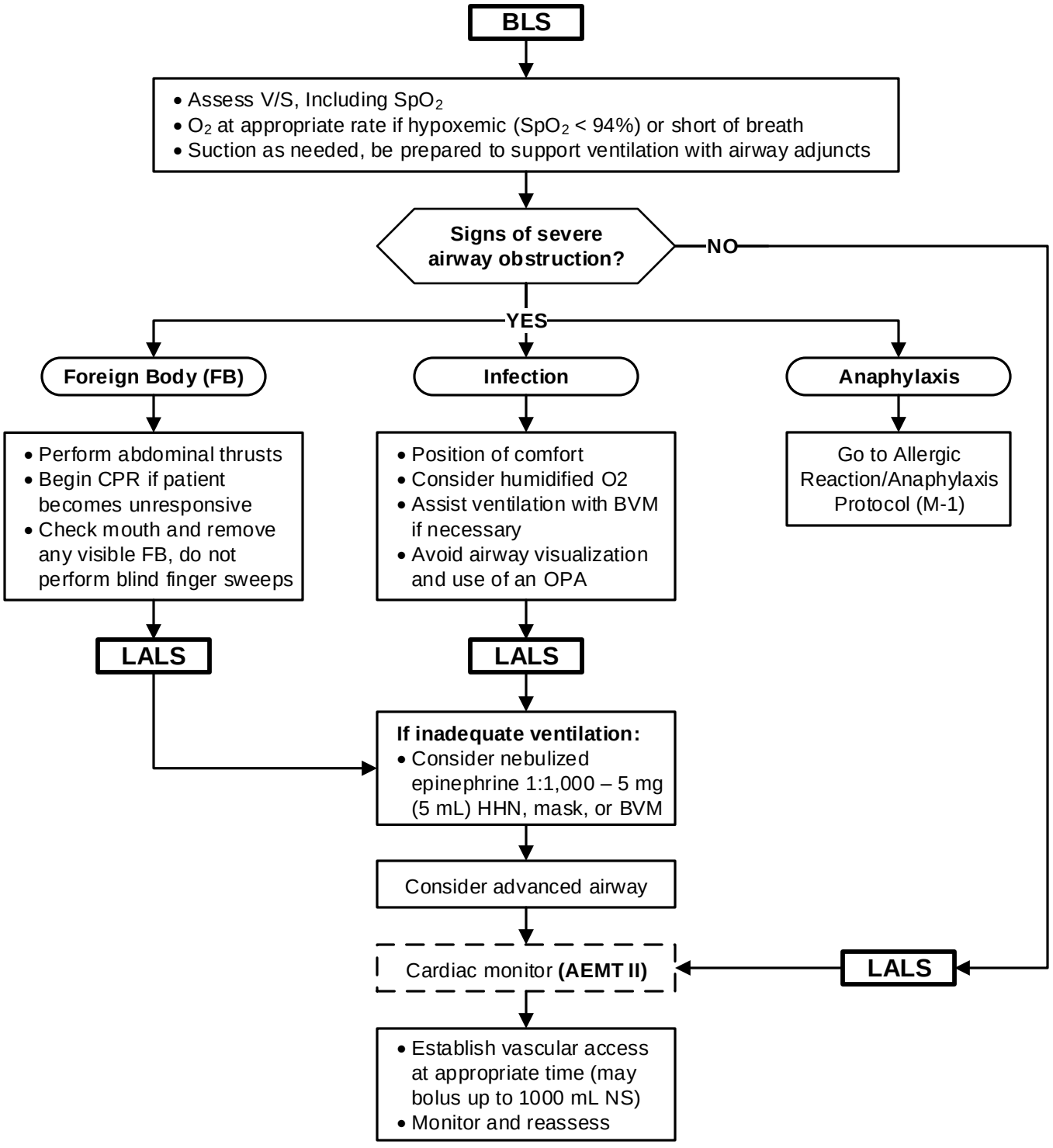
Sierra – Sacramento Valley EMS Agency Treatment Protocol	R-1 (LALS)
Airway Obstruction	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2018
Approval: Victoria Pinette – Executive Director	Next Review: 07/2021

- **Signs of severe airway obstruction:**
  - **Poor air exchange**
  - **Cyanosis**
  - **Increased breathing difficulty**
  - **Inability to speak/breathe**
  - **Silent cough**



