MIEMSS held its annual awards ceremony on Tuesday, May 19, to recognize groups and individuals who made extraordinary accomplishments in the service of prehospital care in 2014. The awards ceremony was held during EMS Week (May 17 – 23), the theme of which this year was “EMS Strong.” Thirty-six awards for the Maryland Star of Life program were presented, as were four Right Care When It Counts awards for children. The Right Care When It Counts awards seek to honor children and youth in Maryland who have demonstrated the Steps to Take in an Emergency or Ways to be Better Prepared for an Emergency. MIEMSS has conducted this award program for 12 years.

At the ceremony in Annapolis, Maryland Governor Larry Hogan provided two Proclamations, one recognizing EMS Week as May 17 – 23 and a second naming May 20 as EMS for Children Day, which were presented by Lt. Governor Boyd K. Rutherford.

The Right Care When It Counts Awards were presented during the first part of the two-part ceremony, which took place at the Miller Senate Office Building.

George (Hank) Emmel V, age 10, and Angeline Emmel, age 14, were visiting their grandfather, George “Jerry” Emmel, III, when his tractor slipped into gear and ran over him. Hank witnessed the incident and ran to get his sister, Angeline, to call 9-1-1. Mr. Emmel was taken to the R Adams Cowley Shock Trauma Center by Joppa Magnolia Ambulance. He had suffered three fractures to the face and spent eight hours in surgery for a fractured pelvis, but survived his severe injuries.

Dawson Ternent, age 11, and his father Chuck Ternent, a Volunteer Firefighter with Good Will Fire Company, happen to hear a call over their radio alerting EMS to respond to a cardiac arrest. They quickly realized that the patient was their next-door neighbor. Dawson, who had just completed CPR training the previous week, and his father ran next door and initiated CPR to the patient. Because of Dawson’s quick response, less than two minutes passed between the call to 9-1-1 and the initiation of CPR. The patient was resuscitated and transported to Western Maryland Regional Medical Center for further care.

Jenna Grimm, age 6, received an award for calling 9-1-1 when her great-grandmother slipped and fell, breaking her leg. Although Jenna wanted to call 9-1-1 right away, her grandmother asked her for help sitting up and (Continued on page 2)
MIEMSS Presents Annual EMS Awards

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to get some ice. Jenna did just that; then she
called her mother and 9-1-1 to get help.

For the second part of the program, MIEMSS Executive Director Kevin Seaman presented the Maryland Star of Life Awards. First, the Maryland Star of Life Award, given to an individual or team for an outstanding rescue, was presented to 10 providers from St. Mary’s County who responded to a medical emergency. The following individuals each received a Maryland Star of Life Award: Chief Jonathan P. Scully; Trooper Allison Oyler; Richard Scott Peterson, Paramedic; George Earl Newton, EMT; William Johnson, Paramedic; Brandi Shymansky, Paramedic; Thomas Korb, Paramedic; Amy Smith, EMT; Larry Trader, EMT; and Joseph Wilkerson, EMT.

Last October, while driving home from another call, Chief Jonathan Scully heard a call go out for a medical emergency nearby and rushed to the scene. There he found a 20-year-old woman with agonal breathing and a faint pulse. Chief Scully immediately provided rescue breaths and utilized his AED to analyze her heart rhythm. The AED advised a shock. After the shock was delivered, Chief Scully was able to recognize a pulse, although it was irregular and she flat-lined shortly after. Trooper Allison Oyler arrived on the scene to assist Chief Scully, who then applied a second shock and received a positive reaction with pulse and breathing.

Providers from St. Mary’s City ALS, Leonardtown Rescue Squad, and Ambulance 79 from Hollywood Volunteer Rescue Squad arrived to assist. The patient was transported to MedStar St. Mary’s Hospital and has fully recovered.

Ray Crouch was chosen to receive a Maryland EMS Citizen Award.

On December 20, 2014, Ray and Jackie Crouch came upon a motor vehicle crash while driving home. Mr. Crouch approached the vehicle, which was overturned down an embankment, on fire, and surrounded by live electrical wires. Finding a male driver who was initially unresponsive, he began banging on the windshield. As he was about to break the windshield, Mr. Crouch noticed the sunroof was partially opened and pulled on it to gain access to the interior of the vehicle. He found the driver regaining consciousness and then noticed a toddler hanging upside down in a car seat. After pulling the driver out of the vehicle, Mr. Crouch successfully extricated the child from the vehicle.

