circulation/oxygen disbursement. Do not hyperventilate with this device or you will negate the effectiveness of the device.		
F. Policy 420: Receiving Hospital Standards		Policy will be tabled for a definition of promptly. Changes in policy need to be transferred to form.	Tabled
G. Policy 612: Notification of Exposure to a Communicable Disease	This policy is not how we are currently operating. Discussion regarding tracking between the hospital and the providers. Health facility completes the CMR Policy needs to be reworked so the there is notification both ways. CMR does not deal with prehospital. What is Public Health's role in making sure the notifications are made and proper testing is completed?	Robin Shedlosky, Stephanie Huhn, Nancy Merman, Marie Pelkola, Stephanie Boynton and Nick Clay will be on the committee to research policy changes. Committee needs some infection control nurses.	Tabled
H. Other			

Topic	Discussion	Action	Assigned
VI TAG Report	TAG discussed how they could help EMS with their strategic planning. EMD still hovering at 4 minutes from phone call to compressions.		
VII Policies for Review			
A. Policy 110: County Ord. No 4099 Ambulance Business License Code			Approved
B. Policy 210: Child, Dependent Adult, or Elder Abuse Reporting			Approved
C. Policy 323: MICN: Authorization Challenge			Approved
D. Policy 351: EMS Update Procedure		First line of 3g will be eliminated.	Agenda
E. Policy 506: Advanced Life Support Vehicle			Approved
F. Policy 619: Safely Surrendered Babies	Look at adding additional designations.		Agenda
G. Policy 715: Needle Thoracostomy	Title indication of NT Define indication for NT Procedure change Continue treatment of patient… do procedure		Agenda - AS
H. Policy 716: Use of Pre-Existing Vascular Access Devices			Approved
I. Policy 1002: Inability to Make or Maintain Base Hospital			Policy deleted

Topic	Discussion	Action	Assigned
Contact Report Form			
J. Other			
VIII. Agency Reports			
A. ALS Providers	VNC – thanks for CA study help.		
B. BLS Providers	No report		
C. Base Hospitals	LR – Joint commission is at LR VCMC – Skill refresher next month. Remind personnel that parking it tight so allow extra time. Dede thanked those involved in the stations.		
D. Receiving Hospitals	OJ – ER close to being completed. Hoping for cert of occupancy next month.		
E. ALS Education Programs	Up and running on Monday with new class. As a result of the training program, providers and hospitals passed NR skills. NR also passed the computer based testing. All passed on first time. We are at 98.6 success rate.		
F. EMS Agency	**Zoll** – We have made the decision to hold off on further progress pending an alternate selection. SC thanked everyone for their help. **H1N1** – working with PH on where to go with this regarding exposure. PH is looking at vaccine availability and lab testing. Lab testing only for high risk exposure or someone living with a high risk person. When we look at an exposure we will look at symptoms, if no symptoms no swabs for prophylactic treatment unless you have contact with a high risk person. Concern with how notification is getting to provider as will as PPE usage. Ensure personnel are using proper PPE and 6 ft assessment. County may be getting free doses to get medication to the providers. CDC's current recommendation is all school children and healthcare workers be vaccinated. If appropriate will offer to providers. It may be easier to get the doeses and have you administer. **CEMSIS** – State EMS documentation system information meetings. If you want to go feel free. EMS will eventually be connected to CEMSIS. EMT 2010 – States revision of guidelines for regulation of EMS will be the clearing house. DOJ as well as FBI background clearance. EMS Specialist – Robert Snyder may be starting the week after next. Strategic Planning – This meeting dealt with looking at prioritizing meetings and projects. MCI committee has been placed on hold.		

Topic	Discussion	Action	Assigned
G. Other	Norm Plott – Fit test is $7 per unit. This goes into effect September, 2010.		
IX. Informational Topics			
A. Other			
X. Closing	**11:40**		

Respectfully submitted
Debora Haney

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMS Update Procedure		Policy Number 351
APPROVED: Administration:	Barry R. FisherSteven L. Carroll, EMT-P	Date
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date
Origination Date: Date Revised: Review Date:	February 9, 2005 August 10, 2006 June, 2008	Effective Date: December 1, 2006

I PURPOSE: To establish a standard for the method, design, approval, and delivery of information to EMS personnel on new and amended policies as well as general EMS information.

II AUTHORITY: Ventura County Emergency Medical Services Agency (VC EMS Agency).

III POLICY: VC EMS Agency will develop a method by which all EMS providers will be notified of changes or amendments in County EMS policies as well as general EMS information.

