Suspected CoVID-19 Treatment Procedure Supplements

Epinephrine 1:1000 (1 mg per 1 mL concentration)

0.15 mg = 0.15 mL

This is the maximum single dose for:

- Pediatrics over 15 kg (33 lbs), or
- Adults with a history of cardiac disease, or
- Adults over 50 years old, or
- Adults with a heart rate exceeding 130 bpm

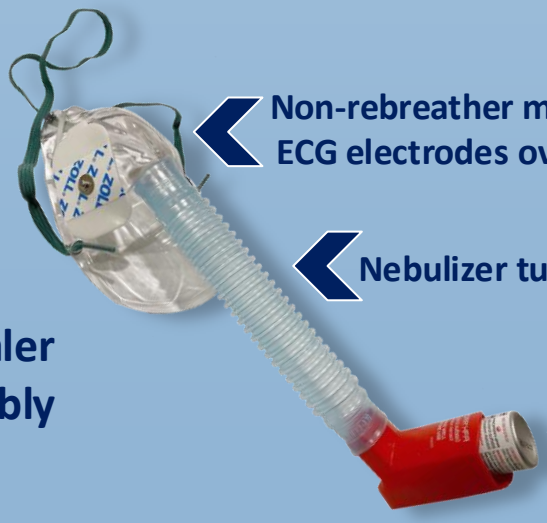
0.3 mg = 0.3 mL

This is the maximum single dose for:

- Adults with no known history of cardiac disease, and
- Adults 50 years old and younger, and
- Heart rate under 130 bpm

Paramedic Only

Metered Dose Inhaler (MDI) Mask Assembly

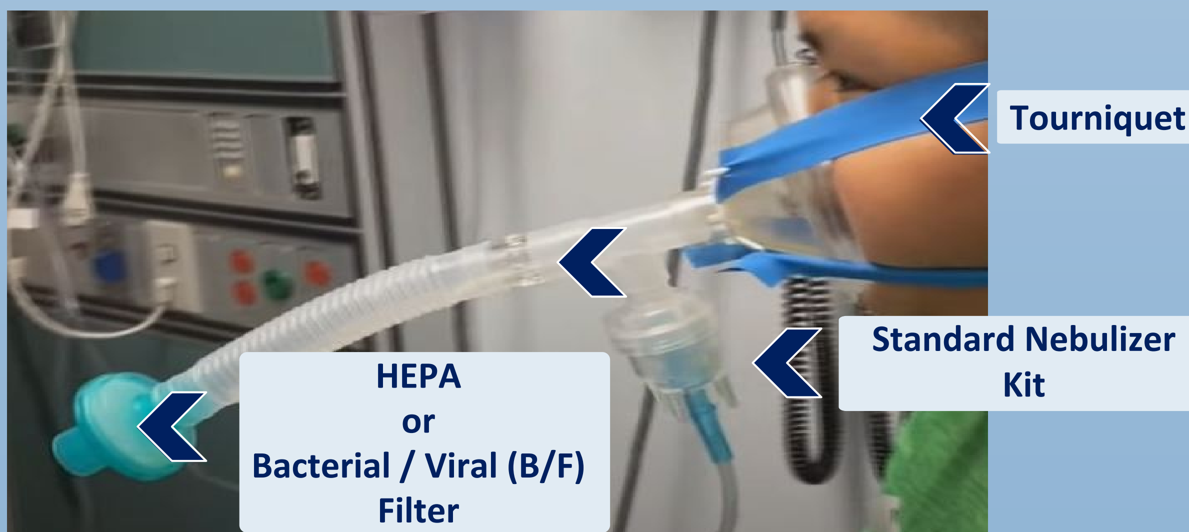


Basic, Advanced, and Paramedic

- If available, the Metered Dose Inhaler (MDI) should be utilized with the above pictured closed system inhaler mask. This mask is used to help prevent the transmission of the virus by utilizing a closed system to limit aerosolization. This inhaler mask is assembled using a NRB or nebulizer mask, nebulizer spacer tube, two (2) ECG electrodes, and the MDI. Connect the corragated spacer tube to the mask and MDI and cover the two (2) exhaust ports on the mask with the ECG electrodes. *(Basic, Advanced, and Paramedic)*
- *Instructional video: https://www.youtube.com/watch?v=8qaIk59u4mc&feature=youtu.be&app=desktop*
- If MDIs are not available, **DO NOT** administer any nebulized bronchodilators unless done so utilizing a filtered nebulizer system (see following page) *(Basic, Advanced, and Paramedic)*. Instead focus on basic airway management and the use of a BVM *(All levels)*.
- CoVID-19 is considered as a droplet-precaution viral disease. However, droplets may be aerosolized by coughing, sneezing, or nebulized medication use (home nebulizer) and remain in the air for several hours. Use an N95 mask on yourself when making patient contact. If the patient is transported, apply a surgical mask to the patient to protect others. Do NOT use an N95 mask on these patients.
- 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. Endotracheal 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.

[illegible]

Filtered Nebulizer Mask Assembly



Basic, Advanced, and Paramedic

- Traditional nebulizers are reported to increase droplet dispersion, causing uncertainty in use for COVID patients. A national shortage of Metered Dose Inhalers (MDI's) has led to difficulty obtaining them. However, administering a nebulized bronchodilator while utilizing a **leak free** filtered nebulized system has proven to be both effective and safer for healthcare professionals (*Basic, Advanced, and Paramedic*).
- If a nebulized bronchodilator is administered it **MUST** be done through a filtered nebulizer system that creates a seal around the patient's face throughout the entire treatment (if a mouth pieces is used in the place of a vent free mask the patient must maintain a seal around mouth piece throughout the entire treatment). It is recommended to use a vent free mask either strapped to the patient's face or held firmly in place by the EMS provider *(Basic, Advanced, and Paramedic).*
- There are different ways to create a leak free filtered nebulizer system. The above pictured technique is merely a suggestion. To make a safe and effective filtered nebulizer system it must be free of leaks where the system meets the patient's face or mouth. It must also utilize a HEPA (preferred) or a Bacterial / Viral (B/F) Filter located at the exhaust end of the system. If constructed adequately there should not be signs of the nebulized bronchodilator (fog) exiting anywhere from the filtered nebulizer system.
- *Instructional video:* [illegible]
- If MDIs or an effective filtered nebulizer system are not available, **DO NOT** administer any nebulized bronchodilators. Instead focus on basic airway management and the use of a BVM (*All levels*).
- 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. Endotracheal 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.
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