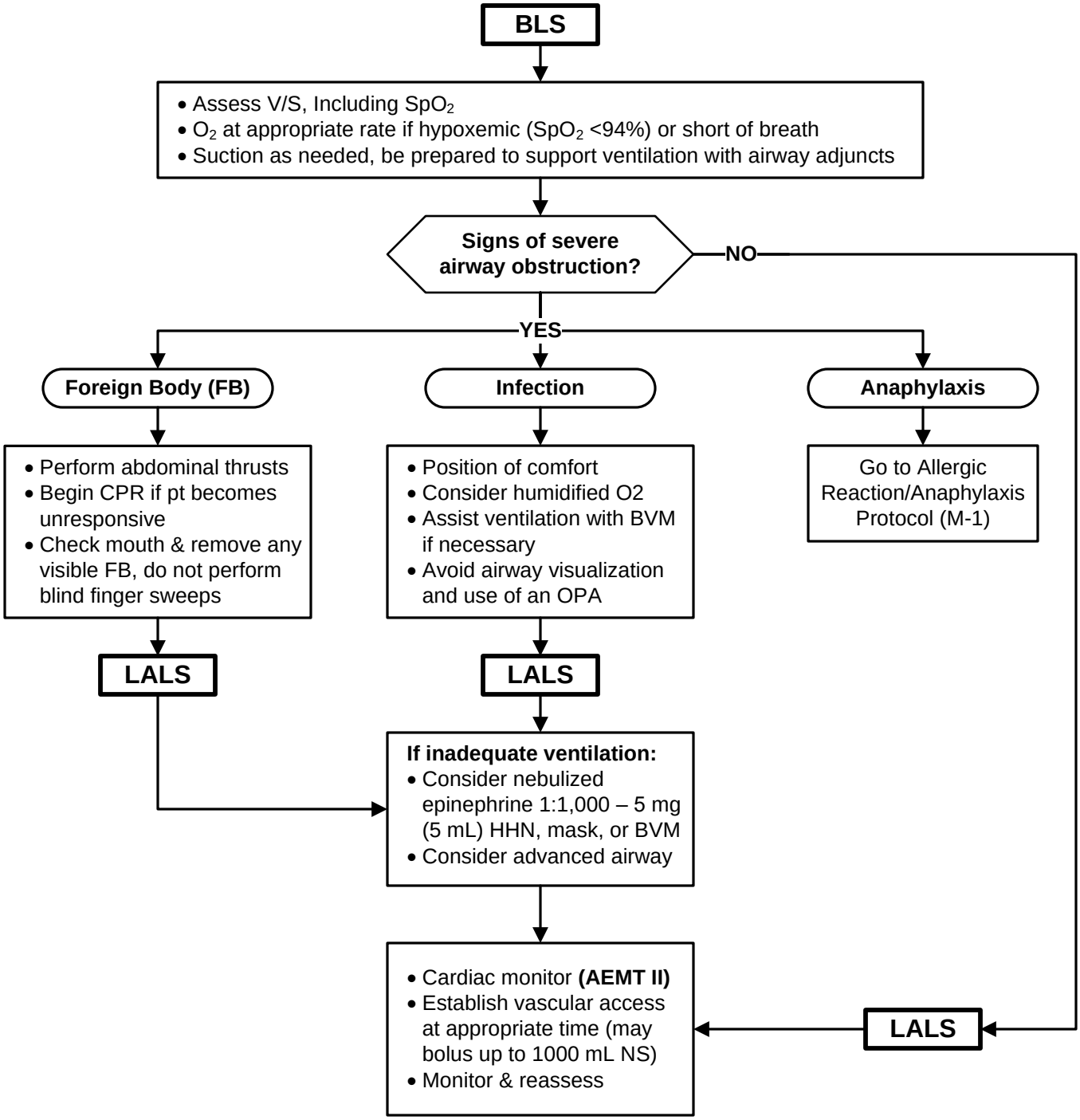
Sierra – Sacramento Valley EMS Agency Treatment Protocol	R-1 (LALS)
Airway Obstruction	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2021
Approval: Victoria Pinette – Executive Director	Next Review: 09/2024

- **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: 12/01/2021
Approval: Victoria Pinette – Executive Director	Next Review: 09/2024

General Pain Management Principles

- Pain management shall be adequately addressed/documented for all pts with a report of pain.
- EMS treatment should be directed at reducing pain to a tolerable level - pts may not experience complete pain relief.

BLS

- Assess V/S including pain scale & SpO_2
- O_2 at appropriate rate if SpO_2 <94% or short of breath
- Place pt in position of comfort, immobilize, splint & apply ice/cold packs as appropriate

Pain From Acute Injuries

- Burns, frostbite, extremity injuries, multi-system trauma, etc.

Other Causes of Pain

- Back pain, abdominal pain, sickle cell crisis, cancer, etc.

