

**SUMMARY OF 2013 PROPOSED PROTOCOL CHANGES**

<b>PROTOCOL TITLE</b>	<b>PAGE #</b>	<b>LINE #</b>	<b>ORIGINAL TEXT</b>	<b>NEW TEXT</b>
Memo	iii	-	New text	2013 memo to EMS providers
Contents	v	-	-	Updated Table of Contents.
Contents	vi	-	-	Updated Table of Contents.
Contents	vii	-	-	Updated Table of Contents.
Contents	viii	-	-	Updated Table of Contents.
Contents	ix	-	-	Updated Table of Contents.
Contents	x	-	-	Updated Table of Contents.
General Info	3	-	Phone numbers	Updated phone numbers.
General Info	4	-	Phone numbers	Updated phone numbers.
General Info	5	C.	Health Care Facility Codes	This chart has been updated.
General Info	7	C.	Health Care Facility Codes	This chart has been updated.
General Info	9	C.	Health Care Facility Codes	This chart has been updated.
General Info	11	-	New text	Added Out of State Trauma Centers
GPC	27	ALERT	Alert regarding cardiac arrest.	This text has been updated.
GPC	28	5.b)(2)	"If patient presents with a traumatic mechanism. . ."	"If patient presents with any blunt traumatic mechanism. . ."
GPC	30-1	-	New text	START/JumpSTART diagram inserted.
GPC	31	3.(a)	"may assist with the administration of the patient's albuterol MDI"	"may assist with the administration of the patient's fast-acting bronchodilator MDI"
GPC	33	H.3.	New text	"Reassess patients being discharged to home or long-term care at the beginning and end of the transport or more frequently at the provider's discretion."
GPC	34	K.	New text	Updated to include COMAR requirement.
Treatment	37	B.	New text	Insertion of diazepam if midazolam is not available.
Treatment	38	B.	New text	Insertion of diazepam if midazolam is not available.
Treatment	38-1	B.	New text	Insertion of diazepam if midazolam is not available.
Treatment	39	3.e)	New text	"(divide administration of the dose equally between the nostrils to a maximum of 1 mL per nostril)"
Treatment	40	3.m)	New text	"(divide administration of the dose equally between the nostrils to a maximum of 1 mL per nostril)"
Treatment	49	h)(2)	"Administer morphine . . ."	"Administer opioid per Pain Management protocol."
Treatment	50	(d)	"Medical consultation required."	"Medical consultation required to administer atropine in AV block at . . ."
Treatment	52	ALERT	Alert regarding witnessed/unwitnessed arrest.	This protocol has been updated to reflect 2010 AHA ECC guidelines.
Treatment	58	n)	"Administer morphine . . ."	"Administer opioid per Pain Management protocol."
Treatment	60-2	i)(1), l)(1)	"Administer morphine . . ."	"Administer opioid per Pain Management protocol."
Treatment	65	3	New text	Changes delivery time to 45 minutes greater than transport to the nearest ED by air or ground.
Treatment	66	-3	New text	Guideline on how to manage patients with the defined delivery time. Fibrinolytic checklist added.
Treatment	73	-	"Presumed Dead On Arrival"	"Pronouncement of Death"
Treatment	74	f)	"Administer morphine . . ."	"Administer opioid per Pain Management protocol."
Treatment	75	l)	"Administer morphine . . ."	"Administer opioid per Pain Management protocol."
Treatment	99	b)	"Place distal and proximal constricting band . . .for poisonous snakebite to an extremity."	"Do not apply distal and/or proximal constricting bands for a poisonous snakebite to an extremity. Do remove any jewelry on the affected extremity."
Treatment	100	l)	"Place distal and proximal constricting band . . .for poisonous snakebite to an extremity."	"Do not apply distal and/or proximal constricting bands for a poisonous snakebite to an extremity. Do remove any jewelry on the affected extremity."
Treatment	100-1	-	New protocol	OVERDOSE/POISONING:STIMULANT TOXICITY
Treatment	100-2	-	New protocol	OVERDOSE/POISONING:STIMULANT TOXICITY
Treatment	101	2	"Use of certain drugs for analgesia (reduction of pain) may also interfere with diagnostic procedures in the emergency department, and their use in such circumstances must be judicious, with medical control consulted when necessary."	This text has been deleted.
Treatment	102	e)(1)	Indications for pain management	This text has been updated.
Treatment	102-1	(2), (3), 5.	Pain Management protocol	This text has been updated.
Treatment	102-2	-	Frameshift from new text	Frameshift from new text
Treatment	103	3.a,c)	"prescribed albuterol"	"prescribed fast-acting bronchodilator"
Treatment	104	3.g,i)	"prescribed albuterol"	"prescribed fast-acting bronchodilator"
Treatment	106	3.a,d)	"prescribed albuterol"	"prescribed fast-acting bronchodilator"
Treatment	107	3.p)	"prescribed albuterol"	"prescribed fast-acting bronchodilator"
Treatment	119	k), o)	"Administer morphine . . ."	"Administer opioid per Pain Management protocol."
Treatment	120	f)	"Administer morphine . . ."	"Administer opioid per Pain Management protocol."
Treatment	121	l)	"Administer morphine . . ."	"Administer opioid per Pain Management protocol."
Treatment	123	c), h)	"Administer morphine . . ."	"Administer opioid per Pain Management protocol."
Treatment	124	3.a)	"Maintain spine stabilization."	"Maintain spine stabilization for blunt trauma patients. Patients with isolated penetrating trauma should not have spinal immobilization performed."
Treatment	124	3.b)	"Control bleeding and immobilize patient, if indicated."	"Control bleeding and immobilize patient, if blunt mechanism indicates. Spinal immobilization should not be performed on patients with isolated penetrating mechanism. If mechanism includes both blunt and penetrating trauma, perform spinal immobilization."
Treatment	125	3.g)	"Maintain spine stabilization."	"Maintain spine stabilization for blunt trauma patients. Patients with isolated penetrating trauma should not have spinal immobilization performed."

