

# Sierra – Sacramento Valley EMS Agency Treatment Protocol

## Tachycardia With Pulses



Effective: 06/01/2017

Next Review: 11/2019

**C-6 (LALS)**

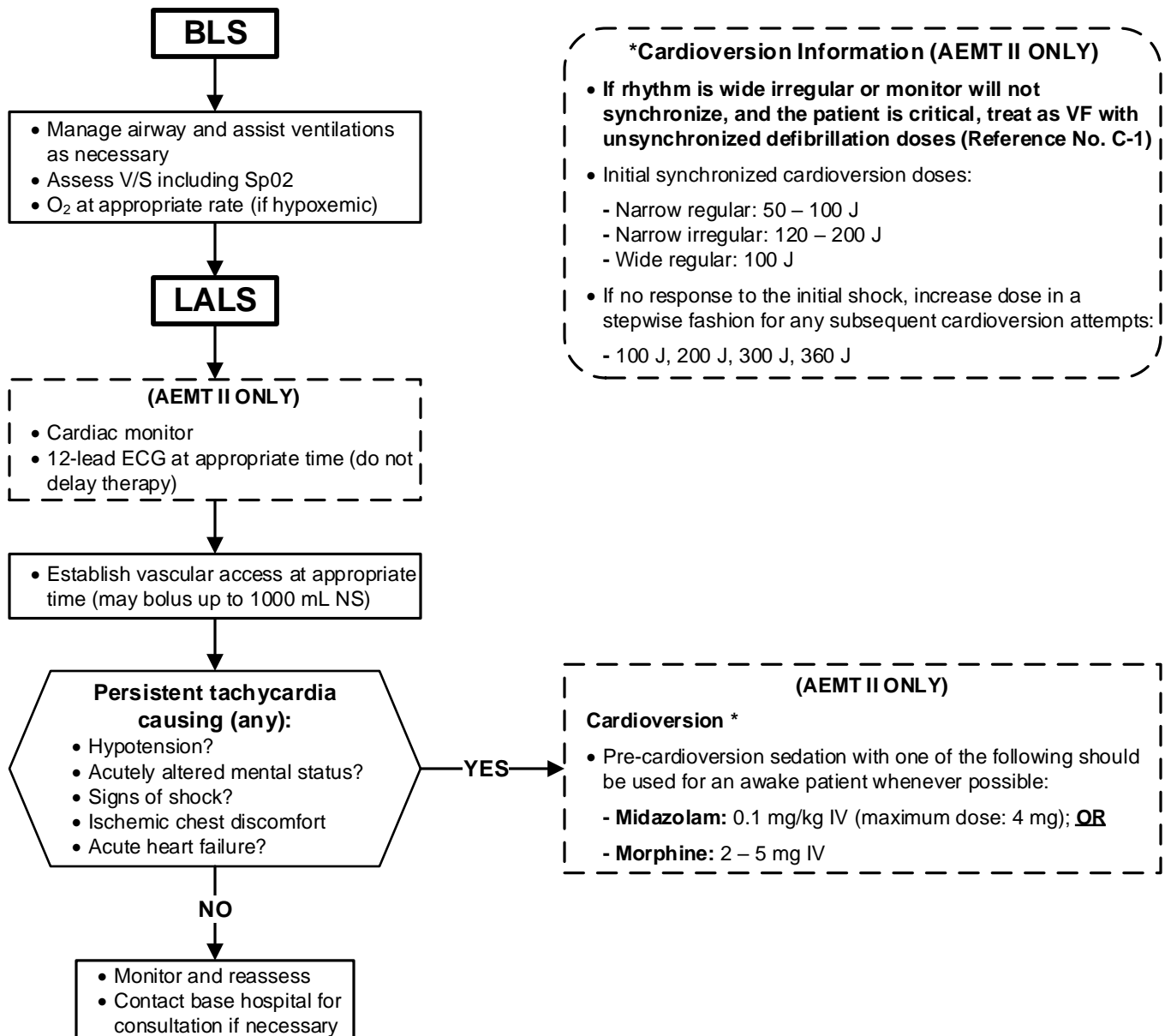
Approval: Troy M. Falck, MD – Medical Director

SIGNATURE ON FILE

Approval: Victoria Pinette – Executive Director

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- Unstable patients with persistent tachycardia require immediate cardioversion (AEMT II ONLY).
- It is unlikely that symptoms of instability are caused primarily by the tachycardia if the heart rate is < 150/min; cardioversion is seldom needed for patients meeting this criteria.



