			Summary of 2016 Protocol Changes	
PROTOCOL TITLE	PAGE # (referenced in 2015 document	LINE #	ORIGINÁL TEXT	NEW TEXT
Quality Review procedure for Pilot Programs	23	1	the occurrence is added to the jurisdictional database and forwarded to the RMD and the State EMS Medical Director.	the occurance is added to the jurisdictional database and forwarded to the RMD and the State EMS Medical Director on an annual basis unless otherwise specified.
GPC: Communications	28	4. a) (1)	Patients from birth to those who have not reached their 12th birthday:	Patients from one hour after birth (newly born) up to those who have not reached their 13th birthday
Treatment Protocols	31	2	Patients who have had	without dart removal (Exception tactical EMS). ANY conducted electrical weapon dart impalement to the head, neck, hands, feet, or genitalia must be stabilized in place and evaluated by a physician. An assessment must be conducted to determine if the patient meets Excited Delirium Syndrome.
GPC: Communications	32	1	All Priority 1 patients	Communications with and through EMRC (old line 7)
GPC: Communications	32	2	All Priority 1 patients	All Priority 1 patients require on-line medical consultation through EMRC on a recorded line (radio or phone)
GPC: Communications	32	ALERT	new line	ALERT: Any patient that the provider identifies as meeting any "Specialty ALERT (e.g. Trauma, STEMI, STROKE, SEPSIS) requires an on-line medical consultation through EMRC on a recorded line (radio or phone)
GPC: Communications	32	3	All Priority 2 patients	through EMRC on a recorded line (radio or phone)
GPC: Communications	32	6	Trauma Communications	Core Essentials of Communication
GPC: Communications	33	1 l. d)	New Line	For a patient who is identified as
GPC: Communications	33	11e)	New Line	For Priority 2 and Priority 3 patients not meeting a specialty center destination care protocol, the EMS provider should ask if the patient has had a hospital admission (inpatient service) within the last 30 days. If the answer is yes, the EMS provider should transport (repatriate) the patient to that hospital as long as that hospital is not more than 15 additional minutes further than nearest hospital (or greater if allowed for by the EMS Operational Program).
Altered Mental Status: Seizures	37	3. d)	Consider midazolam (paramedic may perform without consult)	Consult requirement removed
Altered Mental Status: Seizures	38-1	3. o)	(paramedic may administer without consult)	Consult requirement removed
Altered Mental Status: Unresponsive Person	40	n)	0.1 mg/kg SLOW IVP/IO/IM/Intranasal (If delivery device is available-divide administration of the dose equally between the nostrils to a maximum of 1 mL per nostril.)	0.1 mg/kg IVP/IO (titrated)/IM/IN(If delivery device is available—divide administration of the dose equally between the nostrils to a maximum of 1 mL per nare)
Altered Mental Status: Unresponsive Person	40	0)	Medical Consult Symbol	removed
Cardiac Emergencies: Cardiac Guidelines	44	1. e)	Lidocaine is referenced	Lidocaine references removed
Cardiac Emergencies: Adult Bradycardia	50	(e)	lidocaine	amiodarone
Cardiac Emergencies: Pediatric Bradycardia	51		Minimum dose of 0.1 (atropine)	removed
Cardiac Emergencies: Adult Tachycardia Algorithm	51-3		Wide complex tachycardia of uncertain type	Wide regular complex tachycardia of uncertain type
Cardiac Emergencies: Adult Tachycardia Algorithm	51-3		Lidocaine is referenced	Amiodarone replaces lidocaine
Cardiac Emergencies: Adult Tachycardia Algorithm	51-3	(d)	(paramedic may administer without consult)	Contraindicated in polyumorphic irregular wide complex tachycardiaConsult requirement removed
Cardiac Emergencies: Pediatric Tachycardia	51-4	(e)	paramedic may administer without consult	Consult requirement removed
Cardiac Emergencies: Pediatric Tachycardia	51-4	(f)	Lidocaine is referenced	Amiodarone replaces lidocaine
Cardiac Emergencies: Cardiac Arrest	52			Providers referred to new ROSC protocol
Cardiac Emergencies: Pediatric Cardiac Arrest	54		Lidocaine is referenced	Amiodarone replaces lidocaine

Cardiac Emergencies: VF/VT	56		Lidocaine is referenced	Amiodarone replaces lidocaine
Cardiac Emergencies: Ventricular	56	(b)	with medical consult.	Consult requirement removed
Fibrillation/Pulseless VTACH		(-)		
Cardiac Emergencies:VF/VT	56		ROSC pathway	Providers referred to new ROSC protocol.
