

## DMEMSMD List of Protocol Changes January 2024:

### May 2024 Update

1. 3090 Ventricular Assist Devices – Phone number for UCHealth phone number updated for adult LVADs.

### January 2024 Updates

2. 0990 Quick Reference for Procedures and Medications Allowed by Protocol
  - a. Change to label for benzodiazepine as an adjunctive agent.
  - b. Update to epinephrine section of quick reference guide, including indication labels and inclusion of IV push dose. Also, pediatric bradycardia changed to standing order for paramedic.
3. 3040 Tachyarrhythmia with Poor Perfusion
  - a. Correction to QRS width measurement unit.
4. 4090 Allergy and Anaphylaxis
  - a. References to epinephrine in vasopressor infusion protocol change.
  - b. Specific guidance on when to administer IV epinephrine in pediatric patients.
5. 4150 Hyperkalemia
  - a. New protocol to provide specific information including risk factors for hyperkalemia and guidance on treatment. Medication dosing already existed in the applicable medication protocols.
6. 6010 Agitated/Combative Patient
  - a. Change to algorithm flow. Consider causes of agitation moved to flow chart to determine most appropriate class of medication for agitation with RASS of +3 or +4. Dosing guidance update for butyrophenone and benzodiazepine.
  - b. Refer to DMEMSMD sedation position statement for explanation for purpose of changes.
7. 8060 Chest Trauma
  - a. Correction to color of the tension pneumothorax box.
8. 9070 Benzodiazepine
  - a. Update to dosing and redosing of benzodiazepines for combative patients with a RASS of +3 or +4. Refer to DMEMSMD sedation position statement for purpose of change.
  - b. The indication for adjunctive agent for treatment of severe pain has been changed to “Adjunctive agent for treatment of severe anxiety with extrication, packaging, or transport in adults that is uncontrolled by other interventions – WITH CALL IN ONLY”.
  - c. Under midazolam, dosing for seizure and sedation for cardioversion/pacing separated. Intranasal/intramuscular dosing for adult seizure increased. Determined original dosing was too low.
9. 9075 Butyrophenone
  - a. New protocol to combine and replace separate droperidol and haloperidol with the update to 6010 Agitated/Combative protocol.
  - b. Dosing update. Refer to DMEMSMD sedation position statement for explanation for purpose of changes.
10. 9110 Dopamine
  - a. With removal of 9300 Vasopressor protocol, dopamine has been moved to its own protocol as an alternative in case of medication shortages.
  - b. To include this medication and protocol is at the discretion of the individual agency medical director.
  - c. 9110 in previous protocols was droperidol. Droperidol was combined with 9140 Haloperidol into a new protocol 9075 Butyrophenones.

11. 9120 Epinephrine

- a. Addition of push dose epinephrine for adults. This has been added to allow for more accuracy in dosing than the current epinephrine infusion in protocol.
- b. Moving away from ratio concentration epinephrine in the protocol to volume-based concentration. This is a recommended safety best practice. Ratios will remain in protocol for one more cycle then will be removed.
- c. Removed base contact from pediatric bradycardia with poor perfusion.
- d. Alternative IM dosing for Pediatric Wheezing and Moderate to Severe Allergic Reactions moved to primary dosing. Weight based dosing for these indications were removed.
- e. Update to label for severe anaphylaxis in pediatric patient to provide more clarification on when to move to push dose epinephrine. New label is “**Severe systemic allergic reaction (Anaphylaxis) refractory to IM epinephrine x 3 total doses AND 60 mL/kg NS (administered in 20 mL/kg increments) rapid push (Contact Base):**”. Will require three IM doses and 3 separate 20 mL/kg NS boluses before moving to IV push dose epinephrine.

12. 9140 Haloperidol

- a. Combined with 9110 Droperidol into a new protocol 9075 Butyrophenones.

13. 9300 Vasopressor Infusion

- a. Protocol removed. Epinephrine vasopressor dosing moved to the epinephrine protocol. Dopamine alternative will remain as an alternative option for medical directors if there is an epinephrine shortage and it needs to be saved for other indications. Use of protocol is at the discretion of the agency medical directors.
- b. All vasopressor references in protocol will be directed to epinephrine protocol.
- c. Extended care vasopressor protocol updated to be a reference to and from the epinephrine protocol.

14. 9000X Medication Extended Care Supplements

- a. 9300X Vasopressor Infusion epinephrine information moved changed to 9120X Epinephrine.