

CHANGES TO PARAMEDIC PATIENT CARE PROTOCOLS 2010

Protocol 4.4: Allergic Reaction

Changed the dose of epinephrine for allergic reaction to IM except for anaphylactic shock where the 1:10,000 solution can be given, but only by order of On-Line Medical Direction (Category B).

Protocol 4.8: Cardiac Arrest

Under “Physical Assessment, Part B” changed “closed chest massage” to “chest compressions” to reflect current terminology.

Treatment of Adult VFib/Pulseless VTach, Part J: added that if you substitute vasopressin for the first dose of epinephrine, you can give subsequent doses of epinephrine.

Protocol 4.9: Correction made on category of Amiodarone (Cat.A)

Protocol 4.10: Cardiac Symptoms/Acute Coronary Syndrome

Have added wording to stress that women, diabetics, and all adult medical patients over the age of 50 years have an increased danger of coronary artery disease. Also stressed doing an ECG on all adults with epigastric discomfort.

Noted that all Ambulance Services must have the capability to perform 12-lead ECGs on patients by June of 2013.

Protocol 4.14: Congestive Heart Failure

Changed dose of Furosemide from 20-40mg to 40mg to simplify the dosage.

New Protocols

4.26 RESPIRATORY ILLNESS/INFLUENZA

4.27 RESPIRATORY ILLNESS/INFLUENZA – MASS CASUALTY EMERGENCY

Protocol 4.30: Stroke

Added that the EMS personnel should attempt to bring a knowledgeable friend or family member with the stroke patient. Also added that because many patients with symptoms of stroke have hypertension and are volume depleted from diuretics, a single fluid bolus of 500cc or Normal Saline is recommended for patients without signs of congestive heart failure.

Protocol 4.34: Vomiting

Under “Specific Information Needed” added:

- B. Is the patient nauseated
- C. If vomiting, is the cause known?
- K. History of vomiting when receiving narcotics?

Under “NOTES:” added

1. Ondansetron may be used in cases of nausea to prevent vomiting.
2. Ondansetron may be used to prevent nausea when administering morphine especially if there is a history of vomiting after receiving narcotics.

Protocol 5.10: Diphenhydramine

Changed “dystonic reaction” to “extrapyramidal symptoms to reflect current terminology in EMS texts.

Protocol 5.12: Epinephrine

Made the same changes as noted in protocol 4.4 above.

Protocol 5.13: Furosemide

Changed dose from 20-40mg to 40mg to simplify the dosage.

Protocol 6.5: Endotracheal Intubation

Under “PROCEDURE” added:

7. Monitor tube placement with qualitative CO₂ detector or preferably a quantitative waveform CO₂ monitor (Use of one or the other is MANDATORY). After June 2013 the waveform Capnography will be required.

Under “NOTES:” added

6. By June 2013 all ALS services must have the ability to monitor patients with waveform capnography.

Protocol 9.1 Blind Insertion Airway Devices

Noted that the King airway may be used if the service medical director approves