

Summary of 2015 Protocol Changes				
PROTOCOL TITLE	PAGE #	LINE #	ORIGINAL TEXT	NEW TEXT
Health care facility codes	7	n/a	n/a	444 Holy Cross Germantown Hospital
Health care facility codes	7	n/a	n/a	582 Laurel Highlands Specialized Acute Care, PA
Health care facility codes	9	n/a	Queenstown Emergency Center (UMSRH)	Shore Emergency Center at Queenstown (UMSRH) (Base Station)
General Patient Care	26	3. a) 1. i. and ii	i. If patient's age is > 12 yo, provide 1 breath every 5 seconds. ii. If patient's age is <12 yo, provide 1 breath every 3 seconds	i. For all ages except neonates, 1 breath every 5 seconds (8–12 breaths/min) ii. For a neonate, 1 breath every 3 seconds (higher rates may be required)
General Patient Care	28	5. b) (2)	2. If patient presents...thru (g) Child less than 8 years of age	2. Patients who...thru (h) Conditions predisposing to spine injury
General Patient Care	28	ALERT	IF PATIENT IS UNABLE TO COMMUNICATE OR APPROPRIATELY RESPOND TO THE ABOVE QUESTIONS, PERFORM A COMPLETE SPINAL IMMOBILIZATION.	IF PATIENT IS UNABLE TO COMMUNICATE OR APPROPRIATELY RESPOND TO THE ABOVE QUESTIONS, APPLY SPINAL PROTECTION PROTOCOL.
Altered mental Status: Seizures	37	3. d)	Additional language	If patient has no IV or IO in place, administer Midazolam 5 mg IN or IM.
Altered Mental Status: Seizures	38	f)	New addition	If patient is pregnant, actively seizing, consider magnesium sulfate 4 gm IV/IO over 10 minutes.
Altered mental Status: Seizures	38	g)	New addition	If seizures persist, consult for second dose of magnesium sulfate.
Altered mental Status: Seizures	38	ALERT	New addition	IF PATIENT IS PREGNANT, USE MIDAZOLAM FOLLOWED BY MAGNESIUM SULFATE. MEDICAL CONSULTATION REQUIRED FOR PREGNANT PATIENTS WHO MAY REQUIRE LARGER DOSES OF MIDAZOLAM TO CONTROL SEIZURES.
Altered Mental Status: Seizures	38	ALERT	New addition	IF, FOLLOWING ADMINISTRATION OF MAGNESIUM SULFATE, PATIENT EXHIBITS SIGNS OF TOXICITY, CONSIDER ADMINISTRATION OF CALCIUM CHLORIDE. CONSIDER CALCIUM CHLORIDE 500 MG IVP FOR RESPIRATORY DEPRESSION, DECREASED REFLEXES, FLACCID PARALYSIS, AND APNEA FOLLOWING MAGNESIUM SULFATE ADMINISTRATION. MEDICAL CONSULTATION REQUIRED.
Altered Mental Status: Seizures	38-1	l)	Additional language	If patient has no IV or IO in place: Administer midazolam 0.1 mg/kg IN or IM. Maximum total dose 5 mg.
Altered Mental Status: Seizures	38-1	ALERT	New addition	FOR A CHILD ACTIVELY SEIZING, ADMINISTER MIDAZOLAM IN/IM AND RESERVE IO FOR LIFE-THREATENING ILLNESS.
Altered mental Status: Seizures	38-1	o)	If patient is in status, consider IO administration of midazolam	If patient's seizures are refractory to treatment, consider IO administration of midazolam.
Cardiac Emergencies: Cardiac Guidelines	44	1. c)	After single shock, immediately restart CPR (do not perform pulse or ECG rhythm check)...	After single shock, immediately restart CPR (do not perform pulse or EKG rhythm check)... [All references to ECG were changed to EKG throughout the protocols]
Universal Algorithm for Adult Emergency Cardiac Care for ALS	46	n/a	Oxygen 90 - 100% VENTILATE	Oxygen as needed Ventilate as needed
Universal Algorithm for Pediatric (less than 12 years of age) Emergency Cardiac Care for ALS	48	n/a	100% Oxygen BVM ventilations at 12-20 breaths/min, if appropriate	Oxygen as needed Ventilate as needed
Adult Tachycardia Algorithm	51-3	(c)	Consider calcium chloride 250 mg...	Consider calcium chloride 500 mg...
