

## 2011 PA EMS Statewide Treatment Protocol Update Overview

<b>BLS Guideline # 123</b>	<b>EMS Vehicle Operations/Safety</b>	<b>REVISION:</b> Title changed to emphasize both vehicle and operational safety. Guidance provided with regard to the use of lights and sirens during the response mode versus the patient transport mode. Outlines additional response situations where use of lights and sirens is generally not appropriate. Provides examples of medical conditions that may benefit from lights and sirens transport. Also outlines steps to avoid distracted driving of an emergency vehicle.
<b>BLS Guideline # 150</b>	<b>Rehabilitation at Fire/Incident Scene</b>	<b>NEW:</b> A guideline designed to assist EMS providers tasked to provide rehab for emergency personnel. The guideline covers such primary responsibilities, medical care, and equipment and rehab plan development.
<b>BLS Protocol #180</b>	<b>Trauma Patient Destination</b>	<b>REVISION:</b> Requires EMS providers to contact medical command at a trauma center for permission to transport Category 2 trauma patients by helicopter. If medical command at a trauma center is unavailable, the provider is then directed to contact the closest non-trauma medical command facility. Ground transport to a trauma center for a Category 2 patient increased from 30 to 45 minutes.
<b>BLS Protocol #181</b>	<b>Air Medical Transport for Non-Trauma Patients</b>	<b>REVISION:</b> Change in terms used to describe specialty care facilities, i.e. primary percutaneous coronary intervention, certified primary stroke center, etc
<b>BLS Protocol #192</b>	<b>Air Ambulance Safety Considerations</b>	<b>REVISION:</b> Changed from guideline to protocol – no change in content.
<b>BLS Protocol # 202</b>	<b>Oxygen Administration</b>	<b>REVISION:</b> If a BLS provider is utilizing a pulse oximeter, administer oxygen to achieve an SP02 $\geq$ 94%.
<b>BLS Protocol # 227</b>	<b>Carbon Monoxide CO-Oximetry (Optional)</b>	<b>NEW:</b> Outlines the indications and policy for the use of a pulse CO-oximeter device.
<b>BLS Protocol # 324</b>	<b>Out-of-Hospital Do Not Resuscitate</b>	<b>REVISION:</b> Information added in notes section regarding PA Orders for Life Sustaining Treatment (POLST)
<b>BLS Protocol # 331</b>	<b>Cardiac Arrest - General</b>	<b>REVISION:</b> CPR standards changed to reflect 2010 AHA guidelines. By 01/01/11 every BLS ambulance must be equipped with an AED.
<b>BLS Protocol # 421</b>	<b>Respiratory Distress/Failure</b>	<b>REVISION:</b> Changes made to the list of permitted patient-assisted MDI inhalers.
<b>BLS Protocol # 501</b>	<b>Chest Pain</b>	<b>REVISION:</b> If using SPO2 device, titrate O2 administration to achieve saturation $\geq$ 94%.
<b>BLS Protocol # 601</b>	<b>Bleeding Control</b>	<b>REVISION:</b> By 07/01/11 every ALS/BLS ambulance and QRS unit must carry at least one commercial tourniquet.

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<b>BLS Protocol # 602</b>	<b>Multisystem Trauma/Traumatic Shock</b>	<b>REVISION:</b> If suspected pelvic fracture, apply commercial pelvic binding device if available. Use of MAST suit removed (also will be removed from scope of practice).
<b>BLS Protocol # 691</b>	<b>Near Drowning/Diving Injury</b>	<b>REVISION:</b> Provides information for medical command to contact Divers Alert Network for assistance in arranging for hyperbaric recompression.
<b>BLS Protocol # 706</b>	<b>Suspected Stroke</b>	<b>REVISION:</b> Recommends transport to certified primary stroke center if possible.
<b>BLS Protocol # 781</b>	<b>Emergency Childbirth</b>	<b>REVISION:</b> Following normal delivery, if the infant does not require resuscitation, keep baby at or below the level of the mother while drying and warming – delay cutting umbilical cord for one minute.
<b>BLS Protocol # 831</b>	<b>Poisoning/Toxin Exposure</b>	<b>REVISION:</b> For snakebites – if eta to hospital is extended, consider a pressure immobilizing bandage using an elastic wrap (ace wrap) around the entire involved extremity.
<b>BLS Protocol # 931</b>	<b>Suspected Influenza</b>	<b>REVISION:</b> Introduces the term “Influenza Type Illness” (ILI) and provides basic signs and symptoms.
<b>BLS Protocol Appendix R-5</b>	<b>Rehabilitation Tag</b>	<b>NEW:</b> Sample rehab tag that may be used with BLS Guideline # 150.
<b>BLS Protocol Appendix R-6</b>	<b>Heat Stress Index</b>	<b>NEW:</b> Heat stress index that may be referenced when using BLS Guideline # 150.
<b>ALS Protocol # 1000</b>	<b>Operations</b>	<b>REVISION:</b> Further defines the relationship between the “regional” and “state” approved drug lists. Defines approved sites for IO needle insertion. Provides direction for the administration of Acetaminophen for pyrexia (fever). Provides for alternative method to calculate a child’s weight (in kgs) based on age.
<b>ALS Protocol # 2032</b>	<b>Confirmation of Airway Placement</b>	<b>REVISION:</b> Inserts the phrase “and continuous monitoring” with regard to the use of wave-form ETCO <sub>2</sub> devices.
<b>ALS Protocol # 1101</b>	<b>ALS Release to BLS</b>	<b>NEW:</b> Provides guidance in situations when an ALS provider desires to transfer care to a BLS provider.
<b>ALS Protocol # 3031A</b>	<b>General Cardiac Arrest – Adult</b>	<b>NEW:</b> Combined adult cardiac arrest protocol based on the 2010 AHA Guidelines.
<b>ALS Protocol # 3031P</b>	<b>General Cardiac Arrest – Peds</b>	<b>NEW:</b> Combined pediatric cardiac arrest protocol based on the 2010 AHA Guidelines. Emphasizes use of BVM ventilation over endotracheal intubation for primary airway control and ventilatory support.

