Date: September 12, 2018

To: MCB Physicians

From: Jeffrey M. Goodloe, MD, NRP, FACEP, FAEMS

Re: 2019 Protocol Set Recommended Changes

In another year's sincere effort to make yearly protocol set change deliberations as efficient as possible for the MCB meeting this month, I am summarizing the changes I recommend on behalf of the OMD team that worked collectively on these changes. The effective date for these changes is suggested to be January 15, 2019 to allow for training on these changes. The OMD team has personally reviewed each and every protocol in this process. Here are the recommended changes:

Protocol 2C – Airway Suctioning Removal of "tonsil tip" and replaced with "suction catheter" throughout entire protocol

Protocol 2F – Oral Intubation

- Under contraindications: added a total of three unsuccessful oral and/or nasal intubation attempts in the above settings. An intubation attempt has occurred when the tip of the endotracheal tube is advanced beyond the gum line or into a nostril. Attempts are counted per patient not per intubator.
- Change "Bougie" to "Flex-Guide" throughout entire protocol
- Added Flex-Guide suggested use on second attempt
- Added line item #9 Flex-Guide required on third intubation attempt
- Under Technique: added #1 Throughout the period pre-, during, post-intubation the patient must be continually monitored for hypoxia, bradycardia, or hypotension. Corrective measures, including BVM oxygenation should take priority over continuing the current intubation attempts.

Protocol 2H – Nasal Intubation removed "nare" and replaced with "nostril"

Protocol 3H – Waveform Capnography Under Troubleshooting Tips for EtCO2 monitoring table: added check patients pulse to EtCO2 values correction action box

Protocol 3M – Dyspnea – Croup – New protocol

Protocol 5A – Chest Pain – Uncertain Etiology Under the paramedic box removed the word "Opiate" and replaced with "Opioid"

Protocol 5F – Tachycardia – Stable Changed Valsalva Maneuver to Modified Valsalva Maneuver

Multiple Protocols Added standing order for pediatric pain management 1st dose: 1mcg/kg max 50mcg. Must call OLMC for ongoing doses. These changes are only reflected in:

- Extremity/Amputation Injury (10G)
- Burns (10L)

Protocol 10H – Tourniquet All steps were updated to reflect the application of the Generation 7 tourniquet.

Protocol 10I – Hemostatic Agents EMR/EMT box replaced apply topical hemostatic agent" with "pack wound with hemostatic agent"

Protocol 10L – Burns

- Treatment priority box - #4 added Do not delay transport for on scene IV fluids or medication
- Under EMT-I85/AEMT added the statement see weight-based fluid resuscitation table to avoid excessive fluid.
- Fluid resuscitation table was added for reference.

Protocol 10M – Title Change from Conductive Energy Weapon Related Management to Conducted Electrical Weapon Related Management

Protocol 14D – Informed Patient Consent/Refusal Change was to remove the word "are" and replaced with "may be" in this statement: The following patients may be considered **NOT** to have capacity to make medical decisions

Protocol 14G – Patient Prioritization

- Adult Trauma – Yellow/Priority II
    - Positive seatbelt sign or handlebar mark;
    - Fractures/dislocation; lacerations/avulsions with extensive tissue damage;
    - High voltage electrical injury;
    - Select & isolated hand injuries ("isolated" defined by the level of suspected injury involvement being no further proximal than the elbow).
- Adult Trauma – Discretionary Red/Priority I or Yellow/Priority II
    - Anticoagulation, bleeding disorders and/or significant comorbidities;
- Adult Trauma – Green/Priority III
    - Single proximal or distal long bone fractures without dislocation;
    - Isolated abdominal pain
- Pediatric Trauma – Red/Priority I by either physiological criteria (systolic BP < (70 + 2 x age of patient in years) mmHg, sustained tachycardia >160 bpm, respiratory rate <12 or >40, pulse oximetry<95% without supplemental oxygen, or GCS ≤ 12)
    - Penetrating injury of head, neck, torso, extremities proximal to elbow or knee;
    - Amputation proximal to the wrist or ankle;
    - Paralysis or suspected spinal fracture with neurological deficit;
    - Flail chest;
    - Unstable pelvis or suspected pelvic fracture;
    - Crushed, degloved, or mangled extremity, proximal to the wrist or ankle;
    - Pulseless extremity;
    - Two or more open fractures.
- Pediatric Trauma – Discretionary Red/Priority I or Yellow/Priority II
    - GCS of 13-14;
    - Two or more suspected proximal long - bone fractures;
    - Open or suspected depressed skull fracture;
    - Tender and/or distended abdomen/positive seatbelt sign or handlebar mark;
    - Suspected or known Non-Accidental Trauma in pediatric patients;
    - Tenderness to spine with palpation;
    - Isolated open fracture (excluding hand);
    - Significant laceration or soft tissue injury;
    - High voltage electrical injury;
    - Anticoagulation and bleeding disorders and/or significant comorbidities.

Protocol 16Q – Fentanyl Updated the formulary to reflect Protocol 10G & 10L 1mcg/kg up to 50 mcg per dose. Repeat dose(s) requires OLMC order.

Reference Updates:

- **Protocol 1C – General Supportive Care**
- **Protocol 1D – Trauma and Hypovolemic Shock Supportive Care**
- **Protocol 2D – Bag Valve Mask (BVM) Management**
- **Protocol 2F – Oral Intubation**
- **Protocol 4A – Resuscitation (CPR)**
- **Protocol 4C – Automated External Defibrillation (AED)**
- **Protocol 4F – Asystole**
- **Protocol 4G - Ventricular Fibrillation/Pulseless Ventricular Tachycardia**
- **Protocol 4H – Pulseless Electrical Activity (PEA) – Adult & Pediatric**
- **Protocol 5C – Acute Coronary Syndrome – Adult**
- **Protocol 5F – Tachycardia – Stable – Adult & Pediatric**
- **Protocol 6A – Stroke – Adult & Pediatric**
- **Protocol 7A – Behavior Disorder – Adult & Pediatric**
- **Protocol 8D – Acute Allergic Reactions – Adult & Pediatric**
- **Protocol 8E – Snakebites Pit Vipers (Rattlesnakes, Copperheads, & Mocassins) (Crotalinae Envenomation)**
- **Protocol 8F – Bee/Wasp Stings & Fire Ant Bites (Hymenoptera Envenomation)**
- **Protocol 10Oa – Spinal Motion Restriction**
- **Protocol 11A – Heat Illness**
- **Protocol 14D – Informed Patient Consent/Refusal**