

**Summary of State Emergency Medical Control Committee (SEMCC)
Approved Protocol Revisions December 12, 2017**

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Summary: Removed two large sections (Policies and Operational Guidelines). These changes had significant, but necessary effects on the overall length of this document.

Proposed Changes: Removed Policies and Operational Guidelines from the protocol document. An Office of EMS Procedure and Policy Manual will be developed.

SCOPE OF PRACTICE

Summary: Added a Community Paramedicine Protocol to coincide with national prehospital scopes of practice.

Proposed Changes: Added Critical Care Paramedic and Community Paramedicine scope of practice to match the April 30, 2017, EMS Rules.

ACUTE HEALTH CARE SYSTEMS

Summary: Include Trauma System Divert to Closest Facility criteria and include the Stroke System Protocol.

Proposed Change:

Trauma System 2.01

Under GUIDELINE, add TRAUMA SYSTEM DIVERT TO CLOSEST FACILITY criteria.

Stroke System 2.02

Added the Stroke System Protocol.

SPINAL INJURY

Summary: De-emphasize the use of hard backboards to be consistent with the American College of Surgeons-Committee on Trauma and the National Association of Emergency Medical Services Physicians position statements.

Proposed Changes:

Spinal Injury 3.32

Updated Key Points to reflect the changes in position statements.

KETAMINE

Summary: Ketamine is a non-competitive NMDA receptor antagonist and dissociative, amnestic, analgesic, anesthetic agent. Ketamine has a variety of effects, including: anesthesia, analgesia, hallucinogen, and sympathetic stimulation.

Proposed Changes:

Abdominal Pain 3.02

Under TREATMENT, include ketamine as a consideration for patients with severe pain.

Under DRUGS/PROCEDURES Paramedic, add:

Ketamine:

Adults:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 50 mg MAX

Contact OLMD for further dosing.

Pediatric:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 25 mg MAX.

1 mg/kg IN. 50 mg MAX.

Contact OLMD for further dosing.

Altered Mental Status 3.05

Under TREATMENT, add Ketamine as first course of treatment if patient is combative and potential for harm to patient and/or personnel is present.

Under DRUGS/PROCEDURES Paramedic, add:

Ketamine:

Adult:

1 mg/kg slow IV Push.

4 mg/kg IM

Contact OLMD for further dosing.

Pediatric:

0.2 mg/kg slow IV Push. 25 mg MAX.

4 mg/kg IM. (Cat B) 🚫

Contact OLMD for further dosing.

Amputation 3.06

Under TREATMENT sixth bullet, add Ketamine as consideration for treatment of pain.

Under DRUGS/PROCEDURES Paramedic, add:

Ketamine:

Adult:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 50 mg MAX.

Contact OLMD for further dosing.

Pediatric:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 25 mg MAX.

1 mg/kg IN. 50 mg MAX.

Contact OLMD for further dosing.

Bites and Envenomations 3.07

Under TREATMENT fifth bullet, add Ketamine as consideration for treatment of pain.

Under DRUGS/PROCEDURES Paramedic, add:

Ketamine:

Adult:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 50 mg MAX

Contact OLMD for further dosing.

Pediatric:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 25 mg MAX.

1 mg/kg IN. 50 mg MAX.

Contact OLMD for further dosing.

Burns 3.08

Under TREATMENT eleventh bullet, add Ketamine as consideration for treatment of pain.

Under DRUGS/PROCEDURES Paramedic, add:

Ketamine:

Adult:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 50 mg MAX

Contact OLMD for further dosing.

Pediatric:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 25 mg MAX.

1 mg/kg IN. 50 mg MAX.

Contact OLMD for further dosing.

Chest Pain or Suspected ACS 3.13

Under TREATMENT sixth bullet, add Ketamine as consideration for treatment of pain.

Under DRUGS/PROCEDURES Paramedic, add:

Ketamine:

Adult:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 50 mg MAX

Contact OLMD for further dosing.

Pediatric:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 25 mg MAX.

1 mg/kg IN. 50 mg MAX.

Contact OLMD for further dosing.

Fractures and Dislocations 3.17

Under TREATMENT eleventh bullet, add Ketamine if patient has severe incapacitating pain.

Under DRUGS/PROCEDURES Paramedic, add:

Ketamine:

Adult:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 50 mg MAX

Contact OLMD for further dosing.

Pediatric:

0.2 mg/kg slow IV Push. 25 mg MAX.

0.5 mg/kg IM. 25 mg MAX.

1 mg/kg IN. 50 mg MAX.

Contact OLMD for further dosing.

Ketamine 4.18

Added Pharmacology and Actions, Indications, Contraindications, Precautions and Side Effects, and Administration.

