

**MAINE EMS 2019 PROTOCOL LESSON PLAN  
INTRODUCTION / CHANGE PROCESS SECTION**

**THE FOLLOWING SLIDES ARE INTENDED TO PROVIDE STUDENTS WITH AN UNDERSTANDING OF THE PROCESS BEHIND MAINE EMS PROTOCOL UPDATES. THIS IS IN RESPONSE TO SOME PROVIDERS BEING UNAWARE OF THE PROCEDURE OF PROTOCOL UPDATES AND WE HOPE ALSO INFORMS PROVIDERS OF MEANS IN WHICH THEY CAN PARTICIPATE IN FUTURE PROTOCOL UPDATES.**

<b>SLIDE #</b>	<b>LESSON</b>	<b>NOTES</b>
<b>1 – 4</b>	1. <b>Introduction to Update Presentation</b> a. <b>Cover</b> b. Updated with date	
<b>5</b>	2. <b>Authorization Page</b> a. This slide is intended to review the legislative authority of the protocols, the state-wide reach of the protocols, comment on the inclusive intention of the protocol review process, list the location of potential off-cycle protocol updates and list the MDPB members participating in the 2019 Protocol Review Process	<b>AUTHORIZATION-</b> <i>Slide is a photo of the Authorization page in protocols</i>
<b>6</b>	1. How are the Maine EMS Protocols Updated? The Medical Direction and Practices Board Protocol Change Process Summary a. The MDPB reviews and updates the protocols every two years. This was changed from every three years starting in 2011, recognizing that the pace of medical change is increasing. The group felt that waiting to update the protocols every three years was too long and would not allow the protocols to be as contemporaneous as possible.	
<b>7</b>	2. The MDPB Protocol Change Process, #1 a. The MDPB breaks the protocols into sections: i. Brown/Purple/Grey/Black, Blue, Red, Green, Gold, Yellow, Pink ii. Each section has 1-2 “authors” who lead the group through a discussion regarding possible protocol changes iii. These discussions are informed by two processes 1. The section author’s review of the subject matter as well as external inputs, such as:	
<b>8</b>	a. Comments directly to the MDPB	
<b>9</b>	b. Comments from monthly MDPB conference calls – held from Jan 2018 until April 2019 c. Review of other states’ protocols d. Review of the medical literature	
<b>10</b>	3. The MDPB Protocol Change Process, #2 a. Every protocol change has a potential impact. Most of these impacts are beneficial, and the MDPB attempts to ensure the protocol changes implemented each year are consistently in the patient’s best interest by following a deliberate process and considers the following with each suggested protocol change:	
<b>11</b>	i. What is the MOTIVATION for the change? All of our changes should be patient centric. The MDPB’s exclusive means of improving patient care is through the many	

	<p>EMS providers that work within the Maine EMS system, meaning provider benefit is the MDPB’s additional motivation.</p> <ul style="list-style-type: none"> <li>ii. What is the PURPOSE of the suggested change? What gap or gaps does the suggested change fill? Or, if no gap is present, how does the suggested change IMPROVE current practice?</li> <li>iii. What is the EVIDENCE behind the suggested change? How does the change compare to current practice? How STRONG is the level of evidence?</li> <li>iv. What is the anticipated IMPACT of the suggested change from an educational, quality improvement, communications/interface with the healthcare system, Medical Direction, or financial standpoint?</li> </ul>	
12	<p>4. Photo of Uncle Sam</p> <ul style="list-style-type: none"> <li>a. These protocols represent a tremendous amount of work performed by the MDPB members, Maine EMS Staff, Education Committee and many, many others. Their hard work is for naught if these protocols are not meaningful to you and your practice. These and future protocol changes rely on your input. Please consider supporting upcoming 2021 protocol changes by sending your comments to any of the MDPB members or participating in future Protocol Conference Calls.</li> </ul>	<i>This is an attempt to engender involvement in future protocol update processes</i>
13	<p>5. Thank You Page</p> <ul style="list-style-type: none"> <li>a. Contributors</li> </ul>	
14	<p>1. <b>Dedication (NEW)</b></p> <ul style="list-style-type: none"> <li>a. The MDPB wanted to acknowledge the hard work and dedication of Maine EMS Providers as well as the countless individuals who, over the years, have supported the effort to continually improve the system of care for pre-hospital patients. Your commitment to the excellent care of Maine’s citizens and visitors is recognized by Maine EMS and the MDPB and this dedication is the MDPB’s first effort to acknowledge your service.</li> </ul>	
15	<p>2. <b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>a. Expanded</li> <li>b. All Topics are linked directly to pages in PDF version</li> </ul>	
16	<p>3. <b>Preface (NEW)</b></p> <ul style="list-style-type: none"> <li>a. The Legend has been expanded to include not only the Green E (for EMT), Yellow A (for AEMT), Red P (for Paramedic), the Orange “Pearl” designator, and the OLMC Phone symbol, but has also included 2 additional symbols. <ul style="list-style-type: none"> <li>i. The first is the Blue Hospital symbol which is used to designate a potentially complex patient for whom OLMC collaboration may be helpful. This is not intended to act as a request to access any part of the protocol, but instead act as a “consult” of On-Line Medical Control for patients</li> </ul> </li> </ul>	

	ii. As you have heard in the context of the introduction, the MDPB worked with a number of Pediatric Emergency Medicine colleagues within Maine around evolving the pediatric (Pink) section this year and including adult and pediatric conditions when appropriate. In those protocols, pediatric specific treatments, including pediatric medication doses, will be designated by the EMS for Children Bear symbol	
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**END OF INTRODUCTION & CHANGE PROCESS SECTION**

