EMT/ADVANCED EMT STANDING ORDERS

**INDICATIONS:**
- Cardiac Arrest.

**RELATIVE CONTRAINDICATIONS:**
- Severe maxillofacial or oral trauma.
- For devices inserted into the esophagus:
  - The patient has known esophageal disease.
  - The patient has ingested a caustic substance.
  - The patient has burns involving the airway.

**PROCEDURE:**
- Insertion procedure should follow manufacturer guidelines as each device is unique.
- Confirm appropriate placement by symmetrical chest-wall rise, auscultation of equal breath sounds over the chest and a lack of epigastric sounds with bag valve mask ventilation, and capnography, if available.
- Secure the device.
- Document the time, provider, provider level and success for the procedure.
- Complete all applicable airway confirmation fields including chest rise, bilateral, equal breath sounds, absence of epigastric sounds and end-tidal CO$_2$ readings.
- Reassess placement frequently, especially after patient movement.

PARAMEDIC STANDING ORDERS

**INDICATIONS:**
Inability to adequately ventilate a patient with a bag-valve-mask or longer EMS transports requiring a more definitive airway.
Back up device for failed endotracheal intubation attempt.

**POST TUBE PLACEMENT CARE – ADULT**

Option 1:
Ketamine 1 mg/kg ideal body weight (IBW) IV every 5 – 15 minutes, as needed.

Option 2:
Fentanyl 50 - 100 mcg IV every 5-10 minutes, as needed.

AND
Midazolam 2 - 5 mg IV every 5 – 10 minutes as needed OR
Lorazepam 1 - 2 mg every 15 minutes as needed (maximum total 10 mg)

**POST TUBE PLACEMENT CARE – PEDIATRIC**

Option 1:
Ketamine 1 mg/kg IV every 5 - 15 minutes, as needed.

Option 2:
Fentanyl 2 - 3 mcg/kg IV every 5 - 10 minutes as needed.

AND
Midazolam 0.1 mg/kg IV (maximum single dose 2.5 mg) every 5 - 10 minutes as needed OR
Lorazepam 0.1 mg/kg IV (maximum single dose 2 mg) every 15 minutes as needed (maximum total 10 mg)