CONNECTICUT STATEWIDE EMS PROTOCOLS V2022.1
SUMMARY OF CHANGES

Protocol	V2022.1 changes
1.0 Routine Patient Care, p. 12	• Adds direction to label IV infusions with medications added • Correct definition of pediatric impending respiratory failure to greater than 60 breaths/minute
2.19A Pain Management, p. 49	• Decreases IV/IO ketamine dose and adds guidance regarding very slow administration • Allows for repeat ketamine dose • Adds ETOH intox to caution conditions for opioids and ketamine • Adds red flag to avoid ketamine if known cocaine use
3.2A Cardiac Arrest – Adult, p. 74	• Modifies timing of BVM ventilation during continuous chest compressions from 1 breath every 10 compressions to 1 breath every 6 seconds. • Modifies vascular access to "IV preferred" • Directs epinephrine administration as soon as possible for asystole or PEA • Modifies guidance on timing of advanced airway to earlier placement in asystole/PEA: • For Initial VF/VT, after 4 cycles (8 minutes of CPR) consider SGA or ETT without interrupting chest compressions. • For initial PEA/Asystole, after 1 cycle of CPR (2 minutes) consider SGA or ETT without interrupting chest compressions
3.2P Cardiac Arrest – Pediatric, p. 79	• Add guidance regarding CPR, ventilations and following AHA guidance • Adds guidance on use, sizing and cuff inflation pressure of cuffed ETTs for pediatrics • Directs epinephrine administration as soon as possible for asystole or PEA • With advanced airway in place, clarifies ventilations as one every 2-3 seconds
3.5A Tachycardia – Adult, p. 83	• Modifies magnesium rate of administration for torsades de pointes from "over 5 minutes" to "over 2-5 minutes" • Defines wide complex tachycardia as QRS>0.12 sec
NEW 4.3 Low Titer 0 Negative Whole Blood Transfusion, p. 94	

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Protocol	V2022.1 changes
4.6 Spinal Trauma, p. 99	• Excludes patients <3 or >65 years from prehospital selective spinal clearance • Revises/details range of motion exam within selective spinal clearance to "Cervical rotation (45°either direction) or flexion/extension elicits midline spinal pain." • Replaces spinal clearance algorithm to reflect changes to protocol • Directs EMS to "move stretcher as close to patient as possible," to minimize movement when allowing patient to self-extricate • Adds clarification regarding head-up positioning (when necessary such as for diff breathing) to "Try to limit any stretcher back elevation to <30°" • Adds "kyphosis, ankylosing spondylitis," to reasons a towel roll and/or padding may be used in place of a rigid cervical collar • Patients with nausea or vomiting may now be placed with stretcher back elevated in addition to the previous option of a lateral recumbent position
NEW 4.9 Traumatic Cardiac Arrest, p. 106	
5.2 CPAP, p. 112 **5.2.1 Bi-level PAP, p. 113**	• Adds references to bilevel positive airway pressure in appropriate protocols under paramedic scope of practice.
5.3.1A Cricothyrotomy – Surgical, p. 114	• Adds additional detail on procedure including landmarking • Increases suggested length of vertical incision from 3 cm (1.2") to 5 cm (2") • Formatting
5.7, Quantitative Waveform Capnography, p. 125	• Streamlines protocol, greater emphasis on waveform
5.8A Rapid Sequence Intubation (RSI) Adult, p. 126 **5.8P Rapid Sequence Intubation (RSI) Pediatric, 129**	• Rewords indication • Modifies 7 Ps and adds positioning • Modifies pre-oxygenation to include CPAP/Bilevel PAP • Removes atropine from adult premedication. Removes minimum dose from pediatric premedication. • Modifies fentanyl and ketamine dosing • Adds max of 30mg to etomidate dosing • Adds push dose phenylephrine for peri RSI hypotension (PFS or pre-diluted vial). Also added to adult medication reference. • RSI checklist replaces Cormack-Lehane glottic views

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Protocol	V2022.1 changes
5.9 Suctioning of Inserted Airway, p. 132	• Allows EMTs to deep suction endotracheal tubes and supraglottic airways • Adds suction duration for pediatrics • Adds detail regarding use of saline to facilitate suctioning • Emphasizes sterile technique when possible
5.11 Tracheostomy Care, p. 135	• Adds detail regarding types of trach tubes, management of tracheostomy emergencies and exchange/replacement of trach tubes
5.12 Ventilator, p. 137	• Increases starting PEEP setting from "2-5" to "5 cm H2O" pressure and allows adjustment up to 10 cm H2O to support oxygenation as needed. • Increased high pressure alarm setting to 35 cmH2O • Adds several Pearls
6.1 Abuse and Neglect of Children and the Elderly, p. 142	• Expands definition to be more inclusive of all vulnerable populations. • Adds detailed info on elder abuse, persons with disabilities, sexual assault and human trafficking. • Adds scene safety guidance • Adds psychological/behavioral signs of abuse • Adds additional detail on physical assessment and signs of physical abuse • Directs documenting in PCR when abuse was reported
6.2 Air Medical Transport, p. 145	• Adds "burn center" to definitive care receiving centers • Adds "age-appropriate hypotension in children" to definition of circulatory insufficiency • Adds detailed burn criteria to clinical considerations • Rewords guidance on when to transport to closest hospital. • Adds detail regarding not using AMT for patients in cardiac arrest
6.5 Consent for Treatment of a Minor, p. 150	• Adds "another adult family member (e.g. a grandparent)" to those who may consent for health care treatment when a parent/legal guardian is not available • Adds detail regarding restraint.
NEW 6.9 Naloxone Leave Behind, p. 156	
6.11 Pediatric Transportation, p. 159	• Rewords first section regarding requirements and guiding principles • Adds section on mother and newborn transportation

Protocol	V2022.1 changes
NEW 6.12 Pelvic Fracture Stabilization, p. 162	
Appendix 3 - Scope of Practice, p. 212	• Multiple updates to scope of practice matrix
COVID-19 Emergency Medical Services Non-Transport Guidance, p. 224	• Adds guidance for programs to pro-actively establish a mechanism for timely post-encounter follow-up and outpatient referral (as appropriate)