

## Summary of 2018 Protocol Changes

Protocol (numbers may have changed during revision)	Name	Change	Type (Minor/Major)
0	Preface	<p>Page 1            Changed wording of first paragraph to reflect a "continued evolution of prehospital medicine in Vermont."            Changed email to vtems@vermont.gov</p> <p>Page 2            Removed references to scope of practice transition.</p> <p>Page 3 - removed reference to Combitube from Medication and Equipment Options</p> <p>Page 4 - no changes</p> <p>Page 5            last paragraph - added the word "continued"            staff name updates</p>	Minor
1.0	Routine Patient Care	<p>Removed reference to CPR from Major System Trauma</p> <p>Added bullet about maintaining normal body temperature to secondary focused assessment</p> <p>Broke out Scene Arrival and Size-up into bulleted points</p> <p>Changed sentence in Patient Approach to read "Use a pediatric resource tool, such as a length-based resuscitation tape, when treating pediatric patients."</p> <p>Added "point of care ultrasound" to Secondary/Focused Assessment and Treatment section.</p> <p>Added CPR to list of on-scene field measures for major multiple system trauma</p> <p>Page 4 - BVM Rates table - changed Adult Supraglottic rate to 6 - 10 from 8 - 10</p> <p>Page 4 - Pulse Ox Readings - changed Percent O2 for normal range to <math>\geq 94\%</math> from 94% - 100%.</p>	Minor Minor Minor Minor Major Major Minor Major
1.1	Routine Patient Care (EMR)	<p>Removed reference to CPR from Major System Trauma</p> <p>Added assisting patient with administration of patient's own epinephrine</p> <p>Added bullet about maintaining normal body temperature to secondary focused assessment</p> <p>Broke out Scene Arrival and Size-up into bulleted points</p> <p>Changed sentence in Patient Approach to read "Use a pediatric resource tool, such as a length-based resuscitation tape, when treating pediatric patients."</p> <p>Added CPR to list of on-scene field measures for major multiple system trauma</p> <p>Page 3 - BVM Rates table - changed Adult Supraglottic rate to 6 - 10 from 8 - 10; specific oxygen saturation percentages and reference to pulse oximetry removed, signs of hypoxia such as skin signs, respiratory distress, tachypnea, tachycardia and global mental status changes</p>	Minor Minor Minor Minor Minor Major Minor
1.2	Extended Care Guidelines		
2.0A	Abdominal Pain (Non Traumatic) – Adult	Moved "See Nausea/Vomiting Protocol" language to AEMT section.	
2.0P	Abdominal Pain (Non Traumatic) – Pediatric		Minor
2.1	Adrenal Insufficiency – Adult/Pediatric	Changed Paramedic Dex to 10 mg max	Minor

