



Medical Directive

Directive Number	20-14
Publish Date	03 November 2020
Effective Date	01 February 2021
Subject	Update of Clinical Operating Guidelines
2020 Clinical Operating Guidelines	

Credentialed PL 1	Action
Credentialed PL 2	Action
Credentialed PL 3	Action
Credentialed PL 4	Action
Credentialed PL 5	Action
Credentialed PL 6	Action
Credentialed EMD	Action

Colleagues,

This Medical Directive accompanies the 2020 Clinical Operating Guidelines update, which will go into full-effect at 0700 Monday, February 1st, 2021. Between now and 0700 02/01/2021, you may provide patient care from the current COGs dated 09/02/2019 or the updated COGs dated 02/01/2021.

Along with the update is a summary of changes made to the updated COGs. Though the summary is thorough, you should still review the entire content of the update and COGs.

Individual PDFs of the COG documents are available for the first time on the OMD's City of Austin Share Point with Microsoft Office 365, which will requires your CoA login information - <https://cityofaustin.sharepoint.com/sites/ATCOMD>

The ATCEMS COG App will update 02/01/2021.

Questions can be sent to EMScogs@austintexas.gov

Thank you for all that you do,

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2020 COG Summary of Updates

All

- PL1 ≤ Reformatting and general edits that did not change content. Specific content changes are listed below.
Removed “if available” when referring to ETCO₂ and 12-lead ECG equipment.

Universal Patient Care

- Added 10 Cardinal Questions of HPI to S/S.
Added CRM to all providers.
Modified O₂ admin to SpO₂ reading & as indicated
- PL1 ≤ Refusal, Lift Assist, and Capacity Checklist is removed and will be a standalone checklist document, which is then referenced in this COG.
Transport Decision Process updated to include PL6 in addition to PL5, and moved to Clinical Standard.
... “and monitor” EtCO₂ ...
- PL2 ≤ Exception to Transport Decision Process regarding single dose of IN narcotic for pain control for injuries not to the head/chest/abdomen, clarified to ... “non-IV narcotic”...

Airway Management & Ventilation

- PL1 ≤ Relocated from Pearls to Clinical Procedures: Gastric Tube Insertion, Needle Cricothyrotomy, Surgical Cricothyrotomy, Tracheostomy Tube Change/Replacement.
Relocated from Pearls to Checklist, Airway Management for RSI.
- PL6 ≤ Added Use Airway Management Checklist for All RSI

Allergic Reaction

- PL2 ≤ Added monitor ETCO₂

Altered Mental Status

- PL1 ≤ Added under if BGL < 50 ... Consider turning off insulin pump if present using Insulin Pump Clinical Procedure
Added monitor ETCO₂
- PL2 ≤ Moved Cincinnati Pre-hospital Stroke Screen from Pearls to Checklist
Deleted insulin pump.

Behavioral & Violent Excited Delirium

- PL1 ≤ Added to use Restraint Checklist when using restraints
Moved Domestic Violence or Abuse from Pearls to Differential
Moved Restraints to Clinical Procedure & Restraint Checklist to Checklists
- PL3 ≤ Added, “preferred cold if excited delirium” to fluid therapy
- PL5 ≤ Clarified indications for midazolam (uncontrolled anxiety), haloperidol (antipsychotic), and ketamine (excited delirium, violent, or combative)

Burns

- PL1 ≤ Added stridor to respiratory signs and symptoms
- PL2 ≤ Added nebulized epinephrine if airway burn
- PL3 ≤ Replaced Parkland Formula with Rules of 10 to calculate 1st hour mL for Adult with table.

Added weight and age based pediatric criteria for fluid administration with tables.

Carbon Monoxide

PL2 ≤ Added to monitor ETCO2

Cardiac related COGs

Split bundled COGs into specific Cardiac: abc COGs
Added SBP and MAP qualifications for Isotonic solutions
Added EtCO2 application

PL1 ≤ STEMI Alert Criteria moved to Clinical Standard
Rapid 12-lead Criteria moved to Check Lists
Moved 12-lead ECG Placement to Clinical Procedure
Pediatric and Infant Pit Crew CPR moved to Clinical Procedure
LVAD Moved to Clinical Standard

PL5 ≤ Added Ketamine, in addition to Midazolam, to Rx for sedation for related procedures.