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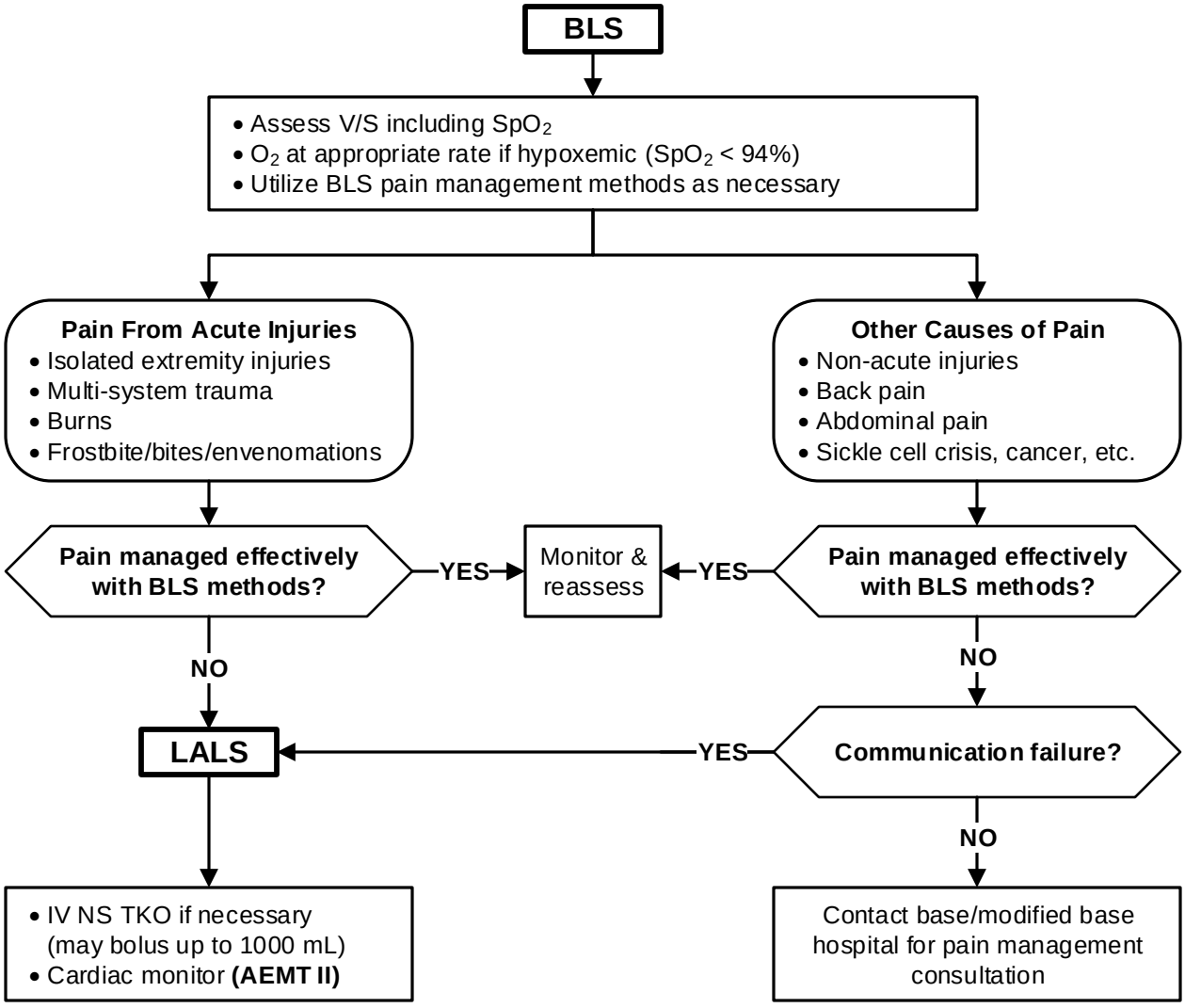
Sierra – Sacramento Valley EMS Agency Treatment Protocol	M-8 (LALS)
Pain Management	
Approval: Troy M. Falck, MD – Medical Director	Effective: 10/01/2018
Approval: Victoria Pinette – Executive Director	Next Review: 09/2021

