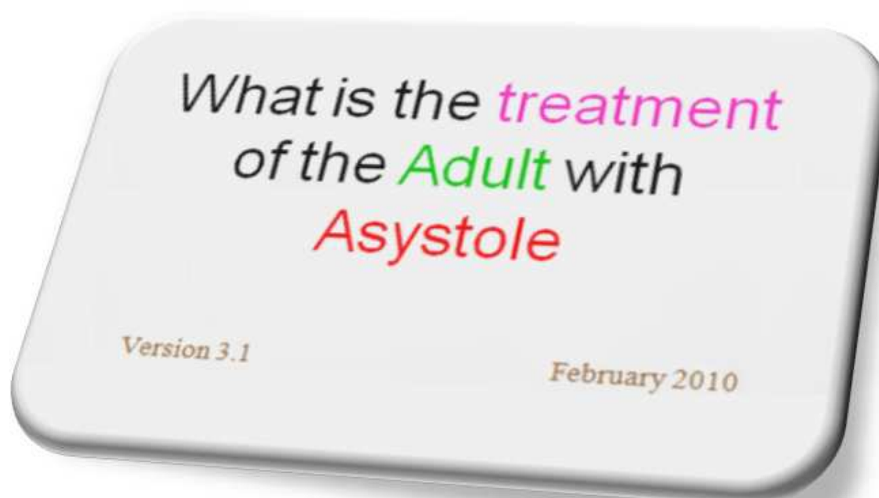
VICTORIAN
CLINICAL PRACTICE GUIDELINES
ALS
STUDY CARDS

VERSION 3.0
CORRECTED CARDS



Version 3.1

February 2010

READ BEFORE USE

The updated study cards provided in this booklet are only the cards that have been corrected from the Version 3.0 August 2009 edition for the May 2009 Victorian Ambulance Service Clinical Practice Guidelines. Most changes are minor, but some changes relate to drug dosages specifically Midazolam. Please dispose of the matching cards in the Version 3.0 booklet.

Please note that these cards must not be used as a replacement to the Clinical Practice Guidelines, but rather as an adjunct to assist in their learning.

To assemble the study cards, this booklet should be printed double sided (printer setting - duplex if available) and in colour to highlight important components of each guideline. Following printing, laminate and cut out each card.

What is the treatment
of the Adult
Agitated patient

Version 3.1 February 2010

What is the treatment
of the Child with
Pain

Version 3.1 February 2010

What is the treatment
of an Adult with
Acute Coronary Syndrome

Version 3.1 February 2010

What is the treatment
of the Adult with
Pain

Version 3.1 February 2010

What is the treatment
of the Adult with
Nausea & Vomiting

Version 3.1 February 2010

What is the treatment
of the Adult with
VF / Pulseless VT

Version 3.1 February 2010

What are the
12 Safety Steps
of
Defibrillation

Version 3.1 February 2010

What is the treatment
of the Adult with
Asystole

Version 3.1 February 2010

What are the
Doses of Fentanyl IN
for
Pain Relief
In an Adult

Version 3.1 February 2010

What is the treatment
of the Adult with
PEA

Version 3.1 February 2010

If pain likely controlled by Non IV .... or no IV avail

- Penthrane 3 ml x 2 (20 min apart) AND/OR
  - Fentanyl 2 mcg/kg IN, then 1 mcg/kg IN 5 minly x 4

If pain not controlled by the above

- Morphine 0.1 mg/kg IM
  & consult for further doses

If Nausea

- Consultation is required

- Reduce Stimulus
- De - escalation strategies
- Treat other causes

If above fail & PT IS NOT recommended

- Midaz 0.05-0.1 mg/kg IM x 4 every 10 min
  (1/2 dose if >60yrs or BP <100)
- Apply mechanical restraints if required

If Pain score >2

If pain likely controlled by Non IV .... or no IV avail

- Penthrane 3 ml x 2 (20 min apart) AND/OR
  - \>60 Fentanyl 200 mcg IN, then 50 mcg IN 5 minly x 4
  - <60 Fentanyl 100 mcg IN, then 50 mcg IN 5 minly x 2

If pain requires narcotic.... Or ongoing therapy

- Morphine up to 5 mg IV every 5 min (Max 20 mg) OR
- If no IV
  - \>60 kg Morphine 10 mg IM, then 5 mg IM at 15 min x 1
  - <60 kg Morphine 0.1 mg IM, & consult for further doses

If Nausea

- Maxalon 10 mg IV x 2 (10 min apart) OR
  If no IV, then Maxalon 10 mg IM x 1 OR
  Stemetil 12.5 mg IM x 1

- GTN 0.3 or 0.6 mg every 5 min if BP >110
- GTN Patch 50 mg (0.4 mg/hr) x 1 if BP >90
  Aspirin 300 mg x 1
- Morphine up to 5 mg every 5 min (Max 20 mg)
- Consider Penthrane AND/OR Fentanyl IN if no IV
- Prehospital Thrombolytic Assessment

If Nausea

- Maxalon 10 mg IV x 2 (10 minly) OR
  If no IV then Maxalon 10 mg IM x 1 OR
- Stemetil 12.5 mg IM x 1 if allergy to Maxalon

- CPR 30:2
- DEFIB - If witnessed ...... 3 x 200 J
  1 x 200J 2 minly
  - If unwitnessed .. 1 x 200 J
- IV Access
- NaCl TKVO
- Adrenaline 1 mg IV every 3 mins
- LMA ... then CPR 15:1 (no vent pause)
- May cease after 30 mins ALS if > 18 yrs

Consider causes and if appropriate…..

