

**Protocol 3K: Non-Invasive Positive Pressure Ventilation (NIPPV) Adult**

Changes to the current treatment protocol:

1. Titrate and Pressure Support (PS) and PEEP box was added to the NIPPV modes algorithm.
2. Step 3: Changing a Primary Parameter was updated to the new screen configuration.

**Protocol 3L: Mechanical Ventilation Adult**

Changes to the current treatment protocol:

Step 3: Changing a Primary Parameter was updated to the new screen configuration.

**Protocol 4K: “Do Not Resuscitate” Advanced Directive Orders, Futility of Resuscitation, & Termination of Resuscitation – Adult & Pediatric**

Changes to the current treatment protocol:

Under the Termination of Resuscitation the MCB added:

An Office of the Medical Director paramedic serving in the roles of Director of Clinical Affairs or Director of Critical Care Analytics may be consulted for field termination of cardiac arrest resuscitation.

**Protocol 14I: Interhospital Transfers**

Changes to the current treatment protocol:

On page 3 number 7. Infuse all alteplase from tubing by infusing saline through same tubing set following alteplase dose.

Change: Remove the IV tubing connector from the bottle and attach it to a newly spiked bag of normal saline and re-start infusion **at the previous rate used. This will ensure that the remainder of the alteplase is infused.**

**Protocol 17B – Table: Categorization of Hospitals:**

Hillcrest South in Tulsa Adult Stroke categorization has changed from a Level III to Level II.

Added under Specialty Hospitals, Healthcare Facilities, and Additional Service Capabilities:

1. Center for Orthopedic Reconstruction & Excellence (CORE) Jenks
2. Oklahoma Surgical Hospital (OSH) Tulsa
3. Tulsa Spine & Select Specialty Hospital (TSSSH)

These 3 facilities have special criteria for transports.

- A. Chief complaint/assessed condition needs to be primarily related to upcoming or recent surgery
  - B. To be within 7 days’ pre-surgery or within 30 days’ post-surgery
  - C. Patient’s surgeon or on-call surgeon has been contacted and agreed to accept
  - D. Once the EMSA Communications Center has paged the surgeon, we’ll only allow 10 mins for a return call to expedite scene times and during that time Plan B destination should be worked out. The patient can still be packaged for transport etc, brought to ambulance etc.
  - E. Stable assigned
4. Integris Lakeside Women’s Hospital OKC  
For stable assigned patients

**OMD Clinical Administrative Policy (NEW)**

**Hospital Medical Services Capacity Overload Temporary Alterations to Clinical Standards General Orders**

This policy was created to allow the Medical Director or his designee to suspend emergency department divert until the EMS-hospital system interface dynamics has “normalized” in the judgement of the Medical Director.