Ventricular Fibrillation Pulseless Ventricular Tachycardia	56	Persistent or recurrent VF/VT	New addition	b. If Torsades dePointes is present, give magnesium sulfate 1–2 grams IV/IO over 2 minutes before lidocaine, with medical consult. [See Magnesium Sulfate]
Termination of Resuscitation	56-2A	n/a	New addition	Termination of Resuscitation Algorithm
Cardiac Emergencies: ST Elevation Myocardial Infarction (STEMI)	57	ALERT	ACUTE CORONARY SYNDROME (ACS) IS DEFINED AS PATIENTS PRESENTING WITH ANGINA OR ANGINAL EQUIVALENTS SUCH AS CHEST, EPIGASTRIC, ARM, OR JAW PAIN OR DISCOMFORT AND MAY BE ASSOCIATED WITH DIAPHORESIS, NAUSEA, SHORTNESS OF BREATH, OR DIFFICULTY BREATHING.	ACUTE CORONARY SYNDROME (ACS) IS DEFINED AS PATIENTS PRESENTING WITH ANGINA OR ANGINAL EQUIVALENTS SUCH AS SHORTNESS OF BREATH; CHEST, EPIGASTRIC, ARM, OR JAW PAIN OR DISCOMFORT; DIAPHORESIS; and/or NAUSEA. (Sentence revised for clarity.)
Cardiac Emergencies: ST Elevation Myocardial Infarction (STEMI)	65	ALERT	ACUTE CORONARY SYNDROME (ACS) IS DEFINED AS PATIENTS PRESENTING WITH ANGINA OR ANGINAL EQUIVALENTS SUCH AS CHEST, EPIGASTRIC, ARM, OR JAW PAIN OR DISCOMFORT AND MAY BE ASSOCIATED WITH DIAPHORESIS, NAUSEA, SHORTNESS OF BREATH, OR DIFFICULTY BREATHING.	ACUTE CORONARY SYNDROME (ACS) IS DEFINED AS PATIENTS PRESENTING WITH ANGINA OR ANGINAL EQUIVALENTS SUCH AS SHORTNESS OF BREATH; CHEST, EPIGASTRIC, ARM, OR JAW PAIN OR DISCOMFORT; DIAPHORESIS; and/or NAUSEA. (Sentence revised for clarity.)
Cardiac Emergencies: ST Elevation Myocardial Infarction (STEMI)	65	ALERT	New addition	IF PATIENT MEETS ABOVE STEMI CRITERIA...
Cardiac Emergencies: ST Elevation Myocardial Infarction (STEMI)	66	Chart	New addition	Consider the following presentations as indicative of increased cardiovascular risk...
Nausea and Vomiting	85-1	3. a)	Place patient either in position of comfort or in left lateral position if not prevented by spinal immobilization or packaging.	Place patient either in position of comfort or in left lateral position if not prevented by spinal protection or packaging.
Overdose/Poisoning: Injection	99	3. c)	...or EMS service's Epinephrine auto-injector or patient's prescribed fast acting bronchodilator.	...or EMS Service's Epinephrine (1:1,000) 0.3 mg in 0.3 mL IM or patient's prescribed fast-acting bronchodilator.
Overdose/Poisoning: Injection	100	3. n)	...or EMS service's Epinephrine auto-injector or patient's prescribed fast acting bronchodilator.	...or EMS Service's Epinephrine (1:1,000) 0.15 mg in 0.15 mL IM or patient's prescribed fast-acting bronchodilator.
