EMSPC Statewide Protocols Update

Summary of Changes v. 2020-1 to v. 2024-1

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Cover page-

- Medical Director signature lines have been removed.

Introduction page-

- Removed EMSPC member acknowledgement.

Protocol G-1 Universal Patient Care-

- Pearls- Updated pediatric patient age to <15

Protocol G-2 Air Medical Utilization-

- Pearls- Added- “Agencies should request the closest aircraft.”

Protocol G-6 Pain Management, Adult-

- Added to the flowchart-Ketorolac 15 mg IV/IM added for Pain Management Paramedic level.
- Pearls- Added- “Use Ketorolac with caution in patients with kidney disease or over age 65. Reduce dose by half.”
- Pearls- Added- “Consider patient need for surgery prior to giving PO medications.”
- Pearls- Added- “Consider anxiolysis for short term events that may cause extreme pain (eg. Splinting, extrication, etc.).”
- Pearls- Removed “Pain severity (on a scale of 0-10) is a vital sign to be recorded at disposition and pre- and post-medication delivery.”
- Pearls- Removed “All patients should have drug allergies documented prior to administering pain medications.”
- Pearls- Removed “Consider procedural sedation for short-term events that may cause extreme pain (e.g. splinting, extrication, etc.).”

Protocol G-7 Pain Management, Pediatric-

- Removed from flowchart “Consider Procedural Sedation Ketamine 1mg/kg IV 4 mg/kg IM, Etomidate 0.1mg/kg IV.”

Protocol G-8 Police Custody-

- Differential- Removed Agitated Delirium and added Psychosis/Delirium.
- Flowchart- Removed “Agitated Delirium” replaced with “Psychosis”.
- Pearls- Added “Avoid prone positioning of patients”.
- Pearls- Removed “Agitated delirium is characterized by marked restlessness, irritability and/or high fever. Patients exhibiting these signs are at higher risk for sudden death and should be transported to the hospital - avoid prone positioning.”

Protocol G-9 Patient Destination-

- Updated Stroke? to “Transport to Stroke Center, Consider transport directly to a thrombectomy center if VAN positive.”

Protocol G-11 Targeted Temperature Management-

- Pearls- Updated “Goal is to prevent hyperthermia. Active cooling is typically not needed.

- Pearls- Updated “If normothermic/hyperthermic, remove blankets and can apply ice packs to the axilla and groin.”

Protocol A-3 Airway, Drug Assisted Intubation-

- Removed from the flowchart “Consider Sedation Only *Peds < 2 years only* Atropine 0.02mg/kg IV”
- Removed from the flowchart “sedation Etomidate 0.3mg/kg IV Usual adult dose, 20 mg Ketamine 2mg/kg IV Midazolam 1-5mg IV (0.1mg/kg IV) May titrate up to 10mg.”
- Added to flowchart- Vascular Access; Protocol Ci-4 “Optimize Physiologic Stability” Added “Epinephrine 10-20mcp IVP q5 min”.
- Removed from the flowchart “Rocuronium 1mg/kg IV-Loading” replaced with “Rocuronium 1mg/kg IVP”.

Protocol A-4 Airway, Post-Intubation & Post-BIAD

- The entire flowchart has been restructured with nothing removed or added, just the steps have changed.

Protocol A-7 Respiratory Distress, Adult-

- Added Bi-Level PAP Magnesium Sulfate 2gm IV over 15 min. Epinephrine 10-20ml IV Push dose

Protocol C-1 Asystole & Pulseless Electrical Activity-

- Replaced to flowchart “Mechanical CPR” in place of “CPR”.

Protocol C-2 Bradycardia, Adult-

- Atropine on the flowchart increased to an initial dose of 1mg IV May repeat q 3-5 min; Maximum 3mg

Protocol C-5 Chest Pain: Cardiac and STEMI-

- Updated layout & SOP indicators for Vasodilator: *Nitroglycerin 0.4mg SL & BP >90; May repeat twice q 5 minutes.*
    - AEMT 2011 floor skill
    - If prescribed floor skill for EMT and AEMT 85
- Updated layout & SOP indicators for Vasodilator: Nitroglycerin Paste- 1.0 Inch Topical & BP > 90; Maintain BP > 90.
    - Paramedic floor skill
    - AEMT 2011 OM

Protocol C-7 Return of Spontaneous Circulation-

- Removed from flowchart- “Dopamine 5-20 mcg/kg/min IV’ and removed “Levophed 1-10 mcg/min IV’. Added to flow chart “Epinephrine 10-20 mcg IVP q 5 min”. Added to flowchart “norepinephrine 2-10 mcg/min IV”.
- Pearls – Added “Avoid aggressive rewarming”.

Protocol C-8 Tachycardia With Pulse, Adult-

- Added to the flowchart “Metoprolol 5mg IV”.