Cardiac Emergencies: ROSC	56-A?		New addition	ROSC
EMS DNR/MOLST	56-4	3. b)	Treat out-of-state EMS/DNR Orders as Option	Out of state EMS/DNR Orders shall be followed to the full extent that is permissible by the
EMO BIN OMOZOT		0. 5)	"B" EMS/DNR patients	Maryland Medical Protocols for Emergency Medical Services Providers. If there is
			B EMO/DIVIN patients	misunderstanding with family members or others present at the scene or if there are other
				concerns about following the out of state EMS/DNR order, contact online medical direction
EMO DND MOLOT	50.40	11.0 (h)	laitinting of N/th annual (account of a Discott of but	for assistance.
EMS DNR/MOLST	56-10	H 2 (b)	Initiation of IV therapy (except when Directed by	Initiation of IV therapy (except for morphine and fentanyl administration for pain control as in
			online physician for morphine administartion for	1 (d) (iii))
			pain control as in 1 (d) (iii))	
EMS DNR/MOLST	56-10	H 2 (c)	EMS initiated Medications (except oxygen and	EMS-initiated medications (except oxygen, and morphine or fentanyl administration for pain
			morphine administration for pain control as in 1	control as in 1 (d) (iii))
			(d) (iii))	
Cardiac Emergencies: Implantable	60-1	3. h)	Lidocaine is referenced	Amiodarone replaces lidocaine
Cardioverter				
Cardiac Emergencies: Premature	64	All		Removed
Ventricular Contractions				
Environmental Emergencies: Near	82		New addition	IF THE PARENT, GUARDIAN, OR RESPONSIBLE ADULT REFUSES MEDICAL CARE OR
Drowning				TRANSPORT, PROVIDER SHALL CONTACT A PEDIATRIC BASE STATION PHYSICIAN.
Nausea and Vomiting	85-1	3. e)	Adult: 4 ma slow IV over 2-5 minutes or 4 ma IM	Adult: 8 mg slow IV over 2-5 minutes OR 4-8 mg IM or 8 mg ODT. May repeat once without
readsca and vorning	00-1	0. 0)	medical consult may repeat once with medical	medical consultation. Medical consultation for third repeat dose to a patient with maximum
			consultation. Preventative administration of an	total dose of 24 mg.
			anti-nausea/anti-emetic	total dose of 24 mg.
Navena and Manitina	05.4	2 h)		For notice 20 days 10 years ald 0.4 mayles CLOW IV aven 2.5 minutes
Nausea and Vomiting	85-1	3. h)	Medical consultation for patients who weigh	For patients 28 days – 12 years old: 0.1 mg/kg SLOW IV over 2–5 minutes
			more than 40 kg: 4 mg slow IV over 2-5 minutes	
			OR if no IV: 0.1 mg/kg IM (with max single dose	
			of 4 mg); Medical consult may repeat once with	If no IV: 0.1 mg/kg IM (with max single dose of 8 mg);
			medical consultation. Preventative administration	
			of an anti-nausea/anti-emetic	(MC) For third repeat dose to a patient with maximum total dose of
				0.3 mg/kg or 24 mg, whichever is lower.
Newly Born Protocol	90 thru 90-2		Complete revision	Complete revision
Overdose/Poisoning: Absorption	92	3. d)	Medical Consult Symbol	removed
Overdose/Poisoning: Absorption	92	3. e)	0.4-2 mg SLOW IVP/IO/IM/Intranasal (If delivery	0.4-2 mg IVP/IO (titrated)/IM/IN (If delivery device is available—divide administration of the
g		,	device is available-divide administration of the	dose equally between the nares to a maximum of 1 mL per nare) (NEW '16) Maximum
			dose equally between the nostrils to a maximum	
			of 1 mL per nostril.)	Single dose 0.4–2 mg
Overdose/Poisoning: Absorption	92	3. f)	Medical Consult Symbol	removed
Overdose/Poisoning: Absorption	93	3. k)	Medical Consult Symbol	removed
	94	3. c)		removed
Overdose/Poisoning: Ingestion	94		Medical Consult Symbol	
Overdose/Poisoning: Ingestion	94	3. d)	0.4-2 mg SLOW IVP/IO/IM/Intranasal (If delivery	0.4-2 mg
			device is available-divide administration of the	
			dose equally between the nostrils to a maximum	
			of 1 mL per nostril.)	
