

Summary of 2017 Protocol Changes				
PROTOCOL TITLE	PAGE #	LINE #	ORIGINAL TEXT	NEW TEXT
Table of Contents	x		Transport to Freestanding Medical Facility	Transport to Freestanding Emergency Medical Facility This change also applies to all instances where "Freestanding Medical Facility" appears in the protocol document, specifically on pages 28, 37, and 355.
Health Care Facility Codes	5 through 12		Complete revision	These pages were revised to be consistent with facility names as displayed in various databases, including eMEDS®
Maryland Trauma and Specialty referral centers	15-1		New entry	Maryland Coalition Against Sexual Assault recognized hospitals
Protocol Key	16	4	New addition	Pediatric age chart
General Patient Care	30	ALERT	This may be accomplished through manual or mechanical means as appropriate.	This may be accomplished through manual or mechanical means as appropriate in adults. Mechanical Methods of compressions are NOT indicated for infants or children who have not yet reached their 13th birthday.
General Patient Care	30 through 31-2	4. a)	Assess Pulse	Complete revision
History and Physical Examination-Assessment	35 through 35-2	ALERT	New entry	All health care providers are obligated by law to report cases of suspected child or vulnerable adult abuse and/or neglect to either the local police or adult/child protective service agencies. Do not initiate report in front of the patient, parent, or caregiver (MD Code, Family Law, § 5-704). Under Maryland Law, EMS providers are protected from liability if they make a report of child/vulnerable adult abuse and neglect in good faith (Courts and Judicial Proceedings Article § 5-620).
Treatment Protocols	35	c)	Providers should obtain on-line medical direction to administer other prescribed rescue medications not specifically mentioned in The Maryland Medical Protocols for EMS Providers (e.g., Soluortef for adrenal insufficiency).	Providers should obtain on-line medical direction to administer other prescribed rescue medications not specifically mentioned in The Maryland Medical Protocols for EMS Providers (e.g., hydrocortisone (Soluortef) for adrenal insufficiency).
Disposition	37	b)	New language added	Stable Priority 2 patients may be referred to a freestanding emergency medical facility.
Altered Mental Status	44	f)	Clarifying language added	If patient is pregnant, actively seizing, consider magnesium sulfate 4 grams IV/IO over 10 minutes (mixed in 50-100 mL of approved diluent). PLEASE NOTE -- this same language was added, where appropriate (i.e., where drip over 10 minutes or greater), to the following pages: 45, 61, 69, 139, 140, 205, 232
Cardiac Emergencies: Cardiac Guidelines	51	c)	Immediately start CPR and apply AED or manual defibrillator as soon as possible; shock if indicated.	Immediately start CPR with C-A-B (compressions – airway – breathing) and apply AED or manual defibrillator as soon as possible; shock if indicated. Continue compressions while charging.
Cardiac Emergencies: Cardiac Guidelines	51	d)	If unable to initiate an IV or perform endotracheal intubation within 5 minutes, continue with appropriate care and transport the patient as soon as possible to the appropriate hospital. Further attempts to initiate IV therapy or endotracheal intubation should be accomplished while en route to the receiving hospital.	Removed
Universal Algorithm for Pediatric Emergency Care	54 through 55	Title	Less than 18 years of age	(Greater than 1 hour and less than 13 years of age)
Universal Algorithm for Pediatric Emergency Care	54 through 55		Compression and ventilation rate	Revised with specific directions
Cardiac Emergencies: Tachycardia	60	o)	If patient is hemodynamically unstable with a ventricular rate greater than 220 for an infant or 180 for a child, prepare for immediate cardioversion.	Medical Consultation requirement added
Cardiac Emergencies: Tachycardia	61	Algorithm	(b) Consider sedation (midazolam with medical consultation). However, overall patient status, including BP, may affect ability to administer sedative.	Medical Consultation requirement removed (b) Consider sedation (midazolam). However, overall patient status, including BP, may affect ability to administer sedative.
