



San Joaquin County Emergency Medical Services Agency



<http://www.sjgov.org/ems>

EMS POLICY UPDATE

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Memorandum

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DATE: December 30, 2011

TO: Advanced Life Support (ALS) Providers
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Base Hospital
ED Physician Liaisons

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FROM: Rick Jones, MPA

SUBJ.: 2012 Policy Updates

The following is a summary of newly adopted policies and changes to existing policies effective January 1, 2012. You will note that this list is solely comprised of policies related to procedures and patient treatment. The balance of policies that were modified and subject to a public comment period late in 2011 will be released early in 2012. Please note that the summary of changes provided below is not a complete description of the policies and EMS Prehospital personnel are required to familiarize themselves with the complete policies.

An updated pocket-sized version of the ALS Field Treatment Manual will be made available as soon as possible. In the interim, please refer to the SJC EMS Agency website to reference updated EMS policies at: <http://www.sjgov.org/ems/policies.htm>. If you have any questions contact Rick Jones at (209) 468-6818 or by email at rrjones@sjgov.org.

New Policies:

2544 – Intraosseous Cannulation - EZ IO: In addition to 2546 – Intraosseous Cannulation – Manual.

2556 – Needle Cricothyrotomy – ENK: In addition to 2549 - Needle Cricothyrotomy – TLJV Performance Criteria.

5727 – ALS Therapeutic Hypothermia: augments 5726 ROSC.

Current Policies with Content Modified Impacting Patient Care:

2545 – Endotracheal Intubation: Formally adopts requirements for use of King Airway if Cormack Lehane Score is 3 or 4.

2551 – 12 Lead ECG Performance Criteria: Added language that better clarifies when to apply a 12 Lead ECG and addresses the new requirements pertaining to STEMI receiving centers.

2552 – King Airway: Format changes. Requires use when Cormack Lehane score is 3 or 4.

2555 – Nasotracheal Intubation: Clarifies placement of bevel “against septum” instead of “facing out.”

2560 – Paramedic Scope of Practice: Added use of ventilators as approved by EMS Agency. Clarified list of medication routes. Deleted Bretylium.

5103 – Determination of Death: Reorganized and modified to mirror Dr. Buy’s memo 2011-01.

5717 – ALS Bradycardia: Divided into treatments for stable and unstable patients. Must administer .5 mg Atropine IVP every 5 minutes as needed to a maximum of 3 mg. If needed, contact Base Physician for pacing order after 1.5 mg of Atropine.

5510 – BLS Cardiac Chest Pain: Changed to give nitro with BP > 90 (formerly > 100).

5560 – BLS Gynecological Emergencies: Added left lateral position if patient is pregnant.

5702 – ALS Advanced Airway Management: Requires use of King Airway after two OTI attempts or a Cormack Lehane grade of 3 or 4.

5711 – VFIB: Added IO and deleted medication route of ET Tube.

5712 – Wide Complex Tach with a Pulse: Divided into treatments for conscious and unconscious patients. Consult with Base Hospital physician for treatments beyond IV for the unconscious patient. For conscious patients, Place on 12 Lead ECG if chest pain is present.

- A. Establish an IV of normal saline TKO.
- B. In the presence of continuous chest pain, administer Lidocaine 1mg/kg IVP. May repeat every 5-10 minutes at ½ initial dose up to a total of 3 mg/kg.
- C. Lidocaine Drip: 1gm in 250 ml Normal Saline. Utilizing a dial-a-flow and extension tubing, administer 2-4 mg/min to decrease or eliminate ventricular ectopy.

5713 - ALS Narrow Complex Tachycardia; Afib/Aflutter: Divided into treatments for conscious and unconscious patients. For unconscious – consult with Base Hospital physician for cardioversion. For conscious - consult with Base Hospital Physician for medication orders if transport time > 10 minutes or change in patient condition.

5714 – SVT: Divided into treatments for conscious and unconscious patients.

5715 – ALS Asystole: Deleted Atropine; added IO.