- **Whenever feasible, behavioral measurement of pain should be used in conjunction with self-report. Interpretation of pain behaviors and decision-making regarding treatment of pain requires consideration of the context in which the pain behaviors are observed.**
- **Not all painful conditions require LALS (AEMT II) intervention. BLS pain management methods (splinting, positioning, compression, ice, verbal assurance, etc.) are effective in managing pain and may be sufficient for certain pts.**
- **Multiple factors must be considered in determining the most appropriate analgesic(s) to administer for pain management (medication availability & contraindications, clinical impression, pt. history, etc.).**
- **Continuous cardiac and SpO_2 monitoring are required for all pts receiving analgesics.**
- **Medication doses, pt. response and reason for administration shall be adequately documented in the PCR.**



See Page 2 for LALS Pain Management

LALS Pain Management

AEMT II ONLY

Pain Not Effectively Managed With BLS Interventions

Fentanyl (opioid)
- 25 – 50 mcg slow IV (over 1 minute) or IM/IN
- May repeat every 5 minutes (maximum cumulative dose = 200 mcg)

Morphine Sulfate (opioid)
- 2 – 5 mg slow IV (over 1 minute) or IM
- May repeat every 5 minutes (maximum cumulative dose = 20 mg)

ⓘ Do not administer opioids to pts with any of the following contraindications:
- Systolic BP < 100 - Hypoxia or RR < 12 - ALOC or evidence of traumatic brain injury

ⓘ If administering fentanyl and morphine to the same pt., maximum cumulative dose = 100 mcg fentanyl and 10 mg morphine

Severe Pain From Acute Isolated Extremity Injuries (including hip and shoulder injuries)

Midazolam (if pain not effectively managed with opioids)
- 1 mg slow IV
- May repeat x 1 in 5 minutes (max = 2 mg)

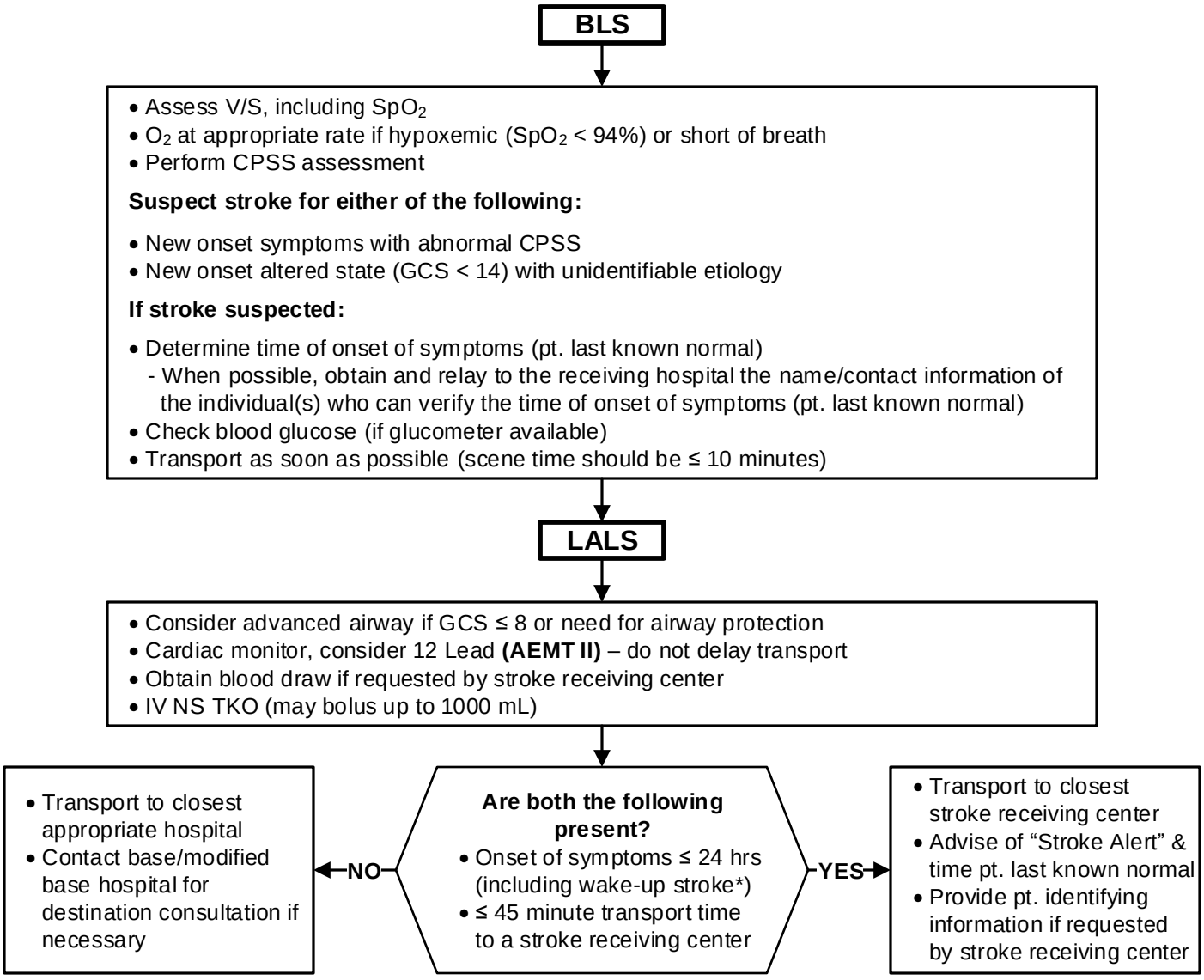
ⓘ Do not administer midazolam to pts with any of the following contraindications:
- Systolic BP < 100 - Hypoxia or RR < 12 - ALOC or evidence of traumatic brain injury

