1. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302)

2. Control external hemorrhage/bleeding prn (MCG 1370)

3. Administer Oxygen prn (MCG 1302)

4. Assess for signs of trauma
   For traumatic injury, treat in conjunction with TP 1244-P, Traumatic Injury

5. Initiate cardiac monitoring prn (MCG 1308)
   For suspected cardiac ischemia or dysrhythmia, perform 12-lead ECG and CONTACT BASE ❶
   For patients with dysrhythmias, treat per TP 1212-P, Cardiac Dysrhythmia - Bradycardia or TP 1213-P, Cardiac Dysrhythmia - Tachycardia
   If patient with palpitations but normal sinus rhythm on 12-lead ECG – document Provider Impression as Palpitations

6. Establish vascular access prn (MCG 1375)

7. Assess and document pain (MCG 1345)
   Consider the following Provider Impressions:
   If chest pain present without suspicion of cardiac cause – document Chest Pain – Not Cardiac
   If pain in neck or back without trauma – document Body Pain – Non-traumatic
   If headache and no report or signs of trauma and normal physical assessment – document Headache – Non-traumatic

8. For pain management: refer to MCG 1345, Pain Management
   Dose per MCG 1309

9. For nausea or vomiting in patients ≥ 4 years old:
   Ondansetron 4mg ODT and treat in conjunction with TP 1205-P, GI/GU Emergencies

10. For patients with complaints of weakness
    Assess neurologic exam; if focal findings present or stroke suspected, treat in conjunction with TP 1232-P, Stroke/ CVA/ TIA. CONTACT BASE and transport to a PMC ❷
    If no focal weakness present and complaint of generalized weakness – document Weakness – General

11. Consider the following Provider Impressions:
    If cold/cough symptoms without respiratory distress or wheezing – document Cold/Flu Symptoms
    If isolated pain or swelling in extremity – document Extremity Pain/Swelling – Non-traumatic
SPECIAL CONSIDERATIONS

1. Chest pain in pediatrics is rarely due to cardiac ischemia. Children at risk are those with a history of Kawasaki's Disease or with congenital heart conditions. Young athletes often show slow heart rates and ST-elevation which is normal and not a result of ischemia. If there is a concern for cardiac ischemia contact the Base and consider transport to a PMC or to a PMC that is also an SRC - document Chest Pain-Suspected Cardiac.

2. Children with focal neurologic signs may have a stroke mimic or a stroke. These are specialized problems often requiring subspecialists at PMCs. Contact the Base hospital for transport of these patients to a PMC.