# THE WORLD GAMES MEDICAL EMERGENCY PLAN 2022

**Medical Protocols**

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**Medical Emergency Action Plan (EAP)**

**A medical emergency is an acute injury or illness that poses an immediate risk to a person’s life or long-term health.**

Notify Medical Control via Southern Link talkgroup or phone numbers listed in this document.

Be sure to respond with sufficient medical equipment and support, including a medical bag and AED.

Immediately bring patient into treatment area or respond to the scene of the event if directed and complete a rapid assessment of the patient

If transport indicated, request level of transport early via on site incident command

Provide transport with details of your assessment, therapies rendered, and other appropriate documentation.

If multiple patients, advise Incident Commander and EOC immediately.

## Triage Colors

###  RED

**YELLOW**

 **GREEN**

**Medical Emergency. Activate Medical Emergency Plan immediately Medical Urgency. Monitor situation closely and escalate if needed**

**Medical issue that can usually be safely managed onsite. Use clinical judgement**

## Medical Communication

Contact Venue Medical personell as well as SITE INCIDENT COMMAND for any additional medical needs and transportation needs.

Medical Control can also be reached by Southern Link Talk Group**.**

**Only call 9-1-1 if unable to reach Medical Control or if instructed by Incident Commander**.

If Medical Emergency Plan activated, notify Medical Control immediately.

### Your Medical Venue Director Is:

## Important Information

Medical providers volunteering for the World Games are under the oversight of the World Games Chief Medical Officer and the Executive Spectator Care Physicians Leads. Please keep these individuals apprised of all medical challenges and issues.

Providers rendering care need to work within the scope of practice for their individual professional license or certification.

**EVACUATION ROUTES**

* Evacuation route maps have been provided or posted in each work area. On arrival at the assigned venue, please familiarize yourself with the following:
1. **Emergency exits**
2. **Primary and secondary evacuation routes**
3. **Locations of fire extinguishers**
4. **Fire alarm pull stations’ location**
5. **Assembly points**
* Site personnel should know at least two evacuation routes.

In the event of a site evacuation, follow directions of uniformed emergency services personnel. Keep the Emergency Operations Center apprised and updated regarding any emergency condition.

**SECURITY AWARENESS**

**See Something, Say Something**

Report suspicious activities, items, or persons to the Emergency Operations Center

**Report any suspected or known abuse or intentional injury to Site Incident Commander and the EOC.**

## SERIOUS CONDITIONS

In the event of an ATHLETE or SPECTATOR COLLAPSE, immediately consider HEART, HEAT or HEAD injuries Always activate the MEDICAL EMERGENCY PLAN for an unconscious athlete or patient

Alert on site medical personnel and take patient to venue aid station if able. If not, begin treatment on site.

Spectator Venue site physicians are listed in included phone numbers but Spectator Medical Control Physicians are:

-Dr. Bobby Lewis (205-901-8308)

-Dr. Joel Evans (205-368-8634**)**

**Only call 9-1-1 if unable to reach Medical Control or if instructed by Incident Commander**.

If immediate response, medical transport, or mass casualty incident, notify ON SCENE Incident Command Immediately as well as Dr. Lewis or Evans as above

**ANAPHYLAXIS**

1. **History**
	* Known allergen exposure: food, insect, animal, or medication
	* Acute in onset
	* Not all signs and symptoms required for diagnosis
2. **Symptoms**
	* Itching or Pruritis
	* Rash
	* Mouth, tongue, and or throat swelling
	* Shortness of Breath
	* Wheezing
	* Nausea and/or Vomiting
	* Diarrhea
	* Abdominal Discomfort
3. **Physical Exam**
	* Hives
	* Angioedema
	* Wheeze
	* Hypotension
	* Tachycardia
4. **Treatment**
	* Epinephrine (EpiPen) -May Repeat if necessary
		+ Do not delay administration if anaphylaxis suspected
		+ Children: EpiPen Jr
	* Albuterol
		+ 5mg nebulized or 2-4 puff via MDI
	* Diphenhydramine *Benadryl* (if available)
		+ Adults: 50mg
		+ Children: 1mg/kg max of 50mg
	* Intravenous Fluids
5. **Disposition**
	* Recommend EMS transport to Emergency Department
6. **Follow-up**

-No discussion with media (refer to Public Information Officer)

**CARDIAC ARREST**

1. **History/Complaint**
	* Nonresponsive
	* Not breathing
	* Pulseless
2. **Symptoms**
	* Unresponsive
3. **Physical Exam/Signs**
	* No respiratory effort
	* No pulse (check for no more than 10 seconds)
4. **Treatment**
	* Start CPR
		+ 100-120 compression per minute
		+ Bag mask ventilation-using supplemental 02 if available
			- Ratio of 30 compression for 2 breaths
	* Apply AED or LifePack
		+ Shock if indicated
			- Ventricular fibrillation
			- Ventricular Tachycardia
	* Establish IV access
		+ Administer Epinephrine – if available
			- Adults 1mg
			- Children 0.01mg/kg (max of 1mg)
	* Check Finger stick Blood sugar-if available
5. **Disposition**
	* EMS transport to Emergency department
6. **Follow-up**

Transport to appropriate medical facility Support to team members, family

No discussion with media (refer to Public Information Officer) Review notes and documentation

**DIABETIC EMERGENCY**

1. **History**
	* Altered level of consciousness
		+ Confusion
		+ Unresponsive
	* Weakness
	* Nausea or vomiting
	* Abdominal discomfort
	* Trouble breathing
	* Prior history of diabetes
2. **Symptoms**
	* Muscle Tremor
	* Seizure
	* Diaphoresis
	* Generalized or focal weakness
	* Palpitations
3. **Physical Exam**
	* Seizure
	* Tachycardia
	* Hypotension
	* Tachypnea
	* AMS
	* Poor Muscle Tone
4. **Treatment**
	* Obtain Finger Stick Blood Sugar
		+ Low (<80 and symptomatic)
			- Administer Glucose
				* PO (if able to swallow)
				* IV (if unable to swallow)
		+ High ( >250 and symptomatic)
			- Establish IV Access
				* Administer Intravenous fluids
		+ Antiemetic
			- Ondansetron *Zofran*
				* 4mg
5. **Disposition**
	* Recommend EMS transport to Emergency Department
6. **Follow up**
	* No discussion with media (refer to Public Information Officer)
	* Review notes and documentation

