

SECTION: M-9

PROTOCOL TITLE: Dehydration and Rehab

REVISED: June 23, 2010

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**GENERAL COMMENTS:** The treat and release portion of this protocol is intended for recreational events, fire line support, 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 symptoms, 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 cc (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 (chest discomfort, SOB, altered mental status)
  - No ALS care required
- Documentation
  - Further 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
- Treat hypotension aggressively with IV crystalloid up to 1000 cc. Hold for s/s of CHF/pulmonary edema or CHF History

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

- Assess and treat any underlying disorders

**ANALGESICS:**

*DO NOT* administer/discontinue administration if:

- o Systolic BP < 90 mmHg
- o Respiratory rate, SpO<sub>2</sub> and/or mental status diminishes
- Fentanyl IV/IO/IM:
  - o 25-50 mcg every 5-10 minutes as needed
  - o Maximum dose 200 mcg
- Morphine sulfate IV/IM/IO:
  - o 2-5 mg every 5-10 minutes as needed
  - o Maximum dose 20 mg

**SEDATIVES:**

- Valium (diazepam) IV/IO:
  - o 2-5 mg every 5-10 minutes as needed
  - o Maximum dose 10 mg
- Versed (midazolam) IV/IM/IO:
  - o 0.5-2.5 mg every 5-10 minutes as needed
  - o Maximum dose 5 mg

**Anti-emetics:**

Consider with administration of analgesics

- Zofran (ondansetron) IV/IM/IO:
  - o 4 mg
  - o Repeat one time in 15 minutes, if needed
- Benadryl (diphenhydramine) IV/IM/IO:
  - o 25-50 mg IV or IM

**PHYSICIAN PEARLS:**

If the patient presents in a rehab/support scenario (meth lab breakdown, wild land fire support, HAZMAT Operations support, etc) inform the patient's immediate superior, as well as Incident Commander (IC), of patient status and ability to return from rehab sector.

Protocol

M-9

# Adult Dehydration and Rehab