

SPEMS Protocol Changes
Emergency Medical Technician (EMT)
2/1/10 to 1/31/11

PROTOCOL CHANGES

- **Every Page**
 - Changed dates at bottom of each page
- **Cover Page**
 - Signature with February 1, 2010 date
- **Page P-1**
 - Addition of **Disclaimer** that states:
 - “The original version of these protocols are located in the SPEMS office, any changes whatsoever are strictly prohibited without the express written permission of the SPEMS’s Medical Director.”
 - “On occasion a variance, addendum, or other change may be needed to the current SPEMS protocols. In this event the request **MUST** be facilitated through the SPEMS office. The request will then be submitted to the SPEMS Medical Director for approval.”
 - No service or individual should contact the Medical Director directly. All requests should go through the SPEMS office
- **Page P-2: Table of Contents**
 - Updated
- **Page P-4**
 - Addition of #2 “Be currently certified in Health Care Provider CPR”
 - Under #8 Skills Proficiency
 - Removed SAED as a required skill for proficiency check
 - Removed “Optional” from King Airway proficiency
 - Mandatory
- **Page P-9 Definitions**
 - Addition of #1 Acute Coronary Syndrome
 - Classic Angina
 - Traditional presentation
 - Atypical Presentation
 - Pain that is sharp, intermittent, in the teeth, neck, shoulder, arm or abdomen
 - Most commonly occurs in females, diabetics, and the elderly
 - Anginal Equivalents
 - Higher risk patients: dyspnea, palpitations, syncope or near syncope, generalized weakness with no history of a GI bleed, recent fever, and DKA
 - Signs/Symptoms not normally associated with classic angina
 - Example “Diabetic with only vomiting and no chest pain”
 - Risk Factors
 - Smoking, hypertension, age, family history of CAD, obesity, stress, and sedentary life style
 - “The key to forming an accurate impression of chest pain remains in the clinical history. In order to make this impression, one must look at the patient’s physical presentation, listen to their story, and be able to compile

and interpret all collected information. If the patient's story/presentation, risk factors, 12 lead and vitals signs point to ACS, then EMS personnel should **consider** the patient a candidate for the Chest Pain/Possible MI Protocol until proven otherwise"

- Addition of #3 Aseptic Technique
 - Describes procedure to reduce risk of infection
 - Antiseptic hand hygiene and proper use of PPE
 - Use of appropriate antiseptics to cleanse the area of the patients body that is in jeopardy of infection/contamination
 - Avoid contamination of equipment and medication
 - Skin should not be touched after skin antiseptics. If this happens repeat the aseptic technique for that area
 - After the insertion of any device through the patients skin the insertion site shall be covered with the appropriate dressing to prevent infection

• **Page P-10 Definitions**

- Addition of #11 "Optional" or "Recommended"
 - "Optional": at the discretion of the individual service (not mandatory)
 - "Recommended": equipment remains optional but is highly recommended by the Medical Director and will become mandatory with the next protocol year update

• **Page P-12 Treatment Procedures**

- Airway Management
 - Removed all references to Combitube
 - Removed "optional/recommended" from King Airway
 - Combitubes must be removed
 - King Airways are now required

• **Page P-13 Treatment Procedures**

- ResQPOD
 - Removed "Recommended"
 - ResQPOD is now mandatory
- Added Taser Probe Removal statement
 - "If an individual's EMS department policy grants EMS staff permission to remove taser probes, the EMS individual **MAY** make a single attempt to remove the probes. If the probes appear to be embedded in the bone, in a sensitive area, or it appears that the removal will be difficult, leave in place and treat as an impelled object. To lessen the risk of a needle stick type injury some type of gripping device (hemostats or pliers) should be used to facilitate the removal. The site should then be cleaned and bandaged as appropriate."
 - Each service must decide to remove probes or not

• **Page P-14 Treatment Procedures**

- Addition of Uncontrolled Hemorrhage Managed with Celox (Optional)
 - Celox is a hemostatic agent that is used to assist in bleeding control
 - Granules that assist in clot formation
 - No identified adverse reactions
 - Gives instructions for use of Celox
 1. Blot excess blood from wound with gauze pad.
 2. Immediately pour entire contents of pouch directly into the wound
 3. Apply FIRM direct pressure to wound for 5 minutes. (if bleeding persists, apply direct pressure for an additional 5 minutes.
 4. Apply pressure dressing

