FIELD POLICY/PROTOCOL	2022 SUMMARY OF FIELD MANUAL UPDATES (07/29/2021)	REASON FOR CHANGE/EVIDENCE/OTHER NOTES
MISCELLANEOUS		
Staff Directory	MODIFIED Directory	MODIFY with new staff
GENERAL		
Assault/Abuse/DV	For sexual assault transports to CHO: MODIFIED sexual assault pediatric age from < =14 y.o. to <=13 y.o.	CHO request
Infection Control	REMOVED H1N1 table, MODIFIED general Infection Control guidance	Update to current Infection Control guidance
Trauma Patient Care	ADDED “Keep Patient Warm”	Trauma Death Triad 1) Hypothermia 2) Coagulopathy 3) Metabolic Acidosis
TXA	REMOVED GI Bleed Indication	HALT-IT randomised, double-blind, placebo-controlled trial, *Lancet* 2020; 395: 1927–36, “TXA did not reduce death from gastrointestinal bleeding”
ADULT		
Asystole/PEA	• MODIFIED algorithm flow (format change only) • ADDED Administer Epi with 5 minutes of CPR initiation (“Epi ASAP”)	• Algorithm flow change is a format change only • Consistent with 2020 AHA guidelines
Bradycardia & ROSC	MODIFIED Atropine dosage to 1 mg	• Consistent with 2020 AHA guidelines
Chest Pain (MODIFIED in 2020)	MODIFIED NTG administration language and parameters • REMOVED cautionary language regarding inferior wall and right ventricular involvement • MODIFIED heart rate threshold to > 120 for base contact	• NTG is useful for chest pain patients of suspected cardiac etiology • There is a clinical meaningful reduction in chest pain following NTG • The concern about NTG causing hypotension in the setting of an inferior wall MI was not seen in two large case series • The concern for using NTG in pts with chest pain AND tachycardia is real but mild and uncommon
Pain Management	• REMOVED Ketorolac (Toradol) age > 65 and asthma contraindications • ADDED Ketamine ○ IV/IO 0.3 mg/kg in 100ml over 10 minutes (max 30 mg) OR ○ IM/IN 0.3mg/kg (max 30 mg) OR ○ Follow weight-based dosing guide chart in protocol • A *standard dose* of Fentanyl OR Ketamine may be administered if Ketorolac is ineffective • DO NOT CO-ADMINISTER FENTANYL AND KETAMINE	• Ketamine is comparable to opioids and is less likely to decrease blood pressure or depress the respiratory system • Sub-Dissociative Dose Ketamine (SDDK), 0.3 mg/kg, is unlikely to increase heart rate and blood pressure • The Use of Ketamine for Acute Treatment of Pain: A Randomized, Double-Blind, Placebo-Controlled Trial, J Emerg Med, 2017 May;52(5):601-608 “When used as an adjunct, SDDK administered at 0.3 mg/kg over 15 min resulted in safe and effective analgesia for ≤30 min in patients who presented with acute pain in the ED.”
Pulmonary Edema / CHF Respiratory Distress	• MODIFIED “Consider CPAP” to “CPAP”	• Removing the word “consider” is designed to emphasize CPAP administration in moderate to severe distressed respiratory patients
Suspected Opiate Withdrawl	• ADDED COWS (Clinical Opiate Withdrawl Scale) • ADDED CABridge Designation to Receiving Hospital list (HGH,SMC,SLH)	• Includes recommendation that patients with Opiate Use Disorders be transported to a California Bridge Program destination site
PEDIATRICS		
Anaphylaxis & Shock	MODIFIED fluid administration from 20 ml/kg to 10-20 ml/kg	Consistent with 2020 PALS guidelines
Pulseless Arrest: Asystole/PEA	• ADDED Reversible Causes IAW 2020 PALS algorithm ADDED Administer Epi with 5 minutes of CPR initiation (“Epi ASAP”)	Consistent with 2020 PALS guidelines. Note: Hypoglycemia is a reversible cause for pediatric (not adult) patients in Asystole/PEA
OPERATIONS		
End of Life Care Death in the Field Grief Support	• ADDED End of Life Care Policy ○ Contact Hospice / Pain Management / Naloxone not advised • Grief Support integrated with Death in the Field Policy	• Reduce patient symptom distress • Maintain patient dignity by aligning care with stated end-of-life preferences
Equipment	• MODIFIED various minimum equipment and supply inventory requirements on ALS and BLS response vehicles • MODIFED ITD-10 to ITD-16, exhaust ITD-10 through attrition • ADDED Ketamine	• Clarifies equipment specifications IAW 2022 field policy updates • All “County Approved” equipment / supplies are specified in a separate document that can be modified without making field manual modifications
Restraints	• ADDED “Leather or soft restraints, designed specifically for patient restraint, are the only authorized method of restraining patients”	• Zip tie type restraint devices are not authorized
PROCEDURES		
IO	• ADDED IO Distal Femur Site for patients age <= 10 y.o.	• Policy condensed