Level Volunteer Fire Company arrived on the scene shortly after Mr. Crouch’s heroic rescue. They found Mrs. Crouch tending to the child, keeping the toddler warm in her coat. The providers tended to the adult patient, and they were then transported to a regional trauma center for their injuries.

The MIEMSS Director’s Award for Excellence in EMS was presented to 20 individuals for extraordinary care and extrication of an injured person. Receiving this award this year were: Captain Steve Leatherman; FF Chad Johns; FF Jeffrey Stull; Rob DeGrange, Paramedic; Lt. Jeffrey Shippey; Lt. Thomas Nuse; BC David Barnes; Dwayne Ausherman; Jamie Daily; Peter Gorelick; FF Thomas St Clair; Paul Corfman, Paramedic; Lt. Charity Rinker; FF Michael Nail; Simon Ayling; Christine Yaroschuk; Master Trooper Eric Smothers; Sgt. Jason Bigham; FF/EMT Jason Beard; and FF/EMT Daniel Kelly.

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On August 1, 2014, providers were dispatched to The Claggett Center in Adamstown for an injury received while zip-lining. Medic 23 and Ambulance 148 teams hiked about a mile behind the center to locate the patient, whom they found to be unconscious. Assessing the situation, they requested aviation and additional resources to extricate him. Company 14 stayed on the primary road and directed responding units, including Ambulance 239, who was added to the call by the dispatch center. EMS 901 team members arrived on location, established command, and also made their way back to the patient. Medics on the scene boarded and collared the patient, and inserted a nasal airway and IV. EMS 901 successfully intubated the patient and breathing was assisted by the BLS crew members. MSP Trooper 3 soon arrived and, due to the terrain, decided that a medevac hoisting operation would be the quickest and safest way to get him out of the treacherous environment. While units, along with the ATR team, were preparing for the operation, the patient began to have a seizure. Medic 23 administered medication until the seizure activity stopped. The patient was hoisted out by Trooper 3 and transported to R Adams Cowley Shock Trauma Center. The patient was diagnosed with a brain injury, but survived. He had remained in the Intensive Care Unit for several weeks before being transferred to a rehabilitation facility for further care.

The Queen Anne’s County Mobile Integrated Community Health Pilot Program received this year’s Outstanding EMS Program Award. In an effort to identify members of the community that are underserved and connect them with public health resources that are underutilized, a partnership was formed between the Queen Anne’s County Department of Emergency Services and the Queen Anne’s County Department of Health to develop the innovative Mobile Integrated Community Health Pilot Program. This program utilizes data obtained from 9-1-1 and emergency dispatch services, along with observations and interactions experienced by EMS field providers, to identify people who, due to barriers in care, are at a high risk for declining physical and mental health and may benefit from public health resources. A team comprised of a paramedic and a nurse performs home visits for these patients and obtains a comprehensive assessment used to determine existing barriers to care. The team then works together to break down these barriers to care by linking the patient with the appropriate public health resource. In addition to this assessment, the paramedic also performs a comprehensive home safety evaluation and implements a plan to fix or remove existing hazardous issues.

The Emergency Medical Dispatcher Provider of the Year Award went to Rebecca Ramirez of the Montgomery County Fire and Rescue Emergency Communication Center. EMD Ramirez has been a preceptor for new employees for several years. She is certified in EMD Quality Assurance and runs quality checks on many of the Center’s 9-1-1 calls. She also trains new employees. In 2014 EMD Ramirez joined the Critical Incident Stress Management Team so she can assist her co-workers after they take a particularly stressful call.

In 2013 EMD Ramirez won Call Taker of the Year for Montgomery County Fire and Rescue at the Tri-State Tele Communicator Awards Banquet. She was chosen for this award not only for her overall performance, but also for her actions on a house fire call that may have saved the lives of the occupants.

EMD Ramirez was the dispatcher on two special calls in 2014. One concerned an ice rescue incident involving children in January. She was included on a unit citation (Continued on page 4)
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for demonstrating a calm demeanor while on the phone with the 9-1-1 caller. In November EMD Ramirez gave pre-arrival CPR instructions to a parent of a 2-year-old who was in cardiac arrest. With the help of her instructions, the toddler survived.

MIEMSS’ Emergency Medical Services Provider of the Year was Lt. Walter Kerr, a nationally registered Maryland Paramedic. He has been a Maryland ALS Provider since 1989, serving Maryland citizens as both a member of the Maryland State Police Aviation Command and as a volunteer provider at Level Volunteer Fire Department in Harford County for the last 26 years.