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## Bradycardia



Effective: 06/01/2017

Next Review: 11/2019

**C-7 (LALS)**

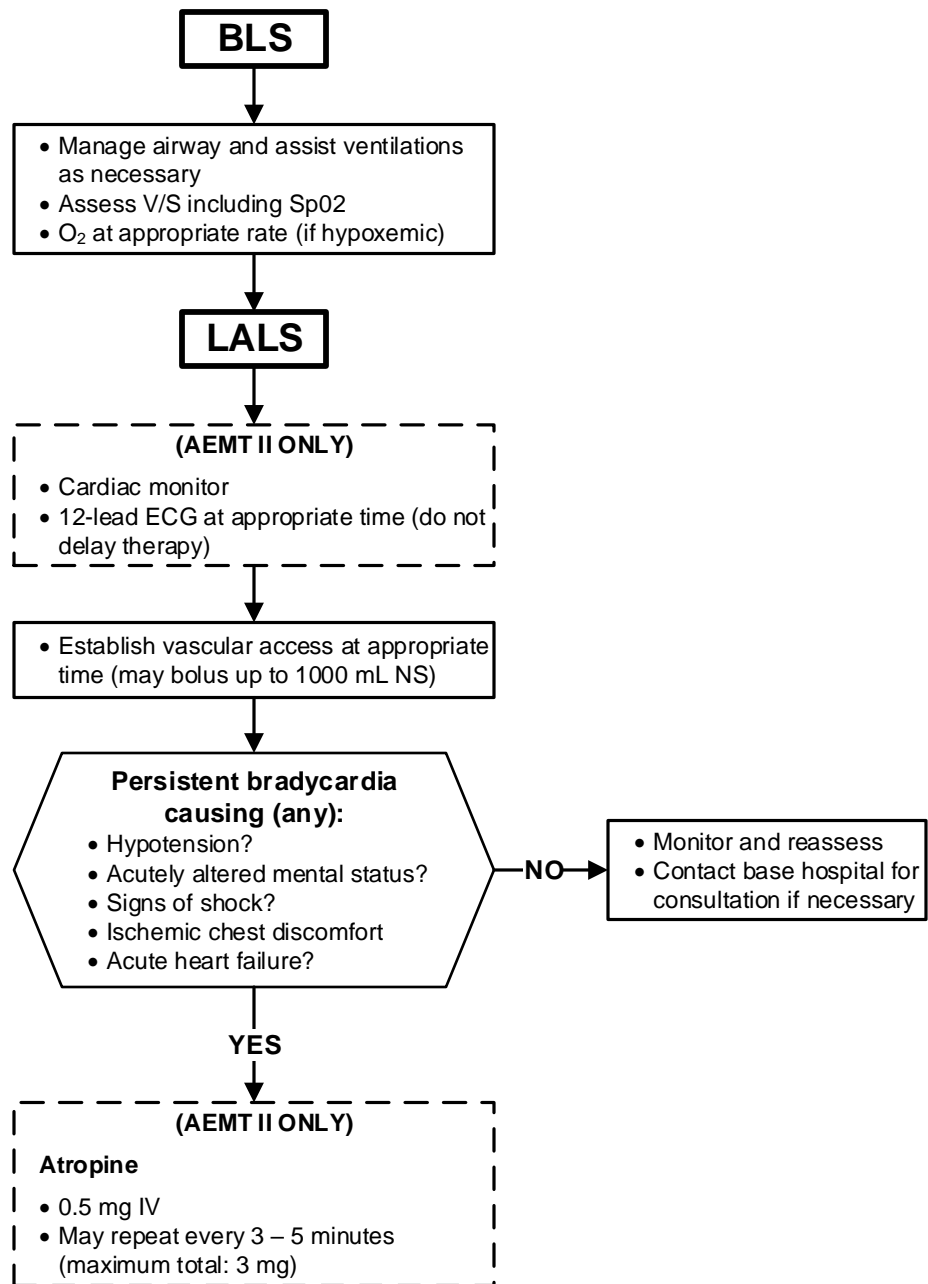
Approval: Troy M. Falck, MD – Medical Director

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Approval: Victoria Pinette – Executive Director

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- Symptomatic bradycardia is defined as a heart rate <60/min that elicits signs and symptoms. When bradycardia is the cause of symptoms, the rate is generally <50/min.
- Symptomatic bradycardia exists clinically when the following 3 criteria are present: 1.) The heart rate is slow; 2.) The patient has symptoms; and 3.) The symptoms are due to the slow heart rate.



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## Brief Resolved Unexplained Event (BRUE)



Effective: 06/01/2017

Next Review: 03/2020

**P-3 (LALS)**

Approval: Troy M. Falck, MD – Medical Director

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Approval: Victoria Pinette – Executive Director

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- **Brief resolved unexplained event (BRUE) is an event occurring in an infant younger than one year of age when the observer reports a sudden, brief (lasting <1 minute but typically <20-30 seconds), and now resolved episode (patient returned to baseline state of health after the event) of any of the following:**
  - Cyanosis or pallor
  - Absent, decreased, or irregular breathing
  - Marked change in tone (hyper- or hypotonia)
  - Altered level of responsiveness
- **BRUE should be suspected when there is no explanation for a qualifying event after conducting an appropriate history and physical examination.**
- **All infants ≤ 1 year of age with possible BRUE should be transported by EMS. If parent/guardian refuses EMS treatment and/or transport, base/modified base hospital consultation is required prior to release.**
- **EMS personnel shall make every effort to obtain the contact information of the person who witnessed the event. This contact information shall be provided to the receiving hospital upon patient delivery.**

### BLS

- Determine severity, nature and duration of episode:
  - Was child awake or sleeping at time of episode?
  - What resuscitative measures were taken?
- Obtain a complete medical history including:
  - Known chronic diseases
  - Evidence of seizure activity
  - Current or recent infection
  - Recent trauma
  - Medication history
  - Unusual sleeping or feeding patterns
  - Known gastroesophageal reflux or feeding problems
- Assume history given is accurate
- Perform a comprehensive physical assessment including:
  - General appearance
  - Skin color
  - Evidence of trauma
  - Extent of interaction with the environment
- Assess V/S including SpO<sub>2</sub>
- Treat any identifiable causes as indicated

### LALS

- Cardiac monitor
- Check blood glucose (BG) if hypoglycemia suspected

**BG < 60  
mg/dl?**

YES

Go to ALOC  
Protocol  
P-24

NO

Transport