Respiratory Distress: Allergic Reaction/Anaphylaxis	103	3. a)	...or EMS service's Epinephrine auto-injector or patient's prescribed fast acting bronchodilator.	...or EMS Service's Epinephrine (1:1,000) 0.3 mg in 0.3 mL IM or patient's fast-acting bronchodilator.

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Respiratory Distress: Allergic Reaction/Anaphylaxis	103	3. c)	Consider additional doses of patient's prescribed fast-acting bronchodilator or Epinephrine auto-injector.	Consider additional doses of Epinephrine (1:1,000) 0.3 mg in 0.3 mL IM or prescribed fast-acting bronchodilator.
Respiratory Distress: Allergic Reaction/Anaphylaxis	104	3. g)	...or EMS service's Epinephrine auto-injector or patient's prescribed fast acting bronchodilator.	...or EMS Services Epinephrine (1:1,000) 0.15 mg in .15 mL IM or patient's prescribed fast-acting bronchodilator.
Respiratory Distress: Allergic Reaction/Anaphylaxis	104	3. i)	Consider additional doses of patient's prescribed fast-acting bronchodilator or Epinephrine auto-injector.	Consider additional doses of Epinephrine (1:1,000) 0.15 mg in 0.15 mL IM or fast-acting bronchodilator.
Respiratory Distress: Asthma/COPD	106	3. b)	Use of the EMS services Epinephrine auto-injector requires medical consultation	Use of the EMS service's Epinephrine (1:1,000) 0.3 mg in 0.3 mL IM requires medical consultation.
Respiratory Distress: Asthma/COPD	106	3. d)	Consider additional doses of patient's prescribed fast-acting bronchodilator or Epinephrine auto-injector.	Consider additional doses of patient's prescribed fast-acting bronchodilator or Epinephrine (1:1,000) 0.3 mg in 0.3 mL IM.
Respiratory Distress: Asthma/COPD	107	3. m)	New addition	For moderate to severe exacerbations, consider the administration of magnesium sulfate 1–2 grams in 50–100 mL Lactated Ringer's IV/IO over 10–20 minutes.
Respiratory Distress: Asthma COPD	107	3. o)	...or EMS service's Epinephrine auto-injector or patient's prescribed fast acting bronchodilator.	...or EMS Service's Epinephrine (1:1,000) 0.15mg in 0.15 mL IM or patient's prescribed fast-acting bronchodilator.
Respiratory Distress: Asthma/COPD	107	3. q)	Consider additional doses of patient's prescribed fast-acting bronchodilator or Epinephrine auto-injector. (formally (p))	Consider additional doses of patient's prescribed fast-acting bronchodilator or Epinephrine (1:1,000) 0.15 mg in 0.15 mL IM.
Respiratory Distress: Asthma/COPD	107	3. v)	New addition	Consider Magnesium Sulfate 50mg/kg IV/IO to a max of 2 grams given over 10–20 minutes.
Trauma Protocol: Eye Trauma	120	3. b)	Stabilize and immobilize the patient's head and spine	Consider head stabilization and spinal protection protocol.
Trauma Protocol: Eye Trauma	120	3. c)	...;immobilize the patient's head and spine and elevate the head of the backboard to decrease intraocular pressure	...; consider head stabilization and spinal protection and elevate the head to decrease intraocular pressure.
Trauma Protocol: Eye Trauma	121	3. h)	Stabilize and immobilize the patient's head and spine	Consider head stabilization and spinal protection protocol.
Trauma Protocol: Eye Trauma	121	3. i)	...; immobilize the patient's head and spine and elevate the head of the backboard to decrease intraocular pressure	...; consider head stabilization and spinal protection and elevate the head to decrease intraocular pressure.
Trauma Protocol: Multiple/Severe Trauma	124	3. a)	Maintain spine stabilization for blunt trauma patients....	Apply spinal protection protocol for blunt trauma patients.
Trauma Protocol: Multiple/Severe Trauma	124	3. b)	...If mechanism includes both blunt and penetrating trauma, perform spinal immobilization.	If mechanism includes both blunt and penetrating trauma, apply spinal protection protocol.
