

*Suspected CoVID-19 Treatment and Transport Guidelines

ALL LEVELS

PEDIATRIC DOSE

- **Epinephrine (1:1000)**, 0.01mg/kg, IM, upto a max of 0.15mg (*Paramedic Only*)
- Administer 4 "puffs" of **Albuterol** via a metered dose inhaler (MDI) (*Basic, Advanced, and Paramedic*)
- **Duo-Neb** or **Xopenex**, dose and frequency same as adult (*Basic, Advanced, and Paramedic*)
- **Decadron**, 0.6mg/kg to a max of 20mg Do not administer to patients < 2 yoa (*Paramedic Only*)

*** Suspected CoVID-19 Criteria:**

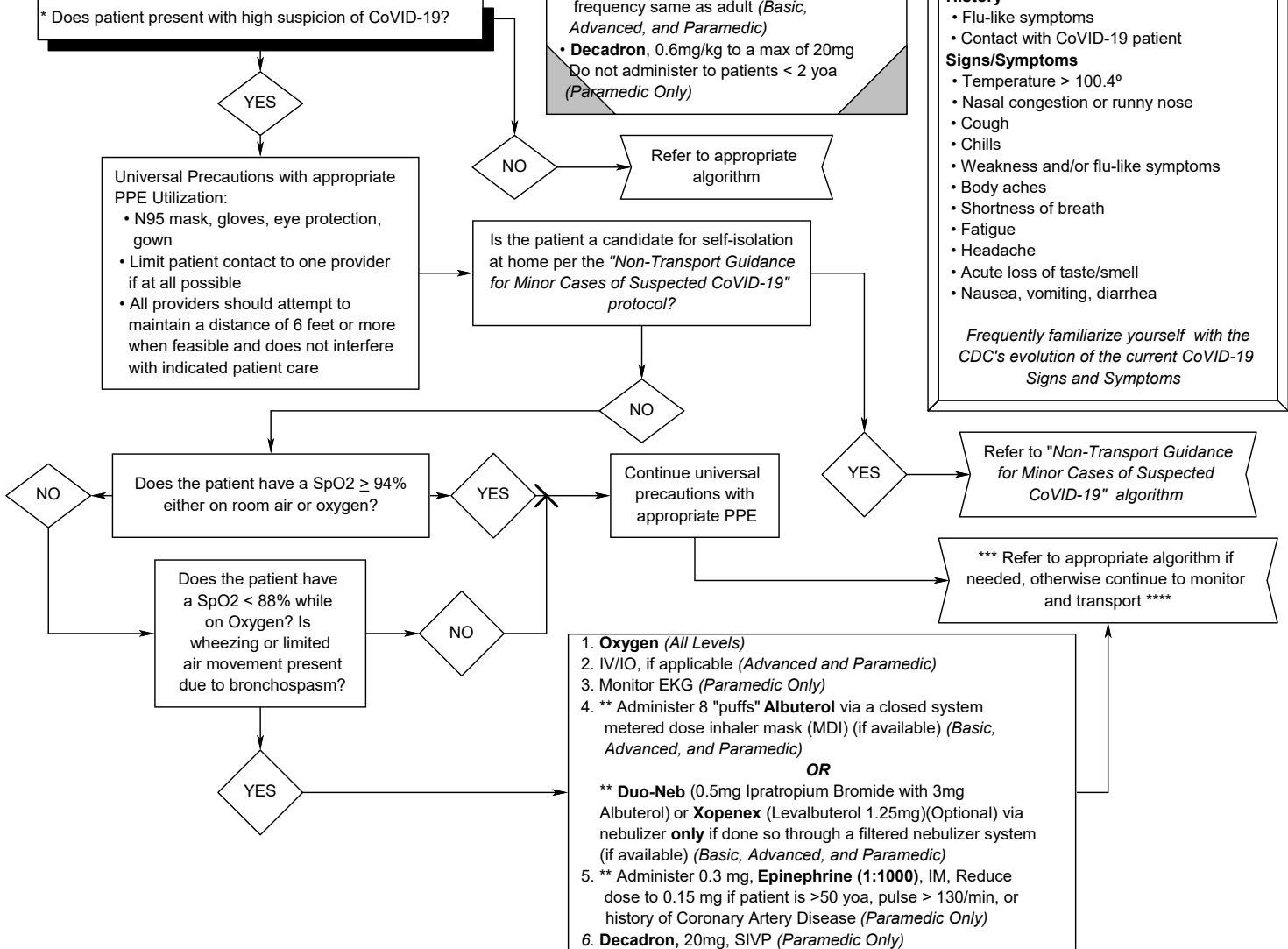
History

- Flu-like symptoms
- Contact with CoVID-19 patient

Signs/Symptoms

- Temperature > 100.4°
- Nasal congestion or runny nose
- Cough
- Chills
- Weakness and/or flu-like symptoms
- Body aches
- Shortness of breath
- Fatigue
- Headache
- Acute loss of taste/smell
- Nausea, vomiting, diarrhea

Frequently familiarize yourself with the CDC's evolution of the current CoVID-19 Signs and Symptoms



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- The closed system metered dose inhaler (MDI) mask should be used instead of administering medications via the "traditional" non-filtered nebulized route as defined in the CoVID-19 Treatment Supplements (see following pages) (*Basic, Advanced, and Paramedic*). However, **Duo Neb** or **Xopenex** may be administered via nebulizer. **ONLY** if done so through a filtered nebulizer system as defined in the CoVID-19 Treatment Supplements (see following pages) (*Basic, Advanced, and Paramedic*). This is to help prevent the transmission of the virus by aerosolization.
- IM **Epinephrine (1:1000)** is highly recommended for its bronchodilation effects. Consider the cautions and contraindications for the administration of **Epinephrine (1:1000)** (see SPEMS Protocol Supplements for more information) (*Paramedic Only*).

*** If respiratory status continues to decline and the airway must be secured, **INTUBATION VIA THE DIRECT LARYNGOSCOPY TECHNIQUE IS NOT RECOMMENDED**. Instead, focus on BLS airway management to reduce the risk of personal contamination from respiratory droplets. Intubation via indirect laryngoscopy (King Vision, Airtraq, etc...) or placement of a King Airway is an option, but only indicated for rare cases where BVM ventilation is inadequate.

**** **Destination Guidelines:**

- **Radio Report:** Proceed with report as normal with one difference. Provide a covert warning to the receiving facility of the high suspicion of CoVID-19. If cellular communication is not available then the driver of the unit should enter facility to advise of the situation while the patient and provider remain in the unit awaiting further instruction.
- **At Destination:** Once the patient has been moved over to facility bed and patient care has been transferred removed PPE and follow your agencies Standard Operating Procedures (SOPs) for disposal or reuse.
- **Ambulance Disinfection:** At a minimum, and while utilizing appropriate PPE, carefully clean/disinfect any surface contacted by the patient or provider before returning to service. Follow your agencies SOPs for equipment and ambulance disinfection.