NEW YORK STATE | Bureau of Emergency Medical Services and Trauma Systems

Policy Statement

Number: 24-02
Issue Date: April 12, 2024
Supersedes/Updates: New

Collaborative Protocol Change Log V.24.0 Effective 07.01.2024

Collaborative Protocol Change Log from v23.1 to v24.0

Throughout the protocols, language was simplified while reducing inconsistencies and efforts made to improve readability and ease of use without changing the medicine. When appropriate, used footnotes to highlight specific teaching points/directions within a protocol.

Introduction

Introduction

- *Standardized the annotation for "common" caveats to simplify protocols and this language is included in the introduction section:*
  - *‡ Refers to "If equipped and trained." This indicates the intervention(s) may be performed if an agency or region chooses to implement the intervention and the practitioner is trained to the standard of the agency or region and has the intervention (medication, equipment, etc) available to them during the course of patient care. These are not required.*
  - *Ⓟ Refers to "Paramedic Only." This indicates the intervention(s) may only be performed by a Paramedic and no other lower level of care (AEMT-CC, AEMT, EMT, or CFR)*

Pediatric Definition and Discussion

- Removed the following as it is specific to changes in the last revision:
  - *"We have one new protocol, Behavioral: Agitated Patient – Adolescent, that provides guidance for an individual in the transitional stage of physical and psychological development between puberty and adulthood. The was developed since neither the adult or pediatric protocol may provide sufficient direction in the care of these socially and medically complex patients, and our hope is that this protocol can assist. Please note the section on De-escalation techniques included in the Resources section."*

(2.0) Extremis / Cardiac Arrest Protocols

Cardiac Arrest Adult and Peds General

- Changed Metronome or feedback devices from "may be used" to "are strongly encouraged"
- Added "See 'Environmental – Hypothermia' if there is concern for severe/profound hypothermia
- Changed waveform capnography from "may be used" to "is encouraged"

Cardiac Arrest Adult and Asystole PEA

- Removed suspected acidosis from Paramedic Scope

Cardiac Arrest Pediatric: Asystole / Pulseless Electrical Activity (PEA)

- Under AEMT added "Check glucose level"
- Added IO as an administration route under EMT CC

Cardiac Arrest - ROSC

- Added EMT 12 lead acquisition in ROSC pts if equipped and trained
- Addition of push dose epi if equipped and trained for Paramedic only
- Removed "Documentation must include pupil exam, and Initial GCS recorded by element (Eyes/4, Verbal/5, Motor/6) not as total"

Cardiac Arrest VF/VT

- Removed reference to manual defibrillation under EMT section
- Changed defib to q2 minutes for internal consistency with general arrest
- Removed Acidosis from under Paramedic section
- Spelled out *Ventricular* in the titles for consistency

Foreign Body Obstructed Airway – Pediatric

- Removed "Do not delay transport"

Obvious Death

- Added "Criteria for obvious death may be different in the severe or profoundly hypothermic patient; see "Environmental – Hypothermia"

Respiratory Arrest / Failure – Adult

- Added "Attach pulse oximeter if available and have a goal of oxygen saturation ≥92%. See "Resources: Oxygen Administration and Airway Management"" to align with pediatric version of the protocol
- Removed "Do not delay transport"

Respiratory Arrest / Failure – Adult

- Removed "Do not delay transport"

Termination of Resuscitation

- Added severe/profound hypothermia as exclusion from standing order termination
- Removed "King" Airway from key points and considerations
- Removed "Whenever possible, termination of resuscitation should be done when the patient is not in a public place"

(3.0) General Adult and Pediatric Medical Protocols

Apparent Life Threatening Event (ALTE) / Brief Resolved Unexplained Events (BRUE) – Pediatric

- Spelled out ALTE/BRUE in title for consistency/readability
- Removed certain assessment elements and included references to applicable protocols
- Moved "blood glucose testing" to EMT and higher levels

Altered Mental Status

- Clarified "if equipped and trained" for BG and oral glucose admin
- Moved "blood glucose testing" to EMT and higher levels
- Removed certain assessment elements and included references to applicable protocols

