CONNECTICUT STATEWIDE EMS PROTOCOLS V2019
SUMMARY OF CHANGES

protocol	v2019.4 change
2.11 Exertional Heat Stroke	corrected typo to remove phrase in #4 "at an insertion depth of 15 cm."

protocol	v2019.3 change
3.3 Congestive Heart Failure	corrected typo that had nitroglycerin “increase by” amount at 150 instead of 50.
3.5A Tachycardia Adult	corrected typo that had pediatric content inserted into the adult section.
Adult Drug Reference	Naloxone was corrected to include the appropriate range in all sections (2.19A Pain Management AND 2.20A Poisoning/Substance Abuse/OD).
	Nitroglycerin was corrected to reflect dosing in protocol 3.3 CHF.

CONNECTICUT STATEWIDE EMS PROTOCOLS V2019
SUMMARY OF CHANGES

protocol	v2019.2 change
global edit	Changed definition for hypoglycemia in ALL relevant protocols from <70 mg/dL to <60 mg/dL.
1.0 Routine Care	Added "wound packing" to interventions for controlling active bleeding.
1.1 Routine EMS care	Added "wound packing" to interventions for controlling active bleeding.
2.3A & 2.3P Allergic Reaction/Anaph-ylaxis	"May alternately administer epinephrine 0.3 mg via syringe if Sponsor Hospital trained, authorized and approved."
2.6 Behavioral Emergencies	Term "child abuse" has been replaced with "abuse/neglect of children or elderly".
	Update to PEARLS section:
	Consider all possible medical / trauma causes for behavior and treat appropriately: · Hypoglycemia · Head Injury, stroke, seizure (post-ictal) · Poisoning, substance abuse, drug, alcohol · Infection
2.7 Childbirth	NEW - combines 2.16 Newborn Care and 2.18 OB Emergencies
2.8P Fever Pediatric	Adds consideration for obtaining a rectal temperature.
2.11A & 2.11P Hyperthermia	Added bullet: "Consider exertional heat stroke in any intensely exercising athlete, laborer, fire, police or EMS personnel, etc. with altered mental status - See Exertional Heat Stroke Protocol"
	Added to EMT standing order: "or if shivering occurs and cannot be managed by paramedics."
	Removed from both adult and pediatric standing orders the bullet and sub-bullets regarding administration midazolam, lorazepam, etc. starting with "If uncontrolled shivering occurs during cooling:" Leave bullet regarding fluid administration.
2.11 Exertional Heat Stroke	NEW
2.12A Hypoglycemia Adult	Added to PEARLS: "Oral glucose equivalents include 3 - 4 glucose tablets, 4 oz. fruit juice (e.g. orange juice), non- diet soda, 1 tablespoon of maple syrup, sugar, or honey"
	Removed "GCS<15" from indications
	Changed GCS references to "mental status"
2.12P Hypoglycemia	Same as Adult plus:
	AEMT/Paramedic standing orders, insert "5mL/kg" between 'administer' and 'dextrose'
2.14 Nausea/Vomit-ing	Change metoclopramide dosing to "5-10 mg IV/IO infusion over 15 minutes or IM"
	Change pediatric IV/IO ondansetron dose to "0.1 mg/kg IV/IO (maximum single dose 4 mg"
	Add bullet in EMT section after routine care of "For severe nausea, consider allowing patient to inhale vapor from isopropyl alcohol wipe 3 times every 15 minutes as tolerated."
	Add "IM" to routes of administration for adult ondansetron (i.e. "IV/IO/IM/PO").
2.15A Nerve Agent/Organoph-osphate poisoning Adult	Updated table
	Term "duodote" replaced with specific medications and dosages
	Modified Paramedic standing order pralidoxime to “1gram IV/IO over 60 minutes”.
	Removed: PARAMEDIC DIRECT MEDICAL OVERSIGHT – MAY CONSIDER: Pralidoxime maintenance infusion: up to 500mg per hour (maximum of 12 grams/ day).

