



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 ①**  
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  $\geq 4$  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 **②**  
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.

