			Summary of 2016 Protocol Changes	
PROTOCOL TITLE	**PAGE # (referenced in 2015 document**	**LINE #**	**ORIGINAL TEXT**	**NEW TEXT**
Quality Review procedure for Pilot Programs	23	1	…the occurrence is added to the jurisdictional database and forwarded to the RMD and the State EMS Medical Director.	…the occurance is added to the jurisdictional database and forwarded to the RMD and the State EMS Medical Director on an annual basis unless otherwise specified.
GPC: Communications	28	4. a) (1)	Patients from birth to those who have not reached their 12th birthday:	Patients from one hour after birth (newly born) up to those who have not reached their 13th birthday
Treatment Protocols	31	2	Patients who have had…..	…without dart removal (Exception tactical EMS). ANY conducted electrical weapon dart impalement to the head, neck, hands, feet, or genitalia must be stabilized in place and evaluated by a physician. An assessment must be conducted to determine if the patient meets Excited Delirium Syndrome.
GPC: Communications	32	1	All Priority 1 patients….	Communications with and through EMRC (old line 7)
GPC: Communications	32	2	All Priority 1 patients….	All Priority 1 patients require on-line medical consultation through EMRC on a recorded line (radio or phone)
GPC: Communications	32	ALERT	new line	ALERT: Any patient that the provider identifies as meeting any "Specialty ALERT (e.g. Trauma, STEMI, STROKE, SEPSIS) requires an on-line medical consultation through EMRC on a recorded line (radio or phone)
GPC: Communications	32	3	All Priority 2 patients….	….through EMRC on a recorded line (radio or phone)
GPC: Communications	32	6	Trauma Communications	Core Essentials of Communication……
GPC: Communications	33	1 l. d)	New Line	For a patient who is identified as…..
GPC: Communications	33	1 l e)	New Line	For Priority 2 and Priority 3 patients not meeting a specialty center destination care protocol, the EMS provider should ask if the patient has had a hospital admission (inpatient service) within the last 30 days. If the answer is yes, the EMS provider should transport (repatriate) the patient to that hospital as long as that hospital is not more than 15 additional minutes further than nearest hospital (or greater if allowed for by the EMS Operational Program).
Altered Mental Status: Seizures	37	3. d)	Consider midazolam (paramedic may perform without consult….)	Consult requirement removed
Altered Mental Status: Seizures	38-1	3. o)	…..(paramedic may administer without consult)	Consult requirement removed
Altered Mental Status: Unresponsive Person	40	n)	0.1 mg/kg SLOW IVP/IO/IM/Intranasal (If delivery device is available-divide administration of the dose equally between the nostrils to a maximum of 1 mL per nostril.)	0.1 mg/kg IVP/IO (titrated)/IM/IN(If delivery device is available—divide administration of the dose equally between the nostrils to a maximum of 1 mL per nare)
Altered Mental Status: Unresponsive Person	40	o)	Medical Consult Symbol	removed
Cardiac Emergencies: Cardiac Guidelines	44	1. e)	Lidocaine is referenced	Lidocaine references removed
Cardiac Emergencies: Adult Bradycardia	50	(e)	….lidocaine	…amiodarone
Cardiac Emergencies: Pediatric Bradycardia	51		Minimum dose of 0.1 (atropine)	removed
Cardiac Emergencies: Adult Tachycardia Algorithm	51-3		Wide complex tachycardia of uncertain type	Wide regular complex tachycardia of uncertain type
Cardiac Emergencies: Adult Tachycardia Algorithm	51-3		Lidocaine is referenced	Amiodarone replaces lidocaine
Cardiac Emergencies: Adult Tachycardia Algorithm	51-3	(d)	…..(paramedic may administer without consult)	Contraindicated in polyumorphic irregular wide complex tachycardia……Consult requirement removed
Cardiac Emergencies: Pediatric Tachycardia	51-4	(e)	…paramedic may administer without consult…..	Consult requirement removed
Cardiac Emergencies: Pediatric Tachycardia	51-4	(f)	Lidocaine is referenced	Amiodarone replaces lidocaine
Cardiac Emergencies: Cardiac Arrest	52			Providers referred to new ROSC protocol
Cardiac Emergencies: Pediatric Cardiac Arrest	54		Lidocaine is referenced	Amiodarone replaces lidocaine

Cardiac Emergencies: VF/VT	56		Lidocaine is referenced	Amiodarone replaces lidocaine
Cardiac Emergencies: Ventricular Fibrillation/Pulseless VTACH	56	(b)	…with medical consult.	Consult requirement removed
Cardiac Emergencies:VF/VT	56		ROSC pathway	Providers referred to new ROSC protocol.
