

ermont EMS Statewide Protocols					
Protocol	Name	Section	Change	Date	Classification
1.0	Routine Patient Care	Circulation	Changed first subbullet to read "Apply a topical hemostatic agent, in combination with direct pressure, for wounds in anatomical areas where tourniquets cannot be applied and sustained direct pressure alone is ineffective or impractical. Only apply topical hemostatic agents in a gauze format that supports wound packing. Only utilize topical hemostatic agents which have been determined to be effective and safe in a standardized laboratory injury model."	11/13/2014	Clinical
		Circulation	Change the name of Protocol 6.6 Tourniquet and Hemostatic Agent	1/13/2015	Grammatical
		Disability Assessment	Changed 3rd and 4th bullets to reference spinal motion restriction.	1/13/2015	Clinical
		Major Multiple System Trauma	Change long board to spinal motion restriction	1/13/2015	Clinical
1.1	Routine Patient Care - EMR	Circulation	Changed first subbullet to read "Apply a topical hemostatic agent, in combination with direct pressure, for wounds in anatomical areas where tourniquets cannot be applied and sustained direct pressure alone is ineffective or impractical. Only apply topical hemostatic agents in a gauze format that supports wound packing. Only utilize topical hemostatic agents which have been determined to be effective and safe in a standardized laboratory injury model."	11/13/2014	Clinical
		Circulation	Change the name of Protocol 6.6 Tourniquet and Hemostatic Agent	1/13/2015	Grammatical
		Scope of Practice	Change the name of Protocol 6.6 Tourniquet and Hemostatic Agent	1/13/2015	Grammatical
		Disability Assessment	Second bullet: added "unless patient is alert and spontaneously moving neck without pain." Removed same on 2/10/15	1/13/2015 & 2/10/15	No change
2.1	Adrenal Insufficiency	Paramedic	Added alternative injectable steroids. Added IO as a delivery method.	1/13/2015	Clinical
2.2A	Allergic Reaction/Anaphylaxis - Adult	AEMT	Dropped reference to Epi (1:1,000) in favor of only autoinjector administration; readded it 1/13/15.	11/13/2014 & 1/13/15	Clinical
		EMT and AEMT	Dropped (EpiPen) reference. More than one autoinjector manufacturer now, and epinephrine autoinjector is a clearly defined clinical term	12/4/2014	Clinical

		Paramedic	Changed second bullet from mixing to infusion with pump. Drop reference to Methylprednisolone. Struck "severe" from 2nd bullet re refractory to IM epi. Added nebulized epinephrine as alternative to DuoNeb. Added "to treat puritis (itching)" to Diphenhydramine bullet. Added "For Bronchospasm" to the DuoNeb bullet. Modified Epi dosing to 3 mg (3 mL) in 3 mL normal saline via nebulizer.	1/13/2015 & 2/10/15	Clinical
		Pearls	Added last bullet to Pearls "Consider patients with history of asthma as having a high risk of anaphylaxis."	1/13/2015	Clinical
2.2P	Allergic Reaction/Anaphylaxis - Pediatric	EMT	Changed weight from "between 10 kg and 35 kg." to "less than 25 kg."	11/13/2014	Clinical
		AEMT	Changed weight range as referenced above. Removed reference to Epi (1:1,000). Readded on 1/13/15. Added epi via nebulizer. Added "May repeat x 2 as needed." to bolus for hypotension.	11/13/2014 & 1/13/15	Clinical
		EMT and AEMT	Dropped (EpiPen) reference. More than one autoinjector manufacturer now, and epinephrine autoinjector is a clearly defined clinical term	12/4/2014	Clinical
		Pearls	Added last bullet to Pearls "Consider patients with history of asthma as having a high risk of anaphylaxis." 2/10/15: Replaced Pearls with NH pearls.	1/13/2015 & 2/10/15	Clinical
		Paramedic	Dropped reference to continuing Epi (1:1,000); readded it 1/13/15. Changed second bullet from mixing to infusion with pump. Drop reference to Methylprednisolone. Struck "severe" from 2nd bullet re refractory to IM epi. To same section, removed "infusion 0.1 – 1 mcg/kg/min, titrated to effect (infusion pump required)." and replaced with "(place 1 mg epinephrine (1:10,000) in 1000 mL 0.9% naCl for 1 microgram/mL). Infuse 0.1 – 2 micrograms/kg/minute via pump until symptoms resolve." Added nebulized epinephrine as alternative to DuoNeb. Added "For puritis (itching)" to Diphenhydramine bullet. Added "For Bronchospasm" to the DuoNeb bullet. For Epi bronchospasm dose, added 1.5 mg (1.5 mL)...	11/13/14 & 1/13/15 & 2/10/15	Clinical
2.3A	Altered Mental Status - Adult	AEMT	Changed "D50" to "dextrose"	12/4/2014	Clinical
		Pearls	Changed "D50" to "dextrose"	12/4/2014	Clinical
		EMT	Changed bullet that begins "Transport patient using cervical..." to "If trauma can be excluded, transport patient in a coma/recovery position. If trauma suspected, see Advanced Spinal Assessment Protocol 6.0." Changed O2 to O2.	12/4/2014	Clinical