**HEAD INJURY**

**(Suspected Intracranial Bleed)**

1. **History**
	* Known or suspected head trauma
	* History of anticoagulation use (Coumadin, Xarelto, Eliquis, Pradaxa)
	* Confusion or alerted sensorium
2. **Symptoms**
	* Alerted Mental Status (decreased responsiveness)
	* Headache
	* Seizure
	* Vomiting
	* Slurred Speech
	* Generalized Weakness
3. **Physical Exam**
	* Signs of skull fracture or depression in scalp
	* Clear discharge from ears or nose
	* Abnormal pupillary exam
	* Glasgow Coma Score, GCS
		+ Eyes:
			- Open Spontaneously (4)
			- To Voice (3)
			- To pain (2)
			- Remain Closed (1)
		+ Verbal
			- Normal Speech (5)
			- Confused (4)
			- Inappropriate (3)
			- Incomprehensible/moaning (2)
			- No Response (1)
		+ Motor
			- Normal Movement (6)
			- Localizes to Pain (5)
			- Withdraws to Pain (4)
			- Flexion in response to pain (3)
			- Extension in response to Pain (2)
			- No Response (1)
4. **Treatment**
	* Antiemetic therapy ,if indicated
	* Benzodiazepine therapy, if indicated (actively Seizing)
	* Supplemental 02 for oxygen level less than 94%
5. **Disposition**
	* If no anticoagulation use AND normal exam
		+ Recommend follow up with urgent care or telemedicine
	* if anticoagulation use OR abnormal exam
		+ Recommend EMS Transport to Emergency Department
	* If concern, report of, or unable to access for neck pain/discomfort
		+ Recommend cervical spine immobilization
6. **Follow-up**
	* No discussion with media (refer to Public Information Officer)
	* Review Notes and Documentation

**HEAT RELATED ILLNESS**

1. **History**
	* Collapse
	* Syncopal episode
	* Confusion
	* Environmental exposures
	* Seizure
	* Convulsions
2. **Symptoms**
	* Altered Mental Status
	* Muscle Pain
	* Vomiting
	* Abdominal Pain
	* Decreased urine output or dark colored urine
3. **Physical Exam**
	* Elevated Temperature
	* Tachycardia
	* Tachypnea
	* Diffuse muscle tenderness to palpitations
	* May or may not be diaphoretic
4. **Treatment**
	* Immediate cooling measures (removal from heat)
		+ Ice or cold water bath
		+ Fans with water mister
	* Blood sugar level
	* Oral fluid replacement
		+ Establish IV Access and administer Intravenous fluids if severe
		+ Antiemetic therapy, if needed
	* AVOID acetaminophen or NSAID therapy for temperature control
5. **Disposition**
	* Severe
		+ Recommend EMS transport to Emergency Department
	* Mild/moderate
		+ Recommend urgent care or tele-medicine follow up
	* Avoidance of further heat exposure
6. **Follow-up**
	* Support to team members, family
	* No Discussion with Media (refer to Public Information Officer)
	* Review notes and documentation

**SEIZURES**

1. **HISTORY**
	* Unconscious or altered sensorium
	* Unresponsive
	* History of epilepsy
	* Head injury, diabetic emergency, or heat related illness
	* Recent infection
	* Drug use
	* Pregnancy status
2. **Symptoms**
	* Unresponsive
	* Abnormal Muscle Movement or contractions
	* Altered Mental Status
3. **Physical Exam (evaluate)**
	* Airway, sometimes will have tongue biting
	* Obtain neurologic and eye exam
	* Signs of head trauma
4. **Treatment**
	* Place patient in recovery position
	* Administer supplemental oxygen, as needed
	* Obtain blood sugar
5. **Disposition**
	* If return to baseline AND normal neurologic status AND history of epilepsy or seizure disorder
		+ Recommend non-emergent follow up and/or Telemedicine
	* If more than one seizure OR not return to baseline OR concern for head injury
		+ Recommend EMS transport to Emergency Department
6. **Follow-up**
	* Support to team members, family
	* No discussion with media (refer to Public Information Officer)
	* Review Notes and documentation

**Musculoskeletal Injuries**

1. **History**
	* Fall or collision
	* Pain
	* Prior injury, deformity, or surgery to the affect area
2. **Symptoms**
	* Swelling
	* Ecchymosis
	* Abrasions
	* Bleeding
3. **Physical Exam (evaluate for)**
	* Perfusion proximal and distal to injury
	* Neurologic status proximal and distal to injury
	* Exposed bone or laceration over area of injury
	* Gross deformity and non-anatomical alignment
	* Joints proximal and distal to injury
4. **Treatment**
	* Splint in position of comfort with cardboard or sam splints
	* Pain control
	* As tolerated (ice, compression, and elevation)
5. **Disposition**
	* If concern for open fracture recommend EMS transport to Emergency Department
	* If gross displacement or concern for neurovascular status or total inability to bear weight, recommend EMS transport to Emergency Department
	* If none of the above then recommend non-emergent follow up for evaluation including Telemedicine

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**SPRAINS AND STRAINS**

##### Complaint

Popping, snapping or tearing sensation (sprains & strains) Pain over bone or in joint

Limited motion Swollen joint

Pain, swelling, stiffness and possible difficulty bearing weight Potential bruising within 24-48hrs

##### Symptom

Joint or tendon pain Swelling

Joint Locking

##### Questions to Ask and report

Ability to bear weight without pain Associated injuries

Skin integrity over injury Evaluate for joint instability

Evaluate for muscle defect with passive muscle stretching Note approximate age of athlete

##### When to Escalate

Associated with medical emergency Open fracture or dislocation

Major joint dislocation (knee, hip, shoulder, elbow) Pain management

##### “Red flags”

Be sure to consider C-spine precautions if needed based on mechanism of injury Ensure no acute vascular or nerve compromise

##### Treatment

Protection, rest, ice, compression and elevation (PRICE)

Elastic compression, bandages, bracing or possible immobilization (sprains) Consider immobilization in muscle extension (strains)

Splint suspected fracture or dislocation

##### Follow-up

Transport to appropriate medical facility if concerns about severity X-ray films if indicated depending on examination

Repeat evaluation for return to participation clearance if not cleared immediately

* + Coordinate plan with Athlete /Coach
	+ Can be done at Main Medical at UW by Sports Medicine Physician
	+ Communicate follow up plans with venue director

If not cleared to return to competition, communicate directly with Medical Control

**Skin Conditions**

**WOUND CARE**

1. **History**
	* Cut or Scape
	* Object or material involved
	* Time since incident
2. **Symptoms**
	* Bleeding
	* Pain
	* Redness
	* Purulence
3. **Physical Exam**
	* Evaluate for arterial bleeding
	* Evaluate for open fracture
	* Evaluate for tendon and nerve function
	* Evaluate for retained foreign material
4. **Treatment**
	* Clean affected area
	* Apply dressing +/- topical antibiotic
	* Suture wound if necessary and if within scope of practice
5. **Disposition**
	* If arterial bleeding recommend EMS transport to Emergency Department
	* Otherwise non-emergent follow up including Telemedicine