PL6 ≤ Added Simple Thoracostomy to Treatable Causes with Pulse

Cardiac Arrest COGs

Separated each specific type of cardiac arrest into a standalone COG

1. Pulseless Vtach & Vfib
2. Asystole & PEA
3. ROSC and Induced Hypothermia

Created separate COG for Cardiac Arrest: Treatable Causes
Created Clinical Standard for Cardiac Arrest Documentation
Moved Pit Crew CPR to Clinical Procedure
Moved Cardiac Arrest Checklist to Checklists

PL1 ≤ Move Post Resuscitation Checklist to Checklists
Moved Medical & Trauma Arrest Termination of Resuscitation Checklist to Checklists
Moved Double Sequential to Clinical Procedure
Moved Criteria for Death or Withhold Resuscitation to Clinical Standards
Moved DNR/Advance Directives to Clinical Standard
Moved Discontinuation of Prehospital Resuscitation to Clinical Standard
Moved Crime Scene to Clinical Standard
Removed LUCAS Device

PL 4 ≤ ROSC & Induced Hypothermia: Added total mL reference table for cold isotonic crystalloid

PL5 ≤ Asystole & PEA – added Perform Simple Thoracostomy for the asthmatic patient in arrest

Crush Injury

PL2 ≤ Moved from Pearls to Clinical Management Options:
“Nebulized albuterol or saline PRN for patients with dust concentrations in airway.”

PL5 ≤ Added Ketamine for pain in addition to Fentanyl.

Cyanide

PL2 ≤ Added monitor EtCO₂ as soon as it is practical

Eye Injury/Complaint

PL 1 ≤ Added to complete initial and repeat respiratory assessment for chemical/burn injuries

PL 3 ≤ Moved Eye Irrigation to Clinical Procedures

Fever and Infection Control

PL2 ≤ Added Adult PO Acetaminophen and Ibuprofen, left Pediatric Acetaminophen as
PL3 ≤

Hypertension

PL1 ≤ COG REMOVED

IV Access

PL 1 ≤ Moved to Clinical Procedure

Obstetrical Emergencies

Separated into three COGs:

1. Obstetrical Emergency
2. Obstetrical Labor and Childbirth
3. Obstetrical Newborn Care

PL1 <

Moved Delivery and Complications to Clinical Procedures

Moved APGAR to Checklist

Removed Umbilical Vein Catherization

Overdose

PL2 ≤ Added, EtCO₂ application and monitoring

Pain Management

PL 1 ≤ Moved Pain Assessment and Documentation to CP

PL2 ≤ Added Acetaminophen and Ibuprofen for Adult PO

Patient Referrals

PL1 ≤ Moved to Clinical Standards

Pulmonary Edema

PL6 ≤ Added RSI

Respiratory Distress

Added Advance airway management as needed;

Added Severe bronchospasm refractory to other medications, Ketamine;

PL5 ≤

Moved from pearls to management: Ultrasound pleural cavity if pneumo/hemothorax is suspected.

Added Rapid sequence induction as needed to secure patent airway for oxygenation and ventilation.

PL6 ≤

Created RSI Clinical Procedure.

Seizure

Moved from Pearls to Management Options:

- For any seizure in a pregnant or recently post-partum patient, consider eclampsia and consult the OB Emergencies COGs
- Examine mental status, HEENT, heart, lungs, extremities, and neuro

PL1 ≤

Moved Vagus Nerve Stimulator to Clinical Procedure

Sepsis and Septic Shock

PL1 ≤ Moved from Pearls to management options, “Treat wheezing, hypoxia, dyspnea, and pain as appropriate per COGs”

PL2 ≤ Moved acetaminophen from > PL3

SMR

PL1 ≤ Moved to Clinical Procedures & Created Checklist

Stroke

Moved Stroke Criterion to Clinical Standard

PL1 ≤ Moved Cincinnati Pre-hospital Stroke Screen to Clinical Procedure

Moved Stroke Checklist to Checklists

Trauma General

PL1 ≤ Created CP for Caring for Amputated Part

Moved Triage to Clinical Procedure and Checklist

Added - Acetaminophen or Ibuprofen for musculoskeletal and/or joint pain/injury

PL2 ≤

Created SMR Checklist and added to SMR Clinical Procedure.

