SPEMS Protocol Changes
Emergency Care Attendant (ECA)
3/1/17 to 2/28/18

PROTOCOL CHANGES

- **Every Page**
  - Changed dates at bottom of each page
- **Cover Page**
  - Signature with March 1, 2017 date
  - Protocols will expire February 28, 2018
- **Page i**
  - Organizational chart changed to reflect physician changes
- **Table of Contents**
  - Changed to match correct page numbers
- **Page P-5 Medical Control Authorization**
  - Added to #7 Skills Proficiency:
    - Skills may be checked off by a SPEMS Peer Reviewer, Associate Medical Director, SPEMS Medical Director, or by a person approved by the SPEMS Medical Director. To be approved, a person must submit to the SPEMS Medical Director a list of qualifications and must receive an endorsement from the Peer Reviewer that performs peer review for that service. All skills will be verified according to the standards listed on the SPEMS website.
    - Removed requirement to be a TDSHS instructor
- **Page P-12 Definitions**
  - Addition of Number 16 NON-ACCIDENTAL TRAUMA "Non Accidental Trauma (NAT) or Abuse should always be considered in patients in which the patient's condition is inconsistent with the mechanism of injury or history provided. This applies to all age groups; but especially with pediatrics. In the pediatric patient this should be suspected if the patient is exhibiting head trauma symptoms (decreased LOC, seizures, posturing, unequal pupils, vomiting without fever or diarrhea, bradycardia, cardiac arrest or CPR reportedly done). The EMS provider should maintain a high level of suspicion and situational awareness in these cases. The receiving facility should be notified as soon as possible. Notification should be via radio if possible and advise you suspect trauma, and at the receiving facility upon patient delivery."
- **Page P-13 Transportation Guidelines**
  - Changed #5 to state Notify Lubbock EMS dispatch on Med Channel 9.
    - Changed from Med Channel 10
- **Page P-16 Oxygen Therapy**
  - Changed 3rd paragraph to read "All significant trauma patients should receive **oxygen** via non-rebreather or simple face mask to maintain the highest possible **oxygen** saturation.
  - Added 4th Paragraph to read "Except as listed above, all other patients, with an O2 sat below 94%, should receive **oxygen** via non-rebreather or simple face mask. Patient's with an O2 sat of 94% or above, requiring oxygen per protocol, may have oxygen applied using either a non-rebreather mask, a simple face mask or a nasal cannula."
- **Page P-33 Pediatric Trauma Triage/Transport Decision Scheme**
  - New section
  - Reflects the BRAC Regional Pediatric Plan
- **Page P-34 Pediatric Burns Triage/Transport Decision Scheme**
  - New section
  - Reflects the BRAC Regional Pediatric Plan

