



# Policy Statement

## Collaborative Protocol Change Log V.25.0 Effective 07.01.2025

### Collaborative Protocol Change Log from v24.1 to v25.0

Throughout the protocols, language was simplified while reducing inconsistencies and efforts made to improve readability and ease of use without changing the medicine.

#### (2.0) Extremis / Cardiac Arrest Protocols

##### Cardiac Arrest – Adult: General Approach

- Removed “a bag valve mask (BVM) should be connected to supplemental oxygen, if available” as this is covered in **Oxygen Administration and Airway Management** protocol

##### Cardiac Arrest – Pediatric: General Approach

- Removed “a bag valve mask (BVM) should be connected to supplemental oxygen, if available” as this is covered in **Oxygen Administration and Airway Management** protocol

##### Cardiac Arrest – Adult: Asystole or Pulseless Electrical Activity (PEA)

- Established max of 5 doses epinephrine. Additional epinephrine with Medical Control.

##### Cardiac Arrest – Pediatric: Asystole or Pulseless Electrical Activity (PEA)

- Established max of 5 doses epinephrine. Additional epinephrine with Medical Control.

##### Cardiac Arrest – Adult: Return of Spontaneous Circulation (ROSC)

- Clarified under medical control considerations option of amiodarone or lidocaine and respective dosing.

##### Cardiac Arrest – Adult: Ventricular Fibrillation or Pulseless Ventricular Tachycardia

- Established max of 5 doses epinephrine. Additional epinephrine with Medical Control.
- Added “Consider vector change for refractory shockable rhythms<sup>1</sup>” to all provider levels.
- Under key points added “1 - A vector change refers to altering the placement of the defibrillation pads (e.g. changing from sternum/apex to anterior/posterior). A refractory shockable rhythm means that multiple shocks were given and the patient is suspected to remain in a pulseless, shockable rhythm such as VF or pulseless VT.”

- Added Lidocaine with appropriate dosing for indicated condition as option instead of amiodarone. Clarified under medical control considerations option of amiodarone or lidocaine and respective dosing.

#### **Cardiac Arrest – Pediatric: Ventricular Fibrillation or Pulseless Ventricular Tachycardia**

- Established max of 5 doses epinephrine. Additional epinephrine with Medical Control.
- Added “*Consider vector change for refractory shockable rhythms<sup>1</sup>*” to all provider levels.
- Under key points added “*1 - A vector change refers to altering the placement of the defibrillation pads (e.g. changing from sternum/apex to anterior/posterior). A refractory shockable rhythm means that multiple shocks were given and the patient is suspected to remain in a pulseless, shockable rhythm such as VF or pulseless VT.*”
- Added Lidocaine with appropriate dosing for indicated condition as option instead of amiodarone. Clarified under medical control considerations option of amiodarone or lidocaine and respective dosing.

### **(3.0) General Adult and Pediatric Medical Protocols**

#### **Anaphylaxis and Allergic Reaction - Adult**

- Added Ipratropium (Atrovent) 0.5mg in 2.5 mL (unit dose) mixed with albuterol to EMT or higher
- Where necessary, removed Albuterol and Atrovent dosing at higher certification levels to prevent duplication/confusion within same protocol.
- Clarified in Key Points that CFR and higher may use autoinjector and EMT and higher may use syringe epinephrine.

#### **Anaphylaxis and Allergic Reaction - Pediatric**

- Added Ipratropium (Atrovent) 0.5mg in 2.5 mL (unit dose) mixed with albuterol to EMT or higher
- Where necessary, removed Albuterol and Atrovent dosing at higher certification levels to prevent duplication/confusion within same protocol.
- Clarified in Key Points that CFR and higher may use autoinjector and EMT and higher may use syringe epinephrine.

