

**SPEMS Protocol Changes**  
**Emergency Care Attendant (ECA)**  
**3/1/22 to 2/28/23**

**PROTOCOL CHANGES**

- **Every Page**
  - Changed dates at bottom of each page
- **Cover Page**
  - Signature with March 1, 2022 date
  - Protocols will expire February 28, 2023
- **Page i. SPEMS Medical Direction Organizational Chart**
  - Updated Physician List
- **Page ii List of Services**
  - Updated to current list
- **Page P-2 Table of Contents**
  - Updated to reflect correct page numbers
- **Page P-3 Addition of Medical Direction/Medical Control Section**
  - Clarifies who may provide medical direction/medical control to EMS
  - Clearly indicates that EMS CANNOT take orders from a Nurse Practitioner or Physician's Assistant
  - Clarifies medical direction/medical control for on-scene calls and interfacility transfers
  - Indicates that if UMC ER physician is contacted for on-line medical direction, it does NOT prevent EMS from transporting patient to original destination or to patient's requested facility
- **Page P-4 General Guidelines for Medical Control/On-line Medical Direction**
  - Indicates that if UMC ER physician is contacted for on-line medical direction, it does NOT prevent EMS from transporting patient to original destination or to patient's requested facility
- **Page P-5 Medical Control Authorization**
  - Change to #5 regarding the Case Review Requirements that states:
    - Two case reviews per year from EMS services located in the South Plains region that does not utilize the SPEMS Peer Review process, may count towards this requirement with prior authorization of the SPEMS staff, provided that each of the following conditions are met:
      - The case review MUST be physician led
      - The EMS Director of the SPEMS service must authorize such case reviews
      - The individual must request approval from SPEMS staff and obtain the appropriate documentation form from SPEMS staff PRIOR to the case review.
      - The EMS Director must maintain proper documentation of these "outside" case reviews using the form that will be furnished by SPEMS staff. The completed forms are subject to inspection upon request
      - This does NOT change or alter the skills sign-off requirements for any personnel under SPEMS medical direction
      - A maximum of two such case reviews will be allowed per year. EMS personnel must still obtain the remaining two Case Reviews at a SPEMS service that utilize these Protocols and the SPEMS Peer Review process in order to meet the annual

- **Page P-51 BLS Equipment**
  - Addition of 1- Mechanical CPR Compression Device (Optional). If carried, services are to follow manufacturer's recommendation assuring compliance with current AHA CPR guidelines
  - Addition of 4- Cold packs or equivalent
    - Moved from MICU equipment list
- **Page P-52 Signature Page**
  - Date changed to 3/1/2022
  - EMS Director MUST sign
- **Throughout Treatment Algorithms**
  - Changed the dates on the bottom to read 03/01/2022
  - Reference page numbers changed as needed
- **Page 22 Seizures**
  - Added Pediatric Dose Box
    - Allows administration of liquid Motrin for pediatric febrile seizures with temp > 100.4 and adequate LOC
- **COVID-19 Addendum packet remains attached at the end of the normal Protocols**

## **PROTOCOL SUPPLEMENT CHANGES:**

- **Throughout Supplement**
  - Date of 3/1/2022 throughout
- **Page i. Table of Contents**
  - Page numbers updated
- **Page S-4 IV Acetaminophen**
  - New Drug added
  - Used by AEMTs and Paramedics
  - Given only for traumatic pain with transport times > 20 minutes
- **Page S-23 Ketamine**
  - Updated Pain Management Adult Dosage to show Fentanyl after Ketamine
    - After 10 minutes, **Fentanyl** X 1 dose may be administered if needed for continued pain
- **Page S-24 Ketamine (Continued)**
  - Updated Pain Management Pediatric Dosage to show Fentanyl after Ketamine
    - After 10 minutes, **Fentanyl** X 1 dose may be administered if needed for continued pain
- **Page S-25 Ketamine (Continued)**
  - Under "Special Notes/Restrictions", updated to show Fentanyl after Ketamine
    - After 10 minutes, **Fentanyl** X 1 dose may be administered if needed for continued moderate to severe pain. Additional doses of Ketamine or narcotics CANNOT be given without contacting medical control for permission
- **Page S-45 Adult Drug Chart for Weights up to 100kg**
  - Addition of IV Acetaminophen
- **Page S-47 Adult Drug Chart for Weights up of 110kg and Above**
  - Addition of IV Acetaminophen
- **Page S-49 Pediatric Drug Chart**
  - Addition of IV Acetaminophen