

Summary of 2020 Protocol Changes

PROTOCOL TITLE	PAGE #	LINE #	ORIGINAL TEXT	NEW TEXT
Title page	Front cover		The Maryland Medical Protocols for Emergency Medical Services Providers	Title changed to The Maryland Medical Protocols for Emergency Medical Services
Letter from Executive Director, State EMS Medical Director	iii	Graph 2	July 1	Changed to August 1, 2020, due to COVID-19
General Information	1	ALERT	[...]	Add: The General Patient Care Section shall apply to all patient encounters unless otherwise noted in any specific treatment protocol.
Health Care Facility Codes	5-11			Pages deleted; moved online.
Maryland Trauma and Specialty Referral Centers	5		Bottom of page	Add: "Health Care Facility Codes may be found online at www.MIEMSS.org, under the Protocols tab."
Maryland Trauma and Specialty Referral Centers	7	Primary Stroke, Cardiac Interventional	Adventist HealthCare White Oak Medical Center, Takoma Park (NEW '20)	White Oak Medical Center (Adventist), Takoma Park (NEW '20) (Alphabetize accordingly)
Maryland Trauma and Specialty Referral Centers	7	Primary Stroke, Cardiac Interventional	Adventist HealthCare White Oak Medical Center, Takoma Park (NEW '20)	White Oak Medical Center (Adventist), Takoma Park (NEW '20) (Alphabetize accordingly)
Maryland Trauma and Specialty Referral Centers	8	Maryland Sexual Assault Forensic Examination (SAFE) Hospitals	Harford Memorial Hospital (UMUCH) (Pediatric and Adult)	Harford Memorial Hospital (UMUCH) (Adult) (NEW '20)
Maryland Trauma and Specialty Referral Centers	8	Maryland Sexual Assault Forensic Examination (SAFE) Hospitals	Franklin Square Medical Center (MedStar) (Pediatric)	Delete.
Maryland Trauma and Specialty Referral Centers	8	Maryland Sexual Assault Forensic Examination (SAFE) Hospitals	Greater Baltimore Medical Center (Adult)	Greater Baltimore Medical Center (Pediatric and Adult)
Physician Orders for Extraordinary Care Not Covered by Maryland Protocol	14	(I) - title	Physician Orders for Extraordinary Care Not Covered by Maryland Protocol	(NEW '20)
General Information: Quality Review Procedure for Pilot Programs	22	J.		Delete page (to be placed in Administrative Guidance)
General Information: Proposed Protocol Submission Request Policy	23-26			Removed. Placed online www.MIEMSS.org.
General Patient Care	15	II.		Beneath protocol title, copy and paste ALERT from bottom of page 1: "THE GENERAL PATIENT CARE SECTION SHALL APPLY TO ALL PATIENT ENCOUNTERS UNLESS OTHERWISE NOTED IN ANY SPECIFIC TREATMENT PROTOCOL. (NEW '20)"
General Patient Care	16-17	3)a)3)	If available, utilize ETCO2 waveform monitoring in intubated patients (required on all ALS transport units for advanced airway management since 2015).	Delete line breaks between (2)(iii) and (3) so as to bring the orphaned "...2015." beneath the top chart on page 17 back to page 16.
General Patient Care	18	(b)		(NEW '20)
General Patient Care	18			Multiple changes throughout
Treatment Protocols: Cardiac Emergencies: Bradycardia	48	G.2.g)	[MC] Consider dopamine 2-20 mcg/kg/min	Consider epinephrine infusion at 1 mL/min (60 drops/min) using approved epinephrine infusion. [MC] Further dosing with medical consultation.
Treatment Protocols: Cardiac Emergencies: Adult Bradycardia Algorithm	49	Box 3 under YES	Dopamine 2-20 mcg/kg/min. (g) Medical Consultation Required	Epinephrine 10 mcg/min (1 drop/second using 60 drop set)
Treatment Protocols: Cardiac Emergencies: Adult Bradycardia	49	(g)	Requires medical consultation for administration of dopamine. Adults: titrate to systolic BP 100 mmHg or medical consultation directed BP. IV infusion pump is preferred.	Additional dosing above 1 mL/min (1 drop/second using 60 drop set and approved epinephrine infusion) requires medical consultation. Adults: titrate to systolic BP 90 mmHg.