Cardiac Emergencies: ROSC	56-A?		New addition	ROSC
EMS DNR/MOLST	56-4	3. b)	Treat out-of-state EMS/DNR Orders as Option “B” EMS/DNR patients	Out of state EMS/DNR Orders shall be followed to the full extent that is permissible by the Maryland Medical Protocols for Emergency Medical Services Providers. If there is misunderstanding with family members or others present at the scene or if there are other concerns about following the out of state EMS/DNR order, contact online medical direction for assistance.
EMS DNR/MOLST	56-10	H 2 (b)	Initiation of IV therapy (except when Directed by online physician for morphine administartion for pain control as in 1 (d) (iii))	Initiation of IV therapy (except for morphine and fentanyl administration for pain control as in 1 (d) (iii))
EMS DNR/MOLST	56-10	H 2 (c)	EMS initiated Medications (except oxygen and morphine administration for pain control as in 1 (d) (iii))	EMS-initiated medications (except oxygen, and morphine or fentanyl administration for pain control as in 1 (d) (iii))
Cardiac Emergencies: Implantable Cardioverter	60-1	3. h)	Lidocaine is referenced	Amiodarone replaces lidocaine
Cardiac Emergencies: Premature Ventricular Contractions	64	All		Removed
Environmental Emergencies: Near Drowning	82		New addition	IF THE PARENT, GUARDIAN, OR RESPONSIBLE ADULT REFUSES MEDICAL CARE OR TRANSPORT, PROVIDER SHALL CONTACT A PEDIATRIC BASE STATION PHYSICIAN.
Nausea and Vomiting	85-1	3. e)	Adult: 4 mg slow IV over 2-5 minutes or 4 mg IM; medical consult may repeat once with medical consultation. Preventative administration of an anti-nausea/anti-emetic	Adult: 8 mg slow IV over 2-5 minutes OR 4-8 mg IM or 8 mg ODT. May repeat once without medical consultation. Medical consultation for third repeat dose to a patient with maximum total dose of 24 mg.
Nausea and Vomiting	85-1	3. h)	Medical consultation for patients who weigh more than 40 kg: 4 mg slow IV over 2-5 minutes OR if no IV: 0.1 mg/kg IM (with max single dose of 4 mg); Medical consult may repeat once with medical consultation. Preventative administration of an anti-nausea/anti-emetic	For patients 28 days – 12 years old: 0.1 mg/kg SLOW IV over 2–5 minutes For patients 13–18 years of age: 8 mg ODT OR 8 mg SLOW IV over 2–5 minutes OR If no IV: 0.1 mg/kg IM (with max single dose of 8 mg); May repeat once without medical consultation. (MC) For third repeat dose to a patient with maximum total dose of 0.3 mg/kg or 24 mg, whichever is lower.