Pain managed effectively? — **YES** → Monitor & reassess ← **YES** — **Pain managed effectively?**

NO (from Pain From Acute Injuries)

NO (from Other Causes of Pain)

- Contact base/modified base hospital for pain management consultation
- May proceed to LALS treatment in the event of communication failure

LALS

- IV NS TKO if necessary (may bolus up to 1000 mL)
- Continuous cardiac monitoring **(AEMT II)**

Morphine (AEMT II)

- 2 - 5 mg slow IV/IO (over 1 min) or IM
- May repeat every 5 mins as necessary (max cumulative: 20 mg)

Severe pain from acute isolated extremity injuries (including hip & shoulder), not adequately relieved by other pain management methods/analgesics

Midazolam (AEMT II)

- 1 mg slow IV/IO
- May repeat x 1 in 5 mins (max cumulative: 2 mg)

Morphine & Midazolam Contraindications

- SBP <100
- SpO2 <94% or RR <12
- ALOC or suspected TBI

Midazolam Administration Notes

- Use extreme caution when administering morphine & midazolam to the same pt; this results in a deeper level of sedation with an increased risk for airway & respiratory compromise
- Midazolam doses shall be administered a minimum of 5 mins following administration of a morphine dose

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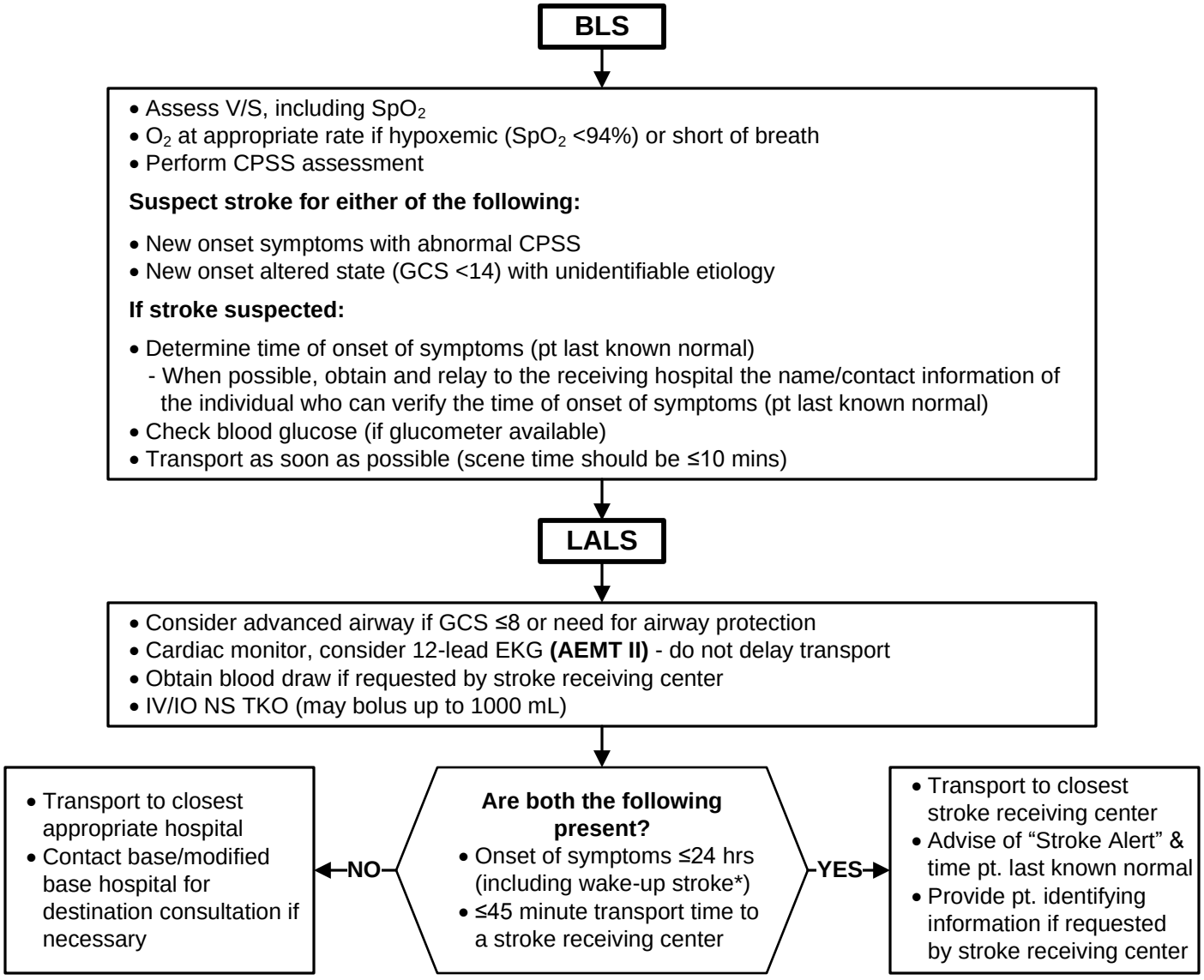
Sierra – Sacramento Valley EMS Agency Treatment Protocol	N-3 (LALS)
Suspected Stroke	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2021
Approval: Victoria Pinette – Executive Director	Next Review: 09/2024

