

Lake and Sumter County Emergency Medical System



**Clinical Care Guidelines
May 2009**

Revised August 2009

Protocol Revisions

August 2009

How this PowerPoint Works

This PowerPoint is designed to explain the revisions that have been made to our current protocol. Most of the changes are grammatical errors or minor details. In every revision made you will find the affected subject and its page number. I suggest you open your current protocol book and follow along with the PowerPoint so that you will understand what was revised. Credit to all who gave their input.

Thanks,
Scott Temple



Cardiac Transport Policy pg. 34

CARDIAC ALERT:

- Upon arrival at the scene, the paramedic will initiate Initial Medical Care and assess the patient using the following methodology as outlined. Those patients that meet the following criteria will be classified as a “CARDIAC ALERT”.
 - Patient presents with one or more ACS signs/symptoms including anginal equivalents
 - AND
 - ST elevation of 1.0mm in 2 or more contiguous leads or new (or presumed new) Left Bundle Branch Block (LBBB).
 - **The Word “And” is included**



ACS Pearls and Protocol pg. 45-46

- Pearls Page:
 - NTG caution added: Use caution in patients with possible Right Ventricular Infarct
- Protocol Page: Weakness, Syncope/Near Syncope, and Dizziness
 - Added to the Signs and Symptoms box atop the Protocol page
- Max. of 5 mg added to the Morphine Sulfate Box



Asystole Protocol pg. 48

- Protocol Page: Airway Protocol **Blue** Box changed to **Green** (at top right of page)
- Under PEA in the Atropine box, now reads PEA rate ≤ 60 (previously did not specify)
- Both Sodium Bicarb boxes now display Max. of 50 mEq.



Induced Hypothermia

Pearls and Protocols pg. 51-52

- Pearls Page: Exclusion criteria no longer lists
 - ROSC from Asystole/PEA and age is greater than 60 yrs old
- Equation for Mean Arterial Pressure (MAP) now included
- Protocol Page: Temperature conversion chart now displayed



Wide Complex Tach Protocol

pg. 58

- Protocol Page: Versed box now includes Max. of 10 mg



Carbon Monoxide Protocol

pg. 60

- Protocol Page: **Blue** Respiratory Rate box (under Yes) is now **Green**.



Abdominal Pain

pg. 72

- Protocol Page: Morphine Sulfate taken out of the protocol
- Diluadid now includes a Max. of 1 mg



Allergic Reaction Protocol

pg. 74

- Protocol Page: Bronchodilator boxes now state Max. 3 doses (old states 5 doses)
- Benadryl box now states Max. 25 mg and can be given IM
- Solu-medrol box now states Max. 125mg and can be given IM



AMS Protocol

pg. 76

- Narcan box now states a Max. of 8 mg
– (old stated 4 mg)



CVA Pearls and Protocol

pgs. 77-78

- Pearls Page: Now includes LABETALOL SHOULD BE ADMINISTERED OVER 5 MINUTES.
- Protocol Page: Now has a box in yellow that indicates elevating the pt's head 15-30 degrees if no trauma suspected
- Labetalol box now states 5 mg slow IVP repeat q 10 minutes. Until desired BP reached (old stated q 5 minutes)
 - The time frame of 10 minutes begins after administration is completed (i.e. the syringe is disconnected)



HTN Crisis Pearls and Protocol

pgs. 83-84

- Pearls Page: Now includes **LABETALOL SHOULD BE ADMINISTERED OVER 5 MINUTES.**
- Protocol Page: Labetalol box now states 5 mg slow IVP repeat q 10 minutes. Until desired BP reached (old stated q 5 minutes)
 - The time frame of 10 minutes begins after administration is completed (i.e. the syringe is disconnected)



Shock Protocol

pg. 92

- Protocol Page: In the Dopamine Box the new desired BP is > 100 mmHg (the old stated > 90 mmHg)



Sickle Cell Protocol

pg. 94

- The Morphine dose has been increased to a Max. of 10 mg. Your range now should read 2-10 mg titrated to effect, Max. 10 mg



Syncope Protocol

pg. 96

- Protocol Page: The Orthostatic Vitals box and Accucheck box are now **Green** (were **Blue**)



Burns Protocol

pg. 99-100

- Pearls Page: Includes Lightning Injury information
- Protocol Page: Under Electrical Burns
 - The box containing Sodium Bicarbonate has been taken out of the protocol. (Continue only with fluid (Lactated Ringer) treatment.



