

**PROTOCOL UPDATE
ALABAMA EMS PROTOCOLS
EMT-BASIC**

**EDITION 5
JUNE, 2009 UPDATE**

PROTOCOL UPDATE

- IF YOU IDENTIFY MISTAKES IN THE PROTOCOLS OR IF YOU HAVE SUGGESTIONS FOR PROTOCOL CHANGES
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PURPOSE OF PROTOCOLS

- IMPROVE PATIENT CARE
- PROVIDE OFF-LINE MEDICAL DIRECTION
- REPRESENT STANDARD OF CARE
- PROVIDE QI STANDARDS
- PROVIDE EDUCATION STANDARDS

GENERAL CHANGE

- CHANGED THE WORD “DRUG” TO “MEDICATION” THROUGHOUT THE PROTOCOLS

TITLE PAGE & TABLE OF CONTENTS

- CHANGED TO 5TH EDITION
- TABLE OF CONTENTS UPDATED WITH CHANGES
 - Has been alphabetized and renumbered (except General Patient Care and Communications were left as 4.1 & 4.2)
 - Deleted Coma, 4.15 and combined it with Altered Mental Status, 4.5
 - No new Patient Care Protocols added
 - Two protocols were extensively rewritten

PREFACE

- Dr. Campbell's email address corrected
- Clarified the EMT's responsibility to refuse to accept orders that are not in his/her scope of privilege
- Added that a pediatric patient is defined as someone aged 15 years or younger unless otherwise noted in the protocols
- Noted that anything referring to a pediatric patient will be in Tahoma font, in bold, and colored green

SECTION 2

PATIENTS RIGHTS

- #6: Corrected to explain that families of patients do not have the same rights as the patients themselves. While as a general rule the EMT should take the patient to the hospital the patient's family wants, if the hospital is inappropriate or is on diversion, OLMD must be called and his/her orders followed

SECTION 2

PATIENTS RIGHTS

- #7: Added that, while an ambulance service does not have to take a patient out of town if it leaves the community without ambulance service, that is not a license to ignore the trauma system and always take the trauma patient to the local hospital.
 - If the ambulance service is unable to comply with the regional trauma plan, the service must contact the office of EMS & Trauma to develop a plan to correct this.

SECTION 3.3

PHYSICIAN MEDICAL DIRECTION

- Clarifies that medication orders may be signed by an OLMD physician or by the service's medical director.

SECTION 3.4

MEDICATION AND PROCEDURE CLASSIFICATION

- Added list of pediatric Category A and Category B medications since they are not the same as the adult Category A and Category B medications

SECTION 3.4

MEDICATION AND PROCEDURE CLASSIFICATION

- Added Hemostatic Agents to the list of required medications and procedures.
 - Use of Hemostatic Agents is Category A

SECTION 3.5

OPTIONAL MEDICATIONS AND PROCEDURES

- Removed Hemostatic Agents from the list of optional medications and procedures

SECTION 4

TREATMENT PROTOCOLS

GENERAL PATIENT CARE 4.1

- Clarified that when filling out the ePCR, the General Patient Care protocol can be listed if there is no specific protocol for use in treating the patient

COMMUNICATIONS 4.2

- For stable patients and patients only requiring Cat. A treatment, added that the EMT may notify the nurse or paramedic at the receiving hospital
 - Some hospitals have paramedics answer the phone

ALTERED MENTAL STATUS 4.5

- Combined COMA 4.15 with this protocol
- You should review this entire protocol as there are so many changes

CARDIAC SYMPTOMS/ACUTE CORONARY SYNDROME 4.9

- Added note that this protocol is for adults only. you should contact OLMD for chest pain in pediatric patients (age 15 or less).
- Aspirin to be given to adults unless 324mg or more has already been given in the last 24 hours
 - If the patient has only had a baby aspirin (81 mg) you should give another four baby aspirin
- Aspirin is almost never given to pediatric patients (CAT. B) because of danger of Reye's syndrome

CHILDBIRTH 4.10

- Changed the order of clamping and cutting the cord to the correct place in the sequence of care
 - It was originally listed after wrapping the baby in a blanket and taking the vital signs

