

The following is the list of changes to the July 2016 Denver Metro Protocols:

1. Adult and pediatric protocols have been combined wherever possible. Protocols that could not be combined were placed directly behind adult protocol as a pediatric specific protocol. In the protocols, a purple box was added to note pediatric specific items.
2. Protocols have been renumbered and combined into more specific categories.
3. All the protocols have been reviewed and updated as determined by the review group and approved by the DMEMSMD physicians. **The following list of items is not all inclusive of every change.**
4. Fluid administration for medical and traumatic shock standardized throughout protocols with a few exceptions. Pediatric specific information included for treatment of shock within protocols.
5. Standardized language for pediatric airway management added throughout protocols.
6. 0010 Introduction – language added regarding training and education.
7. 0050 Termination of Resuscitation – additional situations added to patients where prolonged resuscitation efforts may be warranted
8. 0100 Mandatory Reporting of Abuse Patients – Additional information added to the protocol
9. 0130 Transportation of the Pediatric Patient – New protocol added
10. 0140 Pediatric Needle Cricothyrotomy – New protocol added
11. 1050 Supraglottic Airway – Changed from the King airway protocol to a non-specific manufacturer supraglottic airway protocol
12. 1110 Intraosseous Catheter Placement – Base contact requirement for hypoglycemic patient changed.
13. 1140 Gastric Tube Insertion – New protocol added
14. 2000 Group of Respiratory Protocols – Protocols combined into group of respiratory protocols specific to adult and pediatric. New adult and pediatric wheezing and pediatric stridor/croup protocols.
15. 3000 Universal Pulseless Arrest – Combined adult and pediatric with specific consideration for each.
16. 3070 Cardiac Alert – Change to inclusion criteria for cardiac alert.
17. 4000 Medical Shock Protocol – Standardized fluid administration language and inclusion of pediatric specific information and guidelines.
18. 4020 Syncope – New protocol added
19. 4030 Stroke – Recommendation of elevating head added.
20. 4050 Hypoglycemia – Change in base contact requirement for IO and dextrose administration.
21. 4060 Pediatric Brief Resolved Unexplained Events (BRUE) – Renamed from Apparent Life Threatening Event (ALTE).
22. 5000 Drowning – Consideration of CPAP added in awake and alert patient.
23. 6000 Psychiatric/Behavioral Patient – Significant revision from previous protocol.
24. 5005 Special Trauma Scenarios – Updated to include information regarding mandatory reporting
25. 8040 Traumatic Shock Protocol - Standardized fluid administration language and inclusion of pediatric specific information and guidelines.
26. 8090 Spinal Precaution – Criteria updated for spinal immobilization.
27. 9000 Medication Administration – New protocol added
28. 9010 Adenosine – 12-lead required prior to administration.
29. 9040 Anti-emetics – Guidelines regarding administration of Zofran in 1st trimester of pregnancy added.
30. 9080 Calcium – Specific dosing, no longer a range.
31. 9090 Dextrose – Alternative administration of Dextrose 10% added.
32. 9120 Epinephrine – Alternative specific dose for pediatric IM added as an alternative to calculated dosing.
33. Furosemide - Protocol removed
34. 9190 Magnesium – Administration for bronchospasm requiring base contact changed to standing order.
35. 9220 Nitroglycerin – Specific dosing for pulmonary edema added.
36. 9270 Racemic Epinephrine – Change to indication.