Protocol C-10 Termination of Resuscitation: Cardiac Arrest-

- Added to flowchart “Mechanical CPR” in place of CPR.
- Removed from the flowchart “Hypothermia” and “Hypothermia; Protocol E-4”.

Protocol C-11 Termination of Resuscitation: Trauma Arrest-

- Added to flowchart “ensure patient airway, consider fluid bolus/blood product, bilateral thoracostomy”.
- Pearls- removed “Survival from traumatic arrest is rare”.

- Pearls- removed “During the treatment of traumatic arrest patients, neither rescuers nor bystanders should be at risk”.
- Pearls- Added “Only consider transport if witnessed signs of life and less than 10 minute transport time to the hospital”.

Protocol C-12 Ventricular Fibrillation/Tachycardia Pulseless, Adult-

- Added to the flowchart “Mechanical CPR” in place of “CPR”.

Protocol Ci-2 Hypotension/Shock, Adult-

- Removed from flowchart- “Dopamine 5-20 mcg/kg/min IV”.
- Added to flowchart “Consider” “Pelvic Immobilization Device, Extremity Splinting, Needle-Chest Decompression, Tranexamic Acid (TXA) 2mg IVP over 10 minutes, Blood product initiation”.
- Added to flowchart “Epinephrine 10-20 mcg IVP q 5 min”.
- Reworded- Pearls- “If shock is from hemorrhage target MAP of 70.” To “If shock is from hemorrhage, use permissive hypotension with target MAP of 70.”

Protocol Ci-3 Hypotension/Shock, Pediatric-

- Removed from flowchart “Dopamine 5-20 mcg/kg/min IV”.
- Added to flowchart “Epinephrine 2-10 mcg/min IV Infusion”.

Protocol G-4 Hypothermia-

- Removed from flowchart “Begin CPR” added to flowchart “Mechanical CPR”.

Protocol M-5 Behavioral-

- Removed from Differential “Excited Delirium” added to Differential “Psychosis”.
- Removed from flowchart “Haloperidol 5-10 mg IV/IM (no pediatric dose)”.
- Added to flowchart “Droperidol 5 IV/IM (no pediatric dose)”.
- Removed from Pearls- “Do not irritate the patient with a prolonged exam.” “Do not overlook the possibility of associated domestic violence or child abuse.” “If patients with suspected excited delirium suffer cardiac arrest, consider a fluid bolus and sodium bicarbonate early.” “Do not position or transport any restrained patients in such a way that could impact their respiratory or circulatory status.”
- Added to Pearls “Any patient receiving sedation needs close monitoring including ETCO2.” “Prior to sedation, all patients need appropriate medical assessment.” “If patients with agitated psychosis suffer cardiac arrest, consider a fluid bolus and sodium bicarbonate early.” “Do not position or transport any restrained patients in a way that could impact their respiratory or circulatory status, including prone.”

Protocol M-7 Fever/Infection Control-

- Added to flowchart “Normal Saline or Lactated Ringers 1L IV Bolus (20ml/kg IV bolus).”

Protocol M-8 Hypoglycemia/Hyperglycemia-

- Flowchart changes “Neonate < 30 Days 2ml/kg moved under D10W 250ml IV max” “Child > 30 Days 5ml/kg moved under D25W 100ml IV max”.

Protocol M-10 Overdose/Toxic Ingestion-

- No added or removed information, however the flowchart processes changed.

Protocol M-13 Suspected Stroke-

- Added to flowchart “VAN Stroke Scale”.

Protocol OB-1 Childbirth & Labor-

- Added to the flowchart “Fundal Massage TXA 2gm IV over 10 mins Oxytocin 10mu IM or 20mu IV drip titrate for bleeding”.

Protocol T-5 General Trauma, Adult-

- Added to flowchart “Blood product initiation”. Removed from flowchart TXA “then 1 gm IV over 1 hour”.

Protocol T-7 Head Trauma, Adult-

- Added to Flowchart “Signs of herniation? Hyperventilate to EtCO2 of 25-30” “3% hypertonic saline 100ml over 10 min.”.
- Added to Pearls “Avoid hypotension and hypoxia”.
- Removed from Pearls “Concussions are periods of confusion associated with trauma and may resolve by the time EMS arrives. If the patient experiences any loss of consciousness or any prolonged confusion or mental status abnormality that does not return to normal within 15 minutes of injury, they should be evaluated by a physician as soon as possible.”

Protocol T-8 Head Trauma, Pediatric-

- Added to Flowchart “Signs of herniation? Hyperventilate to EtCO2 of 25-30” “3% hypertonic saline 3ml/kg over 10 min.”.
- Removed from Pearls “Concussions are periods of confusion associated with trauma and may resolve by the time EMS arrives. If the patient experiences any loss of consciousness or any prolonged confusion or mental status abnormality that does not return to normal within 15 minutes of injury, they should be evaluated by a physician as soon as possible.”

Protocol EVD & MVD Guidelines-

- Ebola page updated-added Marburg Guidelines/Content