V PROCEDURE:

A. EMS Update will be presented in May and November of each year.

1. Dates, times and locations for EMS Update will be determined by the base hospital PCCs and submitted to VC EMS Agency and providers no later than 30 days prior to the presentation of the first EMS Update.
2. Each base station shall offer a minimum of three EMS Updates in May and in November.

B. EMS Update will consist of the following:

1. All new and revised policies approved by the Prehospital Services Committee since the last EMS Update.
2. Pertinent “information” items discussed at PSC not included in policy updates.
3. Information submitted to the PCCs by the VC EMS Agency

C. EMS Update training materials will be designed by the EMS Update Design Team.PCCs.

1. Dates and times of the EMS Update design meetings will be submitted to VC EMS Agency by the PCCs

determined on an "as needed" basis by the EMS Update Design Team.

2. ~~A representative from the VC EMS Agency will attend the design meetings.~~Membership of the EMS Design Team will include all PCC's, a representative from the EMS Agency, and a BLS and ALS representative.

3. ~~The PCCs will jointly design~~ Thea training package will includeeing the following materials:
   a. Power Point Presentation
   b. Instructional objectives
   c. Course outline
   d. Lesson plan
   e. Method of evaluation (written and/or skills competency based valuation tool).
   f. Make up exam.

4. ~~The final approval process of the EMS Update training package will consist of: PCCs, ALS Representative and a BLS Representative will jointly complete a draft of the training materials delivered to the EMS Agency no less than 2 week prior to the first update presentation.~~ The rReview, editing, and final approval of the EMS Update will be done by the VC EMS Staff.

D. Copies of the final EMS Update will be delivered via email by the VC EMS Agency to the EMS Update training providers prior to the first presentation.

E. BLS provider Agencies will receive a copy by e-mail to adapt materials for EMT-1 providers.

F. Changes to EMS Update following approval of final draft.

1. Errors or omissions discovered following release of the final draft by VC EMS will~~would~~ be reported to VC EMS Agency CQI Coordinator who will be responsible for notifying all EMS training providers of the corrected information.

G. ~~EMS Update Make-Up Session will be held two weeks after the last Update presentation.~~ The Make-Up Session will be held on a date, time and location established by VC EMS Agency.

1. The Power Point training package will used by VC EMS Agency

2. A written post-test, developed by the ~~PCCs~~EMS Update Design Team, will be administered by the VC EMS Agency. ~~This test will be submitted~~

~~to the VC EMS Agency no later then the seventh day following the final EMS~~

3. ~~Update presentation.~~ A minimum passing score of 85% must be achieved for successful course completion.

~~3.~~4. VC EMS Agency staff will present the Make-Up Session.

H. Course completion records will include the following:

1. Student course evaluation to be retained by training organization.
2. A copy of the continuing education roster shall be submitted to the VC EMS Agency immediately after the completion of each course offered.
3. Documentation of successful course completion for participants.

<table>
<tr><td colspan="2">COUNTY OF VENTURA
HEALTH CARE AGENCY</td><td colspan="2">EMERGENCY MEDICAL SERVICES
POLICIES AND PROCEDURES</td></tr>
<tr><td colspan="3">Policy Title:
Safely Surrendered Babies</td><td>Policy Number:
619</td></tr>
<tr><td>APPROVED:
Administration:</td><td colspan="2">Barry R. Fisher, MPPA</td><td>Date: 06/01/2008</td></tr>
<tr><td>APPROVED:
Medical Director:</td><td colspan="2">Angelo Salvucci, MD</td><td>Date: 06/01/2008</td></tr>
<tr><td>Origination Date:
Revised Date:
Review Date:</td><td>February 2003
November 8, 2007
November, 2009</td><td colspan="2">Effective Date: June 1, 2008</td></tr>
</table>

I. PURPOSE: This policy outlines the procedures whereby prehospital care providers accept a newborn under the California Safe Haven Law. This law as amended allows a person to surrender a minor child, less than 72 hours old to a person at any *designated* fire station, or emergency room without fear of arrest or prosecution, provided that the infant has not been abused or neglected. According to the law, "no person or entity that accepts a surrendered child shall be subject to civil, criminal, or administrative liability for accepting the child and caring for the child in the good faith belief that action is required or authorized by the bill, including but not limited to instances where the child is older than 72 hours or the person surrendering the child did not have lawful physical custody of the child".

II. AUTHORITY: 1797.220, 1798 Health & Safety Code; CCR Division 9 Chapter 4, 100175; Senate Bill 1368, Chapter 824, and Statutes of 2000; and Ventura County Board of Supervisor Resolution dated May 6, 2003.

