Spring 2025 Protocol Changes

- Appendix Add: *If unable to establish IV max dose would be 100mcg*.
- 6.B.1 Add: Hemorrhagic Shock Alert to list
- 6.D.2 Correct: “Refuses” spelling
- *6.E.3 #5 Add: Transition to highest level of care cardiac monitor, unless actively pacing*
- *6.F.2 All distance times changed to 30 minutes*
- 6.J.1 Now mirrors updated 12.F.1 for DNR and Med Control wording. “Physician” changed to “Practitioner”
- *11.G.1 Add: pain management for head injury/pain with GCS of 15*
- *11.G.2 Add: 4mg IV Zofran and decreasing time between dosing. Re-dose at 20 minutes, update drug sheet and notify pharmacy*
- 11.G.2 Currently have fentanyl at 1 mcg/kg with a max of 100mcg for 1st dose (50 mcg for renal patients). Change to: *Re-dose 0.5mcg/kg with same timing as before, renal dose and re-dose remains half the standard dosing.*
- 12.E.1 Clarify ALS Lido Vs. Amiodarone, Add: *If first Lido dose has been given, ALS continue to max dose of Lido*
  Add: Mag Sulfate for Polymorph VTach, 2Gms IV/IO over 2 minutes
- *12.F.1* Add “no shock advised” to obvious death qualifier, move decapitation and decomposition to Asystole need not be confirmed. No Med Control required for obvious death when no CPR in progress including valid DNR’s. When CPR in progress and then obvious death is recognized contact medical control. If a valid DNR is presented at any time after CPR has been initiated, contact medical control before withholding further resuscitation
- 12.G.1 Add: 30 minutes *from AED or Cardiac monitor arrival*
- *12.G.2 Add: Cares registry required*
- *12.J.2 Add: Mag Sulfate 2Gm IV/IO 100mL D5W infusion over 10-15 min added for Polymorph VTach*
- 13.G.2 Add: I.M. as route for Solu-Medrol. *125mg for adult*
- 14.C.2 Versed given IM, then get IV, now what dose? Cleaned up with text table, dosing after 10mg IM would be 2.5mg
- 14.F.2 Zofran re-dosing changed from 30 minutes to 20 minutes
- 14.G.1 Epi 1mg/ 1ml wording versus 1:1000 , *put 1mg/1ml, 1mg/10ml in parentheses throughout document*
- *15.C.1 EMR care adult needs to match peds*
- 14.J.1 Add: Incident Report if alternate vascular access utilized
- 14.L.1 Add: Hemorrhagic Shock Alert Protocol
- 16.E.1 Add: Spinal Motion Restriction protocol
- 16.F.1 SMR Decision Scheme renamed and updated
- *Added Oral glucose for all levels (to be purchased by agency) to Medication supply sheet*

- *24.B2 Peds Head pain/injury (with GCS of 15) added to pain control protocol. Repeat Fentanyl IV dose now 0.5mcg/kg instead of 1mcg/kg.*
  Add: Peds max dosing for I.N. fentanyl. If unable to establish IV max dose would be 100mcg I.N.
- *25.H.2 Remove med control order for needle decompression.*
- *Updated and added to MEMS supply list requirements for transport units:*
  -Vaseline gauze can be changed to vented chest seal
  -Pediatric Defib pads X2
  -ANSI Class 2 or 3 reflective vests or outerwear
  -Non-flammable reflective and or illuminated roadside warning devices
  -PPE- 2 gowns
  -Bulb syringe in addition to OB kit
  -Waterless hand sanitizer
  -START Triage tags
  -Salem Sump Tube now 12Fr