CCT Protocols 2021 Updates

3.C.1
Advanced Airway
Take out fentanyl and lidocaine
Add: Make sure to sedate following intubation according to sedation of intubated patient protocol.

2.E.1

Patient Sedation protocol
Add: If paralytic is needed in addition to sedation **(On Call Critical Care Medical Control must be contacted before paralytic is used)**
Rocuronium: 1 mg/kg or 100 mg (one time push) Onset 1-2 minutes.

3.C.2
Changed: **Rocuronium:** 1mg/kg or 100 mg IVP (one time push)

3.C.2 & 3.C.5

Take out King Airway and Add Igel

3.C.5 & 3.C.6

Added the I-Gel Protocol

4.B.1
Changed wording to: For hypertensive states associated with cocaine, methamphetamine or other stimulants DO NOT USE BETA-BLOCKERS. Instead treat with:

4.C.1, 4.B.2, 4.D.1
Fixed typo: Nitroglycerin 10mcg/min. Max 200mcg/min

4.G.2
Resuscitation Of PEA
Take out Transcutaneous Pacing

5.D.1
Changed: 2. Establish blood glucose level before leaving facility. 3. Repeat blood sugar every 45 min
For the "Pearls" box in this section changed the first bullet point to "Treatment of DKA requires insulin to close Anion gap. Supplemental D5NS may be given while infusing insulin. Insulin infusion should only be stopped if patient becomes hypoglycemic refractory to supplemental dextrose."

1.F.1.
Procainamide added to tier 3 drugs

4.I.1.
Changed Cardizem titration wording: Begin **Diltiazem infusion** at 5 mg/hr and increase by 5mg/hr every 15 minutes to control heart rate to max dose of 15 mg/hr

4.I.2, 5.N.1
Changed: Esmolol max 300 mcg/kg/min

4.K.1
Epi out of the Tier III section and changed the levophen max dose to 40.
Reworded number 5 to say: Vasoactive medications should be initiated via central access device, or through a peripheral IV (20ga or bigger) if unable to obtain central access, continuous close monitoring of IV site required.