Trauma Protocol: Multiple/Severe Trauma	125	3. g)	Maintain spine stabilization for blunt trauma patients....	Apply spinal protection protocol for blunt trauma patients.
Trauma Protocol: Multiple/Severe Trauma	125	3. h)	...If mechanism includes both blunt and penetrating trauma, perform spinal immobilization.	If mechanism includes both blunt and penetrating trauma, apply spinal protection protocol.
Trauma Protocol: Spinal Cord Injury	128-129-3	ALL	Replaced protocol	Replaced with Spinal Protection Protocol
Trauma Protocol: Trauma Arrest	130	3. c)	Protect cervical spine for blunt trauma patients only.	Perform spinal immobilization for blunt trauma patients only.
Trauma Protocol: Trauma Arrest	131	3. k)	Protect cervical spine for blunt trauma patients only.	Perform spinal immobilization for blunt trauma patients only.
Glossary	138	n/a	New addition	Distracting Injury: Any injury (e.g., fracture, chest, or abdominal trauma) associated with significant discomfort that could potentially distract from a patient's ability to accurately discern or define spinal column pain or tenderness
Glossary	143	n/a	New addition	Spinal Immobilization: The act of placing a patient on a backboard with cervical collar for the purpose of trying to prevent excessive movement of the spinal column
Glossary	143	n/a	New addition	Spinal Protection: The act of protecting the spinal cord from further injury
Procedures	144	Airway Management	New addition	Video Laryngoscopy for Orotracheal Intubation CRT-(I) PP and PM PP
Procedures	145	iStat	New addition	iStat PM REA
Procedures	146	Antimicrobial	New addition	Antimicrobial (pre-established interfacility only) PM OSP
Medications	146	Epinephrine (1:1,000) Vial or Syringe	New addition	1:1,000 vial or syringe EMT OSP, CRT-(I) SO, PM SO
Medications	146	Epinephrine 1:10,000	1:10,000/1:1,000	1:10,000 CRT-(I) SO and PM SO
Medications	146	Magnesium Sulfate	New medication	CRT-(I) SO/MC and PM SO/MC
Medications	146	Morphine Sulfate	CRT-(I) MC	CRT-(I) SO/MC
Procedures	181-2 to 181-4	All	New Protocol	Ventilatory Management
Procedures: Electrical Therapy Cardioversion	184	c) (2) (b) and (c)	(b) Subsequent 1 J/kg; repeat at 2 J/kg, then 4 J/KG (c) If refractory after 4 shocks, increase dosage to 6 J/kg, 8 J/kg, then 10 J/kg	(b) Subsequent 1 J/kg; repeat at 2 J/kg (c) removed
Procedures: Intravenous Maintenance Therapy for EMT	196	2. e)	Total Parenteral Nutrition (TPN)	Peripheral Parenteral Nutrition (PPN)
Procedures: Intravenous Maintenance Therapy for EMT	196	ALERT	IF IV FLUIDS OR TPN ARE...	IF IV FLUIDS OR PPN ARE...
Procedures: Patient initiated refusal of EMS	198-9 and 198-11	3a, 3b, and 4	4a and 4b	Lines renumbered 3a,3b, and 4 in both adult and pediatric section

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PROTOCOL TITLE	PAGE #	LINE #	ORIGINAL TEXT	NEW TEXT
Procedures: Neuroprotective induced hypothermia (therapeutic) after cardiac arrest - Scene & interfacility transfer	204-1	d) (2) (a)	Rapid IV infusion of ice cold LR...	Removed
Procedures: Neuroprotective induced hypothermia (therapeutic) after cardiac arrest - Scene & interfacility transfer	204-1	d) (2) (b)	If not able to administer ice cold IV fluids, apply ice/cold packs bilaterally to patient's neck, axilla, and femoral groins	Actively cool by applying ice/cold packs bilaterally to patient's neck, axilla, and femoral groins. [Outline level "b" removed
Procedures: Neuroprotective induced hypothermia (therapeutic) after cardiac arrest - Scene & interfacility transfer	204-2	d) (4)	If IV fluid administration completed before...	Removed
Procedures: 12 Lead Electrocardiogram	204-3	c) (3)	Set patient age and a patient identifier (minimum of patient's initials).	Removed
Procedures: 12 Lead Electrocardiogram	204-3	c) (3)	Acquire 12-lead (15-lead, if trained)	Acquire 12-lead and document the patient's last name, first initial, age, and gender. These identifiers should be on the transmission copy (if able to transmit) and shall be on the delivered printed copy.
