



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY**

**PUBLIC HEALTH DEPARTMENT**

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**Matrix of policy and procedure changes  
Effective April 15<sup>th</sup> 2017**

<b>Policy #</b>	<b>Policy Name</b>	<b>Change</b>
<b>Administration</b>		
100	Quality Improvement	The State EMS Authority approved EMS QI Plan The plan has been added to the website
<b>Communication and Documenting</b>		
120 (old #)	Procedure to Secure MedCom Radio System	DELETED - obsolete
121	NEW - Paramedic Base Station Report	NEW format <ul style="list-style-type: none"> <li>• Requires each Base Report to be preceded by the call type i.e. Alert, Consult, Medication Request, Notification etc.</li> <li>• MICNs MAY give all orders listed under Base Hospital Orders</li> <li>• Language was added to clarify what information should be transmitted with each call type</li> </ul> NEW – A trial study with Marian Medical Center <ul style="list-style-type: none"> <li>• With the implementation of the policies, Paramedic may communicate directly with Marian Medical Center (MMC) for patients going to MMC that do NOT require base orders or consultation for the following patients:               <ul style="list-style-type: none"> <li>○ Notifications</li> <li>○ STEMI Alerts</li> <li>○ Trauma Alerts</li> <li>○ Stroke Alerts</li> <li>○ ROSC – no additional orders needed</li> </ul> </li> </ul>
121 - A	NEW – Attachment with Base Hospital	NEW - A matrix to identify which Base Hospital should be contacted in each

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	Notification Matrix	of the notification situations
124 -A	Documentation of Prehospital Care	Updated list of accepted abbreviations
125	NEW - Determination of Death/DNR/Termination of Resuscitation	<p>NEW – Determination of Death and the DNR policies were combined into one policy – Language added to clarify criteria for determining death/terminating resuscitation. Language added for when Base contact is/is not required</p> <p>UPDATED LANGUAGE</p> <p>BLS may terminate resuscitative measures (no base contact required) when:</p> <ul style="list-style-type: none"> <li>• The criteria of Obvious Death are present</li> <li style="text-align: center;">Or</li> <li>• The patient is absent sign of life (vital signs) <u>and</u> confirmed the patient is the person with the DNR order.</li> </ul> <p>ON Duty EMT , Paramedic or Flight/CCT Nurse may terminate resuscitative measures (No base contact required) when:</p> <ul style="list-style-type: none"> <li>• Reliable history of cardiac arrest with no CPR for more than 20 minutes</li> <li>• Traumatic arrest - <u>absent</u> signs of life (pulseless/apneic) upon EMS arrival</li> <li>• Severe or multiple injuries clearly incompatible with life.</li> <li>• Resuscitation was initiated and information became available that would have prevented the initiation of resuscitation (i.e. Physician Orders for Life Sustaining Treatment (POLST) or advanced directive)</li> </ul> <p>CONSULTATION with Base Station in following circumstances: STEMI Base (French) for:</p> <ul style="list-style-type: none"> <li>• For termination of resuscitative measures for medical cardiac arrest &gt; 34 kg unresponsive to ALS procedures after 20 min of</li> <li>• Left Ventricular Assist Device (LVAD) or other similar mechanical</li> </ul>