III. POLICY: Emergency Medical Services (EMS) personnel shall follow the procedures outlined in this document to ensure the surrendered infant is protected and medically cared for until delivered to the closest hospital emergency department.

IV. PROCEDURE:

A. When an infant is surrendered to a fire station, the personnel shall notify their dispatch center of the situation.

B. The dispatch center will dispatch the closest paramedic transport unit.

C. Fire station personnel will assess the newborn and treat as needed.

D. Initiate first responder form.

E. Open the Newborn Safe Surrender Kit, (available at the fire station).

F. Place a confidential coded bracelet on the infant's ankle and wrist. (Record this number on the first responder form)

G. Provide the surrendering party the inner business reply mail envelope. This contains the Safe Haven medical questionnaire (English and Spanish version), an information sheet and a matching coded, confidential bracelet. Advise the surrendering party that provided that there has been no abuse or neglect, the parent may reclaim the infant within **14 days**, by taking the bracelet back to the hospital. Hospital personnel will provide information about the baby.

H. Upon arrival of the transport paramedic unit, the fire station personnel will provide a copy of the written report and a verbal report of the infants' care and status.

I. If the infant appears to be greater than 72 hours old, abused or neglected, accept the infant and provide medical treatment as necessary.

J. The paramedic transport unit will initiate base station contact and begin transport to the closest appropriate hospital emergency department.

K. The paramedic transport unit will initiate care and treat the infant as needed.

L. The paramedic transport unit will complete a PCR via approved Ventura County Documentation System and will record the confidential coded ankle bracelet number.

M. Upon arrival at the receiving emergency department, the transporting paramedic will provide a verbal and written report.

N. Receiving hospital personnel will make verbal and written notification to the Ventura County HSA Department of Children and Family Services (DCFS).

HISTORY	PHYSICAL
Recent Upper Respiratory infection Foreign body ingestion? Altered Level of Consciousness?	Croup: stridor, barking cough, hoarse voice Epiglottitis: rapid onset, difficulty swallowing, drooling, dyspnea Foreign body obstruction: Partial or complete O_2 sat

<table>
<tr><th colspan="3">TREATMENT PRIOR TO BASE HOSPITAL CONTACT</th></tr>
<tr><td colspan="3">ABC's
↓
O_2
↓</td></tr>
<tr><td colspan="2">FOREIGN BODY OBSTRUCTION</td><td>CROUP
EPIGLOTITIS</td></tr>
<tr><td>PARTIAL

Do not interfere with patient's attempts to expel FB</td><td>COMPLETE

Current BLS or Heimlich maneuver
↓
Attempt to ventilate
↓
Direct visualization of vocal cords with attempts to remove FB

If patient becomes apneic, follow APNEA protocol</td><td>DO NOT attempt to examine mouth</td></tr>
<tr><td colspan="3">BASE HOSPITAL CONTACT en route, continue treatment as ordered</td></tr>
<tr><td colspan="3">BASE HOSPITAL ORDER ONLY</td></tr>
<tr><td colspan="3">If suspected croup or epiglottitis, administer Epinephrine 1:1,000 via nebulizer (aerosolized mask)
2.5 mL < 1 year
5 mL > 1 year</td></tr>
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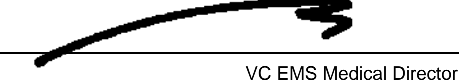

VC EMS Medical Director

HISTORY	PHYSICAL
Cardiac or COPD/Asthma Dx? Recent trauma to chest? Smoke or chemical inhalation Chest pain Medications Lasix® (furosemide) or Bumex® (bumetanide) Last dose of bronchodilators	Vital signs (with O2 Sat if available) Skin signs Breath sounds Sputum? Pedal Edema/JVD? Accessory muscle use? Phonation Obstructed airway (see appropriate algorithm)

TREATMENT

ABC's
O_2* & High Fowler's, Intubate/Needle Thoracostomy if indicated
Monitor (see dysrhythmia algorithms prn)