Anaphylaxis and Allergic Reaction - Adult

- Removed Norepi gtt and added Epi gtt to Med control
- Cleaned up dosing and indications for epinephrine to simplify protocol
- Clarified Epinephrine may be administered by Adult Autoinjector or EMT Syringe Epinephrine Kit at all levels if equipped and trained
- Changed "Anaphylaxis" Protocol title to "Allergic Reaction and Anaphylaxis" enabling ALS practitioners to administer diphenhydramine and/or dexamethasone to a patient not in anaphylaxis
- Removed administration of IM epi from AEMT section as it is under all providers
- Removed consideration of Norepinephrine from standing orders for paramedic
- Under medical control considerations, simplified wording around epinephrine
- Under medical control considerations, further clarified epinephrine infusion parameters

Anaphylaxis and Allergic Reaction - Pediatric

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Behavioral: Agitated Patient – Adolescent

- Punctuation corrections and readability changes
- Removed call for law enforcement from protocol to include only under considerations
- Moved check blood glucose level to EMT scope and higher
- Added "Utilize waveform capnography as soon as practicable following administrations of any medications in this protocol"
- Added "If the agitated patient goes into cardiac arrest, refer to the appropriate protocol and consider treatment for acidosis"

Behavioral: Agitated Patient – Adult

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- Removed call for law enforcement from protocol to include only under considerations
- Moved check blood glucose level to EMT scope and higher
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Behavioral: Agitated Patient – Pediatric

- Punctuation corrections and readability changes
- Removed call for law enforcement from protocol to include only under considerations
- Moved check blood glucose level to EMT scope and higher
- Added "Utilize waveform capnography as soon as practicable following administrations of any medications in this protocol"

Carbon Monoxide Exposure – Suspected

- Punctuation corrections and readability changes
- Added" for adult patients or older pediatric patients as equipment size allows" in reference to CPAP
- Removed reference to RAD 57

Cardiac Adult: Bradycardia

- Removed administration of 2 L saline as bradycardic patients generally do not need volume
- Added Epinephrine gtt as Med Control Option for Paramedic Only
- Added See "Environmental – Hypothermia" if there is concern for severe/profound hypothermia"
- Added "Heart rate may be slow and difficult to detect in hypothermia, consider medical control consultation" in key points
- Removed reference to fluid bolus

Cardiac Pediatric: Bradycardia

- Added See "Environmental – Hypothermia" if there is concern for severe/profound hypothermia"
- Added "Heart rate may be slow and difficult to detect in hypothermia, consider medical control consultation" in key points
- Removed alert receiving hospital from key points

Cardiac Adult: Tachycardia – Narrow Complex with a Pulse

- Changed to mirror WCT management for AEMT to include fluid bolus for WCT/NCT
- Moved vagal maneuver to CC/P for stable regular narrow complex as rhythm identification not scope of AEMT

Cardiac Adult: Tachycardia – Wide Complex with a Pulse

- Added consider normal saline if there is concern for a secondary tachycardia for AEMT

- Removed repeat amiodarone from medical control considerations

Cardiac – Adult: ST Elevation MI (STEMI)

- Added consider defib pad placement
- Added "If equipped and trained" for BLS 12 lead
- Added to AEMT "Nitroglycerin 0.4 mg SL per dose, as needed, 5 minutes apart, provided the patient's systolic BP is >120 mmHg or MAP >90 mmHg"
- Removed "vitals including 12-lead ECG, should be frequently assessed during transport"

Cardiac – Adult: Ventricular Assist Device (VAD)

- Removed "Treat medical or traumatic conditions per protocol"
- Assess pump function has been changed to provide guidance on how to assess pump function
- Removed treatment guidelines for inadequate perfusion and oxygenation to have provider consult medical control for guidance
- Added "Institution VAD coordinator phone number may be found along with pump model information on a tag located on the pocket controller. Patients may also have a medical bracelet, necklace, or wallet card with this information."