Newly Born Protocol	90 thru 90-2		Complete revision	Complete revision
Overdose/Poisoning: Absorption	92	3. d)	Medical Consult Symbol	removed
Overdose/Poisoning: Absorption	92	3. e)	0.4-2 mg SLOW IVP/IO/IM/Intranasal (If delivery device is available-divide administration of the dose equally between the nostrils to a maximum of 1 mL per nostril.)	0.4-2 mg IVP/IO (titrated)/IM/IN (If delivery device is available—divide administration of the dose equally between the nares to a maximum of 1 mL per nare) (NEW ’16) Maximum single dose 0.4–2 mg
Overdose/Poisoning: Absorption	92	3. f)	Medical Consult Symbol	removed
Overdose/Poisoning: Absorption	93	3. k)	Medical Consult Symbol	removed
Overdose/Poisoning: Ingestion	94	3. c)	Medical Consult Symbol	removed
Overdose/Poisoning: Ingestion	94	3. d)	0.4-2 mg SLOW IVP/IO/IM/Intranasal (If delivery device is available-divide administration of the dose equally between the nostrils to a maximum of 1 mL per nostril.)	0.4-2 mg
Overdose/Poisoning: Ingestion	95	3.o)	Medical Consult Symbol	removed
Overdose/Poisoning: Ingestion	96	3. p)	0.1 mg/kg SLOW IVP/IO/IM/Intranasal (Divide administration of the IN dose equally between nostrils to a maximum of 1 mL per nostril.)	0.1 mg/kg IVP/IO (titrated)IM/IN (if delivery device is available, divide administration of the dose equally between the nares to a maximum of 1mL per nare)
Overdose/Poisoning: Injection	99	3. f)	Medical Consult Symbol	removed
Overdose/Posioning: Injection	99	3. g)	0.4-2 mg SLOW IVP/IO/IM/Intranasal (If delivery device is available-divide administration of the dose equally between the nostrils to a maximum of 1 mL per nostril.)	0.4-2 mg IVP/IO (titrated)/IM/IN (If delivery device is available—divide administration of the dose equally between the nares to a maximum of 1 mL per nare.) Maximum single dose 0.4–2 mg
Overdose/Poisoning: Injection	100	3. m)	Medical Consult Symbol	removed

Overdose/Poisoning: Injection	100	3. o)	0.1 mg/kg SLOW IVP/IO/IM/Intranasal (Divide administartion of the IN dose equally between nostrils to a maximum of 1 mL nostril.)	0.1 mg/kg IVP/IO(titrated) IM/IN (if delivery device is available, divide administration of the dose equally between the nares to a maximum of 1 mL per nare.)
Overdose/Poisoning: Excited Delirium	100-3		New addition	New addition
Pain Management	102	-4	10 years and above: FOUR unit doses of 160 mg/5 mL each for a total of 640 mg/10 mL	13 years and older: FOUR unit doses of 160 mg/5 mL each for a total of 640 mg/20 mL OR in a form of 325 mg pill or tablet X 2 for a total of 650 mg with sips of water as tolerated by the patient.
Respiratory Distress: Anaphylaxis	???		New addition	New addition
Respiratory Distress: Allergic Reaction	103		Allergic Reaction/Anaphylaxis	Revised to Allergic Reaction only
Sepsis: Adult	116?		New addition	Sepsis: Adult
Sepsis: Pediatric	116??		New addition	Sepsis: Pediatric
Stroke	115-1		New addition	Stroke flowchart
Glossary	141	Newly Born	A term that describes an infant during the first few hours after birth	A term that describes an infant within the first hour after delivery
Procedures/Medications	146	Adenosine	CRT-(I) MC	CRT-(I) SO
Procedures/Medications	146	Amiodarone	New addition	EMR -- EMT -- CRT-(I) SO/MC PM SO/MC
Procedures/Medications	146	Midazolam	CRT-(I) MC	CRT-(I) SO/MC
Procedures/Medications	147		new addition	Peripheral Parenteral Nutrition (PPN) or Total Parenteral Nutrition (TPN) non medicated EMR -- EMT SO CRT-(I) SO PM SO
Rule of Nines chart				Moved to Trauma Protocol
Procedures: Glucometer	192			Complete revision including dosing
Procedures: Intraosseous Infusion	194	c) (2)	Patients 40 kg and greater: Preferred site proximal tibia then distal tibia then humerus	Patients 40 kg and greater: Preferred site humerus, proximal tibia then distal tibia
Intravenous Maintenance therapy for EMT	196	a) (2) (e)	Peripheral Parenteral Nutrition (PPN)	Peripheral Parenteral Nutrition (PPN) or Total Parenteral Nutrition (TPN)
Helicopter Safety	198-4		The maximum allowable slope is 5 degrees	the maximum allowable slope is 10 degrees
Helicopter Safety	198-5		Dauphin aircraft picture	removed
Helicopter Safety	198-5		The Trooper/Flight Paramedic….	The crew……
Procedures Peripheral IV Access	199	b) (9)	MC Second IV requires medical consultation	(MC) Second IV requires medical direction except when initiating the Sepsis Protocol and for ALS providers who have a Priority 1 patient. Providers shall not delay transport for the initiation of the second IV.