Procedures: PVE/LSI	204-8 to 204-13	All	New protocol	Potentially Volatile Environments with Life-Sustaining Interventions
BLS Pharmacology	206-1	n/a	New addition	Epinephrine (1:1,000)
BLS Pharmacology	207-1	Title	NALOXONE (NARCAN)	NALOXONE (NARCAN) Public Safety
ALS Pharmacology: Calcium Chloride	220	c) (5)	New addition	Respiratory depression, decreased reflexes, flaccid paralysis, and apnea following magnesium sulfate administration
ALS Pharmacology: Calcium Chloride	220	g) (1)	Administer 250 mg slow IVP...	Administer 500 mg slow IVP...
ALS Pharmacology: Diltiazem	225	j) (2)	Consider calcium chloride 250 mg...	Consider calcium chloride 500 mg...
ALS Pharmacology	238-1 to 238-2	All	New medication	Magnesium Sulfate
ALS Pharmacology: Midazolam	239-1	(1) and (2)	New route of administration	Added Intranasal as route of administration for seizures
ALS Pharmacology: Oxygen	245	c) (1)	New addition	If evidence of hypoxia. [All previous indications renumbered]
Pilot Program: Rapid Sequence Intubation Protocol Package	253	1. b) (2)	Age less than 12	Patients who have not yet reached their 15th birthday
Pilot Program: Rapid Sequence Intubation Protocol Package	260	Title	(For children less than 12 years of age)	(For children who have not yet reached their 15th birthday)
Pilot Program: Adult Surgical Cricothyroidotomy	268-19 and 268-20	New protocol	New protocol	Adult Surgical Cricothyroidotomy
Pilot Program	268-21 to 268-23	New program	New Pilot Program	Mobile Integrated Community Health Pilot Program
Jurisdictional Optional Protocols: Cyanide Poisoning	269	ALERT	...INCLUDING SPINAL IMMOBILIZATION, IF INDICATED.	...INCLUDING APPLYING SPINAL PROTECTION, IF INDICATED.
Jurisdictional Optional Supplemental Program	274-11 and 274-12	All	New protocol	Antimicrobial Infusion for Interfacility Transport
Jurisdictional Optional supplemental program: Specialty Care Paramedic	279-282	Chart	S=Solo T=Team	SP=Specialty Paramedic RN=With nurse or physician
Jurisdictional Optional supplemental program: Specialty Care Paramedic	281	A. 12. (a)	Antibiotics	Removed
Jurisdictional Optional supplemental program: Specialty Care Paramedic	281	A. 13. (i)	Total Parenteral Nutrition (TPN)	Removed
Jurisdictional Optional Protocol: Ventilated Patient	301	6. a) (2)	dislodgement of tracheotomy tube	dislodgement of tracheostomy tube
Jurisdictional Optional supplemental transport of Chronic and Scene ventilated patients	302	2. a) (1)	Have an established tracheostomy and ventilator settings that have no changes reflecting improvement in the patient and..	Have an established tracheostomy and ventilator settings that have no changes within 24 hours or changes reflecting improvement in the patient and...
Jurisdictional Optional Protocol: Ventilated Patient	303	3. b) (4)	A replacement tracheotomy tube...	A replacement tracheostomy tube...
Research	327-329	All	New Research Protocol	EMS Linkage to Addiction Treatment
Research	331-334	All	New Research Protocol	Prehospital Point of Care Testing for Shock Pilot Program (Maryland State Police Aviation Command iStat Research)