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		<p>ventricular device is present Consultation with the STEMI Base Hospital (French Hospital) physician or MICN:</p> <p>SLO Trauma Center (SVRMC):</p> <ul style="list-style-type: none"> <li>• Traumatic Arrest <u>with</u> signs of life upon EMS arrival, and prolonged transport time to hospital</li> </ul> <p>Closest SLO base hospital:</p> <ul style="list-style-type: none"> <li>• All other termination orders: e.g. medical arrest of pediatrics &lt;34 kg, atraumatic arrests due to non-cardiac origin</li> </ul>
<b>Destination and Transport</b>		
150	Physician Request for Transfer of Patient By Ambulance	<p>ADDED</p> <p>“Advanced Practice Provider” (Physician Assistant or Nurse Practitioner) in addition to a physician may request “ambulance only response” for certain situations</p>
152	STEMI Triage and Destination	<p>UPDATED to include:</p> <ul style="list-style-type: none"> <li>• ROSC patients shall be transported to a STEMI receiving center regardless of 12 lead</li> </ul>
154	Diversion	<p>ADDED</p> <ul style="list-style-type: none"> <li>• A hospital shall notify MedCom and the transporting agencies of a scheduled maintenance that would place a hospital on partial diversion as soon as they become aware i.e. scheduled maintenance for CT scanner</li> <li>• When a hospital is on diversion they shall continue to remain the intended base/Specialty Care Center for medical control and destination</li> </ul>
155	UPDATED - EMS Helicopter Operations	<p>UPDATED</p> <ul style="list-style-type: none"> <li>• Criteria for expedited response and first responder request simplified</li> <li>• The requirement to poll for ETAs prior to dispatching was eliminated. The county is divided into two primary response areas.</li> <li>• Med Com continues to remain the sole dispatcher for EMS aircraft</li> <li>• Expedited launch areas and the county division maps were updated</li> <li>• Trauma patients meeting Step 3 or 4 utilizing EMS aircraft shall continue consult with the Trauma Center for EMS aircraft destination.</li> </ul>

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		<ul style="list-style-type: none"> <li>Trauma patients meeting Step 1 or 2 shall continue to be transported to the closest trauma center</li> </ul>
155 A-F	EMS Aircraft Operations attachments A through F	<p>Attachments updated to reflect policy changes</p> <ul style="list-style-type: none"> <li>Opportunity for Improvement form to be completed for calls that fall outside of policy</li> <li>Expedited Launch Zones - narrative</li> <li>Maps with expedited zones and county division lines</li> <li>Flight Times and Landing Zone Safety and Selection information</li> <li>EMS Aircraft Request and Destination information</li> </ul>
<b>Operations</b>		
208	UPDATED - Out of County Paramedic in SLO County During Emergency Operations	<p>UPDATED to comply with Fire Scope language:</p> <p>Logistics Section Chief, Medical Unit Leader or designee shall notify the EMS Agency of the out-of-county paramedic assigned to function as a paramedic in a mutual aid response</p>
209 A	UPDATED - Use of SLO Paramedic Outside of SLO County	<p>UPDATED</p> <ul style="list-style-type: none"> <li>Controlled substance inventory adjusted to two (2) each for Morphine and Midazolam</li> </ul>
210	NEW - MCI Plan	<p>NEW - See separate training bulletin – Brief HIGHLIGHTS</p> <ul style="list-style-type: none"> <li>Defined levels of MCIs that shall be declared <ul style="list-style-type: none"> <li>LEVEL I – 3-10 patients</li> <li>Level II – greater than 10 patients</li> </ul> </li> <li>Triage tags to be used on ALL MCIs</li> <li>First arriving ambulance shall report to IC expecting to become Transportation leader</li> <li>MedCom will alert and poll hospitals, then communicate with IC or Transportation Unit Leader</li> </ul>
210 -A	NEW - MCI Matrix	<p>NEW:</p> <p>Abbreviated form for MCI Policy</p>
<b>Education and Training</b>		

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350-351	MICN Authorization/Re-authorization	NEW - For consistency - the policy is now two separate policies Authorization and Reauthorization
<b>Treatment Protocols</b>		
<b>BLS/ALS</b>		
<u>Changes to all treatment protocols and procedures include:</u>		
<ul style="list-style-type: none"> <li>• Reformatting</li> <li>• Merged BLS and ALS treatment protocols and procedures</li> <li>• Merged Adult and Pediatric treatment protocols and procedures</li> <li>• Pediatric treatment protocols based on weight ≤ 34Kg</li> <li>• New numbering sequence <ul style="list-style-type: none"> <li>○ General Treatments (601 - 603)</li> <li>○ Medical (610 - 621)</li> <li>○ Environmental (630 - 632)</li> <li>○ Cardiac (640 - 644)</li> <li>○ OB/GYN (650 - 651)</li> <li>○ Trauma (660)</li> <li>○ EMS Procedures (701 - 712)</li> </ul> </li> </ul>		
<b>General Treatments</b>		
601	Universal	Referenced in all policies ADDED <ul style="list-style-type: none"> <li>• Vascular access – Procedure #710 (Previous Intravenous Therapy Protocol Therapy removed)</li> <li>• Other standard procedures for routine patient care</li> </ul>
601 - A	Universal Definitions	Provides guidelines for: <ul style="list-style-type: none"> <li>• Hemodynamic instability – both trauma and medical</li> <li>• Stable, unstable, and extremis</li> <li>• Signs of life</li> </ul>
602	Airway Management	CHANGE The emphasis to apply O2 to only those in need

