

**Summary of 2019 Protocol Changes**

<b>PROTOCOL TITLE</b>	<b>PAGE #</b>	<b>LINE #</b>	<b>ORIGINAL TEXT</b>	<b>NEW TEXT</b>
General Information: Important Numbers	4	10 a) and b)	New entries	10: Tissue Donation Maryland Donor Referral Line Living Legacy and Washington Regional Transplant Community
Health Care Facility Codes	5 and 6	341	City Hospital, Martinsburg WV	Renamed Berkely Medical Center, Martinsburg WV and moved to pg. 5
Health Care Facility Codes	7	444	Holy Cross Germantown Hospital	Holy Cross Germantown Hospital (Primary Stroke)
Specialty Referral Centers	14		New Primary Stroke Facility	Holy Cross Germantown Hospital
Specialty Referral Centers	15-1		New entries	Maryland Emerging Infectious Disease (EID) Treatment and Assessment Hospitals
General Patient Care: Treatment Protocol	35-1	4. e)	When appropriate, family members should remain with pediatric patients	A parent/guardian/care taker may remain with a pediatric patient during transport, but must be secured in a separate vehicle restraint system at all times during transport.
General Patient Care	36 - 40	G. Communications		Numerous revisions
Treatment protocol: Adult Tachycardia	61			Complete revision of algorithm
Treatment protocol: Cardiac Arrest	63 and 63-1	e)(3)(c) and k)(3)(c)	Patients who have not yet reached their 18th birthday	Removed
Termination of Resuscitation Algorithm	72		VFIB/PEA <b>AND</b> EtCO2 greater than 15 mmHg?	VFIB/PEA <b>AND</b> EtCO2 equal to or greater than 15 mmHg?
Treatment Protocol: Pronouncement of Death In the Field	73	3. e)	Notify law enforcement and follow local jurisdictional policies or, if death is pronounced during transport, deliver patient to emergency department and follow hospital policies.	Notify law enforcement and follow local jurisdictional policies. If deceased patient is a tissue/organ donor and law enforcement has released the body to the family, please assist the family in calling either 800-923-1133 or (for Charles, Montgomery and Prince George's counties) 703-641-0100. If death is pronounced during transport, deliver patient to the hospital and follow hospital policies.
Treatment Protocol: EMS DNR/MOLST	74 and 75	4.a) and 5.a)(7), 5.b)(6), and 5.b)(7)		Added Physician Assistant
Treatment Protocol: EMS DNR/MOLST	75	7.b)	An authorized decision-maker, other than the patient, cannot revoke an EMS/DNR Order orally. Because of the difficulty in identifying authorized decisionmakers in emergent situations, it is incumbent upon an authorized decisionmaker who has authority to revoke an EMS/DNR Order to either destroy or withhold all EMS/DNR Order devices if they wish resuscitation for the patient.	An authorized decision-maker, other than the patient, cannot revoke an EMS/DNR Order orally. Because of the difficulty in identifying authorized decisionmakers in emergent situations, it is incumbent upon an authorized decisionmaker who has authority to revoke an EMS/DNR Order to either void or withhold all EMS/DNR Order devices if they wish resuscitation for the patient. If there is any confusion, the EMS provider should contact a Base Station for medical consult.
Treatment Protocol: EMS DNR/MOLST	79 and 80	f) Option B (MOLST B)		Numerous revisions
Treatment Protocol: EMS DNR/MOLST	84	EMS/DNR Order Presented:	6. Oral DNR Order from other on-site physician or nurse practitioner	6. Oral DNR Order from other on-site physician, physician assistant, or nurse practitioner
Treatment Protocol: Pain Management	132 and 133	(3)	(a) Morphine (b) Fentanyl	(a) Fentanyl (b) Morphine. Preferred route of administration listed is IN.
Treatment Protocol: Sepsis Adult	147 and 148	2.b) 3.c)	2.b) New entries 3.c) Added sentence	(7) Post-operative (8) Currently on antibiotics (9) Asplenic (10) Left ventricular assist device 3.c) Accurately document start time of IV fluid initiation.
Treatment Protocol: Sepsis Pediatric	150	c)	Added sentence	Accurately document start time of IV fluid administration.
Treatment Protocol: Stroke	152 and 153	1. through 3.b)		Numerous revisions
Treatment Protocol: Stroke	155	Algorithm		Complete revision of algorithm
Treatment Protocol: Trauma Arrest	173	Alert	New entry	ALERT: EPINEPHRINE IS CONTRAINDICATED IN THE TREATMENT OF TRAUMATIC CARDIAC ARREST FOR ADULT PATIENTS.
Procedures, Medical Devices and Medications for EMS and Commercial Services	183	Pelvic Binder		Added PP to EMR permissions
Procedures, Medical Devices and Medications for EMS and Commercial Services	184	Diltiazem	CRT-(I) MC PM MC	CRT(I) MC/SO PM MC/SO
Procedures, Medical Devices and Medications for EMS and Commercial Services	184		New entry	Ketamine EMR -- EMT -- CRT-(I) SO/MC PM SO/MC/PP
Procedures, Medical Devices and Medications for EMS and Commercial Services	185		New entry	Verapamil (Jurisdictional option only when approved by the State EMS Medical Director)
ALS Pharmacology: Diltiazem	215	d)(1) and h)(1)(b)	d)(1) Hypotension below 90 mmHg, second or third degree heart block, hypersensitivity to the drug h)(1)(b) For patients older than 50 years of age or borderline blood pressure, consider initial bolus 5-10 mg administered IV over 2 minutes	d) (1) Hypotension below 100 mmHg., second or third degree heart block, hypersensitivity to the drug h) (1) (b) For patients older than 50 years of age or borderline blood pressure, known renal failure or CHF, consider initial bolus 5-10 mg administered IV over 2 minutes Medical Consultation requirement removed for ADULT patients only.
ALS Pharmacology: Dopamine Hydrochloride (Intropin)	219	g)(1)	For IV infusion use only	For IV/IO infusion only. The preferred route of administration is IV.

