CONNECTICUT STATEWIDE EMS PROTOCOLS v2025.1
SUMMARY OF CHANGES

Protocol	V2025.1 changes
1.0 Routine Patient Care, p. 12	• Separate out "Airway" and "Breathing" • Add link to hemorrhage control protocol • Under "Note" on page 2 of protocol, remove duplicate language • Under "Secondary/Focused Assessment", remove bullets 6-8 if represented in other protocols • Change language to "Refer to relevant protocols for treatment considerations" • Remove redundant language covered in other protocols and replace with hyperlinks
1.1 EMR Routine Patient Care, p. 16	• Remove lungs sounds from EMR assessment • Remove reference to ETCO2 • Add OPA/NPA • Remove scope of practice list and add reference to appendix scope of practice document • Add naloxone under BVM/airway section • Add reference to DNR • On "clear airway" change to "clear visible obstructions" • Remove reference to "Spinal Trauma Protocol" and "MSK injuries" protocols (out of scope) • Add reference to both adult and pediatric epinephrine autoinjector protocols • Change tourniquet protocol reference to "hemorrhage control" • Removed treatments redundant to existing protocols already referenced • Add reference to ARC alongside AHA • Removed link from spinal motion restriction to assure EMRs perform only manual stabilization and do not attempt to clear c-spine • Add "two person technique preferred" for BVM. • Add "Massive Hemorrhage" control before Airway section • Remove pulse oximetry reference • Re-label protocol 1.0 to be specific to EMT, AEMT, paramedic • Add statement pertaining to importance of verbal report at patient hand-off and documentation

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2.0A Abdominal Pain, p. 21	• Add "Treat pain per the Pain Management protocol. A chief complaint of non-traumatic abdominal pain is not a contraindication to pain management."
2.2 Alcohol Withdrawal, p. 23	• Change title of protocol to "Alcohol/Benzodiazepine Withdrawal" • Change "additional sedation" to "additional treatment" • Cap benzodiazepines to 2 doses on standing order, DMO for additional doses
2.3A Anaphylaxis, p. 24	• Add PEARL Modifies anaphylaxis symptoms/definition for clarity • Add red flag to check dose and concentration of epinephrine • Add language regarding IV epinephrine infusion and avoiding delay in additional IM epinephrine • Move diphenhydramine from paramedic to AEMT
2.3P Anaphylaxis, p. 25	• Minor formatting changes to body • Add PEARL Modifies anaphylaxis symptoms/definition for clarity • Add red flag to check dose and concentration of epinephrine
2.6 Behavioral Emergencies, p. 30	• Add red text from mocked up protocol document • Adds an anxiety management option (similar to NH and VT) for patients who are anxious, apprehensive but not aggressive. • Add guidance regarding observing living conditions and assessing capacity • Move "Alcohol" and "Infection" to separate lines in the pearls • Correct Wellmore Youth Urgent Crisis Center Hours
2.8 Fever Adult and Pediatric, p. 34	• Add temperatures of 100.4F/38C to define fever in both protocols • Add bullet to evaluate for shock secondary to severe sepsis
2.8A Adult Fever, p. 34	• Move IV/IO/PO acetaminophen from paramedic to AEMT
2.8P Pediatric Fever, p. 35	• Move PO acetaminophen from paramedic to AEMT

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2.10 Hyperkalemia, p. 37	• Add PEARL "Calcium gluconate is preferred for patients with a pulse" • Add PEARL "Calcium chloride is irritating to veins and must not be injected into tissues, since severe necrosis and sloughing may occur. Administer slowly, taking great care to avoid extravasation." • Standardize calcium gluconate hyperkalemia dosage to 3 grams in all protocols
2.12A Hypoglycemia, Adult	• Inserted the following bullet into EMT section: "If unable to administer oral glucose (or equivalent), administer patient's prescribed, commercially prepared intranasal glucagon delivery device or glucagon autoinjector (if available)." • Inserted the following in the A/P section at the end of current glucagon bullet: "or glucagon 3mg IN via commercially prepared delivery device" • In A/P section, deleted "IM" from "May repeat glucagon 1 mg IM if glucose level is <60 mg/dL with continued altered mental status." • Deleted pearl: "There are no statistically significant differences in the median recovery time to normal mental status following administration of D10% versus D50%. D10% may benefit patients by decreasing the likelihood of posttreatment hyperglycemia and reducing the likelihood of extravasation injury." • Added "pure Connecticut" before maple syrup in pearl.

2.12P Hypoglycemia, Pediatric	• Inserted the following bullet into EMT section: "If unable to administer oral glucose (or equivalent), administer patient's prescribed, commercially prepared intranasal glucagon delivery device or glucagon autoinjector (if available)."
	• Inserted the following in the A/P section at the end of current glucagon bullet for patients ≥25kg: "or glucagon 3mg IN via commercially prepared delivery device"
	• Deleted the following pearls
	  ○ Hypoglycemic emergency in pediatrics is defined as BGL<60 with associated altered mental status.
	  ○ There are no statistically significant differences in the median recovery time to a GCS score of 15 following administration of D10% versus D50%. D10% may benefit patients by decreasing the likelihood of post-treatment hyperglycemia and reducing the likelihood of extravasation injury.

