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# Allergic Reaction / Anaphylaxis

TREATMENT GUIDELINE 9201

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## 9201.1 DEFINITION

Mild allergic reaction: Urticaria and mild associated wheezing only:

### A. TREATMENT

1. Diphenhydramine (Benadryl) 1mg/kg IV/IO/IM (max dose 50 mg).
2. Albuterol 5 mg in 6 mL NS nebulizer (with associated wheezing / bronchospasm).

## 9201.2 DEFINITION

Moderate allergic reaction / anaphylaxis: May have any or all of the following:

- A. Urticaria.
- B. Swelling of mucus membranes.
- C. Dyspnea.
- D. Wheezing.
- E. Chest or throat tightness.
- F. Abdominal cramps.

### 1. TREATMENT

- a. Albuterol 5 mg in 6 mL NS nebulizer (with associated wheezing / bronchospasm).
- b. High dose epinephrine (1:1,000) 0.3 mg IM may repeat x 2 at ten (10) minutes intervals as clinically indicated.
- c. Diphenhydramine (Benadryl) 1mg/kg IV/IO/IM (max dose 50 mg).

## 9201.3 DEFINITION

Severe allergic reaction/anaphylaxis with signs of shock:

- A. Hypotension.
- B. Poor skin signs (cool, clammy mottled).
- C. ALOC.

### 1. TREATMENT

- a. Large bore IV/IO NS fluid challenge, one (1) to two (2) liters.
- b. Assist ventilations as clinically indicated. Albuterol 5 mg in 6 mL NS nebulizer, mask or BVM (in-line) if respiratory distress persists or develops.
- c. Epinephrine (1:10,000) 0.1 mg (1 mL) IV/IO may repeat q ten (10) minutes as clinically indicated.
- d. Diphenhydramine (Benadryl) 1mg/kg IV/IO/IM (max dose 50 mg).
- e. If no response, contact the base hospital.



# Poisoning / Overdose

TREATMENT GUIDELINE 9203

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## 9203.1 DEFINITION

Poisoning / Overdose: Ingestion and/or exposures to one (1) or more toxic substances, including alcohol.

## 9203.2 TREATMENT

- A. IV NS TKO if indicated.
- B. Early transport and receiving hospital notification.
- C. Contact Poison Control Center at 1(800)404-4646.
- D. **Hydrocarbons (kerosene, gasoline, lighter fluid, turpentine, furniture polish, etc.):**
  - 1. Do not induce vomiting - transport immediately.
- E. **Caustic Substances (acids / alkali):**
  - 1. Do not induce vomiting.
  - 2. Consider dilution with no more than one to two (1-2) glasses of water or milk; if no respiratory compromise or change in mental status.
- F. **Insecticides (organophosphates, carbonates):**
  - 1. Skin exposure: decontaminate patient as soon as possible (remove clothes, wash skin).
  - 2. Avoid contamination of prehospital personnel.
  - 3. If clinically indicated, administer atropine 2.0mg IV slowly. If no tachycardia or pupil dilation, repeat once 2.0mg IV until signs of atropinization appear (dilated pupils, mild tachycardia). To be used only for bronchospasm and copious bronchial secretions. Atropine does not reverse muscle weakness that leads to respiratory failure.
  - 4. Atropine has its own toxicity and repeat doses above 4.0mg should be given by **PHYSICIAN ORDER ONLY**.
- G. **Cyclic Antidepressants:**
  - 1. IV NS TKO, start immediately.
  - 2. Anticipate rapid deterioration of condition.
  - 3. In the presence of life-threatening dysrhythmias, (hemodynamically significant supraventricular rhythms, ventricular dysrhythmias):
    - a. Hyperventilate if assisting ventilations or if intubated.
    - b. Sodium bicarbonate 1 mEq/kg IVP.
  - 4. For seizures, refer to Seizures Guideline # 9302.
  - 5. For signs of shock, refer to Cardiogenic Shock Guideline # 9109.
- H. **Phenothiazine Reactions:**
  - 1. IV NS TKO.
  - 2. Benadryl 1mg/kg IV to a maximum of 50mg. If unable to establish IV access administer IM.
- I. **If mental status and respiratory effort are depressed** - Naloxone (Narcan)
  - 1. IV/IO/IM: Up to 2 mg
  - 2. IN: 1mg in each nostril (total 2 mg)

3. Contact the base hospital for repeat doses if inadequate response.
4. Naloxone administration is only indicated if mental status and respiratory effort are depressed. Administration should ALWAYS be titrated to adequate respiration rate. Treat cardiac rhythm disturbances, as appropriate.

**J. Smoke Inhalation (CO) and Cyanide Toxicity:**

1. Refer to Treatment Guideline #9817 Smoke Inhalation / CO Monitoring and Cyanide Toxicity.



# Drowning / Near Drowning

TREATMENT GUIDELINE 9204

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## 9204.1 DEFINITION

Drowning: Loss of consciousness in water, now in full cardiopulmonary arrest.