Cardiac Emergencies: Tachycardia	62	YES: Cardiovert		Medical Consultation requirement added
Cardiac Emergencies: Cardiac Arrest	63	ALERT	This may be accomplished through manual or mechanical means as appropriate.	This may be accomplished through manual or mechanical means as appropriate in adults. Mechanical Methods of compressions are NOT indicated for infants or children who have not yet reached their 13th birthday.
Termination of Resuscitation	70 through 71	ALERT	New addition	If patient has not reached his/her 18th birthday, termination of resuscitation may be considered in rare circumstances. Contact a Pediatric Base Station (at Johns Hopkins Children's Center or Children's National Hospital System) for online medical direction prior to termination. If online consultation with a Pediatric Base Station is not possible, treat according to appropriate protocol.

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EMS DNR-MOLST	74	ALERT	The following section is abstracted from the original Maryland Emergency Medical Services Do Not Resuscitate Program 2nd revision (07/01/98). The page (pg.) And the chapter (ch.) numbers have been appended to the following chapter titles for easy reference. Because this abstract is condensed from the original document, some chapter numbers or letters were intentionally left out. Please refer to the original Maryland EMS/DNR document for further information.	Removed
EMS DNR-MOLST	75	5. a) (2)	Copy of the Maryland EMS-DNR Order form	Copy of the Maryland EMS-DNR order form (Including an electronic copy on a computer or device for patient care decisions. The sending facility is required to provide a copy of the EMS/DNR order or MOLST to the transport crew (Listed in the instructions of the MOLST form and COMAR 10.01.21.03)
EMS DNR-MOLST	79	(3)	If, despite these efforts, the patient becomes pulseless or stops breathing spontaneously, EMS providers shall then withhold or withdraw cardiopulmonary resuscitation including, but not limited to, no CPR, no cardiac pacing, no defibrillation, withdrawal of active ventilatory assistance upon cardiac arrest, and withholding or withdrawal of drug therapy (e.g., chemical resuscitation).	If, despite these efforts, the patient becomes pulseless or stops breathing spontaneously, EMS providers shall then withhold or withdraw cardiopulmonary resuscitation (including, but not limited to, CPR, cardiac pacing, defibrillation), withdrawal of active ventilatory assistance upon cardiac arrest, and withholding or withdrawal of drug therapy (e.g., chemical resuscitation).
EMS DNR-MOLST	81	(4)	If returning the patient from a previous transport, be sure to request a copy of the EMS/DNR Order form, vinyl bracelet with insert, or metal emblem (bracelet or necklace) from the staff (see pg. 20 ch H2 and the "EMS/DNR Order Retrieval Strategies" on pg. 58 of the EMS/DNR program booklet)	If returning the patient from a previous transport, be sure to request a copy of the EMS/DNR Order form, vinyl bracelet with insert, or metal emblem (bracelet or necklace) from the staff. The sending facility is required to provide a copy of the EMS/DNR order or MOLST to the transport crew (Listed in the instructions of the MOLST form and COMAR 10.01.21.03)
EMS DNR-MOLST	81	i) (1)	"call run sheet"	"patient care report"
EMS DNR-MOLST	83	(5)	"call run sheet"	"patient care report"
Cardiac Emergencies: Hyperkalemia	88	r)	Additional language added to match pharmacology	For patients less than 1 year of age, must be diluted (1:1) with LR.
Hyperbaric Therapy	105 through 106			Entire protocol removed and replaced with Overdose/Poisoning: Carbon Monoxide/Smoke Inhalation Protocol
Multiple	107 through 112		No content change	Headers re-lettered after removed Hyperbaric Therapy Protocol
Newly Born	113 through 114		Footnotes were re-lettered for clarity, and reflected in the algorithm	c) and d) language was moved and final footnote was re-lettered to (c)
Newly Born	114	(d)	Naloxone 0.1 mg/kg ET/IV/IO	Removed - Clarification from earlier revision
Overdose Poisoning: Carbon Monoxide/Smoke Inhalation	115-1 through 115-2			New Protocol
Overdose Poisoning: Ingestion	119	h)	Additional language added to match pharmacology: If calcium channel blocker overdose, consider calcium chloride. 0.5–1 gram SLOW IVP (50 mg/min)	If calcium channel blocker overdose, consider calcium chloride. 0.5–1 gram SLOW IVP over 10 minutes. Max dose of 1 gram.