Treatment Protocols: Cardiac Emergencies: Adult Asystole Algorithm	58	2nd (Epi) box		(NEW '20)
Treatment Protocols: Cardiac Emergencies: Adult Asystole Algorithm	58	2nd (Epi) box	Epinephrine 1 mg IVP - Repeat every 3-5 minutes	Epinephrine (1:10,000) 1 mg IV/IO every 4 minutes up to a max of 4 doses for the initial arrest. If arrest occurs after ROSC, an additional 2 doses may be administered.
Treatment Protocols: Cardiac Emergencies: Pediatric Cardiac Arrest Algorithm	59	Left column, Epi box		(NEW '20)
Treatment Protocols: Cardiac Emergencies: Pediatric Cardiac Arrest Algorithm	59	Left column, Epi box	Epinephrine (b) IV/IO 0.01 mg/kg (1:10,000) ET 0.1 mg/kg (1:1,000), dilute with 5 mL Repeat every 3-5 minutes	Epinephrine (1:10,000) (b) 0.01 mg/kg IV/IO every 4 minutes up to a max of 4 doses for the initial arrest. If arrest occurs after ROSC, an additional 2 doses may be administered. (NEW '20)
Treatment Protocols: Cardiac Emergencies: Pediatric Cardiac Arrest Algorithm	59	Left column, Defib box	Defibrillate 4 J/kg Resume CPR immediately for 2 minutes	Defibrillate 6 J/kg Resume CPR immediately for 2 minutes (NEW '20)
Treatment Protocols: Cardiac Emergencies: Pediatric Cardiac Arrest Algorithm	59	Right column, Epi box	Epinephrine (b) IV/IO 0.01 mg/kg (1:10,000) ET 0.1 mg/kg (1:1,000), dilute with 5 mL Repeat every 3-5 minutes	Epinephrine (1:10,000) (b) 0.01 mg/kg IV/IO every 4 minutes up to a max of 4 doses for the initial arrest. If arrest occurs after ROSC, an additional 2 doses may be administered. (NEW '20)
Treatment Protocols: Cardiac Emergencies: Pediatric Cardiac Arrest Algorithm	59	Footnote (a)	Continue cycle of epinephrine, defibrillation (at 4 J/kg), then amiodarone. Defibrillate at increasing dosage: 6 J/kg, 8 J/kg, 10 J/kg.	Continue cycle of epinephrine, defibrillation at 8 J/kg then 10 J/kg. (NEW '20)
Treatment Protocols: Cardiac Emergencies: Adult Pulseless Electrical Activity Algorithm	60	Left column, Epi box		(NEW '20)
Treatment Protocols: Cardiac Emergencies: Adult Pulseless Electrical Activity Algorithm	60	Left column, Epi box	Epinephrine 1 mg IVP - Repeat every 3-5 minutes	Epinephrine (1:10,000) 1 mg IV/IO push every 4 minutes up to a max of 4 doses for the initial arrest. If arrest occurs after ROSC, an additional 2 doses may be administered. Delete "push"
Treatment Protocols: Cardiac Emergencies: Ventricular Fibrillation Pulseless Ventricular Tachycardia	61	Left column, Epi box		(NEW '20)
Treatment Protocols: Cardiac Emergencies: Ventricular Fibrillation Pulseless Ventricular Tachycardia	61	Left column, Epi box	Epinephrine 1 mg IVP - Repeat every 3-5 minutes	Epinephrine (1:10,000) 1 mg IV/IO every 4 minutes up to a max of 4 doses for the initial arrest. If arrest occurs after ROSC, an additional 2 doses may be administered. (Delete "push")

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Treatment Protocols: Cardiac Emergencies: Return of Spontaneous Circulation (ROSC)	62	J)2))2)c)iii)	If MAP is less than 65 mmHg or systolic blood pressure is less than 90 mmHg, increase infusion rate by 1 mL/min (60 drops/min) every 5 minutes, to a maximum rate of 10 mL/min	Change to "If MAP is less than 65 mmHg or systolic blood pressure is less than 90 mmHg, increase to a maximum rate of 2 mL/min (120 drops/min)."
