



Central Shenandoah EMS Council
Corrections Guide to 2017 Standard Patient Treatment Protocols

Corrections: Effective December 5th, 2017

Errors within the **2017 Standard Patient Treatment Protocols** document that can be download from the CSEMS website have been reported. This document identifies corrections to that document. The 2017 Protocol Update Training classes and the documents that can be downloaded from those classes contain the correct information. The following corrections only apply the document that can be downloaded directly from the CSEMS website.

Links and Info

- These corrections only apply to the document that has been available for download on <https://www.csems.org/agencies/protocols/>.
- The documents that are available for download in the protocol update classes on the CSEMS Learning Hub as well is the presentation material already contain the corrections listed below.
- [CLICK HERE](#) to go directly to the corrected 2017 Standard Patient Treatment Protocols document.
- [CLICK HERE](#) for a Corrected Pages Packet containing only the pages that have been corrected.

#	Protocol	Title	Page	Status	Remarks
1	CARDIOCEREBRAL RESUSCITATION (CCR) – ADULTS ONLY	2.1.2	16	Correction	In the <i>CCR Guidelines</i> box, beneath <i>Option 1</i> , the O ₂ flow rate administered through the i-gel O ₂ has been corrected from “4-6 lpm” to “4 lpm.”
2	CARDIAC ARREST – POST RESUSCITATION CARE (ADULT)	2.6	27	Correction	In <i>Box 3-Treat hypotension</i> , the blood pressure has been corrected from “SBP < 90 mmHg” to “MAP < 65 mmHg.”
3	SPECIAL RESUSCITATION CIRCUMSTANCES	2.8	29	Correction	In the <i>Asthma</i> section, the following corrections have been made: <ul style="list-style-type: none">• “Administer epinephrine as soon as possible,” has been added to the first point.• A third treatment step has been added, which reads: “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.”
4	SPECIAL RESUSCITATION CIRCUMSTANCES	2.8	30	Correction	<i>Digitalis</i> treatment guidelines have been restored.



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#	Protocol	Title	Page	Status	Remarks
5	SPECIAL RESUSCITATION CIRCUMSTANCES	2.8	30	Correction	In the <i>Pregnancy</i> section, the guidelines have been rephrased to emphasize that [Medical Control] must be contacted for guidance about transporting after 4 minutes. The corrected section now reads: “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.”
6	SEPTIC SHOCK	4.24	82	Correction	Item 10, defining hypotension as a MAP < 65 mmHg, now includes AEMT through paramedic.
7	SEPTIC SHOCK	4.24	82	Correction	The last bullet in the <i>Key Points</i> section has been corrected to reflect that AEMTs through Paramedic now commonly treat hypotension based on a MAP < 65 mmHg.
8	MEDICAL – STROKE/TIA	4.27	88	Correction	In the first <i>Aphasia</i> box, “commons objects” has been corrected to “common objects.”
9	MEDICAL – STROKE/TIA	4.27	88	Correction	In the box beneath <i>Neglect</i> , “Observe if the gazes or turns” has been corrected to “Observe if the patient gazes or turns.”
10	INTUBATION, OROTRACHEAL	5.11	122	Correction	Orotracheal Intubation is prohibited at the EMT-Intermediate level. Video laryngoscopy must be used by EMT-Intermediate providers.
11	MEAN ARTERIAL PRESSURE (MAP)	5.13	128	Correction	The <i>Scope</i> of this protocol has been expanded to include AEMT through Paramedic.
12	MEAN ARTERIAL PRESSURE (MAP)	5.13	128	Correction	In item 1 beneath <i>Procedure</i> , the option to determine a MAP based on the automated blood pressure has been removed. When providers calculate a MAP for themselves, they auscultated blood pressure must be used. Information regarding MAP automatically determined by monitoring devices remains unchanged.