




Date: June 12, 2012
To: All EMT's and paramedics
From: Peter C. Springer, MD, FACEP 
Subject: Revision to Prehospital Standing Orders and Treatment Protocols

The revised *Prehospital Standing Orders and Treatment Protocols* have been distributed and will be effective July 1, 2012. This memorandum serves as a synopsis of the changes. It is not intended as a sole reference and it is my expectation that all EMT's and paramedics functioning in the system comprehensively review the entire manual.

- All changes instituted in recent years through the 700 series have been folded into the text.
- Transport protocols have been split into individual sections.
- Blood glucose has been moved to the basic life support section of each protocol pursuant to the state reevaluating the skill level.
- Language for supplemental oxygen therapy has been modified to reflect current guidelines.
- Orotracheal intubation has been reintroduced as the primary subpharyngeal airway. One attempt is afforded each patient in the presence of cardiopulmonary arrest. Two attempts may be made in non-cardiopulmonary arrest patients. The Combitube remains as an alternative airway. Continuous end tidal carbon dioxide monitoring remains the standard on all of these airways once placed.
- Carbon Monoxide Exposure and Toxic Inhalations and Overdose/Poisoning protocols have been modified to include hydroxycobalamin (Cyanokit) as an optional treatment for patients in cardiopulmonary arrest secondary to smoke inhalation in a structure fire.
- Amiodarone (infusion) has been introduced as the primary antidysrhythmic in stable ventricular tachycardias.
- Language specific to basic life support in cardiopulmonary arrest has been modified to reflect current recommendations.
- Amiodarone (bolus therapy) has been introduced as the primary antidysrhythmic in ventricular fibrillation/pulseless ventricular tachycardia.
- Tadalafil (Cialis) has been reclassified to the twenty-four hour window of precaution previously associated with sildenafil (Viagra) and vardenafil (Levitra).
- Magnesium sulfate has been reclassified under standing orders for the non-responding or deteriorating asthmatic.
- A nausea protocol (adult and pediatric) has been reintroduced allowing paramedics to administer ondansetron (Zofran) intravenously or intramuscularly.
- Sodium bicarbonate infusion has been reintroduced for crush injuries with the concurrence of the emergency department physician.
- Under intraosseous access, the Jamshidi needle has been reintroduced to protocol as an alternative to carrying the EZ-IO pediatric needle.
- Femoral access has been removed from the venous cannulation procedural protocol.
- The EMT-IV program has been reintroduced. Agencies have the option of participating in the program.