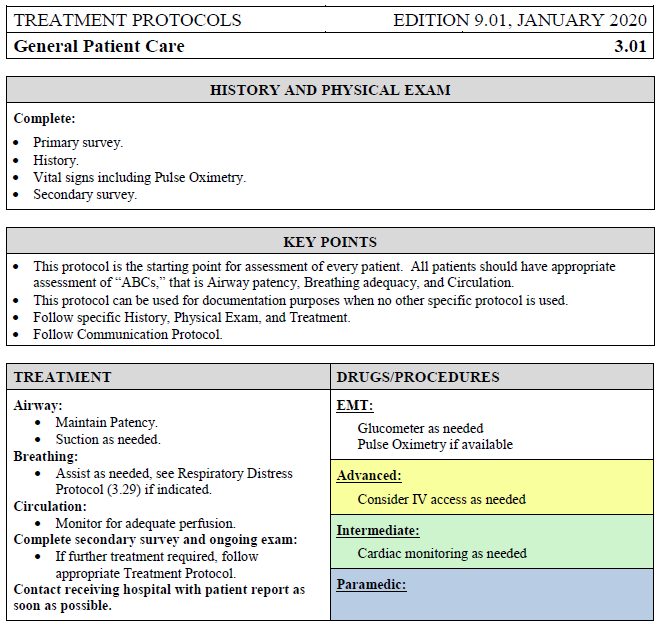
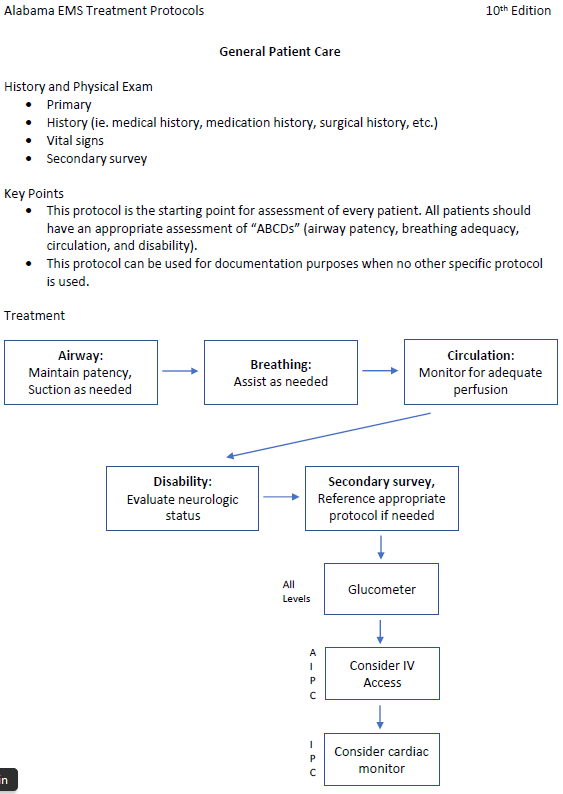
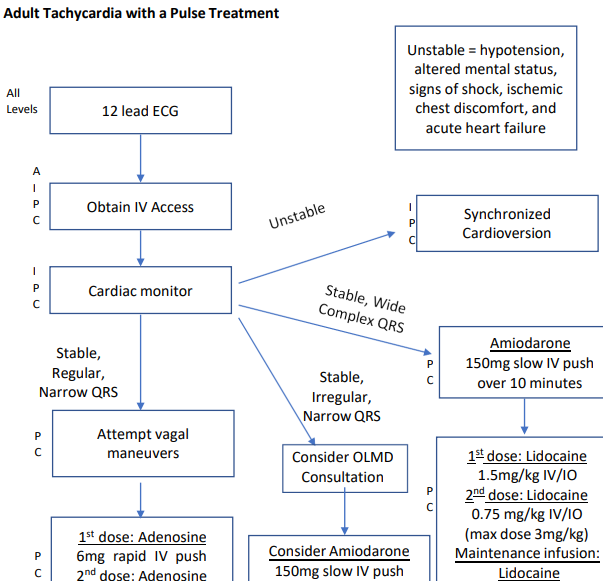
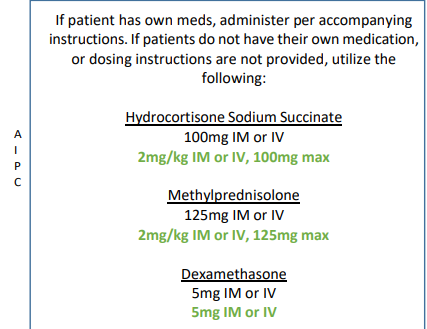
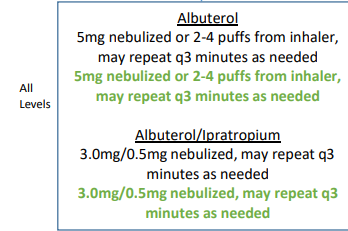
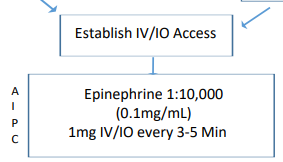
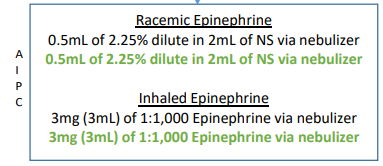
**Dr. Crawford EMS 10th Edition Presentation Bullet Points (February 1, 2022)**

* T**he Alabama Protocols 10th Edition has a new format**
* The 9.01 Edition’s Format
* 
* The 10th Edition Format (New Format)
* 
* algorithm type
* See protocol document
* Left of treatment boxes are letters (ie AIPC, IPC, all levels)
  + Defines who can perform given treatment
  + A-Advanced; I-Intermediate; P-Paramedic; C-Critical Care Medic
* **Category A**
* Do not need to call for orders
  + Except for pediatric intubation (less than age 3)
* Adult tachycardia
* **“Consider OLMD Consultation” -** Gives the opportunity to call medical control, but You do not need too
* 
* NEW MEDICATIONS:
* Tylenol- added for mild pain (Page 97)
  + 1 g for adult
  + 15 mg per kilogram up to 1000 mg for children
  + Not for liver disease
* Albuterol- all levels can give (Page 97)
  + Asthma & COPD
  + Missed dose
* Epinephrine (Page 103)
  + 1:10,000 for cardiac arrest (pediatric and adult)
  + Advanced and intermediate
* Solu-Medrol (Methylprednisolone) (Page 109)
  + Pause for hyperglycemia
  + For all advanced, intermediate, and paramedic
  + Missed dose
* Midazolam (Versed) (Page 110)
  + Added to advanced and intermediate for seizures only
  + Nasal only
  + Missed dose
  + Some side effects
    - Apnea
    - Hypertension
    - Dysrhythmia
* Rocephin and Ancef (Page 100, 101)
  + All 3 levels
  + 2 indications
    - Sepsis
    - Open fracture
  + Call med control if You have a question about their allergies and whether You can give them
* Toradol (Brand Name) (Page 117)
  + NSAID
  + IV Form
  + Added to all 3 levels
  + Moderate pain
  + Trying to get away from ketamine
    - Not great for pain control
  + Kidney stones, etc.
  + Contraindications
    - Older aged
    - Renal insufficiency- dialysis
    - Stroke/traumatic brain injury within last 24 hours
    - If already had NSAID within 8 hours
* TXA (Tranexamic Acid) (Page 118)
  + Bleeding/trauma patients
  + Older than 15 y/o
  + Less than 3 hours from injury onset
* PROTOCOLS:
* Adrenal Insufficiency (Page 22)
  + All can give Solu-Medrol
  + 125 mg IM or IV in adult