Physical and Chemical Restraint	202	Chemical restraint ALERT	…medical causes for patient's agitation.	…medical causes for patient's agitation. If Excited Delirium Syndrome is suspected, withhold hadol and refer to Excited Delirium Protocol.
Appendices	204-14		New addition	Emerging Infectious Disease
BLS Pharmacology: Acetaminophen	205	e)	(DO NOT USE MULTIDOSE BOTTLE) Unit dose 160 mg/5 mL	(DO NOT USE MULTIDOSE BOTTLE OF LIQUID) Unit dose 160 mg/5 mL liquid Unit dose 325 mg pill
BLS Pharmacology: Acetaminophen	205	f) (4)	10 years and above: FOUR unit doses of 160 mg/5 mL each for a total of 640 mg/10 mL	10 years and older: FOUR unit doses of 160 mg/5 mL each for a total of 640 mg/20 mL OR in a form of 325 mg pill or tablet X 2 for a total of 650 mg with sips of water as tolerated by the patient.
BLS Pharmacology: Acetaminophen	205	f) (5)	Obtain on-line medical direction for appropriate dosing for patients who are significantly underweight or overweight.	removed
BLS Pharmocology: Epinepherine	206-1	e) 2 a	0.3 mg in 0.3 mL	0.5 mg in 0.5 mL
BLS Pharmocology: Epinepherine	206-1	f) 1	Patients 3 years old or greater…0.3 mg	Patients 5 years old or greater…0.5 mg
BLS Pharmocology: Epinepherine	206-1	f) 2	Patients less that 3 years of age…0.15 mg	Patients less than 5 years of age…0.15 mg
BLS Pharmacology: Naloxone (narcan) Public safety	207-2	g)	Medical Consult Symbol	removed
ALS Pharmacology: Acetaminophen	210-1	e)	(DO NOT USE MULTIDOSE BOTTLE) Unit dose 160 mg/5 mL	(DO NOT USE MULTIDOSE BOTTLE OF LIQUID) Unit dose 160 mg/5 mL liquid Unit dose 325 mg pill
ALS Pharmacology: Acetaminophen	210-1	f) (4)	10 years and above: FOUR unit doses of 160 mg/5 mL each for a total of 640 mg/10 mL	10 years and older: FOUR unit doses of 160 mg/5 mL each for a total of 640 mg/20 mL OR in a form of 325 mg pill or tablet X 2 for a total of 650 mg with sips of water as tolerated by the patient.
ALS Pharmacology: Acetaminophen	210-1	f) (5)	Obtain on-line medical direction for appropriate dosing for patients who are significantly underweight or overweight.	removed

ALS Pharmacology: Adenosine	212	g)	(Paramedic May Administer Without Consult)	Consult requirement removed
ALS Pharmacology: Amiodarone	214-1?		New addition	Amiodarone
ALS Pharmocology: Dextrose 50%	222-1		Dextrose 50%	Dextrose. Also includes introduction of Dextrose 10% for adults.
ALS Pharmocology: Epinephrine	231	(3) (a)	Allergic reaction/Anaphylatic Shock/Asthma (a) MC For Anaphlatic Shock Only….	Allergic Reaction/Anaphylaxis/Asthma (a) For Anaphylaxis (Adult Only)….