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		<ul style="list-style-type: none"> <li>• O2 administration is not required with O2 Sat &gt; 94%</li> <li>• When applying O2 use the simplest method to maintain O2 Sat &gt; 94%</li> <li>• Do not withhold O2 if a patient is in extremis or respiratory distress</li> <li>• Pediatric Intubations removed from ALS skills for the county</li> </ul>
603	Pain Management	<p>CHANGED Language</p> <ul style="list-style-type: none"> <li>• Indication – “For isolated orthopedic extremity injuries, dislocations, or burns without associated multi-system trauma and SBP &gt; 90mmHg”</li> </ul> <p>ADDITION</p> <ul style="list-style-type: none"> <li>• Standing orders: Ondansetron may be given “for severe nausea and vomiting associated with MS administration”</li> </ul>
<b>Medical</b>		
610	NEW - Abdominal Pain	NEW ALS Protocol
611	Allergic Reaction	<p>CHANGE</p> <ul style="list-style-type: none"> <li>• Diphenhydramine dose for adults <u>changed</u> to 50 mg IV/IM (no longer weight based)</li> </ul>
612	Altered Level Of Consciousness	<p>CHANGES/ADDITIONS</p> <ul style="list-style-type: none"> <li>• Narcan administration for respiratory depression move to Respiratory Distress (Opiate Overdose) Policy #618</li> </ul> <p>ADDED Language</p> <ul style="list-style-type: none"> <li>• “Assisting a patient with Oral Glucose requires they be awake, able to swallow, and follow commands”</li> </ul>
613	Behavioral	<p>CHANGES/ADDITIONS</p> <ul style="list-style-type: none"> <li>• Use of Restraints Procedure # 711 referenced</li> <li>• Clarification of pediatric IN midazolam dosing, (max 0.3 mL per nostril)</li> <li>• Removal of tasers by law enforcement language added</li> </ul>

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614	NEW - Ingestion/Poisoning	<p>COMBINED - several ingestion policies into one policy CHANGE</p> <ul style="list-style-type: none"> <li>Activated Charcoal now an ALS standing order</li> <li>Adult and Pediatric dose of Activated Charcoal – Adult 50 Gm and Pediatric 25 Gm ( no longer weight based)</li> </ul> <p>BASE ORDERS – ADULT CHANGES</p> <ul style="list-style-type: none"> <li>Beta Blocker OD – Glucagon changed to 3-10 mg slow IV (when cache available) NEW</li> <li>Calcium Channel Blocker OD – Calcium Chloride changed to 1 Gm IV NEW</li> <li>Organophosphate OD – Atropine 2mg IV/IO/IM</li> <li>Tricyclic OD with tachycardia and widening QRS – Sodium Bicarb 1 meq IV/IO</li> </ul> <p>BASE ORDERS – PEDIATRIC</p> <ul style="list-style-type: none"> <li>Beta Blocker OD – Glucagon 0.1 mg/kg IV/IM</li> <li>Calcium Channel Blocker OD – Calcium Chloride 20 mg/kg slow IV max dose of 500 mg</li> <li>Organophosphate OD – Atropine 2mg IV/IO/IM</li> <li>Tricyclic OD with tachycardia and widening QRS – Sodium Bicarb 1 meq IV/IO</li> </ul>
615	Severe Nausea and Vomiting	<ul style="list-style-type: none"> <li>No changes</li> </ul>
616-618	Respiratory Distress Policies	Respiratory distress is separated into 3 separate policies
616	NEW - Respiratory Distress – Bronchospasm	<p>ADDED</p> <ul style="list-style-type: none"> <li>Croup treatment to bronchospasm – humidified O2</li> <li>Albuterol for treatment of Croup Base Hospital Order</li> </ul>
617	NEW - Respiratory Distress Pulmonary Edema	<p>Separate policy</p> <ul style="list-style-type: none"> <li>No new changes to standing orders</li> </ul>

