

MidState Medical Center Protocol Revision Summary January 2, 2008

General Updates for All Guidelines

Referred to as Guidelines rather than Protocols
All disease/ physical assessment descriptions removed
Formatted and combined for all levels of provider
Higher levels can do all of the lower level interventions
Guidelines go into effective February 1, 2008
All Paramedics will take a protocol revision test after receiving rollout
To receive 2008 Medical Reauthorization all paramedics will take the MidState Protocol exam before February 1, 2008

New Parameters:

All SBP >100
All minimal glucose <70
All ED meds is 48 hours

Communication

Universal Patient Care Guideline Adult Airway Protocol

Added CMED's phone # for med patches
New
Updated to include other backup airways besides Combitube
Only 2 attempts visualizations at intubation
Capnography/ End Tidal Co2 to measure CO₂ is mandatory

Cardiac Protocols

For more information (www.americanheart.org under CPR/ECC)

Acute Coronary Syndrome

Updated to 2005 AHA Guidelines

Routine Cardiac Arrest Care

Updated to 2005 AHA Guidelines

AED Guidelines

New Updated to 2005 AHA Guidelines

1. Compressions 30:2
2. If arrest witnessed or under 4mins shock with biphasic 120- 200j
If arrest unwitnessed / over 4 mins CPR X 2 minutes then shock if indicated

Asystole

Updated to 2005 AHA Guidelines

1. Pacing no longer indicated for asystole

Bradycardia

Updated to 2005 AHA Guidelines

1. Atropine dose is 0.5 mg IV up to max of 3 mg
2. Possible beta blocker overdose contact Medical Control for a possible order of Glucagon 5 mg

Tachycardia Atrial Fibrillation –Atrial Flutter Updated to 2005 AHA Guidelines

1. Standing order - Pain Control for Cardioversion consider 2-4 mg of Versed if BP > 100 systolic
2. Metoprolol ® 2.5-5.0 mg SIVP with no History of Asthma or wheezing
3. Diltiazem ® Removed

Tachycardias – PSVT

Updated to 2005 AHA Guidelines

1. Standing order - Pain Control for Cardioversion consider 2-4 mg of Versed if BP > 100 systolic
2. Metoprolol ® 2.5-5.0 mg SIVP with no Hx. of Asthma or wheezing
3. Diltiazem ® Removed

Tachycardias – Wide Complex Tachycardias Updated to 2005 AHA Guidelines

1. Amiodarone is the preferred drug. Lidocaine and Procainimide have been removed from adult protocol.

Ventricular Fibrillation Pulseless Ventricular Tachycardia Updated to 2005 AHA Guidelines

1. Intubation may be delayed in VFIB, Pulseless VT
2. Vasopressin may be given in place of 1st or 2nd epi in asystole, PEA, VFIB, pulseless VT.
3. Vasopressin can be given by ET if no IV or IO access available
4. Amiodarone will be given for VFIB, Pulseless VT
5. Procainimide is no longer in adult algorithm

Pulseless Electrical Activity

Updated to 2005 AHA Guidelines

1. If rate < 60 Atropine 0.5-1mg IVP q 5 min.

Respiratory Protocols

Acute Pulmonary Edema

1. ED meds last 48 hrs,
2. CPAP can be used before NTG if necessary
3. Bumex/Lasix will be held but nitro given in question of Pneumonia

Complete Airway Obstruction

Same

Respiratory Distress

1. For severe asthma, consider Magnesium 2 grams over 10 minutes in 100 cc infusion and/or Epi 1:1000 .3 mg IM (provided age <50, no cardiac hx, no hypertension).

Sedation to Manage Airway Post-Intubation

1. Standing order. Dose increased to Ativan 2-4 mg or Versed 2-4mg if BP >100 systolic, may repeat X1 after 5-10 minutes if needed. Use only one type of medication

Medical Protocols

Routine Medical Care

Allergic Reaction

1. Epi 1:1000 .3 mg IM requires medical control
2. Albuterol removed

Anaphylaxis

1. Epi 1:1000 .3 mg IM on standing order
2. Epi 1:10,000 0.3mg IV up to 0.3 mg total on standing order

Altered Level of Consciousness

1. Thiamine has been removed from protocol
2. Glucose level must be below 70mg/dl for D50
3. Narcan only for RR <10 or signs of hypoventilation
4. Note Tx Blood Glucose >300 mg/dl Normal Saline@1000mL/hr
Monitor patient for fluid overload