2.3P	Altered Mental Status - Pediatric	AEMT	Changed "D50" to "dextrose"	11/13/2014	Clinical
		EMT	Changed bullet that begins "Transport patient using cervical..." to "If trauma can be excluded, transport patient in a coma/recovery position. If trauma suspected, see Advanced Spinal Assessment Protocol 6.0." Changed O2 to O ₂ .	12/4/2014	Clinical
		Pearls	Changed "D50" to "dextrose"	12/4/2014	Clinical
2.5A	Asthma/COPD/RAD - Adult	AEMT and Paramedic	Dropped reference to Epi (1:1,000) in favor of only autoinjector administration. Not using EpiPen reference. More than one autoinjector manufacturer now, and epinephrine autoinjector is a clearly defined clinical term; readded epi 1/13/15. Methylprednisolone is IV/IO/IM. DuoNeb and Albuterol/ipratropium bromide = 3 doses total. Added Dexamethasone and wording about injectable steroid. Changed first and second bullet of pearls to combine.	11/13/2014	Clinical
2.5P & 2.XP	Asthma/Croup/RAD - Pediatric	EMT	Change bullet that begins "Administer oxygen." and add "Maintain O₂ saturation >=90%." Delete bullet that begins "For suspected croup...give humidified oxygen" Changed back to 94% on 1/13/15. Took out line about keeping child calm.	12/4/2014	Clinical
		AEMT and Paramedic	Dropped reference to Epi (1:1,000) in favor of only autoinjector administration. Not using EpiPen reference. More than one autoinjector manufacturer now, and epinephrine autoinjector is a clearly defined clinical term. Changed AEMT to not routinely establish IV. Changing paramedic meds dosing. Changed pearls	12/4/2014	Clinical
		ALL	Adopted NH's draft of asthma, croup, bronchiolitis protocol	2/10/2015	Clinical
2.7A	Diabetic Emergencies (Hyperglycemia/Hypoglycemia) - Adult & Pediatric	ALL	Broke out to 4 protocols: Hyperglycemia - Adult; Hyperglycemia - Pediatric (removed dosing chart, red flag and box); Hypoglycemia - Adult; and Hypoglycemia - Pediatric	1/14/2015	Clinical
2.9	Hypothermia (Environmental) - Adult & Pediatric	ALL	Sweeping changes - Now 2 pages. Added significantly to all sections and changed stages chart to include broader descriptions and treatment information.	1/15/2015	Clinical
2.10	Nausea/Vomiting - Adult & Pediatric	AEMT	Moved Ondansetron 4 mg IV/ODT (oral dissolving tablets) from Paramedic to AEMT section for Adults. Dropped IV in favor of just ODT.	12/4/2014	Clinical
		Paramedic	Added new first bullet under Adult: "Ondansetron 4 mg IV/IM."		