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		<ul style="list-style-type: none"> <li>• Removal of MS from base hospital orders</li> </ul>
618	NEW - Respiratory Distress - Opiate Overdose	<p>NEW protocol for respiratory depression - opiate OD ADDED</p> <ul style="list-style-type: none"> <li>• Use of O2 Sat and EtCO2 (not absolute rate) to assess adequacy of respirations, need and response to Narcan</li> </ul> <p>NARCAN DOSING CHANGE</p> <ul style="list-style-type: none"> <li>• Adult Narcan up to 1 mg IV/IM/IN (split between nares) - assess for adequate respirations, repeat as needed (max total dose removed)</li> <li>• Pediatric Narcan 0.1 mg/kg IV/IM/IN (split between nares) up to 1 mg - assess for adequate respirations, repeat as needed</li> <li>• SL dose of Narcan changed to 0.5 mg from 0.4mg</li> <li>• Preference for titration and use of IV Narcan clarified</li> </ul>
619	Shock (Medical) – Hypotension/Sepsis	<p>Division of protocols addressing medical and traumatic causes of hypotension CHANGE</p> <ul style="list-style-type: none"> <li>• Initial Saline Bolus <u>up to</u> 500 mL (changed from 1 L) <ul style="list-style-type: none"> <li>○ May repeat once if hypotension persists</li> </ul> </li> </ul>
620	Seizure (Active)	<p>CHANGE</p> <ul style="list-style-type: none"> <li>• IM dose of Adult Midazolam to 5 mg</li> </ul>
621	Suspected TIA/Stroke	<p>CHANGE</p> <ul style="list-style-type: none"> <li>• Stroke Evaluation to use “BEFAST,” adds “balance” and “eyes”</li> <li>• Expansion of time for stroke ALERT to &lt;6 hrs from “last seen normal” time</li> <li>• Clarification of need to not allow onscene treatment to delay transport of Stroke Alert patient</li> </ul>
<b>Environmental</b>		
630	NEW - Bite/Sting/ Envenomation	NEW Policy

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		<ul style="list-style-type: none"> <li>References Allergic Reaction Policy #611</li> <li>Added treatment for marine envenomation</li> </ul>
631	NEW - Hyper and Hypothermia	<p>NEW policy</p> <ul style="list-style-type: none"> <li>Combined several old BLS policies, references ALS policies</li> </ul>
632	Hazardous Exposure	<ul style="list-style-type: none"> <li>Moved to Haz Mat Training Standards Policy #201</li> </ul>
<b>Cardiac</b>		
640	Chest Pain	<p>ADDED to Standing orders</p> <ul style="list-style-type: none"> <li>Topical Nitroglycerin 1 GM may be considered after initial dose(s) of SL Nitroglycerin</li> <li>HOLD Nitroglycerin in presence of right ventricular infarction (RVI)</li> </ul>
641	UPDATED - Adult/Pediatric Pulseless Arrest	<p>UPDATED</p> <ul style="list-style-type: none"> <li>Treatment of Pulseless Arrest Policy #641 separated from High Performance CPR (HPCPR) Procedure # 712 but treatment references between both were reconciled</li> <li>HPCPR used for all arrests &gt;1 month</li> <li>No medication changes</li> <li>Clarification to begin charging defibrillator at 200 compressions, while continuing CPR</li> </ul> <p>NEW</p> <ul style="list-style-type: none"> <li>Pediatric arrest: <ul style="list-style-type: none"> <li>AED used for &gt; 1 year</li> <li>Stay on scene to establish vascular access, provide for airway management, and first dose of epinephrine followed by 2 min of CPR.</li> <li>Minimize interruptions to &lt; 5 seconds</li> <li>Compression to ventilation ratio <ul style="list-style-type: none"> <li>Newborn 3:1</li> </ul> </li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>▪ 1 day to 1 month 15:2</li> <li>▪ &gt; 1 month 10:1</li> <li>○ Maintain airway with BVM - Do not hyperventilate</li> <li>○ Endotracheal intubation is no longer an approved ALS skill</li> <li>○ Pediatric arrest are transported to the closest hospital</li> <li>○ Changed pediatric Lidocaine to 1 mg/kg, repeat 5 min, max total dose 3 mg/kg</li> <li>• ROSC patient are transported to a STEMI hospital regardless of 12 Lead in adults</li> <li>• French Hospital is the Base Hospital contact for cardiac arrest and termination orders</li> <li>• Non-cardiac arrests i.e. OD and drownings, contact the closest base hospital</li> </ul>
641 - A	Adult Pulseless Arrest Algorithm	<p>Algorithm for adult pulseless arrest</p> <ul style="list-style-type: none"> <li>• Clarification that organized rhythm &lt;40 BPM (adults) and &lt;60 BPM (pediatrics) should receive an additional 2 min of CPR, then be evaluated for ROSC</li> </ul>
641 - B	Pediatric Pulseless Arrest Algorithm	Algorithm for pediatric pulseless arrest
642	Supraventricular Tach	<p>ADDED</p> <ul style="list-style-type: none"> <li>• Intranasal route for pediatric Midazolam in pre-cardioversion</li> <li>• Cardioversion dose progression: 50-70/75-100-120-150-200</li> <li>• Cardioversion of unstable A-Fib with RVR added to Base Hospital Orders</li> <li>• A-Fib with RVR considerations: reversible causes, treatments and higher cardioversion dosing</li> </ul>
643	V- Tach with Pulses	<p>ADDED</p> <ul style="list-style-type: none"> <li>• Intranasal route for pediatric Midazolam in pre-cardioversion</li> </ul>