**BROWN SECTION**

<b>SLIDE #</b>	<b>LESSON</b>	<b>NOTES</b>
<b>17</b>	1. Brown- Title Slide	
<b>18</b>	2. The Brown Section was moved to the FRONT of the protocols to act as a true “foreword”, with the Purple (Definitions) section following the Foreword.	
<b>19</b>	3. Affirmed that protocol actions are listed in anticipated sequence, however, OLMC or advanced providers may request alternate sequences if felt to be in the patient’s best interest. The addition of advanced providers was included to allow the responding paramedic to alter the sequence of actions if felt to be in the patient’s best interest.	
<b>20</b>	4. The Ventricular Assist Devices section was removed from the Brown Section in lieu of the 2018 VAD Protocol which was placed in the Red Section and was felt to be inclusive of the Brown Section information but more detailed	
<b>21</b>	5. Reference to “alterations of treatment based on pulse coxymetry readings” was removed from the CO Monitors section. This was based on a recognition that the accuracy of these monitors in diagnosing CO toxicity is not well established and that both “false positives” (i.e. the monitor OVER estimating the patient’s CO level) and “false negatives” (i.e. the monitor UNDER estimating the patient’s CO level) may occur. This step of removing these devices as a foundation of medical decision-making is in line with many other health care organizations, including the American College of Emergency Physicians. Please refer to the 2019 Maine EMS/MDPB “CO Monitors” White Paper.	
<b>22</b>	6. The Brown Section also describes the process for development of “Special Circumstances Protocols” which are patient specific protocols. While intended to be comprehensive, the Maine EMS protocols may not cover all patient needs, especially circumstances in which a patient as a very unique or rare condition requiring highly specialized treatments. The Brown Section describes the process for development of such Special Circumstances Protocols and highlights the MDPB’s role and responsibility in the development of these protocols.	
<b>23</b>	7. This is a slide of the application for Special Circumstance Protocol	

**END OF BROWN SECTION**

PURPLE SECTION		
SLIDE #	LESSON	NOTES
24	<p>1. <b>Purple</b></p> <p>a. One significant change was made to the Purple section. Also, we will review 3 additions or modifications that were made to the purple section:</p> <ul style="list-style-type: none"> <li>i. additions to the EMR scope of practice</li> <li>ii. additional considerations for the placement of intraosseous access</li> <li>iii. the definition of a neonate (which will play a role later in the review of the New Neonatal and Young Infant Fever Protocol).</li> </ul>	
25	<p>b. <b>EMR Scope of Practice</b> – the EMR scope of practice has broadened in the 2019 Maine EMS protocols to include the provision of Naloxone by EMRs in conditions of suspected opiate overdose. For EMR's interested in focused training surrounding the use of naloxone for suspected overdose, please contact your Regional EMS Offices or Maine EMS to access Naloxone training resources.</p>	<p><i>Maine EMS and the MDPB published resources for LEO's and Firefighters which could be used for EMR's as well. These training resources are available through Maine EMS offices or the Regional Offices.</i></p>
26	<p>c. <b>Considerations for IO Access</b> – The MDPB continues to recommend manufacturer approved sites for IO placement, however, current literature suggests that humeral head placement MAY be optimal in some patients, particularly those suffering OHCA. It is speculated that the proximity to central circulation of humeral head placement may be beneficial for some patients, including those suffering cardiac arrest. Please consider this placement site in such circumstances. OF NOTE: knee replacement has historically been a CONTRAINDICATION for placement of an IO in the knee. Additionally, shoulder replacement, identified by a midline scar over the anterior proximal humerus would be a CONTRAINDICATION for humeral head placement.</p>	
27	<p>d. <b>Definition of a Neonate</b> – The 2019 Pink Section includes a new protocol focusing on addressing fevers in neonates and young children. Important in this protocol is the definition of NEONATE, which for the purposes of the 2019 Maine EMS Protocols means a child less than or equal to 28 days. The protocol additionally</p>	

	identifies YOUNG INFANTS as children less than 90 days old (29-90 days).	
<b>28</b>	e. QUESTIONS??	<i>INSTRUCTORS: Please make an effort to record questions for the forthcoming FAQ.</i>

**END OF PURPLE SECTION**

END OF INTRO / CHANGE PROCES / BROWN / PURPLE SECTIONS