Overdose/Poisoning: Ingestion	95	3.0)	Medical Consult Symbol	removed
Overdose/Poisoning: Ingestion	96	3. p)	0.1 mg/kg SLOW IVP/IO/IM/Intranasal (Divide	0.1 mg/kg IVP/IO (titrated)IM/IN (if delivery device is available, divide administration of the
			administration of the IN dose equally between	dose equally between the nares to a maximum of 1mL per nare)
			nostrils to a maximum of 1 mL per nostril.)	
Overdose/Poisoning: Injection	99	3. f)	Medical Consult Symbol	removed
Overdose/Posioning: Injection	99	3. g)		0.4-2 mg IVP/IO (titrated)/IM/IN (If delivery device is available—divide administration of the
2 1 2 2 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2		9/	device is available-divide administration of the	dose equally between the nares to a maximum of 1 mL per nare.) Maximum single dose
			dose equally between the nostrils to a maximum	
			of 1 mL per nostril.)	O.T Z mg
Overdeen/Deigening: Injection	100	2 m)		romoved
Overdose/Poisoning: Injection	100	[3. m)	Medical Consult Symbol	removed

	1	T- >		
Overdose/Poisoning: Injection	100	3. 0)	0.1 mg/kg SLOW IVP/IO/IM/Intranasal (Divide	0.1 mg/kg IVP/IO(titrated) IM/IN (if delivery device is available, divide administration of the
			administartion of the IN dose equally between	dose equally between the nares to a maximum of 1 mL per nare.)
			nostrils to a maximum of 1 mL nostril.)	
Overdose/Poisoning: Excited	100-3		New addition	New addition
Delirium				
Pain Management	102	-4	10 years and above: FOUR unit doses of 160	13 years and older: FOUR unit doses of 160 mg/5 mL each for a total of 640 mg/20 mL OR
			mg/5 mL each for a total of 640 mg/10 mL	in a form of 325 mg pill or tablet X 2 for a total of 650 mg with sips of water as tolerated by
				the patient.
Respiratory Distress: Anaphylaxis	???		New addition	New addition
Respiratory Distress: Allergic	103		Allergic Reaction/Anaphylaxis	Revised to Allergic Reaction only
Reaction				
Sepsis: Adult	116?		New addition	Sepsis: Adult
Sepsis: Pediatric	116??		New addition	Sepsis: Pediatric
Stroke	115-1		New addition	Stroke flowchart
Glossary	141	Newly Born	A term that describes an infant during the first	A term that describes an infant within the first hour after delivery
,		' '	few hours after birth	
Procedures/Medications	146	Adenosine	CRT-(I) MC	CRT-(I) SO
Procedures/Medications	146	Amiodarone	New addition	EMR EMT CRT-(I) SO/MC PM SO/MC
Procedures/Medications	146	Midazolam	CRT-(I) MC	CRT-(I) SO/MC
Procedures/Medications	147		new addition	Peripheral Parenteral Nutrition (PPN) or Total Parenteral Nutrition (TPN) non medicated
1 Toccurco/Wiculculous	177		new addition	EMR EMT SO CRT-(I) SO PM SO
Rule of Nines chart				Moved to Trauma Protocol
Procedures: Glucometer	192			Complete revision including dosing
Procedures: Intraosseous Infusion	194	0) (2)	Patients 40 kg and greater: Preferred site	Patients 40 kg and greater: Preferred site humerus, proximal tibia then distal tibia
		c) (2)	proximal tibia then distal tibia then humerus	
Intravenous Maintenance therapy for EMT	196	a) (2) (e)	Peripheral Parenteral Nutrition (PPN)	Peripheral Parenteral Nutrition (PPN) or Total Parenteral Nutrition (TPN)
Helicopter Safety	198-4		The maximum allowable slope is 5 degrees	the maximum allowable slope is 10 degrees
Helicopter Safety	198-5		Dauphin aircraft picture	removed
Helicopter Safety	198-5		The Trooper/Flight Paramedic	The crew
Procedures Peripheral IV Access	199	b) (9)	MC Second IV requires medical consultation	(MC) Second IV requires medical direction except when initiating the Sepsis Protocol and
·			·	for ALS providers who have a Priority 1 patient. Providers shall not delay transport for the
				initiation of the second IV.
Physical and Chemical Restraint	202	Chemical restraint ALERT	medical causes for patient's agitation.	medical causes for patient's agitation. If Excited Delirium Syndrome is suspected, withhold
,			μ	hadol and refer to Excited Delirium Protocol.