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		<p>CHANGE</p> <ul style="list-style-type: none"> <li>Starting energy settings in VT to 100J</li> <li>Pediatric Lidocaine dosing to 0.5 mg/kg, repeat 5-10 min, max total dose 3 mg/kg</li> </ul>
644	Bradycardia	<p>CHANGE</p> <ul style="list-style-type: none"> <li>Atropine for unstable pediatric cases is now a base order</li> <li>Epinephrine drug of choice in pediatrics with unstable bradycardia</li> </ul> <p>BASE ORDERS – ADULT CHANGES</p> <ul style="list-style-type: none"> <li>Base orders similar to Ingestion/Poisoning/OD Policy Added</li> <li>Atropine in “stable patients or STEMI patients not in extremis” added</li> <li>Hyperkalemia <ul style="list-style-type: none"> <li>Calcium Chloride 1 Gm slow IV</li> <li>Sodium Bicarbonate 1 mEq/kg IV/IO</li> </ul> </li> <li>Considerations for obtaining Base Orders for Dopamine in presence of High Degree Heart Blocks added</li> </ul> <p>BASE ORDERS – PEDIATRIC</p> <ul style="list-style-type: none"> <li>Base orders similar to Ingestion/Poisoning/OD Policy Added</li> </ul>
<b>OB/GYN</b>		
650	Childbirth	<p>ADDED</p> <ul style="list-style-type: none"> <li>Reference for seizure treatment with eclampsia</li> </ul> <p>CHANGED</p> <ul style="list-style-type: none"> <li>Suctioning during delivery changed to “Suction airway as needed” <ul style="list-style-type: none"> <li>No need to suction if newborn is not distressed</li> </ul> </li> </ul>
651	Newborn	<p>ADDED</p> <ul style="list-style-type: none"> <li>CPR 3:1 for newborn</li> <li>Respiratory distress – assist with BVM using room air (RA)</li> <li>HR &lt; 100 BPM - assist with BVM RA 40-60/min</li> <li>HR &lt; 60 BPM – BVM 100% O2, provide chest compressions X 1</li> </ul>

