

Date: November 5, 2016

To: MCB Physicians

From: Jeffrey M. Goodloe, MD, NRP, FACEP  
Medical Director

Re: 2017 Protocol Set Recommended Changes

In another year's sincere effort to make year protocol set change deliberations as efficient as possible for the MCB meeting this month, I am summarizing the changes I recommend on behalf of the OMD team that worked collectively on these changes. The effective date for these changes is suggested to be Feb 1, 2017 to allow for training on these changes in December and January. I have personally reviewed each and every protocol in this process.

Here are the recommended changes:

**Protocol 2E- Supraglottic Airways** The statement was added to strongly promote using waveform capnography when a supraglottic airway is in place, even though it is not strictly required (as in endotracheal intubation).

**Protocol 3C - Dyspnea - Asthma** Added magnesium sulfate 1 gram for the treatment of adult severe asthma.

**Protocol 3E - Dyspnea - Congestive Heart Failure** If patient on NIPPV, use nitroglycerin 2% ointment 1 ½ inches applied to chest wall as opposed to only having sublingual nitro that would involve breaking the facemask seal for each and every administration.

**Protocol 3F - Dyspnea - Brief Resolve Unexplained Event (BRUE) Pediatric Less Than 1 Year of Age** Changed the title from Apparent Life Threatening Event (ALTE) Pediatric. Added history to define BRUE and listed high risk and low risk conditions.

**Multiple Protocols** - Changed all protocols listed below with Epinephrine to 1mg/mL for 1:1000 or 0.1mg/mL for 10:000 due to a national label change of Epinephrine concentrations.

- Dyspnea - Asthma (Severe & Refractory to Nebulization) (3C)
- Asystole (4F)
- Ventricular Fibrillation/Pulseless Ventricular Tachycardia (4G)
- Pulseless Electrical Activity (4H)
- Bradycardia (Pediatric) (5D)
- Acute Allergic Reactions (Anaphylaxis) (8D)
- Snakebites (Anaphylaxis) (8E)
- Bee/Wasp Stings (Anaphylaxis) (8F)

**Protocol 3H - Waveform Capnography** Added to the indications of capnography: Mechanical Ventilation and Termination of Resuscitation.

**Protocol 3L - Mechanical Ventilation** Under safety notes, the statement was added if transporting a patient with a home ventilator that remains on baseline settings, the use of continuous waveform capnography is optional if that better promotes leaving the usual airway circuit intact.

**Protocol 4I- Specific Causes of Cardiac Arrest** Removed the word consider from the statement “possible causes of cardiopulmonary arrest & treat where appropriate” and replaced the word consider with the word “find possible causes of cardiopulmonary arrest & treat where appropriate” In the treatment priority boxed added the statement “if hyperkalemia administer calcium chloride as first medication.”

**Protocol 4J- Post Cardiac Arrest Treatment** Move Inclusion Criteria for Induction of Hypothermia to the top and colored box blue to highlight it.

**Protocol 4K - “Do Not Resuscitate”/Advanced Directive Orders, Futility of Resuscitation Initiation & Termination of Resuscitation** The statements below were either reworded or added to the existing protocol.

- ALS resuscitative efforts continuously perform for 20 minutes was changed to for at least 20 minutes.
- If ALL of the above criteria are met, then an online medical control physician or the patient’s attending physician may be consulted for field termination of cardiac arrest resuscitation. Field termination: the ems professional’s decision to stop then shall be based on the physicians order, though to be perfectly clear such order cannot contradict the conditions specified for termination of resuscitation.
- In the rare instance in which an OLMC or patients attending physician orders termination of resuscitation inconsistent with this protocol continue resuscitation and notify consult the medical director his/her designee.
- Additionally Oklahoma legal requirements for unattended death must be followed.

**Protocol 5I - Implantable Pacemaker Management** - The title change from Pacemaker Management to Implantable Pacemaker Management.

**Protocol 6C - Glucometry (Blood Glucose Determination)** Reworded glucometer protocol to make it more generically applicable to the diversity of glucometers in use in the system.

**Protocol 9A- Abdominal Pain/Nausea/Vomiting/Diarrhea & Protocol 9B - Fever or Sepsis** Changed to “antiemetic if actively vomiting”

**Protocol 9B - Fever or Sepsis** Changed title from “Fever” and added Sepsis to the title. Changed the Adult IV NS TKO if SYS BP  $\geq$  mmHg without hypotensive symptoms to IV NS 250mL BOLUS If no sign of pulmonary edema. Added OLMC for additional fluid in pediatrics.

**Protocol 9K - Medication Administration** EMT/EMT-I/AEMT were added to 9Kb Intramuscular/ Subcutaneous Injection

**Protocol 10B - Eye Injury** Added avoid direct contact or pressure on the eyeball for blunt and penetrating injury.

**Protocol 10H - Tourniquet** Added if using the CAT generation 7 tourniquet all applications are made passing the self-adhering band through the single slit of the buckle.

**Protocol 10L - Burns** Removed 4mL/kg body weight x %BSA burned for adult and pediatric burns. Replaced 250 mL to 500 mL bolus if no signs of pulmonary edema for adult.

**Protocol 11C - Electrical/Lightning Injury** Removed the 4mL/kg for adult and pediatric IV fluid administration.

**Protocol 13F - Alleged Sexual Assault** Title changed to Alleged Sexual Assault from Sexual Assault.

**Protocol 16N - Epinephrine 1mg/mL (1:1000) & 0.1mg/mL (1:10,000)** Changed title of Epinephrine to Epinephrine 1mg/mL for 1:1000 or 0.1mg/mL for 10:000 due to a national label change of Epinephrine concentrations.

**Protocol 16O - Epinephrine Autoinjector** Due to the national label change of Epinephrine concentrations added 1mg/mL to Epi.

**Protocol 16CC - Magnesium Sulfate** Added Dyspnea - Asthma (3C) to the indications for the use of magnesium sulfate.

**Protocol 16JJ - Ondansetron (Zofran)** Removed the word impending prior to vomiting to active vomiting