Appendices	204-14		New addition	Emerging Infectious Disease
BLS Pharmacology:	205	e)		(DO NOT USE MULTIDOSE BOTTLE OF LIQUID) Unit dose 160 mg/5 mL liquid Unit dose
Acetaminophen	200	(°)	160 mg/5 mL	325 mg pill
BLS Pharmacology:	205	f) (4)	10 years and above: FOUR unit doses of 160	10 years and older: FOUR unit doses of 160 mg/5 mL each for a total of 640 mg/20 mL OR
Acetaminophen	203	1) (4)	mg/5 mL each for a total of 640 mg/10 mL	in a form of 325 mg pill or tablet X 2 for a total of 650 mg with sips of water as tolerated by
Acetaminophen			Ing/3 file each for a total of 040 filg/10 file	the patient.
BLS Pharmacology:	205	f) (5)	Obtain on-line medical direction for appropriate	removed
	203	1) (5)		Temoveu
Acetaminophen			dosing for patients who are significantly	
DI O DI	200.4		underweight or overweight.	
	206-1	e) 2 a	0.3 mg in 0.3 mL	0.5 mg in 0.5 mL
BLS Pharmocology: Epinepherine	206-1	f) 1	Patients 3 years old or greater0.3 mg	Patients 5 years old or greater0.5 mg
BLS Pharmocology: Epinepherine	206-1	f) 2	Patients less that 3 years of age0.15 mg	Patients less than 5 years of age0.15 mg
BLS Pharmacology: Naloxone	207-2	(g)	Medical Consult Symbol	removed
(narcan) Public safety				
ALS Pharmacology:	210-1	(e)		(DO NOT USE MULTIDOSE BOTTLE OF LIQUID) Unit dose 160 mg/5 mL liquid Unit dose
Acetaminophen			160 mg/5 mL	325 mg pill
ALS Pharmacology:	210-1	f) (4)	10 years and above: FOUR unit doses of 160	10 years and older: FOUR unit doses of 160 mg/5 mL each for a total of 640 mg/20 mL OR
Acetaminophen			mg/5 mL each for a total of 640 mg/10 mL	in a form of 325 mg pill or tablet X 2 for a total of 650 mg with sips of water as tolerated by the patient.
ALS Pharmacology:	210-1	f) (5)	Obtain on-line medical direction for appropriate	removed
Acetaminophen	-	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	dosing for patients who are significantly	
· ·			underweight or overweight.	
			1	I .

ALS Pharmacology: Adenosine	212	(q)	(Paramedic May Administer Without Consult)	Consult requirement removed
ALS Pharmacology: Amiodarone	214-1?	97	New addition	Amiodarone
ALS Pharmocology: Dextrose 50%			Dextrose 50%	Dextrose. Also includes introduction of Dextrose 10% for adults.
ALS Pharmocology: Epinephrine	231	(3) (a)	Allergic reaction/Anaphylatic Shock/Asthma (a)	Allergic Reaction/Anaphylaxis/Asthma (a) For Anaphylaxis (Adult Only)
, income condition in the control of		(0) (0)	MC For Anaphlatic Shock Only	and give it decession and projection deather (a) it or in apriyease (it death or in j)
ALS Pharmocology: Glucagon	233	g) (1)	Administer 1 mg IM	Administer 1 mg IM/IN
ALS Pharmocology: Lidocaine	237-238	9/(-/	Cardiac indications/dosing	Cardiac indications/dosing removed
ALS Pharmacology: Magnesium	238-2	h)	New line	Magnesium Sulfate used for tocolytic control is a RN level indication
Sulfate	200 2	'''	THE WILLIAM	imagnosiam ounde document to control to a nantovor indication
ALS Pharmacology: Midazolam	239	g)	Paramedics may perform without consult for patient with active seizures.	Paramedic and CRT-(I) may perform without consult for patients with active seizures.
ALS Pharmacology: Naloxone (narcan)	242	d)	Not clinically significant	Patients under 28 days of age
ALS Pharmacology: Naloxone	242	g)	Adult: Administer 0.4-2 mg IVP/IM/Intranasal	Adult: Administer 0.4 mg IVP/IO (titrated)/IM/IN Pediatric: Administer 0.1 mg/kg IVP/IO
(narcan)		97	Pediatric: Administer 0.1 mg/kg	(titrated)IM/IN
(Harcarr)			IVP/IM/Intranasal	(uudica)iiviiiv
ALS Pharmacology: Naloxone	242	g) 3	Greater than 2 mg IV may be administered with	removed
(narcan)	2-72	9) 0	medical consultation	Torrioved
ALS Pharmacology: Ondansetron	244-1	c) (1)	Control of nausea and vomiting	Prevention and control of nausea or vomiting
ALS Pharmocology: Ondansetron	244-1	c) (2)	Medical Consult Symbol	removed
ALS Pharmocology: Ondansetron	244-1	g) (1)	Adult: 4 mg slow IV over 2-5 minutes OR 4 MG	8 mg slow IV over 2-5 minutes OR 4-8 mg IM or 8 mg ODT. May repeat once without
ALS Filalificology. Officialise Iron	244-1	9)(1)	IM; medical consult. May repeat once with	medical consultation. Medical consult for third repeat dose to a patient with maximum total
			medical consultation. Preventative administration	
				lidose of 24 flig.
