Maine EMS 2018 Protocol Update
Change Reference

This document is intended to act as a quick reference to the major changes occurring in the Maine EMS 2018 Protocol update. This is only a reference and is not intended to supplant attendance of a Maine EMS Protocol Update and review of the Maine EMS 2018 protocols, which can be found on the Maine EMS Website (http://maine.gov/dps/ems/) under the "Publications and Forms" section.

For questions regarding these changes, please refer to your Maine EMS Regional Medical Director, the Maine EMS Medical Director/Associate Medical Director or another member of the Maine EMS Medical Direction and Practices Board.

Definitions

Few major changes other than updates reflecting makeup of the Medical Direction and Practices Board or change in the approved EMS scopes of practice in Maine.

Forward

The Maine EMS 2018 Protocols recognize that other health care professionals may be present on scene and encourage collaboration between EMS providers and these other, on-scene providers.

Under the section on "Home Health Care Devices and Appliances" the 2018 Maine EMS Protocols suggest EMS providers contact On-Line Medical Control if uncertainty exists surrounding the management of insulin pumps in patients suffering from a diabetic emergency.

In the Cardiac (Red) and the Pulmonary (Blue) sections, the 2018 protocols have included an updated VAD protocol (which had previously been contained in the Forward section) and a new Pulmonary Hypertension protocol. Both of these protocols were added due to increased requests for Special Circumstances Protocols focused on special management of the devices used to manage these patients and decision making support regarding destination decision support.

Respiratory

Post Intubation/BIAD Management - The 2018 Maine EMS Protocols have added the option of pain control and anxiolysis after pre-hospital intubation. Paramedics are asked to first consider pain control with 0.5 - 1.0 mcg/kg of Fentanyl IV/IO. If the patient continues to exhibit anxiety or distress, EMS providers are now encouraged to contact On-Line Medical Control to discuss the options of midazolam or ketamine.

Addition of Airway Checklist - The 2018 Maine EMS Protocols include an Airway/Intubation Checklist to assist in Airway Management.

Change from Methylprednisolone to Dexamethasone - Reflecting practices common in hospital medicine and in other pre-hospital systems, the 2018 Maine EMS Protocols will change steroids and include dexamethasone while removing methylprednisolone. Dexamethasone will be the solitary steroid in the Maine EMS formulary and will be used in the adult and pediatric respiratory distress with wheezing protocol as well as the adult and pediatric medical shock for patients identified with adrenal insufficiency.
Respiratory, cont.

Anxiolysis in CPAP - The 2018 Maine EMS Protocols reinforce the role of coaching for patients suffering from anxiety after placement of CPAP, however, in cases in which coaching alone is not successful, the updated protocol allows for On-Line Medical Control discussion regarding anxiolysis with either midazolam or ketamine.

Pulmonary Hypertension - Because of increased requests for Special Circumstances Protocols surrounding the management of patients with Pulmonary Hypertension, the 2018 Maine EMS Protocols have added a Pulmonary Hypertension protocol that offers guidance on management of patients for whom medication delivery has been interrupted and offers tentative guidance on destination support.

Cardiac

New Statement re: AEMT and 12-leads - While AEMTs have not been trained to interpret 12-leads in Maine, the 2018 Maine EMS Protocols continue to encourage AEMTs to perform and present 12-leads to intercepting paramedics or hospital providers.

Update STEMI Checklists - the 2018 Maine EMS Protocols have updated the prior STEMI checklist.

Inclusion of Cardiac Arrest Checklist - The 2018 Maine EMS Protocols have added a Cardiac Arrest Checklist to support management of OHCA patients.

Guidance on Management of Refractory VF - In review of the Maine EMS dataset and recognition of the potential for Maine EMS providers to encounter patients suffering from refractory VF, the 2018 Maine EMS Protocols include guidance for the management of refractory VF, including the options of changing pad vectors, and, when vetted by system leadership, the option of dual sequential defibrillation.

Update of the Termination of Resuscitation Protocol - In collaboration with the other New England states, the 2018 Maine EMS Protocols continue to suggest resuscitation for 20 minutes when asystole or wide/slow PEA is encountered, however, expand that time to 45 minutes in the case of narrow/fast PEA and 60 minutes in the case of refractory VF.

