Mercy EMS Education

Clinical Operations Team

Fine Tuning Our Practice

March 30, 2026

Pediatric Consent

- **Document parental consent to transport or no parent present to consent for transfer.**
- **Implied consent is appropriate in those that necessitate quick transport.**
- **Emancipated minors and why they are emancipated can be documented for patient consent or PCR.**

Patients with general weakness with blood pressures in the 50's/30's. should receive IV fluids or push dose pressors.

- **Patients with history of cardiac medication reaction would not be a contraindication to epinephrine in this blood pressure state.**
- **Those that develop associated bradycardia may be early cardiogenic shock and more reasons to to aggressively attempt to improve blood pressure.**

Patients with abnormal vital signs should be addressed with caution and concern:

- **Patients with abnormal vital signs should have ALS assessments and chart documentation.**
- **PRC's are strongly encouraged to have supervisor and/or medical direction prior to PRC.**
- **These patients should not have BLS documentation unless there is no ALS available.**

Patients found with minimal responsiveness should have the ABC's addressed to determine treatment priorities:

- **A of the ABC's is "clearing and opening the airway" – this is not to be confused with intubation.**
- **Intubation should not be performed until . . . .**
  - **Pre-oxygenation optimizing an O2 sat above 92% - our goal is 100%**
  - **If unable to increase above 92%, time should be spent optimizing O2 saturation to the greatest number possible (not just intubating because it is low)**
  - **Setup for backup airway equipment, difficult airway tools, suction, equipment checks, etc**
  - **IV or IO access to provide medication/resuscitation**
- **The Intubation Checklist should be followed (located in check lists / additional section of Handtevy)**
- **Cardiac arrest or very few circumstances would allow for intubation without RSI (but this is rare)**
- **RSI increases success rates and decreases complication rates and why we use paralytics.**

Airway podcast

EMS Lighthouse Project