

SPEMS Protocol Changes
Emergency Care Attendant (ECA)
3/1/20 to 2/28/21

PROTOCOL CHANGES

- **Every Page**
 - Changed dates at bottom of each page
- **Cover Page**
 - Signature with March 1, 2020 date
 - Protocols will expire February 28, 2021
- **Throughout Protocols**
 - Removed all references to 2015 AHA Guidelines and replaced with Current AHA Guideline
- **Page ii**
 - Updated list of current services operating under the SPEMS Medical Director
- **Page P-2 Table of Contents**
 - Page numbers adjusted for changes
- **Page P-16 Treatment Procedures**
 - Addition of Intranasal Medication Administration (Optional)
 - Allows ECAs to administer IN Narcan if suspected opioid overdose
 - This is optional for each service and is not mandated
 - Stipulates all services allowing ECAs to administer IN Narcan must train ECAs on proper administration with training documented and kept on file
 - Lists indications and procedures
 - States that all uses of IN Narcan by an ECA shall be reviewed by a peer reviewer
- **Page P-18 and P-19 Spinal Precautions**
 - Formally called Spinal Clearance
 - Changes terminology to reflect Spinal Motion Restriction (SMR) rather than spinal immobilization
 - Use of a LSB or other rigid device no longer indicated in most cases
 - If spinal clearance cannot be achieved, the patient should have a c-collar applied and be placed on the stretcher with head elevated 20 to 30 degrees unless contraindicated.
 - **NOTE: All EMS personnel MUST carefully read and understand this protocol.**
- **Page P-27 Prehospital Medications**
 - Addition of **Oral Medications:**
 - **Acetaminophen**, 500mg tablets (Page 15)
 - **Ibuprofen** 200mg tablets (Page 15)
 - **Liquid Children's Motrin** 100mg/5ml (Page 15, 22)
 - Addition of **Intranasal Medications:**
 - **Naloxone** (Narcan), 2mg/2cc (Page 9, 14) (P-16) (OPTIONAL)
 - **Addition of section that states:** "Services under SPEMS medical direction may carry Naloxone (Narcan) if they choose to. Narcan can only be carried if all active ECAs are appropriately trained on IN administration. This training must be documented including location, date, and time. Documentation must be readily accessible upon inspection."
- **Page P-49 BLS Equipment**
 - Addition of 1- Nasal-Mucosal Atomization Device (MAD) (OPTIONAL for ECAs but must be carried if IN Narcan is used)
 - Addition of 25- START Triage Tags (START= Simple Triage and Rapid Transport)
 - Required by TDSHS rules for each ambulance to carry the 25 triage tags

- **Page P-50 BLS Equipment**
 - Addition of 20-Acetaminophen, 500mg tablets
 - Required for all ECA units for management of Fever/Sepsis
 - Addition of 1-Liquid Children’s Motrin 10mg/5ml
 - Required for all ECA units for management of Pediatric Fever/Sepsis
- **Page P-51 BLS Equipment**
 - Addition of 20-Ibuprofen, 200mg tablets
 - Required for all ECA units for management of Fever/Sepsis
 - Addition of 2- Naloxone (Narcan) 2mg/2cc (OPTIONAL for ECAs)
 - ECA can administer IN Narcan if properly trained but is NOT mandatory
 - Addition of 1- Liquid Children’s Motrin 100mg/5ml
 - Required for all ECA units for management of pediatric Fever/Sepsis
 - Addition of section that states: “EMS Services, staffed with ECAs and operating under SPEMS medical direction may carry Naloxone (Narcan) if they choose to. Narcan can only be carried if all active ECAs are appropriately trained on IN administration. This training must be documented including location, date, and time. Documentation must be readily accessible upon inspection.”
- **Page P-51 Signature Page**
 - Date changed to 3/1/2020
 - EMS Director MUST sign
- **Throughout Treatment Algorithms**
 - Changed the date on the bottom to read 03/01/2020
 - Updated reference page numbers
 - Changed all references to 2015 AHA CPR guidelines to “Current” AHA CPR guidelines
- **Page 2 Trauma**
 - Reference in boxes “Spinal Motion Restriction as indicated (P-18 and P-19)”
- **Page 3 Trauma (Cont’d)**
 - Reference in boxes “Spinal Motion Restriction as indicated (P-18 and P-19)”
- **Page 5 Near Drowning**
 - Restated first box to state “Protect Cervical Spine as Appropriate (P-18 and P-19)”
- **Page 9 LVAD page 1**
 - In History box, changed “End stage renal failure” to “Late stage heart failure”
 - Was a typo
 - Added Narcan, 2mg IN (OPTIONAL) to box on lower right
- **Page 14 Decreased Level of Consciousness**
 - Insertion of section allowing for Intranasal **Narcan** (OPTIONAL) if suspected opioid overdose
 - Pediatric dose box shows appropriate dose of **Narcan** for pediatrics
- **Page 15 Fever/Sepsis Algorithm**
 - Updated the Pediatric Abnormal Vital Signs Box on top left
 - Added treatment of fever
 - Ibuprofen or Acetaminophen for Adults
 - Lists criteria and dosage for each
 - Liquid Children Motrin for pediatrics
 - Lists criteria and dosage
- **Page 16 Hazardous Materials**
 - Inserted box that states “Paraquat Poisoning, Do Not Give Supplemental Oxygen”

PROTOCOL SUPPLEMENT CHANGES:

- **Throughout Supplement**
 - Date of 3/1/2020 throughout
- **Page i Table of Contents**
 - Page numbers adjusted
- **Drug Index**
 - **Throughout Index**
 - Added IO to all IV push to maintain consistency. Any drug that can be given IV push can be given IO
 - Corrected numerous typos
 - **Page S-5 Adenosine**
 - Added to contraindications: Wolff-Parkinson White (WPW) Syndrome
 - **Page S-15 Epinephrine 1:1,000**
 - Separated 1:1,000 from 1:10,000 to avoid confusion
 - Inserted IM dosages for ECA, EMT, and AEMT
 - **Page S-16 Epinephrine 1:10,000**
 - Separated 1:1,000 from 1:10,000 to avoid confusion
 - **Page S-18 Etomidate**
 - Changed indication from “Chemical Sedation” to “To facilitate Pharmacological Assisted Intubation (PAI)”
 - **Page S-19 Fentanyl**
 - Corrected IN dose to state “2mcg/kg per single dose with max of 100mcg”
 - **Page S-34 Oral Glucose**
 - Corrected route to state “Buccal” rather than oral
 - **Page S-39 Succinylcholine**
 - Changed indication from “Chemical Sedation” to “To facilitate Pharmacological Assisted Intubation (PAI)”