

Summary of Revisions to EMS Patient Care Protocols November 2024

- Advanced EMT Cardiac Monitors and Cardiac Monitoring
 - Added to the Advanced EMT scope of practice with stipulations.
- Paramedic Scope of Practice
 - Added needle cricothyrotomy.
 - Added the approval for use of FDA approved devices within the scope of practice.
- Allergic Reactions
 - Added EPI auto injectors for EMTs.
- Altered Mental Status
 - Changed ketamine dosage Max to 300.
- Cardiac Arrest-Adult
 - Added a Max of three doses for EPI and an option for EPI infusion instead of bolus.
 - Added language about double sequential defib.
 - Added information in Key Points on ROSC care according to AHA guidelines.
 - Moved anti arrhythmic ahead of the first dose of EPI if the situation exists.
 - Added a line in Key Points about the use of different devices if available.
- Pediatric Arrest
 - Added a box for AED use.
- Adult Arrhythmia
 - Bradycardia
 - Added dopamine infusion and EPI infusion.
- Childbirth
 - Referenced vaginal bleeding protocol for postpartum hemorrhage.
 - Added language to observed fetal heart sounds in Key Points.
 - Added notes about umbilical cord management and nuchal chords in Key Points.
- Hypertensive Emergencies
 - Added language to congestive heart failure protocol for signs and symptoms of congestive heart failure with hypertension.
- Heat Emergencies
 - Added a box about waiting for the patient to be cooled on scene if equipment is available.
 - Added a box about terminating cooling procedures and moving to cardiac arrest if needed.
 - Added information about taking temperature by physical contact rather than a point and click temperature probe or thermometer.

- Hypothermia
 - Added information about taking temperature by physical contact rather than a point and click temperature probe or thermometer.
- Nausea and Vomiting
 - Edited the box for IV fluids to state 250-1000 mL or 20 mL/kilograms of isotonic crystalloid solution.
- Changed the name of Near Drowning to Near Drowning/Submersion Injury.
- Newborn Care
 - Changed chest compressions to all levels.
 - Added a needle size for chest decompression.
 - Added the Advanced EMT level to EPI administration box.
- Pain Control
 - Changed Toradol dosing to 15 milligrams.
 - Added language that Toradol should be avoided in pregnancy and cardiac related chest pain.
 - Added language about the use of ketamine for pain as a last resort to encourage the use of other medications first.
- Poisoning/Overdose
 - Removed Max dose of Narcan and added language may repeat as needed to maintain respirations.
 - Added Benadryl OCD as an indication for treatment with sodium bicarb.
 - Increased Glucagon dosing for beta blocker OD.
- Post Intubation Sedation
 - Changed Ketamine dose.
 - Changed the Ativan dose.
 - Changed paralytic box to reflect doses may be repeated as needed.
 - Added language to ensure adequate sedation prior to the administration of paralytics.
 - Changed the name of the protocol to Post-Intubation Sedation and CPR Induced Consciousness.
- Seizures
 - Increased Max dose of Keppra to 6000 milligrams.
 - Changed IGN versus Max dose to 10 milligrams.
- Shock
 - Updated presser doses to mirror changes already made.
- Vaginal Bleeding
 - Changed TXA to be 2g over 1-2 minutes.

- General Trauma
 - Added a note to control massive hemorrhage ahead of airway.
 - Referenced to reassess control of hemorrhage in circulation.
 - Added reassess hemorrhage in secondary assessment.
- Trauma-Airway
 - Added needle cricothyroidotomy to ETT box.
- Trauma-Respirations
 - Removed vented preferred from the occlusive dressing step.
- Trauma-Massive Hemorrhage
 - Changed TXA to 2g over 1-2 minutes.
 - Changed boxes to note tourniquet or pressure dressing and back wound or application of junctional tourniquet to junctional wounds.
 - Changed Key Points to reference LR as preferred for trauma.
 - Updated IVF box to 500 milliliters.
- Trauma-Head Injury
 - Added language about maintaining normal respirations for aid with entitled goals and notes on hyperventilation if herniation exists.
 - Updated TXA dosing.
- Trauma-Neurogenic Shock
 - Added language that states if they are unresponsive to fluid early pressers should be started.
- Trauma-Fractures
 - Added statement about pelvic immobilization.
- Medication Section
 - Added dosing for each medication.
 - Corrected formatting and grammatical errors throughout.
 - Changed were made to Indications and Contraindications throughout.
- Critical Care Section
 - Removed the word “guideline” and added “supplement” to avoid confusion.
 - Removed Structural Searching Procedure page completely.