ALS Pharmocology: Glucagon	233	g) (1)	Administer 1 mg IM…..	Administer 1 mg IM/IN….
ALS Pharmocology: Lidocaine	237-238		Cardiac indications/dosing	Cardiac indications/dosing removed
ALS Pharmacology: Magnesium Sulfate	238-2	h)	New line	Magnesium Sulfate used for tocolytic control is a RN level indication
ALS Pharmacology: Midazolam	239	g)	Paramedics may perform without consult for patient with active seizures.	Paramedic and CRT-(I) may perform without consult for patients with active seizures.
ALS Pharmacology: Naloxone (narcan)	242	d)	Not clinically significant	Patients under 28 days of age
ALS Pharmacology: Naloxone (narcan)	242	g)	Adult: Administer 0.4-2 mg IVP/IM/Intranasal….. Pediatric: Administer 0.1 mg/kg IVP/IM/Intranasal…..	Adult: Administer 0.4 mg IVP/IO (titrated)/IM/IN…. Pediatric: Administer 0.1 mg/kg IVP/IO (titrated)IM/IN…..
ALS Pharmacology: Naloxone (narcan)	242	g) 3	Greater than 2 mg IV may be administered with medical consultation	removed
ALS Pharmacology: Ondansetron	244-1	c) (1)	Control of nausea and vomiting	Prevention and control of nausea or vomiting
ALS Pharmocology: Ondansetron	244-1	c) (2)	Medical Consult Symbol	removed
ALS Pharmocology: Ondansetron	244-1	g) (1)	Adult: 4 mg slow IV over 2-5 minutes OR 4 MG IM; medical consult. May repeat once with medical consultation. Preventative administration of an anti-nausea/anti-emetic	8 mg slow IV over 2-5 minutes OR 4-8 mg IM or 8 mg ODT. May repeat once without medical consultation. Medical consult for third repeat dose to a patient with maximum total dose of 24 mg.
ALS Pharmocology: Ondansetron	244-1	g) (2)	For patients who weigh more than 40 kg: 4 mg slow IV over 2-5 minutes OR if no IV: 0.1 mg/kg IM (with max single dose of 4 mg); Medical consult. May repeat once with medical consultation. Preventative administration of an anti-nausea/anti-emetic	For patients who weigh more than 40 kg: 8 mg ODT OR 8 mg slow IV over 2-5 minutes OR If no IV: 0.1 mg/kg IM (with max single dose of 8 mg); May repeat once without medical consultation. Medical Consult: for third repeat dose to a patient with maximum total dose of 0.3 mg/kg or 24 mg, whichever is lower.
Pilot Program Rapid Sequence Intubation Protocol package	259	4. b) (1)	A verification of all RSI skills and review of RSI principles of safety will be performed on a quarterly basis. In two of the quarters, this will be accomplished via direct observation in the operating room. In a third quarter, the medical director will perform this during a full Paramedic skills evaluation. A fourth quarter verification will be accomplished via an anesthesia simulator or an RSI skills module, or a documentation and review of a field utilization.	A verification of all RSI skills and review of RSI principles of safety will be performed on a quarterly basis. In one of the quarters, this will be accomplished via direct observation in the operating room. In another quarter, substitute instruction and demonstration of skill proficiency may be approved by the program medical director on an individual basis. In a third quarter, the medical director will perform this during a full paramedic skills evaluation. A fourth quarter verification will be accomplished via an anesthesia mannequin simulator, an RSI skills module, or a documentation and review of a field utilization.
Pilot Program Rapid Sequence Intubation Protocol package	259	4. b) (2) (a) and (b)	new line	Ongoing Demonstration of Proficiency for surgical cricothyroidotomy
Pilot Program Rapid Sequence Intubation Protocol package	259	4. b) (3)	new line	Documentation of the quarterly verification process shall be submitted to the State EMS Medical Director on an annual basis.
Pilot Program Rapid Sequence Intubation Protocol package	259	4. c) 1. (d)	new line	All individual RSI attempts shall be documented after the jurisdictional review process on the approved RSI QA form and submitted to the State EMS Medical Director on a quarterly basis.