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2.2A	Allergic Reaction/Anaphylaxis – Adult	AEMT: Changed epi dosing to every 5 to 15 minutes, max of 3 doses. AEMT: Albuterol...may dose every 5 minutes. AEMT: DuoNeb....may dose every 5 minutes, max of 3 doses Paramedic: Removed race epi (3rd bullet) Extended: Dropped Dex max dose to 10 mg	Major  Major Major Major Major
2.2P	Allergic Reaction/Anaphylaxis – Pediatric	AEMT: Changed epi dosing to every 5 to 15 minutes, max of 3 doses. AEMT: Albuterol...may dose every 5 minutes. AEMT: DuoNeb....may dose every 5 minutes, max of 3 doses Paramedic: Removed race epi (3rd bullet) Extended: Dropped Dex max dose to 10 mg	Major  Major Major Major Major
2.3A	Altered Mental Status (Unknown Etiology) – Adult	AEMT: changed naloxone and narcan spray dosing to every 3 - 5 minutes vs. 2 - 3 minutes	Minor
2.3P	Altered Mental Status (Unknown Etiology) – Pediatric	AEMT: Refer directly to Restraints Procedure 6.4 vs Behavioral Emergencies Procedure AEMT: Repeat naloxone every 3 - 5 minutes. Pearls: AEMT and Paramedic may titrate naloxone	Minor  Minor Minor
2.4	<del>Apparent Life-Threatening Event (ALTE)</del> Brief Resolved Unexplained Event (BRUE)	Changed name of protocol Will shift order and protocol number at later date Changed PEARL to reflect child of less than 1 year of age, not less than 2.	Minor Minor Minor
2.5A	Asthma/COPD/RAD – Adult	Removed AEMT medical direction for use of albuterol. Dex dose to 10 mg. Added a pearl regarding IV starts. AEMT: Changed DuoNeb OR Albuterol to AND/OR. Changed bullet to read: For patients who do not respond to treatments, or for impending respiratory failure, continue nebulizers and consider CPAP up to a maximum of 10 – 15 cm H2O pressure support. Added Extended Care: Albuterol metered-dose inhaler (MDI) 2 – 4 puffs. May repeat every 5 minutes for continued symptoms. Changed Paramedic Extended Care to Extended Care. AEMTs can give metered-dose inhaler also.	Major Major Minor Minor Major  Minor Minor
2.5P	Asthma/Bronchiolitis/Croup/RAD – Pediatric	Removed AEMT medical direction for use of albuterol. Dex dose to 10 mg. Added repeat doses and when to contact Medical Direction for nebulized epi. Added a pearl regarding IV starts. AEMT: Changed DuoNeb OR Albuterol to AND/OR. For impending respiratory failure, continue nebulizers and consider CPAP (see CPAP 5.3P). Simplified Bronchiolitis section to remove age splits.	Major Major Minor  Minor Major Minor  Minor
2.6	Behavioral Emergencies Including Suicide Attempts & Threats – Adult/Pediatric	Add open bullet under excited delirium to refer to the restraints procedure	Minor
2.7A	Diabetic Emergencies (Hyperglycemia) – Adult	Changed 500mL bolus to 1000mL, removed "250mL/hr" replaced with "reassess and administer 1000mL .9% NaCl IV/IO if indicated."	Minor
2.7P	Diabetic Emergencies (Hyperglycemia) – Pediatric	Added "IV/IO" route specification	Minor
2.8A	Diabetic Emergencies (Hypoglycemia) – Adult	Change: Treat hypoglycemia if blood glucose is <60 mg/dL; Moved "do not treat and release..." PEARL to final bullet point in EMT Added Pearl "When administering dextrose, monitor IV site for signs of extravasation.	

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2.8P	Diabetic Emergencies (Hypoglycemia) – Pediatric	Added "or 5mL/kg" Moved "do not treat and release..." PEARL to final bullet point in EMT Added Pearl "When administering dextrose, monitor IV site for signs of extravasation."	Minor
2.9	Hyperthermia (Environmental) – Adult & Pediatric	Added "Utilize ice bath if available" between misting and truncal. Added hyperthermia ice bath PEARL for standy events, and referral to "rehab protocol"  Changed bullet about discontinuing active cooling to add temperature range at which to discontinue.	Minor Minor Minor
2.10	Hypothermia (Environmental) – Adult & Pediatric	Added "contraindications to prolonged CPR include" before prolonged CPR bullet Added "hypothermia is a clinical diagnosis"	Minor Minor
2.11	Nausea/Vomiting – Adult & Pediatric	Added PEARL for applying 12-lead ECG when appropriate	Minor
2.12A	Nerve Agent/Organophosphate Poisoning – Adult		
2.12P	Nerve Agent/Organophosphate Poisoning – Pediatric		
2.13	Newborn Care	Add "but no less than 1 minute" after chord stops pulsating	Minor
2.14	Newborn Resuscitation	Removed bullet 1 Added bullet under BVM ventilation "meconium aspiration may be indicated if airway is obstructed."	Major Major
2.15	Normal Labor and Delivery		
2.16	Obstetrical Emergencies		
2.17A	Pain Management – Adult	Paramedic (all): Added "Fentanyl 25-100 mcg slow, every 2-5 minutes to a total of 300 mcg titrated to pain relief (Fentanyl is the preferred narcotic agent)"  Removed bullet on reassessing patient every five minutes.  Added "Morphine 2-5 mg IV/IM every 10 minutes to a total of 20 mg titrated to pain relief and if systolic BP is >100 mmHg"  Added "Ketamine .25mg/kv IV infusion (in 100mL bag .9% NaCl) over 15 minutes"  In red flags, added "or 2-4mg intranasal" in the antidote section.  Added IV Acetaminophen and Ketorolac IV/IM to Paramedic level.  Removed mention of pediatrics ≥9 years of age from Adult Protocol.  In red flags, added contraindications of acetaminophen.  Adapted NH's 2-page Adult Pain protocol but retained VT medication dosages; Contact Medical Direction for benzodiazepine administration alone or in conjunction with narcotic administration for musculoskeletal spasms; added in acetaminophen to EMT 325-1000mg PO; added "(Maintain SBP ≥ 100) to Paramedic pain management heading. Added caution to Pearls about only using nitrous oxide if a patient has not received an opiate or ketamine.	Major (all)       Major (all)       Major

