

SMEMS Protocol Updates (**Admin & Ops**) Spring 2024

The policy section in previous versions of the protocols has been separated out into sub sections. Administrative policies, have page borders in purple and include information providers and agency leaders need to know in order to continue to function in EMS. These topics are not included in the protocol competency. Operational information, has page borders in orange, is the medical, legal and other policies that oversee all EMS patient interactions. Providers should expect such information to be included in protocol competency.

- Section 2 EMS System Introduction
 - This has been updated to include information regarding the Decatur Memorial EMS System. It includes many notices required by IDPH Administrative Code.
- Section 3 Licensing and Credentialing
 - This section has been rewritten to outline System credentialing requirements, Code of Conduct/Code of Ethics, specific information about licensing/ education and then disciplinary processes.
- Section 4- This has been left blank at this time
- Section 5 EMS Wellbeing
 - The majority of the information included in this section is to help providers to care for themselves and seek assistance when needed. The Latex Allergy protocol has been moved to this section as Healthcare providers are the most likely patients for EMS to encounter with a Latex Allergy.
- Section 6 Medical Operations
 - 6A- Medical Control, Standing Orders and Policies- defines medical orders, who can give orders, when an ECRN must contact an ED MD. Outlines Medical Control override requests.
 - 6B- Communications- identifies preferred communication tools, components of Patient Care Reports, Alert Patient Reports and QI for such.
 - 6C- Patient Care Reports- outlines Administrative Code requirements for documentation, timeline for completion, as well as identifying the Twiage case summary as an approved short form.
 - 6D- Patient Right of Refusal- continues to separate into high and low risk as well as referencing competency to refuse and situations involving minors.
 - 6E- Transitions in Patient Care- this is a new protocol rewritten with pieces of several other protocols. Review in its entirety.
 - 6F- Patient Destination Criteria- updated to reflect the dual role with Decatur Memorial EMS System.
 - 6G- Mass Casualty Plan- combined several previous plans with updated information.

- 6J- Advanced Directives- updated to streamline/ combine protocols from previous versions.
- Section 7 Medical Legal
 - 7F- Utilization of Other Agency Providers- this is a new protocol to address a common practice.
- Section 8 Supply and Preparedness
 - 8D- EMS Resupply- this is a new protocol to address what had been typical expected practice.

SMEEMS Protocol Updates (**Adult**) Spring 2024

- Changed “First Responder” to “EMR”, EMT-B” to “EMT”, “EMT-I” to “A-EMT/ EMT-I”, and “EMT-P” to “Paramedic” throughout document.
- Ipratropium (Atrovent) moved to **EMT Care**. Albuterol and Ipratropium have now been changed to “DuoNeb” throughout the document.
- Removed Dopamine from protocol entirely.
- **12.A.2-** Added “Obtain 12-lead EKG (if equipped) within 10 minutes of patient contact and transmit to the receiving hospital” in **EMT Care**.
- **12.C.2-** Added Norepinephrine to **Paramedic Care**, begins at 4mcg/min. 15 gtts/min using 60 gtts/ mL tubing.
- **12.D.1-** Change call-out to 30th compression for ventilations in Pit Crew CPR.
- **12.D.2-** Compassionate care statement added for CPR induced lucidity in **Paramedic Care**.
- **12.F.1-** Added “Withholding of Resuscitation” Protocol for all levels.
- **12.G.1-** Added “Field Termination of Resuscitation” Protocol (TOR) for **Paramedic Care**.
- **12.H.2-** Moved Transcutaneous Pacing to **A-EMT/ EMT-I Care** for unstable bradycardia.
- **12.H.2-** Moved Versed 2.5mg IV/IO to **A-EMT/ EMT-I Care** for patient comfort during pacing.
- **12.H.3-** Added Norepinephrine in **Paramedic Care** for Unstable Bradycardia, begins at 4mcg/min. 15 gtts/min using 60 gtts/ mL tubing.
- **12.L.1-** Added “Ventricular Assist Device” Protocol for all levels.
- **12.M.1-** “Post Return of Spontaneous Circulation Care” moved here. Added Norepinephrine to **Paramedic Care**, begins at 4mcg/min. 15 gtts/min using 60 gtts/ mL tubing.
- **12.M.2-** Post-Rosc combativeness sedation in **Paramedic Care** moved here. Changed to Versed 2.5mg IV/IO with one repeat, then **Medical Control**.
- **13.A.2-** Changed NPA note to contraindicated in the setting of head/ facial trauma or recent skull base surgery.
- **13.G.2-** Epinephrine dose changed to 0.5mg for Status Asthmaticus in **A-EMT/ EMT-I Care**.

