

CHANGES TO INTERMEDIATE PROTOCOLS JUNE 23, 2010

Protocol 4.8: Cardiac Arrest

Under “Physical Assessment, Part B” changed “closed chest massage” to “chest compressions” to reflect current terminology.

Protocol 4.9: Cardiac Symptoms/Acute Coronary Syndrome

Have added wording to stress that women, diabetics, and all adult medical patients over the age of 50 years have an increased danger of coronary artery disease. Also stressed doing an ECG on all adults with epigastric discomfort.

Noted that all ALS Ambulance Services must have the capability to perform 12-lead ECGs on patients by June of 2013.

RESPIRATORY ILLNESS/INFLUENZA..... 4.25

RESPIRATORY ILLNESS/INFLUENZA – MASS CASUALTY EMERGENCY..... 4.26

Protocol 4.29: Stroke

Added that the EMS personnel should attempt to bring a knowledgeable friend or family member with the stroke patient. Also added that because many patients with symptoms of stroke have hypertension and are volume depleted from diuretics, a single fluid bolus of 500cc or Normal Saline is recommended for patients without signs of congestive heart failure.

Protocol 4.33: Vomiting and Nausea

Under “Specific Information Needed” added:

- B. Is the patient nauseated
- C. If vomiting, is the cause known?

Protocol 6.4: Endotracheal Intubation

Under “PROCEDURE” added:

- 7. Monitor tube placement with qualitative CO₂ detector or preferably a quantitative waveform CO₂ monitor (Use of one or the other is MANDATORY). After June 2013 the waveform Capnography will be required.

Under “NOTES:” added

- 6. By June 2013 all ALS services must have the ability to monitor patients with waveform capnography.

Protocol 9.1 Blind Insertion Airway Devices

Noted that the King airway may be used if the service medical director approves