



2017 Standard Patient Treatment Protocols Update Log

This document provides a listing of the edits and updates made to the CSEMS 2016 Standard Patient Treatment Protocols following the release on May 1, 2016. The updates will be effective November 1, 2017.

#	Protocol	Title	Page	Status	Remarks
1	Title Page	N/A	1	Modification	"Revised October 1, 2017 / Effective November 1, 2017"
2	Table of Contents	N/A	3	Modification	<ul style="list-style-type: none">• Under header "Section 5 – Procedures," corrected spelling.• Entries added for new content.
3	Safe Medication Administration Practices	iii	8	Modification	Corrected the protocol number for "Medication Administration" from 8.2 to 7.11.
4	Secondary Survey	1.4	13	Modification	Line 6c added bullet recognizing EMR as skill level permitted to acquire 12-lead ECGs.
5	Cardiac Arrest (Adult)	2.1.1	15	Modification	In rescue breathing box, corrected the spelling of "rescue."
6	Cardiac Arrest (Pediatric)	3.1	15	Modification	In rescue breathing box, corrected the spelling of "rescue."
7	Cardiocerebral Resuscitation (CCR)	2.1.2	16	Addition	Incorporated the i-gel supraglottic airway into CCR. There are two options for the management of the airway. <ul style="list-style-type: none">• Option 1 (Preferred) utilizes the i-gel supraglottic airway.• Option 2 is the previous method using an OPA, NRB mask and NC. Do not use this when an i-gel is available.
8	Cardiocerebral Resuscitation (CCR)	2.1.2	16	Modification	Changed the flow rate of oxygen through i-gel O ₂ during CCR from "4-6 lpm" to "4 lpm."
9	Cardiopulmonary Resuscitation (CPR)	2.1.3	17	Modification	Replaced "King LT" with supraglottic airway.
10	Cardiac Arrest (Adult), Special Resuscitation Circumstances	2.1	18	Addition	Added new key points boxes referencing new "Special Resuscitation Circumstances" protocol found in Addendum #1.
11	Cardiac Arrest (Adult)	2.1	18	Modification	Replaced "King LT" with supraglottic airway.
12	CARDIAC ARREST – ASYSTOLE / PEA (ADULT)	2.2	20	Modification	In Sidebar, beneath "Advanced Airway," replaced "Contraindicated during CCR," with During CCR: i-gel O ₂ ONLY; King LT Airway and ET tube contraindicated during CCR."
13	Cardiac Arrest – Asystole/PEA (Adult)	2.2	20	Modification	Replaced "King LT" with supraglottic airway.
14	Cardiac Arrest – V-Fib/pVT (Adult)	2.3	21	Modification	Replaced "King LT" with supraglottic airway.
15	CARDIAC ARREST – POST RESUSCITATION CARE (ADULT)	2.6	27	Modification	In step 3, changed hypotension from "SBP < 90 mmHg" to "MAP < 65 mmHg."



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16	SPECIAL RESUSCITATION CIRCUMSTANCES	2.8	29-30	Addition	Addition of the "Special Resuscitation Circumstances" protocol. In earlier releases of the 2017 Protocols, this was found in the Addendum.
17	SPECIAL RESUSCITATION CIRCUMSTANCES	2.8	29	Addition	Asthma - added the following management steps that were not included in previous versions of the 2017 Protocols: 1) Administer epinephrine ASAP (I/P, during arrest) 2) During arrest, a brief disconnection from the bag-valve mask may be considered and compression of the chest wall to relieve air-trapping can be effective. 3) Consider 20 mL/kg normal saline bolus.
18	SPECIAL RESUSCITATION CIRCUMSTANCES	2.8	30	Addition	Added "Digoxin" cardiac arrest guidelines that were not included in previous versions of the 2017 Protocols.
19	SPECIAL RESUSCITATION CIRCUMSTANCES	2.8	30	Modification	Updated the cardiac arrest management guidelines for pregnant patients as follows: Cardiac Arrest: Perform high-quality CPR. If the fundus height is at or above the level of the umbilicus, manual lateral uterine displacement can be beneficial in relieving aortic compression during chest compressions. Contact [Medical Control] to consider transport to the hospital for perimortem cesarean delivery at four (4) minutes after onset of cardiac arrest or resuscitative efforts (for unwitnessed arrest) if there is no ROSC.
20	Cardiac Arrest (Pediatric)	3.1	31	Modification	Replaced "King LT" with supraglottic airway.
21	Cardiac Arrest (Pediatric), Special Resuscitation Circumstances	3.1	32	Addition	Added new key points boxes referencing new "Special Resuscitation Circumstances" protocol found in Addendum #1.
22	Cardiac Arrest – Asystole/PEA (Pediatric)	3.2	33	Modification	Under CPR Quality, the following line was deleted: "If advanced airway, 8-10 breaths per minute with continuous chest compressions." The line was inaccurate and redundant.
23	Cardiac Arrest – Asystole/PEA (Pediatric)	3.2	33	Modification	Replaced "King LT" with supraglottic airway.
24	Cardiac Arrest – V-Fib/pVT (Pediatric)	3.3	34	Modification	Replaced "King LT" with supraglottic airway.



