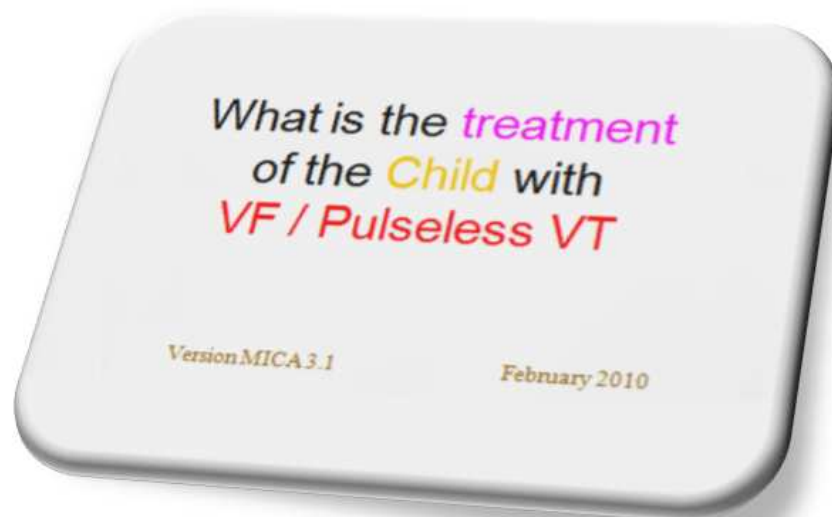


**VICTORIAN  
CLINICAL PRACTICE GUIDELINES  
MICA  
STUDY CARDS**

**VERSION 3.0**

**CORRECTED CARDS**



**Version MICA 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.

**The author accepts no responsibility for any errors in these cards and cannot be held liable for any issues arising from their use. In using these cards, the user accepts all liabilities arising from their use.**



In What is the **treatment**  
of the  
**Child** with a  
**Psychostimulant overdose**

Version MICA 3.1

18 February 2010

What is the **treatment**  
of the  
**Child** with a  
**sedative overdose**  
**Wx**

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18 February 2010

What is the  
**treatment**  
of an **Adult** with  
**Acute Coronary Syndrome**

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18 February 2010

What is the  
**treatment**  
of the **Adult** with  
**Pain**

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What is the  
**treatment**  
of the **Adult** with  
**Nausea & Vomiting**

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

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What is the **treatment**  
of the **Adult**  
with  
**Hypovolemia**

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18 February 2010

What is the **treatment**  
of the **Adult** with  
**Asystole**

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18 February 2010

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

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What is the treatment  
of the **Adult** with  
**PEA**

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18 February 2010

- Airway & Ventilatory support
- **Manage** clinical causes if possible
- De-escalation strategies
- If **hyperthermia** treat as per hyperthermia protocol
- If **hypothermia** treat as per hypothermia protocol
- If **Seizures** treat as per Seizures protocol - **Midaz**

#### If agitated or aggressive

- **Midazolam 0.05 - 0.1 mg IV** every 5 min  
If no IV **Midazolam 0.05 - 0.1 mg IM** x 4 every 10 min  
Apply **mechanical restraints** if required

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

- **Penthane 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 OR  
**Fentanyl 25 to 50 mcg IV** every 5 min
- 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 2** OR
- **Stemetil 12.5 mg IM x 1**

#### CPR 30:2

- **DEFIB** - If witnessed ..... **3 x 200 J**  
**1 x 200J 2 minly**  
- If unwitnessed . **1 x 200 J**
- **IV Access / IO** if IV delay
- **NaCl IV TKVO**
- **Adrenaline 1 mg IV** every 3 min
- **ETT / LMA ..** then CPR 15:1 (no vent pause)
- **Amiodarone 300 mg IV x 1**
- **Amiodarone 150 mg IV x 1 4 min later**
- **Sodi Bic 50 mls IV x 1** after **15 min Amb CPR**

#### CPR 30:2

- **IV access / IO** if IV delay
- **NaCl IV TKVO**
- **Adrenaline 1 mg IV** every 3 min
- **ETT / LMA...** then CPR 15:1 (no vent pause)
- **Atropine 3 mg IV x 1**
- **Sodi Bic 50 mls IV x 1** after **15 min Amb CPR**
- May cease after **30 mins ALS** if > 18 yrs

#### CPR 30:2

- Identify & manage causes (HEAATU)
- **IV access / IO** if IV delay
- **NaCl IV TKVO**
- **Adrenaline 1 mg IV** every 3 min
- **ETT / LMA ..** then CPR 15:1 (no vent pause)
- **NaCl 20 ml/kg IV** and reassess
- If slow **PEA < 60**, then **Atropine 3 mg IV x 1**
- **Sodi Bic 50 mls IV x 1** after **15 min Amb CPR**
- May cease after **30 mins ALS** if > 18 yrs

- Airway & Ventilatory support
- **Manage** clinical causes if possible
- De-escalation strategies

#### If agitated or aggressive

- **Midazolam 0.05 - 0.1 mg IV** every 5 min  
If no IV **Midazolam 0.05 - 0.1 mg IM x 4** every 10 min  
Apply **mechanical restraints** if required

#### 12 Ld ECG

- **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
- **Morphine up to 5 mg** every 5 min OR  
**Fentanyl 25 to 50 mcg IV** every 5 min
- Consider **Penthane** AND/OR **Fentanyl IN** if no IV
- **Aspirin 300 mg x 1**
- Prehospital Thrombolytic **Assessment**

#### If Nausea

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

#### Consider causes and if appropriate....

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

#### If prolonged 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 ml/kg (max 60 ml/kg)**

- Control life threatening **bleeding**
- **Pain** relief
- **Immobilise** & support fractures
- Exclude **Tension Pneumothorax**
- Manage **hypoxia**