5716 – PEA: Deleted Atropine; added IO. If HR < 30 contact base for discontinuation of resuscitative measures.

5720 Cardiogenic Shock: Added use of dial-a-flow for Dopamine.

5724 ALS Ventricular Ectopy: Defined administration of Lidocaine 1mg/kg IVP and allow to repeat every 5-10 minutes at ½ initial dose up to a total of 3 mg/kg. Also added Lidocaine Drip: 1gm in 250 ml Normal Saline. Utilizing a dial-a-flow with extension tubing, administer 2-4 mg/min to decrease or eliminate ventricular ectopy.

5726 – ROSC: Divided into BP greater than 90 mmHg and less than 90 mmHg. For greater than 90 mmHg, begin hypothermia treatment. Give Lidocaine IVP and drip. For less than 90 treat with Atropine & consider Dopamine to a BP of 90.

- 5733 – ALS Poisoning/OD – Format changes. Added drug access route of intranasal (IN) Narcan and Glucagon removed.
- 5751 – ALS ALOC – Added drug access route of intranasal (IN) Narcan. If blood sugar less than 60 mg/dl and refers to BLS C-spine policy.
- 5753 – ALS Seizures – Added drug access route of intranasal (IN) for Midazolam.
- 5761 – ALS Gynecological Emergencies – Combines all related policies.
- 5764 – ALS Childbirth (previously “ALS imminent Delivery”). Provides more detailed directions and includes high risk delivery.
- 5783 – ALS Trauma – Clarified treatment for shock based upon 90 mmHg.
- 5810 – Pediatric Pulseless Arrest Asystole/PEA. Deleted Atropine.
- 5811 – Pediatric Pulseless Arrest Vfib/Vtach – Deleted medication access via ETT.
- 5812 – Pediatric Bradycardia - Deleted medication access via ETT.
- 5813 – Pediatric Tachycardia with Pulses – Divided into treatments for conscious and unconscious patients for both V-tach and SupraV-tach. No giving Midazolam because no cardioversion of conscious patient.
- 5817 – Pediatric Airway Obstruction by a Foreign Body – Added attempt OTI.
- 5819 – Pediatric Respiratory Distress: Stridor – Deleted attempt positive pressure with BVM.
- 5824 – Pediatric Shock. Format changes. Added IO.
- 5826 – Pediatric Allergic Reaction. Format changes. Added IO.
- 5828 – Pediatric Seizure – Added IO.
- 5829 – Pediatric ALOC. Deleted Glucagon.
- 5830 – Pediatric OD. Format Changes. Added Calcium Chloride 10% for Calcium Channel Blockers.
- 5800 – Pediatric Routine Medical Care. Clarify use of Broselow tape and define ages of neonate (birth to one month), infant (one month to one year), child (one year to 12 years).

Content Reorganized and Patient Care Requirements Clarified:

- 2546 – Intraosseous Cannulation – Manual .
- 2549 - Needle Cricothyrotomy – TLJV.
- 3410 – ALS Field to Hospital Communications.
- 3411 – ALS Reporting Format.
- 5121 – Neurological Triage Criteria.
- 5507 – BLS Interfacility Patient Transports.

- 5551 – BLS Allergic Reaction.
- 5561 – BLS Childbirth
- 5583 – BLS Head – Neck – Facial Trauma
- 5584 – BLS Chest Abdominal Trauma
- 5585 – BLS Extremity Trauma
- 5701 – Routine ALS Care
- 5704 – ALS Patient Assessment
- 5736 – ALS Hypothermia
- 5754 – ALS Acute Stroke

Deleted:

- 5120 – Triage of Neonates and High Risk Pregnancy: Deleted and moved to 5761
- 5721 - Hypertension: Deleted.
- 5762 – ALS Vaginal Hemorrhage with Shock: Deleted and added to 5761.
- 5763 – ALS Eclampsia: Deleted and added to 5761.
- 5781 – ALS Amputation: Deleted and added to ALS Trauma.
- 5784 – ALS Traumatic Arrest: Deleted.