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**RASHES**

1. **History**
	* Onset
	* Travel History
	* History of similar rashes
	* Exposures (Environmental)
	* Multiple people with similar rash
	* Location of Rash
2. **Symptoms**
	* Fever
	* Body Aches
	* Cough
	* Pruritic (Itchy)
	* Drainage
3. **Physical Exam**:
	* Evaluate for Infection (Bacterial) and/or Abscess
	* Evaluate for Fungal Etiology
	* Evaluate for Systemic concerns for allergic reaction
4. **Treatment**
	* Topical steroid cream (if available) and/or Diphenhydramine (if available) for allergic reactions)
	* Topical Antifungal if concerned
	* Keep areas covered
5. **Disposition**
	* If concerned about communicable diseases recommend isolation and reporting to World Games Medical Command Center
		+ Usually involves Rash+ (flu-like symptoms)
		+ If unstable recommend EMS transport with respiratory precautions to Emergency Department
	* All other rashes recommend non-emergent follow up or Telemedicine

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**SUNBURN**

1. **History**
	* Onset including timeframe of sun exposure
	* Prior exposures
	* History of sunscreen/sunblock use
2. **Symptoms**
	* Pain
	* Rash
	* Nausea/vomiting
	* Confusion
3. **Physical Exam (evaluate for)**
	* Erythematous rash
	* Painful to touch
	* Blisters
4. **Treatment**
	* Evaluate for heat related injury
	* Pain control (acetaminophen and or ibuprofen)
	* Fluids (oral or Intravenous) if concerned for dehydration
	* Clean with soap and water
	* Avoid deroofing large blisters
	* Avoid further sun exposure
5. **Disposition**
	* If concerned for extreme heat related injury recommend EMS transport to Emergency Department
	* Most sunburns can be management through non-emergent follow up and/or Telemedicine

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**Head and Neck Conditions**

**UPPER RESPIRATORY INFECTION**

1. **History**
	* Onset
	* Sick contacts
	* Travel history
	* History of Immunosuppression
	* History of chronic pulmonary disease
2. **Symptoms**
	* Cough
	* Rhinorrhea
	* Fever/Chills
	* Body aches
	* Sore throat
3. **Physical Exam**
	* Wheezing or other abnormal pulmonary exam findings
	* Respiratory Rate
	* Oxygen Saturation
	* Difficulties with swallowing
4. **Treatment**
	* Recommend immediate masking of symptomatic patient
	* Antipyretic therapy (acetaminophen and/or Ibuprofen)
	* Albuterol, if indicated
5. **Disposition**
	* Recommend Isolation and self-quarantine
		+ Covid-19 Screening
	* If in respiratory distress
		+ recommend EMS transport to the Emergency Department
	* Otherwise recommend non-emergent follow up including Telemedicine

##### Follow-up

##### ALERT SITE PHYSICIAN AND REPORT TRENDS TO Drs. Evans and Lewis if concern for COVID

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**EARACHE**

1. **History**
	* Trauma (direct or indirect)
	* Foreign object
	* Laterality
2. **Symptoms**
	* Hearing Loss
	* Tinnitus
	* Vertigo
	* Discharge
3. **Physical Exam**
	* Pain on movement
	* Gross Hearing impairment (laterality)
	* Discharge
4. **Treatment**
	* Pain Control (acetaminophen and/or ibuprofen)
5. **Disposition**
	* Recommend non-emergent follow up or Telemedicine
6. Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**EYE INJURY/PAIN**

1. **History**
	* Trauma (direct or indirect)
	* Foreign body or chemical
	* Prior eye disease/surgery
	* Eye protection
	* Current contact or glasses use
2. **Symptoms**
	* Pain
	* Vision Loss or blurring
	* Swelling
	* Floaters
	* Flashes of Light
	* Bleeding
3. **Physical Exam**
	* EOMI
	* Pupillary Reflex
	* Gross Visual Acuity
	* Discharge
4. **Treatment**
	* For minor foreign body or chemical exposure recommend irrigation with water or saline
	* For impaled eye injury, cover both eyes as able and stabilize impaled object
5. **Disposition**
	* For isolated eye injury that involves or concerned for globe rupture, retinal injury, retained foreign body, chemical exposure, or other sudden decrease in vision recommend immediate follow-up with eye specialist
	* For other eye related complaints recommend non-emergent follow up and/or Tele-medicine

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**EPISTAXIS (nosebleed)**

1. **History**
	* Trauma
	* Allergies
	* Medications (anticoagulation status)
	* Bleeding Disorder (hemophilia)
	* Onset
	* History of ENT surgery
	* Anemia
2. **Symptoms**
	* Bleeding
	* Pain
	* Swelling or contusion
	* Hemoptysis
	* Hematemesis
3. **Physical Exam**
	* Evaluate for Nasal Fracture
	* Evaluate for Foreign Body
4. **Treatment**
	* Position Patient in sitting position with head leaning forward
	* Recommend removal of any packing
	* Blow nose to remove any residual clot
	* Apply direct pressure over the soft tissue lateral to the nasal bridge
		+ Hold continuous pressure for 5 minutes
		+ Reassess
			- If still bleeding, repeat above steps however holding pressure for 10 minutes
5. **Disposition**
	* If bleeding is controlled recommend non-emergent follow up and/or Tele-medicine
	* If bleeding is not controlled recommend EMS transport to Emergency Department

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

* + **“Red flags”**

**Respiratory**

**CHEST TRAUMA**

1. **History**
	* Blunt or Penetrating
	* Size and velocity or object
	* Onset
2. **Symptoms**
	* Pain
	* Dyspnea
	* Cough
	* Bleeding
3. **Physical Exam (Evaluate for)**
	* Ecchymosis (Delayed)
	* Lacerations or Puncture wounds
	* Crepitus
	* Diminished Breath Sounds
	* Fail Chest
	* Abnormal Chest Rise
4. **Treatment**
	* If concerned for a sucking chest wound (penetrating trauma)
		+ Apply a 3-sided non-occlusive dressing to the affected area
	* If concerned for tension pneumothorax (decreased breath sounds + profound hypotension)
		+ Treat affected side with needle decompression using a 14-G angiocath IV catheter introduced to the second intercostal space midclavicular line.
	* Use supplemental oxygen for concern for pneumothorax
5. **Disposition**
	* For penetrating injuries that are concerned for violation of the pleural space
		+ Recommend EMS transport to Emergency Department
	* For blunt injuries that are concerning for pneumothorax
		+ Recommend EMS transport to the Emergency Department
	* For all others recommend non-emergent and/or Telemedicine follow up
6. **Follow-Up**

