

Orange Section Change Document PRE MDPB

<u>Location</u> Section/Page #	<u>Change</u>	<u>Purpose of Change</u> (Provider Input, Stakeholder Input, Evolution of Evidence, Best Practice, etc.)	<u>Evidence for Change</u>	<u>Expected Impact</u> (Operational, Educational, Financial, QI, Medical Direction, Communication, etc.)	<u>Size of Change</u> (Small/Medium/Large)	<u>Desired Outcome</u>
Orange 2	Restraints: Add 1. Refer to Altered LOC Protocol, Gold 5, to establish etiology of agitation	Best practice	Author protocol review	Educational	Small	Encourage consideration of the cause of delirium and thus help determine the best treatment option
Orange 2/10.	Document de-escalation techniques prior to application of physical restraints.	Best Practice	QI review of cases leading to physical restraint	Educational	Small	Encourage excellent documentation of a procedure that can have considerable medical-legal considerations
Orange2/14.	Physical restraint is both physically and mentally traumatizing to patients. Consider pharmacologic management, if required, once the patient is physically restrained.	Best Practice	Literature review/ QI review of cases leading to physical restraint	Operational	Small	Reinforce the potential patient impacts of physical restraint and to deliberately link the Restraint protocol to the Agitation/Excited Delirium protocol
Orange 2/Pearl	Addition of the pearl “In conjunction with and support of a joint statement released in October 2020 by the NAEMSP, NASEMSO, NEMSMA, NAEMT and APA, the MDPB strongly supports regular, continuing education focused on the management of behavioral emergencies, implementation of QA/QI processes dedicated to these	Stakeholder Input	Recognition of the national attention pre-hospital care of behavioral emergencies has garnered in the past years and literature/national stakeholder consensus	Educational	Small	Reinforce and recognize the importance of education, quality improvement, and ongoing maintenance of competency surrounding the management of behavioral emergencies in general and restraint in particular.

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	situations, and fostering local relationships with key stakeholders that encourage local systems of care to support EMS clinicians caring for patients suffering from behavioral emergencies.”					
New Protocol	Alcohol Intoxication/Withdrawal Protocol	Best Practice	QI review and stakeholder input	Operational	Medium	Highlight the nuances of caring for patients suffering from alcohol use disorder, including the care of those suffering from alcohol withdrawal.
New Protocol	Care of the Homeless Individual	Best Practice	QI review and stakeholder input	Operational	Medium	Support the efforts of EMS clinicians caring from the patient suffering homelessness by highlighting best practices
Grey 16 (move to Orange Section)	Transport of the Mentally Ill Patient	Consistently of protocol Sections	NA	Informational	Small	Organize all behavioral emergency protocols in a single protocol section.