Summary Protocol Revisions March 1, 2013

Protocol Number	Title	Action Taken	Revision	
	 Format revised with minor grammatical edits completed for ALL protocols. Only content revisions or corrections are noted below. 			
P-003	Abdominal Discomfort	Revision	 Minor revision to allow use of Ondansetron ODT as well as IV. Changed hypotension cutoff to SBP 90. 	
P-004	Airway Management	Revision	• MARCH 1 REVISION: Minor revision to the Age-Based Airway Treatment noting the addition of the Supraglottic Airway as an option for older pediatric patients.	
P-004.1	Oral Endotrachal Intubation	Revision	 Infrequently used skills form moved from protocol to provider QI plans. Deleted mention of giving medications via ETT. Deleted requirement for "All unconscious patients (medical and trauma) must be placed in cervical collar and secured on backboard or flat for transport." Replaced with "Secure ET Tube." 	
P-004.2	Supraglottic Airway	Revision	 <u>MARCH 1 REVISION</u>: Adds pediatric tube sizes 2.0 and 2.5. New size selection table added that incorporates pediatric and adult sizes. Deleted requirement for "Unconscious patients must be placed in cervical collar and secured on backboard or flat for transport." Replaced with "Secure ET Tube." Information added to "Precations and Comments" section that King Airways are difficult to use in drowning patients due to high PEEP. 	
P-004.5	Pulse Oximetry	Revision	 Added additional details about screening for carbon monoxide poisoning caution that may result in a falsely high oxygen saturation reading. Each ambulance provider medical director must approve EMT use of pulse oximters. 	
P-004.6	Needle Thora- costomy	Revision	Updated "Objective Findings" section for tension pneumothorax and added information to "Precations and Comments" section on the limits of the use of bilateral needle thoracostomy.	
P-006	Altered Mental Status	Revision	Narcan dose revised.	
P-009	Cardiac Arrest	Revision	 Deleted mention of giving medications via ETT. Added Left Ventricular Assist Devices (LVAD) and STAR system implementation. 	

Cardiac Arrest:		
Cardiac Arrest		
Asystole	Correction	Deleted Atropine and medications given via ETT.
Cardiac Arrest: PEA	Correction	Deleted medications given via ETT.
Cardiac Arrest: VF / VT	Correction	Deleted medications given via ETT.
Post Cardiac Arrest/ROSC	NEW	New protocol for ST -Elevation MI and Post- Ar rest (STAR) System.
Chest Pain/ACS	Revision	Major revisions to protocol for ST -Elevation MI and Post- Ar rest (STAR) System.
12-Lead Electrocardiogra m	NEW	New protocol for ST-Elevation MI and Post-Arrest (STAR) System.
Dysrhythmias: Narrow Complex Tachycardia	Revision	 Added stable vs. unstable box for easier comparison. Aligned instructions with ACLS protocols.
Dysrhythmias: Wide Complex Tachycardia	Revision	 Added stable vs. unstable box for easier comparison. Aligned instructions with ACLS protocols. Amiodarone infusion instructions changed to 100 ml bag over 10 minutes (micro drip is no longer specified).
Gynecological Emergencies	Correction	Mag Sulfate moved from optional scope to ALS treatment.
Hypothermia	Correction	Deleted instructions for CPR – referred to other arrest protocols.
	Asystole Cardiac Arrest: PEA Cardiac Arrest: VF / VT Post Cardiac Arrest/ROSC Chest Pain/ACS Chest Pain/ACS I2-Lead Electrocardiogra m Dysrhythmias: Narrow Complex Tachycardia Dysrhythmias: Wide Complex Tachycardia	AsystoleCardiac Arrest: PEACorrectionCardiac Arrest: VF / VTCorrectionVF / VTCorrectionPost Cardiac Arrest/ROSCNEWChest Pain/ACSRevision12-Lead Electrocardiogra mNEWDysrhythmias: Narrow Complex TachycardiaRevisionDysrhythmias: Wide Complex TachycardiaRevisionGynecological EmergenciesCorrection

P-019	Pain Control	Revision	 Clarified that severe pain with stable vital signs and mental status, terminal illness, or chronic medical condition may receive Morphine for pain control. Addition of option for intramuscular morphine sulfate. Minor revision to allow use of Ondansetron ODT as well as IV. Deleted require Base Hospital contact if paramedic wants to use a pre-existing vascular acces
			 device. Added that patients who receive Morphine cannot be released AMA.