CONNECTICUT STATEWIDE EMS PROTOCOLS V2019
SUMMARY OF CHANGES

protocol	v2019.2 change
2.17 Newborn Resuscitation	Third bullet 1st page change 120mmHg to 100mmHg
	Second page change "<70 mg/dL" to "<60 mg/dL"
2.20A Poisoning/Substance Abuse/Overdose Adult	EMT/AEMT section under “suspected opiate overdose”, add “Provide basic airway interventions and BVM ventilation”
	Under paramedic standing orders, modify naloxone dose range to “0.04 – 2 mg IV/IO/IM or 0.4 - 4 mg IN”
	Add to pearls: • If able to adequately ventilate and oxygenate a patient with suspected opioid overdose, administer the lowest naloxone dose necessary to achieve spontaneous ventilation and oxygenation. • If NOT able to adequately ventilate and oxygenate a patient with suspected opioid overdose, administer naloxone at the maximum end of the dose range.
	Add “naloxone” and “advanced” to clarify the pearl: “Consider alternative treatments when multiple [naloxone] doses are administered, including [advanced] airway management.”
2.20P Poisoning/Substance Abuse/Overdose Pediatric	In EMT/AEMT section under “suspected opiate overdose”, add “Provide basic airway interventions and BVM ventilation” and reformat surrounding language
	Add “naloxone” and “advanced” to clarify the pearl: “Consider alternative treatments when multiple [naloxone] doses are administered, including [advanced] airway management.”
2.21A Seizures Adult	Midazolam IV/IO dosage range was revised to 5 Mg IV/IO/IN and 10 Mg for Diazepam. ECG monitoring should be provided as available.
2.21P Seizures Pediatric	Deleted < or > 39kg decision point for maximum lorazepam dosing and left as max 4mg.
	Diazepam dosage was revised to 0.2 mg/kg IV. ECG monitoring should be provided as available.
2.22A .Septic Shock Adult	Remove 20 minute interval between IV fluid boluses
	Add lactated ringers as a fluid choice
	Add “or ETCO2 less than or equal to 25 mmHg” to serum lactate under identification of possible septic shock
2.22A Septic Shock Adult	Add lactated ringers as a fluid choice
	Add “or ETCO2 less than or equal to 25 mmHg” to serum lactate under identification of possible septic shock
2.25 Stroke	Replaced “Consider obtaining vascular access” with “Attempt to establish vascular access with an 18g IV in the forearm or antecubital fossa. Transport should not be delayed to obtain vascular access.”
	Modified FAST exam “arm drift” instructions to: “Arm Drift: Have the patient close his or her eyes and hold arms extended forward with palms up for 10 seconds. Normal: Both arms move the same or both arms don’t move at all. Abnormal: Any arm pronation, drift or weakness relative to the other arm.”
	Replaced current PEARLS with: •“Suspect stroke in patients with any of the following symptoms: acute visual disturbance, altered mental status, difficulty walking or with balance, severe headache, speech difficulty, unilateral weakness.” •“Acute onset of stroke symptoms <24 hours from last known well time is an emergency with rapid transport indicated.”
3.1A Bradycardia Adult	Added AEMT section standing order to "Consider administering fluid bolus of up to 500 mL 0.9% NaCl"
	Added PEARL "Atropine will likely be ineffective in Mobitz 2, complete heart block, cardiac transplant patients and hypothermia."

CONNECTICUT STATEWIDE EMS PROTOCOLS V2019
SUMMARY OF CHANGES

protocol	v2019.2 change
3.1P Bradycardia Pediatric	Revised glucagon dose from "0.025-0.5 mg/kg" to "0.05 mg/kg"
	Added "maximum single dose 0.3 mg" to paramedic standing order epinephrine bullet prior to "every 3-5 minutes"
	Added bullet between "midazolam" and "diazepam" of "Lorazepam 0.05 mg/kg IV/IO, OR"
	Added red flag of "In pediatrics, bradycardia is often secondary to hypoxia. Correct hypoxia and support ventilation."
	Added PEARL "Atropine will likely be ineffective in Mobitz 2, complete heart block, cardiac transplant patients and hypothermia."
3.2 Cardiac Arrest	Anywhere IV is mentioned, IO will also be mentioned.
	Magnesium Sulfate added to Adult and Pediatric
	Revised language to increase understanding of changed prioritization of when to perform endotracheal intubation to "consider inserting Supraglottic Airway or Endotracheal Intubation"
	Added "AED / Defibrillation as soon as possible, with minimal interruptions in chest compressions" to CPR graphic
	Added to AEMT section "Consider placement of Supraglottic airway' as opposed to Strictly Combitube."
3.3 Congestive Heart Failure	Changed to allow either beta blocker or calcium channel blocker for SVT with guidance that same class of medication patient already takes is preferred. Atrial fibrillation with WPW should only be treated with cardioversion or procainamide"
	Red flags added clarifying treatment of WPW: "Diltiazem, Metoprolol, and Adenosine are contraindicated in patients for whom there is a history or suspicion of Wolff-Parkinson-White (WPW) Syndrome who present with atrial fibrillation.
3.5P Tachycardia Pediatric	For consistency with PALS guidelines, prioritized synchronized cardioversion as treatment of SVT with poor perfusion when no vascular access is available.
4.0 A & 4.0P Burns	Removed "gels" from prohibited items to apply to burn area.
	Replaced"If partial thickness burn...." bullet with: "If a partial thickness burn (2nd degree) is <10% body surface area, consider applying any of the following wet dressings (at room-temperature) to the burned area for comfort/pain relief. Use caution to avoid hypothermia. Commercially available water-based gel, wet towels, water or saline."
4.3 Musculoskeletal Injuries	Added "wound packing" to interventions for controlling active bleeding.
5.8A & 5.8P RSI	Replaced Direct Medical Oversight requirement for paralysis with "Paralysis - If needed, consider administering:"
6.9 VAD	NEW
6.15 Resuscitation Initiation & Termination	Complete revision