

SPEMS Protocol Changes
Paramedic (EMT-P, LP)
4/1/24 to 3/31/25

PROTOCOL CHANGES

- **Every Page**
 - Changed dates at bottom of each page to 4/1/2024
- **Cover Page**
 - Signature with April 1, 2024 date
 - Protocols will expire March 31, 2025
- **Table of Contents**
 - Page numbers changed to reflect additions
- **Throughout the Protocols**
 - King Airway replaced with the Air-Qsp3G Airway Device
- **Page B-3 Paramedic’s Responsibilities**
 - Removal of section requiring letter from local hospital
- **Page B-5 EMS Director Responsibilities**
 - Addition of last bullet point that states “To assure proper transmission of required EMS data to the State in accordance with the State’s guidelines and timelines”
- **Page D-1 Airway Management**
 - Under Endotracheal Intubation, added statement that says “The Paramedic may elect to move directly to the insertion of an Air-Qsp3G Airway Device if the Paramedic feels that the airway can be successfully managed by the Air-Qsp3G Device and limited resources/manpower is available such as cardiac arrest.”
 - Addition of section regarding the procedure for the use of the Air-Qsp3G Airway Device
 - Includes adult and pediatric sizing charts
- **Page D-2 to D-5 Chemical Sedation/Physical Restraint**
 - Addition of section for Physical Restraints
 - Outlines indications and procedures for use of physical restraints
 - Requires highest certified member of EMS crew to manage the patient and write the PCR
 - Outlines monitoring guidelines
 - Outlines documentation requirements
 - Changed “Excited Delirium Syndrome” to “Hyperactive Delirium with Agitation”
 - Moved Hyperactive Delirium with Agitation under the Chemical Sedation/Physical Restraint Section
- **Page D-14 Oxygen Administration**
 - Addition of first paragraph that states “The administration of oxygen, when indicated, is a component of the Primary Assessment of the patient and the need for oxygen should be determined IMMEDIATELY on scene. Oxygen administration, when indicated, should be performed immediately and not delayed to load the patient or to begin transport; except for rare, extenuating circumstances such as scene hazards.”
- **Page D-15 Pain Management**
 - Addition of statement: “All pain should be quantified on a 1 to 10 scale immediately prior to pain medication and within 5 minutes after administration; and documented on the PCR”

- **Page G-2 Transportation Guidelines**
 - Addition of Section “Transport to an Outpatient Dialysis Center During a Disaster”
 - Section recommended by the State
 - Allows for transport to an outpatient dialysis center during a declared disaster
 - Addition of section regarding Transport to UMC Health and Wellness Hospital
 - Use same criteria as transporting to a freestanding emergency center
- **Page J-3 Transport to Freestanding Emergency Centers**
 - Updated list of Amarillo Freestanding Emergency Centers
- **Page K-2 Equipment**
 - Replace King Airways with Air-Qsp3G Airway Device
- **Page K-7 Signature Section**
 - Date changed to 4/1/2024
 - EMS Service Director must sign
- **Throughout Treatment Algorithms**
 - Changed the date on the bottom to read 04/01/2024
 - Reference page numbers changed to reflect new page numbers

RESPIRATORY VIRUS ILLNESS ADDENDUM CHANGES

- Dates changed to 4/1/2024

PROTOCOL SUPPLEMENT CHANGES:

- **Throughout Supplement**
 - Date of 4/1/2024 throughout
 - Changed all references to “Excited Delirium Syndrome” to “Hyperactive Delirium with Agitation”