

**PROTOCOL 1**  
**Endotracheal Intubation**  
(Adult and Pediatric)

**REQUEST EMT-P RESPONSE**  
**DO NOT DELAY TRANSPORT**

1. Basic Life Support airway management procedures are initiated.
2. Endotracheal Intubation is indicated under any of the following conditions:
  - A. Respiratory arrest or imminent respiratory arrest
  - B. Obstructed or suspected obstructed airway
  - C. Facial/Respiratory Burns (unconscious patient)
  - D. Respiratory distress with associated ventilatory failure
  - E. Major trauma or head trauma, associated with decreased level of consciousness or unconscious.
  - F. Any unconscious or unresponsive patient when an adequate BLS airway cannot be maintained.
3. Endotracheal Intubation on scene shall not exceed 3 attempts prior to initiating transport. After transport is initiated, additional Endotracheal Intubation attempts may be made.

**ENDOTRACHEAL INTUBATION OR LARYNGOSCOPE IS NOT  
ATTEMPTED IN ANY PEDIATRIC PATIENT SUSPECTED OF  
HAVING CROUP OR EPIGLOTTITIS UNLESS THE AIRWAY  
BECOMES OBSTRUCTED AND ADEQUATE VENTILATION  
CANNOT BE MAINTAINED.**

**PROTOCOL 2**  
**Intravenous Therapy**  
(Adult Trauma)

**REQUEST EMT-P RESPONSE**  
**DO NOT DELAY TRANSPORT**

Intravenous therapy may be established in any adult patient who meets the criteria of TRAUMA as established in the NYSDOH BLS PROTOCOLS and who is determined to be **potentially unstable, unstable or critical**. These include:

- Amputation
- Bleeding
- Burns
- Fractures/Dislocations
- Adult Major Trauma / Traumatic Arrest
- Suspected Head or Spinal Injury

1. Basic Life Support trauma management protocols are initiated.

**DO NOT DELAY TRANSPORT TO INITIATE I.V. THERAPY.**

2. An Intravenous Infusion is established with Normal Saline using a large bore I.V. Catheter.

- A. If hemodynamically stable, the I.V. rate is set at KVO. If hypovolemic shock is suspected, the I.V. is run wide open to maintain adequate hemodynamic status.
- B. If hypovolemic shock is suspected, a second large bore I.V. is established, run wide open.

**PROTOCOL 3**  
**Intravenous / Intraosseous Therapy**  
(Pediatric Trauma)

**REQUEST EMT-P RESPONSE**  
**DO NOT DELAY TRANSPORT**

Intravenous / intraosseous therapy may be established in any pediatric patient who meets the criteria of TRAUMA as established in the NYSDOH BLS PROTOCOLS and who is determined to be **potentially unstable, unstable or critical**. These include:

- Amputation
- Bleeding
- Burns
- Fractures/Dislocations
- Pediatric Major Trauma / Traumatic Arrest
- Suspected Head or Spinal Injury

1. Basic Life Support trauma management protocols are initiated.

**DO NOT DELAY TRANSPORT TO INITIATE I.V./I.O. THERAPY.**

2. An intravenous infusion is established with Normal Saline using a large bore I.V. catheter. If unable to establish an I.V. infusion after three attempts, I.O. access is attempted, but limited to one tibial site.

A. If hemodynamically stable, I.V. rates are set at KVO.

B. If hypovolemic shock, a fluid bolus, 20 cc/kg of Normal Saline, is administered. Repeat bolus in 10 minutes if shock persists.

**PROTOCOL 4**  
**Intravenous Therapy**  
**(Adult Medical Patient)**

**REQUEST EMT-P RESPONSE**  
**DO NOT DELAY TRANSPORT**

Intravenous therapy may be established in any adult medical patient who meets the following criteria:

- Altered Mental Status
- Unconscious / Unresponsive
- Cardiopulmonary Arrest
- Allergic Reaction / Anaphylaxis
- Cardiac Related Problem
- Respiratory Distress
- Seizures
- Hypovolemia / Dehydration

1. Basic Life Support protocols are initiated.

**DO NOT DELAY TRANSPORT TO INITIATE I.V. THERAPY.**

2. An intravenous infusion is established with Normal Saline at a KVO rate.
- A. If patient exhibits signs of hypotension (with no signs of pulmonary edema), a fluid bolus of 250 cc is administered. Bolus may be repeated up to a total of 1000 cc of normal saline.

**MEDICAL CONTROL OPTION**

Additional fluid bolus of Normal Saline above the 1000 cc limit under standing orders.

If unable to contact Medical Control, the EMT-I may contact the responding EMT-P for orders to administer an additional bolus of Normal Saline.

**PROTOCOL 5**  
**Intravenous / Intraosseous Therapy**  
(Pediatric Medical Patient)

**REQUEST EMT-P RESPONSE**  
**DO NOT DELAY TRANSPORT**

Intravenous therapy may be established in any pediatric medical patient who meets the following criteria:

- Altered Mental Status
- Unconscious / Unresponsive
- Cardiopulmonary Arrest
- Allergic Reaction / Anaphylaxis
- Cardiac Related Problem
- Respiratory Distress
- Seizures
- Hypovolemia / Dehydration

1. Basic Life Support trauma protocols are initiated.

**DO NOT DELAY TRANSPORT TO INITIATE I.V. THERAPY.**

2. An intravenous infusion is established with Normal Saline. If unable to establish an I.V. infusion after three attempts, I.O. access is attempted, but limited to one tibial site.
  - A. If hypovolemic shock, a fluid bolus, 20cc/kg of Normal Saline, is administered. Repeat bolus in 10 minutes if shock persists.