Heat Related Emergencies

Combined into one guideline

Near Drowning

Same

Hypothermia

Combined into one guideline

Hypothermic Arrest

Updated to 2005 AHA Guidelines

1. Defibrillate at 360 joules or appropriate biphasic setting X1

Nausea/Vomiting

1. Ondansetron (Zofran) 4 mg slow IV over 2-5 or deep IM for persistent nausea/vomiting or patients with allergy or dystonic reaction to Reglan

Overdose / Poisonings

Combined into one guideline

1. Activated Charcoal now requires Medical Control order

Pain Management Adult

1. Standing order dose of Morphine Sulfate increased. Pt may receive 0.1 mg/kg up to 10 slow IV over 4-5 minutes. If pain persists after 10 minutes, patient may receive an additional 0.05 slow IV over 4-5 minutes to a maximum total dose of 0.15 mg/kg; additional MS requires Medical Control. Can medicate for nausea/vomiting if caused by narcotic (Reglan or Zofran)
2. Keterolac not presently in protocol but may be considered in future. Useful for patients allergic to Morphine and patients with kidney stones. Typical dose is 30mg slow IV or deep IM
3. Pt's reporting pain 4 and above should be considered for pain relief. If medication is given document pain scale prior to and after medication administration.
4. The pain scope for standing orders has been broadened from extremity fx and burns to include back and spinal pain, sickle cell crisis.
5. Pain meds can be given to patients with undifferentiated abdominal pain, but this requires Medical Control. Medical Control is also required in cases involving altered mental status, head, chest or abdominal trauma and suspected intrathoracic or intraabdominal bleeding.

Seizures

1. Ativan 0.1 mg/kg IVP with a max single dose of 2mg, may be repeated q5 to a max total dose of 4 mg on standing order.
2. If IV access unavailable Versed 0.1 mg/kg to a max single dose of 5mg IM on standing order
Additional doses require Medical Control.

Shock

Combined into one guideline

1. Cardiogenic Fluid challenge of 300-500 ml then on standing orders dopamine 5ug/kg/min up to 20 ug/kg/min titrated to a systolic BP =90mmHG
2. Hypovolemic Establish IV en route to hospital, titrate to a systolic BP >100 mmHG

Anxiety

1. Ativan 0.5-2 mg IVP or IM on standing order for nonviolent anxiety
2. For violent patients, Ativan is on Medical Control

Dystonic Reaction

Same

Stroke

1. Cincinnati Prehospital Stroke Scale must be documented

Adult Trauma Protocols >= 13 Years Old State of CT Regulations**Patient Triage Protocol**

Same

Management of the Trauma PatientAll treatments in one outline note Pearls**Burns**

Combined into one guideline

1. Eye burns should be flushed with a minimum of 1 liter of Lactated Ringers
2. Use new Pain Management guideline

Spinal Injury

Removed

Omitting Spinal Immobilization

Same

OB/Gyn Protocols**Antepartum Hemorrhage**only 2nd & 3rd trimester**Pregnancy Induced Hypertension and Seizures**

1. Control seizures first – see Seizure guideline
2. Magnesium Sulfate 4 Gms in 20 ml NS slow IVP over 5 minutes, followed by infusion of Magnesium Sulfate @ 1-2 gm/hr on Standing Orders

Emergency Childbirth

Updated to 2005 AHA Guidelines

1. If Meconium is present & the infant has a HR<100, poor respiratory effort or poor muscle tone, intubate and suction prior to stimulating breathing. Ventilate with BVM after suctioning
No deep suctioning

Delivery Complications

Same

Nuchal Cord
Prolapsed Cord
Breech Birth

Extremity Presentation

Post Partum Care of Mother

Post Partum Care of the Infant

Neonatal Resuscitation

Trauma in Pregnancy

Combined with post partum bleeding

Updated to 2005 AHA Guidelines

Updated to 2005 AHA Guidelines

Same

Pediatric Medical Protocols

Pediatric Patient Assessment

Updated

Pediatric Airway

New

1. Back up airway device LMA

Routine Pediatric Cardiac Arrest

New

1. Compressions 30:2

2. If arrest witnessed or under 4mins shock with biphasic 120- 200j

If arrest unwitnessed / over 4 mins CPR X 2 minutes then shock if indicated

3. No AED under 1 year old

Pediatric Asthma

1. Albuterol 2.5 mg (0.5cc) may be repeated X1.

2. Epinephrine 0.01 ml/kg/dose IM (1:1,000) Max dose of 0.3 mg
requires Medical Control

Suspected Croup or Epiglottitis

1. Epinephrine 1:1000 5 mg nebulized if the patient has respiratory distress or stridor at rest.

Pediatric Obstructed Airway

Same

Pediatric Pain Management

1. Morphine on Medical Control Order for pain as described up to maximum dose of 0.15 mg/kg up to 15 mg

2. Pt's reporting pain 4 and above should be considered for pain relief. If medication is given document pain scale prior to and after medication administration. Note Pediatric Pain Scales