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

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**COUGH**

1. **History**
	* Onset
	* Sick Contacts
	* Allergies
	* History of pulmonary disease
	* Tobacco use
	* Travel history
	* History of home oxygen use
	* History of congestive heart failure
2. **Symptoms**
	* Cough (productive)
	* Rhinorrhea
	* Wheezing
	* Dyspnea
	* Chest pain
	* Pleurisy
	* Hemoptysis
	* Swelling
	* Fever/chills
3. **Physical Exam (**Evaluate for)
	* Tachypnea
	* Hypoxia
	* Abnormal pulmonary sounds (Wheezing)
	* Edema
4. **Treatment**
	* If concerned for asthma or COPD
		+ Albuterol (if available)
			- MDI available 2 puffs every 10 minutes
			- Nebulizer available 5mg every 10 minutes
	* Hypoxia
		+ Oxygen to maintain oxygen saturation > 92%
5. **Disposition**
	* If not in distress or requiring supplemental oxygen use
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If in distress or requiring supplemental oxygen
		+ Recommend EMS transport to the Emergency Department

##### Follow-up

Urgent Care if not improving

Repeat evaluation in USA Games main medical within 24 hours

**SHORTNESS OF BREATH/COUGH**

1. **History**
	* Onset
	* Sick Contacts
	* Allergies
	* History of pulmonary disease
	* Tobacco use
	* Travel history
	* History of home oxygen use
	* History of congestive heart failure
2. **Symptoms**
	* Cough (productive)
	* Rhinorrhea
	* Wheezing
	* Dyspnea
	* Chest pain
	* Pleurisy
	* Hemoptysis
	* Swelling
	* Fever/chills
3. **Physical Exam (**Evaluate for)
	* Tachypnea
	* Hypoxia
	* Abnormal pulmonary sounds (Wheezing)
	* Edema
4. **Treatment**
	* If concerned for asthma or COPD
		+ Albuterol (if available)
			- MDI available 2 puffs every 10 minutes
			- Nebulizer available 5mg every 10 minutes
	* Hypoxia
		+ Oxygen to maintain oxygen saturation > 92%
	* If concern for COVID:
		+ Mask patient and recommend isolation
5. **Disposition**
	* If not in distress or requiring supplemental oxygen use
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If in distress or requiring supplemental oxygen
		+ Recommend EMS transport to the Emergency Department
6. Follow-up

##### ALERT SITE PHYSICIAN AND REPORT TRENDS TO Drs. Evans and Lewis if concern for COVID

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**ASTHMA**

1. **History**
	* Onset
	* Sick Contacts
	* Allergies or allergen exposure
	* Tobacco use
	* Travel history
	* Home medications (last use)
	* History of pulmonary disease
	* History of asthma (last attack, severity of attacks [requiring hospitalization or intubation])
2. **Symptoms**
	* Cough
	* Wheezing
	* Dyspnea
	* Chest pain
	* Pleurisy
	* Fever/chills
3. **Physical Exam** (Evaluate for)
	* Tachypnea
	* Hypoxia
	* Abnormal pulmonary sounds (Wheezing)
	* Prolonged expiration
	* Accessory muscle use
	* Red flag symptoms: absent breath sounds, altered mental status, O2 <90%
4. **Treatment**
	* Albuterol (if available)
		+ MDI available 2 puffs every 10 minutes
		+ Nebulizer available 5mg every 10 minutes
	* Hypoxia
		+ Oxygen
5. **Disposition**
	* If not in distress or requiring supplemental oxygen use
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If in distress, refractory to treatment, or requiring supplemental oxygen
		+ Recommend EMS transport to the Emergency Department
6. **Follow-up**

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

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**Cardiovascular**

**CHEST PAIN**

1. **History**
	* Onset
	* Exacerbating / alleviating factors
	* Tobacco or illicit substance use
	* Home medications
	* History of coronary artery disease/prior heart attack, congestive heart failure, hypertension, diabetes, high cholesterol, PE/DVT, arrhythmias
2. **Symptoms**
	* Chest pain
	* Dyspnea
	* Diaphoresis
	* Nausea
	* Palpitations
	* Syncope
	* Swelling
	* Fever/chills
3. **Physical Exam** (Evaluate for)
	* Abnormal mental status
	* Tachycardia
	* Tachypnea
	* Hypoxia
	* Symmetric peripheral pulses and perfusion
	* Edema
	* Obtain EKG if able
4. **Treatment**
	* If concerned for myocardial infarction
		+ Aspirin 324mg chewed
	* Nitroglycerin (0.4mg sublingual) if no evidence of inferior stemi
	* If Hypoxia
		+ O2 with goal sat of > 92%
5. **Disposition**
	* If not in distress, with resolution of symptoms and no significant past medical history
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If in distress, persistent symptoms, or requiring supplemental oxygen
		+ Recommend EMS transport to the Emergency Department

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**ELEVATED BLOOD PRESSURE**

1. **History**
	* Onset
	* Tobacco or illicit substance use
	* Home medications
	* History of hypertension, congestive heart failure, end stage renal disease (dialysis dependence)
2. **Symptoms**
	* Difficulty breathing
	* Chest pain
	* Confusion
	* Visual disturbances
	* Seizure
3. **Physical Exam** (evaluate for)
	* Altered mental status or confusion
	* Elevated blood pressure (concern for hypertensive emergency if BP ≥180/110)
	* Abnormal pulmonary sounds
4. **Disposition**
	* Asymptomatic hypertension
		+ Recommend Non-emergent and/or Telemedicine follow up
	* Symptomatic hypertension, concern for end organ dysfunction, or >20 weeks pregnant
		+ Recommend EMS transport to the Emergency Department
	* No sports clearance for athletes if:
		+ Age 18 or greater with BP ≥160/100
		+ Age less than 18 with BP ≥99th percentile +5mmHg for gender and height according to pediatric BP table

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**Gastrointestinal Complaints**

**ABDOMINAL TRAUMA**

1. **History**
	* Onset
	* Injury mechanism (blunt or penetrating)
	* Size and velocity of object
2. **Symptoms**
	* Chest or abdominal pain
	* Dyspnea
	* Nausea/vomiting
	* Bleeding
	* Confusion / altered mental status
	* Syncope
	* Blood in vomit, urine, or stool
3. **Physical Exam** (Evaluate for)
	* Abnormal mental status
	* Tachycardia
	* Hypotension
	* Chest wall involvement or crepitus
	* Diminished breath sounds
	* Lacerations or penetrating injury
	* Abdominal tenderness
4. **Treatment**
	* Give nothing by mouth
	* Hypotensive
		+ Obtain IV access and start fluids and transport via EMS to Emergency Department
	* Hypoxia
		+ Oxygen
5. **Disposition**
	* For penetrating injuries that are concerned for violation of the peritoneum
		+ Recommend EMS transport to Emergency Department
	* For blunt injuries that are concerning for intra-abdominal injury
		+ Recommend EMS transport to the Emergency Department
	* For all others recommend non-emergent and/or Telemedicine follow up
6. **Follow-up**