Treatment	125	3.h)	"Control bleeding and immobilize patient, if indicated."	"Control bleeding and immobilize patient, if blunt mechanism indicates. Spinal immobilization should not be performed on patients with isolated penetrating mechanism. If mechanism includes both blunt and penetrating trauma, perform spinal immobilization."
Treatment	130	3.b)	"Protect cervical spine."	"Protect cervical spine for blunt trauma patients only. Patients with isolated penetrating trauma should not have spine immobilization performed. If mechanism includes both blunt and penetrating trauma, perform spinal immobilization."
Treatment	131	3.i)	"Protect cervical spine."	"Protect cervical spine for blunt trauma patients only. Patients with isolated penetrating trauma should not have spine immobilization performed. If mechanism includes both blunt and penetrating trauma, perform spinal immobilization."
Appendices	144	-	Procedure chart	This chart has been updated.
Appendices	146	-	Medications chart	This chart has been updated.
Appendices	156	(d)(iii)	Medical consult for morphine.	Remove consult for opioid administration.
Appendices	160	F.	"Presumed Dead On Arrival"	"Pronouncement of Death in the Field"
Appendices	161	G.	New protocol	"Termination of Resuscitation"
Procedures	181-1	(2), (6)	"morphine may be used. . ."	"opioid may be used per Pain Management protocol. . ."
Procedures	184	c)	Dosage	This protocol has been updated to reflect 2010 AHA ECC guidelines.
Procedures	187	(5),(6)	Regarding asystole.	This text has been deleted.
Procedures	188	e)(1)	"Administer morphine . . ."	"Administer opioid per Pain Management protocol."
Procedures	198-7	a)(4)	New text	"(4) living separate and apart from the minor's parent, parents, or guardian, whether with or without consent of the minor's parent, parents, or guardian and is not self-supporting, regardless of the source of the minor's income"
Procedures	198-8	-	Frameshift from new text	Frameshift from new text
Procedures	198-9	c)(iv)	New	"(iv) living separate and apart from the minor's parent, parents, or guardian, whether with or without consent of the minor's parent, parents, or guardian and is self-supporting, regardless of the source of the minor's income"
Procedures	198-10	-	Frameshift from new text	Frameshift from new text
Procedures	204-1	a)	"If the transport time is greater than the 30 additional minutes to an ED capable of maintaining hypothermia, the hypothermia protocol shall not be initiated."	This text has been deleted.
Procedures	204-3	25	New protocol	12-LEAD ELECTROCARDIOGRAM
BLS Pharm	205-2	3	New text	"(Also applies to other fast-acting bronchodilators)"
ALS Pharm	216	a)(3)	"(3) May restore cardiac rhythm in asystole"	This text has been deleted.
ALS Pharm	217	g)(4)	"See MARK I in WMD Protocols."	"See MARK I/Duodote protocol."
ALS Pharm	232	16	New protocol	Fentanyl pharmacology information
ALS Pharm	232-1	16	New protocol	Fentanyl pharmacology information
ALS Pharm	239	c)(9)	New text	"(9) Moderate to severe stimulant toxicity"
ALS Pharm	240	22	New text	This protocol has been updated.
ALS Pharm	241	22	New text	This protocol has been updated.
ALS Pharm	242	g)(1)	New text	This protocol has been updated.
ALS Pharm	242	g)(2)	New text	"divide administration of the dose equally between the nostrils to a maximum of 1 mL per nostril)"
ALS Pharm	247	c)(4)	New text	"(4) Pretreatment for patients with decreased renal function that will be receiving IV contrast dye"
ALS Pharm	247-1	g)	New text	Guides dosing for established IV drips.
Pilot	254	M.	New text	Addition of ketamine
Pilot	255	c)	New text	This protocol has been updated.
Pilot	256	M.	New text	Addition of ketamine
Pilot	259	M.	Frameshift from new text	Frameshift from new text
Pilot	261	N.	New text	Addition of ketamine
Pilot	262	c)	New text	This protocol has been updated.
Pilot	263	N.	New text	Addition of ketamine
Pilot	265	N.	Frameshift from new text	Frameshift from new text
Pilot	265-1	N.	New text	Addition of ketamine
Pilot	265-2	N.	New text	Addition of ketamine
Pilot	268-7	2.e)	New text	"e) Post cardiac arrest with ROSC"
Pilot	268-15	N5.	"Video Laryngoscopy/Glidescope Ranger"	"Video Laryngoscopy" This protocol has been updated.
Pilot	268-16	N6.	RAMPART protocol	This protocol has been deleted.
Pilot	268-17	N6.	RAMPART protocol	This protocol has been deleted.
Optional	274-4	5	Procedure	This text has been updated.
Optional	275	R.	"MARK I Kits"	Insert "Duodote" next to "Mark I"
Optional	277	R.	Same as above.	Same as above.
Optional	279	S.	Same as above.	Same as above.
Optional	281	A.	New text	Add diuretics to the formulary for the SCT-credentialed paramedic.
Optional	306	B.b)(2)(b)	Two nationally-recognized programs listed.	Four nationally-recognized programs listed.
Optional	318	4.f)	New text	"f) Administer fentanyl 1 mcg/kg IN/IV/IM to a max dose of 200 mcg . . ."
Optional	320	X.5.c)	"Splint the extremity."	This text has been updated.
Optional	321-3	3.b)	New text	"b) Administer fentanyl 1 mcg/kg IN/IV/IM to a max dose of 200 mcg . . ."
Optional	321-6	-	New text	Fentanyl pharmacology information