2.16A	Pain Management - Adult	Paramedic	Added "hypoventilation" before the phrase "allergic to narcotics" in the first bullet	1/15/2015	Clinical
2.16P	Pain Management - Pediatric	Paramedic	Added "hypoventilation" before the phrase "allergic to narcotics" in the first bullet	1/15/2015	Clinical
2.18A	Seizures - Adult	Paramedic & Pearls	Took out Diazepam PR dosing; Changed Pearl to read Diazepam and lorazepam are"	2/12/2015	Clinical
2.18P	Seizures - Pediatric	Paramedic & Pearls	Took out Diazepam PR dosing; Changed Pearl to read Diazepam and lorazepam are"	1/15/2015	Clinical
2.19	Septic Shock - Adult	EMT	Added third bullet "Check finger stick glucose by glucometer."	1/15/2015	Clinical
2.19P	Septic Shock - Pediatric	ALL	Adopted NH Pediatric Septic Shock Protocol in entirety	1/15/2015	Clinical
2.20A	Shock - Adult	Intro	Added last sentence: "Provide advanced notification to hospitals for all patients with suspected shock."	1/15/2015	Clinical
		Paramedic	Add bullet: Check serum lactate (if available and trained).		
		EMT	Distributive Shock: Changed "immobilization" to "motion restriction"		
		Paramedic	Distributive Shock: Changed last bullet to read: "For patient with history of adrenal insufficiency, administer stress dose of hydrocortisone 100 mg IV/IM (preferred) or other injectable steroid."		
2.20A	Shock - Pediatric	Intro	Added last sentence: "Provide advanced notification to hospitals for all patients with suspected shock."	1/15/2015	Clinical
		Paramedic	Add bullet: Check serum lactate (if available and trained).		
		EMT	Distributive Shock: Changed "immobilization" to "motion restriction"		
		Paramedic	Distributive Shock: Changed last bullet to read: "For patient with history of adrenal insufficiency, administer stress dose of hydrocortisone 100 mg IV/IM (preferred) or other injectable steroid."		
		AEMT	Cardiogenic Shock: Changed last bullet to read: Contact Medical Control to consider 0.9% NaCl in 10 mL/kg bolus over < 15 min and repeat as tolerated.		

4.3	Musculoskeletal Injuries - Adult & Pediatric	EMT	Changed the bullet that begins "in a patient with a high risk mechanism" to "All patients that have a mechanism of injury that could cause a spinal injury, including high risk or questionable injury mechanisms, should have a spinal assessment and spinal motion restriction if indicated. See Spinal Motion Restriction Protocol 4.X and Advanced Spinal Assessment Protocol 6.0." Changed name of Tourniquet Protocol to Tourniquet and Hemostatic Agent.	12/4/2014 & 1/15/15	Clinical
		Pearls	Remove "long and short" from the first bullet. Removed first sentence from first bullet, regarding spinal immobilization devices.	12/4/2014 & 2/11/15	
4.7X	Spinal Motion Restriction	New Protocol		11/25/2014	Clinical
		Edits to New Protocol	Added ", unless patient is alert and spontaneously moving neck" to 3rd bullet. Switched the words lift-and-slide technique and log roll in 10th bullet	12/9/2014	
		Edits to New Protocol	Moved "Perform advanced spinal assessment" bullet to second position. Removed last bullet under red flag box that began "Patients without any findings..."	12/4/2014	
		Edits to New Protocol	EAP: Third bullet under patients requiring spinal motion restriction: changed to "by using lift-and-slide or log roll technique" instead of "by using lift-and-slide technique and log roll." 2/11/15: Replaced this entire section with NH draft language.	1/15/2015 & 2/11/15	
5.0	Airway Management Procedure	Page 2	Added i-gel to supraglottic airway list. Added high-flow nasal cannula to CPAP paragraph	1/15/2015	Clinical
5.1A	Airway Management - Adult	AEMT	Added reference to i-gel.	1/15/2015	Clinical
		Paramedic	Added bullet regarding placement of OGT to decompress stomach. (Per DW, OGT, not OGT/NGT.) Added reference to i-gel.	2/11/2015 & 2/12/15	
5.1P	Airway Management - Pediatric	Paramedic	Changed this section to be more in line with NH. Added bullet regarding placement of OGT to decompress stomach. (Per DW, OGT, not OGT/NGT.) Added reference to i-gel.	1/15/2015 & 2/11/15 & 2/12/15	Clinical
5.10	Orotracheal Intubation	Paramedic - first page	Removed last sentence from first section. Under Procedure, #4, added line "Use video laryngoscopy, if available and trained."	2/11/2015	
		Paramedic - 2nd page	Video-Laryngoscope: added to end of last sentence "and should be used if available and trained." Added line regarding using Percutaneous Cric.	1/15/2015 & 2/12/15	Clinical
5.11	Percutaneous Cricothyrotomy	Paramedic	Procedure: #1 - add sentence "Choose appropriate sized device."	1/15/2015	Clinical
			Indications: remove subbullet "age greater than 10"		