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

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**REFLUX/GERD**

1. **History**
	* Onset
	* Change in diet
	* Tobacco or alcohol use
	* Home medications
	* History of cardiac disease
	* History of gastric reflux
2. **Symptoms**
	* Cough (dry)
	* Nausea
	* Burning in throat
	* Epigastric abdominal pain
	* Chest pain (go to chest pain protocol)
3. **Physical Exam** (Evaluate for)
	* Abnormal vital signs
	* Abdominal pain
4. **Treatment**
	* Uncomplicated heartburn )
		+ Antacids (Tums©)
		+ Avoid offending agent (spicy food, citrus, caffeine, chocolate, alcohol, etc)
	* Complicated (concern for cardiac component)
		+ Follow chest pain protocol
5. **Disposition**
	* If not in distress or requiring supplemental oxygen use
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If in distress, significant abdominal pain, or inability to tolerate PO
		+ Recommend EMS transport to the Emergency Department

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**DIARRHEA**

1. **History**
	* Onset
	* Change in diet
	* Travel history
	* Sick contacts
	* Home medications
	* History of immunosuppression
2. **Symptoms**
	* Watery stool
	* Frequent bowel movements
	* Abdominal pain
	* Blood in stool
	* Weakness
	* Nausea or vomiting
	* Fever
3. **Physical Exam** (Evaluate for)
	* Abnormal vital signs
	* Confusion or altered mental status
	* Abdominal pain with signs of peritonitis
4. **Treatment**
	* Rehydration with clear liquids, electrolyte drink or IV fluids
	* Zofran 4mg ODT or IV if vomiting
	* Consider Loperamide 2mg tablet if multiple high volume stools
	* Counsel on frequent handwashing and preventing transmission
5. **Disposition**
	* If not in distress, tolerating PO, and has normal vital signs
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If in distress, significant abdominal pain, or inability to tolerate PO
		+ Recommend EMS transport to the Emergency Department

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**CONSTIPATION**

1. **History**
	* Onset
	* Time since last bowel movement
	* Ability to pass gas / flatus
	* Change in diet
	* Home medications
	* History of prior abdominal surgeries
2. **Symptoms**
	* Nausea or vomiting
	* Abdominal pain
	* Blood in stool
3. **Physical Exam** (Evaluate for)
	* Abnormal vital signs
	* Confusion or altered mental status
	* Abdominal pain
4. **Treatment**
	* Uncomplicated constipation
		+ Stool softeners
		+ Laxities
		+ Increased water and fiber intake
5. **Disposition**
	* If not in distress with reassuring vitals and able to tolerate PO
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If in distress, not passing gas, significant abdominal pain, or inability to tolerate PO
		+ Recommend EMS transport to the Emergency Department
6. **Follow-up**

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

* + Review notes and documentation

**VOMITING**

1. **History**
	* Onset
	* Change in diet
	* Alcohol use
	* Able to tolerate PO
	* Recent travel
	* Sick contacts
	* Recent head injury or trauma
	* Home medications
	* History of immunosuppression
2. **Symptoms**
	* Nausea / vomiting
	* Abdominal pain
	* Chest pain (go to chest pain protocol)
	* Blood in vomit
	* Weakness
	* Constipation or diarrhea
	* Weakness
	* Fever
3. **Physical Exam** (Evaluate for)
	* Abnormal vital signs
	* Altered mental status
	* Abdominal pain
4. **Treatment**
	* Rehydration with PO fluids if able
	* Zofran 4mg ODT or IV if vomiting
	* If significant vital sign abnormality AND unable to tolerate PO, then 1 L IVF
5. **Disposition**
	* If not in distress, tolerating PO, and has normal vital signs
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If in distress, significant abdominal pain, or inability to tolerate PO
		+ Recommend EMS transport to the Emergency Department

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**Genitourinary**

**URINE CHANGES/FLANK PAIN**

1. **History**
	* Onset
	* Recent trauma or injury
	* Hydration status
	* Alcohol or illicit substance use
	* Home medications
	* History of kidney stones, renal transplant or solitary organ
2. **Symptoms**
	* Nausea / vomiting
	* Abdominal pain
	* Flank pain
	* Dysuria
	* Hematuria
	* Incontinence (Stress, urge, overflow)
	* Back pain
	* Testicular pain
	* Muscle cramps
	* Fever
3. **Physical Exam** (Evaluate for)
	* Abnormal vital signs
	* Altered mental status
	* Abdominal pain
	* Weakness
	* Gross hematuria
4. **Treatment**
	* Rehydration with PO fluids if able to tolerate
	* Zofran 4mg ODT or IV if vomiting
	* IV fluids ONLY if significant vital sign abnormalities AND unable to tolerate PO fluids
5. **Disposition**
	* If not in distress, tolerating PO, and has normal vital signs
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If in distress, significant abdominal pain, or inability to tolerate PO
		+ Recommend EMS transport to the Emergency Department
6. Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**Neurologic**

**HEADACHE**

1. **History**
	* Onset ( sudden onset with maximum severity?)
	* Inciting trauma / head injury
	* Exacerbating / alleviating factors
	* Heat exposure
	* Home medications
	* History of headaches, migraines, VP shunt
2. **Symptoms**
	* Headache
	* Nausea/vomiting
	* Vision changes
	* Confusion / altered mental status
	* Focal neurologic deficits
	* Neck stiffness
	* Seizure
	* Fever/chills
3. **Physical Exam** (Evaluate for)
	* Abnormal vital signs (fever)
	* Abnormal mental status
	* Rash
	* Focal neurologic deficits (perform thorough neurologic exam)
	* Neck stiffness
4. **Treatment**
	* Uncomplicated headache
		+ Ibuprofen 600mg
		+ Tylenol 650mg
		+ Rehydration with clear liquids, electrolyte drink or IV fluids (only if not tolerating PO AND significant vital sign abnormalities)
5. **Disposition**
	* If not in distress, with resolution of symptoms and no significant past medical history
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If any “red flags”, in distress, altered mental status, focal neurologic deficit, or inability to tolerate PO
		+ Recommend EMS transport to the Emergency Department
		+ Avoid NSAIDs if any concern for head trauma or brain bleed

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**CONCUSSION**

1. **History**
	* Onset
	* Inciting trauma / head injury (mechanism)
	* Alcohol or illicit substance use
	* Home medications (anticoagulation)
	* Medical history
2. **Symptoms**
	* Headache
	* Nausea/vomiting
	* Vision changes
	* Confusion / altered mental status
	* Seizure
	* Focal neurologic
3. **Physical Exam** (Evaluate for)
	* Abnormal vital signs
	* Abnormal mental status
	* Focal neurologic deficits (perform thorough neurologic exam)
	* Neck stiffness
	* For athletes: SCAT 5 (sideline concussion assessment tool)
4. **Treatment**
	* Uncomplicated headache
		+ Ibuprofen 600mg
		+ Tylenol 650mg
		+ Rehydration with clear liquids, electrolyte drink or IV fluids
5. **Disposition**
	* If not in distress, with resolution of symptoms and no significant past medical history
		+ Recommend Non-emergent and/or Telemedicine follow up
	* If in distress, altered mental status, focal neurologic deficit, or inability to tolerate PO
		+ Recommend EMS transport to the Emergency Department
		+ Avoid NSAIDs if any concern for head trauma or brain bleed
6. Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**Behavioral Health**

