

Protocol Changes for January 2022 Protocol Manual

- Change in Scope of Practice for EMTs. EMTs may now monitor already-placed IV access with no fluids attached or running on interfacility transports only. Change can be found in the Interfacility Transfer of Patients by Ambulance Operations Protocol.
- Housekeeping change to D10 dosage in the Pediatric Shock protocol. The protocol now reflects the correct dose of 5 ml/kg IV/IO, maximum single dose of 25 g.
- Standardization of Midazolam doses across all adult protocols where it is utilized (Behavioral Emergencies, Obstetrical Emergency, Seizure, Ventilation Management, Electrical Therapy/Synchronized Cardioversion, Electrical Therapy/Transcutaneous Pacing, Endotracheal Intubation). Midazolam dose is now 0.1 mg/kg IN/IM/IV/IO, max dose 5 mg. There is a single repeat dose after 5 minutes a 0.05 mg/kg, max repeat dose 2.5 mg. Further repeat doses are with physician order only.
- Amiodarone in Adult Stable Tachycardia protocol is now by physician order only.
- MDIs have been added to the Adult Allergic Reaction and Respiratory Distress protocols. EMTs can assist patients with their own MDIs, and any agency carrying MDIs with spacers may utilize them for these patients.
- Trauma Field Triage Criteria has been updated with Step 4 language for pediatric patients
- Two facilities added to the Remote Outpatient Emergency Department Alternative Destination Protocol: Elite Medical and ER at Valley Vista.
- Addition of Southern Hills Hospital as a NIR capable Center