

EXPLANATION OF SUGGESTED CHANGES TO PATIENT CARE PROTOCOLS  
EMT-INTERMEDIATE  
JUNE, 2009

Note : the word “drug” has been changed to “medication” throughout the document.

Title Page: Changed to fifth edition and added new date

Table of Contents: Has been alphabetized and renumbered (except General Patient Care and Communications were left as #1 and #2 in treatment protocols)

Preface: Corrected email address and clarified the EMT’s responsibility to refuse to accept orders that are not in their scope of privilege. Also added that a pediatric patient is defined as someone aged 15 years or younger unless otherwise noted in the protocols. Noted that anything pertaining to a pediatric patient will be in the Tahoma Font, in bold and colored green.

Section 2: Corrected #6 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 family wants, if the hospital is inappropriate or is on diversion, OLMD must be called and his/her orders followed.

#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 patient to the local hospital. If the ambulance service is unable to comply with the trauma system plan, they must contact the office of EMS & Trauma to develop a plan to correct this.

Section 3.3: Clarifies that medication orders may be signed by an OLMD physician or by the service’s medical director.

Section 3.4: Added list of pediatric CAT A and CAT B Medications

Section 3.4: Added Hemostatic Agents and CPAP to the list of Category A medications and procedures (**required**). List has been alphabetized.

Section 3.5: Removed CPAP and Hemostatic Agents from the list of optional medications and procedures and added Bougie for difficult intubations. List has been alphabetized.

Protocol 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.

Protocol 4.2: Added that the EMT may notify the nurse or paramedic at the receiving hospital (some hospitals have paramedics answer the phone).

Protocol 4.5: Combined Coma 4.15 with Altered Mental Status.

Protocol 4.9: Added note that Acute Coronary Syndrome protocol is for adults only. EMTs are to contact OLMD for chest pain in pediatric patients (age 15 years and younger). Aspirin to be given to adults if unless 324 mg or more have been given in the last 24 hours.

Protocol 4.11: moved the order of clamping and cutting the cord to the correct place in the sequence of care.

Protocol 4.13: For congestive heart failure, added that the patient should be put in the Upright sitting position and made CPAP Cat A

Protocol 4.21: Added near drowning as a Cat. A indication for use of CPAP.

Protocol 4.22: In poison protocol deleted the conditions in which you should not induce vomiting since EMTs no longer carry ipecac. Simply states “do not induce vomiting.”

Protocol 4.24: In respiratory distress protocol added that for pulmonary edema CPAP is Cat. A.

Protocol 4.26: 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 the current treatment and the current testing used by the National Registry. Also added to use a hemostatic agent if unable to stop severe bleeding with pressure or a tourniquet.

Protocol 4.27: rewrote the Stroke protocol to reflect current standard of care.

Protocol 5.2: Added that use of aspirin is Cat. B for pediatric patients because it may be associated with Reye’s Syndrome.

Protocol 5.6: Noted that there are almost no indications for use of thiamine (CAT. B) in a child.

Protocol 6.2: Added near drowning as an indication for use of CPAP and added a note that CPAP is not used in children under the age of 12 because of lack of complete development of their respiratory system.

Protocol 6.4: added that orotracheal intubation is Cat. B for children and nasotracheal intubation is contraindicated in children

Protocol 8.2: Added that ePCRs must be completed and transmitted to the office of EMS & Trauma within 168 hours of the provided medical care.

Protocol 8.5: Changed the Trauma System Protocol to reflect suggestions made by the pediatric workgroup and the State Trauma Advisory Council.

Protocol 9.2: Added Bougie to list of acceptable equipment.

Protocol 9.4: Added QuikClot Combat Gauze and WoundStat hemostatic agents to the list of acceptable agents. QuikClot Combat Gauze (Kaolin based) is currently what the military is using in combat.

Protocol 10.1 Removed “the patients family” as being able to sign to take the patient to a hospital on diversion.

Protocol 10.3: Rewrote the Stroke Checklist to reflect the new Stroke protocol.