

CONNECTICUT STATEWIDE EMS PROTOCOLS v2024.1 SUMMARY OF CHANGES



Protocol	V2024.1 changes
1.1 EMR Routine Patient Care, p. 18	<ul style="list-style-type: none"> • “EMR” changed to “EMT” in EMR scope of practice • Link to 2.3A Allergic Reaction/Anaphylaxis Adult added to EMR Scope of Practice
2.3A Allergic Reaction/Anaphylaxis Adult, p. 24	<ul style="list-style-type: none"> • EMR added to EMT level of care
3.1A Bradycardia, p. 73	<ul style="list-style-type: none"> • Link to 6.19
3.2A Cardiac Arrest – Adult, p. 75	<ul style="list-style-type: none"> • AEMT and above: For non-shockable rhythms (asystole or pulseless electrical activity), or shockable rhythms (ventricular fibrillation, pulseless ventricular tachycardia), administer: • Epinephrine 1 mg in 10 mL (1:10,000), 1 mg IV/IO every 3-5 minutes
3.2A Cardiac Arrest – Adult, p. 76	<ul style="list-style-type: none"> • Changed calcium gluconate to 3 grams • Note that the calcium gluconate dose in other protocols has not changed
3.4 Post Resuscitative Care, p. 82	<ul style="list-style-type: none"> • Pediatric, Norepinephrine 0.1 -0.5 mcg/kg/min
3.5A Tachycardia Adult, p. 83	<ul style="list-style-type: none"> • In Red Flags, removed this sentence" "Reduce diltiazem dose by 50% in patients greater than or equal to 65 years of age."

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3.5P Tachycardia – Pediatric, p. 85	<ul style="list-style-type: none"> Follow applicable AHA/ARC guidelines
4.4 Musculoskeletal Injuries, p. 96	<ul style="list-style-type: none"> Control bleeding according to 4.10 Hemorrhage Control Deleted 4th bullet (Consider hemostatic dressing for severe hemorrhage)
4.10 Hemorrhage Control, p. 96, 107, 108	<ul style="list-style-type: none"> Updated to new title of “Prehospital Blood Product Transfusion” Corrected spelling error
6.13 Police Custody, p. 166	<ul style="list-style-type: none"> PEER changed to current form name “Police Request for Emergency Examination”
6.16 Restraints, p. 177, 178	<ul style="list-style-type: none"> Hyperactive delirium changed to “extreme agitation/combativeness” Paramedic Standing Orders –Pediatric For age ≥ 7 years, Droperidol 0.625 mg/IM
Appendix 3, Adult and Pediatric Scope Practice, p. 221	<ul style="list-style-type: none"> Updated following: IM by syringe IM by autoinjector Intranasal
CT Pediatric Medication Reference p. 216-217	<ul style="list-style-type: none"> Droperidol weight-based dosages added Lidocaine removed for TBI Fixed dose of 0.625 mg age 7 to adult

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<p>Adult Medication Reference, p. 202 - 216</p>	<ul style="list-style-type: none"> • Atropine <u>Bradycardia</u> Atropine 1 mg • Calcium Gluconate <u>Cardiac Arrest w/suspected hyperkalemia</u> Change to 3 gm IV/IO • Metoclopramide Change to 5-10 mg IM, or 5-10 mg IV/IO over 15-minute infusion Repeat at 10 minutes after infusion complete. • Ondansetron(Zofran) Added IM route • Diltiazem - update to current fixed dose <u>Tachycardia Narrow Complex Tachycardia</u> <ul style="list-style-type: none"> · 10 mg IV/IO over at least 2 minutes · May repeat dose in 10 minutes to max of 30 mg · Consider maintenance infusion 5 – 15 mg/hour • Tranexamic Acid Obstetrical Emergency - Removed



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Adult Medication Reference, p. 203	<p>Add Buprenorphine</p> <p>Indications:</p> <ul style="list-style-type: none"> • Suspected opioid overdose with naloxone reversal. • COWS 5+ <p>Contraindications</p> <ul style="list-style-type: none"> • Under 18 years old • Altered mental status • Severe medical illness • Pregnancy • Methadone use within 10 days <p>2.20A Poisoning/Overdose 16 mg SL</p>
EMR Scope of Practice, p. 221	<p>Updated following:</p> <ul style="list-style-type: none"> • IM by syringe • IM by autoinjector • Intranasal