

SPEMS Protocol Changes
Emergency Care Attendant (ECA)
2/1/12 to 1/31/13

PROTOCOL CHANGES

- **Every Page**
 - Changed dates at bottom of each page
- **Cover Page**
 - Signature with February 1, 2012 date
- **Page P-2: Table of Contents**
 - Updated to reflect additions and current page numbers
- **Page P-4 Medical Control Authorization**
 - Addition to number 1 that states “(A current National Registry card can NOT be used in the place of a current TDSHS certification)”
 - All personnel operating under the SPEMS Protocols MUST have a current State (TDSHS) certification
- **Page P-16 Uncontrolled Hemorrhage Managed with a Hemostatic Agent**
 - Removed Celox
 - If a service carries a hemostatic agent, that agent must be Quickclot
- **Page P-36 Equipment List**
 - Changed “2 Long spine boards with straps” to “2-Full spinal immobilization devices with straps”
 - Allows for use of flexi, vacuum mattresses, etc.
 - **Caution:** MOI, patient condition, and patient position/location must be considered to select the most appropriate immobilization device
 - Changed Nasal airways to “1ea-Nasal airway (20fr through 36fr)”
 - Changed Oral airways to “1ea-Oral airway (#1 through #6)”
 - Removed Celox
 - Addition of *MAD device
 - Does not pertain to ECA protocols but does pertain to EMT protocols
 - ECA CANNOT give any medications intranasally
- **Page P-37 Equipment List**
 - Decreased number of triangular bandages from 12 to 2
 - Addition of “1-Working flashlight”
 - Reorganized medication list
 - Removed headings of Inhaled, Oral, Sublingual, and Intramuscular
 - All meds are in alphabetical order
 - Addition of “*2-Naloxone (Narcan) 2mg/2cc”
 - Does not pertain to ECA protocols but does pertain to EMT protocols
 - ECA CANNOT give Naloxone
- **Page P-38 Equipment List**
 - Signature of Medical Director
 - Dated 02/01/2012
 - Service Director MUST sign all copies on units
- **Throughout Treatment Algorithms**
 - Changed the date on the bottom to read 02/01/2012

- **Page 2 Trauma**
 - First box changed to state “1. Control Cervical Spine (if appropriate)”
 - Changed spinal immobilization throughout the algorithm to “Full Spinal Immobilization Device”
 - Devices other than a long spine board may be used to immobilize spine such as flexi, vacuum mattress, etc.
 - **Caution:** MOI, patient condition, and patient position/location must be considered to select the most appropriate immobilization device
 - CPR box, on lower right, changed, to state “Begin CPR (2010 guidelines)”
 - CPR should be performed to the 2010 guidelines rather than the 2005 guidelines
- **Page 3 Trauma (Continued)**
 - Changed spinal immobilization throughout the algorithm to “Full Spinal Immobilization Device”
- **Page 4 Foreign Body Airway Obstruction**
 - 2005 CPR guidelines changed to 2010 guidelines
- **Page 7 Cardiac Arrest/SAED**
 - 2005 CPR guidelines changed to 2010 guidelines
 - Addition of a new box at top right that states “Do Not defibrillate a hypothermic patient more than once”
 - If a hypothermic patient is in cardiac arrest, only one defibrillation should be performed and high quality, continuous CPR be delivered during rapid transport
- **Page 11 Cold Exposure**
 - Removed cardiac arrest references
 - If a hypothermic patient is in cardiac arrest the algorithm will send you to the Cardiac Arrest/SAED algorithm
 - Moved references to remove wet clothing and wrap in blankets to the reference box
- **Page 12 Decreased LOC**
 - Addition of box at lower left that states “*If the patient presents agitated/combatative and is deemed a threat to the crew or themselves refer to Chemical Sedation (P-14)”
- **Page 15 Hypovolemia (Non-Traumatic)**
 - Addition of possible causes box on top right
 - Vomiting, Diarrhea, Bloody/Dark Stool, Abdominal Pain, or Possible Diabetic Hyperglycemic State
- **Page 16 Neonatal Resuscitation**
 - 2005 CPR guidelines changed to 2010 guidelines
 - Removed reference to Combitube and King Airway in second to bottom box
- **Page 18 Poisoning/Overdose**
 - Added “Overdose” to title
 - Changed first box to state “Does the patient have an altered mental status?” instead of “Patient conscious with intact gag reflex?”

CHANGES TO SUPPLEMENT

- **Table of Contents**
 - Date of 2/1/2012 throughout
 - Updated page numbers
- **Drug Index**
 - **Page S-8 Atropine:** Removed aystole and PEA from indications
 - **Page S-13 Dopamine:** Removed bradycardia from indications
 - **Page S-15 Epinephrine Drip:** New page

- **Page S-17 Fentanyl:** Added IN (Intranasal) doses
- **Page S-20 Lactated Ringers:** New Page
- **Page S-25 Narcan:**
 - Added IN (Intranasal) doses
 - Changed Pedi Narcan dose to 0.1mg/kg up to 2mg
- **Page S-28 Normal Saline:**Removed “Trauma” and “Burns” from indications
- **Page S-36 Versed:** Added IN (Intranasal) doses
- **Adult Drug Charts (Pages S-38 to S-42)**
 - Deleted Atropine for PEA and Asystole
 - Added Epinephrine Drip Chart
 - For mixture of 1mg of 1:1,000 in 100cc of NS
 - For mixture of 1mg of 1:1,000 in 250cc of NS
 - Added Fentanyl via intranasal (MAD)
 - Added Narcan via intranasal (MAD)
 - Added Versed via intranasal (MAD) for Seizures
 - Added Versed via intranasal (MAD) for Seizures, Repeat Dose
 - Added Versed via intranasal (MAD) for sedation
- **Pediatric Drug Charts (Pages S-43 to S-45)**
 - Added Epinephrine Drip Chart
 - For mixture of 1mg of 1:1,000 in 100cc of NS
 - For mixture of 1mg of 1:1,000 in 250cc of NS
 - Added Fentanyl via intranasal (MAD)
 - Added Narcan via intranasal (MAD)
 - Added Versed via intranasal (MAD) for Seizures
 - Added Versed via intranasal (MAD) for Seizures, Repeat Dose
 - Added Versed via intranasal (MAD) for sedation
- **IV Drip Rate Formulas and Examples (Pages S-46 to S-47)**
 - Added Examples of Epi Drip for 100cc and 250cc bags (Page S-46)