OUR PATIENTS.
OUR PEOPLE.
OUR STEWARDSHIP.
OUR PURPOSE.

MEMO

To: Field Personnel

From: Doug Swanson, MD, FACEP, FAEMS
Medical Director, Mecklenburg EMS Agency

Date: 11/20/2020

Re: Protocol update 2020-12-01

There is an update to clinical care protocols to "go-live" **12-01-2020**
Throughout the protocols, there is expansion of *additional considerations* for multiple topics

Specific amendments to review include:

- Page 35 – Stroke Triage
  - FAST-ED score will be utilized to define a subset of Code Stroke patients to be transported to one of the endovascular centers
    - Patients with a FAST-ED score > 7 will be transported to either Atrium Health's Carolinas Medical Center or Novant Health Presbyterian Medical Center
    - Patients with a FAST-ED score 0 – 6 will be transported to any hospital emergency department
  - Standard destination decision will be utilized (1) patient/family preference (2) if no preference closest facility per mapping data
  - This "cut point" is determined to be the most appropriate following review of the data collected during our FAST-ED validity study jointly by the stroke leaders at Atrium Health and Novant Health
  - This "cut point" is determined to be the most appropriate based on our LVO prevalence (11% of all strokes) and the sensitivity and specificity performance of each of the score levels
- Page 54 – Medical Control and Communications
  - Medical control questions & P1 patient reports request physicians
  - All P2 & P3 patient reports request nurses
- Page 77 – DNR Forms
  - DNR forms from states other than North Carolina may be honored provided the form is completed, dated, and signed
- Page 93 – Child abuse recognition & reporting
  - In addition to calling Child Protective Services, there is now also an online option for reporting MeckNC.gov/CPSReportOnline

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- Page 180 – Cardiac Arrest
    - In line with 2020 recommendations from the AHA for ALS care, **paramedics should initially attempt IV access**, if unable to quickly place IV access then IO access should be utilized
        - Recent reviews have shown improved outcomes with IV vs. IO medication administration
        - Providers should move to IO access if IV access cannot be obtained quickly (one attempt at IV access)
- Page 188 – Cardiac Arrest additional considerations
    - Reminder related to traumatic cardiac arrest
        - Transport should be expedited with resuscitation efforts performed enroute vs. remaining on scene
- Page 191 – Focused cardiac arrest
    - Provide one ventilation every 10th compression for children $\leq$ 14-years
        - In line with 2020 recommendations from the AHA, children should be ventilated at approximately twice the rate of adults; though continue to be mindful to avoid hyperventilation
- Page 232 – LVAD
    - There is now a 3rd generation LVAD being utilized – Heartmate III
- Pages 260 – 264 – Psychiatric / Behavioral
    - Basic Care
        - Expansion on scene safety and screening for weapons and withdrawing from the patient if threatening or violent (withdrawing from a violent patient is NOT patient abandonment)
        - Expansion on suicidal hanging events
    - Advanced Care
        - Behavioral Activity Rating Scale (BARS score)
        - Indications for midazolam administration
            - Inclusion of IV midazolam administration for sedation
        - Indications for ketamine administration (coming soon)
    - Expansion of additional considerations
    - Expansion of Excited Delirium Syndrome
    - Verbal De-escalation Strategies
- Page 281 – Sick Person
    - Expansion of Adrenal Crisis considerations
    - Expansion of Indwelling Central Lines considerations
- Page 326 - 328 – BIAD iGel Procedure
    - In the transition period both BIAD procedures are included
    - King-LT procedure will be removed once full transition has occurred
- Additional reminder
    - Spinal Motion Restriction
        - Patients with high risk mechanism of injury should have a cervical collar placed even in the absence of pain, tenderness, or abnormal physical exam findings