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| 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 |
| Gold 1 – Pg 58 | Add options for repeated doses of epi to the EMT SOP | Allow continued care of patients suffering anaphylaxis while pending ALS at the hospital or via Paramedic | Reviewer/Stakeholder Input | Operational/Educational  | Small | Improved patient care when encountering anaphylaxis by allowing access to repeated medications  |
| Gold 1 – Pg 58 | Removal of OLMC for albuterol  | Align with Blue section changes  | Reviewer/Stakeholder Input | Operational/Educational  | Small | Align with Blue Section  |
| Gold 2 – Pg 59  | Add Pearl “Evidence suggests that the incidence of anaphylaxis is under recognized. Please consider the definitions of anaphylaxis (on the following page) and treat all cases of anaphylaxis with EPINEPHrine.” | Improve identification and treatment of anaphylaxis  | Reviewer/Stakeholder Input/Medical Evidence  | Operational/Educational | Small | Improved identification and treatment of anaphylaxis  |
| Gold 5 – Pg 62 | Change “Coma (Decreased Level of Consciousness) Protocol Title to “Altered Level of Consciousness”  | Change the title of the protocol to better identify the purpose of the protocol in identifying/addressing all forms of encephalopathy | MDPB Member Input | Educational  | Small | Align with all causes of AMS |
| Gold 8 – Pg 65 | Remove OLMC requirement for repeated doses of midazolam. Add a pearl and “H” to encourage calling forward and notifying the hospital of these patients | The available treatment for seizures in the pre-hospital environment are benzos and the treatment of status epilepticus in the pre-hospital venue would be repeated midazolam. This is an effort to empower the paramedic to use this medication in the case of status epilepticus and off load OLMC while still alerting OLMC of this patient’s arrival.  | Reviewer/Stakeholder/ MDPB Member Input | Educational/possible Hospital or OLMC dialogue  | Small | Reduce time to access of needed medications, off-load OLMC while still alerting OLMC of very critical incoming patient  |
| Gold 14 – Pg 71 | Add language allowing EMT SOP to identify sepsis | Empower the EMT SOP to ID and alert hospitals of potential sepsis patient while still calling for ALS support | Reviewer/Stakeholder/ MDPB Member Input | Educational/Operational/possible Hospital or OLMC dialogue | Moderate at the EMT SOP | Allow early recognition and notification of septic patients care for first by the EMT SOP |
| Gold 14 – Pg 71 | Add language re: identifying patients with resuscitation volume goals other than 30 ml/kg – supported by a pearl identifying which patients may require different volume goals  | Identify patients who may benefit from smaller volume resuscitation goals via conversation with OLMC | Reviewer/Stakeholder/ MDPB Member Input | Educational/Operational  | Moderate at the AEMT SOP | ID patients who may not tolerate 30 ml/kg of volume and who may be better treated by alternate means, including pressors at the Paramedic SOP  |
| Gold 15 – Pg 72 | Remove OLMC requirement for initiation of pressors – change to “H” symbol and add Pearl that reads “Patients suffering from sepsis or septic shock are very ill patients and the care of these patients may be nuanced. Please consider the value of On Line Medical Control discussion for any questions or concerns regarding the management of these patients.” | Decrease barriers to initiation of pressors while continuing to emphasize the value in medical consultation with the physician who will be receiving the patient  | Reviewer/Stakeholder/ MDPB Member Input | Educational/Operational – may require discussion with hospitals/OLMC | Moderate at the Medic SOP | Decrease barriers to therapy while still encouraging medical consultation  |
| Gold 19 – Pg 76 | NEW PROTOCOL – add in new protocol focused on Obstetric Emergencies  | Identify select obstetric emergencies, their immediate treatment and to provide assistance regarding entry destination recognizing that there are diminishing OB resources in the state  | Reviewer/Stakeholder/ MDPB Member Input – dialogue with EMS-C and OB provider input | Educational/Operational | Moderate | Increase awareness of OB emergencies, their initial treatment and entry destination support  |
| Gold 20 – Pg 77 | Add IV ondansetron to the AEMT SOP ANDalign the guidance on when to initiate vascular access and fluid boluses  | Align with the 2019 National SOP Model AND to align the guidance on when to start fluids/establish IV Access  | Reviewer/Stakeholder/ MDPB Member Input – Review of the 2019 National SOP Model  | Educational/Operational | Moderate at the AEMT SOP  | Increased access to the IV formulation of ondansetron in patients who can not tolerate oral/SL form of medication  |