Update of the VAD Protocol - In response to increased numbers of patients with Ventricular Assist Devices, the 2018 Maine EMS Protocols have updated the prior VAD protocol to reflect advances in technology and recognized potential complications.

General Medical

Update of the Stroke Protocol - The Northern New England States have collaborated to create a common stroke guideline for EMS providers. This protocol continues to emphasize identification (using the Cincinnati Prehospital Stroke Scale) and early notification to hospitals.

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General Medical, cont.

Update of the Stroke Checklist/Exclusion Criteria for TPA - In collaboration with state Neurologists, the 2018 Maine EMS Protocols simplify EMS identification of contraindications for use of tPA by narrowing to three questions: "Does the patient have ANY bleeding problems?", "Is the patient taking ANY anticoagulants" and "Has the patient had ANY trauma or surgery within the past 3 months?". Please recognize, that an affirmative to any of these questions does not necessarily equate to an absolute contraindication to tPA but does require additional questions and a consideration of the risks and benefits to providing tPA.

Update of the Sepsis Protocol - The Northern New England states have also collaborated on a Sepsis Guideline which streamlines the identification of potentially septic patients, provides patients with potential sepsis a fluid bolus and requests early hospital notification.

Trauma

Update of the Prior Pain in Trauma Protocol to the Universal Pain Protocol - The 2018 Maine EMS Protocols have updated the prior Pain Management in Trauma protocol to be more inclusive of other causes of pain including non-traumatic abdominal or flank pain. Additionally, the 2018 protocol allows for the provision of acetaminophen at the AEMT scope of practice (at a dose of 10 mg/kg via chewable tabs) as well as the potential for ketamine 0.2 mg/kg IV or 0.5 mg/kg IN at the paramedic scope of practice. Both of these options are under the guidance of On Line Medical Control.

Addition of Tranexamic Acid in Management of Hemorrhagic Shock - The 2018 Maine EMS Protocols have added tranexamic acid (TXA) to the management of hemorrhagic shock at the paramedic scope of practice. With evidence of hemorrhagic shock in patients greater than 16 years old and less than 180 minutes from the time of injury, paramedics may provide 1 gram of TXA over 10 minutes. Please note, this is the initial bolus dose of medications and patients will still require the second dose at the receiving facility.

Clarifications in Spine Management Protocol - In response to quality improvement efforts performed after the 2015 Maine EMS Protocol update, the 2018 protocols clarify that patients should only be allowed to self extricate in cases where movement is expected to be minimal and Once the patient has been extricated, supine position is strongly preferred during transport for continued spine protection.

Pediatric

Change from the Nomenclature "Apparent Life Threatening Event" to "Brief Resolved Unexplained Event" - In keeping with name changes consistent in Pediatrics, the 2018 Maine EMS Protocol Update is using the term "Brief Resolved Unexplained Event". No other changes have occurred in this protocol and providers are still encouraged to perform a complete evaluation on scene and transport these patients for evaluation.

Addition of Magnesium in Status Asthmaticus - To mirror the options in the adult bronchospasm protocol, magnesium sulfate has been added to the Pediatric Respiratory Distress protocol as an On-Line Medical Control option.

Recognition of New Sizes of King Tubes - The 2018 Maine EMS Protocols include the option of King size 0 (3-5 kg children) and King size 1 (6-7 kg children, 8-9 kg children, and 10-11 kg children).
Environmental and Toxicologic

Update of Agitated Patient Protocol - The 2018 Maine EMS Protocols include the option of ketamine for management of patients in Excited Delirium. Maine EMS providers will be using the "Altered Mental Status Score" or AMSS to assist in the determination of Excited Delirium. Patients scoring at the highest level (4) may contact On-Line Medical Control for the option of ketamine at the dose of 4 mg/kg IM. Patients scoring 1-3 are not candidates for management with ketamine but may still receive midazolam at doses similar to the 2015 Maine EMS Protocols.

Operations

The 2018 Maine EMS Protocols allows for transport to designated alternate care sites in the case of a public health emergency or declared disaster.

Non-EMS System Interveners

The Black section has been updated to allow for easy identification of non-EMS providers on the scene of a pre-hospital emergency.