

SPEMS Protocol Changes
Emergency Medical Technician (EMT)
3/1/21 to 2/28/22

PROTOCOL CHANGES

- **Every Page**
 - Changed dates at bottom of each page
 - **Cover Page**
 - Signature with March 1, 2021 date
 - Protocols will expire February 28, 2022
 - **Page ii List of Services**
 - Updated to current list
 - **Page P-14 Transportation Guidelines**
 - Insertion of a No Diversion Policy that states:
 - 7. No Diversion Policy:
Note: This policy has been adopted by TSA-B and applies to all facilities in which SPEMS EMS services transport to; even those outside of the TSA-B region.
 - is policy has been adopted by RAC-B and applies to all facilities in which SPEMS EMS services transport to; even those outside of the SPEMS service area.
 - a. Hospitals will no longer be able to divert 911 responses due to ED overcrowding
 - b. SPEMS EMS services will honor patient requests to facility of their choice or transport patients to the appropriate facility for their specific needs. If EMS is told to divert, they will only follow this order if it is in the patient's best interest (divert a burn patient to UMC, a pediatric patient to a children's hospital, major trauma to a designated trauma center).
 - c. Hospitals will only be allowed to divert EMS in the case of an internal disaster (fire, flood, active shooter, etc.)
 - d. Facilities who do not have all services may divert based on lack of ability to meet the patient's needs (STEMI, acute stroke or major trauma).
 - e. This does not apply to EMS services providing interhospital transfers.
- **Page P-51 Signature Page**
 - Date changed to 3/1/2021
 - EMS Director MUST sign
- **Throughout Treatment Algorithms**
 - Changed the date on the bottom to read 03/01/2021
- **COVID-19 Addendum packet is attached at the end of the normal Protocols**

PROTOCOL SUPPLEMENT CHANGES:

- **Throughout Supplement**
 - Date of 3/1/2021 throughout
- **Page S-8 Atropine**
 - Changed adult dosage to 1mg per dose to a maximum of 3mg total dose
 - Changed pediatric to reflect 1mg per single dose

- **Page S-19 Fentanyl**
 - Changed adult IV/IO dose to 2.5 to 5mcg/kg to a max of 100mcg
 - Changed pediatric IV/IO dose to 1 to 2mcg/kg to a max of 100mcg
 - Added statement “Paramedics may choose a lower IV/IO dose for adults and pediatrics at the Paramedic’s discretion”
- **Page S-41 Versed**
 - Corrected typo on dosage of Versed for pediatric chemical restraint to read 0.1mg/kg to a max of 5mg (not 10mg)
- **Adult Drug Charts**
 - Updated dosage of Atropine
 - Update dosages of Fentanyl
- **Pediatric Drug Charts**
 - Updated dosage of Atropine
 - Update dosages of Fentanyl