PRIOR TO BASE HOSPITAL CONTACT					
Rales/Frothy Sputum (Apparent CHF)		Other/ Unclear Cause	Wheezes, decreased BS, (Apparent COPD, Asthma)		
Pt. Awake ↓ **NTG 0.4 mg q 1 min X 3 (Caution if SBP < 120) ↓ IV Access ↓ For moderate to severe dyspnea, consider CPAP	Pt. not awake ↓ Assist Respirations ↓ Consider Intubation if unable to ventilate and no gag reflex ↓ **NTG 0.4 mg q 1 min X 3 (Caution if SBP < 120) ↓ IV Access	For moderate to severe dyspnea, consider CPAP*** ↓ Consider nebulized albuterol 5 mg (6 ml Premix) ↓	Age < 40 years MODERATE DISTRESS ↓ Start nebulized albuterol 5 mg (6 ml Premix) (adult) ↓ Initiate Transport ↓ If wheezing persists, continuous albuterol up to 15 mg total. ↓ Consider IV Access (may delete IV in small children with bronchospasm or upper respiratory obstruction)	Age < 40 years SEVERE DISTRESS ↓ Epi 1:1000 0.3ml IM (adult) ↓ Nebulized albuterol 5 mg (6 ml Premix) (adult) ↓ Initiate Transport ↓ Consider CPAP If wheezing persists, continuous albuterol up to 15 mg total. ↓ IV Access	Age > 40 years MODERATE/SEVERE DISTRESS ↓ Start nebulized albuterol 5 mg (6 ml Premix) (adult) ↓ Initiate Transport ↓ Consider CPAP If wheezing persists, continuous albuterol up to 15 mg total. ↓ Consider IV Access
BASE HOSPITAL CONTACT. If unable, initiate transport and follow COMMUNICATION FAILURE PROTOCOLS.					
**NTG 0.4 mg q 2-3 min (Caution if SBP < 120) ↓ **If patient taking Lasix or Bumex, Lasix 40mg IV ↓ Consider nebulized albuterol 5 mg (6 ml Premix) ↓ Continue Transport ↓ Reattempt BH Contact	**NTG 0.4 mg q 2-3 min (Caution if SBP < 120) ↓ **If patient taking Lasix or Bumex, Lasix 40mg IV ↓ Consider nebulized albuterol 5 mg (6 ml Premix) ↓ Continue Transport ↓ Reattempt BH Contact	↓ Reattempt BH Contact	↓ Reattempt BH Contact	↓ If not improving after 10 minutes, repeat Epi 1:1000 0.3 ml IM one time only ↓ Reattempt BH Contact	↓ If apparent asthma AND not improving AND age <60, Epi 1:1000 0.3 ml IM ↓ Reattempt BH Contact
BASE HOSPITAL ORDERS ONLY					
Consult with ED MD for further treatment measures					

*If severe SOB or patient is pale, cyanotic or diaphoretic, use high flow O_2, even if COPD. Be prepared to assist ventilation.
**Not indicated in aspiration and inhalation injuries or in apparent pneumonia (fever). Take BP after each dose of NTG.
***CPAP is primary treatment for acute pulmonary edema and may be effective for all causes of respiratory failure.
IN ALL CASES OF SHORTNESS OF BREATH, TRANSPORT SHOULD BE EXPEDITED.

PEDIATRIC DOSAGES		
Albuterol Premix:	< 4 years: 2.5 mg (3 ml Premix)	> 4 years: 5 mg (6 ml Premix)
Epinephrine:	1:1000 0.01 ml/kg IM (max 0.3 ml)	

Effective Date: December 1, 2007
Review Date: December, 2009
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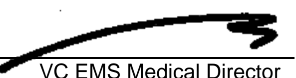
VC EMS Medical Director

HISTORY	PHYSICAL
1. Note size, color and pattern of snake 2. Time of bite 3. Location of bite 4. Fang marks	If envenomation: 1. Fang marks - may only be one. 2. Pain in 3-5 minutes 3. Redness, swelling 4. Bullae 5. Tingling around the mouth, metallic taste in the mouth. 6. Shortness of breath 7. Hematemesis, hematuria 8. Respiratory depression 9. 02 Sat
PRIOR TO BASE HOSPITAL CONTACT	
ABC's ↓ 0_2 therapy as indicated If signs of anaphylaxis, see anaphylaxis protocol ↓ Monitor ↓ Remove constrictions - Rings etc. ↓ IV NS TKO ↓ Immobilize the affected part in dependent position ↓ Avoid excessive activity ↓ Pain control per policy 705 Pain Control ↓ Initiate Transport BASE HOSPITAL CONTACT, continue treatment as ordered	
BASE HOSPITAL ORDERS ONLY	
Consult Base Hospital Physician for further treatment measures	

NOTE:

DO NOT
1. Let patient drink alcohol
2. Excise the bite area
3. Freeze the bite
4. Apply tourniquets or band

VC EMS Medical Director