

Appendix 9

Revisions and Updates

Appendix 9 - Revisions and Updates - May 2022 SCREMS Protocols

1. Appendix 9 - Revisions and Updates. Updated May 2020.
2. Chapter 7 - Community Health Care. Added Community vaccination protocol to COVID-19.
3. Appendix 1 - Administrative Policies. Added On-Scene Medical Provider Protocol.
4. Appendix 2 - Drug manual. Amiodarone protocol rewritten. Changed VF / Pulseless VT to 300mg IV/IO push.
5. Appendix 2 – Drug Manual. Levophed protocol rewritten.
6. Appendix 2 – Drug Manual. Removed D50.
7. Appendix 3 - Procedure Section. Completely rearranged Added airway management first and subcategories of patient airway management.
8. Appendix 3 - Procedure Section Removed Intraosseous Infusion - Combined with EZ/IO – added indications for the conscious patient.
9. Appendix 3 - Procedure Section. Added humeral insertion site to EZ/IO.
10. Appendix 3 - Procedure Section. Added new pediatric distal femoral insertion site to EZ/IO.
11. Appendix 3 - Procedure Section. Added administration of lidocaine to intraosseous infusion EZ/IO.
12. Appendix 3 - EZ/IO #10. You may administer 10 to 20 mg (1 to 2 cc) of 2% Lidocaine in adult patients who experience infusion-related pain. This may be repeated prn to a maximum of 60 mg (6 cc).
13. Appendix 3 - Procedure Section. Removed Naso-Endotracheal insertion.
14. Appendix 3 - Procedure Section. Removed Pneumatic Anti-Shock Garment (PASG) added new MAST protocol.
15. Chapter 1 - Adult Cardiac Care. Removed Mag Sulfate from VF – Pulseless V-Tach. Refer to uses in Drug Manual.
16. Chapter 2– Adult Medical Care and Form Sections. CVA- Added Screening Tool (FAST Exam) and Severity Tool (VAN Exam).
17. Chapter 2 – Adult Medical Care. Removed D50 changed to D10.
18. Chapter 3 – Adult Trauma. New Head Injury/Neurogenic Shock Protocol.

19. Chapter 2 - Adult Medical. Anaphylaxis and Asthma. Administer Solu-Medrol 125 mg IV/IM. Added IM.
20. Appendix 3 - Procedure Section. Endotracheal Tube Introducer (BOUGIE).
21. Chapter 4 – Pediatric Cardiac Care. New Neonatal Resuscitation Algorithm.
22. Chapter 5 – Pediatric Medical Care. Removed D50.
23. Chapter 2 – Adult Medical Care. Hypertensive emergencies occur when systolic pressure >220 mm / Hg and / or a diastolic pressure >120 mm / Hg with signs and symptoms of neurological compromise, chest pain, or shortness of breath.
24. Appendix 3 - Procedure Section. EZ IO.

Indications

- Cardiac Arrest
- Patients where rapid, peripheral IV access is unavailable, and after 2 attempts, with any of the following:
 1. Multisystem trauma with severe hypovolemia and/or a significantly burned patient with no IV access.
 2. Severe dehydration with vascular collapse and/or loss of consciousness
 3. Respiratory failure/ Respiratory arrest with no IV access
 4. Any other immediately life-threatening, peri-arrest clinical condition in which IV access is unobtainable.

Under no circumstances should it be used for prophylactic care.

Contraindications

1. Inability to locate anatomical landmarks (blind insertion contraindicated).
2. Suspected cellulitis or burn over the insertion site.
3. Suspected acute or non-healed fracture proximal to foot in same leg (proximal tibial insertion contraindicated) or proximal to forearm in same arm (humeral head insertion contraindicated).
4. Suspected total knee arthroplasty/replacement (proximal tibial insertion contraindicated).
5. Suspected shoulder arthroplasty/replacement (proximal humerus insertion contraindicated).
6. Suspected markedly poor circulation extremity - history of amputation, gangrene, bypass (proximal tibia insertion contraindicated).

Appendix 9 - Revisions and Updates - June 2023 SCREMS Protocols

- Sodium bicarb- Drug manual lists renal impairment as contraindication - **REMOVED**
- Solu Medrol- Not listed as treatment for PED PT's, is it accepted for PEDS; Very stringent list of contraindications- **AMENDED** to include pediatrics. **Removed contraindications.**
- Atrovent- Not contraindicated for PEDS in Drug manual however not listed in PED respiratory protocols – **Albuterol First. Atrovent per medical command. Just because something is in drug manual doesn't mean it needs to be included in a protocol. It can be reserved for medical command.**
- Mag sulfate- In Drug manual as treatment for torsade's, not in protocol; **ADDED new protocol.** Revision #15 in last protocol update shows it removed for VF-Pulseless VTACH treatment – **YES because it can make the problem worse.**
- Is it possible to add RSI procedures manual, specifically using Versed and Etomidate as that's what we carry? **This is an open protocol that encompasses all agencies using various RSI medications. SOP per local agency.**
- **Deleted Pediatric Ectopy Protocol.**
- **Amended amiodarone protocol.**
- **Included fentanyl option for pain control in abdominal pain, not for late term pregnancy.**