

**SPEMS Protocol Changes
Paramedic (EMT-P)
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 #7 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 requirements

- **Page P-27 Pain Management**

- Addition of Use of IV Acetaminophen for Pain Management of Traumatic Injuries that states
 - Paramedics may utilize IV Acetaminophen for pain management ONLY of **traumatic** injuries when the expected transport time is greater than 20 minutes.
 - IV Acetaminophen CANNOT be given for any other pain or fever management without approval of on-line medical direction
 - IV Acetaminophen may be used in conjunction with Fentanyl or Morphine as needed with 10 minutes between dosages.
 - Example 1: 10 minutes after administering IV Acetaminophen for pain from a traumatic injury, the patient still has significant pain. The Paramedic may administer Fentanyl or Morphine as indicated by this protocol.
 - Example 2: 10 minutes after administering Fentanyl for pain from a traumatic injury, the patient still has significant pain. The Paramedic may administer IV Acetaminophen
 - IV Acetaminophen may be carried in 1,000mg vials and mixed in a 100ml bag of NS or D5W or can be carried in a premixed bag of 1,000mg in 100ml.
 - Dosages:
 - Adult dosage: 1,000mg over 15 minutes via IV infusion (6.67ml/per minute)
 - 67 drops per minute using a 10 drop IV set
 - Pediatric dosages:
 - < 1 month old: 12.5mg/kg over 15 minutes via IV infusion
 - > 1 month old: 15mg/kg to a maximum of 1,000mg over 15 minutes via IV infusion
 - IV Acetaminophen may NOT be repeated without online medical direction orders
 - All uses of IV Acetaminophen must be reviewed by the medical director or his designee (peer reviewer)
- Change in Use of Ketamine for Pain Management to state:
 - 10 minutes after the administration of Ketamine the Paramedic may administer ONE dose of Fentanyl if pain is still significant. No additional doses of any pain management drug may be administered without contacting medical control for permission
 - This allows Paramedics to administer ONE dose Fentanyl 10 minutes after Ketamine if pain is still significant
 - Cannot administer any other pain medications following Ketamine except for the one dose of Fentanyl unless authorized by medical direction permission

- **Page P-40 Prehospital Medications and Intravenous Fluids**

- Addition of IV Acetaminophen 1,000mg/100cc in the Premixed IV Fluids

- **Page P-63 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 to BLS equipment

- **Page P-65 ALS Medications**

- Addition of 2- IV Acetaminophen (1,000mg/100cc) Pre-mixed IV solution. If premixed is not available, services may carry 2 vials of IV Acetaminophen of 1,000mg and 2 100cc bags of 0.9% normal saline (NS) or D5W

- **Page P-66 Signature Page**

- Date changed to 3/1/2022
- EMS Director MUST sign

- **Throughout Treatment Algorithms**
 - Changed the date on the bottom to read 03/01/2022
 - Page numbers changed to accommodate additional page for Trauma
 - Reference page numbers changed as needed
- **Page 1 Burns**
 - Drug box change to reference IV acetaminophen
 - Drug box changed to show ability to administer Fentanyl 10 minutes after the administration of Ketamine if significant pain is still present
- **Page 4 Trauma**
 - Additional page created for guidance on traumatic pain management
 - Drug boxes moved from Page 3 to Page 4
 - Drug box change to reference IV acetaminophen
 - Drug box changed to show ability to administer Fentanyl 10 minutes after the administration of Ketamine if significant pain is still present
- **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