#### **Behavioral: Agitated Patient - Adolescent**

- Removed Haloperidol
- Add under Medical Control Options: Olanzapine 10 mg IM once or 5 mg SL once – use caution if midazolam given or anticipated. (Paramedic Only, if equipped and trained)
- Added “If the agitated patient goes into cardiac arrest, refer to the appropriate protocol and administer Sodium Bicarbonate 50 mEq IV” under paramedic

#### **Behavioral: Agitated Patient - Adult**

- Removed Haloperidol

- Add under Medical Control Options: Olanzapine 10 mg IM once or 5 mg SL once – use caution if midazolam given or anticipated. (Paramedic Only, if equipped and trained)
- Added “If the agitated patient goes into cardiac arrest, refer to the appropriate protocol and administer Sodium Bicarbonate 50 mEq IV” under paramedic

**Cardiac – Pediatric: Bradycardia**

- Added “consider chest compressions” for marked bradycardia with depressed mental status or respiratory rate per AHA guidelines
- Re-ordered Epinephrine and Atropine to reflect Epi would be first line

**Cardiac – Adult: Tachycardia – Wide Complex with a Pulse**

- Added Lidocaine with appropriate dosing for indicated condition as option instead of amiodarone. Clarified under medical control considerations option of amiodarone or lidocaine and respective dosing.

**Cardiac – Pediatric: Tachycardia**

- Clarified under medical control considerations option of amiodarone or lidocaine and respective dosing.

**Dif Breathing – Adult: Asthma / COPD / Wheezing**

- Added Ipratropium (Atrovent) 0.5mg in 2.5 mL (unit dose) mixed with albuterol to EMT or higher.
- Where necessary, removed Albuterol and Atrovent dosing at higher certification levels to prevent duplication/confusion within same protocol

**Dif Breathing – Adult: Pulmonary Edema**

- Revised to allow sublingual nitroglycerin under AEMT and higher as standing order. IV dosing remains restricted to paramedic only.
- Removed under key points reference to DuoNeb as albuterol previously removed from protocol

**Dif Breathing – Pediatric: Asthma / Wheezing**

- Added Ipratropium (Atrovent) 0.5mg in 2.5 mL (unit dose) mixed with albuterol to EMT or higher.
- Where necessary, removed Albuterol and Atrovent dosing at higher certification levels to prevent duplication/confusion within same protocol

**Environmental: Heat Emergencies**

- Added palms and soles to locations for cold pack placement

**Hypoglycemia - Adult**

- Clarified dose range of oral glucose to 15-30 grams and available sugar source options, adding maple syrup as example

### **Hypoglycemia - Pediatric**

- Clarified dose range of oral glucose to 15-30 grams and available sugar source options, adding maple syrup as example

### **Shock – Adult: Hemorrhagic Shock**

- Renamed from “Shock – Adult: Trauma Associated Shock” and moved into *3.0 General Adult and Pediatric Medical Protocols* section from *4.0 Trauma* section
- Clarified TXA indications to traumatic or obstetric hemorrhage
- Added: “Initiation of prehospital blood products subject to REMAC endorsed blood product distribution plan and Department of Health approval”
- Updated Tranexamic Acid dosage to 2 gm IV/IO over 10 minutes

## **(4.0) Trauma**

### **Amputation**

- Added moxifloxacin (All levels) and cefazolin (Paramedic Only) for amputation with delayed extrication or arrival to definitive care (if equipped and trained) to provide consistency with open fracture protocol
- Clarified moxifloxacin is only for adults
- Added pediatric dosing for cefazolin

### **Musculoskeletal Trauma**

- Clarified moxifloxacin is only for adults
- Added pediatric dosing for cefazolin

## **(5.0) Resources**

### **Advanced Directives / DNR / MOLST**

- Added under Key Points a reference to Public Health Law PBH §2944-gg

### **Medication Formulary**

- Clarified requirement for one anti-arrhythmic; amiodarone or lidocaine
- Added route of nebulized for Epinephrine 1:1,000 (1 mg/mL)
- Added Epinephrine (Racemic) (2.25%) 0.5 mL in 3 mL of Normal Saline with route of nebulized
- Added Olanzapine with route of IM and SL
- Added route of IO to Tranexamic Acid

### **Oxygen Administration and Airway Management**

- Add under EMT: Supraglottic airway placement (if equipped and trained) in the adult cardiac arrest patient (as regionally approved).
- Clarified under AEMT: Supraglottic Airway instead of “Advanced Airway”
- Remove under Key Points requirement for viral filter.

- Revised under Key Points: “Providers may only place an endotracheal tube or supraglottic airway if they utilize waveform capnography for initial and ongoing monitoring of airway patency.”
- Added for EMT and higher “Consider PEEP 5 cm H<sub>2</sub>O titrated up to 10 cm H<sub>2</sub>O” and under medical control considerations “Additional PEEP >10 cm H<sub>2</sub>O provided MAP maintained >65 mmHg”