- 5. Deliver empty package (Celox) to accepting physician
 - Instructions are printed on package
- **Page P-30 Triage/Transfer Decision Scheme Pre-Hospital***
 - Updated to meet current guidelines
 - Addition of box at bottom that states “*If the patient does not have a secured airway and/or is in cardiac arrest, transport to the nearest facility if justified”
- **Page P-34 Medication Concentration/Storage**
 - Addition of last sentence that states: ‘It is the responsibility of the individual EMS provider to make sure that all the stocked drugs are stored as per manufactures specification. Documentation as to how drugs are stored may be requested by DSHS”
- **Page P-35 Equipment List**
 - Addition of “1- SAED with defibrillator pads/paddles to accommodate the adult and pediatric patients. However, if the BLS unit already stocks a monitor/defibrillator/SAED another SAED is not required. (If the SAED stocked does not support pediatric defibrillation a variance must be filled out through the SPEMS office and then pediatric defibrillation pads are not mandatory. The Variance must be signed by the Medical Director and a copy placed in each set of their protocols). A charged spare battery must accompany the unit as well as the one powering the unit. However, an alternative power source may take the place of the spare battery. (SAED with sealed 5 year batteries need not to have a spare)
 - Added to portable suction: “with charged spare battery if the unit is battery powered. However, an alternative power source may take the place of a spare battery.”
 - Removal of “Optional” from ResQPOD
 - ResQPOD is now mandatory
 - Added to Pulse Oximeter device: “with charged spare batteries”
 - Added 2-Appropriate glucometer test strips
 - Added 2-Lancet/needle
 - Added “3ea-syringes that will accommodate all the appropriate drug volumes stocked”
 - Added “3-hypodermic needles appropriate for SQ or IM injections (if stocked)
 - Added “1-Celox (optional)”
- **Page P-36 Equipment List**
 - Added 10-Alcohol preps
 - Added King Airways
 - 1ea-King LT-D airway sizes 2 & 2.5
 - 1ea-King LTS-D airway sizes 3, 4, & 5
 - Oral Medications
 - Removed “1 bottle” from Aspirin and replaced it with “10” aspirins as the minimum number
 - Removed Combi-Tubes
 - No longer allowed to carry or use Combi-Tubes. The King airway replaces the Combi-Tube and is now mandatory. All Combi-Tubes should be removed from all units.
- **Page P-37 Equipment List**
 - Subcutaneous Medications
 - Addition of “2-Epinephrine (1:1,000) 1mg/1cc (if stocked at the BLS level, appropriate training required)

- Addition of statement “Services under SPEMS medical direction may carry Epinephrine Auto-Injectors to accommodate both adult and pediatric patients **AND/OR** Epinephrine (1:1000) 1mg/1cc. However, Epinephrine (1:1,000) can only be carried if all active ECA’s, EMT’s and Intermediates are appropriately trained on SQ injections (and the standing Allergic Reaction Protocol). This training must be documented including location, date, and time. Documentation must be readily accessible upon inspection”
- Amended the next to last paragraph to state “If you have medical direction for any medications or invasive equipment not listed here, you must attach written authorization for the use of such. This document must be signed by the SPEMS Medical Director. However, non-invasive equipment (example: Vacu-Mattress, Morgan lenses, thermometer, ect...) does not require written authorization by medical direction or additions to the equipment list.”
- Changed dates and signed by Medical Director
- **Must** be signed by Service Director
- **Throughout Treatment Algorithms**
 - Changed the date on the bottom to read 02/01/2010
 - Removed “recommended” from ResQPOD throughout algorithms. Now mandatory
 - Removed Combitube from all algorithms
 - Removed “recommended” from all algorithms that state King Airway as they are now mandatory
- **Page 2 Trauma**
 - Addition of “Celox (optional) if necessary” to the control bleeding box
- **Page 8 *Cardiac Chest Pain or Suspected Myocardial Infarction**
 - Added the Atypical MI Signs and Symptoms box to the right
 - If atypical signs/symptoms present, “**Consider** patient a candidate for the Cardiac Chest Pain Protocol see ACS P-9”
 - Reminder that not all MIs have typical signs/symptoms
 - In Nitroglycerin box, added: “(rule out the use of sexual enhancement drugs)”
 - “Pain Relieved?” changed to “Symptoms Relieved?”
 - Changed box at the bottom to state: * Following the request of Paramedic backup the EMT-Basic may place the patient on the cardiac monitor/12lead if available. *EKGs may then be transmitted to the receiving hospital if capable.* Under no circumstances shall an EMT-B use monitor placement for interpretation/treatment. Appropriate training and testing must be documented prior to the placement of the cardiac monitor/12lead.”
- **Page 11 Cold Exposure**
 - Addition to box at right bottom:
 - 2. King Airway
 - ResQPOD (if patient has reached puberty)
- **Page 12 Decreased Level of Consciousness or Neurologic Symptoms* (Non-Traumatic)**
 - Addition of box on right that states “Eliminate other possibilities***”
 - Refers you to the box at the bottom left
 - Cold exposure (Pg 11)
 - Heat exposure (Pg 14), or
 - Hypovolemia (Pg 15)
 - Addition of box on right (below eliminate other possibilities*** box)
 - States: “If possible, access Cincinnati Stroke Scale **
 - Cincinnati Stroke Scale Box at bottom

- Changed last point to state “Report all positive findings to receiving hospital from the scene if possible, if not report ASAP. Document all findings in the narrative.”
- **Page 15 Hypovolemia (Non-Traumatic)**
 - Deleted the signs/symptoms of hypovolemia box

CHANGES TO SUPPLEMENT

- **Drug Index**
 - Addition of Table of Contents
 - Drugs placed in alphabetical order
 - Addition of new drugs to drug index
 - Rocuronium
 - Zofran
 - Phenergan removed
 - Changed all dosages to correspond with current Protocols
- **Drug Charts (Adult and Pediatric)**
 - Drugs placed in alphabetical order
 - Addition of new drugs to drug index
 - Rocuronium
 - Zofran
 - Phenergan removed
 - Changed all dosages to correspond with current Protocols
- **Drip Rate Formulas Page Added**
 - Formulas and examples for:
 - Adult Lidocaine
 - Pedi Lidocaine
 - Dopamine
 - Adult Amiodarone