Treatment Protocols: Cardiac Emergencies: Return of Spontaneous Circulation (ROSC)	63	J.o)2)c)	With medical consultation, if patient's clinical instability will not allow for safe transport to Cardiac Interventional Center due to transport time.	"With medical consultation" with MC symbol, to read: "[MC] If patient's clinical instability will not allow for safe transport to Cardiac Interventional Center due to transport time."
Treatment Protocols: Cardiac Emergencies: Termination of Resuscitation (Medical and Traumatic)	66	K.3)c)	Cardiac arrest (non-traumatic etiology)	Cardiac arrest (medical etiology)
Treatment Protocols: Cardiac Emergencies: Termination of Resuscitation (Medical and Traumatic)	66-67	K.d)		Place ALS symbol/dashed line between ALERT at the top of the page and Peds bear
Treatment Protocols: Cardiac Emergencies: Termination of Resuscitation (Medical and Traumatic)	67	K.e)	Cardiac arrest (non-traumatic etiology)	Cardiac arrest (medical etiology). Also, on K.e)1)a), make "th" superscript on 18th (see K.f)1)a) below for reference).
Treatment Protocols: Cardiac Emergencies: Termination of Resuscitation (Medical and Traumatic)	67	K.f)1)a)ii)	IF ALS is available, asystole on monitor and ETCO2 is less than 15 mmHg, AND	Delete "IF ALS is available," to read: "asystole on monitor and ETCO2 is less than 15 mmHg, AND"
Treatment Protocols: Cardiac Emergencies: Adult Termination of Resuscitation Algorithm Medical Arrest	68			Multiple changes throughout
Treatment Protocols: Cardiac Emergencies: Adult Termination of Resuscitation Algorithm Trauma Arrest	69			Multiple changes throughout
Treatment Protocols: Cardiac Emergencies: Pediatric Termination of Resuscitation Algorithm Medical Arrest	70			New Protocol
Treatment Protocols: Cardiac Emergencies: Pronouncement of Death in the Field	72	L.1) 2) and 3)	Purpose, Indications, and Procedure (respectively)	Change format to reflect presentation elsewhere (see page 68 for example)
Treatment Protocols: Cardiac Emergencies: Acute Coronary Syndrome (Suspected)	84-85			Multiple changes throughout
Treatment Protocols: Cardiac Emergencies: Hyperkalemia (Renal Dialysis/Failure or Crush Syndrome)	86	P.1.	Certain conditions may produce an elevated serum potassium level that can cause hemodynamic complications.	Certain conditions, such as renal failure, missed hemodialysis appointments, or crush syndrome may produce an elevated serum potassium level that can cause hemodynamic complications.
Treatment Protocols: Cardiac Emergencies: Implantable Cardioverter Defibrillator (ICD) Malfunction	88	Q.1.	An implantable cardioverter defibrillator (ICD) is a device that delivers an internal defibrillation (shock) whenever the patient's heart rhythm/rate exceeds defined limits. EMS clinicians may encounter ICD devices that are appropriately or inappropriately delivering shock therapy. Internal shocks cause patient discomfort but DO NOT pose a danger to EMS personnel even when in direct contact with patient receiving an internal shock.	Delete and move Q.2.f) copy from current location to here: "ICD deactivation: Patient must meet the following criteria: (1) Three or more distinct shocks and (2) Obvious device malfunction with an EMS clinician-witnessed inappropriate shock (e.g., alert patient in atrial fibrillation with rapid ventricular rate or SVT)
Treatment Protocols: Environmental Emergencies: Heat-Related Emergencies	101			(NEW '20)
Treatment Protocols: Environmental Emergencies: Heat-Related Emergencies	101			Multiple revisions throughout
Treatment Protocols: Environmental Emergencies: Overpressurization	103	Z.2.c)	"Titrate to a systolic pressure of 100 mmHg."	"Titrate to a systolic pressure of 90 mmHg."
