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 or IM, 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 ≥ 4 years 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
e
   • If diarrhea without hypotension – document Diarrhea
e
   • 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.