Protocol Changes:

**Adult and Pediatric Protocols**

**Abdominal Pain (MAB 5-1-19)** – Adult: Added Metoclopramide and Prochlorperazine as alternative medications for Ondansetron.

Pediatric: Added Metoclopramide as an alternative medication for Ondansetron for children 8 years of age and older.

**Allergic Reaction (MAB 5-1-19)** – Adult: Added Oral as a route for Benadryl

Pediatric: Added Oral as a route for Benadryl with oral dosage guidelines based on age. Removed Push Dose Epinephrine from the protocol. Changed maximum single dose of Epinephrine 1:1000, maximum total epinephrine dosage, and time allowed in between doses. Removed redundant language in Pearls section.

**Behavioral Emergencies (MAB 3-6-2019)** – Reorganized the protocol and addition of Excited Delirium Decision point. This specifies Ketamine as the single drug for Excited delirium.

**Burns (MAB 12-5-2018)** – Adopted Bolus IV Fluids as follows to replace Parkland Burn Formula

- Age 13 and older: 500 ml
- Age 6 to 12: 250 ml
- Age 5 or less: 125 ml

Added contact of Burn Center Medical Control for additional boluses/ drip rates or on prolonged transports.

Updated Burn Center criteria to current American Burn Association and UMC Burn Center criteria.

Added to Pearl that circumferential burn injured extremities require the extremity to be elevated.

**Chest Pain and ACS (MAB 5-1-19)** – Added metoclopramide and prochlorperazine as alternative medications for ondansetron

**Pain Management (MAB 5-1-19)** – Adult: Added metoclopramide and prochlorperazine as alternative medications for ondansetron.

Pediatric: Added metoclopramide as an alternative to ondansetron for children 8 years of age and older

**Pediatric Shock (MAB 5-1-19)** – Removed Push Dose Epinephrine from the protocol

**STEMI (MAB 5-1-19)** – Added metoclopramide and prochlorperazine as alternative medications for ondansetron.
**Operations Protocols**

**Public Intoxication** – Additional destination

-- added Crossroads of Southern Nevada as a Public Intoxication Destination.

**Prehospital Death Determination (MAB 3-6-2019)** – Additions and subtractions

Added 1 E “Functional separation from the body of the heart, brain or lungs.

Added a fifth presumptive sign of death “For non-traumatic arrests Asystole in at least 2 (two) leads or a no shock advised prompt from an AED.”

Removed “of any degree” from Dependent lividity

Removed conclusive sign of death 3 “Massive trauma to the head, neck or chest with visible organ destruction.”

**Termination of Resuscitation (MAB 3-6-2019)** – Deleted redundant language from section 1.

Added new language to read “Resuscitation should be terminated/not initiated if a valid DNR/POLST or physician written order is provided without telemetry contact.”

Changed wording of 3 B line 2 to read “Provide CPR…” rather than “effective ventilations”

Added 3 B line 4 “Confirm no organized rhythm or a PEA <40”

**Procedures Protocols**

**Endotracheal Intubation (MAB 12-5-2018)** –

Added an indication “Inability to maintain airway patency.”

Additional medications option

-- Oxymetazoline (Afrin) 2 sprays each nostril, for nasotracheal intubation

-- Ketamine for Sedation, 2 mg/KG IV or 4 mg/kg IM and requirement for contacting medical control for additional doses
Vascular Access (MAB 12-5-2018) – Revised Indications for Intraosseous Access

Deleted “*this procedure may be performed on any patient who requires IV drugs or IV fluids AND who is*”

Replaced with “Critically ill or injured patient who requires IV drugs/fluids and in whom a peripheral line cannot be immediately established.

-- Added an option of 1% Lidocaine

Formulary

Diphenhydramine (Benadryl) (MAB 5-1-19) – Added oral as an administration route

Droperidol (Inapsine) (MAB 12-5-2018) – Added warning to formulary

“Droperidol (Inapsine) is contraindicated for patients having suspected STEMi and Chest Pain.”

--Was removed as a medication option from the following protocols:

- Chest Pain (Non-Traumatic) and Suspected ACS
- STEMI (Suspected)

Lidocaine (Xylocaine) Injection (MAB 12-5-2018) – Addition of medication


Metoclopramide (Reglan) (MAB 5-1-19) – Added as an alternative medication for ondansetron. Applied in the following protocols: Abdominal/Flank Pain, Chest Pain (Non-Traumatic) and Suspected ACS, Pain Management, STEMI, Pediatric Abdominal Pain, Pediatric Pain Management

Oxymetazoline (Afrin) (MAB 12-5-2018) – Addition to protocol

Added to Nasotracheal Intubation section of “Endotracheal Intubation Protocol” as option to Phenylephrine (Neo-Synephrine)

Prochlorperazine (Compazine) – Added as an alternative medication to Ondansetron. Applied in the following protocols: Abdominal/Flank Pain, Chest Pain (Non-Traumatic) and Suspected ACS, Pain Management, STEMI.

Appendix D

Addition of Page D2 – Addition of alternate destination protocol locations. This includes addition of Crossroads of Southern Nevada as a Public Intoxication destination and the change of St Rose deLima to a Remote Outpatient ED Alternate Destination facility.
Appendix E (MAB 12-5-2018)