Cincinnati Prehospital Stroke Scale (CPSS)

Component	Normal Result	Abnormal Result
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 & 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	Pt slurs words, uses the wrong words, or is unable to speak



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

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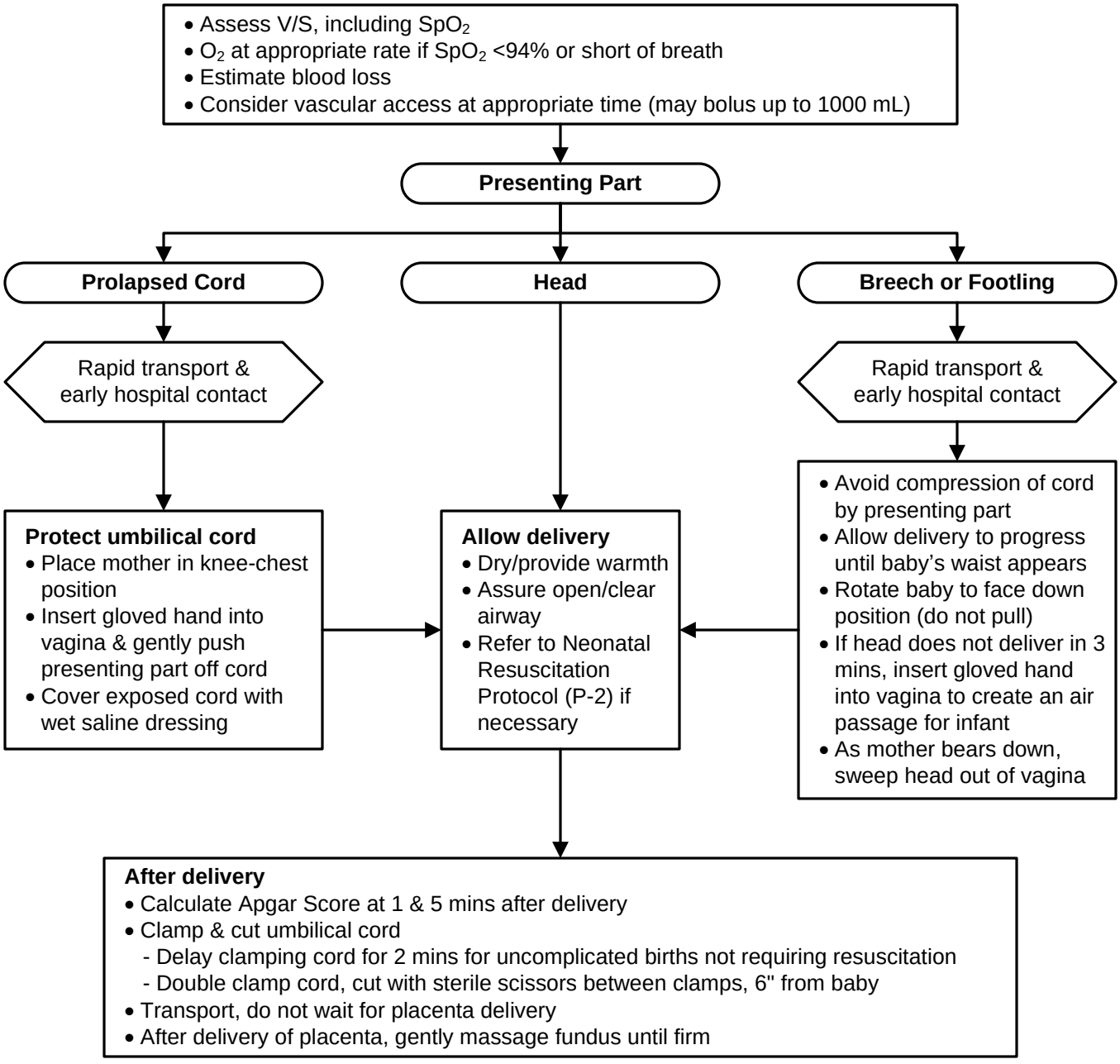
Sierra – Sacramento Valley EMS Agency Treatment Protocol	OB-G1 (LALS)
Childbirth	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2021
Approval: Victoria Pinette – Executive Director	Next Review: 11/2024

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	P-34 (LALS)
Pediatric Pain Management	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2021
Approval: Victoria Pinette – Executive Director	Next Review: 09/2024

General Pain Management Principles

- Pain management shall be adequately addressed/documented for all pts with a report of pain.
- EMS treatment should be directed at reducing pain to a tolerable level - pts may not experience complete pain relief.