ⓘ Use caution when administering opioids and midazolam to the same pt.

Sierra – Sacramento Valley EMS Agency Treatment Protocol	N-3 (LALS)
Suspected Stroke	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2018
Approval: Victoria Pinette – Executive Director	Next Review: 07/2021

Cincinnati Prehospital Stroke Scale (CPSS)

Test	Normal	Abnormal
Facial Droop (Ask pt. to show teeth or smile)	Both sides of face move equally	One side of face does not move as well as the other side
Arm Drift (Ask pt. to close eyes and hold both arms out with palms up)	Both arms move the same, or both arms do not move	One arm does not move, or one arm drifts down compared with the other
Speech (Ask pt. to say "you can't teach an old dog new tricks")	Pt. uses correct words with no slurring	Patient slurs words, uses the wrong words, or is unable to speak



***Wake-up stroke definition:** Pt. awakens with stoke symptoms that were not present prior to falling asleep

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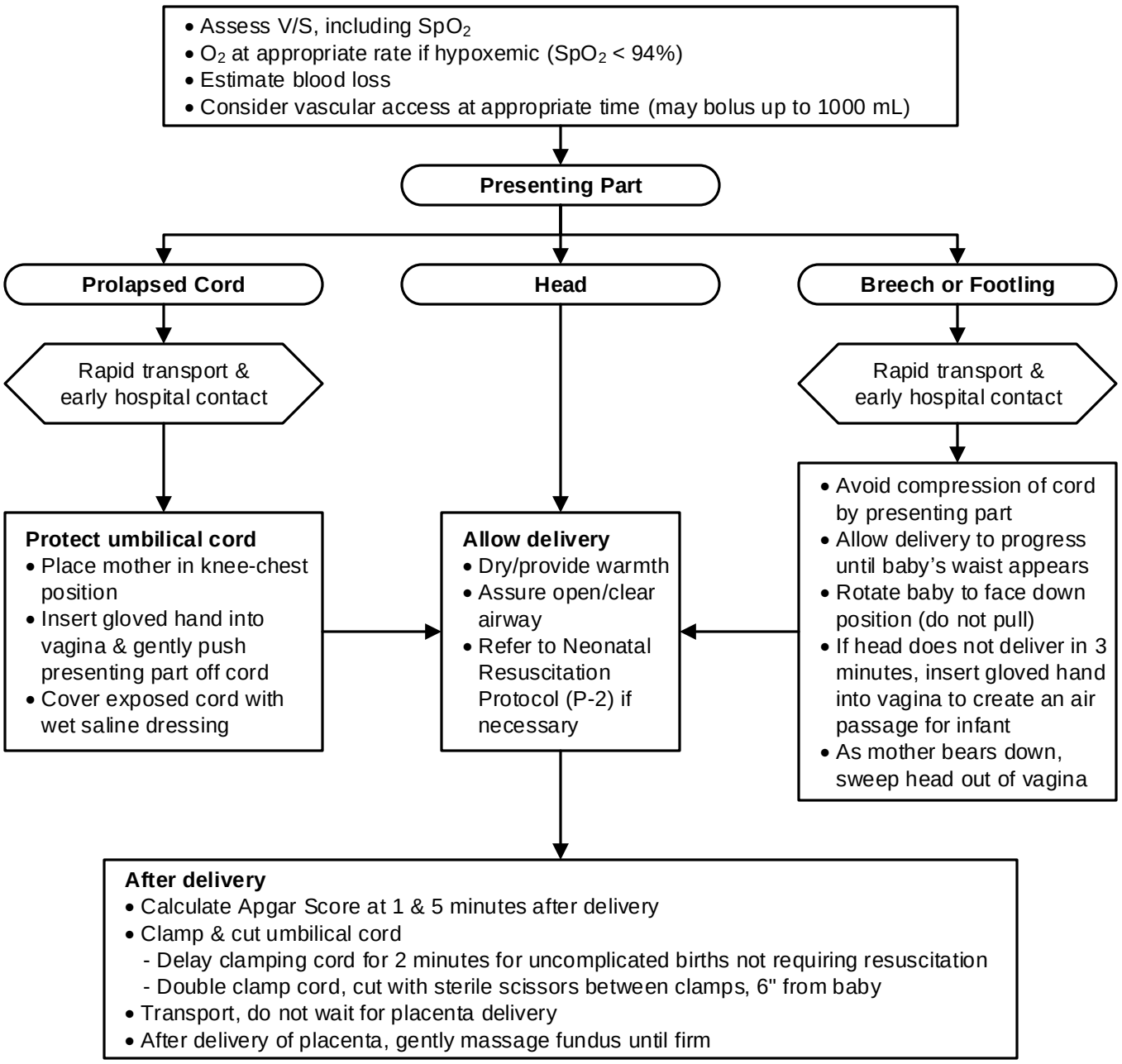
Sierra – Sacramento Valley EMS Agency Treatment Protocol	OB-G1 (LALS)
Childbirth	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2018
Approval: Victoria Pinette – Executive Director	Next Review: 07/2021

