

## ADPH OEMS 10<sup>th</sup> Edition Patient Care Protocols Change Summary

- Appearance and format of protocol document changed.
- Protocol numbers removed.
- Table of Contents lists protocols with affiliated page number, no protocol number.
- Protocols utilize an updated algorithm format.
  - Each protocol still contains history and physical exam information and key points.
  - Several new medications and medications available to more provider levels.
- Provider levels indicated by the letter(s) adjacent to each box. (ALL LEVELS, A, I, P, C)
- Colors for identifying provider levels removed.
- Pediatrics denoted with **green** text.
- All medications listed in algorithm(s) are listed in order of preferential use.
- 7 new protocols; some are comprised of multiple previous protocols.
  - Asthma/COPD
  - Croup or Upper Airway Obstruction
  - Decompression Sickness
  - Pain Management
  - Post Intubation
  - Sepsis
  - General Trauma
- Protocols removed and/or integrated into new protocol(s).
  - Amputations
  - Burns
  - Head Trauma
  - Spinal Injury
  - Fractures and Dislocations
  - Respiratory Distress
- Community Paramedicine
  - Routine patient encounters allow for BLS interventions unless assessment identifies need for emergent treatment/transport; at which time provider will perform necessary treatment within scope of practice and arrange for transport.
  - Assessments AND outcomes must be documented (i.e., Refusal of Transport)
  - "Prevention activities" should be approved by agency's medical director.
- Asthma/COPD
  - All levels may administer albuterol and/or albuterol/Ipratropium Bromide.
    - May repeat albuterol administration every 3 minutes (q3) as needed.
  - Methylprednisolone for symptoms of lower airway obstruction
  - Primary second line medications are specified by patient's age and/or medical history.
    - Primary second line med for adults: Magnesium Sulfate
    - Primary second line med for children: Epi 1:1,000
- Croup/Upper Airway Obstruction
  - A-EMT & EMT-I can administer racemic epinephrine via nebulizer or inhaled epinephrine 1:1,000.
    - Note updates to dose and preparation for administration.

- Methylprednisolone added to the Allergic Reaction protocol.
  - Adult: 125 mg IV/IO
  - Pediatric: 2mg/kg IV/IO, max of 60mg
- Decompression Sickness
  - Transport patient in left lateral decubitus position (Durant's maneuver).
  - Priority is prudent monitoring of oxygen saturation.
- Pain Management
  - Acetaminophen and Toradol added.
  - Acetaminophen may be administered by all levels. Toradol may be administered by A-EMT and above.
  - Intranasal Fentanyl added for pediatric pain management
    - 1.5mcg/kg IN, MAX 75mcg. Titrate to effect, may repeat q 20 minutes as needed up to 3 times.
- Post Intubation Sedation
  - Utilized for patient comfort and safety, on scene or during interfacility transfer.
  - Fentanyl, Midazolam, Lorazepam and Ketamine may be administered by Paramedics.
  - Vecuronium, Rocuronium, Pancuronium and Propofol and associated infusion rates may be administered by Critical Care Paramedics ONLY.
- Sepsis
  - Focus is early and rapid identification.
  - Fluid resuscitation is a priority, begin immediately after recognition of sepsis or hypotension
  - Ceftriaxone, Norepinephrine and Epinephrine - Blood culture preferred before admin however, is not required and should not delay initiation of therapy.
  - Vasopressor Administration Goals: MAP of 65mmHg and normal BP range for children.
  - Prehospital administration of antibiotics requires coordination between agencies, providers, medical director(s), and local healthcare facilities to ensure best utilization of this protocol.
- **General Trauma Protocol**
  - Comprised of the following 9.01 Edition Protocols:
    - Amputation
    - Burns
    - Fractures and Dislocations
    - Head Trauma
    - Spinal Injury
  - The first page is the general overview of assessments and treatments. The following five (5) pages contain details, instructions, specific medications and procedures for "Trauma Specific Considerations".
- Trauma Specific Considerations
  - All providers may utilize pressure dressing.
  - Blood product(s) may be administered by appropriate level provider. See Blood Administration Procedure.
- Head Injury Medications
  - 3% Normal Saline (NO SUBSTITUTIONS) and TXA may administered by Paramedics
  - Mannitol may be administered by Critical Care Paramedics.
- Fractures and Dislocations
  - Nitrous oxide has been removed.
  - Cefazolin and Ceftriaxone added, consider antibiotics for open fractures.
- All pregnant trauma patients
  - Pregnant trauma patient should be transported for evaluation, if warranted.
  - Transport patient in left lateral decubitus position, if possible.
  - Administer high flow O2, if needed, to maintain SPO2 of 94% or above.