- **Page P-35 Pediatric Non-Trauma Triage/Transport Decision Scheme**
  - New section
  - Reflects the BRAC Regional Pediatric Plan
- **Page P-43 Equipment List**
  - Very first section changed to require 2 sets of Adult defibrillation pads and 2 sets of Pediatric defibrillation pads
    - The pediatric defibrillation pads requirement does not apply if the SAED stocked does not support pediatric defibrillation AND the EMS service has a variance signed by the Medical Director as described in this section).
  - Addition of "3ea-suction tubing, rigid suction tips, and suction canisters"
  - Addition of "3ea-Adult nonrebreather masks, pediatric nonrebreather masks, adult handheld nebulizers or nebulizer masks, adult nasal cannulas, and oxygen tubings. **Note**: if nonrebreather masks or nebulizers contain removable oxygen tubing, then the requirement for oxygen tubing is met"
  - Syringe requirement changed to read "3ea-1cc syringes, 3cc syringes, and 10cc syringes"
  - Needle requirement changed to read "3- Hypodermic needles (if IM Epinephrine is stocked) (sizes to be determined by EMS provider's needs)"
- **Page P-44 Equipment List**
  - Altered requirement on stretcher to state: "1- Multilevel stretcher with all patient securing straps as recommended by the stretcher's manufacturer and at least 2 sets of clean sheets and blankets"
    - The securing straps are required by DSHS
    - Cot must have all straps attached that are recommended by the manufacturer
  - Addition of BLS Neonatal Equipment Section
    - New Section required by DSHS
    - Moved some equipment from previous sections of equipment list to this section
      - 1-Sealed OB Kit
        - Must include non-porous infant insulator, umbilical cord clamps, and bulb aspirator
      - Infant BVM
      - 1-#1 Oral airway
      - **Again, these 3 items are NOT new requirements. They have simply been moved from other locations of the Equipment List to be under the "Neonatal Equipment" section and better defined equipment in the OB kit.**
    - Addition of "1-Broselow Pediatric Emergency Tape or equivalent"
      - New requirement
    - Addition of statement that reads "**Note**: much of the other equipment and supplies listed in other sections of the Equipment List are also designed to be utilized for neonatal care and this section does not exclude the use of any equipment or supplies for neonatal patients as allowed by these treatment Protocols."
- **Page P-45 Signature Page**
  - Date changed to 3/1/17
  - EMS Director MUST sign
- **Throughout Treatment Algorithms**
  - Changed the date on the bottom to read 03/01/2017
  - Corrected reference page numbers
- **Page 1 Burns**
  - Addition of box at bottom that states "For pediatric burns refer to the Pediatric Burn Triage/Transport Scheme (P-34)"

- **Page 3 Trauma (Continued)**
  - Addition of box at bottom that states "For pediatric trauma refer to the Pediatric Trauma Triage/Transport Scheme (P-33)"
- **Pages 9 and 10 LVAD**
  - New section
  - Inserted from previous Addendum

PROTOCOL SUPPLEMENT CHANGES

- **Throughout Supplement**
  - Date of 3/1/2017 throughout
- **Drug Index**
  - **Page S-6 Amiodarone**
    - Listed patients with a VAD device as a contraindication (unless in cardiac arrest)
  - **Page S-7 Aspirin**
    - Listed patients with a VAD device as a contraindication
  - **Page S-13 Dopamine**
    - Listed patients with a VAD device as a contraindication (unless in cardiac arrest)
  - **Page S-14 Duo-Neb**
    - In the Special Notes/Restrictions section added "For patients with a VAD device, limit to one dose"
  - **Page S-15 Epinephrine**
    - In the contraindications, inserted "Patients with VAD device unless in cardiac arrest or severe allergic reaction"
  - **Page S-16 Epinephrine Drip**
    - Listed patients with a VAD device as a contraindication
  - **Page S-21 Ketamine**
    - Corrected dose of Ketamine for Excited Delirium Syndrome from previous addendum
      - Adult and Children ≥ 5yoa: **5mg**/kg IM in thigh
      - Children< 5yoa: **3mg**/kg in thigh
      - From previous addendum
  - **Page S-22 Labetolol**
    - Listed patients with a VAD device as a contraindication
  - **Page S-24 Lidocaine**
    - Listed patients with a VAD device as a contraindication (unless in cardiac arrest)
  - **Page S-25 Magnesium Sulfate**
    - Listed patients with a VAD device as a contraindication
  - **Page S-26 Morphine**
    - Listed patients with a VAD device as a contraindication
  - **Page S-28 Nitroglycerin**
    - Listed patients with a VAD device as a contraindication
  - **Page S-37 Valium**
    - Under Special Notes/Restrictions inserted "For patients with VAD device, only use for continuous seizures, and use the lowest effective dose"
  - **Page S-38 Versed**
    - Under Special Notes/Restrictions inserted "For patients with VAD device, only use for continuous seizures, and use the lowest effective dose"
  - **Page S-39 Xopenex**
    - In the Special Notes/Restrictions section added "For patients with a VAD device, limit to one dose"

- **Adult Drug Charts**
    - Corrected dosage of Ketamine IM from previous addendum
- **Pediatric Medication Chart**
    - Corrected dosages of Ketamine IM from previous addendum