Treatment Protocols: Nausea and Vomiting	104	2.b)	Perform acupressure on P6 point either digitally or with commercial wrist band.	Allow patient to inhale vapor from isopropyl alcohol wipe 3 times every 15 minutes, as tolerated. (NEW '20)
Treatment Protocols: Nausea and Vomiting	104	(ALS)(MC)	For third repeat dose to a patient with maximum of 24 mg.	A third dose may be administered, to a maximum total dose of 24 mg.
Treatment Protocols: Nausea and Vomiting	104	(PEDS)(MC)	For third repeat dose to a patient with maximum total dose of 0.3 mg/kg or 24 mg, whichever is lower.	A third dose may be administered, to a maximum total dose of 0.3 mg/kg or 24 mg, whichever is lower.
Treatment Protocols: Obstetrical/Gynecological Emergencies: Vaginal Bleeding	111	DD)f)	100 mmHg	90 mmHg
Treatment Protocols: Overdose/Poisoning: Ingestion	116	GG)2)f)	If dystonic, extrapyramidal [...]	Delete line breaks after "reaction," and "diphenhydramine" and add (NEW '20) at end, after "IM".
Treatment Protocols: Overdose/Poisoning: Ingestion	118	GG)2)r)	If dystonic, extrapyramidal [...]	In second line, delete "IO" to read "1 mg/kg IVP or IM", and add (NEW '20) at the end, after "25 mg".
Treatment Protocols: Pain Management	128-132	LL		Multiple changes throughout
Treatment Protocols: Respiratory Distress: Allergic Reaction	133-135	MM		Multiple changes throughout
Treatment Protocols: Respiratory Distress: Anaphylaxis	136-137	NN		Multiple changes throughout
Treatment Protocols: Respiratory Distress: Chlorine or Phosgene Exposure	138			New protocol
Treatment Protocols: Respiratory Distress: Asthma/COPD	139	ALERT	Consider medical consultation for patients greater than 45 years of age or patients with a cardiac history.	Consider medical consultation for patients with a cardiac history.
Respiratory Distress: Pulmonary Edema/Congestive Heart Failure	144	ALERT	If blood pressure is low, consider medical fluid bolus(es) followed by dopamine.	Replace "dopamine" with "epinephrine"
Respiratory Distress: Pulmonary Edema/Congestive Heart Failure	144	g)	[MC] Consider dopamine 2-20 mcg/kg/min. Titrate to SBP 100 mmHg or medical-consultation-directed BP. IV infusion pump preferred.	Replace with (g) Consider epinephrine infusion (1 mg epinephrine in 100 mL LR), starting at 1 mL/min (60 drops/min). Titrate to systolic BP of 90 mmHg. Maximum rate of 2 mL/min (120 drops/min).IV infusion pump preferred.
Treatment Protocols: Respiratory Distress: Pulmonary Edema/Congestive Heart Failure	145	n)	[MC] Consider dopamine. 2-20 mcg/kg/min Titrate to pediatric medical consultation directed BP. IV infusion pump preferred.	[MC] Consider epinephrine infusion with medical consultation.
Treatment Protocols: Sepsis: Adult	148-149	SS		Multiple changes throughout
Treatment Protocols: Sepsis: Pediatric	150-152	TT.		Multiple changes throughout

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Treatment Protocols: Non-Traumatic Shock: Shock / Hypoperfusion	153-155			Multiple changes throughout
Treatment Protocols: Trauma: Burns	162	(j)(1)	10 mL/kg bolus.	Delete
Treatment Protocols: Trauma: Burns	162	m)(1)	10 mL/kg bolus	Delete.
Treatment Protocols: Trauma: Hand/Upper/Lower Extremity Trauma	166-167	YY		Multiple changes throughout
Treatment Protocols: Trauma: Multiple/Severe Trauma	168-170	ZZ		Multiple changes throughout
Treatment Protocols: Trauma: Spinal Motion Restriction	173-177	BBB		Multiple changes throughout
Treatment Protocols: Trauma: Trauma Arrest	179	CCC)2)k)	CPR	CPR with high-quality chest compressions and minimal interruptions.
Treatment Protocols: Trauma: Trauma Decision Tree	180	CCC)Category Alpha)	Blood pressure parameter	(NEW '20)
Treatment Protocols: Trauma: Trauma Decision Tree	180	Category Alpha	Systolic BP less than 90 mmHg (Adult) less than 60 mmHg (Peds)	For patients 10 years and older (including adults), systolic blood pressure less than 90 mmHg. For patients under 10 years of age, systolic blood pressure less than 70 + 2x age in years mmHg.