Near Drowning: Loss of consciousness in water, not in full cardiopulmonary arrest.

## 9204.2 TREATMENT FOR DROWNING

Treat as CARDIOPULMONARY ARREST, using specific dysrhythmia treatment guideline, with consideration for hypothermia and spinal precautions. DO NOT terminate resuscitative efforts without base hospital consultation.

## 9204.3 TREATMENT FOR NEAR DROWNING

- A. Anticipate vomiting; take precautions against aspiration, be prepared for suctioning.
- B. Remove wet clothing; keep patient warm and dry.
- C. Strongly consider CPAP. Refer to CPAP Guideline # 9806.



# Heat Illness

TREATMENT GUIDELINE 9205

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## 9205.1 DEFINITION

Heat Cramps / Heat Exhaustion: Cramping of the most worked muscles following replacement of exertion induced fluid losses (sweating) with water; exhaustion, fatigue, flu-like symptoms, normal/slightly elevated body temperature, normal mental status with clear lung sounds.

## 9205.2 TREATMENT

Move patient to cool environment – passive cooling measures. If lungs clear, consider IV fluid challenge of 10 cc/kg NS. Recheck every 250 cc's.

## 9205.3 DEFINITION

Heat Stroke: Triad of exposure to heat stress, altered level of consciousness (ALOC) and elevated body temperature (usually 104° F or 40° C); often associated with absence of sweating, tachycardia and hypotension.

## 9205.4 TREATMENT

- A. Move to cool environment and begin cooling measures:
  - 1. Remove clothing and splash/sponge/mist with water.
  - 2. Place cool packs on neck, axilla, and inguinal areas.
  - 3. Promote cooling by fanning.
- B. IV NS (fluid challenge).
- C. 10cc/kg, repeat vitals every 250 cc's.
- D. If seizures / ALOC present, refer to Seizures Guideline # 9302 and ALOC / Syncope Guideline # 9301.



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## **MODERATE HYPOTHERMIA**

### **9206.1 DEFINITION**

Moderate Hypothermia: Conscious and shivering, lethargic, skin pale and cold.

### **9206.2 TREATMENT**

- A. Early receiving hospital notification.
- B. Ensure patient airway.
- C. Move to sheltered area minimizing physical exertion or movement, remove wet clothing and cover with warm, dry sheet or blankets.
- D. If lungs clear, consider *warm* fluid challenge of 10 cc/kg NS. Recheck every 250 cc's.

## **SEVERE HYPOTHERMIA**

### **9206.3 DEFINITION**

Severe Hypothermia: Stuporous or comatose, dilated pupils, hypotensive to pulseless, slowed to absent respirations.

### **9206.4 TREATMENT**

- A. Early receiving hospital notification.
- B. Handle gently, ensure patent airway.
- C. Prepare to support ventilations using appropriate airway adjuncts. If spontaneous respirations are present, intubate only if necessary to prevent aspiration or if ventilations are inadequate four to six (4-6) / min may be adequate. Ventilate using warm, humidified oxygen if available. Avoid hyperventilating the patient.
- D. Observe for organized rhythm and pulses for one (1) minute. If organized rhythm present, move quickly but gently to warm environment (ambulance).
- E. If in asystole, begin chest compressions.
- F. If in ventricular fibrillation, defibrillate prior to performing chest compressions. Perform resuscitation as indicated in Treatment Guideline # 7014 CCR.
- G. Withhold medication administration until patient has been re-warmed.
- H. If lungs clear, consider fluid challenge of 10 cc/kg NS. Recheck all vital signs every 250 cc's.



**9207.1 INDICATION**

- A. When a person knows they have been bitten by a poisonous or unidentified snake OR is bitten by an unknown source with physical evidence of rattlesnake bite (one or more puncture wound) and has symptoms of envenomation such as local pain, swelling or numbness.
  - 1. Identify causative agent or provide description of snake.
  - 2. Use care if dead snake is available. A snake can bite reflexively after it is "dead".

**9207.2 TREATMENT**

- A. Expedite transport to most appropriate facility that stocks appropriate antivenin.
- B. Remove rings or constricting items.
- C. Early receiving hospital notification.
- D. Immobilize extremity at or below heart level. Restrict patient's movement.
- E. Consider pain management. Refer to Pain Management Guideline # 9004 and Pediatric Pain Management Guideline # 9714.
- F. Contact Poison Control Center at 1(800)404-4646 if appropriate.

**9207.3 DO NOT**

- A. Apply ice or cold compress to site.
- B. Make incisions over bite.
- C. Delay transport to initiate IV.
- D. Apply a tourniquet.