SPEMS Protocol Changes
Paramedic (EMT-P, LP)
4/1/26 to 3/31/27

PROTOCOL CHANGES

- **Every Page**
  - Changed dates at bottom of each page to 4/1/2026
- **Cover Page**
  - Signature with April 1, 2026 date
  - Protocols will expire March 31, 2027
- **Table of Contents**
  - Page numbers changed to reflect additions
- **Page B-4 Paramedic's Responsibilities**
  - #7, Documentation: now reads
    - "Documentation is a critical component of pre-hospital care. All documentation must be complete, accurate, done in a timely manner, and void of contradictions."
    - "A patient contact form (short form) that includes the patient's condition, vital signs, list of medications given, and procedures performed will be given to the patient's nurse prior to leaving the receiving facility. An appropriate Pulsara transmission, prior to ER arrival, will meet this requirement."
      - If a Pulsara report is sent during transport, then a patient contact form (short form) is not required
    - "The full patient care report (PCR) must contain information that is accurate and must completely describe the patient's condition; treatment provided, response to treatment, and any other information that is pertinent to patient care. The full PCR must be completed and submitted to the receiving facility within 24 hours of the delivery of the patient per rule §157.11(n)(10)(A)."
      - Edited to match rule. Did state within one business day rather than 24 hours
    - "The use of artificial intelligence (AI) to develop and write a narrative on the patient care report (PCR) is **PROHIBITED**"
      - AI cannot be used for PCR documentation
- **Page D-2 Addition of "Sedation for Post Advanced Airway** Section that states:
  - "Following the successful placement of an advanced airway (ETT or AirQsp3G), the Paramedic may need to sedate the patient or remove the advanced airway if the patient begins to regain consciousness and/or a gag reflex. If the Paramedic feels that an advanced airway (ETT or AirQsp3G) is still needed, the Paramedic may sedate using **ONLY one** of the following:
    - Adult and Pediatric:
      - If SBP > 90mmHg, administer **Versed**, 0.1mg/kg IV/IO push to a max of 10mg per single dose. May repeat X 2, if indicated, at 0.05mg/kg to a max of 5mg if SBP > 90mmHg . If addition sedation is required, contact online medical control
      - IF SBP < 90mmHg, administer **Ketamine**, 2mg/kg SLOW IV/IO push to a max of 500mg per single dose. If additional sedation is required, contact online medical control
  - NOTE: if utilizing PAI, follow the appropriate algorithms (D-10, D-11, D-12)
- **Page D-3 Blood Draw for Law Enforcement**
  - New section that states: "The Texas Transportation Code Section 724.017(c) requires medical direction and development of a protocol to allow EMS personnel to draw blood at the request of law enforcement. EMS personnel are healthcare providers and NOT a component of law enforcement. Due to the potential risks, liabilities, and potential of court testimony, blood draws for law enforcement are **STRICTLY PROHIBITED** under these protocols. If

