State of Maryland

Maryland Institute for Emergency Medical Services Systems

653 West Pratt Street
Baltimore, Maryland
21201-1536

Larry Hogan
Governor

Clay B. Stamp, NRP
Chairman
Emergency Medical Services Board

Theodore R. Delbridge, MD, MPH
Executive Director

410-706-5074
FAX 410-706-4768

TO: EMS Clinicians
EMS Operational Programs
Jurisdictional Medical Directors
Commercial Services

FROM: Timothy P. Chizmar, MD, FACEP
State EMS Medical Director

DATE: July 1, 2019

RE: MIEMSS Clarification Documentation for the 2019 *Maryland Medical Protocols for Emergency Medical Services Providers*

MIEMSS has received several requests for clarification regarding the 2019 *Maryland Medical Protocols for Emergency Medical Services Providers*. MIEMSS and the Office of the EMS Medical Director are appreciative of the comments and clarification requests we have received and we have been actively reviewing the protocols to address the issues.

In order to update the protocol in a timely fashion, the following revisions and clarifications will apply to the *Maryland Medical Protocols for Emergency Medical Services Providers* that are effective on July 1, 2019.

Please note that changes and additions are identified with ***bold-italic*** font and removals are established with a ~~strike through~~. References to the applicable page(s) in the Full Version (including spiral-bound edition) and the Pocket Protocol are also noted.

Full version and spiral: P.15-1 Maryland Sexual Assault Forensic Examination (SAFE) Hospitals

~~Franklin Square Medical Center (MedStar) (Pediatric)~~ ***No replacement language***

Pocket protocol (Language is correct in the full and spiral version): P.13 4. Pediatric patients 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. (NEW '19)***

Pocket protocol (Language is correct in the full and spiral version):

P. 95 UU. STROKE: NEUROLOGICAL EMERGENCIES

3. Treatment b) ~~If the patient has a positive Cincinnati Stroke Scale AND can be delivered to the hospital within 3.5 hours* of when patient was last known well, transport the patient to the closest Designated Acute Stroke Ready, Primary, or Comprehensive Stroke Center. If there is not one within 30minutes, then go to the nearest hospital. Providers should obtain and document a contact phone number for one or more individuals who have details about the patient's medical history so that the physician may obtain and validate additional patient information.~~

~~ALERT: IF PATIENT MEETS ABOVE STROKE CRITERIA, THIS PATIENT IS A PRIORITY 1 PATIENT AND REQUIRES NOTIFICATION OF THE NEAREST DESIGNATED ACUTE STROKE READY, PRIMARY, OR COMPREHENSIVE STROKE CENTER AS SOON AS POSSIBLE TO ALLOW HOSPITAL PREPERATION. DURING THE CONSULTATION WITH THE RECEIVING FACILITY, THE PROVIDER SHALL USE THE VERBIAGE, "STROKE ALERT" AS THE UNIVERSIAL METHOD OF NOTIFYING THE FACILITY THAT THE PATIENT MEETS THE STROKE INCLUSION CRITERIA.~~

~~*STROKE TREATMENTS ARE TIME SENSITIVE. REDUCTION IN TIME OF SYMPTOM ONSET TO TREATMENT IMPROVES OUTCOMES.~~

b) ***If a patient has a positive Posterior Cerebellar Assessment OR Cincinnati Pre-hospital Stroke Scale AND can be delivered to the hospital within 20 hours of when patient was last known well, transport the patient to the closest Designated Acute Stroke Ready, Primary, or Comprehensive Stroke Center. If there is not one within 30 minutes, then go to the nearest hospital.***

ALERT: IF PATIENT MEETS ABOVE STROKE CRITERIA, THIS PATIENT IS A PRIORITY 1 PATIENT AND REQUIRES NOTIFICATION OF THE NEAREST DESIGNATED ACUTE STROKE READY, PRIMARY, OR COMPREHENSIVE STROKE CENTER AS SOON AS POSSIBLE TO ALLOW HOSPITAL PREPARATION. DURING THE CONSULTATION WITH THE RECEIVING FACILITY, THE PROVIDER SHALL USE THE VERBIAGE, "STROKE ALERT" WITH LAST KNOWN WELL TIME OF XX:XX AS THE UNIVERSAL METHOD OF NOTIFYING THE FACILITY THAT THE PATIENT MEETS THE STROKE INCLUSION CRITERIA.

PROVIDERS SHOULD OBTAIN AND DOCUMENT A CONTACT TELEPHONE NUMBER FOR ONE OR MORE INDIVIDUALS WHO HAVE DETAILS ABOUT THE PATIENT'S MEDICAL HISTORY SO THAT THE PHYSICIAN MAY OBTAIN AND VALIDATE ADDITIONAL PATIENT INFORMATION.