

SPEMS Protocol Changes
Emergency Medical Technician (EMT)
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-14 through P-15 Treatment Procedures**
 - Addition of Intranasal Medication Administration
 - New procedure for EMT Basics
 - EMTs **MUST** be trained in procedure with documentation of proficiency
 - EMTs can administer Narcan (Naloxone) to adult and pediatrics with altered LOC with respiratory compromise secondary to a known or suspected opiate overdose in which the patient is unable to control their own airway.
 - Lists popular opiates on page P-15
 - Relative contraindications are: epistaxis, facial trauma, nasal congestion, discharge or recognized nasal abnormality, and destruction of nasal mucosa from past surgeries or cocaine abuse
 - Procedure is listed on Page P-15
 - General Comments section explains much more (Page P-15)
 - IN doses of Narcan listed on Page P-15
 - **THIS SECTION SHOULD BE READ CAREFULLY AND THOROUGHLY UNDERSTOOD**
- **Page P-17 Uncontrolled Hemorrhage Managed with a Hemostatic Agent**
 - Removed Celox
 - If a service carries a hemostatic agent, that agent must be Quickclot
- **Page P-18 Pre-Hospital Medications**
 - Addition of Intranasal Medications
 - “**Naloxone (Narcan), 2mg/2cc (Page 12)(P-15)**”
- **Page P-37 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 “1-Nasal-Mucosal Atomization Device (MAD)”

- **Page P-38 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”
- **Page P-39 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 upper right that states “*If the patient presents agitated/combatative and is deemed a threat to the crew or themselves refer to Chemical Sedation (P-14)”
 - Addition of box at lower left “***Opiate Overdose” that states: Patients with a known or suspected opiate overdose, severe respiratory compromise, and are unable to control their own airway, administer Narcan, 2mg, IN, may be repeated X 1 if necessary. (P-14)
 - Addition to Pediatric Dose box of “Narcan, 0.1mg/kg, IN, up to a max of 2mg, per dose (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
- **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 asystole 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)