EMTA

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EMTI/EMTP

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<tr><td>4.<td>CPAP is the preferred airway management over endotracheal intubation. Consider intubation for severe respiratory distress / pending respiratory failure.

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<tr><td>7.<td>Place patient on cardiac monitor and obtain/interpret 12 lead ECG.

<tr><td>8.<td>Establish an IV / lock of normal saline at KVO.

<tr><td>9.<td>Give NITROGLYCERIN.

<tr><td>a.<td>SBP greater than 180: Give NITROGLYCERIN, 2 tablets, 0.4 mg SL and 2 inches of Nitropaste 2%. If respiratory distress persists and SPB greater than 180 and HR greater than or equal to 60 bpm, repeat nitroglycerin, 1 tablets SL every 5 minutes.

<tr><td>b.<td>SBP 100 – 180: Give NITROGLYCERIN, 1 tablet, 0.4 mg SL and 1 inch of Nitropaste 2%. If respiratory distress persists and SPB greater than or equal to 100 mmHg and HR greater than or equal to 60 bpm, repeat nitroglycerin, 1 tablet SL every 5 minutes.

<tr><td>10.<td>If available, administer CPAP with 5 - 10 cmH20 PEEP. If no CPAP available, continue with next step.

<tr><td>11.<td>If obvious pulmonary edema noted on exam, consider LASIX 0.5 – 1.0 mg / kg slow IVP, if systolic BP > 90 mmHg.

<tr><td>12.<td>If wheezing is present, consider bronchodilator therapy, ALBUTEROL 5.0 mg and ATROVENT 0.50 mg via nebulizer with 6 - 8 liters of Oxygen. Treatment should only be administered ONCE.

<tr><td>13.<td>Consider MORPHINE SULFATE 2.0 – 5.0 mg IVP q 5 minutes, if systolic BP > 90 mmHg. \*\*\*Medical control must be contacted for orders to exceed 10.0 mg of Morphine Sulfate.\*\*\*

<tr><td>14.<td>Transport and perform ongoing assessment as indicated.