

## May 2014

### **Protocol 2 – General – Behavioral/Patient Restraint**

- Changed haloperidol from Paramedic to Intermediate level
- Reorganized decision box to clarify that “threat to self or others” is a required component to begin chemical restraint

### **Protocol 3 – General – Cardiac Arrest (Adult)**

- Clarified first rhythm analysis/defibrillation should be attempted as soon as it becomes available
- Added standard CPR information

### **Protocol 7 – Pain Control**

- Enlarged the “OR” to emphasize while either fentanyl or morphine may be used, providers may only administer one of them, not both

### **Protocol 8 – General – Pepper Spray/Taser® Removal**

- Corrected arrow labels

### **Protocol 9 – General – Rehabilitation (Responder)**

- Updated heart rates, vital sign standards, and times to more closely reflect NFPA 1584 rehab standards

### **Protocol 10 – General – Spinal Immobilization/Clearance**

- Clarified language – entire spine should be palpated, not just c-spine

### **Protocol 16 – Cardiac Arrest – Post Resuscitation Care (Pediatric)**

- Clarified fluid bolus language

### **Protocol 17 – Cardiac Arrest – Ventricular Fibrillation/Ventricular Tachycardia (Adult)**

- Added link to new protocol (17A)

### **Protocol 17A – Cardiac Arrest – Intractable V-Fib/V-Tach (Adult)**

- New protocol

### **Protocol 22/22A – Injury – Burns**

- Clarified language to stop the burning process
- Typo corrected

### **Protocol 29 – Medical – Allergic Reaction/Anaphylaxis (Adult)**

- Epinephrine – 1:100,000 IV Push has been replaced by Epinephrine – Continuous Infusion/IV Drip

### **Protocol 30 – Medical – Allergic Reaction/Anaphylaxis (Pediatric)**

- Epinephrine – 1:100,000 IV Push has been replaced by Epinephrine – Continuous Infusion/IV Drip

### **Protocol 34/34A – Medical – Cardiac Chest Pain**

- Updated STEMI section to emphasize time sensitivity, adequate notification, and transport to PCI facilities
- Added language regarding nitroglycerin in inferior wall & right ventricular MIs

### **Protocol 37 – Medical – Hypoglycemia/Diabetic Emergency**

- Added glucagon IN for the EMT level

**Protocol 43 – Medical – Overdose/Poisoning/Toxic Ingestion (Adult)**

- Added naloxone IN for the EMT level

**Protocol 46 – Medical – Respiratory Distress (Adult)**

- Added epinephrine IV/IO to the end of the algorithms

**Protocol 47 – Medical – Respiratory Distress (Pediatric)**

- Changed solumedrol to Enhanced level

**Protocol 48 – Seizure**

- Reworded to ensure midazolam is only administered to patients experiencing active tonic/clonic seizures

**Protocol 50 – Medical – Tachycardia (Adult)**

- Reorganized to better reflex treatment for torsades de pointes

**Protocol 53 – OB/GYN – Pregnancy Related Emergencies**

- Added IN to routes for midazolam
- Corrected terminology regarding online medical control

**Procedure 5 – Airway – CPAP**

- Updated to reflect state scope of practice change – EMT & Enhanced now use fixed PEEP setting

**Procedure 22A – Defibrillation – Manual, Dual Sequential**

- New procedure for Dual Sequential External Defibrillation for intractable ventricular fibrillation/ventricular tachycardia

**Procedure 38 – Venous Access – Intravenous Access**

- Modified to show saline locks should be used rather than full tubing and bag, unless clinical indicators for fluid exist

**Procedure 39 – Venous Access – Intraosseous Access**

- Added language to #5 EZIO to clarify approved sites, and site preference

**Policy 3 – Criteria for Death**

- Added link to referenced policy
- Added web link to OEMS DNR information

**Policy 5 – Discontinuation of Prehospital Resuscitation**

- Updated policy to reflect OEMS guidance. Online order from medical control is needed to discontinue EMS resuscitation.

**Policy 7 – Medical Emergency Custody Orders**

- Clarified language in #6 regarding change in patient mental capacity

**Policy 8 – Refusal of Treatment/Transport**

- Corrected terminology regarding online medical control

**Medication Reference**

- Formatting update – Contraindications/Warnings, etc now appear in red/italics
- Links updated for new protocol (17A)

**Medication Reference – diphenhydramine**

- Added acceptable use for dystonic reaction to haloperidol

**Medication Reference – epinephrine**

- Updated to reflect changes from protocols 29 & 30, replacing epinephrine 1:100,000 with a continuous infusion.

**Medication Reference – haloperidol**

- Added use of diphenhydramine for dystonic reaction

**Medication Reference – morphine**

- Added missing “kg” to pediatric dosage
- Change administration frequency to every 5 minutes

**References – WVEMS Regional Hospitals**

- Added Stroke Center Designations

**References – Epinephrine Drip Rates**

- Added new reference for drip rates when giving epinephrine via continuous infusion