

SPEMS Protocol Changes
Paramedic (EMT-P)
4/1/23 to 3/31/24

PROTOCOL CHANGES

- **New Format**
 - Protocols are now broken down into sections to make navigation easier
 - Joined like-components into same section
 - Expanded table of contents
- **Every Page**
 - Changed dates at bottom of each page to 4/1/2023
- **Cover Page**
 - Signature with April 1, 2023 date
 - Protocols will expire March 31, 2024
- **Page B-2 Medical Direction Authorization**
 - Removed the paragraph: “All SPEMS providers must use an approved standard run report form/software, with copies of all reports submitted manually or electronically to the SPEMS Medical Director through the SPEMS office by the 10th of each month.”
 - Added “of the individual and” the individual’s EMS Service Provider to keep records of the individual EMS...etc.
- **Page C-1, #4 Infection Control**
 - Changed “should” to “are strongly encouraged to”
- **Page D-13 (Pain Management)**
 - Changed #9 (referencing cardiac chest pain):
 - Added statement that states: “If patient has a SBP <90mmHg, **Fentanyl** may be administered at 50mcg (See Cardiac Chest Pain Algorithm Page 12)”
 - This allows one 50mcg dose of Fentanyl to treat chest pain for hypotensive patients
 - **Use of IV Acetaminophen for Pain Management of Traumatic Injuries**
 - Decreased the transport time to > 10 minutes (rather than > 20 minutes)
 - Removed the statement regarding IV Acetaminophen cannot be used for fever as there is now a provision in the Fever/Sepsis algorithm to allow its use for Fever if the patient cannot swallow oral meds.
 - Still states that “**IV Acetaminophen** CANNOT be given for any other pain without approval of on-line medical direction”
- **Page K-7 Signature Page**
 - Date changed to 4/1/2023
 - EMS Director MUST sign
- **Throughout Treatment Algorithms**
 - Changed the date on the bottom to read 04/01/2023
 - Reference page numbers changed to reflect new format

Page 1 Burns

- In Pain Management box, changed **IV Acetaminophen** box to lower transport time to > 10 minutes (rather than 20 minutes)
- In pediatric dose box, changed **IV Acetaminophen** box on bottom left to lower transport time to > 10 minutes (rather than 20 minutes)

Page 4 Trauma (Page 3)

- Changed **IV Acetaminophen** box to lower transport time to > 10 minutes (rather than 20 minutes)
- In pediatric dose box, changed **IV Acetaminophen** box on bottom left to lower transport time to > 10 minutes (rather than 20 minutes)

Page 12 (Cardiac Chest Pain Algorithm):

- Add box to administer **Fentanyl**, 50mcg IVP if systolic BP < 90mmHg

Page 25 (Allergic Reaction Algorithm):

- Add box to left that states “If IV/IO is unobtainable after failed attempts, Administer **Epinephrine 1:1,000** 0.3mg IM”
 - Allows for more rapid transition to Epi 1:1,000.
 - Epinephrine 1:10,000 is preferred at the Paramedic level and Paramedics **MUST** attempt IV prior to moving to Epinephrine 1:1,000 IM

Page 28 (Fever-Sepsis Algorithm)

- Add section allowing for **IV Acetaminophen** administration for fever of 100.4 or higher IF the patient has altered LOC and is unable to swallow
 - **ONLY** if transport time is > 10 minutes
 - Pediatric dosage shown in pediatric box

COVID-19 ADDENDUM CHANGES

Changed to “Known or Suspected Respiratory Virus Illness”

- Expanded the use to include:
 - COVID-19
 - RSV
 - Flu
- Removed the section about “covert” radio report
- Remains affixed to all levels of Protocols

PROTOCOL SUPPLEMENT CHANGES:

- **Throughout Supplement**
 - Date of 4/1/2023 throughout
- **Page S-4 IV Acetaminophen**
 - Reflects change of transport times (> 10 minutes)
 - Reflects allowable usage by AEMTs and Paramedics for fever management (>100.4° F.) of patients with altered LOC and are unable to swallow **ONLY** if transport time is > 10 minutes
- **Page S-20 Fentanyl**
 - Shows usage for cardiac chest pain for hypotensive patients (< 90mmHg SBP) at 50mcg