Foreword

Change

Added the statement (change in bold/italics): To maintain the life of a specific patient, it may be necessary, in rare instances, for the physician providing on-line medical consultation, as part of the EMS consultation system, to direct a prehospital provider in rendering care that is not explicitly listed within these protocols, to include administering a patient's own medications which are not part of the approved formulary. To proceed with such an order both the telemetry physician and the provider must acknowledge and agree that the patient's condition and extraordinary care are not addressed elsewhere within these medical protocols, and that the order is in the best interest of patient care. (***NOTE: telemetry contact is not required for the administration of the patient's own Solu-Cortef in the treatment of suspected adrenal insufficiency).***

Reason for change(s):
Clarifies that a telemetry order is not required to administer a patient's own Solu-Cortef in cases of suspected adrenal insufficiency.

Educational PEARLS:
The speed at which patient deterioration occurs in adrenal insufficiency is difficult to predict and is related to the underlying stressor, patient age, general health, etc. Young children can be at high risk for rapid deterioration, even when experiencing a 'simple' gastrointestinal disorder. For these patients, standard shock management requires timely supplementation with corticosteroid medication. Because it is important to ANTICIPATE the evolution of an adrenal crisis and medicate immediately when suspected, the time necessary to make telemetry contact and receive a physician's order may result in a negative outcome for the patient.

General Patient Care

Change

Added under "Disposition" - "For sexual assault victims outside a 50 mile radius from the above facilities, the licensee providing emergency medical care shall transport the patient to the nearest appropriate facility."

Reason for change(s):
In keeping with other destination requirements, removes the requirement for remote EMS Agencies to transport into the urban area.

Educational PEARLS:
Requiring remote EMS Agencies to transport into the urban area places a burden on their ability to provide adequate coverage when a unit is out of service for a prolonged transport. By removing the mandate to transport to a specific facility, the agency's personnel can make an informed decision based on the needs of the patient and the community.

Acute Cerebral Vascular Accident

Change
Added Sunrise MountainView Hospital as an approved receiving facility.

Reason for change(s):
Updated list of approved facilities

Educational PEARLS:
None

Burns

Change
Added (change in bold/italics): Patients meeting the following criteria shall be transported to the Burn Center (UMC Adult Trauma Center or ***UMC*** Pediatric E.D.):

Reason for change(s):
Clarified that adults meeting burn criteria are to be transported to the UMC Adult Trauma Center and that pediatric patients meeting burn criteria are to be transported to the UMC Pedioatric Emergency Department,

Educational PEARLS:
None

Adult CCR Cardiac Arrest

Change
Name Change. Revises protocol to emphasize CCR (Cardio-Cerebral Resuscitation). Emphasizes basic airway management instead of intubation and the Alert Box was revised to stress the importance of quality compressions with minimal interruption.

Reason for change(s):
Revises protocol to keep pace with the most recent research. **NOTE:** This protocol is not yet adopted by the American Heart Association and is not the same as the current AHA Cardiac Arrest algorithm.

Educational PEARLS:
The goal of resuscitation should be to achieve a perfusion pressure that supplies adequate blood to the heart and the brain. Under conventional CPR it takes about halfway through that chest-compression cycle to build up a marginal pressure to the heart and brain and as soon as compressions are interrupted that pressure almost immediately falls to zero. Since cardiac arrest victims have oxygen dissolved in their blood, the immediate problem isn't getting more oxygen into the blood; it's getting that blood to the brain and to the heart.

Cardiac Dysrhythmia: V.FIB./Pulseless V.TACH.

Change

Revised protocol to reflect changes made to the Adult CCR Cardiac Arrest Protocol. Emphasizes early administration of epinephrine and minimizing interruptions for intubation.

Reason for change(s):
Revises protocol to keep pace with the most recent research. **NOTE:** This protocol is not yet adopted by the American Heart Association and is not the same as the current AHA Cardiac Arrest algorithm.

Educational PEARLS:
Same as Adult CCR Cardiac Arrest Protocol

Obstetrical/Gynecological Emergencies

Change

Clarified procedure for administration of Magnesium Sulfate. Included a chart of hospital capabilities

Reason for change(s):
To increase the safety of magnesium sulfate administration and provide a reference tool for providers to use when determining the most appropriate facility for an OB/GYN patient.

Educational PEARLS:
Rapid administration of magnesium sulfate may result in significant hypotension. In order to minimize this adverse effect, administer 4 grams of magnesium sulfate mixed in a 50cc bag of NSS over 20 minutes for eclampsia. For pre-eclampsia, administer 2 grams of magnesium sulfate in a 50cc bag of NSS over 10 minutes.

Many providers are confused over the level of obstetrical services provided at different facilities. While not implementing a destination protocol, the chart included in the revised protocol can serve as a handy reference for providers when determining which facility can best care for the patient.

Respiratory Distress with Bronchospasm

Change

Clarified procedure for administration of Magnesium Sulfate

Reason for change(s):
To increase the safety of magnesium sulfate administration.

Educational PEARLS:
Administer 2 grams of magnesium sulfate mixed in a 50cc bag of NSS and administered over 10 minutes.

Synchronized Cardioversion

Change
Updated pediatric cardioversion dose

Reason for change(s):
There was a discrepancy between the Cardioversion protocol and the SVT protocol. The SVT had the current PALS recommended procedure. The Cardioversion protocol was revised to match the SVT protocol.

Educational PEARLS:
Pediatric cardioversion should begin at 0.5 to 1 J/kg and may increase to 2 J/kg if initial dose is unsuccessful. Adult paddles / pads may be used in children weighing more than 15 kg.

Vascular Access

Change
Updated indications for Intraosseous Access to read (change in bold/italics): Peripheral line cannot be ***immediately*** established.

Reason for change(s):
The prior wording, "Peripheral line cannot be established within 90 seconds" was too restrictive. Providers have the ability to determine whether or not peripheral access is obtainable and forcing them to try a peripheral stick when the likelihood of success is low only delayed care.

Educational PEARLS:
None