#### Then

- P<100 & BP>100 ... Nil Fluid
- P>100 & BP>100 ... **NaCl 20 ml/kg IV**
- P>100 &/or BP<100 ... **NaCl 20 ml/kg IV**
- BP<100 **Supine** & **NaCl 20 ml/kg IV**  
(Max **40 ml/kg** without consultation)

If effect BP>100 or P<100, consider **Slowing Fluid**

#### CPR 30:2 (1 person)

- **15:2 (2 Person)**
- **DEFIB** - If Ambulance witnessed ... **2/2/4 J/kg**  
- If Ambulance unwitnessed ... **1 x 2 J/kg**  
- Thereafter **1 x 4 J/kg every 2 min**
- **IV Access** with **NaCl IV / IO TKVO**
- **Adrenaline 10 mcg/kg IV / IO** every 3 min  
(minimum 100mcg dose)
- **ETT** (change CPR to 15:2)
- **Amiodarone 5 mg IV / IO x 2 (4 min apart)**
- **Sodi Bic 1 ml/kg IV / IO x 1** after **15 min CPR**
- **NaCl 20 ml/kg IV / IO** if ? **dehydrated**
- **CPR to Hospital**

What is the  
**Goal in Management**  
In  
**Acute Coronary Syndrome**  
and **why**

Version MICA 3.1

18 February 2010

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

Version MICA 3.1

18 February 2010

What is the **treatment**  
of the **Child** with  
**Burns**

Version MICA 3.1

18 February 2010

What is the **treatment**  
of the **Adult**  
with a  
**Sedative Overdose**

Version MICA 3.1

18 February 2010

What are the  
**SITREP Components**  
of a  
**Major Incident**  
**Situation Report**

Version MICA 3.1

18 February 2010

What is the **treatment**  
of the **Adult**  
With a  
**Physostimulant Overdose**  
(Meth)

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18 February 2010

What is the  
**Criteria**  
for  
**Treating**  
**VT** and **why**

Version MICA 3.1

18 February 2010

What is the **treatment**  
of the **Adult**  
with  
**Burns**

Version MICA 3.1

18 February 2010

How is **Cricoid Pressure**  
Performed In  
**RSI**

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18 February 2010

What is the **treatment**  
of the **Child** with  
**PEA**

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18 February 2010

- CPR 30:2 (1 person)  
15:2 (2 Person)  
(if P<60 in Infants / P<40 Children)
- IV Access
- NaCl IV/IO TKVO
- Adrenaline 10 mcg/kg IV/IO every 3 min
- ETT (change CPR to 15:2)
- Atropine 20 mcg/kg IV/IO x 1
- Sodi Bic 1ml/kg IV/IO x 1 after 15 min CPR
- NaCl 20 ml/kg if Pulse but severe Bradycardia & Poor Perfusion persists

- Airway & Ventilatory support
- Manage clinical causes if possible

#### If agitated or aggressive

- Midazolam 0.05 - 0.1 mg IV every 5 min  
If no IV Midazolam 0.05 - 0.1 mg IM x 4 every 10 min  
If >60 yrs or BP < 100 then only give 0.5 mg/kg doses
- Apply mechanical restraints if required
- If bradycardia & poorly perfused - Atropine IV
- If hypotensive - NaCl 20ml/kg IV x 3
- If hyperthermia treat as per hyperthermia protocol

- 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 IV every 5 min  
If no IV Midazolam 0.05 - 0.1 mg IM x 4 every 10 min  
If >60 yrs or BP < 100 then only give 0.5 mg/kg doses
- Apply mechanical restraints if required
- If bradycardia & poorly perfused - Atropine IV
- If hypotensive - NaCl 20ml/kg IV x 3

- Clinical Approach
- Look for airway injury
- Use Lund & Browlers Chart
- Classify partial or full thickness
- Cool burn area
- Cover with appropriate dressing (Cling Wrap or BurnAid)
- Analgesia (Penthrane, Fentanyl IN or Morphine)
- Thermometer & manage hypothermia
- Consider early intubation for airway burns
- If >15% burn area (partial or full thickness)  
Administer NaCl IV:

**% BSA x Weight over 2 hrs**

- CPR 30:2 (1 person)  
15:2 (2 Person)
- Identify treatable causes (HEAATU)
- IV Access
- NaCl IV TKVO
- Adrenaline 10 mcg/kg IV / IO every 3 mins  
(minimum 100mcg dose)
- ETT (change CPR to 15:2)
- NaCl 20 ml/kg IV / IO x 1
- Sodi Bic 1 ml/kg IV / IO x 1 after 15 min CPR
- CPR to Hospital

To  
**resolve all pain**  
completely if safe to do so

This reduces  
**cardiac workload**

- Clinical Approach
- Look for airway injury
- Use Lund & Browlers Chart
- Classify partial or full thickness
- Cool burn area
- Cover with Gladwrap or BurnAid)
- Analgesia (Penthrane, Fentanyl IN or Morphine)
- Thermometer & manage hypothermia
- If >15% burn area (partial or full thickness)  
Administer NaCl IV:

**3 x % BSA x Weight over 24 hrs**  
(Half given in the first 8 hrs)

- E**xact Location
- T**ype of incident
- H**azards at the scene
- A**ccess and Egress
- N**umber of casualties
- E**mergency Services at Scene & Required

- VT greater than 30 seconds
- QRS >0.12 sec
- AV disassociation / absent P waves
- Rate > 100
- 3kg pressure required once unconscious
- Use thumb and 2 fingers
- Support spine with other hand

