|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Location Section/Page # | Change | Purpose of Change  (Provider Input, Stakeholder Input, Evolution of Evidence, Best Practice, etc.) | Evidence for Change | Expected Impact  (Operational, Educational, Financial, QI, Medical Direction, Communication, etc.) | Size of Change (Small/Medium/ Large) | Desired Outcome |
| Blue 2, 3 | Remove bougie use from ET tubes sized smaller than 6.0 (No change to previous mandate of bougie first pass use for all intubations for ET tubes 6.0 and greater) | Per input from MDPB physicians as well as pediatric intensivists and anesthesiologists, “pediatric” bougies are not helpful in intubation of pediatric patients. The thinner bougie required for smaller ET tubes is too flexible to provide the same useful assistance obtained from the “adult” thickness bougie. | Matches current ED/hospital practice | * Operational * Educational * Financial (positive impact as it removes equipment)   All small impact | Small | Clarification of the use of Bougies in pediatric patients |
| Blue 3, 7, 11 | Add CPAP to EMT scope of practice | 1. Improve EMS system impact on patient care   Brings Maine in line with National Scope of Practice | Stress of impact outweighed by benefit to patient care. | * Operational * Educational * Financial   All significant impact | Large/Significant | Adopt the National Scope of Practice changes from 2018 in an effort to maximize the capabilities of all Maine EMS Scopes of Practice |
| Blue 4 | Delete old language (“Depending on the device used, ETCO2 devices may not be applicable to the pediatric patient”) | This statement is no longer true and could potentially dissuade EMS Clinicians from using ETCO2 in pediatric cases | Old language no longer applicable to current protocols | n/a | N/A | Clarification |
| Blue 5 | Clarify age to consider surgical cricothyroidotomy | Clarification | Previous protocol had different ages. Literature review supported less than 8 years old. | Educational | Small | Clarification and Standardization with common Emergency Care Practice |
| Blue 6 | Clarify pediatric midazolam dosing in Post-Intubation/BIAD Pain Control protocol | Clarification/simplification of dosing | Language now easier to read. | * Educational | Small | Clarification based on EMS Clinician input that the 2019 changes were confusing |
| Blue 7-9 | Add albuterol, ipratropium to EMT scope of practice | 1. Improve EMS system impact on patient care   Bring Maine in line with National Scope of Practice | Group felt impact outweighed by positive impact on patient care. | * Operational * Educational * Financial   All significant impact | Major/Significant | Adopt the National Scope of Practice changes from 2018 in an effort to maximize the capabilities of all Maine EMS Scopes of Practice |
| Blue 8 | Allow oral route of administration for dexamethasone in bronchospasm | Patient comfort | Reflects ED/hospital care | Educational | Medium | Patient comfort |
| Blue 8 | Emphasize advanced airway management over intubation | Clarification | Brings old language in line with present advanced airway management guidance. | Educational | Small | Clarification |
| Blue 10 | Clarify when to call OLMC for anxiolytics in CPAP | Clarification | OLMC Symbol added to emphasize protocol’s intent. | Education | Small | Clarification |