

# 2018 Protocol Update: Summary of Primary Changes

NOTE: This is an OVERVIEW of some key changes and is NOT meant to be a comprehensive representation of all protocol changes/updates.

- 10 Sections
  - General Treatment
  - Trauma and Environmental Emergencies
  - Adult Treatment
  - Obstetrics and Pediatrics
  - Adult Cardiac
  - Pediatric Cardiac
  - Procedures
  - System
  - Medications
  - Special Operations (MCI/CBRNE/SPRN)

- Intervention Level Icons



EMT-Basic



EMT-Specialist



Paramedic



Pediatric



Medical Control

- Significant Changes/Updates
  - Nausea/Vomiting
    - Add Zofran ODT
  - Excited Delirium
    - Midazolam v. Ketamine: KEEP MIDIZOLAM
  - Blood Glucose Testing
    - Add to MFR/EMT (optional)
  - Peds Respiratory Distress
    - Add Racemic Epi (nebulized)
  - Safe Transport of Children
    - Provides guidance for how to immobilize infants/children during transport
  - Cardiac Arrest/Tachycardia
    - Keep Amiodarone (v. Lidocaine)
  - Chest Pain / ACS
    - Add MFR/EMT to assist patient with own aspirin
  - Emergency Airway
    - Add i-Gel (optional for paramedic)

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- Pain Management
  - Minor to moderate pain: Acetaminophen and Toradol
  - Significant Pain (>4 on Wong Pain Scale)
    - Consider Ketamine
  - Significant Pain (>8 on Wong Pain Scale or can't tolerate Ketamine)
    - Morphine or Fentanyl (pre-radio)
- Patient Restraint (chemical)
  - Midazolam-Fentanyl-Ketamine (Midazolam primary)
- Refusal of Care
  - Changes the mandated on-line medical control requirement (radio call) for the competent patient to “For individuals with signs or symptoms of serious or potentially fatal illness or injury, consider contacting medical control.”
- Inter-Health Facility and SCT Transport
  - Redefines what an ALS ambulance may transport (vents, certain pumped meds)
  - Changes UMBC CCT Paramedic Certification to “CCT paramedic education programs approved by the MCA Medical Director
    - Will use existing programs (UMBC, etc.) as the benchmark