

Summary of Changes effective January 30, 2017

Summary of Protocol Revisions			
Protocol Number	Title	Action Taken	Details
2.02	Allergic Reaction	Revision	<p>BLS Treatment: Added administration of intramuscular epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma by trained EMT (new in state scope of practice for EMTs).</p> <ul style="list-style-type: none"> Epi added to EMT scope of practice due to statewide push to expand availability of treatment for anaphylaxis and/or severe asthma. Change added to Policy 2000 Personnel Standards and Scope of Practice
2.03	Altered Mental Status	Revision	<p>BLS Treatment: Added Naloxone IN by trained EMTs (new in state scope of practice for EMTs).</p> <ul style="list-style-type: none"> Narcan added to EMT scope of practice due to statewide push to expand availability of treatment for opioid overdoses. Change added to Policy 2000 Personnel Standards and Scope of Practice.
2.04	Cardiac Arrest	Revision	<p>ALS Treatment: Added Double Simultaneous External Defibrillation (DSED) (also called “dual defibrillation”) for refractory pulseless V fib /V tach.</p> <ul style="list-style-type: none"> Recent change in medical literature suggests DSED may convert persistent VF / VT due to change in energy vector. <p>LVAD:</p> <ul style="list-style-type: none"> Minor edits to #9 to clarify Base Hospital vs. LVAD center field contact. Added LVAD patient destination considerations for LVAD center (where the patient had the device implanted) in #10.
2.05	Post Arrest & ROSC	Revision	Revised to conform to AHA 2015 guidelines for targeted temperature management by checking and maintaining temperature between 32 and 36 degrees Celsius for adults and 36.5 – 37.5 degrees Celsius for newborns.
2.06	Chest Pain	Revision	ALS Treatment: Added if 12-lead EKG interpretation is compatible with “STEMI” per EKG protocol, initiate transport and notification of the appropriate STAR center.
5.01	GYN & OB	Revision	Added AHA guidelines on neonatal temperature management in the comments section: <ul style="list-style-type: none"> Newborn hypothermia can occur within minutes. Keep the baby on the mother’s belly skin to skin until the cord is clamped. If continued access to the infant is necessary (e.g. for positive pressure ventilation) keep the baby warm including the use of warmed blankets or radiant warmer if available).
7.02	Oral Endotracheal Intubation	Revision	<ul style="list-style-type: none"> Added requirement for end tidal CO2 monitoring to confirm tube placement. Added requirement for continuous end tidal CO2 monitoring post-intubation.
7.04	Nasotracheal Intubation	Revision	<ul style="list-style-type: none"> Added requirement for end tidal CO2 monitoring to confirm tube placement. Added requirement for continuous end tidal CO2 monitoring post-intubation.

7.10	12-Lead EKG	Revision	<ul style="list-style-type: none">• Revised case definition for STEMI adding ***acute STEMI*** to EKG criteria and minimum ST elevation criteria to correct oversight in current protocol.• Training requirement moved to a separate training guidance that will accompany the protocol release.
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