Appendices: Procedures, Medical Devices, and Medications for EMS and Commercial Services	188-191	IV)B)		Multiple changes throughout
Appendices: BLS Pharmacology: Aspirin	196	C)4)		Multiple changes throughout
Appendices: BLS Pharmacology: Epinephrine (1:1,000)	197	ALERT	MEDICAL CONSULTATION IS REQUIRED FOR THE ADMINISTRATION OF EPINEPHRINE TO ADULT ASTHMA PATIENTS.	New text: "Consider medical consultation for patients with cardiac history."
Appendices: BLS Pharmacology: Epinephrine (1:1,000)	198	ALERT	MEDICAL CONSULTATION IS REQUIRED FOR THE ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR TO ADULT ASTHMA PATIENTS.	New text: "Consider medical consultation for patients with cardiac history."
Appendices: BLS Pharmacology: Epinephrine (1:1,000)	198	a)2)	Pediatric patients with severe asthma	Delete "pediatric"
	198	c) Precautions	[MC] Unless in severe allergic reaction or severe asthma, medical consultation must be obtained before administering to pregnant, cardiac, or adult asthma patients.	[MC] Medical consultation must be obtained before administering the EMS service's manual epinephrine or EMS service's auto-injector to cardiac (pediatric and adult), pregnant, and adult patients. However, medical consultation is not required for severe allergic reactions with respiratory distress.
Appendices: ALS Pharmacology: Aspirin	210	D)6)		Multiple changes throughout
Appendices: ALS Pharmacology: Diltiazem (Cardizem)	218	D)13)		Multiple changes throughout
Appendices: ALS Pharmacology: Diphenhydramine Hydrochloride (Benadryl)	220	D)14)		Multiple changes throughout
Appendices: ALS Pharmacology: Dopamine Hydrochloride (Intropin)	221	D)14)	(Jurisdictional option only when approved by the State EMS Medical Director)	Add (NEW '20) to read: (Jurisdictional option only when approved by the State EMS Medical Director - NEW '20)
Appendices: ALS Pharmacology: Epinephrine (1:10,000/1:1,000)	223-226	D)16)		Multiple changes throughout
Appendices: ALS Pharmacology: Ketamine	234-236	D)20)		Multiple changes throughout
Appendices: ALS Pharmacology: Lactated Ringer's	239-240	D)22)		Changes to dosing section (g)
Appendices: ALS Pharmacology: Midazolam	247	D)25)g)5)c)	Patients aged 13 to not yet reached their 18th birthday:	Replace with: "Patients aged 13 to those who have not yet reached their 18th birthday:"
Appendices: ALS Pharmacology: Terbutaline	258	D)33)g	[MC]	Remove [MC] symbol
Appendices: ALS Pharmacology: Verapamil (Isoptin)	259-260	D)34)		Multiple changes throughout
Appendices: Procedures: Airway Management Procedures: Bag-Valve-Mask Ventilation	264-265	E)2)		Multiple changes throughout
Appendices: Procedures: Airway Management Procedures: Continuous Positive Airway Pressure (CPAP)	266	E)3)		Multiple changes throughout
Appendices: Procedures: Airway Management Procedures: Gastric Tube for Decompression	268	E)5)b)		Changes to indications section
Appendices: Procedures: Airway Management Procedures: Nasotracheal Intubation	269	E)6)c)4)	Patient less than 13 years of age	Delete
Appendices: Procedures: Airway Management Procedures: Orotracheal Intubation	273-275	E)9)		Multiple changes throughout
Appendices: Procedures: Airway Management Procedures: Ventilatory Difficulty Secondary to Bucking or Combativeness in Intubated Patients	279	E)12)		Multiple changes throughout
Appendices: Procedures: Airway Management Procedures: Ventilatory Management	281	E)13)e)7)d)	Waveform capnography is utilized to optimize manual ventilation. Deliver ventilations to achieve a target EtCO2 level of 35-45 mmHG if patient has a pulse.	Waveform capnography is utilized to optimize manual ventilation. Deliver ventilations to achieve a target ET CO2 level of 35-40 mmHg if patient has a pulse. (NEW '20)
Appendices: Procedures: Airway Management Procedures: Ventilatory Management	281	E)13)e)7)g)	a target EtCO2 of 30-35 mmHG should be used for the rare patient who exhibits signs of brainstem herniation. Lower EtCO2 has been associated with increased mortality.	(NEW '20). A target ET CO2 of 30-35 mmHg should be used for the rare patient who exhibits signs of brainstem herniation. Lower ET CO2 has been associated with increased mortality.
