BASED ON 2019 COLLABORATIVE PROTOCOL LAYOUT

2017 Collaborative Protocol | *2019 Collaborative Protocol Changes*

Considerations updated to include EtCO2 when discussing termination with medical control

New addition to NYS Collaborative Protocol

New addition to NYS Collaborative Protocol

(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:

- ***o 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:

- ***o 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.

(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:

- ***o 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:

- ***o 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

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(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.

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)

- ***For the adult patient***
- ***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

BASED ON 2019 COLLABORATIVE PROTOCOL LAYOUT

2017 Collaborative Protocol | *2019 Collaborative Protocol Changes*

(2019) CFR/ALL LEVELS: Airway management and appropriate oxygen therapy

(2019) CFR/ALL LEVELS: Aspirin 324 mg (4 x 81 mg tabs) chewed, only if able to chew*

No change

No change

New addition to NYS Collaborative Protocol (which includes details on delivery AND neonatal resuscitation)

(2019) Advanced: Epinephrine (1:1,000 / 1mg/mL) dose 0.3 mg IM for severe distress o If severe distress persists, may repeat in 5 minutes

(2019) Advanced: Albuterol 2.5 mg in 3 mL (unit dose), via nebulizer or ET tube nebulizer; may repeat to a total of three doses for wheezing

(2019) Paramedic: For the patient with asthma, if the patient is not responding to treatments above, administer magnesium 2 grams in 100 mL normal saline IV over 10 minutes

(2019) MC Considerations: Use of albuterol via nebulizer by EMT for indications other than asthma

(2019) MC Considerations: Use of epinephrine by EMT for critical asthma attack (EMT Syringe Epinephrine or autoinjector)

(2019) MC Considerations: Epinephrine (1:1,000 / 1 mg/mL) 3 mg via nebulizer or racemic epinephrine (2.25%) 0.5 mL in 3 mL of normal saline via nebulizer

(2019) MC Considerations: Magnesium for COPD exacerbation

(2019) MC Considerations: Repeat magnesium

(2019) MC Considerations: Nitroglycerin option for Advanced

2017 Collaborative Protocol | *2019 Collaborative Protocol Changes*

No change other than formatting

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

New addition to NYS Collaborative Protocol

Updated information on ALL levels including VAD specific info