ALO Discourse de la composition	044.4	-) (0)	of an anti-nausea/anti-emetic	For a stire to the second through the second through the second to the s
ALS Pharmocology: Ondansetron	244-1	g) (2)	For patients who weigh more than 40 kg: 4 mg	For patients who weigh more than 40 kg: 8 mg ODT OR 8 mg slow IV over 2-5 minutes OR
			slow IV over 2-5 minutes OR if no IV: 0.1 mg/kg	If no IV: 0.1 mg/kg IM (with max single dose of 8 mg); May repeat once without medical
			IM (with max single dose of 4 mg); Medical	consultation. Medical Consult: for third repeat dose to a patient with maximum total dose of
			consult. May repeat once with medical	0.3 mg/kg or 24 mg, whichever is lower.
			consultation. Preventative administration of an	
			anti-nausea/anti-emetic	
Pilot Program Rapid Sequence	259	4. b) (1)	A verification of all RSI skills and review of RSI	A verification of all RSI skills and review of RSI principles of safety will be performed on a
Intubation Protocol package			principles of safety will be performed on a	quarterly basis. In one of the quarters, this will be accomplished
			quarterly basis. In two of the quarters, this will	via direct observation in the operating room. In another quarter, substitute
			be accomplished via direct observation in the	instruction and demonstration of skill proficiency may be approved by the
			operating room. In a third quarter, the medical	program medical director on an individual basis. In a third quarter, the medical
			director will perform this during a full Paramedic	director will perform this during a full paramedic skills evaluation. A fourth
			skills evaluation. A fourth quarter verification will	quarter verification will be accomplished via an anesthesia mannequin simulator,
			be accomplished via an anesthesia simulator or	an RSI skills module, or a documentation and review of a field utilization.
			an RSI skills module, or a documentation and	
			review of a field utilization.	
Pilot Program Rapid Sequence	259	4. b) (2) (a) and (b)	new line	Ongoing Demonstration of Proficiency for surgical cricothyroidotomy
Intubation Protocol package		-, ( , ( -, ) ( -, )		
Pilot Program Rapid Sequence	259	4. b) (3)	new line	Documentation of the quarterly verification process shall be submitted to the State EMS
Intubation Protocol package		'`'		Medical Director on an annual basis.
Pilot Program Rapid Sequence	259	4. c) 1. (d)	new line	All individual RSI attempts shall be documented after the jurisdictional review process on the
Intubation Protocol package		-, -,-,		approved RSI QA form and submitted to the State EMS Medical Director on a quarterly
masanism rotoso. pasnage				basis.
Pilot Program Rapid Sequence	261	d) (3)	Minimum dose of 0.1 (atropine)	Removed
Intubation Protocol package		"/("/		
Pilot Program Rapid Sequence	265	4. b) (2)	new line	(a) During bi-annual recertification classes, each paramedic will repeat the classroom
Intubation Protocol package	-30	·· ~/ \ <del>-</del> /		lecture and placement of the device using the pig's trachea or substitute instruction and
madation i Totocoi package				demonstration of skill proficiency may be approved by the program medical director on an
				individual basis.
Pilot Program EMT Acquisition of	268-9	8. b)	The Quality Paview Committee will review all 12	The Quality Review Committee will review all 12-lead transmissions on a quarterly
	200-9	[0. b)	lead transmissions on a quarterly basis and	basis and submit a report in accordance with the Quality Review Procedure for Pilot
12-lead Electrocardiography				
			submit a report to Jurisdictional and Regional	Programs (formally "Class B" Additional Procedure Algorithm) of the
T. Control of the Con	1	1	Medical Directors	Maryland Medical Protocols

Authority report to the Office of the Medical Eurygroscope Device is used and provide a quarterly report to the Office of the Medical Director.    Pilot Program Airway Management.   268-17	Dilet Dreasem Airway Management	1000 10	7 c)	Drogram Madical directors must review each	Program Medical Directors must review each patient encounter in which the Video
Corbarcheal Intubation   Corbarcheal Intubat		200-10	7 ()	Program Medical directors must review each	
Quarterly report to the office of the Medical Director.   Procedor.   Proced				l'	
Pilot Program Arway Management   288-17	Orotracheal Intubation				Director on the approved video Laryngoscopy QA form.