Lt. Kerr has provided care to countless citizens in Harford County and across the state. He played a crucial role in transitioning the Maryland State Police to the new fleet of AgustaWestland 139 helicopters, including training both MSP Aviation Command personnel and Maryland’s career and volunteer providers throughout 2014. For many years, Lt. Kerr has participated in trauma prevention awareness programs for R Adams Cowley Shock Trauma Center’s community outreach initiatives.

Holly Trego was this year’s winner of the EMS for Children Award for her role in the development and production of an informative video, “Make the Right Call,” about the 9-1-1 system. Ms. Trego has been a volunteer for Singerly Volunteer Fire Department in Cecil County for many years, as well as an active member of the LAMSFA and the MSFA Fire and Injury Prevention Committee. As the Safe Kids Cecil County advocate, she also specializes in Child Passenger Safety training, resources, and volunteer recruitment. After joining the Maryland Safe Kids Coalition, she incorporated 9-1-1 education, along

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with pedestrian safety and fire safety, into local “safety” days, community events, and summer camps.

In 2013 Ms. Trego identified the need for a look at emergency medical dispatching “through the eyes of the dispatcher.” She hoped to educate both children and adults about what really happens when you dial 9-1-1 and to demonstrate how 9-1-1 fees are used to build infrastructure and resources. At the 2014 MSFA Convention, she trained a dozen volunteers to use the DVD and the 9-1-1 simulator. In fall 2014 she presented the film to the 9-1-1 Numbers Board and helped disseminate it across the state.

The Leon W. Hayes Award for Excellence in EMS, given for lifetime achievement in EMS, was presented to Louis Carl Jordan. Louis C. Jordan began his career in the 36th Evacuation Hospital with the US Army. He then served as a Firefighter Paramedic and EMS trainer for the Baltimore City Fire Department until 1972. He served as MIEMSS’ Director of Prehospital Care until 1986, where he led the development of the “Trauma Go-Team” and was instrumental in developing medical protocols for field providers. As the Task Group Leader for the American Society for Testing and Materials (ASTM) F-30 Committee on EMS, Mr. Jordan guided the development of the first ASTM EMS National Standard. He was also the Project Director for the “Maryland Way,” a skills manual used by providers for many years. In 1979 he founded Emergency Training Associates, and still serves as its President today.

Mr. Jordan has been an EMT, CRT, and Paramedic Instructor since the early 1970s. He served as a member of the Maryland Instructor Certification Review Board and as MIEMSS’ representative to the National Council of State Training Coordinators. He developed the Virgin Islands EMS Exchange Program, which continues to this day. Mr. Jordan has represented state and local interests for the National Registry of EMTs for many years. He has also served as the Medical Coordinator/Advisor for the renowned FBI-Hostage Rescue Team. He has edited, authored, reviewed, and contributed to many EMS publications, including text books and periodicals.

A significant achievement, Mr. Jordan received the Rocco V. Morando Lifetime Achievement Award in 2005, presented by the National Association of EMTs and the National Registry of EMTs. Since 1995, Mr. Jordan has been a member of the Union Bridge Fire Company. Mr. Jordan’s skill, knowledge, and enthusiasm for EMS is well-known throughout Maryland, the nation, and even internationally, as he continues to consult with various agencies on EMS-related issues, including advanced prehospital training.

The Star of Life awardees represent the very best in EMS. We deeply appreciate the commitment and service of each of these winners. MIEMSS would also like to acknowledge and thank all Maryland EMS providers, who, we believe, exemplify “EMS Strong.”
Anne Arundel County FD and Howard County DFRS Receive AHA’s Mission: Lifeline EMS Recognition Awards

The Anne Arundel County Fire Department has received the American Heart Association’s (AHA) Mission: Lifeline® EMS Silver Award for implementing quality improvement measures for the treatment of patients who experience severe heart attacks. The Howard County Department of Fire and Rescue Services has received the EMS Bronze Award for their efforts in treating STEMI patients. The Mission: Lifeline program helps hospitals and emergency medical services develop systems of care that follow proven standards and procedures for STEMI patients. The program works by mobilizing teams across the continuum of care to implement American Heart Association/American College of Cardiology clinical treatment guidelines.

