

# Maine EMS 2021 Protocol Update

## Areas of On Line Medical Control (OLMC)



### Areas for OLMC/Consultation Based on the 2021 MEMS Protocols

	<u>EMT</u>	<u>AEMT</u>	<u>Medic</u>	<u>Consultation</u>
Blue 6 - Post ETT/BiAD Pain Control/Sedation			Sedation Post ETT/BIAD	
Blue 7 - Resp Distress with Bronchospasm	Initiation of Q 5 min nebs once a patient is placed on CPAP vs epi if the patient is refractory to CPAP			Medic - When Nebulizers, Mg SO4, IM epi fail
Blue 10 - Anxiolysis in CPAP			Midazolam or Ketamine	
Blue 11 - Pulmonary Edema		SL NTG	If all therapies fail	

	<u>EMT</u>	<u>AEMT</u>	<u>Medic</u>	<u>Consultation</u>
Chest Pain - Suspected Cardiac Origin	Administer patient's own NTG	Administer SL NTG		
OHCA			Post Resuscitation of Amiodarone bolus	Consult to Discuss Complex Cases
Adult Post Resuscitation Care Tachycardia			Initiation of Norepinephrine Initiation of Metoprolol	
Bradycardia				When atropine fails, after pacing or after initiation of epi drip
Cardiogenic Shock			Initiation of Norepinephrine	
Cardiogenic Shock LVAD			All Scopes of Practice: LVAD patient entry destination support	Early consultation with VAD Team for awareness

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Allergy Anaphylaxis			Epi IM or Infusion	When all initial therapies fail
Diabetic Emergencies			Repeated therapies if initial therapies do not increase blood glucose	
Seizures				Repeated doses of Midazolam, unable to stop
Medical Shock		Discussion re:		Alert if any scope of practice identifies a

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	resuscitation volume goals	septic patient AND after paramedic initiation of Norepinephrine
Abdominal Pain		Repeated doses of Fentanyl
Obstetric Emergencies	Decision support if questions arise re: most appropriate destination for patient	
N/V		Questions re: Ondansetron Dose, Abnormal VS, Associated toxic ingestion

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Hemorrhagic Shock		age > 65 for Fluid bolus order	Pre-TXA in patients on AC's	
Pain Management			Additional Dosing, Changing classes of medications, Patients with TBI, AMS, Unstable VS	

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Poisoning			Activated charcoal, pressors for TCA overdose	
Nerve Agents			Antidote Support	
Cyanide/CO Exposure			Antidote in Moderate Exposure	
Hypothermia			Additional Fluid Boluses, no ROSC after 20 min	

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BRUE	All scopes of practice, if the parent or guardian refuses transport			
Dyspnea with Stridor			Racemic Epi in moderate mild cases	
Neonatal/Young Infant Fever	All scopes of practice, if the parent or guardian refuses transport			
Childbirth				Consultation in any of the defined complicated child births

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Restraints				Consultation ASAP once restraints are placed
Agitation			Ketamine in patients with AMS > 4	
Alcohol Intoxication/Withdrawal			Consideration of benzodiazepines in patients with evidence of severe withdrawal	

	<u>EMT</u>	<u>AEMT</u>	<u>Medic</u>	<u>Consultation</u>
Patient Refusing Transport	All Scopes May Contact to Support their Decision Making re: Patient Refusals			