Appendices: Procedures: Electrical Therapy Procedures: Cardioversion	285-286	E)15)		Multiple changes throughout
Appendices: Procedures: Electrical Therapy Procedures: Defibrillation	287	E)16)c)2)b and c)	Subsequent delivered ... and If refractory ...	Make b); Subsequent delivered energy at increasing dosage: 4 J/kg, 6 J/kg, 8 J/kg, to a maximum of 10 J/kg. Also, add Peds bear/dashed line just above c)2).
Appendices: Procedures: Electrical Therapy Procedures: Defibrillation	287	E)16)c)2)	Pediatric	Add (NEW '20)
Appendices: Procedures: Electrical Therapy Procedures: Defibrillation	287	E)16)c)2)c)	If refractory after 4 shocks, increase dosage to 6 J/kg, 8 J/kg, then 10 J/kg.	Delete entire line
Appendices: Procedures: Other Procedures: Neuroprotective Induced Hypothermia	325	E)28)b)4)	Secured Airway with adequate ventilation (intubation preferred; ventilate slowly at the rate of 10-12 per minute for a target EtCO2 of 40-45 mmHg	Secured Airway with adequate ventilation (intubation preferred; ventilate slowly at the rate of 10-12 per minute for a target ET CO2 of 35-40 mmHg)

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Appendices: Procedures: Other Procedures: 12-Lead Electrocardiogram	327	E)29)	Bottom of page	Add ALERT icon with following copy: "EARLY ASSESSMENT OF PATIENTS WITH ACS LEADS TO EARLY IDENTIFICATION OF A STEMI AND INFLUENCES DOWNSTREAM CARE AND PATIENT DESTINATION. 12-LEAD EKG SHOULD BE ACQUIRED WITHIN 10 MINUTES OF CONTACT WITH AN EKG-CAPABLE CLINICIAN." (NEW '20).
Appendices: Procedures: Other Procedures: Multiple Casualty Incident/Unusual Event	330	E)30)g)	Track the care, movement, and disposition of EVERY patient utilizing the locally approved triage/treatment/transport logs and/or the state electronic patient tracking system (PTS). Patient information should be written on the triage tag and be entered directly into the PTS as it becomes available.	Track the care, movement, and disposition of EVERY patient utilizing the locally approved triage/treatment/transport logs. Patient information should be written on the triage tag. (NEW '20)
Appendices: Procedures: Other Procedures: Acupressure for Nausea	336		Blank page	Protocol removed; delete page and renumber subsequent protocols accordingly.
Appendices: Interfacility: Amiodarone Maintenance Infusion for Interfacility Transport	342	F		New protocol
Appendices: Interfacility: Lidocaine Infusion for Interfacility Transport	343	G.		Multiple changes throughout
Appendices: Interfacility: Morphine Sulfate Infusion for Interfacility Transport	344	H.		Multiple changes throughout
Appendices: Interfacility: Proton Pump Inhibitor for Interfacility Transport	345	I.		New protocol
Stabilization Center	350	L		Multiple changes throughout
Alternative Destination Program	351-352	M		REMOVE EXISTING PAGES and replace with state-approved algorithm: www.miemss.org/home/Portals/0/Docs/OtherPDFs/Alternative-Destination-Protocol-20190611.pdf?ver=2019-12-05-111754-463
Viral Pandemic Triage Protocol, Alternative Dispatch Protocol DURING PANDEMIC ILLNESS (NEW '20)	460			REPLACE P. 344, 345 with the new Viral Pandemic Triage Protocol from the website: http://www.miemss.org/home/Portals/0/Docs/Guidelines_Protocols/2019-Protocol-COVID-19-Viral-Syndrome-Pandemic-Triage-Protocol-20200317.pdf?ver=2020-04-07-221011-260
Appendices: Interfacility: Prehospital Ultrasound	349	K)5)	Prehospital Ultrasound Quality Assurance Process	Remove to Administrative Guidance.