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		minute and reassess <ul style="list-style-type: none"> <li>• Titrate oxygen to O2 Sat             <ul style="list-style-type: none"> <li>○ Directions on O2 Sat assessment in newborns (Preductal)</li> </ul> </li> <li>• Considerations for avoiding supplemental O2 in preterm newborns</li> <li>• Reference for care of meconium stained newborns per AHA guidelines (do not intubate)</li> </ul>
<b>Trauma</b> A NEW series of trauma treatment policies - added		
660	NEW - General Trauma	NEW BLS <ul style="list-style-type: none"> <li>• Hemorrhage control – see Tourniquet and Hemostatic Dressings Procedure # 706 for approved list of devices and dressings</li> <li>• Spinal motion restriction (SMR) Procedure # 702</li> <li>• Pelvic binder for mechanism of injury with pelvic pain <u>and</u> hypotension Procedure #713</li> </ul> ALS <ul style="list-style-type: none"> <li>• Treatment for traumatic hypotension using less volume – 500 ml boluses</li> <li>• Add Saline Lock to IV tubing in the unstable patient</li> </ul>
660 - A	ADDED - General Trauma Addendum for BLS trauma care -	ADDED - List of BLS trauma treatments for: <ul style="list-style-type: none"> <li>• Facial injuries</li> <li>• Impaled objects</li> <li>• Chest/Torso injuries - including occlusive dressings i.e. Asherman Seal</li> <li>• Abdominal injuries</li> <li>• Pregnancy</li> <li>• Extremity injuries – includes traction splint with isolated femur fracture both open or closed</li> </ul>
661	NEW - Traumatic Arrest	Provides resuscitation guidelines for patients “with signs of life upon

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		EMS arrival” NEW <ul style="list-style-type: none"> <li>• No Epinephrine or Lidocaine in traumatic arrest</li> </ul>
663	NEW - Burns	NEW <ul style="list-style-type: none"> <li>• Stop burning process with “tepid” water</li> <li>• After stopping the burning process, fluid management, dry dressings, and pain control updated per current American Burn Life Support guidelines</li> <li>• Transport burns associated with trauma to Trauma Center. All others to closest hospital</li> </ul>
<b>Procedures</b>		
701	ETCO2	ADDED <ul style="list-style-type: none"> <li>• A reference on common wave forms</li> </ul>
702	NEW for BLS Spinal Motion Restriction (SMR)	NEW <ul style="list-style-type: none"> <li>• A BLS skill including clearance criteria</li> <li>• Based on Canadian Nexus criteria <ul style="list-style-type: none"> <li>○ Reliable patient</li> <li>○ Spine pain</li> <li>○ Motor/Neuro exam</li> </ul> </li> <li>• Spinal Motion Restriction (SMR) does not mandate the use of a backboard</li> <li>• Patient meeting Criteria - Apply C-Collar and secure patient for transport to minimize flexion, extension, rotation, or torsion <ul style="list-style-type: none"> <li>○ SMR patients with isolated thoracic/lumbar pain or deformity do NOT require C-Collars</li> </ul> </li> </ul>
702-A	Attachment A – matrix for applying SMR	NEW Algorithm guidelines for SMR clearance and/or application

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703	CPAP	No changes
704	Needle Cricothyrotomy	No changes
705	NEW - Needle Thoracotomy	NEW <ul style="list-style-type: none"> <li>• Policy covers current practice of needle decompression at the mid-clavicular 2<sup>nd</sup> intercostal space</li> <li>• <u>Base Hospital</u> consult required for needle decompression at the mid-axillary 4<sup>th</sup> intercostal space</li> </ul>
706	Tourniquet/Hemostatic Agents	ADDED <ul style="list-style-type: none"> <li>• Approval of Hemostatic Agents for use</li> <li>• Removal of steps, “pressure points and elevation” prior to the application of a tourniquet in uncontrolled hemorrhage</li> <li>• Advises the use of pressure dressings and tourniquets for 3 minutes prior to using hemostatic agents</li> </ul>
706-A	Attachment A - Tourniquet/Hemostatic Agents	ADDED <ul style="list-style-type: none"> <li>• The approved list of tourniquets and hemostatic dressings</li> </ul>
707	12-Lead EKG	No change
708	AED	ADDED <ul style="list-style-type: none"> <li>• Pediatric use if &gt; 1 year</li> <li>• Addition of 30 compressions after the analysis and shock advised, prior initiating the shock</li> </ul>
709	Intranasal medications	ADDED <ul style="list-style-type: none"> <li>• Pediatric - Intranasal volume up to 0.3ml</li> </ul>
710	Vascular Access	CHANGES/UPDATES <ul style="list-style-type: none"> <li>• Emphasizes IV as the preferred method</li> <li>• REMAINED: Two peripheral attempts prior to IO</li> <li>• REMOVED: 90 sec prior to IO attempt</li> <li>• ADDED: “Continue to attempt peripheral IV access after IO</li> </ul>

