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: *(MCG 1345)*
   - **Fentanyl (50mcg/mL) 1mcg/kg slow IV push or IM**, dose per **MCG 1309** or **Fentanyl (50mcg/mL) 1.5mcg/kg IN**, dose per **MCG 1309**
     Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact **Morphine (4mg/mL) 0.1mg/kg slow IV push**, dose per **MCG 1309**
     Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact
   - **CONTACT BASE** for additional pain management after maximum dose administered:
     May repeat Fentanyl or Morphine as above, maximum 4 total doses

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 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 problem often requiring subspecialists at PMCs. Contact the Base hospital for transport of these patients to a PMC.