CONGESTIVE HEART FAILURE 4.12

- Added that the patient should be put in the upright sitting position

POISONS AND OVERDOSES 4.21

- Since syrup of ipecac is no longer carried, deleted the list of conditions in which you should not induce vomiting
- The protocol now simply states “DO NOT INDUCE VOMITING”

SHOCK 4.25

- Added that if external bleeding from an extremity cannot be controlled by pressure, application of a tourniquet is the reasonable next step in hemorrhage control
 - This reflects current treatment and current National Registry testing

SHOCK 4.25

- Added to use a hemostatic agent if unable to stop severe bleeding with pressure or a tourniquet

STROKE 4.26

- Protocol has been rewritten to reflect the current national guidelines for diagnosis and treatment of the stroke patient
- You should review the entire protocol since so many changes have been made

SECTION 5

MEDICATIONS

ASPIRIN 5.2

- Added that aspirin is CAT. B for pediatric patients because it may be associated with Reye's syndrome

SECTION 8

ADMINISTRATIVE PROTOCOLS

DOCUMENTATION OF CARE 8.2

- Added that ePCR's must be completed and transmitted to the office of EMS & Trauma within 168 hours (one week) of the provided medical care

TRAUMA SYSTEM PROTOCOL 8.5

- Changed the protocol to reflect suggestions made by the pediatric workgroup and the State Trauma Advisory Council
- Physiologic Criteria
 - Added that a BP of $<90\text{mmHg}$ refers to an adult or a child 6 years of age or older

TRAUMA SYSTEM PROTOCOL 8.5

- Physiologic Criteria (cont.)
 - Added that respiratory distress rates in children are:
 - **<20 or >60 in a newborn**
 - **< 20 or > 40 in a child three years or younger**
 - **<12 or >29 in a child four years or older**
 - Added that head trauma with any neurologic changes in a child 5 years or younger puts the child in the trauma system

SECTION 9

ACCEPTABLE EMS EQUIPMENT AND DEVICES

HEMOSTATIC AGENTS 9.1

- Added QuikClot Combat Gauze
 - Kaolin based
 - Currently being used by military in combat in Iraq
- Added WoundStat
 - Granular combination of smectite and polymer

SECTION 10

FORMS

REQUEST TO BE TAKEN TO A HOSPITAL ON DIVERSION 10.1

- Removed “the patient’s family” as being able to sign to take the patient to a hospital on diversion

STROKE CHECKLIST 10.3

- Rewrote stroke checklist to reflect the new Stroke Protocol

ALERT! BEFORE USING NEW PRTOTOCOLS:

- EACH SERVICE MUST NOTIFY AND PROVIDE YOUR SERVICE OFF-LINE MEDICAL DIRECTOR A COPY OF THE 5TH EDITION PROTOCOLS (June 09 edition) AND A COPY OF THIS UPDATE PRESENTATION
 - It is OK for the medical director to download the material instead
- EACH SERVICE MUST BE SURE THE ON-LINE MEDICAL DIRECTORS AT YOUR MEDICAL DIRECTION HOSPITALS ARE AWARE THAT THE PROTOCOLS HAVE BEEN UPDATED AND WHERE TO GET THE MATERIAL
 - The service is not responsible for furnishing copies of the protocols or update slide presentation

NEW PROTOCOLS CAN BE USED

- WHEN EVERYONE IN A SERVICE HAS BEEN UPDATED
 - TURNED ON SERVICE BY SERVICE NOT INDIVIDUAL BY INDIVIDUAL
 - TURN IN ROSTER TO REGIONAL EMS AGENCY NOT TO OFFICE OF EMS & TRAUMA
 - Also acknowledge that you have updated your off-line medical director and provided copy of protocols
 - REGIONAL EMS AGENCY WILL NOTIFY YOU WHEN YOU CAN START USING NEW PROTOCOLS
 - EVERY SERVICE MUST BE UPDATED BY OCTOBER 1ST, 2009

QUESTIONS?

