

List of Changes for January 2024 Emergency Medical Care Guidelines

1. EMTs can now pursue an EMT-IV endorsement after completing the mandatory training. The agency must agree to 100% chart review, and this skill may only be performed under the supervision of a paramedic or AEMT. The EMT can only perform the skill and is not allowed to be the primary caregiver for the patient.
2. Trauma Field Triage Criteria has been updated to follow the latest guidelines approved by the American College of Surgeons Committee on Trauma. Instead of Steps, there are now Red and Yellow categories. Catchment for Sunrise and Siena have remained the same. There have been some adjustments made to Mike O'Callaghan catchment.
3. Adult Cardiac Arrest pearls were updated to allow for the use of mechanical CPR devices on pregnant patients if these devices were approved for this use by their manufacturer. CPR is to follow a pit crew approach, with roles assigned prior to arrival whenever possible.
4. Westcare has been removed as a patient destination.
5. MountainView Hospital has been removed as a NIR capable facility.
6. Dopamine has been removed from all protocols, as well as from the EMS formulary.
7. Removal of Push Dose Phenylephrine from the Adult Bradycardia protocol.
8. Addition of Push Dose Epinephrine to the Adult Bradycardia and Pediatric Shock protocols.
9. The dosage of Push Dose Epinephrine was standardized across all adult protocols to 10 mcg IV/IO.
10. The dosage of Push Dose Epinephrine in pediatric protocols standardized to 0.1 mcg/kg IV/IO, max 5 mcg.
11. CPAP procedure protocol name changed to Non-Invasive Positive Pressure Ventilation to allow for the use of both ventilators equipped for Bi-Pap and masks that can be dual utilized for CPAP and Bi-level ventilation.
12. Sodium bicarbonate dosage in Adult Hyperkalemia and Adult Overdose protocols changed to 50 meq IV/IO. Sodium Bicarbonate dosage in Pediatric Overdose protocol changed to 1/meq/kg, max 50 mg. The notation of using 4.2% for neonates was removed from the front of the protocol and added as a pearl. Both adult and pediatric overdose protocols will allow for a repeat dose if the QRS remains wide after treatment.
13. Atropine dosage in Adult Bradycardia changed to 1mg to align with current ACLS standards.
14. Updated Behavioral Emergencies protocol, removing the "excited delirium" language and stressing the avoidance of placing agitated patients in the prone position.
15. Removal of Push Dose Phenylephrine from cardiogenic shock on the Shock protocol. Replaced with Push dose epinephrine.
16. Name of Needle Thoracentesis protocol changed to Needle Decompression, and more detail added to mid-axillary placement directions.

17. Changes in terminology in the Behavioral Emergencies protocol including emphasis on patient positioning while restrained.