**DEPRESSION**

1. **History**
	* Onset
	* Alcohol or illicit substance use
	* Stressors
	* Intentional ingestion or attempts at self-harm
	* Home medications
	* Medical history
2. **Symptoms**
	* Depressed mood
	* Fatigue
	* Difficulty concentrating
	* Feeling slowed down
	* Loss of interest in activities
	* Changes in sleep/appetite
	* Suicidal ideation or behavior
	* Auditory or visual hallucination
	* Thoughts of harming others
3. **Physical Exam** (Evaluate for)
	* Abnormal vital signs
	* Altered mental status
	* Agitation or responding to internal stimuli
	* Impulsive behavior
	* Suicidal or homicidal ideation
4. **Disposition**
	* If agitated, acutely psychotic, behaving in self-injurious behavior, or suicidal/homicidal ideation
		+ Do not leave patient unattended
		+ Recommend EMS transport to the Emergency Department

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**ANXIETY**

1. **History**
	* Onset
	* Alcohol, caffeine or illicit substance use
	* Stressors
	* Intentional ingestion or attempts at self-harm
	* Home medications
	* Medical history
2. **Symptoms**
	* Anxious mood
	* Difficulty concentrating
	* Shortness of breath (proceed to shortness of breath protocol)
	* Chest pain (proceed to chest pain protocol)
	* Changes in sleep/appetitive
	* Headache
	* Nausea/vomiting/diarrhea (proceed to respective protocol)
	* Palpitations
3. **Physical Exam** (Evaluate for)
	* Abnormal vital signs
	* Altered mental status
	* Agitation or responding to internal stimuli
	* Impulsive behavior
	* Suicidal or homicidal ideation
4. **Disposition**
	* Evaluate concomitant medical conditions based on symptoms/presentation
	* If agitated, acutely psychotic, behaving in self-injurious behavior, or suicidal/homicidal ideation
		+ Do not leave patient unattended
		+ Recommend EMS transport to the Emergency Department

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

**AGITATION/HYPERSENSITIVITY**

1. **History**
	* Inciting trigger
	* Alcohol or illicit substance use
	* Stressors
	* Home medications
	* Medical history
2. **Symptoms**
	* Shouting / yelling
	* Aggression or threats to others
	* Impulsive behavior
	* Sensitivity to noise
	* Increased stereotypic behaviors
	* Self-harming behaviors
3. **Physical Exam** (Evaluate for)
	* Abnormal vital signs
	* Altered mental status
	* Agitation or responding to internal stimuli
	* Impulsive behavior
	* Suicidal or homicidal ideation
4. **Disposition**
	* Exercise caution when approaching agitated patient. Attempt verbal de-escalation and notify security or police if necessary
	* If agitated, acutely psychotic, behaving in self-injurious behavior, or suicidal/homicidal ideation
		+ Do not leave patient unattended
		+ Recommend EMS transport to the Emergency Department

##### Follow-up

##### Support to team members, family

##### No discussion with media (refer to Public Information Officer)

##### Review notes and documentation

# Environment and Medications

**HEAT ILLNESS**

Spectrum of disorders (e.g., cramps, heat exhaustion, heat injury and heat stroke) resulting from total body heat stress. While there is a range of adverse effects that can result from the body over-heating, the 2 major kinds of heat illnesses that are referred to as heat casualties are: forms of heat exhaustion (can be milder or more severe), while more severe cases are heat stroke (most severe form of heat illness and possibly fatal). You can develop heat stroke without demonstrating heat exhaustion.

**The Emergency Operations Center (EOC) will monitor the weather for each venue and provide “warning” and “all clear” messages.**

\*Prevention is key: we need to catch cases early before they can progress to more extreme conditions\*

1. **Risk factors**
	* Athletes in direct sunlight are subject to a 15 degree increase in the heat index
	* Temperatures on synthetic turf fields tend to be higher than grass fields
	* Poor conditioning/fitness
	* Poor hydration state
	* Certain medications
		+ Antihistamines
		+ Decongestants
		+ High blood pressure medications (diuretics and beta blockers)
		+ Psychiatric medications (tricyclic antidepressants, anti-psychotics)
	* History of prior heat illness
	* Prior exposure to significant heat index conditions (risk is cumulative)
	* Body Mass Index (BMI) >26
	* Age >40
	* Female gender
	* Minor illness such as cold or gastritis
	* Alcohol in prior 24 hours
	* Skin rash, sunburn or allergic dermatitis (poison oak/ivy)
	* Blood donation within 3 days
	* Sleep deficit
2. **Heat Exhaustion**
	* Symptoms
		+ Dizziness
		+ Headache
		+ Nausea
		+ Weakness/fatigue
		+ Unsteady gait / lightheadedness
		+ Muscle cramps
		+ Mentation will be normal
	* Treatment
		+ Remove from heat stressed environment
		+ Apply cooling measures (misting, cool towels)
		+ Loosen and remove excess clothing
		+ Oral fluids as tolerated
		+ AVOID acetaminophen or NSAID therapy for temperature control
		+ Refer to heat illness protocol for further recommendations
	* Alert central command for increased number of patients for closer monitoring of heat conditions
3. **Heat Stroke**
	* >104 °F (40°C) or greater core body temperature (rectal) with neurologic abnormalities. **This is a medical emergency**
	* Symptoms
		+ Initially may have profuse sweating but can progress to hot, red and dry skin
		+ Vomiting
		+ Seizures
		+ Confusion
		+ Slurred speech
		+ Combative
		+ Syncope
		+ Seizures
	* Treatment
		+ Remove excess clothing
		+ Rapid cooling using ice water, towel or ice water immersion
		+ Refer to heat illness protocol for further recommendations
		+ Recommend **EMS transport to Emergency Department** following initiation of cooling measures

