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| **#** | **Protocol or Appendix** | **Change** | **Reason** |
|  1. | TOC new protocol 6.10Emergency Change | Title change-BLS Bronchodilators ~~Albuterol~~ Adult & Pediatric 6.1.Title change-Check and Inject Epinephrine by ~~BLS Providers~~ “EMT Basic” 6.6Title Change-hyphen removed EMT-Basic now reads: Continuous Positive Airway Pressure (CPAP) by EMT Basic and/or Advanced EMT 6.9.Glucagon for Hypoglycemia by EMT Basic 6.10. | Standardizing language.EMT-Basics can administer IM Glucagon as a Medical Director option. |
|  2. | 2.3 A Altered Mental/Neurological Status/Diabetic Emergencies/Coma-Adult | 3rd bullet now reads: Glucose “or glucagon are” indicated only for documented hypoglycemia. If authorized and trained to do so, obtain a blood sugar reading.New language in the Basic section reads:**IF the Patient is unconscious or unable to safely swallow and IF approved under** Protocol 6.10 Glucagon for Hypoglycemia by EMT Basic**:** **Glucagon** 1mg IM Recheck glucose 15 minutes after administration of glucagon.May repeat **glucagon** 1mg IM if glucose level is <70mg/dL with continued altered mental status. | EMT-Basics can administer IM Glucagon as a Medical Director option. |
|  3. | 2.3 P Altered Mental/Neurological Status/Diabetic Emergencies/Coma-Adult. | In the Basic EMT section Oral glucose dosing now reads: **Oral glucose** ½ tube for a patient under 20 kg. 1 tube for a patient 20kg or over. In the AEMT section-IN and SC routes removed from Glucagon. | Weight-based dosing causing concern changed for ease of administration.Glucagon is not absorbed well or timely by these routes. |
|  4. | 2.6 A Bronchospasm/Respiratory Distress – Adult and the Adult Medication Reference  | In the EMT-Basic Medical Control section this language has been added: **Epinephrine** 0.3 mg via auto-injector. If approved under Protocol 6.6 Check and Inject Epinephrine by EMT Basic **epinephrine** 0.3 mg IM.AndIn the Paramedic section Magnesium sulfate infusion time in asthma has been increased to 20 minutes. | With Medical Control EMT-Basics approved to participate in check and inject Epinephrine may administer Epinephrine IM.An infusion time of less than 20 minutes may cause side effects such as hypotension, bradycardia. |
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|  5. | 2.10 Obstetrical Emergencies, 2.13 Pain and nausea Adult & Pediatric, 2.15 A Seizures-Adult, 3.1 Acute Coronary Syndrome – Adult, 5.2 Difficult Airway – Adult,7.6 Sedation and Analgesia for Electrical Therapy – Adult & Pediatric and in the Adult Medication Reference | The word slow was removed from fentanyl and/or midazolam IN dosing. The routes were separated out slow IV/IO/IM and IN. | Slow IN was determined to be ineffective. |
|  6. | 2.13 Pain & Nausea Management – Adult and Pediatric and the Adult Medication Reference  | In the Paramedic section dosing range change to ketamine now reads: ketamine 0.3-0.5 mg/kg IV/IO. | Lower doses (0.1-0.2 mg/kg) are not effective for pain. |
|  7.  | 2.14 Poisoning/ Substance Abuse/Overdose /Toxicology - Adult and Pediatric and the Adult Medication Reference | Removed sc route of administration from glucagon.  | Ineffective route of administration. |
|  8.  | 3.3A Bradycardia – Adultandthe Adult Medication Reference  | Removed sc route of administration from glucagon. | Ineffective route of administration. |
|  9. | 3.3P Bradycardia – Pediatric | In the Paramedic section - atropine. The line ~~(min. single~~ ~~dose 0.1 mg.)~~has been removed. | Removed to comply with AHA recommendation.  |
| 10. | 3.5A Cardiac Arrest (ADULT): Ventricular Fibrillation/Pulseless Ventricular Tachycardia | In the Paramedic section at the 2nd bullet the Defibrillation language was changed now reads: Defibrillation when available, with minimum interruption in chest compressions (use maximum manufacturer's recommended energy); then HQCPR for 5 cycles/2 minutes; then rhythm check; Charge defibrillator while performing chest compressions to minimize hands-off-time.At the 4th bullet ~~360J monophasic equivalent~~ was removed and this language was added: Continue HQCPR and defibrillate (each shock “at the maximum energy recommended by the manufacturer”) per ECC guidelines if ventricular fibrillation/pulseless ventricular tachycardia is persistent. | Due to the many options the language was changed to use the maximum manufacturer’s recommended energy. |
