DFRA Protocols Revision History

1) 2010.1.1
   a) Table of contents updated
   b) Acts allowed 2010.1.1
      i) Corrected footer
      ii) Removed SQ administration route
      iii) Added Blood Draw/Transfer to Procedures
      iv) Changed 12 lead monitoring to application/monitoring
      v) Added asterisks to 12 lead for Bs and Is
   c) Medications
      i) Fentanyl: Changed “naloxone does not reverse chest wall rigidity”.
      ii) Haldol: Added a cautionary statement about usage in excited delirium and heat stroke.
      iii) Lorazepam: Clarified dosages, added dilution guidelines for MAD.
      iv) Naloxone: Changed “naloxone does not reverse chest wall rigidity”, added cautionary statement about pulmonary edema.
      v) Oxygen: Corrected oxygen flow and delivery percentages.
   d) Presentations
      i) Cardiac Arrest: Corrected defibrillation dosages to comply with AHA guidelines.
   e) Procedures
      i) Blood Draw: New protocol.
      ii) Capnography: Added indications for ETCO2 cannula.
      iii) Defibrillation: Corrected defibrillation dosages to comply with AHA guidelines.
      iv) Immobilization: Removed requirement for reinforcement of the mattress with a long spine board.
      v) Obstructed Airway: Corrected header.
      vi) Patient Assessment: Corrected header.
      vii) Spinal Immobilization Algorithm: Corrected header and removed ROM assessment.
      viii) Suctioning: Corrected entire protocol; previously contained the Transcutaneous Pacing protocol.
      ix) Vacuum Mattress: Removed requirement for reinforcement of the mattress with a long spine board.
   f) Special Circumstances
      i) Medical Helicopters: Clarified off-scene activation guidelines.
      ii) Multiple Agency Response: Changed “higher level EMS provider” language.
      iii) Refusal of Care: Updated with new guidelines and definitions.
2) 2010.1.2
   a) Acts Allowed
      i) Removed Diltiazem
   b) Medications
      i) Fentanyl: Changed dose for RSI to match RSI protocol.
      ii) Lorazepam: Removed MAD administration.

iii) Midazolam: Added indications for seizures, clarified ped dose, changed RSI dose to match RSI protocol.
iv) Ondansetron: Changed initial dose to 4-8mg.

c) Presentations
i) Cardiac Dysrhythmias: Removed mention of diltiazem.
ii) Chest pain: Changed STEMI criteria from 2mm elevation to 1mm elevation, added mention of the Cardiac Activation protocol.
iii) Seizures: Added midazolam MAD for status seizure when IV or IO is unavailable. Changed language on ECG: “if appropriate”, instead of required. Changed language on Note 2 (First time seizures) to “should be evaluated” rather than “must be transported”.

d) Procedures
i) Blood Draw: Removed Note 3.
ii) Cardiac Alert: Changed name to Cardiac Activation, changed Indications, added statement about the specific language “Cardiac Activation”, added notes and background.
iii) Chest Decompression: Added a note about bilateral decompression.
iv) MAD: Added a statement about alternating nostrils for additional doses.
v) RSI: Clarified dosages of fentanyl and Midazolam.
vi) Therapeutic Hypothermia: New procedure.

e) Special Circumstances
i) Changed Do Not Resuscitate order to comply with new Colorado law.

3) 2010.1.3
a) Acts Allowed
i) Added Midazolam and Lorazepam for EMT-I’s
b) Medications
i) Epinepherine: Added dosing for nebulized epi
ii) Racemic Epinepherine added to protocols
c) Presentations
i) Respiratory Distress Pediatric: Added statement about treatment of Croup with nebulized saline and epinepherine
d) Procedures
i) RSI: Added statement that RSI is not allowed for children under the age of 12.
ii) Laryngeal Tube: Added sizing information for the new pediatric sizes

4) 2011.1.0
a) Forward: Added a new Forward
b) Acts Allowed
i) Removed Cricoid Pressure
ii) Remove Asystole and PEA indications for Atropine
iii) Added the language “if amiodarone is unavailable” to Lidocaine for arrest and arrhythmias
iv) Added Lidocaine for IO
c) Medications
i) Adenosine: Expanded indications (any regular tachycardia)

ii) Amiodarone: Now the preferred anti-arrythmic, and expanded indications for tachycardia
iii) Atropine: Removed indications for asystole and PEA
iv) Dextrose 50%: Clarified dosing in grams/kg
v) Dopamine: Added indication for bradycardia
vi) Epinepherine: Added indication for bradycardia, reduced follow up doses in pediatric arrest, clarified dosing in anaphylaxis
vii) Glucagon: Clarified dosing for beta blocker overdose
viii) Ipratroprium: Added side effect of dried secretions
ix) Lidocaine: Established as 2nd line anti-arrhythmic
x) Magnesium: Added a note about benzodiazepines for eclamptic seizures
xi) Ondansetron: Added indication for control of active vomiting
xii) Racemic epinephrine: Corrected dosing
xiii) Sodium Bicarb: Changed dosing time to 2 minutes for hyperkalemia

d) Presentations
i) Cardiac Arrest: Primary anti-arrhythmic now amiodarone, removed atropine from arrest rhythms, removed pacing from asystole
ii) Cardiac Dysrrhythmia: Changed oxygen guidelines, changed tachycardia to reflect new adenosine and amiodarone guidelines, added epi and dopamine drips to Bradycardia
iii) Chest Pain: Changed guidelines for oxygen use
iv) Childbirth: Added instructions for umbilical vein IV, changed guidelines on suctioning newborns
v) Eclampsia: Added not about benzodiazepines for seizures
vi) Hyperkalemia: Removed mention of insulin, changed the order of calcium and bicarb administration
vii) Respiratory Distress: Removed mention of nitro drip
viii) Seizures: Added not about benzodiazepines in eclampsia
ix) Shock: Removed epinephrine SQ

e) Procedures
i) 12 lead ECG: Removed transmission of ecg, added a statement about the use of V8 and V9
ii) Assisting Ventilations: Rearranged procedure to comply with AHA CAB guidelines
iii) RSI: Removed mention of vecuronium not being used as a primary paralytic