

**SPEMS Protocol Changes**  
**Paramedic (EMT-P)**  
**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-5 Medical Control Authorization Skills Proficiency Requirements**
  - Added needle cricothyrotomy, surgical cricothyrotomy, and pleural decompression to the list of required skills
    - Makes consistent with the SPEMS Skills Proficiency Form
- **Page P-18 Continuous Positive Airway Pressure (CPAP)**
  - Removed statement about continuing sublingual nitroglycerin
    - Defeats purpose of CPAP to remove mask to administer NTG
- **Page P-19 Continuous Waveform Capnography**
  - Removed reference to induced hypothermia as it is no longer needed
  - Added to the indications: “Patients with dyspnea, head injuries, or any condition in which the Paramedic feels would allow better monitoring and treatment of the patient”
- **Page P-21 Use of Pharmacologic Agents to Facilitate Intubation (Using Rocuronium)**
  - Added Pediatric Lidocaine dosage to box on top right (same as adult dosage)
- **Page P-23 External Cardiac Pacing**
  - Removed statement about required training for pacing. All Paramedics now trained in pacing
- **Page P-29, P-30 and P-31 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-61 BLS Equipment**
  - 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-65 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-29 thru P-31)
- **Page 3 Trauma (Cont’d)**
  - Reference in boxes “Spinal Motion Restriction as indicated (P-29 thru P-31)
- **Page 5 Near Drowning**
  - Restated first box to state “Protect Cervical Spine as Appropriate (P-29 thru P-31)
- **Page 13 LVAD page 1**
  - In History box, changed “End stage renal failure” to “Late stage heart failure”
    - Was a typo
- **Page 27 Fever/Sepsis Algorithm**
  - Updated the Pediatric Abnormal Vital Signs Box on top left
- **Page 28 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)”