December 1 Protocol Rollout: Frequently Asked Questions

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Equipment

Are pumps required?

Pumps are not required at this time. However, nitroglycerin infusions MUST be administered through a pump. Thus, if an agency does not have IV pumps available, nitroglycerin drips cannot be performed. NITROGLYCERIN INFUSIONS MUST BE THROUGH AN IV PUMP.

Will pumps be required in the future?

Yes. All ILS and ALS units must have an IV pump in service and ready to use no later than 0000 on January 1, 2017.

The Therapeutic Hypothermia protocol requires core temperature. Will thermometers be required equipment?

Yes. All units must have thermometers capable of monitoring an accepted core temperature.

Can our agency purchase esophageal thermometers to meet the thermometer requirement?

Yes. It is imperative the agency ensures all providers are trained in the appropriate use of the thermometer.

What size NG/OG tubes must we order?

New inspection sheets are being created. This information and these sheets will be available in October.

As a BLS provider, if my 12-lead/AED has automatic blood pressure monitoring capabilities, do I have to turn the machine off after acquiring a 12-lead.

According to IDPH, cardiac monitoring is outside the EMT-B scope of practice. If the device is also being utilized for automatic blood pressure measurements or pulse oximetry, the cardiac rhythym shall not be "monitored."

Medications

Morphine is no longer utilized under the new protocols. How will morphine be removed from our agency?

Please await further guidance. A memo will be released outlining this process in the near future.

Lorazepam (Ativan) is quite viscous. Can it be diluted to better facilitate IN usage?

Yes. Lorazepam can be diluted 1:1 with sterile normal saline to better facilitate atomization through the MAD.

Can I administer ketorolac (Toradol) for pain control in patients who are "known drug abusers" or those with sickle cell?

So long as no other contraindications are present, yes. Remember, however, those suspected of having a drug addiction also can experience legitimate pain. Use clinical judgment and consult with Medical Control as appropriate.

Why can't ILS carry amiodarone?

This decision is based off of many factors, including, but not limited to best practices, system/medical director preference, peer practices, and potential scope of practice issues.

Cardiac Arrest/ Cease Efforts

An ALS provider takes over cardiac arrest care from an ILS provider. the ILS provider has already administered lidocaine. What should I do if an antiarrhythmic remains indicated?

A few options exist here:

- Option 1: Continue to use ILS unit's lidocaine. Once the maximum dose is reached, do not administer any more lidocaine.
- Option 2: Switch to amiodarone. The initial amiodarone dose will still be 300 mg regardless of how much lidocaine has been previously administered. Utilize a second dose of amiodarone as appropriate.

Just remember: it is acceptable to switch from lidocaine to amiodarone. It is not acceptable to switch back to lidocaine once amiodarone has been utilized.

If a drowning patient is hypothermic and in asystole, should you initiate CPR?

Yes, so long as no other definitive signs of death are present or any other overriding reason to not attempt resuscitation. This has not changed from previous (current) guidance. Hypothermic drowning patients are considered viable arrests in the vast majority of situations.

We have made patient contact and resuscitative efforts are not indicated. The coroner has already been notified. Do I really have to call medical control?

YES. Medical control MUST be contacted in all cease effort situations. Anytime patient contact is made and resuscitative efforts are not indicated, medical control MUST be consulted for declaration of death.

When I call medical control for cease effort orders, do I have to talk to the actual physician?

No. The ECRN can relay the order. However, the order must come from the physician. ECRNs do not have the autonomous authority to give cease effort orders. Providers must obtain the name of the physician granting cease efforts and document it in their patient care report.

In a cardiac arrest, if the patient is starting to get cold, do I initiate CPR?

Initiation or withholding of resuscitative efforts is determined by preexisting protocols, polices, and procedures.

If I have already notified the coroner, do I have to contact medical control for cease efforts?

YES. Medical control should be called prior to the coroner.

What exactly is a POLST?

The POLST was the subject of a system-provided CEU last year. For those who missed this opportunity, October's (2014) CEU will give a general overview of the POLST. Also, information is available at http://www.polstil.org/ems/

In a cardiac arrest, Should ILS/ALS still administer IV Epinephrine if BLS already gave epinephrine pen injections?

Yes. Providers must still provide the appropriate epinephrine dose in a cardiac arrest every 3-5 minutes.

The goal of pain control is pain free. What if the pain is not cardiac?

So long as no contraindications are present and the patient consents, the goal of pain management for all patients is to be pain free. Keep in mind those suspected of having a drug addiction also can experience legitimate pain. Use clinical judgment and consult with Medical Control as appropriate.

General Questions

If BLS has a patient under 40 with chest pain, are they required to call for ALS?

Yes. According to the *Routine Cardiac Care* Protocol (which is a part of the *Chest Pain* Protocol), an advanced-level intercept should be activated.

Will other EMS systems, non-affiliated hospitals, and outside ALS intercept agencies be made aware of the new MCAEMS System protocols?

No. However, the information is available online. All affiliated hospitals have been made aware of the changes and efforts are in place to educate the appropriate staff. Remember, AT NO TIME SHALL A MCAEMS SYSTEM AGENCY TAKE MEDICAL CONTROL ORDERS FROM A NON-AFFILIATED HOSPITAL OR PROVIDER. Only affiliated hospitals of the MCAEMS System can give medical control orders to MCAEMS system providers.