Cardiac Related Problem / Chest Pain – Adult

- Included reference to pain management protocol

Cardiac Related Problem – Pediatric

- Clarified language and expectation of cardiac monitor for paramedic

Dif Breathing – Adult: Asthma / COPD / Wheezing

- Added Atrovent for AEMT
- Added may administer albuterol & ipratropium via ET tube nebulizer for Paramedic

Adult Pulmonary edema

- Added IV NTG for Paramedic
- Removed Albuterol/Atrovent
- Added SL NTG option for AEMT under Medical Control Considerations

Dif Breathing – Pediatric: Asthma / Wheezing

- Added Atrovent for AEMT

Dif Breathing – Pediatric: Stridor

- Removed "If the patient is unconscious and mechanical obstructioin is suspected, attempt to remove the object with Magill Forceps" from EMT CC

Environmental: Hypothermia

- Created new protocol for Hypothermia

Environmental: Localized Cold Emergencies

- Revised old protocol to reflect local cold injury extensive revisions

Environmental: Heat Emergencies

- Added active cooling as it was lost from previous versions
- Changed to “hot or flushed skin”, removed “dry”
- Clarified that if the patient can be effectively cooled on scene, transport can be delayed. Changed “long distance runners” to “any individual with prolonged exertion”
- Removed reference to water intoxication as it is clinically moot if the person can swallow/follow commands, and normal saline will not negatively interfere with suspected hyponatremia in the setting of volume depletion.
- Added note about tympanic and oral temperatures may read 1-2 degrees cooler than the patient’s core temperature

Fever – Adult

- Cleaned up and mirrored Acetaminophen /Ibuprofen dosing and notes to be consistent pain management
- Added IV acetaminophen for paramedic for adults

Fever – Pediatric

- Cleaned up and mirrored Acetaminophen /Ibuprofen dosing and notes to be consistent pain management
- Added IV acetaminophen under medical control options
- Punctuation corrections and readability changes
- Added cardiac monitoring and SPO2 to considerations
- Added additional contraindication of Ibuprofen
- Added recommendations for systolic hypertension and weight conversions

Hospice Protocol

- New protocol

Hyperglycemia – Adult

- Moved glucose testing to EMT level

Hyperglycemia – Pediatric

- Added ABC’s and vital signs

Hypoglycemia – Adult

- Moved glucose testing to EMT level

Hypoglycemia – Pediatric

- Moved glucose testing to EMT level

Nausea/Vomiting – Pediatric

- Added IV route for Zofran

Opioid (Narcotic) Overdose

- Adjusted language to reflect multiple different unit dose concentrations not to exceed 4 mg and that prefilled syringe with atomizer is equivalent to a unit dose.
- Moved glucose testing to EMT level

Organophosphate Exposure

- Added "If severe symptoms, multiple patients, or suspected Nerve Agent, see "Organophosphate – CHEMPACK Program""

Organophosphate – CHEMPACK Program

- Removed Mark I references. Removed old DOH policy reference.
- Extensive formatting revision to simplify and reflect contents of current CHEMPACK assets
- Clarified who and how to administer various changing components of the CHEMPACK with guidance from NYS DOH BEMS
- Moved to follow "Organophosphate Exposure" and retitle as "Organophosphate – CHEMPACK Program"

Pain Management – Adult

- Cleaned up and mirrored Acetaminophen/Ibuprofen dosing and notes to be consistent with fever
- Added IV acetaminophen for paramedic for adult
- Clarified that Ketorolac should not be used in patients with chest pain/acute coronary syndrome
- Moved Ketamine from medical control to standing orders for Paramedic

Pain Management – Pediatric

- Added IV acetaminophen for paramedic for pediatric
- Added ketorolac for pediatrics >2yrs

Poisoning / Overdose – Adult: Undifferentiated

- Moved glucose testing to EMT level

Poisoning / Overdose – Pediatric: Undifferentiated

- Added max doses for peds meds to reflect adult dose
- Added bicarbonate for suspected sodium channel toxicity in pediatrics (previously only in adults, med control only)

Post-Intubation Management

- Adjusted ketamine dosing frequency from q 5 min to q 15 min to align with typical drug duration
- Changed terminology from "paralysis" to "Neuromuscular blockade"
- Simplified language regarding analgesia and sedation in patients with neuromuscular blockade
- Added ventilator dyssynchrony as med control option for use of neuromuscular blockade
- Added rocuronium in addition to vecuronium as option for long-acting neuromuscular blockade

Sedation - Adult

- Added indications by moving from key points
- Added max ketamine of 250 mg per dose

Sedation - Pediatrics

- Added indications (previously not mentioned) to mirror adult protocol
- Added expectation of waveform capnography to mirror adult protocol
- Added max doses for peds meds to reflect adult dose