Overdose Poisoning: Ingestion	120	s)	If beta-blocker overdose, consider glucagon. 1 mg IVP (25–40 kg) 0.5 mg IVP (less than 25 kg) Every 5 minutes as necessary	If beta-blocker overdose, consider glucagon. 1 mg IVP (5 years of age up to patient's 18th birthday) 0.5 mg IVP (28 days - 4 years of age) Every 5 minutes as necessary
Overdose Poisoning: Ingestion	120	v)	Additional language added to match pharmacology	(for less than 1 year, dilute 1:1)
Overdose Poisoning: Inhalation	121	ALERT	Patients presenting with altered mental status or nausea with vomiting, seizures, loss of consciousness, or marked dyspnea in the face of suspected carbon monoxide or toxic inhalation with or without minor burns should be considered for transport to the Hyperbaric Specialty Center. Patients in closed space incidents are more likely to manifest these symptoms.	If patient has exposure to carbon monoxide/smoke inhalation, refer to Carbon Monoxide/Smoke Inhalation Protocol.
Overdose Poisoning: Injection	123	3. c)	Amended to match pharmacology: Assist patient experiencing moderate to severe allergic reaction symptoms or mild symptoms with a history of life-threatening allergic reaction with the patient's prescribed or EMS service's epinephrine (1:1,000) 0.3 mg in 0.3 mL IM or patient's prescribed fast-acting bronchodilator.	Assist patient experiencing moderate to severe allergic reaction symptoms or mild symptoms with a history of life-threatening allergic reaction with the patient's prescribed or EMS service's epinephrine (1:1,000) 0.5 mg in 0.5 mL IM or patient's prescribed fast-acting bronchodilator.

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Overdose Poisoning: Stimulant Toxicity	125	3. e)	Amended to match pharmacology: If IV unavailable, 2 mg IN or 5 mg IM may be administered.	If IV unavailable, 5 mg IM/IN may be administered.
Overdose Poisoning: Stimulant Toxicity	126		Additional language added to match pharmacology: Additional doses require medical consultation.	Additional doses (up to a maximum total dose of 5 mg) require medical consultation.
Pain Management	131	e) (1) (b)	In the provider's judgment, the patient will benefit from treatment with an opioid analgesic, including patients who are MOLST and/or EMS/DNR patients.	In the provider's judgment, the patient will benefit from treatment with an opioid analgesic, including patients who are MOLST and/or EMS/DNR patients or being pre-medicated for a procedure.
Respiratory Distress: Allergic Reaction	134 through 136	Title	Respiratory Distress: Allergic Reaction	Allergic Reaction
Respiratory Distress: Allergic Reaction	134	3. d) (1)	Amended to match pharmacology: Administer epinephrine 1:1,1000 0.01 mg/kg IM Maximum single dose 0.5 mg	Administer epinephrine 1:1,1000 0.5 mg in 0.5 mL
Respiratory Distress: Allergic Reaction	135	3. e) (1)	Amended to match pharmacology: Consider epinephrine 1:1,1000 0.01 mg/kg IM Maximum single dose 0.5 mg	Consider epinephrine 1:1,1000 0.5 mg in 0.5 mL
Respiratory Distress: Anaphylaxis	137 through 138	Title	Respiratory Distress: Anaphylaxis	Anaphylaxis
Respiratory Distress: Asthma/COPD	139	k)	Consider the administration of terbutaline	Removed
Respiratory Distress: Asthma/COPD	140	m)	n) Consider additional doses of epinephrine, albuterol, or terbutaline	m) Consider additional doses of epinephrine or albuterol. [Revised lettering from n) to m)]
Sepsis: Adult	148		Amended to match pharmacology: If hypotension persists after 2 L of LR are provided, consider an additional 2 L of LR (up to a maximum of 30 mL/kg total, including the first 2 L bolus) and/or dopamine 5–20 mcg/kg/min (paramedic only).	If hypotension persists after 2 L of LR are provided, consider an additional 2 L of LR (up to a maximum of 30 mL/kg total, including the first 2 L bolus) and/or dopamine 2–20 mcg/kg/min (paramedic only).