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2.17P	Pain Management – Pediatric	<p>Paramedic: Changed to 5-10 minute intervals for reassessment doses at half the original dose to a total of 3 doses.</p> <p>AEMT: Added "if the child is age &gt;=9, able to self-administer, and has not received an opiate" to nitrous oxide management.</p> <p>Medic: Under antidote red flag, added "or 2-4 mg intranasal"</p> <p>Split EMT and AEMT section out. Added nitrous to AEMT level.</p> <p>Added IV Acetaminophen IV or PO to Paramedic level.</p> <p>Moved narcotic contraindications to better caution such use.</p> <p>Pushed protocol to 2 pages to allow for nitrous addition.</p> <p>Changed "Cardiac chest pain" to "Chest pain" in nitrous contraindication list.</p>	<p>Minor (all)</p> <p>Major</p> <p>Major</p> <p>Minor</p> <p>Minor</p>
2.18A	Poisoning/Substance Abuse/Overdose – Adult	<p>AEMT: bullet on restraints, changed "behavioral emergencies" to "restraints" link.</p> <p>Medic: Added "&gt;110ms" to wide QRS under last paramedic bullet.</p> <p>Medic: Changed "Tricyclic" to "Tricyclic (Cyclics) in the medication reference.</p>	Minor (all)
2.18P	Poisoning/Substance Abuse/Overdose – Pediatric		
2.19A	Seizures – Adult		
2.19P	Seizures – Pediatric		
2.20A	Septic Shock – Adult	<p>Under physiologic criteria, adopted NH's criteria</p> <p>P: Added "IV/IO" after pump in Norepinephrine bullet</p> <p>P: New bullet under norepi, "Consider push dose epinephrine (10mcg/mL) for short transport times or as bridge to infusion. Administer 0.5-2 mL (IV/IO) every 2-5 minutes (5-20 mcg)</p> <p>P: New bullet, "OR, Epinephrine infusion 2-10 mcg/min via pump"</p>	<p>Major</p> <p>Major</p> <p>Major</p> <p>Major</p>
2.20P	Septic Shock – Pediatric	<p>Under physiologic criteria, changed lactate "&gt;4" to "&gt;2"</p> <p>Paramedic: removed dopamine</p> <p>P: Added IV/IO after "pump" with norepi and epi bullets</p> <p>Changed top section heading to "Identification of Possible Sepsis"</p> <p>Added PEARL about monitoring IV site for extravasation when administering vasopressors.</p>	<p>Major</p> <p>Major</p> <p>Minor</p> <p>Minor</p> <p>Minor</p>
2.21A	Shock – Adult	<p>A: Moved IV fluid bullet from E section to A and P.</p> <p>A: Added bullet for heating IV saline to 104 degrees</p> <p>P: Removed phenylephrine under cardiogenic shock</p> <p>P: Added push dose epi under cardiogenic shock (same verbage as sepsis)</p>	<p>Minor</p> <p>Minor</p> <p>Major</p> <p>Major</p>