requested by law enforcement to draw blood, EMS personnel should respectfully decline citing that it is prohibited by the Medical Director and the SPEMS Protocols"
    - This section totally prohibits taking a blood sample for law enforcement
- **Page D-9: Endotracheal Intubation: Using Pharmacologic Agents to Facilitate Intubation**
    - Edited 1st sentence in 3rd paragraph on page D-9 to read: "Patients requiring intubation should be pre-oxygenated before attempting endotracheal intubation *and high-flow oxygen should be applied via a nasal cannula at 8 to 10lpm during all intubation attempts*"
        - Using a cannula will help to maintain oxygen saturations levels during intubation attempts without interfering with laryngoscope placement
- **Page D-10, D-11, and D-12: Use of Pharmacological Agents to Facilitate Intubation**
    - Removed Etomidate and replaced with Ketamine as an induction agent
        - Etomidate will no longer be used or carried on an ambulance
        - Ketamine dosage is 2mg/kg SLOW IV/IO to a max of 500mg
    - In box at middle of page added #1 that states: Apply High-Flow oxygen via a nasal cannula at 8-10lpm during all intubation attempts
        - Using a cannula will help to maintain oxygen saturations levels during intubation attempts without interfering with laryngoscope placement
    - In Post Intubation/Continued Sedation Box states:
        - Continued Sedation:
            - **If systolic BP > 90mmHg**: administer **Versed** 0.1mg/kg IV/IO to a max of 10mg. May repeat X 2 at 0.05mg/kg IV/IO to a max of 5mg per single dose. If further sedation is needed, contact online medical control.
            - **If systolic BP < 90mmHg**: administer **Ketamine** 2mg/kg SLOW IV/IO to a max of 500mg. If further sedation is needed, contact online medical control.
        - Pain Management (As Indicated):
            - 1. **<u>For Adults</u>**: administer Fentanyl, 2.5 to 5mcg/kg, IV/IO, to a max of 100mcg, per single dose. May be repeated once if needed. Contact Medical Control for additional pain management if needed.
            - 2. **For Pediatrics**: administer Fentanyl, 1 to 2mcg/kg, slow IV/IO, to a max of 100mcg, per single dose. May be repeated once if needed. Contact Medical Control for additional pain management if needed.
- **Page D-20 Pleural Decompression**:
    - Edited first sentence to state "A 14-gauge X 2 inch or longer IV catheter, *or commercial device*, should be inserted in the mid-clavicular line at the second or third intercostal space"
- **Page K-1 Equipment List (BLS Units)**:
    - Pulse Oximeter requirement to read "1- Pulse Oximeter device with charged spare batteries (may be integrated into a heart monitor)"
- **Page K-3 Equipment List (ALS & ALS Capable Units)**:
    - Pleural decompression requirement to read "2- 14ga X 2" or longer IV catheters, or commercial device for pleural decompression"
- **Page K-4 Equipment List (MICU Neonatal Equipment)**:
    - Edited item to read "8 – Pediatric *or Neonate* ECG Electrodes"
- **Page K-7 Pre-Hospital Medications and Intravenous Fluids**
    - Removed Etomidate from the list of IV medications
    - Updated drug reference page numbers
- **Page K-8 Signature Section**
    - Date changed to 4/1/2026
    - EMS Service Director must sign
- **Throughout Treatment Algorithms**
    - Changed the date on the bottom to read 04/01/2026
    - Reference page numbers changed to reflect new page numbers

RESPIRATORY VIRUS ILLNESS ADDENDUM CHANGES

- Dates changed to 4/1/2026

PROTOCOL SUPPLEMENT CHANGES:

- **Throughout Supplement**
  - Date of 4/1/2026 throughout
  - Page numbers updated to reflect changes
- **Table of Contents**
  - Page numbers updated to reflect changes
- **Throughout Drug Index**
  - Updated contraindications of multiple drugs
- **Removed Etomidate from the Drug Index**
- **Page S-9 Atropine**
  - Addition to indications "Significant Oral/Nasal Secretions due to Ketamine:
  - Addition to adult and pediatric dosages to treat Significant Oral/Nasal Secretions due to Ketamine
- **Pages S-22 to S-24 Ketamine**
  - Updated indications and dosages to include **Ketamine** as an induction agent and for continuing sedation for patients with advanced airways
  - **Ketamine** is now the ONLY induction agent for PAI and is NOT dependent on BP
  - **Ketamine** can be used for continued sedation of a HYPOTENSIVE patient with advanced airway
    - If a patient has a SBP > 90mmHg, then **Versed** is indicated for continued sedation
- **Drug Charts**
  - Removed Etomidate from all charts (Adult and Pediatric)
  - Added **Ketamine as Induction Agent** to all charts (Adult and Pediatric)
  - Added Ketamine to Maintain Sedation of Patient with Advanced Airway to all charts (Adult and Pediatric)