Sepsis: Pediatric	151	g)	Amended to match pharmacology: Dopamine 5–20 mcg/kg/min IV/IO.	Dopamine 2–20 mcg/kg/min IV/IO.
Stroke: Neurological Emergencies	152	EMS Stoke Algorithm	Fibrinolytic Therapy Checklist	Removed
Stroke: Neurological Emergencies	153	3. b)	Complete the Fibrinolytic Therapy Checklist for Ischemic Stroke	Removed
Stroke: Neurological Emergencies	155	Chart	Fibrinolytic Therapy Checklist	Removed
Syncope	155-1			New Protocol
Trauma Protocol: Burns	156	ALERT	Patients presenting with altered mental status or nausea with vomiting, seizures, loss of consciousness, or marked dyspnea in the face of suspected carbon monoxide or toxic inhalation with or without minor burns should be considered for transport to the Hyperbaric Specialty Center. Patients in closed space incidents are more likely to manifest these symptoms.	If patient has exposure to carbon monoxide/smoke inhalation, refer to Carbon Monoxide/Smoke Inhalation Protocol.
Trauma Protocol: Sexual Assault	166	Multiple		Multiple revisions were made.
Procedures Chart	182	Electrical Therapy	Cardioversion CRT-(I) SO, PM SO	CRT-(I): SO/MC, PM: SO/MC
Procedures, medical devices	184	Medications	New Addition	Diluent (D5W, NS, LR) EMR, EMT, CRT-(I): SO PM SO
Procedures, medical devices	185	Terbutaline Sulfate		Removed
BLS Pharmacology: Acetaminophen	187	Indications	Patients ages 3 years and above judged to be in mild to moderate discomfort (e.g., 2–5 on FACES scale)	Patients ages 2 years and above judged to be in mild to moderate discomfort (e.g., 2–5 on FACES scale)
BLS Pharmacology: Nitroglycerin	195	d) Contraindications f) Dosage	4) Pediatric patient under age 12 2) Pediatric: (nitroglycerin contraindicated for children under age 12)	4) Pediatric patient under age 13 2) Pediatric: (nitroglycerin contraindicated for children under age 13) This change also applies to all instances where "age 12" appears in the protocol document for the administration of nitroglycerin, specifically on pages 239 and 241.
BLS Pharmacology: Oxygen	197			Complete revision
ALS Pharmacology: Acetaminophen	199	Contraindications		Added two new contraindications

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ALS Pharmacology: Acetaminophen	199	Contraindications	Patients less than 3 years of age	Patients less than 2 years of age
ALS Pharmacology: Amiodarone	205	g) (2)	Adult without pulse VF/VT/torsades: 300 mg IV/IO. May repeat one time 150 mg IV/IO	Adult without pulse VF/VT/(torsades <u>after</u> magnesium sulfate): 300 mg IV/IO. May repeat one time 150 mg IV/IO
ALS Pharmacology: Calcium Chloride	211	g) Dosage	Amended to match pharmacology: (1) Adult: Administer 0.5–1 gram SLOW IVP over 3–5 minutes Maximum dose 1 gram or 10 mL. Administer 500 mg SLOW IVP for: hypotension following diltiazem administration. Respiratory depression, decreased reflexes, flaccid paralysis, and apnea following magnesium sulfate administration (2) Pediatric: Administer 20 mg/kg (0.2 mL/kg) SLOW IVP/IO (50 mg/min) Maximum dose 1 gram or 10 mL	(1) Adult: Administer 0.5–1 gram SLOW IVP over 10 minutes. Maximum dose 1 gram Administer 500 mg SLOW IVP for: hypotension following diltiazem administration. Respiratory depression, decreased reflexes, flaccid paralysis, and apnea following magnesium sulfate administration (2) Pediatric: Administer 20 mg/kg (0.2 mL/kg) SLOW IVP/IO (50 mg/min) Maximum dose 1 gram
ALS Pharmacology: Diltiazem	215	Contraindications	Patients less than 12 years of age	Patients less than 18 years of age