APGAR Score

	Sign/Score	0	1	2
A	Appearance	Blue/Pale	Peripheral cyanosis	Pink
P	Pulse Rate	None	<100	>100
G	Grimace	None	Grimace	Cries
A	Activity	Limp	Some motion	Active
R	Respiration	Absent	Slow/irregular	Good/strong cry



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Sierra – Sacramento Valley EMS Agency Treatment Protocol	T-8 (LALS)
Hemorrhage	
Approval: Troy M. Falck, MD – Medical Director	Effective: 08/01/2018
Approval: Victoria Pinette – Executive Director	Next Review: 07/2021

Approved Commercial Tourniquet Devices:

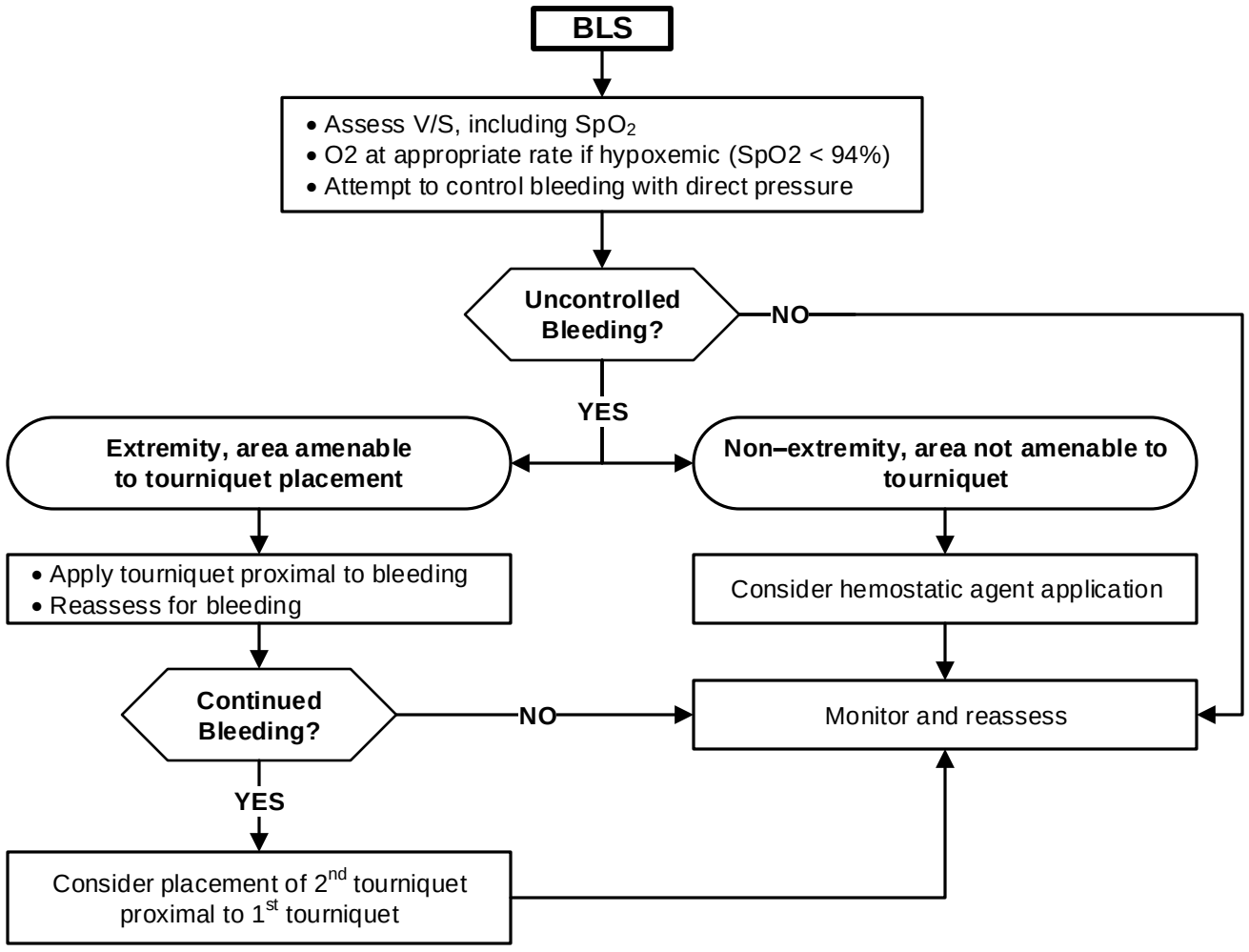
- Combat Application Tourniquet - Emergency and Military Tourniquet - Mechanical Advantage Tourniquet
- SAM XT Extremity Tourniquet - Special Ops. Tactical Tourniquet - RECON Medical Tourniquet

Tourniquet Utilization Notes:

- **Tourniquets applied by lay rescuers or other responders shall be evaluated for appropriateness and may be adjusted or removed if necessary – improvised tourniquets should be removed by prehospital personnel**
- **If application is indicated and appropriate, a commercial tourniquet should not be loosened or removed by prehospital personnel unless time to definitive care will be greatly delayed (> 2 hours)**

Approved Hemostatic Agents:

- QuikClot Emergency 4x4 and/or Combat Gauze Z-Fold - HemCon ChitoGauze Pro Z-Fold