Pilot Program Navay Management   268-17   online page   Report form   Removed   Remo					
Orloarbale Influidation  Pilot Program Surgical Crocothyriototomy  288-19  5 b) (1) b  Successful placement of device using pig traches or substitute instruction and demonstration of skill proficiency maybe approved by the program medical director on an individual basis.  Program Surgical Crocothyriototomy  288-20  5 b) (1)  During biannual recertification deases, each parametric will repeat the classroom lecture of placement of the device using pig traches or substitute instruction and demonstration of skill proficiency maybe approved by the program medical director on an individual basis.  Pilot Program Surgical Crocothyriototomy  Pilot Program Vascular Doppler Pilot Program: Vascular Doppler Vascular	511.15	202 17			
Pilot Program Surgical Crocothyriodotomy   288-20   5 b) (1) b   Successful placement of device using pig traches or substitute instruction and demonstration of skill proficiency maybe approved by the program medical director on an individual basis.   During biannual recertification classes, each parametic will repeat the classroom lecture and individual basis.   During biannual recertification classes, each parametic will repeat the classroom lecture and individual basis.   During biannual recertification classes, each parametic will repeat the classroom lecture and individual basis.   During biannual recertification classes, each parametic will repeat the classroom lecture and individual basis.   During biannual recertification classes, each parametic will repeat the classroom lecture and placement of the device using the pig's traches or substitute instruction and demonstration of skill proficiency may be approved by the program and placement of the device using the pig's traches or substitute instruction and demonstration of skill proficiency may be approved by the program and placement of the device using the pig's traches or substitute instruction and demonstration of skill proficiency may be approved by the program and placement of the device using the pig's traches or substitute instruction and demonstration of skill proficiency may be approved by the program and placement of the device using the pig's traches or substitute instruction and demonstration of skill proficiency may be approved by the program and placement of the device using the pig's traches or substitute instruction and demonstration of skill proficiency may be pig's traches.    Pilot Program Substitute instruction and demonstration of skill proficiency may be approved by the program provider with program providers who particular by a provider provider on an individual basis.    Pilot Program Substitute instruction and demonstration of skill proficiency may be approved by the program providers with program providers with program provide		268-17	entire page	Report form	Removed
Pilot Program Surgical Crocothyrioldotomy					
Crocthyroidotomy   Tachea   Crocthyroidotomy   Cr	Orotracheal Intubation				
Crocthyroidotomy   Tachea   Crocthyroidotomy   Cr	Pilot Program Surgical	268-10	5 a) (1) h	Successful placement of device using pig	Successful placement of device using pig traches or substitute instruction and
Individual basis.   Indi		200 10	0 4) (1) 5		
Pilot Program Surgical Circothyriodotomy   268-20   5 b) (1)   During bannual recertification classes, each paramedic will repeat the classroom lecture of circothyriodotomy   268-20   5 b) (2)   Substitute instruction and placement of the device using the pilot stracke.   Pilot Program Surgical Circothyriodotomy   268-20   5 b) (2)   Substitute instruction and demonstration of skill proficiency may be approved by the program medical director on a individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing proficiency may be approved by the program medical director on an individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing proficiency may be approved by the program medical director on an individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing proficiency may be approved by the program medical director on an individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing medical director on an individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing medical director on an individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing medical director on an individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing medical director on an individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing medical director on an individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing medical director on an individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing medical director on an individual basis.   Surgical Circothyriodotomy pilot program providers who participate in the continuing medical director on an individual basis.   Surgical Circothyriodotomy pilot pro				1.00.100	
Pilot Program Surgical Cricothyroidotomy 268-20 5 b) (2) Substitute instruction and demonstration of skill proficiency may be approved by the program medical director on a individual basis.  Pilot Program: Vascular Doppler Pilot Program: Vascular Doppler Pilot Program: Pre-Hospital Ultrasound Pilot Program: ECFD Stroke Pilot Program: ECFD Stro	Pilot Program Surgical	268-20	5 b) (1)	During biannual recertification classes, each	During bi-annual recertification classes, each paramedic will repeat the classroom lecture
Individual basis   Cricothyroidotomy   268-20   5 b) (2)   Substitute instruction and demonstration of skill proficiency may be approved by the program medical director on an individual basis.   New addition program for the RSI pilot will satisfy this requirement.   New addition   New add			, , ,		
Pilot Program Surgical Cricothyrioldotomy Pilot Program: Vascular Doppler Pilot Program: Vascular Doppler Pilot Program: Pre-Hospital Ultrasound Pilot Program: SCFD Stroke Pilot Progr					demonstration of skill proficiency may be approved by the program medical director on an
Pilot Program: Vascular Doppler Pilot Program: Pre-Hospital Utrasound Program: Pre-Hospital Utrasound Pilot Program: Pre-Hospital Utrasound Pilot Program: BCFD Stroke Pilot Program: Stabilization Center Program: BCFD Stroke Pilot Program: Stabilization Center Program: Prog				, , , , , , , , , , , , , , , , , , ,	
medical director on an individual basis.	Pilot Program Surgical	268-20	5 b) (2)		
Pilot Program: Vascular Doppler   268-7   New addition   New add	Cricothyroidotomy				education program for the RSI pilot will satisfy this requirement.