ALS Pharmacology: Epinephrine 1:10,000/ 1:1,000	221	g) (2) (c)	For ease of reference, moved instructions for (c) Neonate from page 222 to 221	NA
ALS Pharmacology: Epinephrine 1:10,000/ 1:1,000	222	g) (3) (b)	Removed BLS treatment from ALS protocol: (b) Epinephrine: 1:1,000 (i) Less than 5 years of age: 0.15 mg IM in the lateral thigh via epinephrine auto-injector or manual administration 0.15 mg in 0.15 mL IM (ii) 5 years and greater: administer 0.3 mg IM in the lateral thigh via epinephrine auto-injector or manual administration 0.5 mg in 0.5 mL IM	(b) Epinephrine: 1:1,000 (i) Less than 5 years of age: administer 0.15 mg in 0.15 mL IM (ii) 5 years and greater: administer 0.5 mg in 0.5 mL IM
ALS Pharmacology: Fentanyl	223	Indications	In the provider's judgment the patient will benefit from treatment with an opioid analgesic, including patients who are MOLST and/or EMS/DNR patients.	In the provider's judgment the patient will benefit from treatment with an opioid analgesic, including patients who are MOLST and/or EMS/DNR patients or being pre-medicated for a procedure.
ALS Pharmacology: Glucagon	225	g) (1) (b) (i)	1 mg IM/IN (5–15 years of age)	1 mg IM/IN (5 years of age up to patient's 18th birthday)
ALS Pharmacology: Glucagon	225	g) (2) (b) (i)	1 mg IVP (5–15 years of age) every 5 minutes	1 mg IVP (5 years of age up to patient's 18th birthday) every 5 minutes
ALS Pharmacology; Haloperidol	226	Contraindications	Children under 6 years old	Children under 5 years old
ALS Pharmacology; Haloperidol	227	g) Dosage	Patient 15–69 years of age Patient 13–17 years of age	Patient 18–69 years of age Patient 13 up to 18th birthday
ALS Pharmacology: Lidocaine	229	f) (2)	Bolus doses should be administered over a 1-minute period, except in ventricular fibrillation/ventricular tachycardia, when they are administered IVP	Removed
ALS Pharmacology: Lidocaine	230	g) (3)	Nasal Pharyngeal Anesthesia (age 12 years and greater)	Nasal Pharyngeal Anesthesia (age 13 years and greater)
ALS Pharmacology: Magnesium Sulfate	232	g) (2) (b)	Moderate to severe asthma/bronchospasm exacerbation: consider magnesium sulfate 50 mg/kg IV/IO to max of 2 grams given over 10–20 minutes	Moderate to severe asthma/bronchospasm exacerbation: consider magnesium sulfate 50 mg/kg IV/IO (mixed in 50 - 100 mL of approved diluent) to max of 2 grams given over 10–20 minutes
ALS Pharmacology: Midazolam	233 through 234	g) Dosage	For ease of reference, moved dosage instructions from page 233 to 234	NA
ALS Pharmacology: Midazolam	233	c) (7)	(MC) Bucking Endotracheal Intubated patient	Medical Consultation requirement removed
ALS Pharmacology: Midazolam	233	Indications	New entry	(10) Excited Delirium Syndrome
ALS Pharmacology: Midazolam	233	Dosage		Added Excited Delirium Syndrome as exception
ALS Pharmacology: Midazolam	234	(4)	(MC) Bucking Endotracheal Intubated patient	Medical Consultation requirement removed
ALS Pharmacology: Midazolam	235	(5)	New entries	Dosing regimen for Excited Delirium Patients
ALS Pharmacology: Morphine Sulfate	236	Indications	In the provider's judgment the patient will benefit from treatment with an opioid analgesic, including patients who are MOLST and/or EMS/DNR patients.	In the provider's judgment the patient will benefit from treatment with an opioid analgesic, including patients who are MOLST and/or EMS/DNR patients or being pre-medicated for a procedure.

