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| **#** | **Protocol or Appendix** | **Change** | **Reason** |
| 1. | TOC  new protocol 6.10  Emergency Change | Title change-BLS Bronchodilators ~~Albuterol~~ Adult & Pediatric 6.1.  Title change-Check and Inject Epinephrine by ~~BLS Providers~~ “EMT Basic” 6.6  Title 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.  And  In 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. |
| **#** | **Protocol or Appendix** | **Change** | **Reason** |
| 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 – Adult  and  the 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  And  Ipratropium 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 Acid  And 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. |
| **#** | **Protocol or Appendix** | **Change** | **Reason** |
| 20. | A-1 Adult Medication Reference  Ipratropium Bromide (Atrovent ®) | Added ipratropium dose (0.25 mg if under 2 years) | To reflect Protocol dosing. |
| 21. | A-1 Adult Medication Reference  Tranexamic 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. |