Protocol	V2025.1 changes
	• Added box at top of protocol with definition: "Hypoglycemia is defined as blood glucose <60 mg/dL with associated altered mental status." • Added pearl: "Patients with diagnosed inborn error of metabolism (e.g. glycogen storage disease) may have a care plan directing oral corn starch for hypoglycemia. If patient is alert enough to swallow and protect their airway, assist caregiver with administration of oral corn starch instead of oral glucose per established care plan." • Added "pure Connecticut" before maple syrup in pearl.
2.13 Hypothermia, p. 42	• Replace "Apply truncal warm packs" with "Apply truncal warm packs. Wrap packs in towels and do not place directly on skin" • Add to EMT section: LOCALIZED INJURIES ○ Expose the affected area and remove any jewelry or clothing. ○ Apply loose, dry sterile dressing to the affected area, placing gauze between fingers/toes. ○ Replace "Give IV/IO medications based on dysrhythmia (consider increasing the dosing time to allow drugs to circulate)." With "Give IV/IO medications based on dysrhythmia. Limit epinephrine doses to three and increase dosing interval to 6 – 10 minutes" ○ Add bullet point at end of EMT section: "For hypothermic patients without contraindications to CPR, continue to perform CPR and do not consider Termination of Resuscitation until the core temperature is above 32°C (90°F) without ROSC." ○ Add to PEARLS "Avoid transcutaneous pacing in severe hypothermia"
2.14 Nausea/Vomiting, p. 44	• Add "droperidol" to list of mediations that may cause dystonic reactions. • Remove pearl regarding pregnant patients • Add under paramedic standing orders option of "Diphenhydramine 12.5-25 mg IV/IO/IM" • Add under paramedic standing orders option of "Haloperidol 0.5-2mg IV/IO/IM" • Replace antidote language with "Antidote for dystonic reactions caused by EMS administration of anti-emetics (e.g prochlorperazine, metoclopramide or droperidol)" • Modify ondansetron OTC cut off from 5 yo to >20kg • Add pearl "All antiemetics can prolong QT. Avoid antiemetics if known QTc >500ms

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	• Add pearl to try agent from alternative class if initial medication is ineffective • Move ondansetron into AEMT level for both adult and pediatric protocols
2.19A Adult Pain Management, p. 51	• Move IV/IO/PO acetaminophen from paramedic to AEMT • Add anticoagulation into red flags for NSAIDS
2.19P Pediatric Pain Management, p. 53	• Move PO acetaminophen from paramedic to AEMT
2.20A Poisoning, p. 56	• Allow suboxone without naloxone administration • Adjust COWS indication threshold to >=5 • Move IV/IO naloxone from paramedic to AEMT section
2.24P Pedi Smoke inhalation, p. 67	• Correct pediatric hydroxocobalamin dosing chart to match 70mg/kg • Add weight-based pediatric dosing chart (including #mLs) to protocol. Modify pediatric medication reference to refer to smoke inhalation protocol for hydroxycobalamin dosing. • Add PEARL advising clinicians to remove the excess medication from vial before spiking and infusing the medication
2.25 Stroke, p. 68	• Replace FAST with BEFAST scale • Add checklist/sheet to appendix similar to MA stroke protocol • Add “IV should be above the wrist” • Add “Prevent aspiration – elevate head of stretcher 15–30 degrees if systolic BP greater than 100 mmHg a. Maintain head and neck in neutral alignment, without flexing the neck”
2.27 NEW Hospice, p.72	New protocol
3.2A Cardiac Arrest, p. 80	• Add language for second bullet, first section: “If VF/Pulseless VT persists following second defibrillation, consider: Amiodarone”…
4.2 Eye Injuries, p. 97	• Modify eye irrigation fluid language to “Large volume, up to 2 liters of crystalloid, warm lactated ringers preferred.”

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4.10 Hemorrhage Control, p. 112	• Modify TXA dosing language to "Consider tranexamic acid (TXA) administration, 2 grams in 10mL (200mg/mL) IV/IO syringe bolus over at least 1 minute"
5.2.1 Bilevel ventilation, p. 119	• Allow AEMT use of bilevel ventilation with disposable oxygen flow devices (not mechanical ventilator) with sponsor hospital approval.
6.9 Naloxone Leave Behind, p. 164	• Remove requirement for collection of demographic and contact information in order to leave naloxone • Add "(optional)" next to face mask
6.23 NEW Double Sequential Defibrillation	New protocol
7.1 Mass Casualty, p. 201	• Under "Communication", first bullet, insert "During a Mass Casualty Incident, EMS providers may perform necessary, life-saving procedures, within their scope of practice, without direct medical oversight, even if such procedures would ordinarily require DMO" • Strike "ALS" from page 197 under "Communication" to allow for EMS providers to perform procedures normally requiring DMO approval
Multiple Protocols EMT use of SGAs and ETCO2	• Copy/add language to not interrupt compressions during SGA insertion from paramedic to EMT section (also retaining language in paramedic section). • Modify ETCO2 procedure to add EMT and AEMT into the sidebar • Add ETC02 monitoring by EMTs when ventilating with a BVM and/or advanced airway • Add "Supraglottic airways should not routinely be transitioned to ETTs if the SGA is properly ventilating and oxygenating" to cardiac arrest, ETI and SGA protocols
NEW Protocol Section 8, Interfacility Transfers, pp. 206-247	• New Section – Section 8

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Adult Medication Reference – Metoprolol, p. 259	• Add indications of "Termination of AV nodal re-entry arrhythmia" and "Rate control in narrow complex tachycardia with an irregular rhythm" • Add contraindication “Atrial fibrillation with Wolff-Parkinson-White Syndrome" • Change goal ventricular rate to "less than 110" for protocol consistency
Adult Medication Reference Tranexamic Acid, p.263	• Replace first sentence under "hemorrhage control" with "Mix 2 grams in 10mL (200mg/mL) IV/IO syringe bolus over at least 1 minute
Pediatric Color-Coded Appendix 2, p. 264	• Modify hydroxycobalamin dosing to "see protocol" • Add calcium gluconate with dosing (60mg/kg) to pediatric medication reference.
Nitro and Phosphodiesterase Inhibitors	• Add nitroglycerin contraindication if phosphodiesterase inhibitor use within 48 hours