Pilot Program: Pre-Hospital   268-?   New addition   New additio					
Ultrasound					
Pilot Program: BCFD Stroke   288-?		268-?		New addition	New addition
Pilot Program: Stabilization Center   7??   new   New protocol Baltimore City Stabilization Center   Optional Supplemental Program: Intranasal Naloxone for BLS providers   274-1     274-6					
Optional Supplemental Program Intranasal Naloxone for BLS providers Optional Supplemental Program: Impedance Threshold Device Optional Supplemental Program: Impedance Threshold Device Optional Supplemental Program: BLS Glucometer Optional Supplemental Program: BLS Glucometer Optional Supplemental Program: High Performance CPR Optional Supplemental Program: Addition Sesearch Protocol 327 All Removed  274-7 Removed  Addition Bradycardia. Bronchospasm. Bronchorrhea  Removed  Pediatric age changes throughout.  Description Age Newly Born Up to 1 hour Neonate 1 hour -28 days Infant 2 28 days - 1 year  Toddler 1 - c 2 yrs Preschooler 2 - 4 years School-Age 5 - 12 years					
Infransal Naioxone for BLŠ providers  Optional Supplemental Program: Impedance Threshold Device Optional Supplemental Program: BLS Glucometer Optional Supplemental Program: Alpha Performance CPR Optional Supplemental Program Mark I/Duodote Kits Research Protocol  Pediatric age changes throughot. Description Age Newly Born Newly Born Newly Born Up to 1 hour Nesonate Infant 228 days – 1 year  School-Age 5 – 12 years School-Age  Preschooler  274-6 b)or unreponsivenessunresponsiveness, stroke, combative, suspected cyanide poisoning, reported history of high or low blood sugar and pediatric bradycardia or cardiac arrest Optional Supplemental Program Addition Bradycardia. Bronchospasm. Bronchorrhea  Bradycardia. Bronchospasm. Bronchorrhea  Removed  Removed  Program Age  School-Age  1 hour – 28 days – 1 year  School-Age 5 – 12 years			-		
providers Optional Supplemental Program: Impedance Threshold Device Optional Supplemental Program: BLS Glucometer Optional Supplemental Program: BLS Glucometer Optional Supplemental Program: High Performance CPR Optional Supplemental Program: High Performance CPR Optional Supplemental Program: Art / Dudoid Supplemental Program: High Performance CPR Optional Supplemental Program: Art / Dudoid Kits Research Protocol  327 All  Pediatric age changes throughout.  Description Age Newly Born Up to 1 hour Newnate 1 hour – 28 days Infant 228 days – 1 year School-Age School-Age School-Age School-Age School-Age School-Age School-Age Age Removed unresponsiveness, stroke, combative, suspected cyanide poisoning, reported history of high or low blood sugar and pediatric bradycardia or cardiac arrest Optional Protocol has been moved to standard of care procedure protocol Bradycardia. Bronchospasm. Bronchorrhea  Br		272-2 thru 272-5		Medical Consult Symbol	Removed
Optional Supplemental Program: Impedance Threshold Device  274-6  BLS Glucometer Optional Supplemental Program: BLS Glucometer Optional Supplemental Program: High Performance CPR Optional Supplemental Program: Addition  274-7  Optional Supplemental Program: Profromance CPR Optional Supplemental Program Mark I/Duodote Kits Research Protocol  327  All  Removed  Pediatric age changes throughout. Description  Age  Description  Age  Newly Born  Newly Born  Newly Born  Newly Born  Newly Born  1 hour - 28 days Infant  228 days - 1 year  School-Age  School-Age			naloxone		
Impedance Threshold Device     274-6     b)    or unreponsiveness.    unresponsiveness, stroke, combative, suspected cyanide poisoning, reported history of high or low blood sugar and pediatric bradycardia or cardiac arrest       Optional Supplemental Program: BLS Glucometer     274-7     Optional Protocol has been moved to standard of care procedure protocol       High Performance CPR     275     Chart     Addition     Bradycardia. Bronchospasm. Bronchorrhea       Optional Supplemental Program: All Images of the performance CPR     4     Removed       Optional Supplemental Program: All Images of the performance CPR     4     Removed       Research Protocol     327     All     Removed       Pediatric age changes throughout. Description     Age     Removed       Newly Born     Up to 1 hour     Infant     Infant     > 28 days – 1 year       Neonate     1 hour – 28 days     Infant     > 28 days – 1 year       Toddler     1 – < 2 yrs					
