

Summary of Changes to EMS Protocols-Nafziger
June 17, 2011

1. All levels of Emergency Medical Services Personnel (EMSP) protocols are now condensed to one protocol document.
2. Table of contents reorganized. Deleted “Response” section, as all information in that section is covered elsewhere.
3. Language changed throughout to reflect new nomenclature for provider levels.
4. Changed “EKG” to “ECG.”
5. Section 1.01 Scope of Privilege - Added Advanced-EMT. Added five drugs to Intermediate to make new protocol format work: Glucagon, Ondansetron, Diphenhydramine, Narcan, Nitrous Oxide. This will be done through the protocol updates. Additionally, Intermediates will be able to give patients Albuterol, Nitroglycerin, and Epinephrine 1:1000 IM, not just assist the patient with their own. They should already be familiar with these drugs. Due to their experience and higher level of training, Intermediate-EMT will be considered a higher level EMSP than Advanced-EMT.
6. Section 1.01 Scope of Privilege - Added language stating that lower level EMSPs may assist higher level EMSPs.
7. Section 1.02 Communications - Added language about notification of Alabama Trauma Communication Center (ATCC) for trauma patients; clarified when to call report.
8. Section 1.03 Death in the Field – Deleted need for ECG calibration; clarified language for penetrating torso injury to clarify when to attempt resuscitation.
9. Section 1.05 Documentation of Care - Added minimum points to documentation to be consistent with General Patient Care Protocol (3.01).
10. Section 1.06 Do Not Attempt Resuscitation - Changed “intubation” to “placement of Advanced Airway;” changed “closed chest massage” to “chest compressions.”
11. Section 1.07 Medical Direction Hospitals - Updated medical direction hospitals; deleted Randolph Medical Center and Wedowee Hospital.
12. Section 1.10 Medication and Procedure Categories - Deleted “as long as the patient is stable” from Category A.
13. Section 1.12 Patients Rights - Added sentence to No. 6 about taking patients with altered mental status and unstable vitals to closest appropriate ED; added

- paragraph No. 10 about law enforcement being responsible for patients in their custody.
14. Section 1.14 Refusal of Care or Transport - Clarified No. 1 that this is only when the EMSP's judgment is that the patient needs to be transported or treated.
 15. Section 2.03 Hazardous Materials - Added language to patient care for contaminated patient to be aware of crime scene possibility.
 16. Section 2.07 Staging - Added one-half mile criteria for rural areas.
 17. Section 3 Treatment Protocols - Changed format. See first page of Section 3 for instructions on how to use newly formatted protocols.
 18. Section 3.01 General Patient Care – Emphasized that Airway Breathing and Circulation (ABCs) and good assessment to be done on all patients.
 19. Section 3.04 Altered Mental Status -Added Haldol/Benadryl for combative patients.
 20. Naloxone: Added Intranasal route. Added language about titrate to effect.
 21. Morphine: Pediatrics max initial dose 4 mg for consistency. Can now carry in 2, 4, or 10 mg vials, MAX carry 30 mg in box. Must carry all the same kind of vials.
 22. Section 3.06 Bites and Envenomations - New protocol.
 23. Cardiac Arrest divided into adult and pediatric (3.08 and 3.09). Updated for new American Heart Association (AHA) guidelines. Magnesium changed to Category A for cardiac arrest in adults. Changed Calcium Gluconate to Calcium Chloride to be consistent with AHA guidelines. Specified that, if patient has port, you may use it. Atropine deleted from Pulseless Electrical Activity/Asystole. Vasopressin added for pediatrics. Added clarification about chest compressions in traumatic cardiac arrest.
 24. Cardiac Dysrhythmia divided into adult and pediatric (3.10 and 3.11). Updated for new AHA guidelines. Adenosine now listed as safe in pregnancy.
 25. Section 3.13 and Section 3.34 Childbirth and Vaginal Bleeding – Added guidance about transporting non-viable fetus to hospital.
 26. Section 3.14 Congestive Heart Failure - Made Albuterol Category A for consistency.
 27. Section 3.15 Taser - Clarified when to transport.

28. Section 3.19 Hyperthermia – Increased normal saline bolus from 250 to 500 for consistency.
29. Section 3.20 Hypoglycemia - Added language approving the use of sugary foods instead of oral glucose paste. D10 added as option.
30. Section 3.21 Hypothermia - Deleted warm oxygen since no one has ability to provide warmed oxygen. Language altered to reflect new AHA guidelines.
31. Section 3.23 Nausea and Vomiting - Added normal saline bolus.
32. Section 3.26 Poisons & Overdoses - Activated charcoal deleted.
33. Section 3.27 Preeclampsia/Eclampsia - Deleted parts about limiting stimulation as no data found to support.
34. Section 3.28 Respiratory Distress - Added Epinephrine for severe wheezing (previously it was listed in the drug section for treatment of severe asthma, but was not in the respiratory distress protocol—this was apparently an oversight).
35. Section 4.02 Cardioversion - New procedure added.
36. Section 4.06 Endotracheal Intubation - Changed language to emphasize use of capnography.
37. Section 4.10 Intravenous Therapy - Volutrol deleted.
38. Section 5.10 Dopamine - Changed to easier to read dosing chart.
39. Section 6.01 - Blind Insertion Airway Devices Section - Added Air-Q Laryngeal Mask Airway to list.
40. Section 6.05 - Hemostatic Agent. Woundstat deleted.
41. Add copy of protocols (electronic or paper) to mandatory equipment list.