

SECTION: M-9

PROTOCOL TITLE: Dehydration and Rehab

REVISED: October 15, 2014

GENERAL COMMENTS: The treat and release portion of this protocol is intended for recreational events, sport/athletic calls and similar scenarios. In general the EMT/Paramedic should not apply it to other patients without careful consideration.

If a patient has an altered mental status, marked hyperthermia, or other priority symptom(s), then follow other more appropriate protocols.

BLS SPECIFIC CARE: See adult General Medical Care Protocol M-1

Oral Re-hydration:

- Obtain orthostatic V/S and assessments
- Obtain a temperature, if possible. Cool as needed
- Initiate oral re-hydration if feasible (water, ½ strength Gatorade or similar drink, no caffeine) until minimum 1000 ml (1 liter, approx 32 ounces) and signs and symptoms resolve for a minimum of 15-20 minutes
- Encourage rest, and cooling of body temperature to a normothermic level

Criteria for release without medical control contact (need all 3)

- BP and HR:
 - Systolic: < 160 and > 90
 - Diastolic: < 100
 - HR: <100 per minute
- Subjective and Objective findings:
 - All initial complaints are resolved for 15-20 minutes
 - All complaints on initial contact have been completely assessed
 - No priority s/s(e.g.: chest discomfort, SOB, altered mental status)
 - No ALS care required
- Documentation:
 - Further treatment/transport offered and declined, refusal is signed

ILS SPECIFIC CARE: See adult General Medical Care Protocol M-1

- Consider feasibility of oral hydration (if patient is stable) instead of IV access

ALS SPECIFIC CARE: See adult General Medical Care Protocol M-1

Protocol

M-9

Adult Dehydration and Rehab