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2.21P	Shock – Pediatric	P: Removed dopamine from cardiogenic & distributive shock.  P: Removed from Cardiogenic Shock: "Consider push dose epinephrine (10mcg/mL) for short transport times or as bridge to infusion. Administer 0.5-2 mL every 2-5 minutes (5-20 mcg)."	Major  Major
2.22A	Smoke Inhalation – Adult	P: Added sub-bullet under "Consider early advanced airway[...]" saying "Consider epinephrine 3mg (3mL) in 3mL 0.9% NaCl via nebulizer for symptomatic patients. Especially if unable to obtain advanced airway."	Major
2.22P	Smoke Inhalation – Pediatric	P: Added sub-bullet under "Consider early advanced airway[...]" saying "Consider epinephrine 3mg (3mL) in 3mL 0.9% NaCl via nebulizer for symptomatic patients. Especially if unable to obtain advanced airway."	Major
2.23	Stroke – Adult	Adopted NE Stroke Protocol, but added "Draw labs, if possible." to A/P section. Changed Alert Criteria to read "time last known well is less than 24 hours or unknown."	
3.0	Acute Coronary Syndrome – Adult	P: Added title for medication bullets: "For chest discomfort unresponsive to nitrates, consider analgesia:" P: Added "preferred agent" after fentanyl dosage P: Added red flag "Morphine should be used with caution, due to an association with increased mortality." E: Added "perform serial 12-lead ECGs, especially any time when clinical changes are noted." to "acquire and transmit 12-lead" E: Changed "left arm pain" to "jaw or arm discomfort", "epigastric pain" to "epigastric discomfort"	Minor  Minor Minor Minor
3.1A	Bradycardia – Adult	P: Added "consider glucagon 2-5mg IV/IO over 3-5 minutes. May repeat up to 10mg; if effective, place on infusion 1-5mg/hr" to Symptomatic beta blocker bullet under Med Direction section P: Remove poisoning/substance abuse bullet (circular reference)	Major  Minor
3.1P	Bradycardia – Pediatric	Reworked Paramedic analgesia prior to or during transcutaneous pacing section. P: Remove poisoning/substance abuse bullet (circular reference)	Minor  Minor

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3.2A	Cardiac Arrest – Adult	<p>New protocol, "High Performance CPR" to be added in the appendix as an alternate protocol for services that have switched Add to "integrated teams" PEARL, refer to appendix for high performance CPR.</p> <p>Added under Paramedic standing orders for VF/VT:  <ul style="list-style-type: none"> <li>o Changing pad placement from anterior-apex to anterior-posterior.</li> <li>o If second manual defibrillator is available, consider Double Sequential Defibrillation Procedure 5.4</li> </ul> </p> <p>EMT section - reworked transport options: If a shock is delivered to patient, transport as soon as one of the following occurs:  <ul style="list-style-type: none"> <li>o You have administered three shocks.</li> <li>o The patient regains a pulse.</li> <li>o If you have received three consecutive NSI messages, contact Medical Direction to consider termination of resuscitation OR continue resuscitation and transport.</li> </ul> </p> <p>Page 1 - Paramedic section: Changed last 2 bullets to begin with "For refractory ventricular fibrillation, consider:"</p>	<p>Major</p> <p>Minor</p> <p>Major</p> <p>Major</p> <p>Minor</p>
3.2P	Cardiac Arrest – Pediatric	<p>P: 3rd bullet (amiodarone) under "for v-fib", added "May repeat up to 2 times for refractory VF/VT"</p> <p>P: Under lidocaine VF bullet, removed "may repeat once", added "maintenance: 20-50 mcg/kg/min infusion, repeat bolus dose if infusion initiated greater than 15 minutes after initial bolus therapy."</p> <p>A: Added bullet above capnography: "BVM ventilation is the preferred method for ventilation of the pediatric population. However, if unsuccessful, consider placement of a supraglottic airway. Consider advanced airway after use of AED, as applicable."</p>	<p>Major</p> <p>Major</p> <p>Major</p>