| 11.  | 4.5 Multisystem Trauma Adult & Pediatric | This information has been removed from the Paramedic section: .~~For a patient > 16 years of age, who has SBP< 90 or P>110, or if the provider determines the patient to be at high risk for significant hemorrhage:~~**~~tranexamic acid (TXA)~~** ~~1 gram IV over 10 minutes.~~  ~~(mix 1 gram of TXA in 100ml of Normal Saline).~~ | Technical fix. TXA in trauma is a Medical Director Option not a standing order. |
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| 12. | 5.2 Difficult Airway - Adult | Added language in the Paramedic section in c under To Facilitate intubation now reads: c. If the airway is unstable and the patient cannot be ventilated, if approved under Protocol 6.2 Needle Cricothyrotomy perform a needle cricothyrotomy. ~~perform a needle cricothyrotomy and provide oxygen via jet ventilation.~~ | Clarifying to perform a needle cric the Paramedic must be approved under the Medical Director Option protocol 6.2. |
| 13. | 6.0 Medical Director Options | *New Title* BLS Bronchodilators Adult & Pediatric 6.1.*New Title* Check and Inject Epinephrine by “EMT Basic” 6.6.*New Title* Continuous Positive Airway Pressure (CPAP) by EMT Basic and/or Advanced EMT 6.9.*New Protocol* Glucagon for Hypoglycemia by EMT Basic Providers 6.10. | New Titles and Protocol. |
| 14. | 6.1 BLS Bronchodilators ~~Albuterol~~ Adult & Pediatric. | Title change AndIpratropium bromide added to this protocol now reads:**Albuterol** 1.25mg in 3ml Normal Saline, with or without **ipratropium** **bromide** 250 mcg via nebulizer, x1 dose.For a patient older than 2 years of age,**Albuterol** 2.5-3mg in 3ml Normal Saline, with or without **ipratropium** **bromide** 500 mcg via nebulizer, x1 dose.Also Added to the eligible medications list. | Ipratropium added for convenience of using DuoNeb(s). |
| 15. | 6.3 Selective Spinal Assessment | On page 3: the Yes arrow was reinserted from Patient unreliable to IMMOBILIZE.Red flag and Caution box reinserted, | Technical fix. |
| 16. | 6.5 Tranexamic AcidAnd the Adult Med Reference | -age changed from ~~16~~ to age 5 or over.-dose changed to 15 mg/kg to maximum dose of 1 gram.-Under Contraindications/Allergies-~~less than 16 years of age~~-under side effects -hypotension “ (if given too fast)”added-seizures “(if too much given)” added-Paramedic section-dose change as above-Medical Control section-For a patient under 5 years of age: Medical Control may order TXA as above. | -TXA recommended by Medical Services on 4/26/19 for pediatric patients-Dosing in now weight based. |
| 17. | 6.6 Check and Inject Epinephrine by EMT Basic | *Title change* ~~BLS Provider~~ “EMT Basic”. | Standardizing language. |
| 18. | 6.9 Continuous Positive Airway Pressure (CPAP) by EMT Basic and/or Advanced EMT | Hyphen removed between EMT and Basic. | Standardizing language. |
| 19. | 6.10 *New Protocol*Glucagon for Hypoglycemia by EMT Basic | Glucagon by Basics if approved as a Medical Director option. For use in Protocol 2.3A.  | Glucagon IM by EMT-Basics if approved. |
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| 20. | A-1 Adult Medication ReferenceIpratropium Bromide (Atrovent ®) | Added ipratropium dose (0.25 mg if under 2 years) | To reflect Protocol dosing. |
| 21.  | A-1 Adult Medication ReferenceTranexamic Acid | Updated to reflect dosing change\*\***Note**: Service Medical Director Option for use of TXA only if trained and authorized, see 6.5 Tranexamic Acid.* 15mg/kg to maximum dose of 1 gram IV over 10 minutes.
 | To reflect Protocol dosing. |
| 22. | A-2 Pediatric Medication Reference | Midazolam dosing adjusted to reflect the midazolam dose change in 2.15P Seizures Pediatric in previous STPs 2019.1. | Technical fix. |
| 23. | IFT -Scope of Practice  | This language was added to on page 3 under #4 Scope of Practice a. Routine scheduled transport:(for exceptions-see note below).**Note:** that THIS is the level of care needed for a patient with any device that will NOT require active intervention or management by BLS; unless ALS is otherwise required for patient management.  The device *is managed by the patient or accompanying caregiver*.  The patient or caregiver must have been trained in managing the device, NOT merely in its use; for example-the patient or caregiver must have the knowledge and ability to stop a PCA pump, if the line is damaged. | BLS can transport a patient with a working PCA pump IF the patient or caregiver are trained in managing the device. |