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ALS Pharmacology: Ondansetron	242	g) (2)	Amended to match pharmacology: Patients less than 13 years old: 0.1 mg/kg SLOW IV over 2–5 minutes Patients who are 13 years or older: 8 mg ODT OR 8 mg SLOW IV over 2–5 minutes	Patients 28 days to 12 years old: 0.1 mg/kg SLOW IV over 2–5 minutes Patients who are 13 to 18 years old: 8 mg ODT OR 8 mg SLOW IV over 2–5 minutes
ALS Pharmacology: Oxygen	243			Revisions made to Indications and Dosage sections.
ALS Pharmacology: Terbutaline	246	All		Removed
Airway Management: CPAP	252	Indications	Patients who are 15 years of age or older	Patients who are 13 years of age or older. Exception: EMT may transport a patient that is chronically on CPAP who is going for routine medical care and has in attendance a patient provided attendant who can manage the patient's own CPAP.
Airway Management: CPAP	252		New entry	ALERT: CPAP mask must properly fit the patient appropriately
Airway Management: Nasotracheal Intubation	255	c) (4)	Patient less than 12 years of age	Patient less than 13 years of age
Electrical Therapy: AED	269	Indications	Birth - less than 1 year of age	Neonate (1 hour to 28 days if life) to less than 1 year of age
Electrical Therapy: AED	269	Contraindications	New entry	Newly Born Patients (up to one hour after birth)
Electrical Therapy: Cardioversion	271	c) (2)	Pediatric	Medical Consultation requirement added
Electrical Therapy: Cardioversion	272	f) (2) and (3)	Medication dosage for sedation Adult and Pediatric	Complete revision for Adult and Pediatric patients
Electrical Therapy: External Transcutaneous Cardiac Pacing	275	e) (1) and (2)	Medication dosage for sedation Adult and Pediatric	Complete revision for Adult and Pediatric patients
Glucometer Protocol	280	(2) (i)	(i) If unable to start IV and blood glucose is less than 70 mg/dL, administer 1 mg glucagon IM/IN.	(i) If unable to start IV and blood glucose is less than 70 mg/dL, administer 1 mg glucagon IM/IN: 5 years of age up to patient's 18th birthday: 1 mg 28 days – 4 years of age: 0.5 mg
Intraosseous Infusion	285 through 286-1	c) (2)	Sites for mechanical placement of IO needle	Complete revision to procedure descriptions
Intravenous Maintenance Therapy for EMT	287 through 289	ALERT	For ease of reference, moved the first line of the alert on bottom of page 287 to top of 288	NA
Physical and Chemical Restraints	305-306	(2) (b) (i) a. (2) (c) (i) c.	Patient 15–69 years of age Patient 13–17 years of age	Patient 18–69 years of age Patient 13 up to 18th birthday
Pilot Program: RSI Pediatric	336	d) (8)	Amended to match formulary: If inadequate relaxation after 2–3 minutes, repeat succinylcholine 0.5 mg/kg IVP.	If inadequate relaxation after 2–3 minutes, repeat succinylcholine 1.0 mg/kg IVP.
Pilot Program: RSI - Succinylcholine	343	g) (2)	Amended to match adult dosage: Administer 1 mg/kg rapid IVP to a maximum dose of 200 mg.	Administer 1.5 mg/kg rapid IVP to a maximum dose of 200 mg.
