

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

SUDDEN INFANT DEATH SYNDROME (SIDS)

- I. Assessment**
 - A. Parental reaction
 - 1. No normal reaction to a SIDS event
 - 2. Emotional outbursts
 - 3. Apparent withdrawal
 - B. Responder reaction
 - 1. Should not make any assumptions or judgments
 - 2. Maintain a professional demeanor at all times
 - 3. Observe, assess, and document accurately and objectively.
 - C. Obtain patient history using a nonjudgmental approach¹
 - D. Provide supportive measures for parents and siblings²

FIRST RESPONDER

- I. Management**
 - A. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
 - B. Determine presence or absence of pulse or other signs of circulation.
 - C. Determine whether to perform further resuscitation measures:
 - 1. If patient DOES NOT exhibit LIVIDITY or RIGOR, proceed with CPR at age appropriate rate and ratio.
 - 2. If patient DOES exhibit LIVIDITY or RIGOR, DO NOT RESUSCITATE.³
 - D. Arrange for ALS intercept if not already accomplished by MedCom.

BASIC LIFE SUPPORT

- E. Initiate transport toward ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

- F. Monitor EKG to determine rhythm. Refer to appropriate dysrhythmia protocol.

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- G. IV/IO NORMAL SALINE @ TKO
 - 1. If intravenous access cannot be obtained in a child less than 6 years of age, in three attempts or 90 seconds has elapsed, proceed with intraosseous access.

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- ¹ Ask open-ended questions:
 - A. Has the infant been sick?
 - B. Can you describe what happened?
 - C. Who found the infant? Where?
 - D. What actions were taken after the infant was discovered?
 - E. Has the infant been moved?
 - F. When was the infant last seen before this occurred, and by whom?
 - G. How did the infant seem when last seen?
 - H. When was the last feeding provided?
 - ² Supportive measures include:
 - A. Explain the resuscitation process, transport decision, and further actions to be taken by hospital personnel or the medical examiner.
 - B. Reassure parents that there was nothing they could have done to prevent death.
 - C. Allow the parents to see the infant and say goodbye.
 - D. Maintain a supportive, professional attitude no matter how the parents react.
 - E. Whenever possible, be responsive to parental requests. Be sensitive to and allow for ethnic and religious responses and needs.
 - ³ Lividity can be mistaken for bruising and evidence of abuse. Do not make any assumptions or judgments.

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Medical Director

EMS Manager