6.0	Advanced Spinal Assessment	Page 1	Changed purpose statement. Changed "spinal immobilization" to "spinal motion restriction" throughout the protocol. Added reference to 4.7X Spinal Motion Restriction Protocol. Changed "Age less than 9 years." to "Child who cannot participate in assesment."	11/13/2014	Clinical
		Page 2	Eliminated "Unstable Vital Signs Abnormal Peripheral Perfusion" box. Changed "Patient Age <9 Or ..." to "Child unable to participate, Or..."		
6.6	Tourniquet & Hemostatic Agent		Added "& Hemostatic Agent" to title. Reworked protocol to include indications and procedures for including topical hemostatic agents. Added External Hemorrhage Control Protocol flowchart to the bottom of the protocol. Added hollow bullet: Consider application of a second tourniquet just proximal to the first for failure to control bleeding.	11/13/2014 & 2/11/15	Clinical
6.2	Adult Medication Reference	Page 2	Procedure 8, first hollow bullet: Drop 2 - 5 ML. Leave as 20 - 50 mg 2% lidocaine.	12/4/2014	Grammatical
6.6		Entire Protocol	Changed name of protocol to add "& Hemostatic Agent" Entire protocol has been reworked.	12/4/2014	Clinical
8.1	Air Medical Transport	Clinical Conditions	Added: Burns: Major burns with greater than 20% BSA and/or inhalation injury with risk of airway compromise.	2/11/2015	Clinical
8.15	Resuscitation Initiation and Termination	Page 2	Under Contact Medical Control to consider...: 3rd subbullet - wording changed to align with Hypothermia Protocol; added "non-hypothermic" to last bullet on page under Paramedic.	1/15/2015 & 2/12/15	Clinical
8.15	Trauma Triage		Changed FAHC to UVMC	2/1/2015	
Appendix 1	Scope of Practice		Ondansetron: Added "/IM" option.	12/4/2014	Clinical
			Lidocaine: Removed 2 - 5 ML. Left 20 - 50 mg.		Grammatical
Appendix 3		Pediatric Airway	Removed check box under AEMT for King LT-D	12/16/2014	Clinical
Where to put ??	Ebola Virus Disease	Entire Protocol	Protocol reworked; modified slightly 1/15/15 to include CDC link. 2/12/15: Page 1, modified contries involved in first box.	12/5/2014 & 1/15/15 & 2/12/15	Clinical
Still to come	Changes to Meds Reference; Pediatric Color Coded Appendix; title and numbering changes throughout; link changes throughout.				

5.X	i-gel Procedure	Entire Procedure	New.	2/11/2015
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