Central Shenandoah EMS Council 2017 Standard Patient Treatment Protocols Update Log

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25	Allergic Reaction/Anaphylaxis	4.2	42	Deletion	Prednisone will not be stocked in drug kits starting July 1, 2017. Reference to drug removed from treatment protocol.
26	Injury – Burns	4.3	44	Modification	<ul style="list-style-type: none">Line 11: Deleted “Consider KETAMINE 0.15 mg/kg IV over 30 seconds if pain persists after fentanyl administration. May repeat as needed every 20 minutes to a maximum of three doses. Contact [Medical Control] for additional dosing.”Line 11: Replaced deletion with “Consider KETAMINE 0.15 mg/kg IM if pain persists after second dose of fentanyl. May repeat as needed every 20 minutes to a maximum of three doses. Contact [Medical Control] for additional dosing.”
27	Environmental – Hypothermia	4.7	54	Modification	Replaced “King LT” with supraglottic airway.
28	General – Pain Control	4.16	68	Modification	<ul style="list-style-type: none">Line 12: Deleted “Consider KETAMINE for pain augmentation (if pain persists after maximum dose of first line analgesic is given): Give 0.15 mg/kg IV over 30 seconds. May repeat as needed every 20 minutes to a maximum of three doses. Contact [Medical Control] for additional dosing.”Line 12: Replaced deletion with “Consider KETAMINE for pain augmentation (if pain persists after second dose of first line analgesic is given): Give 0.15 mg/kg IM. May repeat as needed every 20 to 30 minutes to a maximum of three doses. Contact [Medical Control] for additional dosing.”
29	Respiratory Distress – Asthma/COPD	4.18	71	Modification	Replaced “King LT” with supraglottic airway.
30	Respiratory Distress – Asthma/COPD	4.18	71	Deletion	Prednisone will not be stocked in drug kits starting July 1, 2017. Reference to drug removed from treatment protocol.
31	SEPTIC SHOCK	4.24	82	Addition	Addition of Septic Shock Protocol.
32	Injury – Spinal Cord Injury	4.24	83	Modification	Line 3: Changed “proceed to step 3” to “proceed to Step 4.”



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33	Medical – Stroke/TIA	4.26	87	Modification	Multiple changes including... 1) Line 5: Replaced LAMS stroke scale with “VAN Stroke Assessment.” 2) Line 8: added “Stroke Alert.” 3) Line 9: added “It is preferred to establish bilateral INT or IV when possible but do not delay transport.” 4) Line 12: replaced “LAMS” with “VAN.”
34	Medical – Stroke/TIA	4.26	88	Modification	Beneath Cincinnati graphic, added advisory: “* <i>If any Cincinnati criteria are positive, perform VAN assessment.</i> ”
35	Medical – Stroke/TIA	4.26	88	Modification	Replaced LAMS procedural graphic with the VAN procedural graphic.
36	Medical – Stroke/TIA	4.26	89	Modification	Multiple changes made to Key Points
37	Overdose – Narcotic/Opiates	4.27.3	92	Addition	Extended the scope of practice for EMT to include administration of naloxone by IM injection for narcotic/opiate overdose with respiratory depression.
38	Overdose – Stimulants	4.27.8	96	Modification	<ul style="list-style-type: none">Line 5: New indication for midazolam is “...tachycardia with HR greater than 120 bpm AND MAP greater than 120 mmHg,”Elimination of word “tachydysrhythmias.”
39	Injury – Crush Syndrome	4.29	99	Modification	<ul style="list-style-type: none">Line 10: Deleted “Consider KETAMINE 0.15 mg/kg IV over 30 seconds if pain persists after fentanyl administration. May repeat as needed every 20 minutes to a maximum of three doses. Contact [Medical Control] for additional dosing.”Line 10: Replaced deletion with “Give KETAMINE 0.15 mg/kg IM if pain persists after second dose of fentanyl. May repeat as needed every 20 minutes to a maximum of three doses. Contact [Medical Control] for additional dosing.”
40	12 LEAD ECG	5.1	103	Modification	Expanded scope of practice to EMR