## • Medication Changes

- Abdominal Pain
  - Consider IVF bolus for signs of dehydration.
  - If Critical Care Provider see Critical Care Guidelines for Thoracic Aortic Dissection/Aortic Aneurysm.
- Adrenal Insufficiency
  - Utilize Hypoglycemia Protocol if patient is hypoglycemic.
  - If patient has own medication, assist with administration per accompanying prescribed instructions.
  - Hydrocortisone Sodium Succinate, Methylprednisolone and Dexamethasone added.
- Allergic Reaction
  - Albuterol and/or Albuterol/Ipratropium may be administered by ALL levels.
  - Dose(s), repeat dosing and frequency of administration updated.
- Altered Mental Status
  - Naloxone removed from AMS Protocol
  - Ketamine dosages and route updated
    - Adult: 2-4mg/kg IM, max dose 400mg
    - Pediatric: 2-4mg/kg IM, max dose 400 mg
- Cardiac Arrest (Adults)
  - A-EMT and I-EMT may administer Epinephrine 1:10,000 IV/IO Q3-5 minutes.
- Cardiac Arrest (Pediatrics)
  - A-EMT and I-EMT may administer Epinephrine 1:10,000 (0.1mg/kg) IV/IO Q3-5 minutes.
  - Amiodarone and Lidocaine may be administered by EMT-I, Paramedic or Critical Care Paramedic.
- Childbirth
  - Pitocin and Blood Administration Procedure added.
- Congestive Heart Failure
  - Nitroglycerin Paste may now be administered to patients experiencing CHF by A-EMT and I-EMT.
- Newborn Care
  - BIAD is a CAT A procedure, ETT remains CAT B.
- Poisons and Overdoses
  - ALL medications are now CAT A.
- Preeclampsia and Eclampsia
  - Magnesium Sulfate Infusion added, may be administered by Paramedics and/or Critical Care Paramedics.
  - Utilize Seizure Protocol if patient begins to seize.

## • Procedures

- Blood Transfusion Procedure
  - Note references to this procedure in affiliated protocols/algorithms.
  - Specialized equipment required for administration of blood products.
- Seizure
  - A-EMT may administer Midazolam via intranasal administration route ONLY.
- Shock
  - Norepinephrine has been added for administration by Paramedics and Critical Care Paramedics.
- Vaginal Bleeding
  - Blood products may be administered by Paramedic and Critical Care Paramedic, utilizing the Blood Administration Procedure.

- **Medication Formulary**

- Reference ONLY; all medications and dosages for treatment are listed in the affiliated protocol(s).
- Some of the medications were previously listed in the 9<sup>th</sup> Edition Protocols and have been updated for reference.
- Example: Dextrose – Now listed separately as D10, D25 and D50. D10 is the preferred concentration.

- **Reference Materials**

- Some new and some were previously listed under applicable protocol(s) in 9th Edition.
- Rule of Nines
- APGAR Score
- Glasgow Coma Scale
- Lidocaine Clock
- Dopamine Table
- Oxygen Percentage Table
- Ideal Body Weight Table
- Search and Rescue Marking System
- Triage of Mass Casualties
- Critical Care Guidelines
- Critical Care Guidelines now have an Aneurysm and Medications List.

- **Forms**

- Thrombolytic Checklist updated with an added signature line.
- Utilization of the Thrombolytic Checklist requires providers obtain a signature at the receiving facility, leave a copy at the receiving facility and maintain a copy for provider/agency records. (Per State Rules/Guidelines)
- All providers should ensure they are utilizing the most current edition form(s).