Pilot Program: EMT acquisition of 12-Lead Electrocardiography	345 through 347	All		Moved to Optional Supplemental Program (pgs 417 to 417-2)
Pilot Program: Pelvic Stabilization Binder	348	Contraindications	Children who have not yet reached their 15th birthday	Patient for whom the smallest available pelvic stabilization binder is too wide and places pressure on abdomen or chest
Pilot Program: Pelvic Stabilization Binder	348	Procedure		Multiple revisions made to procedure section
Pilot Program: Transport to a Freestanding Emergency Medical Facility	355		Transport to Shore Emergency Center at Queenstown	Revised entire protocol (now called Transport To Freestanding Emergency Medical Facility (Base Station or Non–Base Station))
Pilot Program: Mobile Integrated Community Health Program	358 through 360-2			Revised entire protocol
Pilot Program: Montgomery County Fire Rescue Services Alternative Destination Program	366 through 366-10			New Protocol
Optional Supplemental Program: Cyanide Poisoning	367 through 368	Title	Cyanide Poisoning	Overdose/Poisoning: Cyanide Poisoning
Optional Supplemental Protocol: Cyanide	368	g) (5)	If patient history is suggestive of CO inhalation, consider transport to hyperbaric medicine treatment facility	If patient history is suggestive of CO inhalation, follow Overdose Poisoning Carbon Monoxide/Smoke Inhalation Protocol
Optional Supplemental Program	380	7. (a)	(MC) Adult: Administer a maximum of 2,000 units per hour	(MC) Adult: Administer a maximum of 18 units/kg per hour

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Optional Supplemental Protocol: BiPAP	383	Indications	Patients who are 15 years of age or older	c) Patients who are 13 years of age or older. d) Exception: EMT or CRT-(I) may transport a patient that is chronically on CPAP who is going for routine medical care and has in attendance a patient provided attendant who can manage the patient's own BiPAP
Optional Supplemental Program: Mark I/DuoDote	387 through 390-2			Revision to entire protocol format.
Optional Supplemental Program: Specialty Care Paramedic	393	Medications 13. Anti-Arrhythmic	Amiodarone (Team with Nurse)	Removed
Optional Supplemental Program: Transport to Freestanding Medical Facility	417			Entire protocol revised and moved to a Pilot Protocol.
Pilot Program: EMT acquisition of 12-Lead Electrocardiography	417-2	8. b)	The Quality Review Committee will review all 12-lead transmissions on a quarterly basis and submit a report in accordance with the Quality Review Procedure for Pilot Programs (formally "Class B" Additional Procedure Algorithm) of the Maryland Medical Protocols.	Removed
Optional Supplemental Program: Wilderness	421	C. 3.	Consider administration of EpiPen for severe asthma.	Consider administration of epinephrine auto-injector for severe asthma.
Optional Supplemental Program: Wilderness	433	Y. 5.	Amended to match formulary: If there is high suspicion for Lyme, start the patient on antibiotic treatment with doxycycline 100 mg twice a day; 2.2 mg/kg greater than 8 years old. If less than 8 years old use Augmentin 15 mg/kg.	If there is high suspicion for Lyme, start the patient on antibiotic treatment with doxycycline 100 mg twice a day; 2.2 mg/kg 8 years or greater. If less than 8 years old use Augmentin 10 mg/kg every 12 hours.
Optional Supplemental Program: Wilderness	438 through 442		Inserted formulary for clindamycin	clindamycin (Cleocin) •Availability 150 or 300 mg/tablet, reconstituted liquid 75 mg/ 5 mL •Action antibiotic •Indication suspected pharyngitis or respiratory infection; Cellulitis •Contraindication hypersensitivity to clindamycin •Precautions •Side effects diarrhea •Dose Pediatrics – 10 mg/kg every 8 hours Adult – 300 mg every 8 hours
Optional Supplemental Program: Maryland Vaccination & Testing Program for Paramedic Providers	444	Alert, 18, 19, and 20	All language	Removed
Weapons of Mass Destruction Supplement	469	3. a.	Initial Management	Initial Management (For pediatric dosing, see Mark I/Duodote Kits Protocol)