

**SPEMS Protocol Changes**  
**Supplement**  
**3/1/19 to 2/29/20**

- **Throughout Supplement**
  - Date of 3/1/2019 throughout
- **Page i Table of Contents**
  - Page numbers adjusted
- **Drug Index**
  - **Page S-12 Dextrose 10% (D10W)**
    - Removed references to D50W, D25W, and D12.5W)
    - Reflects changes from D50 to D10 for hypoglycemic patients where an IV is obtainable
    - Adult Dosage: Utilizing a 10 drop set (A-set), give wide open bolus, until patient becomes responsive. Once responsive, obtain BGL. If BGL  $\geq$  90mg/dL, slow infusion to a TKO rate and monitor to maintain desired effect. May repeat X 1 if no improvement in LOC AND BGL remains  $<$  70mg/dL
    - Pediatric Dosage: Utilizing a 60 drop set (mini set), give wide open bolus, until patient becomes responsive. Once responsive, obtain BGL. If BGL  $\geq$  90mg/dL, slow infusion to a TKO rate and monitor to maintain desired effect. May repeat X 1 if no improvement in LOC AND BGL remains  $<$  70mg/dL
    - Until current stocks of D50W (25G/50cc) are exhausted or expired, D10W can be achieved by utilizing a 250cc bag of NS and pre-filled D50W. 50cc should be withdrawn from the bag and the 50cc of D50W injected into the bag. This concentration must be well mixed (shaken) and D10W is achieved
- **Page S-21 through S-23 Ketamine**
  - Added usage to include pain management and sedation prior to electrical therapy under certain circumstances
  - For Pain Management, Ketamine can be used ONLY for patients with:
    - Extended extrication time ( $>$ 10 minutes)
    - Severe non-cardiac pain rated at a 9 or 10 WITH noted signs/symptoms of severe pain such as elevated pulse rate, increased BP, obvious significant injury, etc.
    - Dosage is 0.5mg/kg IV or I/O to a maximum of 500mg
    - Given slow IV or IO push (Cannot be given IM for pain management)
    - Cannot be repeated without medical direction permission
    - If Ketamine is administered, narcotics CANNOT be administered without contacting medical control for permission
    - If narcotics have been administered, Ketamine CANNOT be administered without contacting medical control for permission
    - Monitor waveform capnography if available
  - For sedation prior to electrical therapy (cardioversion or pacing), Ketamine can be used ONLY for conscious patients that are hypotensive (SBP  $<$  90mmHg)
    - Versed is drug of choice unless hypotensive
    - Dosage is 0.5mg/kg IV or I/O to a maximum of 500mg
    - Given slow IV or IO push (Cannot be given IM for sedation prior to electrical therapy)
  - All uses of Ketamine must be reviewed by a peer reviewer
- **Adult Drug Charts**
  - Removed D50W and replaced with D10W
  - Added Ketamine to charts for pain management
  - Added Ketamine to charts for sedation prior to electrical therapy

- **Pediatric Drug Charts**

- Removed D50W, D25W, and D12.5W and replaced with D10W
- Added Ketamine to charts for pain management
- Added Ketamine to charts for sedation prior to cardioversion