Pediatric Allergic Reaction

1. Epi 1:1,000 0.01 mg/kg to a total dose of 0.3 mg on Standing Order

Pediatric Anaphylaxis

1. Epi 1:10,000 0.1mg titrated up to 0.3mg IV on standing order

Pediatric Altered Mental Status/Hypoglycemia/Coma

1. Glucose <70 /Glucose not available and patient is known diabetic /history consistent with Hypoglycemia
2. Pediatrics should receive D25 instead of D50

Pediatric Seizures / Status Epilepticus

1. Glucose level <70
2. Pediatrics should receive D25 instead of D50

Pediatric Overdose/Poisoning

1. Use Aqueous Charcoal than solution with Sorbital on Medical Control Order

Pediatric Bradycardia

Updated to 2005 AHA Guidelines

1. Increased vagal tone, administer Atropine 1st dose 0.02 mg/kg, may repeat.
Minimum dose of 0.1 mg, maximum Total dose for child: 1 mg

Pediatric Tachycardia (Adequate)

Updated to 2005 AHA Guidelines

1. QRS duration wide for age >0.08 sec Amiodarone 5mg/kg IV over 20 – 60 min
No Lidocaine

Pediatric Tachycardia (Poor Perfusion)

Updated to 2005 AHA Guidelines

1. QRS duration wide for age >0.08 sec Amiodarone 5mg/kg IV over 20 – 60 min
No Lidocaine

Pediatric Pulseless Arrest

Updated to 2005 AHA Guidelines

1. No Atropine or Procainamide

Pediatric Trauma Protocols < 13 Years

Pediatric Trauma Triage
Pediatric Burn Patient

State of CT Regulations
Based on Adult, refers to pain

Appendix

Procedures

12-Lead ECG Added additional indications	
Cincinnati Prehospital Stroke Scale	Updated
Endotracheal Tube Inducer (Bougie? Or others)	
Esophageal-Tracheal Combitube	
Intranasal Nalaxone	
Intraosseous Infusion	Updated IO insertion in adults.
Morgan Lens	
Needle Cricothyrotomy	
Needle Thoracostomy	
Pediatric Glasgow Coma Scale	New
Rule of Nines Adult	
Rule of Nines Pediatric	
Surgical Cricothyrotomy	
Tube Confirmation Adjuncts	

Medications

Acetaminophen	Information only
Activated Charcoal	
Adenosine (Adenocard)	
Albuterol (Ventolin, Proventil)	
Amiodarone (Cordorone)	Updated
Aspirin	
Atropine	
Benzocaine Spray	
Bumetanide (Bumex)	
Calcium Chloride	
Dextrose (D50)	
Diltiazem (Cardizem)	Removed
Diphenhydramine (Benadryl)	
Dopamine (Intropin)	
Epinephrine 1:10,000	
Epinephrine 1:1000	
Furosemide (Lasix)	
Glucagon	
Haloperidol (Haldol)	Information Only
Ipratropium (Atrovent)	
Ketorolac (Toradol)	Information Only
Lactated Ringers	
Lidocaine	Updated

Lorazepam (Ativan)	
Magnesium Sulfate	
Metoprolol	New
Methylprednisone (Solu-Medrol)	Removed
Methoclopramide Hydrochloride (Reglan)	
Midazolam (Versed)	
Morphine Sulfate	Updated
Naloxone (Narcan)	
Nitroglycerin	
Normal Saline	
Ondansetron (Zofran)	New
Oxygen	
Phenylephrine (Neo-Synephrine)	
Procainamide	Updated (removed)
Promethazine (Phenergan)	Information Only
Sodium Bicarbonate	
Tetracaine Ophthalmic Solution	
Vasopressin (Pitressin)	Updated

Policies

Documentation of Prehospital Patient Care	
Transfer of Care from Paramedic to Basic Life Support	
Discontinuation of Prehospital Resuscitation	
The Role of EMS in Hospital Diversions	
Policy on the Use of Restraints in the Prehospital Arena	
Chemical Restraint Guideline	
Interfacility Transport of Intubated Patients	New
AHA 2005 AED Guidelines	New