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		<p>established”</p> <ul style="list-style-type: none"> <li>REMOVED – monitoring IV with Potassium added - Potassium is not an approved drug for paramedics</li> </ul>
711	Patient Restraints	MOVED to Procedures from Operations
712	NEW - High Performance CPR (HPCPR)	<p>NEW - Procedure separated from treatment</p> <ul style="list-style-type: none"> <li>Compression to ventilation for pediatric <ul style="list-style-type: none"> <li>Pediatric &gt;1 month the same as adult 10:1</li> <li>Neonate 1 day to 1 month 15:2</li> <li>Newborn 3:1</li> </ul> </li> <li>AED applied to patients &gt; 1yr</li> </ul>
<b>Drug Formulary Changes</b>		
Activated Charcoal	<p>CHANGE: Standing order and no longer weight based</p> <ul style="list-style-type: none"> <li>Adult 50 Gm PO</li> <li>Pediatric 25 Gm PO</li> </ul> <p>REMOVED</p> <ul style="list-style-type: none"> <li>Tricyclics from contraindications</li> </ul>	
Atropine	<p>CHANGE:</p> <ul style="list-style-type: none"> <li>Pediatric Symptomatic Bradycardia – Atropine is now a Base Order</li> <li>Pediatric Organophosphate OD new – 0.05 - 0.1 mg/kg IV/IM/IO</li> </ul>	
Calcium Chloride	<p>CHANGE:</p> <ul style="list-style-type: none"> <li>Base Order - Adult dose for Calcium Channel Blocker OD - changed to 1 Gm</li> <li>Base Order - Pediatric Calcium Channel Blocker OD – 20 mg/kg up to a max dose 500mg</li> </ul>	
Diphenhydramine	<p>CHANGE: no longer weight based for allergic reaction</p> <ul style="list-style-type: none"> <li>Adult dose to 50 mg</li> </ul>	
Glucagon	<p>CHANGE:</p> <ul style="list-style-type: none"> <li>Base Order - Adult dose for Beta Blocker OD – changed to 3-10 mg slow IV push (when cache available)</li> <li>ADDED to Base Orders - “a bolus of oral fluid 60 seconds after Glucagon administered for esophageal foreign body obstruction”</li> </ul>	

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Lidocaine	<p>CHANGE:</p> <ul style="list-style-type: none"> <li>• Pediatric Pulseless Arrest and V-Tach with Pluses - Lidocaine dosing to 0.5 mg/kg, repeat 5-10 min, (max total dose 3 mg/kg)</li> </ul>
Midazolam	<p>CHANGE:</p> <ul style="list-style-type: none"> <li>• Pediatric - Intra-nasal added as a route for pre-cardioversion in V-Tach and Supraventricular Tachycardia with Pulses</li> </ul>
Naloxone	<p>CHANGE</p> <p>Adult</p> <ul style="list-style-type: none"> <li>• Intra-nasal added as route with preference being IV</li> <li>• Titrate up to 1 mg IV/IM/IN – repeat to maintain adequate respirations</li> <li>• Extremis now 0.5 mg SL may repeat to maintain adequate respirations</li> </ul> <p>Pediatric</p> <ul style="list-style-type: none"> <li>• Intra-nasal added as route with preference being IV</li> <li>• Titrate up to 0.1 mg/kg IV/IM/IN to a maximum dose of 1 mg may repeat to maintain adequate respirations</li> <li>• Extremis 0.5 mg SL - repeat to maintain adequate respirations</li> </ul>
Nitroglycerin	<p>ADDED</p> <ul style="list-style-type: none"> <li>• Chest Pain Protocol under standing orders – “Topical Nitroglycerin 1 GM may be considered after initial dose(s) of SL Nitroglycerin”</li> </ul>
Oxygen	<p>CHANGE:</p> <ul style="list-style-type: none"> <li>• Patients with oxygen saturations <math>\geq 94\%</math> without signs or symptoms of hypoxia or impending respiratory compromise do not need to receive O<sub>2</sub></li> <li>• When applying O<sub>2</sub> use the simplest method to maintain O<sub>2</sub> Sat <math>\geq 94\%</math></li> <li>• Do not withhold O<sub>2</sub> if patient is in extremis</li> </ul>
Potassium	REMOVED from Drug Formulary– not an approved medications

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