

CHANGES IN 4TH EDITION EMT-BASIC PROTOCOLS UPDATE JUNE 25, 2008

1. Updated Table of Contents
 - Safe Transportation of Pediatric Patients added to Section 6
 - Helicopter protocols added to Section 7
 - Request to be taken to a hospital on diversion added to Section 10
2. Section II, Patient Rights
 - Updated #5
 - The protocol has been rewritten to emphasize that a patient who is conscious and alert has the right to be taken to the hospital of his/her choice, even if the hospital is on diversion.
3. Section 3.2
 - Updated section on Medical Direction Hospitals
 - It has been added that if a service's off-line medical director has a medical control physician identification (MCPI) number and is board certified in emergency medicine or is current in ATLS and ACLS, he/she may give on-line medical direction (OLMD) for the service.
4. Section 3.4
 - Updated lists of Category A and B medications
5. Updated 4.7 Burns
 - It has been added that cyanide poisoning can cause dyspnea and cerebral anoxia the same as carbon monoxide. Also added indications for entering a burn patient into the trauma system and transporting directly to a ready burn center. Also added that the pulse oximeter is unreliable in cyanide poisoning and if a patient is suffering from smoke inhalation the EMT should give 100% oxygen.
6. Updated 4.9 Cardiac Symptoms/Acute Coronary Syndrome
 - Added that if equipment is available to record and transmit a 12-lead ECG, the EMT is required to do so (provided the hospital has the ability to receive). If the hospital lacks the equipment to receive the 12-lead ECG, the EMT is to run the ECG and deliver it to the hospital with the patient.
7. Updated 4.27 Stroke
 - The giving of aspirin to every patient with stroke symptoms was part of the original stroke protocol in the mid 90s at the suggestion of Dr. Gomez when he was head of the UAB Stroke service. This has always been controversial because of the possibility of increased intracranial bleeding if the patient was having a hemorrhagic stroke. There was also the danger of aspiration of the aspirin if the stroke had affected the patient's ability to swallow. We now have national guidelines for emergency stroke care. The 2007 stroke association guidelines suggest keeping patients NPO until their swallowing can be adequately tested. The guidelines also recommend aspirin only for ischemic stroke and then it can be given any time within 48 hours. The change is to remove the prehospital use of aspirin for patients with stroke symptoms and to keep the patient NPO.
8. Updated 5.2 Aspirin
 - The use of aspirin for patients with stroke symptoms has been deleted.
9. Added new protocol 6.6 Safe Transport of Pediatric Patients.

10. Added new protocol 7.9 Early Activation of Helicopter EMS.
11. Added new protocol 7.10 Guidelines for Helicopter Transport of Trauma System Patients.
12. Added new protocol 7.11 Guidelines for Helicopter Utilization for Scene Response Other than Trauma System.
13. Updated 8.5 Trauma System Protocol.
14. Updated 9.2 Hemostatic Agents by adding WoundStat.
15. Added 10.3 Request to be Taken to a Hospital on Diversion (Optional form)