Every year, more than 250,000 people nationally experience a STEMI, or ST-Elevation Myocardial Infarction, a type of heart attack caused by a complete blockage of blood flow to the heart that requires timely treatment. To prevent death, it is critical to restore blood flow as quickly as possible, either by surgically opening the blocked vessel or by giving clot-busting medication. Unfortunately, a significant number of patients do not receive prompt reperfusion therapy, which is critical in restoring blood flow. Mission: Lifeline seeks to save lives by closing the gaps that separate STEMI patients from timely access to appropriate treatments. Mission: Lifeline’s EMS recognition program recognizes those emergency responders for their efforts in improving STEMI systems of care and improving the quality of life for these patients.

EMS providers are vital to the success of Mission: Lifeline. EMS agencies provide access to 12-lead EKG machines and follow protocols derived from American Heart Association/American College of Cardiology guidelines. The correct tools and training allow providers to rapidly identify the STEMI, promptly notify the medical center, and trigger an early response from the awaiting hospital personnel.

Agencies that receive the Mission: Lifeline Silver award have demonstrated an aggregated annual score achieving a minimum of 75% compliance for each required measure and treated at least eight STEMI patients in the 2014 calendar year. Those receiving the Mission: Lifeline Bronze award have demonstrated at least 75% compliance for each required achievement measure for three months (one quarter) and treated at least two STEMI patients per reporting quarter with at least four STEMI patients in the 2014 calendar year. The 2015 award period includes patients treated from January 1 through December 31, 2014.

“EMTs and Paramedics play a vital part in the system of care for those who have heart attacks,” said Nancy Brown, Chief Executive Officer of the American Heart Association/American Stroke Association. “Since they often are the first medical point of contact, they can shave precious minutes of life-saving treatment time by activating the emergency response system that alerts hospitals. We applaud the Anne Arundel County Fire Department and the Howard County Department of Fire and Rescue Services for achieving these awards that show they meet evidence-based guidelines in the treatment of people who have severe heart attacks.”

New EMRC/SYSCOM Operations Center Goes Live

MIEMSS and MSP Aviation Command Staff completed training in the new EMRC/SYSCOM operations center on May 21, 2015, and operations were successfully launched on May 27 at 10:00 am. Only minor issues were encountered, which were promptly addressed without interruption to center activities. The success of the transition is a credit to the hard work of MIEMSS Communications Engineering Services and Information Technology staff. Many hours were put in to ensuring the new center would meet and exceed operational requirements. MIEMSS will continue to support the temporary center until operations in the new center run successfully for 30 days without any major interruptions.

The new center is part of MIEMSS’ statewide EMS communications upgrade initiative and includes integrating the Maryland FiRST System into operations. The new center houses modern interoperable communications equipment, is ADA compliant, and meets all fire protection and life-safety codes. Other enhancements include:

- Installation of technologically advanced communications equipment
- Modernization of the current facility to accept the new equipment
- Relocation of existing critical communications equipment during the upgrade
- Improvement of the HVAC, electrical, and fire suppression systems
- Installation of structured cabling, including fiber and CAT 6 cable

Moving into the new EMRC/SYSCOM operations center is an important, but not final, step in improving the State’s medical communications. Legacy systems that remain in place and in use will be addressed in the future as part of the upgrade project.
National EMS Memorial Bike Ride Comes Through Maryland

On Thursday, May 22, 2015, the National EMS Memorial Bike Ride (NEMSMBR), a group of EMS providers and 12 support vehicles from around the country, entered Maryland and was greeted by members of the Water Witch Fire Company and personnel from the Cecil County Department of Emergency Services. There they were able to have lunch and enjoy a dry place to eat following a soggy ride. They continued on their route to Baltimore with a rest stop at the Abingdon Volunteer Fire Company’s Long Bar Harbor Firehouse.

Early morning on Friday, May 23, riders gathered at the Babe Ruth Plaza at Camden Yards, before continuing on to Alexandria, Virginia, to solemnly read the names of those EMS providers that gave the ultimate sacrifice. This was the final day of the ride that left Boston on May 18. Baltimore City Fire Department Chief Niles R. Ford and Dr. Kevin Seaman, MIEMSS Executive Director, participated in the ceremony. Dr. Seaman also rode with the group on this last day of their journey. Governor Larry Hogan declared the day as National EMS Memorial Bike Ride Day in Maryland with a Proclamation. Additional information on the event can be found at www.muddyangels.com.

The NEMSMBR honors EMS personnel by organizing and implementing long distance cycling events that memorialize and celebrate the lives of those who serve every day, those who have become sick or injured while performing their duties, and those who have died in the line of duty. The objectives of the bike ride are:

- Remember EMS workers who have died in the line of duty.
- Raise public awareness about line-of-duty deaths and disabilities in the EMS profession.
- Honor EMS workers who continue to work despite dangerous conditions.
- Advocate for a national tracking of injuries, near misses, and line-of-duty deaths in EMS.
- Provide a safe, friendly, and supportive environment for registered participants to bicycle.
- Promote healthy lifestyles for EMS providers through physical activity and nutrition.