**HEAT ILLNESS: WET BULB GLOBE TEMP (WBGT) EVENT HEAT RISK AND RESPONSE**

NWS Heat Index forecasts will be monitored and appropriate responses taken to minimize heat related illness

|  |  |  |
| --- | --- | --- |
| **Flag** | **WBGT** | **Comments** |
| **Green** | **<76.1** | **Good Conditions** |
|  |  |  |
| Encourage patrons to hydrate and stay in shade when able. |
| **Yellow** | **76.3-81** | **Less than Ideal Conditions** |
|  |  |  |
|  |
| Encourage patrongs to hydrate and stay in shade when able |
| **Orange** | **81.1-84.1** | **Moderate Risk for Heat Related Illness** |
|  |  |  Incident Command to monitor heat closely |
|  |
| Announcements to athletes, spectators and volunteers |
| Increase cool fluid availability and increase cooling stations (misters, covered shade areas with fans, etc.) |
| Push athletes and spectators to spend time in cool places |
| Heat related Incident tracking |
|  |
| **Red** | **84.2-86.1** | **High Risk for Heat Related Illness** |
|  |  |  |
| Incident Command Center to monitor |
|  |
| Notify site medical directors in areas of risk |
| Increase athlete and spectator announcements related to heat risk |
| Deploy cooling measures (cooling pools, ice tubs, rotating ice towels in buckets). |
| Double ice and fluid distribution to medical tents |
| Add misting and cooling stations as able |
| Staff and volunteers to observe spectators for heat related symptoms and encourage a move to shade, misting or cooling station and to drink water |
| Shift medical personnel to at risk areas in anticipation of heat illness victims |
| Limit volunteers to 1 hour shifts in heat/direct sun, rotate to cooler locations |
| Discuss augmentation of personnel with Fire Department |
| Contingency plan pre-activation |
| Heat related Incident tracking |
| **Black** | **>86.2** | **Extreme Conditions** |
|  |  | Incident Command to be aware and notify if not |
|  |
| Notify local Emergency Departments in areas of risk if large volume of patients |
| Ensure adequate ice and fluid distribution to medial tents |
| Cooling stations as able |
| Encourage staff, patrons, and athletes to move to stay out of direct sun |
| Essential personnel only in exposed areas on short shifts (30 minutes) |
| Contingency plan activation with Fire Department |

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**LIGHTNING/THUNDER**

**The Emergency Operations Center (EOC) will monitor the weather for each venue and provide “warning” and “all clear” messages.**

1. EOC will monitor for the treat of thunderstorms and lightning, and will communicate any threat to provide lead time for proactive steps to move athletes, officials and spectators indoors
2. If lightning is spotted, please move indoors and contact Incident Command
3. Stop and seek shelter if lightning is confirmed within 5 miles of your sports venue

1. All athletes, spectators will remain indoors for at least 30 minutes after confirmed lightning strike and should await EOC guidance before returning outdoors
2. Athletes may be hypersensitive to thunder noise or unexpected change in plans. If agitation occurs, see Agitation/Hypersensitivity for management considerations

**POOR AIR QUALITY**

The Emergency Operations Center (EOC) will monitor the air quality advisories for each venue and will alert you to changes in sports schedules or participation. The most common reasons for poor air quality include smog, wildfire smoke, and ozone.

1. AQI 101-150 (Unhealthy for Sensitive Groups)
	* Individual determination based on sport /activity and participant population
2. AQI 151-200 (Unhealthy)
	* Reduction of Outdoor Activities
3. AQI 201-500 (Very Unhealthy or Hazardous)
	* Suspend all outdoor activities
	* Suspend indoor activities that are not in air conditioned space

**WIND**

**The Emergency Operations Center (EOC) will monitor for any forecast wind events and alert you to changes in sports schedules or participation**

1. Wind
	* Sustained or gusting winds above 20 MPH, notify EOC
	* Move away from potentially unsecured objects – tents, flags, signs
	* Move away from potentially falling objects – trees, awnings, posts
	* Shelter indoors or in vehicles until “all clear” from EOC or on-site emergency response personnel
2. Tornado
	* When a warning is activated, seek shelter in the lowest portion of the building or at the identified shelter locations. *Avoid* auditoriums, cafeterias and gymnasiums that have flat, wide-span roofs
	* If that is not possible, seek out other shelter away from windows, doors and exterior walls (using an interior room or space)
	* If outdoors seek shelter in vehicle (seat belt on, keeping your head below the windows) or lowest available point in an open space (lie in that area and cover your head with your hands).
	* Shelter in place until “all clear” from EOC or on-site emergency response personnel

**EARTHQUAKE**

The Emergency Operations Center (EOC) will monitor the weather for each venue and provide “warning” and “all clear” messages

1. Stay calm and await instructions from the Emergency Coordinator or the designated official.
2. Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
3. Assist people with disabilities in finding a safe place.
4. Evacuate as instructed by the Emergency Coordinator and/or the designated official.

**MEDICATIONS – OTC Medications**

**ACETAMINOPHEN (Tylenol®)**

##### Indications

Analgesic (reduce pain) Antipyretic (reduce fever)

##### -Dose should be 1000mg

6-11 years old—325 mg every 6 hours (not more than 5 tab/day)

>12 yo—325 mg every 4 hours (not more than 10/d)

##### Contraindication (don’t give if...)

Allergy or hypersensitivity to med Caution if renal or hepatic impairment Caution if dehydrated or hypovolemic Caution if chronic alcohol use

##### Interactions (don’t give with...)

Butarbital, secobarbital, Carbamazepine

Ethanol Pentobarbital Primidone Rifampin

1. **Interactions (modify/monitor/ check with medical if...)** Other acetaminophen containing medications Diclofenac topical

Phenytoin or fosphenytoin Pramlintide

Rifabutin o Warfarin Aspirin

Isoniazid Phenazopyridine

##### Side effects

Nausea Rash Headache

##### Consider other treatments/diagnosis

If pain not improving Fever more than 101F

Headache with history of head injury Abdominal Pain

##### Indications

Analgesic (reduce pain) Antipyretic (reduce fever)

Anti-inflammatory (reduce inflammation)

##### Dose

9-11 years old—10 to 15 ml of ibuprofen suspension (100mg/5 ml) every 6h)

>12 yo—600 mg every 4 hours (not more than 6/d)

##### Contraindication (don’t give if...)

**MEDICATIONS – IBUPROFEN**

**(Advil®, Motrin®, ingredient in many other products)**

Allergy or hypersensitivity to med, aspirin or other anti-inflammatory Caution if cardiac disease, asthma, ulcer disease, GI bleed

Caution if renal or hepatic impairment Caution if dehydrated or hypovolemic Caution if chronic alcohol use

Do not use if possible pregnancy

##### Interactions (don’t give with...)

Other non-steroidal anti-inflammatory (NSAID) Warfarin

Aspirin

Plavix and other blood thinners

##### Interactions (modify/monitor/ check with medical if...)

Alendronate Aluminum hydroxide Captopril

Chlorothiazide, hydrochlorothiazide, Levothyroxine, thyroid Methylphenidate

Gabapentin Doxycycline Digoxin

##### Side effects

Constipation Nausea

##### Reassess treatment plan:

If pain not improving or signs of GI bleeding Abdominal Pain

**MEDICATIONS CALCIUM CARBONATE (TUMS®)**

##### Indications

Dyspepsia Heart Burn

##### Dose

Adult—2 tablets every 4 hours as needed maximum of 12 tablets per day

##### Contraindication (don’t give if...)

Allergy or hypersensitivity to med Hypercalcemia

Kidney stones

Caution if renal impairment

Caution if dehydrated or hypovolemic Caution if chronic alcohol use

Do not use if possible pregnancy

##### Interactions (don’t give with...)

Potassium phosphate

##### Side effects

Nausea, abdominal pain, GI bleed Easy bruising

Rash Headache Dizziness Drowsiness Sun sensitivity

##### Reassess treatment plan:

If pain not improving Fever more than 101F

Headache with history of head injury Abdominal pain

**TOPICAL ANTIBIOTIC**

**Polysporin® Bacitracin+polymixin B topical [Double Antibiotic Ointment] Neosporin® Bacitracin+polymixin B topical+Neomycin) [Triple Antibiotic Ointment]**

##### Indications

Minor wound infection

##### Dose

Apply to affected area 1 to 3 times per day

##### Contraindication (don’t give if...)

Allergy or hypersensitivity to ingredients Interactions (don’t give with...)

