CoSD EMS Protocol Change Log for 2022/2023 Cycle

- **S-104 Skills List**
  - **Needle Thoracostomy**
    - Previous: *Severe respiratory distress with unilateral diminished breath sounds and SBP <90mmHg (Adult)*
    - **Revision to reflect change to S-139 Trauma:** *Severe respiratory distress with unilateral or bilateral absent or diminished or absent breath sounds (unilaterally or bilaterally), and SBP <90mmHg, and suspected pneumothorax (Adult)*

- **P-115 ALS Medication List:**
  - **Amiodarone:**
    - Previous: *pulse ≥ 60 status post-defibrillation (defibrillation/AED)*
    - Removed routine post-conversion prophylactic antiarrhythmics to reflect national guidance: *pulse ≥ 60 status post-defibrillation (defibrillation/AED)* [DELETED]
  - **Diphenhydramine:**
    - Previous: *Diphenhydramine – Administer slow IV*
    - Revised verbiage: *IV – administer slowly*
    - Clarified administration in anaphylaxis: *Added Diphenhydramine may be administered between epinephrine doses in anaphylaxis*
  - **Ondansetron:**
    - Previous: *BHPO in the pediatric patient with suspected head injury*
    - Removed BHPO requirement to reflect national guidance in S-174 Pediatric Trauma: *BHPO in the pediatric patient with suspected head injury* [DELETED]

- **P-117 ALS (≤15) Pediatric Drug Chart:**
  - **Grey/Pink: Joules for Defib/Cardiovert:**
    - Previous: *Defib: 20J-40J-40J; Cardiovert 10J-20J-20J*
    - Revised to reflect national guidance: *Defib: 10J-20J-20J; Cardiovert: 5J-10J-10J*
  - **Red/Purple/Green:**
    - Removed a duplicate *Ipratropium Bromide listing on this page*
  - **Turquoise: Fentanyl IN and IV**
    - Previous: *Fentanyl IN and IV volume and dose are incorrect for respective route*
    - Corrected *Fentanyl IN and IV volume and dose for respective route*
S-127 CPR/Arrhythmias:

- **Unstable Bradycardia, SVT, A Fib/Flutter, Ventricular Tachycardia**
  - Updated the following language to be consistent with S-101 Glossary of Terms for the definition of unstable adult patients:
    - Previous: SBP <90 mmHg and exhibiting signs or symptoms of inadequate perfusion, e.g.
    - **Revision**: SBP <90 mmHg and exhibiting any of the following signs/symptoms of inadequate perfusion, e.g.,
  - **Ventricular Fibrillation/Pulseless VT**
    - Previous: If VF/VT persists after 2 antiarrhythmic doses, contact BH for direction
    - **Clarified emphasis on early physician involvement**: Early Base Hospital contact should be considered for persistent or recurrent VF/Pulseless VT
  - **Pulseless Electrical Activity**
    - Previous: Asystole after ≥ 20 min, treat per TOR protocol
    - **Revision**: Separated PEA treatment from the combined PEA/Asystole protocol
    - **Removed asystole verbiage**
      - Asystole after ≥ 20 min, treat per TOR protocol (see below addition for TOR procedures)
    - **Clarified**: For consideration of non-transport, see Asystole/Termination of Resuscitation protocol
  - **Asystole / Termination of Resuscitation (TOR)**
    - Previous Title and Content: Termination of Resuscitation (TOR)
    - **Combined** Asystole/Termination of Resuscitation protocols

![ASYSTOLE / TERMINATION OF RESUSCITATION](image-url)
Return of Spontaneous Circulation

- Previous: ROSC - Pulse ≥ 60 Post Defibrillation Amiodarone 150mg in 100ml of NS over 10 min IV/IO SO, MR x 1 in 10 min SO OR Lidocaine 1.5mg/kg IV/IO SO, MR x 1 0.5mg/kg IV/IO q 8-10 min to max of 3mg/kg SO

- Removed routine post-conversion prophylactic antiarrhythmics to reflect national guidance
  - Pulse > 60 Post Defibrillation Amiodarone 150mg in 100ml of NS over 10 min IV/IO SO, MR x 1 in 10 min SO OR Lidocaine 1.5mg/kg IV/IO SO, MR x 1 0.5mg/kg IV/IO q 8-10 min to max of 3mg/kg SO **DELETED**

