

SPEMS Protocol Changes
Intermediate (EMT-I)
3/1/18 to 2/28/19

PROTOCOL CHANGES

- **Every Page**
 - Changed dates at bottom of each page
- **Cover Page**
 - Signature with March 1, 2018 date
 - Protocols will expire February 28, 2019
- **Page P-12 Definitions**
 - Addition of #16 Medication Storage and Accountability from previous Addendum
 - States “All EMS services which utilize SPEMS Medical Direction and/or Protocols will maintain and store all pharmaceuticals as per the manufactures recommendation. Medications should be arranged in an orderly and organized fashion (i.e. drug bag/box or ambulance compartment) to facilitate quick access as well as limit medication errors. Medications should be stored in an area of the ambulance which limits access to unauthorized individuals. Ambulances licensed at the ALS/MICU level that are operating at the BLS level, as allowed by rule, should have all ALS/MICU medications secured by no less than a numbered zip tie locking system to assure accountability. Narcotics, if carried, should be stored within a locked cabinet.
An EMS service that utilizes narcotics/controlled medications must follow all DEA and SPEMS reporting and tracking requirements. All medications stocked/stored by an EMS provider should be accounted for by utilizing the individual EMS provider’s inventory control procedures and/or policies.”
 - Corrected remaining numbers under Definitions
- **Page P-21 Pleural Decompression**
 - Changed paragraph to read “A 14-gauge X 2 inch or longer IV catheter should be inserted in the mid-clavicular line at the second or third intercostal space. Insert the IV catheter over the superior margin of the rib and withdraw the needle. Stabilize the catheter to avoid kinking. The mid-axillary route should only be used with approval of On-Line Medical Control. When determining the need for a pleural decompression, the EMT-I should rely on early signs/symptoms of a tension pneumothorax; primarily absent lung sounds, and should not rely solely on tracheal deviation as tracheal deviation is a late sign.
- **Page P-25 Pre-Hospital Medications**
 - Addition of Epinephrine (1:10,000) 1mg/10cc (Page 7)
- **Page P-48 BLS Equipment**
 - King Airway for 2 and 2.5 sizes now states LT-D or LTS-D
 - Allows for carrying either the LT-D or LTS-D
 - The LT-D in sizes 2 and 2.5 are being discontinued. This will allow services to use either the LT-D or LTS-D until current stock is exhausted or expires
- **Page P-50 ALS Medications**
 - Addition of 4- Epinephrine (1:10,000) 1mg/10cc
- **Page P-50 Signature Page**
 - Date changed to 3/1/18
 - EMS Director MUST sign
- **Throughout Treatment Algorithms**
 - Changed the date on the bottom to read 03/01/2018

- **Page 7 Cardiac Arrest**

- Added to box on right #3 that states “~Epinephrine (1:10,000, 1mg, IV, Every 3-5 Minutes”
- Addition of box that states:
 - Administer 1mg of **Epinephrine 1:10,000 IVP (Adults Only)** every 3-5 minutes (every other 2 minute cycle of CPR) so long as the following conditions are present:
 - -Sufficient manpower exists to perform quality, uninterrupted CPR
 - -Paramedic backup has been requested
 - Epinephrine is **ONLY** administered if the patient is pulseless, If patient regains a pulse, the administration of Epinephrine is discontinued
 - **Remember that high quality CPR takes priority over ALL ALS interventions including IV access and administration of Epinephrine**

PROTOCOL SUPPLEMENT CHANGES

- **Throughout Supplement**
 - Date of 3/1/2018 throughout
- **Drug Index**
 - **Page S-5 Adenosine**
 - Addition of “followed by 20cc rapid fluid bolus” to adult dosage
 - Addition of “followed by 5-20cc rapid fluid bolus” to pediatric dosage
- **Adult Drug Charts**
 - Corrected some pounds to kilogram conversion mistakes on chart