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3.6A	Tachycardia – Adult	<p>P: 2nd page, under monomorphic QRS, lidocaine bullet, removed "considered second line therapy", changed dosage to 1mg/kg</p> <p>P: Under lidocaine sub-bullet, changed repeat frequency to x2 doses q5 minutes (total of 3 doses)</p> <p>P: Under amiodarone bullet, added "OR" before lidocaine</p> <p>P: Added PEARL: For best results in vagal maneuver: start with patient head of bed elevated 30 degrees, while the patient is performing vagal maneuver over 15 seconds, lower the bed back and raise the legs."</p> <p>Red flag box: Added metoprolol, amiodarone and adenosine to contraindicated meds for patients with WPW syndrome.</p>	<p>Major</p> <p>Minor</p> <p>Minor</p> <p>Minor</p> <p>Major</p>
3.6P	Tachycardia – Pediatric	P: Under wide complex bullet, added new bullet "OR lidocaine 1mg/kg IV/IO bolus (maximum 100mg)"	Major
4.0A	Burns (Thermal) – Adult		
4.0P	Burns (Thermal) – Pediatric		
4.1	Drowning/Submersion Injuries – Adult & Pediatric		
4.2	Eye & Dental Injuries – Adult & Pediatric		
4.3	Musculoskeletal Injuries – Adult & Pediatric	<p>Added reference to Pain Management Protocols for Adult and Pediatric to the EMT section.</p> <p>Added (hip) to " Do not apply traction splints to proximal (hip) or distal femur fractures, partial amputations, or if lower leg or ankle injury."</p>	<p>Minor</p> <p>Minor</p>
4.4	Rhabdomyolysis/Crush Injury – Adult & Pediatric	<p>E: Added new bullet "maintain O2 sats greater than equal to 94%"</p> <p>E: Changed "immobilize patient" to "initiate spinal motion restriction"</p> <p>A: Added bullet "Acquire and transmit 12 lead ECG if available"</p> <p>P: Added bullet "consider hyperkalemia"-- copied language from 3.2. To add hyperkalemia information to appendix</p>	<p>Minor</p> <p>Minor</p> <p>Minor</p> <p>Minor</p>
4.5	Spinal Motion Restriction		
4.6	Thoracic and Abdominal Injuries – Adult & Pediatric		
4.7	Traumatic Brain Injury – Adult & Pediatric	Added to P section for sedation: Ketamine 4 mg/kg (max dose 500 mg) administered by IM injection only. Contact Medical Direction for additional dosing.	Major
New	TXA	New protocol - needs local DMA approval. Currently not approved for agencies transporting to UVMMC	Major
5.0	Airway Management Procedure	Added "Use of PEEP valve can be especially helpful when patient is difficult to ventilate." to page 2. Bolded reference to ventilation with BVM and consideration of PEEP valve.	
5.1A	Airway Management Protocol – Adult		
5.1P	Airway Management Protocol – Pediatric		



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5.2	Automated Transport Ventilators		
5.3	<del>Combitube</del>		
5.4	Continuous Positive Airway Pressure (CPAP) – Adult & Pediatric	Changed pressure to 5 - 15 cm	Minor
5.x	Double Defib		
5.5	Foreign-Body Obstruction		
5.6	Gum Elastic Bougie/Flexguide		
5.7	i-gel		
5.8	King – LT		
5.9	Laryngeal Mask Airway (LMA)		
5.10	Nasotracheal Intubation		
5.11	Orotracheal Intubation		
5.12	Percutaneous Cricothyrotomy		
5.13	Suctioning of Inserted Airway		
5.14	Tracheostomy Care – Adult & Pediatric		
6.0	Advanced Spinal Assessment	Add: check for abnormal neurological findings in all four extremities	Minor
6.1	ECG Acquisition, Transmission and Interpretation	Change: discomfort for pain	Minor
6.2	Intraosseous Access		
6.3	Quantitative Waveform Capnography		
6.4	Restraints	Added in OR: Ketamine 4mg/kg IM injection only (max dose 500 mg). Use 100 mg/ml concentration. Repeat 100 mg IM dose in 5-10 minutes for continued agitation. Red Flag: On-line medical direction is required for sedation of an adult with combative behavior from a behavioral emergency. Sedation for combative adults for overdose, poisoning, or head trauma is by off-line order. Added (intoxication) after overdose to Red Flag area.	Major
6.5	Taser (Conducted Electrical Weapon) Probe Removal and Assessment		
6.6	Tourniquet & Hemostatic Agent – Adult & Pediatric	"Tighten per manufacturer instructions until hemorrhage stops <b>and</b> distal pulses in affected extremity disappear." ADD: junctional tourniquet to Prehospital External Hemorrhage Control Protocol	Minor
6.7	Vascular Access Via Pre-Existing Central Catheter		
7.0	Interfacility Transfer		
7.1	Interfacility Transport of Patients with IV Heparin by Paramedics	Deleted: Drip rates will not exceed 1600 units/hr. Added: Drip rates will not exceed 18 units/kg/hr (based on adjusted body weight); max rate	Major
7.2	Rapid Sequence Intubation (RSI)		
8.0	Abuse and Neglect Assessment and Management		
8.1	Air Medical Transport	ADD to Circulatory insufficiency: sustained systolic blood pressure <90mmHg in adults, age appropriate hypotension in children, or other signs of shock. ADD: critically ill children, including those with acute decompensation of chronic and/or special healthcare needs.	
8.2	Baby Safe Haven		
8.x	Bariatric	Modified and adopted NH protocol	Major
8.3	Bloodborne/Airborne Pathogens		
8.4	Communications		
8.5	Communications Failure		
8.6	Consent for Treatment of a Minor		
8.7	Crime Scene/Preservation of Evidence		
8.8	Do Not Resuscitate (DNR) & Clinician Orders (COLST) and DNR/COLST Form		

