Supportive Care

**EMT and Paramedic**

1. Assessment Techniques (see Initial Assessment Protocol.)

2. Pulse Oximetry

3. Administer oxygen PRN unless overridden by other specific protocol.

4. Keep patient warm.

5. Establish hospital contact for notification of incoming patient and for the Paramedic to obtain consultation for orders.

6. Monitor Core Temperature if appropriate.

**ALS Level 1**

**Paramedic Only**

1. Monitor ECG.

2. Glucose Determination.

**Paramedic and Authorized EMT**

1a. Establish IV with Saline Lock (a) (b) (c) (d).

or

1b. Establish IV of Normal Saline with mini-drip infusion set PRN (a)(b)(c)(d)(e), unless overridden by other specific protocol.
ALS Level 2 *(Physician Authorization Required)*

None

**Note**

(a) Authorized IV routes include all peripheral venous sites. External jugular veins may be utilized when other peripheral site attempts have been unsuccessful or would be inappropriate. A large bore intracath should be used for unstable patients; avoid sites below the diaphragm.

(b) A Buretrol, Volutrol, or Soluset should be used in lieu of a mini-drip when starting an IV on patients that are eight years old or less, if available.

(c) An IV lock or medication access point (MAP) may be used in lieu of an IV bag in some patients with intravenous lines, when appropriate.

(d) An EMT that has been authorized by their Medical Director may establish an IV.

(e) When unable to establish an IV in the pediatric patient that needs to be resuscitated, an intraosseous line may be used by the **Paramedic Only**.