Optional Supplemental Program: BLS Glucometer  274-7  High Performance CPR Optional Supplemental Program High Performance CPR Optional Supplemental Program Amrk I/Duodote Kits Research Protocol Sesserich Protocol Addition Sesserich Protocol Assertionation Bradycardia. Bronchospasm. Bronchorrhea  Removed  Removed  Removed  Removed  Sesserich Protocol Sesserich Protocol Assertionation Bradycardia. Bronchospasm. Bronchorrhea  Sesserich Protocol Sesserich Protocol has been moved to standard of care procedure protocol  Bradycardia. Bronchospasm. Bronchorrhea  Sesmoved  Sesserich Protocol has been moved to standard of care procedure protocol  Bradycardia. Bronchospasm. Bronchorrhea  Sesmoved  Ses		274-1			Removed
BLS Glucometer Optional Supplemental Program: High performance CPR Optional Supplemental Program: Optional Supplemental Program High Performance CPR Optional Supplemental Program  Z75 Chart Addition Bradycardia. Bronchospasm. Bronchorrhea  Br					
Optional Supplemental Program: High Performance CPR  275 Chart Addition Bradycardia. Bronchospasm. Bronchorrhea  276 Research Protocol 327 All Removed  Pediatric age changes throughout. Description Resonate 1 hour - 28 days Infant 28 days - 1 year Preschooler Preschooler School-Age Sch		274-6	(b)	or unreponsiveness.	
High Performance CPR Optional Supplemental Program Mark I/Duodote Kits Research Protocol 327 All Research Protocol Pediatric age changes throughout. Description Newly Born Newly Born Up to 1 hour Neonate 1 hour -28 days Infant 228 days -1 year Toddler Preschooler 2 - 4 years School-Age School-Age School-Age Sradycardia. Bronchospasm. Bronchorrhea Bradycardia. Bronchospasm. Bronchorrhea					
Optional Supplemental Program Mark I/Duodote Kits Research Protocol 327 All Removed  Pediatric age changes throughout.  Description Age Informate I hour - 28 days - 1 year Toddler I - 2 yrs Preschooler 2 - 4 years School-Age 5 - 12 years		274-7			Optional Protocol has been moved to standard of care procedure protocol
Mark I/Duodote Kits         Mark I/Duodote Kits         Removed           Research Protocol         327         All         Removed           Pediatric age changes throughout.         Pediatric age changes throughout.         Image: Comparition of the protocol					
Research Protocol         327         All         Removed           Pediatric age changes throughout.         Pediatric age changes throughout.         Pediatric age changes throughout.           Description         Age         Pediatric age changes throughout.           Newly Born         Up to 1 hour         Pediatric age changes throughout.           Neonate         1 hour - 28 days         Pediatric age changes throughout.           Infant         >28 days - 1 year         Pediatric age changes throughout.           Toddler         1 - 2 yrs         Peschooler           Preschooler         2 - 4 years         Pediatric age changes throughout.           School-Age         5 - 12 years         Pediatric age changes throughout.		275	Chart	Addition	Bradycardia. Bronchospasm. Bronchorrhea
Pediatric age changes throughout.         Age         Secription         Age					
Description       Age       Image: Company of the company of t	Research Protocol	327	All		Removed
Description       Age       Image: Company of the company of t	Pediatric age changes throughout				
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Infant     >28 days - 1 year       Toddler     1 - < 2 yrs	Newly Born	_			
Toddler         1 - < 2 yrs	Neonate	1 hour – 28 days			
Preschooler         2 – 4 years           School-Age         5 – 12 years	Infant	> 28 days – 1 year			
School-Age 5-12 years 5-12 mars	Toddler	1 – < 2 yrs			
	Preschooler	2 – 4 years			
Adolescent 13 – 18th birthday	School-Age				
	Adolescent	13 – 18th birthday			