Approved 9/2/26, Effective 1/15/27, replaces all prior versions

3A – RESPIRATORY ARREST ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Airway patency
2. Oxygenation/Ventilation (BVM prior to administration of Naloxone)
3. Vital signs
4. Dextrose for hypoglycemia
5. Naloxone for narcotic/opiate overdose

EMERGENCY MEDICAL DISPATCHER

CPR BY EMD INSTRUCTION

EMERGENCY MEDICAL RESPONDER

EMT

ESTABLISH AIRWAY PATENCY (POSITIONING, OPA, NPA)
O_2 VIA BVM AS APPROPRIATE
GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
DETERMINE BLOOD GLUCOSE
APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT

TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC
ADDRESS OXYGENATION AND VENTILATION (SPO2 GOAL ≥ 94%) BEFORE ADMINISTERING NALOXONE
ADULT: NALOXONE 2 mg IN, MAY REPEAT ONCE
PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg
USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL

EMT OR HIGHER LICENSE:
MEASURE END–TIDAL CO_2 & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

ADULT: INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS
DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE RESP ARREST ETIOLOGY (e.g. NARCOTIC/OPIATE OVERDOSE)

IV/IO ACCESS
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

HYPOGLYCEMIA (GLUCOSE <50 mg/dL) - **ADULT & PEDIATRIC**
D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR
D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg)
IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS:
GLUCAGON: IF PT WT ≥25 kg, 1mg IM; <25 kg, 0.5 mg IM
ADULT & PEDIATRIC: REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT

ADVANCED EMT OR HIGHER LICENSE:
TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC
ADULT: NALOXONE 2 mg IVP/IOP/IN, MAY REPEAT ONCE
PEDIATRIC: NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg
USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL

PARAMEDIC

ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G

CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED RESP ARREST ETIOLOGY PER APPLICABLE PROTOCOL(S)