  + 2 mg per kilogram IM or IV for pediatric, 125 mg max
  + Any of the three suggested meds can be used
    - Solu-medrol is encouraged
    - 
* Asthma and COPD (Page 28)
  + Added albuterol for EMT level
  + Solu-Medrol
  + Consider CPAP or BiPAP for all levels
  + 
* Cardiac Arrest (Page 32)
  + Epinephrine
  + 1:10,000 but must be in cardiac arrest
  + 
* Congestive Heart Failure (Page 45)
  + No new treatments
  + Check for signs
  + Reduce preload with nitroglycerin
* Croup (Page 47)
  + Racemic epinephrine for AIPC
  + 
* Hypothermic (Page 60)
  + IV fluids if in shock or dehydrated
* Hypoglycemia (Page 58)
  + Give oral glucose
  + D10
    - Preferred
    - Readily available
    - More stable
    - 250 mL IV in adult
      * Maybe follow up with 30cc/hr
    - 4 mL per kg in pediatric, 250 mL max
    - Still can use D50, D25, D5 etc.
    - D10 preferred
* Pain Management (Page 70)
  + Mild pain Tylenol
    - 1000 mg adults
    - 15 mg per kg pediatric
  + Toradol for greater than 1 y/o
  + Ketamine for refractory pain
  + Morphine/Fentanyl doses in protocol
    - Use before ketamine
* Seizures (Page 78)
  + Intranasal Versed
  + Pediatric short-lived seizures
  + Pregnant may be due to eclampsia
    - See those protocols
* Sepsis (Page 80)
  + Fluids and antibiotics
  + Organ dysfunction caused by infection
  + Lactate greater than 4 or hypotensive, 30mL per kg
    - Tell Nurse how much fluid you have given
  + Antibiotics
    - Rocephin
  + May need to add pressor- (dopamine or epi infusion)
  + Epinephrine push dose
    - **1:10,000**
* General Trauma (Page 91)
  + TXA
    - Vaginal bleeding
  + Open fracture
    - Antibiotic
    - Rocephin
    - Ancef
* Stroke (Page 84)
  + EMSA scale
  + TCC will ask about EMSA starting April 1st
  + Training will come out soon
  + TCC can talk through it if unfamiliar
  + Used to identify large vessel occlusion
  + Mechanical thrombectomy capable hospitals
* **Don’t hesitate to call medical control. They are there to help you.**
* Will go live on the last Friday of April (April 29th)
* Once the Protocol training is complete, send a notice of completion to Allan Pace ([allan.pace@eastalabamaems.com](mailto:allan.pace@eastalabamaems.com) ) with date(s) of completion and your services off-line medical director. A certificate will be generated with the Regional Course approval number on it for you to use to finish certificates for your staff.