



Informational Bulletin

EMS Protocol Updates

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Approved By: Darren L. Stevens, Fire Rescue Chief



After rolling out our new EMS Operating Procedures the beginning of this month, the need for several corrections was identified. Below is a general overview of these corrections for your review. Please update all electronic devices that have the protocol application installed to ensure the most up to date version is readily available for your reference.

- OP 320.08 – Epistaxis – TXA - apply 1 gm to sterile gauze
- OP 320.14 – Airway- remove arm under needle decompression
- OP 320.27 – Crush Syndrome – removed sodium bicarbonate and LR
- OP 320.28 Extremity Injury – corrected cefazolin dosing
- OP 320.39 - Dialysis - Renal Failure – corrected inclusionary criteria for treatment of hyperkalemia
- OP 320.44 – Nausea/Vomiting – added ODT dosing
- OP 320.47 – Pediatric OD – corrected calcium dosing and calcium maximum cumulative dose
- OP 320.51 – Sedation – corrected midazolam dosing
- OP 320.52 – Seizure – added additional pediatric midazolam dosing
- OP320.63 – Spinal Immobilization-Clearance – added to OPs
- OP 340.03 – amiodarone – Refractory V- Fib – added infusion to refractory VF/VT
- OP 340.07 – calcium chloride – corrected calcium dosing and calcium maximum cumulative dose
- OP 340.08 - cefazolin – changed dosing
- OP 340.11 – diphenhydramine – added PO dose, corrected pediatric max dose
- OP 340.12 – epinephrine – corrected adult nebulized dose
- OP 340.19 – CyanoKit - corrected adult dose
- OP 340.23 – ketorolac – added pediatric dosing
- OP 340.29 – midazolam – corrected sedation dosing and seizure dosing
- OP 340.34 – ondansetron – added ODT dosing
- OP 340.40 – tranexamic acid - added TXA dose

In addition to these corrections, Dr. Jenks wanted to ensure that all providers were aware of the following information:

- If the patient receives both fentanyl and versed, the provider needs to be very aware of airway monitoring. There's a reason the FDA issued a "black box" warning about prescribing benzodiazepines and opioids together. Significant respiratory depression is to be expected.
- Given the fact that the risk of tissue necrosis is so high when administering calcium chloride, IO is now the preferred route of administration over PIV.

Just a reminder, capnography utilization is **MANDATORY** in any patient receiving sedation.

Questions regarding this bulletin should be directed to Battalion Chief Richard Cluff.