- **13.G.2-** Methylprednisolone 125mg IVP added to **Paramedic Care**.
- **13.G.2-** Magnesium Sulfate 2gm in 100mL D5W added to **Paramedic Care**.
- **13.G.3-** Changed title to “Flash Pulmonary Edema”.
- **13.J.1-** Systolic BP for CPAP changed to ≥ 100 mmHg, anything less contact med control.
- **14.A.1-** Added “Glucose tablets, high carb foods, sugary juices etc. may be used in lieu of Oral Glucose” in EMR Care and throughout Altered Level of Consciousness protocol.
- **14.G.1-** Removed Ipratropium restriction for Allergic Reaction. DuoNeb now in **EMT Care**, repeat X2.
- **14.G.2-** Moved Benadryl 50mg IV/IM to **A-EMT/ EMT-I Care**.
- **14.G.2-** Methylprednisolone (Solu-Medrol) 125mg IV added to **Paramedic Care**.
- **14.H.2-** Added Glucagon consideration for Beta Blocker overdose n **Paramedic Care** with **Medical Control** consult.
- **14.I.2-** Added Norepinephrine to **Paramedic Care**, begins at 4mcg/min. 15 gtts/min using 60 gtts/ mL tubing. (After at least 1 Liter fluid bolus)
- **16.D.2-** Added Norepinephrine to **Paramedic Care** for Neurogenic Shock, begins at 4mcg/min. 15 gtts/min using 60 gtts/ mL tubing.
- **16.N.1-** Added contraindication for wound packing of “Abdominal or chest wounds”.
- **17.A.1-** Reformatted the entire OB/GYN Protocol to be more consistent with the rest of the document.
- The Emergency Childbirth Record has been moved to the Appendix.
- **17.B.4-** Added Magnesium Sulfate consideration for Antepartum and Postpartum Hypertension in **Paramedic Care** with **Medical Control** consult.
- **18.B.1-** Rape/ Sexual Assault Protocol moved here
- **18.E.1-** Behavioral Emergencies/ Chemical Restraint Protocol moved here.

SMEMS Protocol Updates (**Peds**)Spring 2024

1. Changed “First Responder” to “EMR”, EMT-B” to “EMT”, “EMT-I” to “A-EMT/ EMT-I”, and “EMT-P” to “Paramedic” throughout document.
2. Ipratropium (Atrovent) moved to **EMT Care**. Albuterol and Ipratropium have now been changed to “DuoNeb” throughout the document.
3. **24.B.1-** added Fentanyl 1mcg/kg IVP to **A-EMT/ EMT-I Care**. If no IV refer to Intranasal dosing sheet.
4. **25.B.2-** added Sodium Bicarbonate 1 mEq/kg IV/IO in **Paramedic Care** for cardiac arrest with conditional requirements.
5. **25.C.1-** Ipratropium restriction removed for allergic reaction; It is now a DuoNeb.
6. **25.F.1-** Added Magnesium Sulfate 50mg/ kg in 100mL D5W to **Paramedic Care** (with medical control consult).
7. **25.J.1-** Perform blood glucose test moved to EMR Care throughout the document.
8. **26.H.2-** Burn pain management moved to **A-EMT/ EMT-I Care**.