



## 2022 SCFRD/REMS Patient Care Protocol Updates

September 2022

The Stafford County Fire and Rescue Department (SCFRD) and Rappahannock EMS (REMS) Council has updated the Patient Care Protocols to include the Administrative and Medical Protocols, Clinical Procedures, Reference Section and Medication References. The implementation date for the new protocols is October 1, 2022.

Below is a brief list of revisions and added content.

Revised Sections:

- Administrative Protocols, Section I
  - Updated OMD reference to EMS Physician
  - 3.0: Added patient definition
  - 3.3 Code Gray: **SCFRD Clinicians will continue to follow Interim Medical Directive (IMD) 2022-001 for Termination of Resuscitative Efforts (TOR).**
  - 3.4 DOA Management: **SCFRD Clinicians will continue to follow IMD 2022-005 for Determination of Dead on Arrival (DOA)**
  - 3.7.4: Added acceptance of MOST/MOLST/POST/POLST forms
  - 3.7.5: Added acceptance of DNR orders when the patient is within a licensed healthcare facility.
  - 3.9 HEAR Usage & On-Line Medical Control
  - 3.9.4 SCFRD 700 MHz Radio System (SCFRD Supplemental Protocol)
  - 3.13 Inter-facility Transport of Acutely Ill/Injured Patients
  - 3.13.3 Approval (SCFRD Supplemental Protocol)
  - 3.14: Revised language-removed CCP language and added the new adopted Advance Practice (AP) language. The new REMS protocols revised the category of AP. The AP is tied to the OEMS Scope of Practice Table and Medication Formulary; this designation requires the provider to receive additional training on that particular skill/medication as designated by their current EMS Physician.
  - 3.15 Patient Refusal
  - 3.15.3 Refusing Transport to Recommended Facility (SCFRD Supplemental Protocol)
  - 3.18 Transporting Patients to the Nearest Emergency Facility
  - 3.18.3 SCFRD Service Area (SCFRD Supplemental Protocol)
  - 3.18.2 Revised RHCC/diversion language
  - 3.20 Special Destinations (SCFRD Supplemental Protocol)
  - 3.20.1 OB Patients (SCFRD Supplemental Protocol)
  - 3.20.2 Pediatric Trauma Patients (SCFRD Supplemental Protocol)
  - 3.20.3 Patients in Police Custody (SCFRD Supplemental Protocol)

- Medical Protocols, Section II
- Cardiac Arrest-Unknown Rhythm
  - Added antiarrhythmic (Lidocaine or Amiodarone) dosing in ROSC.
  - Added Lidocaine Infusion to PPP Agency App and SCFRD Medication Reference, Section VI
  - Update: EMT-I >12 years old, considering placing an ETT
  - Updated AHA ACLS Algorithms to 2020 version
  - **SCFRD Clinicians will continue to follow IMD 2022-002 for Orogastic Tube use**
- **New Protocol:** Medical- Supraventricular Tachycardia (Atrial Fibrillation) **SCFRD Clinicians will continue to follow IMD 2022-003 for Atrial Fibrillation and Atrial Flutter**
- **New Protocol:** Exposure- Radiologic Agent
- Behavioral/Patient Restraint
  - Removed Etomidate from EMT-I level
  - Updated Etomidate and Ketamine to AP at EMT-P level
- Pain Control
  - Moved Ketamine to EMT-I level
- Allergic Reaction/Anaphylaxis
  - Added Epinephrine infusion to EMT-I level
  - Updated Epinephrine to AP at AEMT level
- Chest Pain- Cardiac Suspected
  - Added Epinephrine infusion to EMT-I level
  - Added Nitro Paste TD as alternative to Nitro tabs to EMT level
- **New Protocol:** Epistaxis
- Hypotension/Shock Non-Trauma
  - Added Epinephrine infusion to EMT-I level
  - Added 30cc/kg fluid dosing for Sepsis to AEMT level
- **New Protocol:** Pulmonary Edema/CHF
- Respiratory Distress/Asthma/COPD/Croup/Reactive Airway
  - Added CPAP to EMT-B Level
  - Added Magnesium Sulfate to be administered over 10-20minutes to EMT-P level
  - Added Racemic Epinephrine by nebulizer to EMT-P level.
  - **SCFRD Clinicians will continue to follow IMD 2022-004 CPAP Use.**
  
- Trauma Protocols, Section III
- Bleeding/Hemorrhage Control
  - Updated bleeding control measures in EMT-B section
  - Updated TXA dosage to 2 grams slow IV/IO
- Burns

- Added dry, sterile dressings for burn care.
  - Updated max dose for Fentanyl (300mcg)
  - Added Ketamine and Cyanokit to EMT-I level
- **New Protocol:** Diving Emergencies
- Head (Traumatic Brain Injury)
  - Added Epinephrine infusion to EMT-I level
  - Added Ventilate patients to achieve ETCO<sub>2</sub> at 40mmHg
- Multisystem Trauma
  - Added Sodium Bicarb and Calcium to EMT-I level
  - Made Ketamine AP, and returned dose for chemical extrication to 1-2 mg/kg IV
- Clinical Procedures, Section IV
- Scope of Practice Table
  - Removed CCP column/designation
  - Updated AP items from state list
  - Removed Foreign Body Removal (all X's)
  - Updated EMT to S for transdermal medication administration
- Medication Formulary
  - Removed CCP column/designation
  - Updated AP items from state list
  - Added Metoprolol/Lopressor
- Airway Management
  - Removed retrograde intubation in CCP/AP section
  - Updated I section to include OG tube, and ventilator at AP level
  - Separated pediatric intubation for AP at P level
  - Update “<12 years old” or “>12 years old” to be “12 years or younger” and “13 years or older” in I and P section
- RSI
  - Added Epinephrine infusion to P level, and calculation to notes section
  - Updated CCP to AP
- Mark I Kit
  - Added note re: activating Chempack
- Needle Decompression
  - Updated Pericardiocentesis from CCP to AP
- Ventilators and CPAP
  - CPAP updated to AP
  - Ventilator updated to AP

- Reference, Section V
  - Added burn reference sheet
  - Updated Stoke Pre-Alert to include BEFAST/VAN and blood thinner status
  - Added Epinephrine infusion reference table
  - Added Lactated Ringers as an alternative to Normal Saline
  - Removed TXA infusion information
  - Added Chempack algorithm
  
- SCFRD Medication Reference, Section VI
  - **SCFRD Clinicians will continue to follow the SCFRD Medication Reference that includes indication and dosages.**
  
- SCFRD Interim Medical Directives, Section VII
  - Added 2022-006 IMD Smoke Inhalation