




FIELD POLICY/PROTOCOL	2022 SUMMARY OF FIELD MANUAL UPDATE PROPOSALS (6/11/2021)	REASON FOR CHANGE/EVIDENCE/OTHER NOTES
Miscellaneous		
Staff Directory	MODIFY Directory	MODIFY with new staff
General Section		
Assault/Abuse/DV	For sexual assault transports to CHO, MODIFY sexual assault pediatric age from <=14 y.o. to <=13 y.o.	CHO request
Infection Control	REMOVE H1N1 table, MODIFY general Infection Control guidance	Update to current Infection Control guidance
Trauma Patient Care	ADD "Keep Patient Warm"	Trauma Death Triad - 1) Hypothermia 2) Coagulopathy 3) Metabolic Acidosis
Adult		
Asystole/PEA	<ul style="list-style-type: none"> • MODIFY algorithm flow (format change only) • ADD Administer Epi with 5 minutes of CPR initiation ("Epi ASAP") 	<ul style="list-style-type: none"> • Algorithm flow change is a format change only, content remains the same • Consistent with 2020 AHA guidelines
Bradycardia & ROSC	MODIFY Atropine dosage to 1 mg	<ul style="list-style-type: none"> • Consistent with 2020 AHA guidelines
Chest Pain (MODIFIED in 2020)	<p><u>MODIFIED NTG administration language and parameters</u></p> <ul style="list-style-type: none"> • REMOVED cautionary language regarding inferior wall and right ventricular involvement • MODIFIED heart rate threshold to > 120 for base contact 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • REMOVE Ketorolac (Toradol) age > 65 and asthma contraindications • ADD Ketamine <ul style="list-style-type: none"> ○ IV/O 0.3 mg/kg in 100ml over 10 minutes ○ IM/IN 0.5mg/kg (max 50 mg) OR ○ Follow weight-based dosing guide charts in protocol • A <i>standard dose</i> of Fentanyl OR Ketamine may be administered if Ketorolac is ineffective • DO NOT CO-ADMINISTER FENTANYL AND KETAMINE 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • MODIFY "Consider CPAP" to "CPAP" 	<ul style="list-style-type: none"> • Removing the word "consider" is designed to emphasize CPAP administration in moderate to severe distressed respiratory patients
Suspected Opiate Withdrawal 	<ul style="list-style-type: none"> • ADD COWS (Clinical Opiate Withdrawal Scale) • ADD CABridge Designation to Receiving Hospital list (HGH,SMC,SLH) 	<ul style="list-style-type: none"> • Includes recommendation that patients with Opiate Use Disorders be transported to a California Bridge Program destination site
PEDIATRICS		
Anaphylaxis & Shock	MODIFY fluid administration from 20 ml/kg to 10-20 ml/kg	Consistent with 2020 PALS guidelines
Pulseless Arrest: Asystole/PEA	<ul style="list-style-type: none"> • ADD Reversible Causes IAW 2020 PALS algorithm • ADD 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 Section		
End of Life Care Death in the Field Grief Support 	<ul style="list-style-type: none"> • ADD End of Life Care Policy <ul style="list-style-type: none"> ○ Contact Hospice / Pain Management / Naloxone not advised • Grief Support integrated with Death in the Field Policy 	Provides dignified End of Life palliative care in patient's home
Equipment	<ul style="list-style-type: none"> • MODIFY various minimum equipment and supply inventory requirements on ALS and BLS response vehicles • MODIFY ITD-10 to ITD-16, exhaust ITD-10 through attrition • ADD Ketamine 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • ADD "Leather or soft restraints, designed specifically for patient restraint, are the only authorized method of restraining patients" 	<ul style="list-style-type: none"> • Zip tie type restraint devices are not authorized
Procedures		
IO	<ul style="list-style-type: none"> • ADD IO Distal Femur Site for patients age <= 10 y.o. 	<ul style="list-style-type: none"> • Policy condensed