

**SPEMS Protocol Changes  
EMT-Intermediate  
2008-2009**

**NOTE:** Throughout the Protocols, there are items listed in parenthesis as “recommended”. This means that these items are allowed and encouraged for the current Protocol version; but these items are NOT mandatory. However, these items will be MANDATORY for the next version of protocols. This will allow all services to make financial arrangements to purchase these items prior to the next protocol period.

Currently, the “recommended” EMT-Intermediate Items are:

- ResQPOD
- King Airway
- EZ IO

**PROTOCOL CHANGES**

- **Every Page**
  - Changed dates at bottom of each page
- **Cover Page**
  - Signature with October 1, 2008 date
- **Page P-2: Table of Contents**
  - Updated
- **Page P-5**
  - #7 (Skills Proficiency):
    - Added King Airway (recommended)/Combitube
      - If your service carries King airways, then you must demonstrate proficiency in on the use of the King airway
      - If your service carries Combi-tubes, then you must continue to demonstrate proficiency on the Combi-tube
    - Added EZ IO
      - If your service carries the EZ IO, then you must demonstrate proficiency in on the use of the Adult EZ IO (Adult) and Pediatric EZ IO
    - Added Jamshidi to skills proficiency for services that do not carry the EZ IO
- **Page P-9**
  - Added #6 CROUP

“Characterized by inspiratory and expiratory stridor and a seal-bark like cough, it is most common amongst children < 3 years of age. Croup is often preceded by an upper respiratory infection. Respiratory distress, tachypnea, and retractions are also commonly associated with Croup. One of the most distinctive characteristics of croup is the abrupt or sudden onset of the symptoms noted above.”

- **Page P-11 Treatment Procedures**
  - Airway Management
    - Addition of sentences in 3<sup>rd</sup> paragraph which states: “Intubation attempts will be limited to 2 attempts by the primary intermediate and 1 attempt by the secondary intermediate/paramedic. In the event that all 3 attempts at endotracheal intubation fail, secondary airway adjuncts shall be utilized. Patients who cannot be intubated with an endotracheal tube should be intubated with the King airway device (**recommended**) /Combitube.”
    - Updated 5<sup>th</sup> Paragraph to read: “Proper tube placement should be reconfirmed and documented by auscultation of the lung fields and epigastrium, and observation of the end tidal CO<sub>2</sub> detection monitor following any movement of the patient and upon final disposition at the receiving facility. It is recommended that tube placement also be confirmed by a member of the receiving facility (RN, RT, MD, etc...) prior to turning over patient care to that facility. The confirmation as well as the person confirming the placement of the ET tube should be documented in the run report”
  - Removed **Cricothyrotomy** Totally
    - EMT-Intermediates are no longer allowed to perform surgical or needle cricothyrotomies
- **Page P-12 Intraosseous Infusion Adult**
  - Added (recommended) to Adult EZ IO
- **Page P-12 Intraosseous Infusion Pediatric**
  - Added (recommended) to Pedi EZ IO
- **Page P-14 RESQPOD**
  - Addition of RESQPOD (recommended)
    - “The use of the ResQPOD is **recommended** yet optional for the adult patient in cardiac arrest. An adult patient is defined by AHA as one whom has reached puberty. Intermediates who have been properly trained in the use of the ResQPOD should apply the device directly to the ventilation adjunct i.e. (BVM, ET tube, King Airway, Combitube etc.) When used with CO<sub>2</sub> monitoring the monitor should be placed between the ResQPOD and the ventilation device. The ResQPOD is not a ventilation device but provides its therapeutic benefit during chest compressions. Therefore it is necessary to maintain a good seal with the device during the chest compression phase of CPR. In the event that the patient resumes a pulse and/or spontaneous respirations the ResQPOD should be removed.”
- **Page P-16 Pre-Hospital Medications**
  - Addition of **Racemic Epinephrine 2.25% 11.25mg/0.5ml**
  - Addition of “**Glucagon 1mg/unit** (page 12) (Optional) (Appropriate training and testing must be documented prior to administration) (Page 13 and 20)”
- **Page P-36 Equipment List**
  - Added “1ea- ResQPOD (**recommended** yet optional)”
  - Added “1- King Airway (**recommended**) and/or Combitube”
  - Added 1ea-Nasal airways (adult and child)
  - Added 3- Vaseline gauze
- **Page P-37 Equipment List**
  - Added “1ea-EZ IO PD (**recommended**) and/or Jamshidi IO catheters (Infant, Pediatric)”
  - Added “1ea- Adult EZ-IO (**recommended** yet optional)”

- **Page P-38 Equipment List**
  - Addition of 2<sup>nd</sup> to last paragraph which states “If you have medical direction for any medications or invasive equipment not listed here, you must attach written authorization for the use of such. This document must be signed by the SPEMS Medical Director.”
  - Changed dates and signed by Medical Director
  - Must be signed by Service Director
  
- **Throughout Algorithms**
  - Changed dates on bottom to 10/1/08
- **Page 4 Foreign Body Airway Obstruction**
  - Updated to meet AHA 2005 Guidelines
- **Page 6 Respiratory Distress**
  - Added box at top left that states: “If Croup is suspected (P-9) in the pediatric patient administer Racemic Epi 11.25mg diluted in 3cc NS via nebulizer 1st line. May repeat dose X 1 if needed. If wheezing persists administer Xopenex per protocol.”
    - This means if you have a pediatric patient with suspected croup, administer Racemic Epinephrine as the first line drug.
    - With continuous stridor, Racemic Epinephrine may be repeated once.
    - If patient is wheezing, following Racemic Epinephrine, then administer Xopenex
  - Added **Racemic Epinephrine** for croup in the Pediatric Dose box
- **Page 7 Cardiac Arrest/Semiautomatic External Defibrillation**
  - Added in top box #4: “Use ResQPOD if the patient has reached puberty (optional)”
- **Page 8 Cardiac Chest Pain or Suspected Myocardial Infarction**
  - Addition of the second to bottom box that states “\* Following the request of Paramedic backup the EMT-Intermediate may place the patient on the cardiac monitor/12lead if available. Under no circumstances shall an EMT-I use monitor placement for interpretation/treatment. Appropriate training and testing must be documented prior to the placement of the cardiac monitor/12lead.”
- **Page 10 Post Resuscitation Management**
  - Addition of box at top left that states “\*Remove ResQPOD if previously used”
- **Page 13 Decreased Level of Consciousness or Neurologic Symptoms**
  - Addition of bottom box on right which states “\*\*If an IV is unobtainable administer **Glucagon**, 1mg/unit, IM (Optional), Appropriate training and testing must be documented prior to administration of **Glucagon** via IM injection”
- **Page 20 Seizures\***
  - Addition of first bottom box which states “\*\*If an IV is unobtainable administer **Glucagon**, 1mg/unit, IM (Optional), Appropriate training and testing must be documented prior to administration of **Glucagon** via IM injection”
  
- **Supplement**
  - Alphabetical Listing of all drugs carried
    - Indications, dosages, contraindications, etc
    - One supplement for all levels
      - Includes ECA, EMT, Intermediate, and Paramedic drugs
  - Chart for Left Sided and Right Sided 12 EKG electrode placement