

**EMS PROTOCOL MANUAL**  
**Summary of Changes (10-1-07)**

**Global Changes**

- Added language to the “Foreword” to include Spinal Immobilization protocol
- Added “Terms and Conventions”
- Changed name from “Clark County” to “Southern Nevada” Health District
- Changed “EMS” to “EMSTS” (EMS & Trauma System)
- Changed “IVF (Intravenous Fluids)” to “NS (normal saline)”
- Changed Morphine Sulfate dose to “0.1 mg/kg slow IV to a maximum single dose of 10 mg”
- Removed telemetry requirement for administration of first dose of morphine in pediatric patients (Telemetry still required for additional doses).
- Changed Dopamine to starting at 5 mcg/kg/min via continuous IV infusion. Titrate to a SYSTOLIC blood pressure of 100 mmHg not to exceed 20 mcg/kg/min.
- Removed references to IO routes of administration and placed universal indication in Vascular Access Protocol
- Listed routes of administration in order of preference for given indication.
- Replaced Valium with Versed; Deleted Valium from the formulary
- Replaced Phenergan with Zofran; Deleted Phenergan from the formulary
- Removed BLS & ILS sections from cardiac dysrhythmia and hyperkalemia protocols
- Standardized Versed dose to 0/1 mg/kg, not to exceed 5 mg for first dose.

**Treatment Protocols**

1. General Patient Care:
  - a. G. 1: Added Alert Box stating that all telemetry contact should be established by radio and that telephone contact may only be used if the call is recorded via a phone patch through the FAO
  - b. G. 2: Added “j” regarding incident identifiers if multiple patients are involved (e.g. fire department command code “Main Street Command”)
  - c. H. 6: Added “b.” designating CPI patient destination as “the closest facility.”
  - d. H.7: Changed language to read, “excluding patients placed on a legal psychiatric hold”
  - e. H.7a.6: Added “Alert & oriented x 4”
  - f. H.7b.: For clarification, added “single dose of” for Morphine/Phenergan
2. Abdominal Pain:
  - a. Replaced Phenergan with Zofran
3. Acute Coronary Syndrome (Suspected):
  - a. #11: Added “IV access should be obtained prior to administration of Nitroglycerin”
  - b. Replaced Phenergan with Zofran
4. Advanced Airway Management:
  - a. Added “as appropriate” in reference to insertion of orotracheal and nasotracheal tube

5. Allergy / Anaphylaxis:
  - a. Removed “distress” and replaced with “allergic reaction” throughout protocol
6. Altered Mental Status:
  - a. Added IN as route of administration
  - b. Listed all routes of administration for Narcan and Versed
  - c. Changed “Attempt” to “Consider” Vascular Access
  - d. Moved Step 11 to Step 6
7. Behavioral Emergencies:
  - a. Added IN as route of administration
  - b. Changed “Attempt” to “Consider” Vascular Access
8. Burns:
  - a. Removed telemetry requirement for first dose of pediatric morphine
9. Cardiac Dysrhythmia: Asystole:
  - a. Added “identify and treat potential underlying causes” for prolonged arrest per ACLS guidelines
  - b. Added Hs & Ts which lists the correct use of Sodium Bicarbonate
  - c. Removed Sodium Bicarbonate for pediatric patients
10. Cardiac Dysrhythmia: Bradycardia:
  - a. Added “via continuous IV infusion” to administration of Dopamine
  - b. Added IN as route of administration for Versed
11. Cardiac Dysrhythmia: Monomorphic:
  - a. Added language, “If there is any doubt whether an unstable patient has monomorphic or polymorphic VT, do not delay treatment for further rhythm analysis. Perform Defibrillation”.
  - b. Specified IV route of administration for Etomidate and Admidarone
  - c. Added option for defibrillation as needed in unresolved VT
  - d. Removed option for defibrillation for the hemodynamically stable patient
12. Cardiac Dysrhythmia: Torsades de Pointes:
  - a. Added language, “If there is any doubt whether an unstable patient has monomorphic or polymorphic VT, do not delay treatment for further rhythm analysis. Perform Defibrillation”.
  - b. Added option for defibrillation as needed in unresolved Torsades
13. Cardiac Dysrhythmia: VF/Pulseless VT:
  - a. Added “identify and treat potential underlying causes” for prolonged arrest per ACLS guidelines
  - b. Added Hs & Ts which lists the correct use of Sodium Bicarbonate
  - c. Removed Sodium Bicarbonate for pediatric patients
14. Overdose / Poisoning:
  - a. Specified PO route of administration for charcoal for pediatric patients
  - b. Changed “Attempt” to “Consider” Vascular Access
  - c. Added IN route for Narcan

- d. Added pediatric Narcan dose
- e. Added IM route for Glucagon
- f. Re-ordered list of overdoses and added Aspirin overdose

15. Pulmonary Edema:

- a. Changed Lasix dose from “1 mg/kg to maximum dose of 80mg” to “0.5 mg/kg to a total maximum dose of 40 mg”.
- b. Removed “For patients on chronic lasix therapy, administer twice the prescribed dose (e.g. for a patient on 40 mg, administer 80 mg)”.

16. Trauma:

- a. Removed steps to control hemorrhaging
- b. Removed telemetry requirement for first dose of pediatric morphine

## Operations Protocols

1. Do Not Resuscitate::

- a. Added “qualified” to 2.

2. Chronic Public Inebriate:

- a. Clarified that patients are to be transported to closest facility

3. Trauma Field Triage Criteria:

- a. Added “from a height” for clarification to 3a.

## Procedure Protocols

1. Defibrillation:

- a. Changed placement of paddles/electrodes from 5 inches to 1 inch

2. Synchronized Cardioversion:

- a. Added IV route for Etomidate

3. Transcutaneous Pacing:

- a. Add IN route for Midazolam

4. Vascular Access:

- a. Removed age restriction for IO
- b. Removed procedural language as it depends on IO device being used
- c. Placed Alert Box that clarifies when IO is to be used and what medications can be given via IO

## Formulary

- Acetylsalicylic Acid
  - Strike “for NSAIDS or currently taking Coumadin”
- Lasix
  - Added sulfonamides to Contraindications
- Nitroglycerin
  - Included tablet form