Date: September 11th, 2019

To: MCB Physicians

From: Jeffrey M. Goodloe, MD, NRP, FACEP, FAEMS

Re: 2020 Protocol Set Recommended Changes

In another year's sincere effort to make yearly protocol set change deliberations as efficient as possible for the MCB meeting this month, I am summarizing the changes I recommend on behalf of the OMD team that worked collectively on these changes. The effective date for these changes is suggested to be January 15, 2020 to allow for training on these changes. The OMD team has personally reviewed every protocol in this process. Here are the recommended changes:

Protocol 1A.2 – Pediatric Assessment Added ("Pediatric" equals less than 18 years of age for all protocols unless otherwise specified)

Protocol 1B.2 – Added Pediatric ("Pediatric" equals less than 18 years of age for all protocols unless otherwise specified) trauma assessment mirrors adult assessment strategies noted above

Protocol 1C.3 – Clinical Operation Notes Added maximum pediatric medication dosing equals standard adult dosing

Protocol 1D.1 – Treatment Priority 2 Control major bleeding will replace control arterial bleeding

Protocol 1D.1 – Clinical Operational Note Added maximum pediatric medication dosing equals standard adult dosing

Protocol 2D – Removed age reference in BVM decision tree, rebuilt with pediatrics BVM, advanced airway, and no advanced airway.

Protocol 2E.4 – I-GEL Added step 8. If strap is unavailable use tape as pictured (Figure 7)

Protocol 4A – Resuscitation-Pediatric

- Added if advanced airway in place, provide 110 compressions/minute with 5-10 ventilations/minute without pause in compressions attach Res-Q-Pod to BVM
- (P1 & P2) Pediatric: alternate 15:2 (asynchronous vents if advanced airway) within P2
- (P1) Removed alternate compressions with P2
- Added Asynchronous 10 ventilations and 110 compressions per min if advanced airway in place

Protocol 4b – Resuscitation-Pediatric Added if advanced airway in place, provide 110 compressions/minute with 5-10 ventilations/minute without pause in compressions attach Res-Q-Pod to BVM.

Protocol 4K – H4 Termination of Resuscitation

- Changed Director of Clinical Affairs to Division Chief
- Added In many instances of advanced directives/DNR wishes communicated by the patient's family or caregivers, DNR paperwork is missing or incomplete. In such circumstances, contact the Chief Medical Officer or Assistant Chief Medical Officer early in resuscitation (within 2-3 minutes of initiating resuscitation) to review the situation. In most of these situations, the Chief

Medical Officer or Assistant Chief Medical Officer will be able to determine further resuscitation is NOT warranted and will be able to cease further resuscitation in concordance with the patient's/family's wishes.

- Added To be perfectly clear, only after all of the above criteria is met…..if the physician is present at the scene
- Added In the event that all of the above field termination criteria are not met, and on scene personnel identify extenuating circumstances that could supersede the stated criteria, the Office of the Medical Director shall be contacted for consultation.

Protocol 4I – Cardiac Arrest Reordered to D50 first and D25 second followed by D10

Protocol 5N – Cardiac Arrest Connect IABP power cable to the ambulance power supply during transport. The battery gauge of the IABP is in the right lower corner of the console screen.

Protocol 8D - Acute Allergic Reactions Added serious dyspnea, GI distress, angioedema, **or** systolic BP < 100 mmHg adult OR <70+ 2x age in years mmHg pediatric

Protocol 8E/8F – Added serious dyspnea, gi distress, angioedema

Protocol 10I - Added pediatric ages 10 and above for TXA administration eligibility

Protocol 13D – Complications of Pregnancy Added pediatric definition of pregnant people in title

Protocol 14D.3 – Informed Patient Consent/Refusal Protocol Under F, #3A changed "does not" to "may not" in discussing medical decision making capacity ramifications

Protocol 14I – Interhospital transport

- Added the paramedic must be comfortable managing all medications ordered or anticipated to be given during the interhospital transfer. Questions to the contrary should be initially be routed to the operations supervisor with subsequent transferring physician consultation as needed.
- Changed OSDH pre-approved to common IV medications

Protocol 11E – Heat Stroke- Athletic Participants w/ Field Cooling Capabilities On-Site at Event

Protocol 16H – Dextrose Given markedly low perfusing pressures in the setting of cardiac arrest utilize D50 whenever available

Protocol 16Q.2 – Fentanyl Extremity/Amputation injury changed to Extremity injury/amputation injury

Reference Updates:

- **Protocol 3I – Oxygen Administration**
- **Protocol 4A – Resuscitation (CPR)**
- **Protocol 4K – "Do Not Resuscitate"/Advanced Directive Orders, Futility of Resuscitation Initiation & Termination of Resuscitation**
- **Protocol 4E – Double Sequential External Defibrillation**
- **Protocol 5M – Ventricular Assist Device Management**
- **Protocol 6A – Stroke**
- **Protocol 8D – Acute Allergic Reactions**
- **Protocol 9D – Pain Management**
- **Protocol 14G – Patient Prioritization**