Chest Injury Pearls and Protocol

pgs. 101-102

- Pearls Page: New box of information added
- Protocol Page: Occlusive dressing box and Flail segment box now **Green** (were both **Blue**)



Extremity Trauma Protocol

pg. 110

- Protocol Page: **Blue** box under Traumatic Amputation is now **Green**



Snake Bite Pearls and Protocol

pgs. 117-118

- Pearls Page: New information added at bottom of page
- Protocol Page: The box that states “Apply Pressure and Immobilize” was **Blue** now is **Green**. (The box now stipulates to use a pressure bandage and immobilize). In the old it was unclear what kind of pressure should be used



Spider Bite Protocol

pg. 120

- Protocol Page: The box that states “Monitor for abnormal S&S” was **Blue** is now **Green**



Cold Emergency Protocol

pg. 126

- Protocol Page: Pink Pain Management Protocol box noted a “P” in the corner, now shows a “C”



HazMat Protocol

pg. 128

- Protocol Page: All boxes are now Yellow, except for the bottom which continues to be Red



Heat Emergency Protocol

pg. 130

- Protocol Page: Under “Heat Exhaustion” the last three boxes listed are now **Green** and have “E’s” in the corner.



Childbirth Emergency Protocol

pg. 136

- Protocol Page: The **Blue** box that states “Fluid Bolus 250cc titrated to SBP > 100 mmHg. O2 NRBM”, now states to use Lactated Ringers as the fluid choice. (Old did not state the type of fluid)



Newly Born Care Protocol

pg. 138

- Protocol Page: The Epi box at the bottom of the page now states Epi 0.01 mg/kg (old only stated Epi 0.01 mg)



Prenatal Emergency Pearls and Protocol pgs. 141-142

- Pearls Page: States to give Labetalol over 5 minutes
- Protocol Page: All Labetalol boxes now state 5 mg slow IVP repeat q 10 minutes. Until desired BP reached (old stated q 5 minutes)
- Eclampsia: Magnesium Sulfate now to be administered 4 G IVP Over 2 minutes



Trauma in Pregnancy Protocol

pg. 144

- Protocol Page: The Pink box should redirect you to the PIH protocol (old redirected to the HTN Crisis protocol)



Pediatric Cardiac Arrest Protocol

pg. 150

- Protocol Page: In the Mag. Sulfate box a Max. of 2 Grams has now been included



Pediatric Allergic Reaction Pearls and Protocol pgs. 155-156

- Pearls Page: The Max. for Benadryl stated in the Pearls now states 12.5 mg (previously stated 25mg)
- Protocol Page: Max. doses for Albuterol now 3 doses.
- Benadryl and Solu-medrol now have Max. doses listed in their boxes. Both also show IV or IM



Pediatric Glycemic Emergency Protocol pg. 160

- Protocol Page: A Glucagon box has been added if unable to get an IV on your patient
- The box under “BGL > 250” now reads NS 20cc/kg repeat once prn
 - (previously 500cc bolus)



Pediatric N/V Protocol

pg. 162

- Protocol Page: The Zofran box now includes q 5 minutes if you need to repeat Zofran. Also includes Max. of 4 mg



Pediatric Shock Protocol

pg. 166

- Protocol Page: Dopamine box now has “P” in corner to designate paramedic duty



Pediatric Resp. Distress Protocol pg. 170

- Protocol Page: Prescription Inhaler box now **Green** (previously yellow)
- Xopenex boxes now state 0.62 mg (previously 1.25 mg)



Pediatric Resp. Failure

Pearls and Protocol

pgs. 171-172

- Pearls Page: ETT formula –
 - 16 **plus** the patient's age divided by 4 (Round Down To Lowest Number)
 - Previously stated 16 *minus*
- Protocol Page: A “P” has been included in the Intubation box (previously blank)



Pediatric Pain Management Protocol pg. 174

- Protocol Page: Rewording on the Morphine box.
 - Information has not changed



AutoVent Procedure Guideline

pg. 179

- Under “Contraindications”:
 - Only states pediatric patients
 - No longer states (age of 1 year to the onset of puberty)



Cardioversion Procedure Guideline

pg. 197

- Indications now only list:
 - NARROW COMPLEX TACHYCARDIA PROTOCOL
 - VENTRICULAR TACHYCARDIA WITH A PULSE PROTOCOL



Induced Hypothermia Procedure Guideline pg. 218

- Criteria for Induced Hypothermia and Exclusions now match those found in the actual protocol on page 51



TCP Procedure Guideline

pg. 245

- Indication:
 - Now only lists
 - BRADYCARDIA PROTOCOL
 - Asystole/PEA removed



Labetalol Formulary

pg. 265

- Adult Administration now lists:
 - 5 mg over 5 minutes, After administration monitor for 10 minutes before administering next dose. Subsequent doses are 5 mg over 5 minutes. Max Dose 300mg



Magnesium Sulfate Formulary pg. 268

- **Updated for Eclampsia:**
 - Now 4 gm IV Push over 2 minutes
 - (Previously 5 gm in a 250cc D5W over 30 min)



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END