LABETALOL

Summary: Labetalol combines both selective, competitive alpha 1-adrenergic blocking and nonselective, competitive beta-adrenergic blocking activity in a single substance. These actions decrease blood pressure without reflex tachycardia and without a significant reduction in heart rate. Control of blood pressure in severe hypertension.

Proposed Changes:

Labetalol 4.19

Added Pharmacology and Actions, Indications, Contraindications, Precautions and Side Effects, and Administration.

Adult:

20 mg slow (over 2 minutes) IV (CAT A).

If symptoms are not relieved, call OLMD for further dosing (CAT B) 📞.

Pediatric:

Not Indicated.

ALLERGIC REACTION

Summary: Epi Auto Injectors were added to this protocol due to the fact that the lay person is capable of assisting someone in need with this tool. Therefore, prehospital providers are now allowed to assist when necessary.

Proposed Changes:

Allergic Reaction 3.04

Under TREATMENT Moderate/Severe Reaction fourth bullet, add Epi Auto Injector.

Under DRUGS/PROCEDURES:

EMT, add Epi Auto Injector.

Advanced, add Epi Auto Injector to Epinephrine 1:1,000.

Paramedic, add Epi Auto Injector to Epinephrine 1:1,000 and Epinephrine 1:10,000.

CARDIZEM

Summary: Cardizem is a calcium channel blocker that works by relaxing blood vessels in the body and heart and lowers the heart rate. Cardiac dysrhythmia, add for narrow complex tachycardia rate ≥ 140 consider atrial flutter/atrial fibrillation with rapid ventricular response. Atrial flutter may be a regular rhythm whereas atrial fibrillation may be irregularly irregular.

Proposed Changes:

Cardiac Dysrhythmia (Adult) 3.11

Under TREATMENT Tachycardia with Pulse third bullet, add Cardizem.

Under DRUGS/PROCEDURES Paramedic, add:

Cardizem:

10 mg slow IV Push. 5-10 mg/hr drip.

Geriatric: 10 mg slow IV Push.

Titrate pulse 60-100 and BP >100 mmHg.

Pediatric: Not Indicated.

Cardizem 4.07

Added Pharmacology and Actions, Indications, Contraindications, Precautions and Side Effects, and Administration.

RACEMIC EPINEPHRINE

Summary: Stridor, Croup. Reduces subglottic edema via vasoconstriction and Bronchodilation.

Proposed Changes:

Respiratory Distress 3.29

Under TREATMENT Stridor or Croup, add Consider Racemic Epinephrine.

Under DRUGS/PROCEDURES Paramedic, add:

Racemic Epinephrine:

0.5 ml of 2.25% diluted in 3 ml of NS via nebulizer.

Pediatric: 0.5 ml of 2.25% diluted in 3 ml of NS via nebulizer.

Racemic Epinephrine 4.32

Added Pharmacology and Actions, Indications, Contraindications, Precautions and Side Effects, and Administration.

EPINEPHRINE

Summary: Added the use of Epi Pens for all levels of prehospital providers.

Proposed Changes:

Epinephrine 4.12

Under ADMINISTRATION, Moderate allergic reaction and severe refractory wheezing:
add Epi Pen Auto Injector and Epi Pen Jr.

TRANEXAMIC ACID

Summary: This medication is an addition to the ground ambulance list of optional medications. It will assist in bleeding control and reduce the number of cases of hypovolemic shock, especially in trauma and childbirth incidents.

Proposed Changes:

Vaginal Bleeding 3.35

Under TREATMENT fourth bullet, add If severe, consider *Tranexamic Acid*.

Under DRUGS/PROCEDURES Paramedic, add:

Tranexamic Acid:

Adult >18 years old:

1 g over 10 mins, MAX 100mg per min.

Mix 1g in 100 mL (NS, D5W, or LR) and administer by IV flow regulator or pump infusion (600mL/hr) over 10 mins. (Cat B) ☎

Maintenance Drip: 1 g in 500 mL NS over 8 hours (or until bleeding stops) by IV flow regulator or pump administration (62.5mL/hr).

Pediatric: Not Indicated.

Tranexamic Acid 4.35

Added Pharmacology and Actions, Indications, Contraindications, Precautions and Side Effects, and Administration.

NICARDIPINE

Summary: This medication is an addition to the ground ambulance list of optional medications. It will assist in severe hypertensive emergencies/crises.

Proposed Changes:

Hypertensive Emergencies 3.19

Under DRUGS/PROCEDURES Paramedic add:

Nicardipine:

Adults:

5 mg/hr by slow IV infusion (50 mL/hr) initially,

Increasing by 2.5 mg/hr every 5 minutes to a maximum of 15 mg/hr.

Once the target BP is achieved, downward adjustment by 3 mg/hr should be attempted as tolerated (Cat. B) 📞

Pediatrics:

Not Indicated

Nicardipine 4.26

Added Pharmacology and Actions, Indications, Contraindications, Precautions and Side Effects, and Administration.