- **S-131 Hemodialysis Patient:**
  - Previous: Give O2 to maintain SpO2 ≥ 92%
  - Standardized pulse oximetry goals across protocols: Give O2 to maintain SpO2 at 94-98%

- **S-133 OB Emergencies/Newborn Deliveries:**
  - Previous: Epinephrine per drug chart IV/IO SO, MR q3-5 min SO
  - Clarified epinephrine concentration: ALS: Epinephrine 1:10,000 per drug chart IV/IO SO, MR q3-5 min SO

- **S-139 Trauma:**
  - Previous: O2 saturation. Maintain >90%
  - Standardized pulse oximetry goals across protocols: O2 saturation. Maintain SpO2 at 94% to 98%

- **S-142 Psychiatric/Behavioral Emergencies:**
  - Previous: Severely agitated and/or combative patient requiring restraint for patient or provider safety Midazolam 5mg IM/IN/IV SO, MR x 1 In 10 min SO
  - Revised repeat dose timeframe to reflect national guidance: Severely agitated and/or combative patient requiring restraint for patient or provider safety Midazolam 5mg IM/IN/IV SO, MR x 1 In 5-10 min SO

- **S-163 Pediatric CPR/Arrhythmias:**
  - Updated the following language for Unstable Bradycardia, SVT, Ventricular Tachycardia to be consistent with S-101 Glossary of Terms for the definition of unstable pediatric patients:
    - Previous: Exhibiting any of the following signs of inadequate perfusion, e.g.,
    - Revision: Exhibiting any of the following signs/symptoms of inadequate perfusion, e.g.,
    - Previous: ≥ 10 years: SBP <90 mmHg
    - Revision: ≥ 10 years: SBP <90 mmHg
Unstable Bradycardia:
- Previous: If no increase in HR after 30 sec of BVM ventilations: Begin CPR
- Clarified unconscious pediatrics with unstable bradycardia to start CPR: If no increase in HR after 30 sec of BVM ventilations: If unconscious, begin CPR

Ventricular Tachycardia:
- Previous: Unstable consider midazolam per drug chart IV/IO pre-cardioversion BHO
- Revised pre-cardioversion sedation to BHPO to reflect other treatments in the protocol: Unstable consider midazolam per drug chart IV/IO pre-cardioversion BHPO

VF/Pulseless VT:
- Previous: IF VT/VF persists after 2 antiarrhythmic doses, contact BH for direction
- Revised to reflect national guidance: IF VT/VF persists after 2 antiarrhythmic doses, contact BH for direction **DELETED**
  - Early base hospital contact for all pediatric cardiac arrests remains an identified best practice

S-166 Obstetrical Emergencies / Newborn Deliveries:
- Previous: ALS: Epinephrine per drug chart IV/IO SO, MR q3-5 min SO
- Clarified epinephrine concentration: ALS: Epinephrine 1:10,000 per drug chart IV/IO SO, MR q3-5 min SO

S-168 Pediatric Shock:
- Updated the following language to be consistent with S-101 Glossary of Terms for the definition of unstable pediatric patients:
  - Previous: >10 years: SBP <90 mmHg
  - Revision: ≥10 years: SBP <90 mmHg

S-169 Pediatric Trauma
- Updated the following language to be consistent with S-101 Glossary of Terms for the definition of unstable pediatric patients (hypotension by age):
  - Previous: >10 years: SBP <90 mmHg
  - Revision: ≥10 years: SBP <90 mmHg

S-173 Pediatric Pain Management:
- Previous: Acetaminophen IV per drug chart SO x 1, infuse over 15 min
- Clarified medication preparation: Acetaminophen IV per drug chart in **100ml of NS** over 15 min SO
S-174 Pediatric Abdominal Discomfort:
- Previous: For nausea or vomiting ≥ 6 months and < 3 years Ondansetron ODT/IV/IM per drug chart SO ≥ 3 years Ondansetron ODT/IV/IM per drug chart SO
- Previous: Suspected head injury: ondansetron BHPO
- Revised to better incorporate P-117 LBRT guide: ≥ 6 months Ondansetron ODT/IV/IM per drug chart SO
- Removed BHPO requirement to reflect national guidance: Suspected head injury Ondansetron BHPO **DELETED**

S-177 Pediatric Sepsis
- Updated the following language to be consistent with S-101 Glossary of Terms for the definition of unstable pediatric patients (hypotension by age):
  - Previous: >10 years: SBP <90 mmHg
  - Revision: ≥10 years: SBP <90 mmHg