P-020	Adult Poisoning and Overdose	Revision	 Added information on inhalation of volatile hydrocarbons and carbon monoxide poisoning. Added additional details about the common signs and systems of the listed poisoning / overdose agents. Added Odansetron ODT.
P-021.2	Respiratory Distress: Bronchospasm	Revision	 Oxygen flow titrated to patient's oxygen saturation response to target range 94 – 95%. Minor edits adding STAR facility and reference to 10.1 ECG.
P-024	Stroke	Revision	 Pre-hospital screening for thrombolytics moved from BLS to ALS care. Added consideration for fluid bolus if SBP < 90. Code 3 transport changed to "Immediate Transport."
P-25	Suspected Sepsis	NEW	New protocol for the prehospital recognition and treatment of suspected sepsis. Includes basic sepsis screening questions, IV fluid boluses, and requirement to notify ED triage nurse about positive screen for potential sepsis.
P-033	Extremity Trauma	Revision	Added and defines the use of tourniquets for extremity trauma.
P-040	Pediatric Allergic Reaction	Correction	Correction made to max dose for total 25 mg.
P-045	Pediatric Poison and Overdose	Revision / Correction	 Added information on inhalation of volatile hydrocarbons. Added carbon monoxide poisoning . Correction made to max dose for total 25 mg.
P-50	Assault / Abuse	Revision	Reporting phone numbers updated.
P- 51	Procedures: C Spine Stabilization	Revision	 Added C- Spine stabilization for penetrating trauma. Minor revision to allow use of Ondansetron ODT as well as IV.
P-52.1	Procedures: Adult and Pediatric Vascular Access	Revision	 Previous version combined information on Intraosseous Devices and Pre-Existing Devices. This revision splits thoses devices into two separate protocols to improve clarity and readability. Expanded scope of application of IO vascular access. Use of 2% lidocaine to improve patient comfort in IO insertions with conscious patients.

P- 52.2	with Intraosseous Device Procedures: Adult and Pediatric Vascular Access with Pre-Exising Vascular Access Device	Revision	 Previous version combined information on Intraosseous Devices and Pre-Existing Devices. This revision splits thoses devices into two separate protocols to improve clarity and readability. Added about PVAD checking for patentcy. Format for protocol significantly overhauled to improve readability and clarity.
P-102	Special Circumstances – Blast Injury	Revision	 ONLY Blast Injury updated. Added and defines the use of tourniquets for extremity trauma. Added and defines the use of a hemostatic (clot) dressings for Blast Injury.
Appendix	Medication Glossary	Revision	 Revised to includeLidocaine for IO analgesia. Revised infusion information for Amiodarone.

	CRITICAL CARE TRANSPORT PARAMEDIC PROTOCOLS			
Protocol Number	Protocol Title	Action Taken	Details	
Critical Ca	are Transport (CCT) Paramedi	c protocols apply only to those ambulance providers with CCT paramedic services.	
P-200	Intravenous Infusion of Nitro- glycerin	Revision	No change in treatment.	
P-201	Intravenous Infusion of Heparin	Revision	No change in treatment.	
P-202	Intravenous Infusion of Potassium Chloride	Revision	No change in treatment.	
P-203	Intravenous Infusion of Amiodarone	Revision	No change in treatment.	
P-204	Intravenous Infusion of Lidocaine	Deleted	IV Lidocaine protocol withdrawn. AHA no longer recommends by AHA Lidocaine for cardiac indications.	
P-205	Monitoring of Thorac-ostomy Tube	Revision	Clarifed wording on suction rate remaining constant.	
P-206	Stoma and Tracheo-stomy Care	Revision	No change in treatment.	

P-207	Chemical	Revision	Changed required 4-point restraint to soft restraints as appropriate.
	Sedation for		
	Ventilator		
	Dependent and		
	Agitated Patients		
P-208	Automatic	Revision	Deleted redundant language around staffing. Deleted incomplete sentence about training
	Transport		requirements.
	Ventilators		
P-209	Intravenous	Revision	Changed "medication" in several sentences to "blood product."
	Infusion of		
	Blood/Blood		
	Products		
P-210	Intravenous	Revision	Corrected error in medication units (mcg – not meq).
	Infusion of		
	Glycoprotein		
	IIb/IIIa Receptor		
	Inhibitors		
P-211	Intravenous	Revision	No change in treatment.
	Infusion of Total		
	Parental		
	Nutrition (TPN)		
P-212	Intravenous	Revision	Changed routine blood pressure monitoring from every 5 minutes to every 15 minutes.
	Infusion of		
	Morphine Sulfate		
P-213	Intravenous	Revision	Changed routine blood pressure monitoring from every 5 minutes to every 15 minutes.
	Infusion of		
	Midazolam		