Pilot Program Rapid Sequence Intubation Protocol package	261	d) (3)	Minimum dose of 0.1 (atropine)	Removed
Pilot Program Rapid Sequence Intubation Protocol package	265	4. b) (2)	new line	(a) During bi-annual recertification classes, each paramedic will repeat the classroom lecture and placement of the device using the pig's trachea or substitute instruction and demonstration of skill proficiency may be approved by the program medical director on an individual basis.
Pilot Program EMT Acquisition of 12-lead Electrocardiography	268-9	8. b)	The Quality Review Committee will review all 12-lead transmissions on a quarterly basis and submit a report to Jurisdictional and Regional Medical Directors	The Quality Review Committee will review all 12-lead transmissions on a quarterly basis and submit a report in accordance with the Quality Review Procedure for Pilot Programs (formally "Class B" Additional Procedure Algorithm) of the Maryland Medical Protocols

Pilot Program Airway Management: Video Laryngoscopy for Orotracheal Intubation	268-16	7 c)	Program Medical directors must review each patient encounter in which the Video Laryngoscope Device is used and provide a quarterly report to the office of the Medical Director.	Program Medical Directors must review each patient encounter in which the Video Laryngoscope Device is used and provide a quarterly report to the Office of the Medical Director on the approved Video Laryngoscopy QA form.
Pilot Program Airway Management: Video Laryngoscopy for Orotracheal Intubation	268-17	entire page	Report form	Removed
Pilot Program Surgical Cricothyroidotomy	268-19	5 a) (1) b	Successful placement of device using pig trachea	Successful placement of device using pig trachea or substitute instruction and demonstration of skill proficiency maybe approved by the program medical director on an individual basis.
Pilot Program Surgical Cricothyroidotomy	268-20	5 b) (1)	During biannual recertification classes, each Paramedic will repeat the clasroom lecture and placement of the device using the pig's trachea.	During bi-annual recertification classes, each paramedic will repeat the classroom lecture and placement of the device using the pig's trachea or substitute instruction and demonstration of skill proficiency may be approved by the program medical director on an individual basis.
Pilot Program Surgical Cricothyroidotomy	268-20	5 b) (2)	Substitute instruction and demonstration of skill proficiency may be approved by the program medical director on an individual basis.	Surgical Cricothyroidotomy pilot program providers who participate in the continuing education program for the RSI pilot will satisfy this requirement.
Pilot Program: Vascular Doppler	268-?		New addition	New addition
Pilot Program: Pre-Hospital Ultrasound	268-?		New addition	New addition
Pilot Program: BCFD Stroke	268-?		New addition	New addition
Pilot Program: Stabilization Center	???	new	New protocol Baltimore City Stabilization Center	New protocol
Optional Supplemental Program Intranasal Naloxone for BLS providers	272-2 thru 272-5	Consider additional doses of naloxone	Medical Consult Symbol	Removed
Optional Supplemental Program: Impedance Threshold Device	274-1			Removed
Optional Supplemental Program: BLS Glucometer	274-6	b)	…or unreponsiveness.	…unresponsiveness, stroke, combative, suspected cyanide poisoning, reported history of high or low blood sugar and pediatric bradycardia or cardiac arrest
Optional Supplemental Program: High Performance CPR	274-7			Optional Protocol has been moved to standard of care procedure protocol
Optional Supplemental Program Mark I/Duodote Kits	275	Chart	Addition	Bradycardia. Bronchospasm. Bronchorrhea
Research Protocol	327	All		Removed
Pediatric age changes throughout.				
Description	**Age**			
Newly Born	**Up to 1 hour**			
Neonate	**1 hour – 28 days**			
Infant	**> 28 days – 1 year**			
Toddler	**1 – < 2 yrs**			
Preschooler	**2 – 4 years**			
School-Age	**5 – 12 years**			
Adolescent	**13 – 18th birthday**			