



# Policy Statement

## Statewide BLS Protocol Change Log V.25.0 Effective 07.01.2025

### Statewide BLS 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
- 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.”

##### 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
- 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.”

#### (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
- 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
- Clarified in Key Points that CFR and higher may use autoinjector and EMT and higher may use syringe epinephrine.

#### **Cardiac Related Problem – Pediatric**

- Added “If the heart rate is markedly bradycardic, and the patient’s mental status or respiratory rate are decreased, ventilate with a bag-valve-mask (BVM) and consider chest compressions” to align with Collaborative Protocols for Pediatric Bradycardia

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

- Added Ipratropium (Atrovent) 0.5mg in 2.5 mL (unit dose) mixed with albuterol to EMT or higher.

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

- Added Ipratropium (Atrovent) 0.5mg in 2.5 mL (unit dose) mixed with albuterol to EMT or higher.

#### **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

## **(4.0) Trauma**

### **Amputation**

- Added moxifloxacin 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

### **Musculoskeletal Trauma**

- Clarified moxifloxacin is only for adults

## **(5.0) Resources**

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

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

### **Medication Formulary**

- Added moxifloxacin and Ipratropium to formulary

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

- Add under EMT: Supraglottic airway placement (if equipped and trained) in the adult cardiac arrest patient (as regionally approved).
- Revised under Key Points: "Providers may only place a 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"