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41	Continuous Positive Airway Pressure (CPAP)	5.2	105	Modification	Multiple changes including: 1) Changed the indication from “severe respiratory distress...” to “respiratory distress...” Patients do not need to be in extremis to benefit from CPAP. 2) Changed contraindication #1 to “Depressed mental status with inability to maintain airway.” Often, the patient that needs CPAP the most may have an altered mental status. The key is the patient’s ability to protect their airway. 3) Added tension pneumothorax as a contraindication to CPAP.
42	End-Tidal CO2 Detection/Monitoring, Capnography	5.5	109	Modification	Replaced “King LT” with supraglottic airway.
43	End-Tidal CO2 Detection/Monitoring, Colorimetric	5.6	110	Modification	Replaced “King LT” with supraglottic airway.
44	End-Tidal CO2 Detection/Monitoring, Colorimetric	5.6	110	Modification	Replaced “King LT” with supraglottic airway. Added link to i-gel Supraglottic Airway procedure.
45	End-Tidal CO2 Detection/Monitoring, Colorimetric	5.6	111	Modification	Replaced “King LT” with supraglottic airway.
46	MEAN ARTERIAL PRESSURE (MAP)	5.13	128	Addition	New MAP procedure protocol added.
47	MEAN ARTERIAL PRESSURE (MAP)	5.13	128	Modification	Expanded scope of practice to AEMT
48	SUPRAGLOTTIC AIRWAY, I-GEL SUPRAGLOTTIC AIRWAY	5.16.1	132	Modification	The i-gel and King LT Airways have been consolidated under the title “Supraglottic Airway.”
49	SUPRAGLOTTIC AIRWAY, I-GEL SUPRAGLOTTIC AIRWAY	5.16.1	135	Modification	Changed the flow rate of oxygen through i-gel O2 during CCR from “4-6 lpm” to “4 lpm.”
50	SUPRAGLOTTIC AIRWAY, King LT Laryngotracheal AIRWAY	5.16.2	136	Modification	The i-gel and King LT Airways have been consolidated under the title “Supraglottic Airway.”
51	Calcium Chloride	6.6	153	Addition	Added the following indication: Beta-blocker overdose with shock refractory to other measures.
52	Calcium Chloride	6.6	153	Addition	Added the following dosing guideline for beta-blocker overdose: 20 mg/kg of 10% solution IV over 5 to 10 minutes.
53	Epinephrine Auto-injector	6.14	162	Modification	Titled the protocol formulary enter as the generic epinephrine auto-injector as the use of devices other than the EpiPen® is acceptable.



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54	Glucagon	6.16	164	Modification	Updated infusion rate for beta-blocker overdoses to 3 to 5 mg/hour.
55	Ketamine	6.20	168	Modification	Multiple changes including: 1) Changed Therapeutic Class from “general anesthetic” to “subdissociative anesthetic.” 2) Changed Actions: Replaced “The result is, when given in sufficient doses, anesthesia that provides pain control and amnesia while not causing hypotension or prolonged apnea,” with “Low doses of ketamine for pain augmentation administered after multiple doses of opioid analgesics can achieve potent analgesia.” 3) Changed pharmacokinetics : a. Deleted half-life time. b. Added “ <i>IM</i> . Onset 3 to 4 minutes. Duration: 10 to 25 minutes.” 4) Removed Contraindication : “Patients less than eight (8) years of age.” 5) Deleted precaution regarding pre-procedure sedation for cardioversion. 6) Added Precaution : “1. IV administration of ketamine is less safe than IM due to improper rate of administration. 7) Changed Administration - Age 4 and up : a. “ <i>IM: Pain Augmentation (if pain persists after two doses of first line analgesic)</i> : Give 0.15 mg/kg IM. Repeat every 20 to 30 minutes if needed to a maximum of three doses. ¹ ”



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C O N T I N U E D	Ketamine	6.20	159	Modification	8) Changed Administration - <i>Age 3 or less</i> : a. "[Medical Control]" 9) Changed Supply : "Vial 500 mg in 10 ml." 10) Changed Notes : a. "1. ...should be given after the second dose of an opiate." b. "3. Some patients will feel "funny" or "not right" after ketamine. Nystagmus might be noted. This is not dangerous and will pass."
56	Naloxone	6.28	176	Addition	Extended the scope of practice for EMT to include administration of naloxone. 1) Administration: IM: Give 2 mg IM for patient weighing 20 kg or more. 2) Note: EMTs are required to use a prefilled syringe containing 2 mg in 2 ml. Calculating and measuring a dose from any other supplied concentration is not permitted.
57	Prednisone	6.33	182	Deletion	Formulary entry deleted. No longer stocked as of July 1, 2017.
58	Index	N/A	194	Modification	Updated for new or altered content.