NAACS Certified Flight Communicator Course

Baltimore, July 27–28

The Certified Flight Communicator Course is a two-day class for air-medical communication specialists offered by the National Association of Air Medical Communication Specialists. Topics covered include Flight Following and Navigation, Aviation Weather, PAIP, Stress Management, Public Relations, and Medical Terminology. Following successful completion of the exam, participants will earn Certified Flight Communicator status. Registration deadline is July 15, 2015 (www.naacs.org/classes.htm).
Maryland Health Care Providers Win ACEP Awards

The Maryland Chapter of the American College of Emergency Physicians (ACEP) has selected two providers to receive awards this year. The EMS Physician of the Year award was received by Tim Chizmar, MD, FACEP, for gracious and energetic service to Harford County and Region III EMS. Outside of his clinical work at University of Maryland Upper Chesapeake Medical Center, Dr. Chizmar serves on SEMSAC as the ACEP representative, as Region III Medical Director, Harford County EMS Medical Director, and Havre de Grace Ambulance Corps Medical Director. Dr. Chizmar chairs Maryland ACEP’s EMS Committee.

The Emergency Nurse of the Year award went to Lisa Tenney, RN, BSN, CEN, CPHRM, for years of gracious care and caring, for patients and fellow staff alike. Ms. Tenney also serves on SEMSAC, representing the General Public.

Maryland CISM Training Held

On May 27, 2015, 58 students attended a three-day Critical Incident Stress Management training held in Cambridge, Maryland. The training was offered through a collaborative effort among MIEMSS, Dorchester County Department of Emergency Services, and University of Maryland Shore Regional Health. Funding was provided by a grant from the Maryland Department of Health and Mental Hygiene with funds from the Hospital Preparedness Program as provided by the Assistant Secretary for Preparedness and Response, US Health and Human Services. This class offering was part of MIEMSS’ effort to enhance critical incident stress management capabilities throughout the state.

Group Crisis and Individual Crisis Intervention and Peer Support, taught by Jeff Mitchell of the International Critical Incident Stress Foundation, Inc., provided insight into the types of reactions emergency responders may have to daily stressors and to difficult and/or lengthy incidents. Interactive role-playing gave students the opportunity to utilize their skills to help manage stress reactions and provide peer support. Program highlights included basic crisis communication techniques, an introduction to suicide recognition and intervention methods, and both small and large group crisis intervention practices.

The training introduced valuable skills to members of the EMS, law enforcement, public health, and corrections communities. MIEMSS thanks all who participated in making this program a success.

MIEMSS Online Training Center: Active Assailant Training Now Available

MIEMSS’ Active Assailant course is designed to give EMS providers an overview of the many factors associated with responding to this type of incident. Experts on the topic will provide the participant with an overview of the principles of Tactical Emergency Casualty Care (TECC), the characteristics of an Active Assailant, common terminology, various injuries, treatment methods, and phases of response involved in these situations. The course is approved for 1.5 hours of continuing education at the “Local” level.

To access this course, visit www.emsonlinetraining.org. If you need assistance, please contact MIEMSS Office of Licensure and Certification at 410-706-3666 or 800-762-7157. You may also email MIEMSS at OnlineTraining@miemss.org.
Fireworks and Sparkler Safety for the Summer Months

*Important Tips from the Office of the Maryland State Fire Marshal*

With warmer weather, public fireworks displays attract thousands of spectators every year. These licensed and inspected events afford Marylanders a safe and pleasurable way to celebrate. Often, however, people are tempted to use legal or even illegal fireworks. The following tips can help Marylanders enjoy fireworks – safely!