Side effects Allergic reaction Irritation

##### Reassess treatment plan

Laceration more than 5 mm Large abrasion on face or hands

Weeping, painful, non-healing wound

##### Indications

Antihistamine for relieving runny nose, itchy watery eyes, itchy throat or skin Allergic rash

Sleep aid

##### Dose

6-11 years old—25 mg every 4 hours

>12 yo—25-50mg every 4 hours (not more than 6/d)

##### Contraindication (don’t give if...)

**DIPHENHYDRAMINE**

**(Benadryl®)**

Allergy or hypersensitivity to ingredients or class of drug

Caution if cardiac disease, asthma, ulcer disease, chronic lung disease Caution if elderly

Caution if dehydrated or hypovolemic Caution if high environmental temperature

##### Interactions (don’t give with...)

Phenelzine Haloperidol Potassium Iodide

Interactions (modify/monitor/ check with medical if...) Codeine, hydrocodone, morphine, other narcotics Amitriptyline, nortriptyline, other antidepressants Oxazepam, temazepam and other benzodiazepines Phenytoin, Primidone, Valproic acid and other seizure meds Multiple central nervous system drugs

##### Side effects

Allergic reactions o Heat stroke Arrhythmias

Drowsiness Dizziness Abdominal pain

Dry mucous membranes o Blurred vision Sun sensitivity

##### Reassess treatment plan if:

Worsening rash Shortness of breath Wheezing

Taking any central nervous system depressants

**Emergency Medications (Prescription)**

**ALBUTEROL MDI (WITH SPACER) (Ventolin®)**

##### Indications

Asthma Bronchospasm

##### Usual Dose – See Asthma protocol for acute asthma attack

2 puffs inhaled every 4 hours. Best done through aero chamber

##### Contraindication (don’t give if...)

Allergy or hypersensitivity to ingredients or class of drug Caution if cardiac disease, arrhythmias, seizures, diabetes Caution if taking a tricyclic antidepressant

Caution if dehydrated or hypovolemic Caution if high environmental temperature

##### Interactions (don’t give with...)

Thioridazine

1. **Interactions (modify/monitor/ check with medical if...)** Amitriptyline, nortriptyline, other antidepressants Beta blockers

##### Side effects

Paradoxical bronchospasm o Hyperglycemia Arrhythmias

Tremor Nervousness Tachycardia Dizziness

##### Reassess treatment plan:

Worsening symptoms Shortness of breath Wheezing

Taking any central nervous system depressants

##### Indications

Life threatening anaphylactic reaction Severe Asthma

ACLS

##### Dose

Infants/children 0.01mg/kg SC/IM of 1:1000 every 5 minutes x 3 doses (usually 0.3 ml)

-Alternatively use EpiPen Junior® auto injector

Adult 0.3 to 0.5mg SC/IM every 5 minutes x3 (usually 0.05 ml)

-Alternatively use EpiPen® auto injector

##### Contraindication (don’t give if...)

**Emergency Medications (Prescription) EPINEPHRINE (Epi-pen®, Adrenalin®, Generic)**

NONE if life threatening condition

Allergy or hypersensitivity to ingredients or class of drug

Caution if cardiac disease, asthma, ulcer disease, chronic lung disease Caution if elderly

Caution if dehydrated or hypovolemic Caution if high environmental temperature

##### Interactions (don’t give with...)

NONE if life threatening condition

1. **Interactions (modify/monitor/ check with medical if…)** Amphetamine, cocaine, other CNS stimulants Amitriptyline, nortriptyline, other antidepressants Multiple central nervous system drugs

##### Side effects

Respiratory difficulties Heat stroke

Arrhythmias, palpitations o Anxiety, restlessness Dizziness

Tremor

Dry mucous membranes

##### Escalation

Activate Emergency Activation Plan

##### Indications

Known or suspected Opiate Overdose

-Loss of Consciousness

-Constricted Pupils

-Slow, shallow breating

-Blue/purple/ashen skin tone

-Pale and Clammy Skin

Respiratory Depression from opioid use

##### Dose

Intranasal Spray: 1 spray (2 or 4 mg) intranasally into one nostril (patient supine) -

-Turn patient on side after administration of the first dose

-Do not prime or test device

-Repeat every 2-3 minutes as needed – alternating nostrils

-Use a new Narcan nasal spray for subsequent doses

AutoInjector: 0.4mg-2 mg IM or SubQ into the anterolateral aspect of the thigh. May repeat every 2-3 minutes as needed

##### Contraindication (don’t give if...)

**NALOXONE HYDROCHLORIDE (NOT IN VENUE KIT)**

Hypersensitivity to Naloxone

##### Interactions (don’t give with...)

Clonidine – concurrent use may result in hypertension

##### Side effects

Opioid Withdrawal

CNS Depression may return after initial symptomatic improvement. Repeat dose if necessary Respiratory depression may return after initial symptomatic improvement. Repeat dose if necessary

##### Escalation

Activate Medical Emergency Plan Immediately Continuous Monitoring until ALS arrives

##### Indications

Acute chest pain

##### Dose

Adults with chest pain and suspected acute coronary syndrome

– 0.3mg-0.4mg sublingual every five minutes for up to three doses

##### Contraindication (don’t give if...)

**NITROGLYCERIN**

Hypersensitivity to Nitroglycerin

Recent use of PDE-5 inhibitor medications used for erectile dysfunction and pulmonary hypertension (Viagra, sildenafil, Cialis etc.)

Severe heart failure

Low Blood Pressure (SBP <90mmHg or >30mmHg below baseline SBP) Marked Bradycardia or Tachycardia

Increased intracranial pressure (head trauma) Known Hypertrophic Cardiomyopathy

##### Interactions (don’t give with...)

PDE-5 inhibitors used to treat erectile dysfunction and pulmonary hypertension Ergotamine and Ergot derivatives

Riociguat (Adempas®)

##### Side effects

Headache Weakness Lightheadedness Dizziness Nausea

Flushing Fainting

##### Escalation

Activate Emergency Action Plan for cardiac chest pain

**Medical Supplies**

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