- Maxalon 10 mg IV x 2 (10 min apart) OR

If proloinged Transp time and no IV..

- Maxalon 10 mg x 2 (10 min apart) OR

If allergic to Maxalon..

- Stemetil 12.5 mg IM x 1

Dehydrated, NaCl 20 m/kg (**max 60 ml/kg**)
(Max **40 ml/kg** without consultation)

- CPR 30:2
- IV Access
- NaCl TKVO
- Adrenaline 1 mg IV every 3 mins
- LMA ... then CPR 15:1 (no vent pause)
- May cease after 30 mins ALS if > 18 yrs

1. Avoid flammable agents and oxygen rich atmosphere
2. Avoid water & metal when using the monitor
3. Call 'stand clear' & visually check before defibrillation
4. Don't touch pt during defibrillation
5. Avoid pads over GTN patches/paste, ICDs or electrodes
6. Avoid skin pegentation & nipples to prevent burns
7. Avoid skin folds to prevent burns
8. Ensure Defib Pads are properly adhered to pt
9. Don't allow Defib Pads and electrodes to touch
10. Don't use Monitor if cables are damaged
11. Don't do chest compressions over Defib Pads
12. Don't use faulty Defib Pads

- CPR 30:2
- Identify treatable causes (HEAATU)
- IV Access
- NaCl TKVO
- Adrenaline 1 mg IV every 3 mins
- LMA ... then CPR 15:1 (no vent pause)
- NaCl 20 mls/kg IV
- May cease after 30 mins ALS if > 18 yrs

Prepare from a 900 mcg/3 ml vial

	<60/>60kg	>60/<60kg
Initial dose	200 mcg	100 mcg
Volume	0.75 mls	0.45 mls
Addit dose	50 mcg	50 mcg
Volume	0.25 mls	0.25 mls

All doses include 0.1 ml for atomiser
Max 1 ml into each nostril

What is the treatment
of the Child with
Burns

Version 3.1 February 2010

What is the treatment
of the Child with
Asystole
or
Severe Bradycardia

Version 3.1 February 2010

What are the
Modifying Factors
to continue
CPR after 30 mins
In an Adult

Version 3.1 February 2010

What is the treatment
of the Adult
with a
Sedative Overdose

Version 3.1 February 2010

What is the treatment
of the Adult
with a
Psychostimulant Overdose
(Meth)

Version 3.1 February 2010

What is the treatment
of the Child with
PEA

Version 3.1 February 2010

What is the treatment
of the Child with
VF / Pulseless VT

Version 3.1 February 2010

What is the treatment
of the Adult
with
Burns

Version 3.1 February 2010

What are
Examples
of
Illicit Psychostimulants
Overdoses

Version 3.1 February 2010

What Are The
Precautions
of a
LMA

Version 3.1 February 2010

- CPR 30:2 (1 person)
  15:2 (2 person)
  (if P<60 in Infants / P<40 Children)
- No IV access permitted in Paeds

- Clinical Approach
- Look for airway injury
- Use Lund & Browlers Chart
- Determine Burn depth (Partial/fullthickness)
- Cool with water until cool
- Analgesia
- Cover with Cling Wrap, BurnAid or clean dressing
- Thermometer & manage Hypothermia
- Avoid shivering

- Airway & ventilatory support
- Manage clinical causes if possible
- If seizure manage seizure as per A0703
- If cardiac chest pain manage as per ACS A0401
- If hyperthermia manage hyperthermia as per A0902

If agitated or aggressive

- Midazolam 0.05 - 0.1 mg IM x 4 every 10 min
  If >60 yrs or BP < 100 then only give 0.05 mg/kg doses
- Apply mechanical restraints if required

- Remains in VT or VF
- Signs of life (gasps or pupil reaction)
- Drug overdose
- Hypothermia

- CPR 30:2 (1 person)
  15:2 (2 person)
- Identify treatable causes (HEAATU)
  - *Hypoxia*
  - *Exsanguination*
  - *Anaphylaxis*
  - *Asthma*
  - *Tension Pheumothorax*
  - *Upper airway obstruction*
- No IV access permitted in Paeds

- Airway & Ventilatory support
- Manage clinical causes if possible

If agitated or aggressive

- Midazolam 0.05 - 0.1 mg IM x 4 every 10 min
  If >60 yrs or BP < 100 ….
  then only give 0.05 mg/kg doses
- Apply mechanical restraints if required

- Look for airway injury
- Use Rule of Nine's
- What is the depth of the burn
- Cool with water until cooled
- Analgesia
- Cover with Cling Wrap, BurnAid or clean dressing
- Thermometer & manage Hypo/hyperthermia
- If >15% burn area (partial or full thickness)
  Administer NaCl IV using the following:

% BSA x Weight over 2 hrs

(from time of burn)

Precautions

- Inability to place in sniffing position
- Patients who require high airway pressure (advanced pregnancy, morbid obesity, stiff lungs such as cystic fibrosis, severe asthma)
- Pt <14 due to enlarged tonsils
- Significant volume of vomit

- CPR 30:2 (1 person)
  15:2 (2 person)
- DEFIB - If Amb witnessed … 2/4/4 J/kg
  - If unwitnessed … 1 x 2 J/kg
  - Thereafter 1 x 4 J/kg 2 minly
- No IV access permitted in Paeds

Use MRX Paed Pads up to 10 kg

- Amphetamine
- Methamphetamines
- Cocaine
- Ecstasy (MDMA / MDEA / MDA / MMDA)
- Para methoxy amphetamine (PMA)
- Phencyclidine (PCP)