**Be aware:**

- Use only legal fireworks
- Only use fireworks in approved areas
- Check with your local authorities
- Fireworks are prohibited in Baltimore City, Montgomery, Prince George’s, Harford, and Howard Counties, as well as Ocean City

**Be safe:**

- Children should NEVER light fireworks
- Keep ignition sources away from children
- Only use fireworks outdoors
- Light only one firework at a time and move quickly away from the firework once lit
- Keep children and pets away from fireworks
- Never light fireworks in your hand
- Never throw fireworks

**Be responsible:**

- Soak used fireworks in a bucket of water
- Clean up debris from fireworks
- Never attempt to re-light a firework that did not go off
- Wait 15-20 minutes if a firework did not go off, then soak in a bucket of water

**Be prepared:**

- Store fireworks out of children’s reach
- Always read and follow label directions
- Always have garden hose or buckets of water in the area where fireworks are being used
- Place pets indoors since the light and sounds frighten them

By following these simple safety tips, Marylanders can avoid injury and enjoy a wonderful July 4th holiday and summer season.
REPLACING THE JUNE 3, 2015 MEMORANDUM

TO: EMS Providers, Highest EMS Officials, EMS Medical Directors

FROM: Richard Alcorta, MD FACEP
       State EMS Medical Director

DATE: June 8, 2015

RE: Revision to June 3rd Memo:
   Correction/clarification to changes made for the 2015 protocols:
   Attention Altered Mental Status

Under General Patient Care on page 28 (p.8 of the pocket protocol), there was an accidental omission under 5. Disability b)(2).
Line (f) Neck pain or torticollis was added with the re-lettering of the three following indications.

Patients who have a blunt trauma with a high-energy mechanism of injury that has potential to cause spinal cord injury or vertebral instability and one or more the following should receive spinal protection. (NEW ’15)
(a) Midline spinal pain, tenderness, or deformity
(b) Signs and symptoms of new paraplegia or quadriplegia
(c) Focal neurological deficit
(d) Altered mental status or disorientation
(e) Disturbing injury

ALERT: In addition to the above indicators for adults, the below apply to children that have not yet reached their 15th birthday
(f) Neck pain or torticollis
(g) High impact diving incident or high risk MVC - head on collision, rollover, ejected from the vehicle, death in the same crash, or speed > 55 mph
(h) Substantial torso injury
(i) Conditions predisposing to spine injury

Magnesium Sulfate
With the addition of magnesium sulfate to the ALS formulary in 2015, there have been questions about the acceptable way to administer the medication and still be in compliance with the protocol that has specific direction listed in the protocol document. After researching the commercially available products and the national medication shortage, the following preparations are acceptable even though the protocols specifically reference Lactated Ringer’s as the diluent.

1. Pre-mixed magnesium sulfate / water inj. bag, 4 gms 100 mL bag (40 mg/mL), (preferred)
2. In-Line Medication Chamber (e.g. Buretrol Chamber) (add-on 150 mL chamber) placed inline, add 100 mL of lactated ringers then add 4 grams of magnesium sulfate to the chamber, mix and administer (preferred)
3. Magnesium Sulfate, 4 gm add 50 or 100 mL bag (water, normal saline, D5W or LR)
4. Magnesium Sulfate, 50%, 5 gm / 10 mL, 10 mL prefilled syringe: Add 4 gm /8 mL to 50 or 100 mL bag (water, normal saline, D5W or LR).

There may be other acceptable preparations not listed above that jurisdictions may elect to use. If you have questions about the acceptability of preparations to administer MgSO4 contact the Office of the Medical Director.

p. 107 “Respiratory Distress: Asthma/COPD”

Should Read:

v) Medical Consult: Consider magnesium sulfate 50 mg/kg IV/IO to a max of 2 grams given over 10-20 minutes.

A “Medical Consult” symbol is missing, however, it is required to administer magnesium sulfate to both adult and pediatric patients experiencing Asthma/COPD. This dosage should also be listed on p. 238-2 under pediatric dosage.

This correction should also be made on p.82 of the pocket protocol.

Altered Mental Status: Seizures  ****REVISION SINCE JUNE 3 MEMO****

Should Read:
P.38-1 l) Administer midazolam 0.2 mg/kg in 2 mg increments slow IV push over one to two minutes. If a patient has no IV or IO in place: Administer midazolam 0.2 mg/kg IN or IM. Maximum total dose 5 mg.
The dose should read midazolam 0.2 mg/kg which is the same that is listed on p. 239-1 under the pediatric dosage.

This correction should also be made on p.18 of the pocket protocol.

Pocket Protocol

The magnesium sulfate was unintentionally omitted from the Pharmaceutical/Formulary medication list on page 113. The dosing of magnesium sulfate is correct throughout the protocol. MIEMSS asks that you manually write the indications on page 113 for quick reference as follows:

Magnesium Sulfate:
Indications
(1) Torsades de Pointes, (2) Seizures with pregnancy, (3) Refractory VF and VT after lidocaine administration, (4) Moderate to severe asthma/bronchospasm exacerbation

If there any questions regarding this memo, please contact the Office of the Medical Director (410-706-0880).