SPEMS Protocol Changes
Emergency Medical Technician (EMT)
3/1/19 to 2/29/20

PROTOCOL CHANGES

- **Every Page**
  - Changed dates at bottom of each page
- **Cover Page**
  - Signature with March 1, 2019 date
  - Protocols will expire February 29, 2020
- **Page ii. Authorized Services**
  - New Page
  - Lists all services authorized to utilize SPEMS Protocols
  - Required by TDSHS
- **Page P-2 Table of Contents**
  - Page numbers adjusted for changes
  - Reflects addition of new Fever/Sepsis Algorithm on Page 15
- **Page P-16 Fever Management**
  - Section removed
  - Now covered in Fever/Sepsis treatment algorithm
- **Page P-20 Stroke/TIA (Suspected)**
  - New section
  - Discusses in more detail management of stroke/TIA patients
  - References performing the VAN assessment for all patients with positive CSS
    - To help determine if stroke is due to large vessel occlusion (LVO)
- **Page P-23 Transport to Freestanding Emergency Centers (FECs)**
  - New Section
  - Allows for transport of certain patient to approved FECs under for patients that meet certain criteria
    - Approved Lubbock FECs: Star ER and both Covenant HOPD locations
    - Approved Amarillo FECs: both ER Now locations
    - NO OTHER FECs are authorized by Protocols
  - Lists Indications and Contraindications for transport to these approved FECs
  - Provides guidance of timeframe and transport to appropriate facility
  - Flow chart included on page P-25
  - Lists addresses and contact phone numbers for each facility
  - ALL transports to FECs MUST be reviewed by a peer reviewer
- **Page P-38 Stroke/TIA Triage/Transport Decision Scheme**
  - Updated to reflect importance of determining "Last seen normal time"
  - References Large Vessel Occlusion and the VAN assessment
- **Page P-50 BLS Equipment**
  - Addition of King airway sizes 0 and 1 (1 ea) to King LT-D or LTS-D airways
    - To accommodate insertion in infants
  - Addition of 1- Thermometer (may be oral, tympanic, or skin monitoring)
    - Since monitoring of temperature is required with the new Fever/Sepsis Protocol, a thermometer is required
- **Page P-51 Signature Page**
  - Date changed to 3/1/2019
  - EMS Director MUST sign
- **Throughout Treatment Algorithms**
  - Changed the date on the bottom to read 03/01/2019

- **Page 15 Fever/Sepsis**
  - New Algorithm
  - Provides guidance for management of patients with sepsis
  - Lists criteria for both adult and pediatric Systemic Inflammatory Response Syndrome (SIRS)
- **Page 17 Heat Exposure**
  - Added "Obtain body temperature" to algorithm
- **Page 23 Stroke/TIA**
  - Indicates VAN Assessment (P-21) for patients with motor control deficit
  - Emphasizes limited scene time to 10 minutes or less
  - Emphasizes the need to obtain the "time of onset" or "last seen normal time"
  - Lists patient history and S/S that should increase suspicion of stroke/TIA (Box at bottom)
    - History of: CVA/TIA, Cardiac/vascular surgeries, DVT, Diabetes, HTN, CAD, A-Fib, Blood thinners
    - S/S: Altered mentation, Weakness/Paralysis, Visual changes, Sensory loss, Aphasia, Dysathria, Dysphagia, Syncope, Vertigo/Dizziness, Vomiting, Headache, SZ, Respiratory pattern changes, Hyper/Hypotension, Trouble walking/unsteady gait

PROTOCOL SUPPLEMENT CHANGES

- **Throughout Supplement**
  - Date of 3/1/2019 throughout
- **Page i Table of Contents**
  - Page numbers adjusted
- **Drug Index**
  - **Page S-12 Dextrose 10% (D10W)**
    - Removed references to D50W, D25W, and D12.5W)
    - Reflects changes from D50 to D10 for hypoglycemic patients where an IV is obtainable
    - Adult Dosage: Utilizing a 10 drop set (A-set), give wide open bolus, until patient becomes responsive. Once responsive, obtain BGL. If BGL $\geq$ 90mg/dL, slow infusion to a TKO rate and monitor to maintain desired effect. May repeat X 1 if no improvement in LOC AND BGL remains < 70mg/dL
    - Pediatric Dosage: Utilizing a 60 drop set (mini set), give wide open bolus, until patient becomes responsive. Once responsive, obtain BGL. If BGL $\geq$ 90mg/dL, slow infusion to a TKO rate and monitor to maintain desired effect. May repeat X 1 if no improvement in LOC AND BGL remains < 70mg/dL
    - Until current stocks of D50W (25G/50cc) are exhausted or expired, D10W can be achieved by utilizing a 250cc bag of NS and pre-filled D50W. 50cc should be withdrawn from the bag and the 50cc of D50W injected into the bag. This concentration must be well mixed (shaken) and D10W is achieved
- **Page S-18 Fentanyl**
  - Lowered pediatric dosages of Fentanyl to 2mcg/kg slow IV push to a max of 100mcg per single dose
- **Page S-21 through S-23 Ketamine**
  - Added usage to include pain management and sedation prior to electrical therapy under certain circumstances
  - For Pain Management, Ketamine can be used ONLY for patients with:
    - Extended extrication time (>10 minutes)

        - Severe non-cardiac pain rated at a 9 or 10 WITH noted signs/symptoms of severe pain such as elevated pulse rate, increased BP, obvious significant injury, etc.
        - Dosage is 0.5mg/kg IV or I/O to a maximum of 500mg
        - Given slow IV or IO push (Cannot be given IM for pain management)
        - Cannot be repeated without medical direction permission
        - If Ketamine is administered, narcotics CANNOT be administered without contacting medical control for permission
        - If narcotics have been administered, Ketamine CANNOT be administered without contacting medical control for permission
        - Monitor waveform capnography if available
    - For sedation prior to electrical therapy (cardioversion or pacing), Ketamine can be used ONLY for conscious patients that are hypotensive (SBP < 90mmHg
        - Versed is drug of choice unless hypotensive
        - Dosage is 0.5mg/kg IV or I/O to a maximum of 500mg
        - Given slow IV or IO push (Cannot be given IM for sedation prior to electrical therapy)
    - All uses of Ketamine must be reviewed by a peer reviewer
- **Adult Drug Charts**
    - Removed D50W and replaced with D10W
    - Added Ketamine to charts for pain management
    - Added Ketamine to charts for sedation prior to electrical therapy
- **Pediatric Drug Charts**
    - Adjusted Fentanyl for pain to reflect 2mcg/kg
    - Removed D50W, D25W, and D12.5W and replaced with D10W
    - Added Ketamine to charts for pain management
    - Added Ketamine to charts for sedation prior to cardioversion