CARONDELET, AVFD, and TPFD CEP ADMINISTRATION OF STERIOD MEDICATION ADMINISTRATIVE GUIDELINE

This AG is approved for use by a CEP

INCLUSION

- This AG is to be used on patients that meet the Inclusion Criteria for the Anaphylaxis and Allergic Reaction: Adult & Pediatric Administrative Guidelines
- This AG is to be used as with the Allergic Reaction: Adult & Pediatric Administrative Guidelines

EXCLUSION

This AG cannot be used on any patient that is excluded in the Anaphylaxis and Allergic Reaction: Adult & Pediatric Administrative Guidelines

Patient Excluded

Initiate proper BLS and ALS care using the AG most appropriate for the patient's clinical presentation

OR

Contact online medical direction authority

Patient Included

ORDERS

CEP may administer one of the following Steroids:

Methylprednisolone

2mg/kg IV/IM, max dose 125 mg

Dexamethasone

0.6mg/kg, IV/IM/PO, max dose 16mg

Approved: 4/29/22