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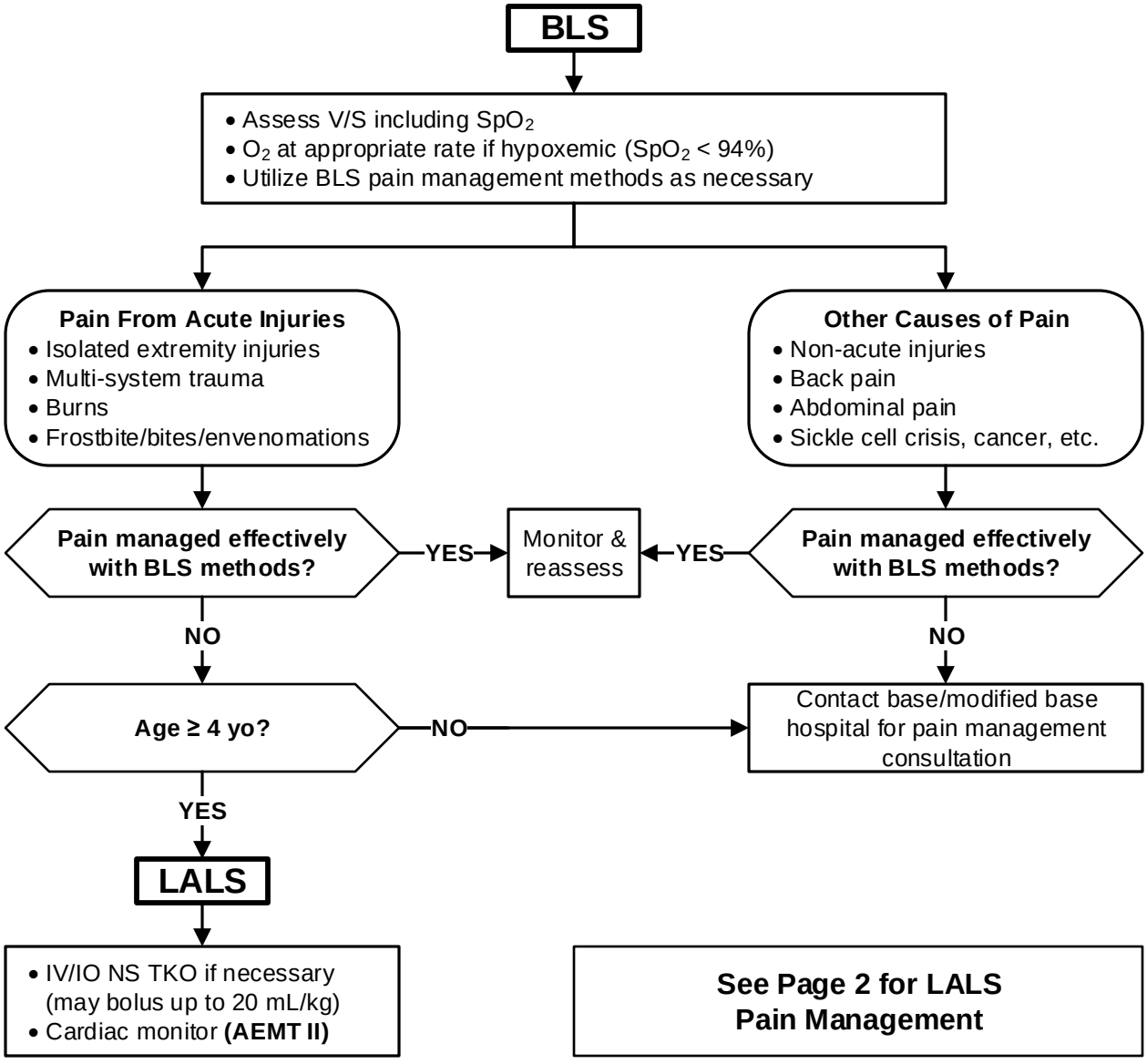
	Sierra – Sacramento Valley EMS Agency Treatment Protocol	P-34 (LALS)
	Pediatric Pain Management	
Approval: Troy M. Falck, MD – Medical Director		Effective: 10/01/2018
Approval: Victoria Pinette – Executive Director		Next Review: 09/2021

- **Whenever feasible, behavioral measurement of pain should be used in conjunction with self-report. Interpretation of pain behaviors and decision-making regarding treatment of pain requires consideration of the context in which the pain behaviors are observed.**
- **Not all painful conditions require LALS (AEMT II) intervention. BLS pain management methods (splinting, positioning, compression, ice, verbal assurance, etc.) are effective in managing pain and may be sufficient for certain pts.**
- **Multiple factors must be considered in determining the most appropriate analgesic(s) to administer for pain management (medication availability & contraindications, clinical impression, pt. history, etc.).**
- **Continuous cardiac and SpO_2 monitoring are required for all pts receiving analgesics.**
- **Medication doses, pt. response and reason for administration shall be adequately documented in the PCR.**



ALS Pain Management

AEMT II ONLY

Pain Not Effectively Managed With BLS Methods

Fentanyl (opioid)
- 1 mcg/kg slow IV/IO (over 1 minute) or IM/IN (maximum = 50 mcg)
- May repeat every 5 minutes (maximum = 4 doses)

Morphine Sulfate (opioid)
- 0.1 mg/kg slow IV/IO (over 1 minute) or IM (maximum = 5 mg)
- May repeat every 5 minutes (maximum = 4 doses)

ⓘ Do not administer opioids to pts with any of the following contraindications:
- Systolic BP < 100 - Hypoxia or RR < 12 - ALOC or evidence of traumatic brain injury

ⓘ If administering fentanyl and morphine to the same pt., maximum cumulative dose = 4 total doses combined

ⓘ Use caution when administering opioids and midazolam to the same pt.