Minor Definitive Care Now, Baltimore City Fire Department	353-357	N)9)		Remove remainder of protocol starting with 9. DOCUMENTATION AND DATA COLLECTION on page 423.
ALS Pharmacology: Heparin	376	7)dosage	Adult: Administer a maximum of 18 units/kg per hour or 2,000 units per hour, whichever is higher. Adult: Administer a maximum of 18 units/kg per hour or 2,000 units per hour, whichever is higher. Adult: Administer a maximum of 18 units/kg per hour or 2,000 units per hour, whichever is higher.	Adult: Follow the written order from the sending physician. Paramedics may transport patients at a maximum heparin drip rate of 18 units/kg per hour or 2,000 units per hour, whichever is higher. For doses exceeding the maximum, a SCT paramedic or nurse is required for transport.
CHEMPACK	386			Adult CHEMPACK PDF; will forward higher res replacement PDF. Also, both this and the Peds Chempack PDF (below) should be called out in the Table of Contents as "CHEMPACK Reference Cards ... 455-456" (or whatever pages they ultimately land on, with the reflow)
CHEMPACK	387			Peds CHEMPACK PDF; will forward higher res replacement PDF.
CHEMPACK	388		Severe exposure	Delete
Naloxone "Leave Behind" Protocol	403	(5)(b)	Jurisdictions shall submit quarterly reports to the State EMS Medical Director to include jurisdictional incident numbers and the number of doses of naloxone hydrochloride distributed for each occurrence.	Jurisdictions shall submit quarterly reports to the State EMS Medical Director to include the number of doses of naloxone hydrochloride distributed for each occurrence using the MIEMSS-approved reporting mechanism. (Moved to Administrative Guidance)
Pelvic Stabilization Binder Device for Suspected Pelvic Fracture Procedure	404	P)3)g)	It may be advisable to place the binder on the backboard prior to placing the pateint onto the backboard, so that it is already prepared for placement.	If a backboard is used, place the binder on the backboard prior to placing the patient on the backboard.
Pelvic Stabilization Binder Device for Suspected Pelvic Fracture Procedure	404	L.2.	NEW addition to contraindications	Children under 144 cm (4'8") will generally NOT fit small-size adult pelvic stabilizing devices. (NEW '20)
Stroke Patient Online Neurologist Consult Process	405-406	U		Delete pages (pilot discontinued)
Adult Rapid Sequence Intubation	406-411			Multiple changes throughout
Pediatric Rapid Sequence Intubation	415	R)2)c)3)b)	4-6 minutes	Change to 2-3 minutes
RSI Pharmacology: Vecuronium (Norcuron)	423	5)g)2)b) and 3)b)	4-6 minutes	Change to 2-3 minutes
Adult Surgical Cricothyroidotomy	429	U		verify IV/IO patency. Repeat vecuronium 0.05 mg/kg IVP/IO.
Adult Surgical Cricothyroidotomy	429	U		Remove section 5, in entirety to Admin Guidance. Move ALS symbol to top, below title.
Transport of Chronic and Scene Ventilated Patients	454	X)2)a)1)	Have an established tracheostomy and ventilator settings that have no changes within 24 hours or changes reflecting improvement in the patient and	Tracheostomy is more than 7 days old. If tracheostomy has been in place for 7 days or less, see "Transport of Acute Ventilated Interfacility Patients" Protocol. (NEW '20)
Chronic Vent Patients	454	X)2)a)2)	Point of origin or destination is: [...]	Ventilator settings that have no changes within 24 hours or changes reflecting improvement in the patient; and
Chronic Vent Patients	454	X)2)a)3)	Point of origin or destination is: [...]	Number N.2.a)(3) and subsequent accordingly.
Clinical Treatment Guidelines for Weapons of Mass Destruction	451-494			Protocol removed; new guide material to be made available online at www.MIEMSS.org

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