Seizures – Adult

- Added Ketamine for refractory status epilepticus Med Control/Paramedic Only
- Moved glucose testing to EMT level
- Clarified midazolam to 10 mg IM or 5 mg IV for adults

Seizures – Pediatric

- Adjusted midazolam to 0.2 mg/kg IM/IN
- Added Ketamine for refractory status epilepticus Med Control/Paramedic Only
- Moved glucose testing to EMT level
- Dosing changes to midazolam

Shock – Adult: Severe Sepsis / Septic Shock

- Removed specific SIRS, instead use suspected infection and hypotension
    - SIRS criteria moved to Key points as a consideration for suspected infection
- Moved Norepi to standing order for paramedic in adults, cleaned up fluid admin language
- Added to CC: Cardiac monitor and continuous pulse oximetry and consider a 12-lead ECG

Smoke Inhalation / Cyanide Poisoning – Symptomatic

- Punctuation corrections and readability changes
- Reference Carbon Monoxide Exposure if CO threshold met
- Removed consideration for lab values

Stroke

- Discussed but did not add specific severity score, rather added “or stroke severity score” as specific regional option
- Added in Considerations: “For pediatric patients with symptoms of acute stroke, contact medical control for transport decision to the most appropriate facility”
- Moved glucose testing to EMT level

(4.0) Trauma

Trauma General

- Removed section about tourniquets and hemostatic dressings from this section

Bleeding / Hemorrhage Control

- Removed section about these steps are not intended to be used in sequence; interventions should be taken using best judgement of the EMS professional

Burns

- “If equipped and trained” added for tetracaine

Chest Trauma

- Clarified Needle Decompression by AEMT only in TEMS setting in any circumstance

Crush Injuries – Adult

- Added fluid administration by AEMT

Eye Injuries

- Tetracaine "if equipped and trained" added for eye injuries and in scope consistent with Burns

Musculoskeletal Trauma

- Added reference to "Trauma Associated Shock" protocol
- Added moxifloxacin (All levels) and cefazolin (Paramedic Only) for open fracture with delayed extrication or arrival to definitive care (if equipped and trained)

Shock – Adult: Trauma Associated Shock

- Added "Oxygen administration is encouraged even without hypoxia if a traumatic brain injury is suspected"
- Removed different fluid resuscitations for Compensated and Decompensated shock and removed references. Instead, replaced with "If SBP < 100 mmHg or MAP < 65 mmHg, Normal saline 500 mL bolus may repeat up to a total of 2 liters if lung sounds remain clear to obtain goal SBP ≥ 100 mmHg or MAP ≥65"
- Clarified Type O or whole blood

Suspected Spinal Injuries

- Cleaned and organized to reflect 2022 NHTSA Trauma Triage Criteria
- Added "Caution in using over 65 years of age"
- Added "Consider head of stretcher up to 30 degrees for patients with suspected TBI"

(5.0) Resources

Advance Directives / DNR / MOLST

- Updated protocol to reflect ability to follow direction of health care proxy
- Cleaned up language to be consistent with Bureau Policy and State Law

Ideal Body Weight Reference

- Added to document

Incident Command

- Removed – no need for inclusion in statewide clinical care protocols

Medication Formulary

- Reformatted, removed confusing concentration/dose column, added approved alternative medications and means for accessing them, also reflects optional medications (if equipped and trained).

Normal Vital Signs for Infants/Children, Pediatric Assessment Triangle, Pediatric References

- Updated with information consistent with published EMS-C resources (NYS Pediatric Assessment Reference Card PDF Publication #4157)

Oxygen Administration and Airway Management

- Updated Advanced scope from "Alternative airway device in unresponsive ADULTS" to "Alternative airway device in unresponsive patients"

Prescribed Medication Assistance

- Revised to reflect all medications can be assisted using a route within the practitioners scope: “Administration of any patient-prescribed medication, for the condition it is prescribed for, using a route of administration within the practitioners scope of practice.”
- Updated Paramedic scope to indicate prescribed medications
- Removed vascular access from AEMT scope

Vascular Access

- Changed reference from old CDC to Current NHTSA Red Criteria

Hospice Protocol

- New protocol for care of hospice patients