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8.9	Ebola Virus Disease	Removed specific references to countries	
8.10	Left Ventricular Assist Device (LVAD)	Replaced VT's LVAD policy with NH's Implantable VAD policy	Minor
8.11	Non-EMS Personnel at the Emergency Scene		
8.12	Pediatric Transportation		
8.13	Police Custody	Change (18 VSA 7504 to 7505); Change: Excited Delirium see: Behavioral Emergencies to <i>Restraints</i> .	Minor
8.14	Refusal of Care and Patient Non-Transport Form		
8.15	Response to Domestic Violence		
8.16	Resuscitation Initiation and Termination	<p>Page 1: Add Body frozen solid, unable to perform chest compressions to "Factors of Death"</p> <p>Page 1: Add "but not limited to" to "Damage or destruction of the body..."</p> <p>Page 2: TOR Rule changes:</p> <ul style="list-style-type: none"> <li>o If ALL criteria are present, contact Medical Direction to consider termination of resuscitation.</li> <li>o If ANY criteria are missing, continue resuscitation and transport OR contact Medical Direction to consider termination of resuscitation</li> <li>o Notify law enforcement if terminating resuscitation.</li> </ul> <p>Page 2 - Paramedic reference to narrow complex PEA changed to read:</p> <ul style="list-style-type: none"> <li>o For narrow-complex PEA with a rate above 40 or refractory and recurrent ventricular fibrillation/ventricular tachycardia, consider continuation of resuscitation and transport. <ul style="list-style-type: none"> <li>o May consider termination of resuscitation if &gt; 60 minutes from time of dispatch.</li> <li>o Confirm lack of organized heart wall movement with point-of-care ultrasound, if available and trained.</li> </ul> </li> </ul> <p>Page 2 - Changed first paramedic bullet regarding asystole or slow, wide PEA to "Contact Medical Direction to consider Termination of Resuscitation for non-hypothermic patient unresponsive to advanced cardiac life support with a non-shockable rhythm after 20 minutes of resuscitation and ETCO2 less than or equal to 10 mmHg."</p>	<p>Major</p> <p>Minor</p> <p>Major</p> <p>Major</p> <p>Major</p>
8.17	Trauma Triage and Transport Decision		
9.0	Hazardous Materials Exposure		
9.1	Mass/Multiple Casualty Triage		
9.2	Radiation Injuries – Adult & Pediatric		
A1	Vermont Adult Medication Reference	Updated	
A2	Pediatric Color Coded Appendix	Add dexamethasone to pediatric appendix	
A3	Scope of Practice (update to 2018)	Updated	
A4	VT Specialty Care Paramedic (SCP) Scope of Practice	Updated	
A5	Cardiac Algorithms		
A6	CPAP Algorithm		
A7	VT Incident Scene and Training Rehabilitation Guidelines for EMS		

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A8	High Performance CPR - Adult	New protocol, "High Performance CPR" to be added in the appendix as an alternate protocol for services that have switched	
A9	EMS in the Warm Zone		
New	Drip Charts		
New	Push Dose Pressors	Integrated	