BASED ON 2019 COLLABORATIVE PROTOCOL LAYOUT

2017 Collaborative Protocol | *2019 Collaborative Protocol Changes*

(2017) Age definition for pediatrics "children without secondary signs of puberty" with emphasis on length-based dosing device and ideal body weight for dose calculations.

(2019) Age definition for pediatrics protocol consideration as "not having reached 15th birthday" with weight based calculation and emphasis on length-based dosing device use.

New addition to NYS Collaborative Protocol

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(2019) EMT: After 20 minutes consider calling medical control for: termination of resuscitation, continuing efforts, or transportation in extenuating circumstances

MC Option: Termination of resuscitation in instances that are not covered by standing order criteria may be authorized by medical control

Considerations updated to include emphasis on limiting delays of treatment, minimizing chest compression interruptions, AED & CPR related complications during transport and potentially needing to disable pop-off valves for adequate ventilation of patients in cardiac arrest.

New addition to NYS Collaborative Protocol

Considerations updated to include EtCO2 when discussing termination with medical control

New addition to NYS Collaborative Protocol

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(2019) CFR/ALL LEVELS: If the patient does not improve within 5 minutes, you may repeat epinephrine once

(2019) CFR/ALL LEVELS: If SEVERE respiratory distress, facial or oral edema, and/or hypoperfusion:

- ***Administer the epinephrine autoinjector (e.g. EpiPen®), as available and as trained Adult autoinjector 0.3 mg IM (e.g. EpiPen®) if ≥ 30 kg****

If patient has a history of anaphylaxis and has an exposure to an allergen developing respiratory distress and/or hypoperfusion and/or rash:

- ***Administer the epinephrine autoinjector (e.g. EpiPen®), as available and as trained Adult autoinjector 0.3 mg IM (e.g. EpiPen®) if ≥ 30 kg****

(2019) EMT: The Syringe Epinephrine for EMT may be substituted for an autoinjector

(2019) EMT: If the patient is wheezing, albuterol 2.5 mg in 3 mL (unit dose), via nebulizer; may repeat to a total of three doses

(2019) Advanced: Epinephrine (1:1,000 / 1mg/mL) 0.3 mg IM, ONLY if patient is hypotensive and/or is developing respiratory distress w/airway swelling, hoarseness, stridor, or wheezing. May repeat every 5 minutes if these symptoms persist

(2019) Advanced: Normal saline 500 mL bolus, if SBP < 100 mmHg or MAP < 65 mmHg; may repeat up to a total of 2 L if lung sounds remain clear. Goal SBP > 100 mmHg and MAP > 65 mmHg

Considerations include Anaphylaxis details: "may present with shock associated only with GI symptoms. In the setting of a known exposure to an allergen associated with shock, nausea, vomiting, abdominal pain, and/or diarrhea, consider anaphylaxis in consult with medical control" and clarification of use of syringe epinephrine kits If equipped and trained.

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Considerations updated to include scene and crew safety considerations, rule-out causes of underlying condition, developmental disorder complications and emphasis on team based approach to management of patient.

New addition to NYS Collaborative Protocol

No change

(2019) CFR/ALL LEVELS: Any patient with suspected carbon monoxide poisoning should receive high flow oxygen via non-rebreather mask (NRB)

(2019) Paramedic: If there is no soot in the airway, consider CPAP* 5-10 cm H2O (if the device delivers 100% oxygen)

- ***o For the adult patient***
- ***o For older pediatric patients consider CPAP, as equipment size allows if available and trained***

(2019) BiPAP removed as option in place of CPAP

No change

No change

No change

(2019) CC: If irregularly irregular, cardioversion may be initiated at 200 Joules

No change

(2019) Advanced: Nitroglycerin 0.4 mg SL per dose, as needed, 5 minutes apart, provided the patient's systolic BP is > 120mmHg or MAP > 90 mmHg

New addition to NYS Collaborative Protocol

(2019) EMT: Check pupils and, if constricted, consider "General: Opioid (Narcotic) Overdose" protocol

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(2019) EMT: PO management of hypoglycemia outlined

(2019) Advanced: If unable to obtain adequate results with oral glucose consider glucagon 0.5 mg IM if < 20 kg, otherwise, 1 mg IM*, if needed

No change

No change

(2019) EMT: In the pediatric patient, administer naloxone (Narcan®) 1 mg** intranasal; 1⁄2 mg per nostril, may repeat once in 5 minutes, if no significant improvement occurs

(2019) Advanced (from 2017 Paramedic): Titrate naloxone (Narcan) to max 2 mg per dose IV, IM, or intranasal, ONLY if hypoventilation or respiratory arrest. (Consider administering in ≤ 0.5 mg increments, if giving IV)

(2019) Considerations include: **May substitute alternative FDA and SEMAC approved, commercially prepared 4mg nasal spray unit dose device

- ***o This device is approved for the full 4 mg dose in the adult or pediatric patient***
- ***o Administer 4mg in 1 nostril as a single spray***

(2019) Paramedic: For the pediatric patient: Atropine 1 mg IV every 3-5 minutes, until secretions dry

- ***For seizures:***

  For adult seizures see, "General: Seizures – Adult" protocol

  For pediatric seizures see, "General: Seizures – Pediatric" protocol

No change other than formatting

No change

No change

New addition to NYS Collaborative Protocol

(2019) EMT: For older pediatric patients consider CPAP, as equipment size allows if available and trained

(2019) EMT: For patients with a STEMI, confirmed by medical control, begin transport to a facility capable of primary angioplasty if estimated arrival to that facility is within 90 minutes of patient contact or if directed by medical control or regional procedure

(2019) Paramedic: Updated BP/MAP guidelines for fluid bolus administration

No change

New addition to NYS Collaborative Protocol

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Updated information on ALL levels including VAD specific info

2017 Collaborative Protocol | *2019 Collaborative Protocol Changes*

No change

No change