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

2. Administer **Oxygen** prn *(MCG 1302)*

3. Initiate cardiac monitoring prn *(MCG 1308)*

4. Establish vascular access prn *(MCG 1375)*

5. For poor perfusion:
   - **Normal Saline 20mL/kg IV rapid infusion** per *MCG 1309*
   - For persistent poor perfusion, treat in conjunction with *TP 1207-P, Shock/Hypotension*

6. Assess and document pain *(MCG 1345)*
   - If abdominal or pelvic pain during pregnancy, or vaginal bleeding with known or suspected pregnancy treat per *TP 1217-P, Pregnancy Complications*
   - Consider the following Provider Impressions:
     - If abdominal or pelvic pain – document *Abdominal Pain/Problems*
     - If pain in penis, scrotum or testes in a male or complaints of vaginal symptoms in a female, or if for sexual assault – document *Genitourinary Disorder*

7. 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

8. For nausea or vomiting in patients ≥ 4years old:
   - **Ondansetron 4mg ODT**

9. Consider the following Provider Impressions:
   - If nausea or vomiting present in the absence of abdominal pain or diarrhea – document *Nausea / Vomiting* ❶
   - If vomiting blood or coffee ground material and/or tarry/black stools – document *Upper GI Bleeding* ❷
   - If vaginal bleeding without known pregnancy – document *Vaginal Bleeding*
   - If diarrhea without hypotension – document *Diarrhea*
   - If bleeding per rectum – document *Lower GI Bleeding* ❷
SPECIAL CONSIDERATIONS

1. When evaluating an infant or child with vomiting, the presence of bile (green vomitus) in the vomit is a surgical emergency and must be taken as a sign of a life-threatening condition. These patients need rapid transport to the closest EDAP.

2. For both upper and lower GI bleeding, if abdominal pain is also present, document GI bleeding as primary provider impression and abdominal pain as secondary provider impression.