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
   - If vomiting blood or coffee ground material and/or tarry/black stools – document Upper GI Bleeding
   - If vaginal bleeding without known pregnancy – document Vaginal Bleeding
   - If diarrhea without hypotension – document Diarrhea
   - If bleeding per rectum – document Lower GI Bleeding
SPECIAL CONSIDERATIONS

❶ 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.

❷ 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.