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ALS Protocol # 3033	Newborn/Neonatal Resuscitation	<b>REVISION:</b> Defines exclusion criteria for resuscitation. Outlines target SPO2 for newborn resuscitation and consideration of administering Naloxone if mother has history of opioid abuse or received opioids during delivery.
ALS Protocol # 3041A	VF/Pulseless VT – Adult	<b>REMOVED:</b> Replaced by Protocol # 3031A.
ALS Protocol # 3041P	VF/Pulseless VT – Peds	<b>REMOVED:</b> Replaced by Protocol # 3031P.
ALS Protocol # 3042A	Asystole/PEA – Adult	<b>REMOVED:</b> Replaced by Protocol # 3031A.
ALS Protocol # 3042P	Asystole/PEA – Peds	<b>REMOVED:</b> Replaced by Protocol # 3031P.
ALS Protocol # 3050A	Primary Cardiac Arrest – Adult (Optional)	<b>NEW:</b> Optional protocol for high performing ALS agencies. Uses continuous chest compressions v. standard compression to ventilation standard.
ALS Protocol # 3023P	Croup – Peds	<b>NEW:</b> For treatment of patients with suspected croup. Introduces the use of nebulized 1:1000 Epi for respiratory distress associated with croup or other upper airway stridor.
ALS Protocol # 3080	Post Resuscitation Care	<b>REVISION:</b> Reinforces use of continuous waveform ETCO2. Adds Epi IV infusion as option for hypotension and consider transport to center that consistently provides a comprehensive system of care for post-resuscitation cardiac arrest, including PCI and hypothermia.
ALS Protocol # 4001	Airway Management	<b>REVISION:</b> If narcotic overdose suspected, administer Naloxone with ventilating with BVM.
ALS Protocol # 4011	Allergic Reaction	<b>REVISION:</b> Removes Alupent as inhaled bronchodilator option.
ALS Protocol # 5002	Congestive Heart Failure	<b>REVISION:</b> Caution when administering SL NTG not to decrease SBP below 100 mm/hg or by more than 25% of initial SBP.
ALS Protocol # 5021A	Bradycardia –Adult	<b>REVISION:</b> Addition of Epi IV infusion as option for hypotension following correction of bradycardia.
ALS Protocol # 5022P	Narrow Complex Tachycardia – Peds	<b>REVISION:</b> Hold energy setting for synchronized cardioversion at 2j/kg.
ALS Protocol # 5023A	Wide Complex Tachycardia – Adult	<b>REVISION:</b> Consider administration of Adenosine 6 mg in stable regular wide QRS rhythm (VT v. SVT w/ aberrancy).
ALS Protocol # 6002	Multisystem Trauma/Traumatic Shock	<b>REVISION:</b> Removes use of MAST suit (also will be removed from scope of practice).
ALS Protocol # 6003	Musculoskeletal Trauma	<b>REVISION:</b> Adds inclusion criteria for acute back pain and acute thoracic/rib pain. Adds Acetaminophen as MC option for pain control.
ALS Protocol # 6081	Hypothermia/Cold Injury/Frostbite	<b>REVISION:</b> Limit total warmed NSS boluses to 3000 cc.

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<b>ALS Protocol # 7002A</b>	<b>Altered Level of Consciousness - Adult</b>	<b>REVISION:</b> Concentration options (10%-50%) when administering IV Dextrose bolus.
<b>ALS Protocol 7002P</b>	<b>Altered Level of Consciousness – Peds</b>	<b>REVISION:</b> Dose of Naloxone is 0.1 mg/kg and concentration of dextrose for neonates is 12.5% or 10% dextrose can be used for any age.
<b>ALS Protocol # 7005</b>	<b>Shock/Systemic Inflammatory Response Syndrome</b>	<b>REVISION:</b> Introduces the term “Systemic Inflammatory Response” as a possible precursor to septic shock and provides signs and symptoms.
<b>ALS Protocol # 7006</b>	<b>Stroke</b>	<b>REVISION:</b> Recommends transport to certified primary stroke center if possible.
<b>ALS Protocol # 7007</b>	<b>Seizure</b>	<b>REVISION:</b> Clarifies inclusion criteria, “ongoing seizure for > 5 minutes.” If fever > 38 C or 100.4 F may administer PO Acetaminophen, if < LOC or seizing, Acetaminophen can be given in suppository form if available.
<b>ALS Protocol # 8031</b>	<b>Poisoning/Toxin Exposure</b>	<b>REVISION:</b> For snakebites – consider a pressure immobilizing bandage using an elastic wrap (ace wrap) around the entire involved extremity. For tricyclic antidepressant overdose, possible MC orders for NaHCO <sub>3</sub> . For calcium channel or beta blocker overdose, possible MC orders for CaCl.

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