PL3 ≤

Removed Ketorolac

PL5 ≤

Moved Ultrasound from Pearls to Management Options

Created clinical procedure and checklist for simple thoracostomies

PL6 ≤

Created clinical procedures for joint dislocation & escharotomies

Trauma Arrest ... Renamed Cardiac Arrest: Trauma

PL1 ≤

Moved Traumatic Cardiac Arrest Procedure & Post ROSC Checklists to Checklists

Moved Ultrasound from Pearls to Management Options

PL5 ≤

Emphasized lifesaving interventions prior to or concurrent with CPR.

Moved Simple Thoracostomy to Clinical Procedures

Moved Simple Thoracostomy Checklist to Checklists

Clinical Standards

All – General edits and document formatting.

Minimum Equipment to Patient’s Side – All PL levels, added Clinical Operating Guidelines

Refusal of Treatment or Transport – Clarified content to document in ePCR.

OMD Reference Documents

All – General edits and documenting formatting.

Authorized Skills per Credential Level – PL2, added Adult PO Acetaminophen, Ibuprofen, & Diphenhydramine; clarified PL2s can at the discretion of ≥PL4 prepare/draw up non-narcotic, non-sedative, or non-paralytic medications.

Checklists

All – created to compliment certain clinical procedures, standards, and clinical guidelines

Lift Assist – Removed 65 years of age or older as High Risk Refusal criteria to call OLMC, added Yes/No questions to inform when to request EMS or OLMC

Summary of Changes to COG Formulary

Formulary	Summary of Changes
All	<ol style="list-style-type: none"> 1. General edits and formatting 2. Addition of Onset of Action, Peak Effect, Duration of Action 3. Ensured each indication was associated with a dose/rate/route 4. mL for Adult IVP doses or number of tablets added based on medication concentration.
Acetaminophen	<ol style="list-style-type: none"> 1. Adult PO dose changed to 650mg based on EMS sourcing of 325mg x2 tabs
Albuterol	<ol style="list-style-type: none"> 2. Added hyperkalemia
Amiodarone	<ol style="list-style-type: none"> 1. Added Symptomatic A-Fib as an indication as an alternative to diltiazem when there is a clinical concern.
Atropine	<ol style="list-style-type: none"> 2. Added organophosphate poisoning to pediatric dosing
Calcium chloride	<ol style="list-style-type: none"> 1. Added blood product administration for adult and pediatric dosing 2. Added adult dose for Hydrofluoric acid burn 3. Made all slow IVP over 3 minutes
Crystalloid Fluids	<ol style="list-style-type: none"> 1. Created new formulary document.
Diltiazem	<ol style="list-style-type: none"> 1. Added adult weight/dose chart.
Diphenhydramine	<ol style="list-style-type: none"> 2. Added dose for persistent nausea/vomiting for adult and pediatric dosing
Epinephrine	<ol style="list-style-type: none"> 1. Added hypotension indication and dosing for pediatrics 2. Added OLMC requirements for some pediatric repeat dosing 3. Increased adult epi drip from 10 mcg/min to 20 mcg/min
Fentanyl	<ol style="list-style-type: none"> 1. Added range for initial dosing and repeat dosing for adults 2. Removed Adult SBP, made requirement to MAP > 65 instead 3. Added procedural sedation as an indication
Haloperidol	<ol style="list-style-type: none"> 1. Added Severe nausea/vomiting indication/dose
Ketamine	<ol style="list-style-type: none"> 1. Added pediatric doses, which require OLMC 2. Added adult indication for bronchospasm 3. Removed weight based adult dosing, gave standard doses 4. Added specifications/requirements regarding pain management
Ketorolac	<ol style="list-style-type: none"> 1. Removed from formulary
Lidocaine	<ol style="list-style-type: none"> 2. Added IO Flush for pediatrics 3. Added Eye Flush for pediatrics 4. Removed weight based adult dosing, gave standard doses
Midazolam	<ol style="list-style-type: none"> 1. Added adult dosing for uncontrolled anxiety / panic attack. 2. Added adult dosing for Acute psychiatric or toxicologic behavioral emergency. 3. Added induction dosing for RSI 4. Removed Adult SBP, made requirement to MAP > 65 instead 5. Added procedural sedation
Nitroglycerin	<ol style="list-style-type: none"> 1. Removed hypertension as an indication
Oxygen	<ol style="list-style-type: none"> 1. Created new formulary document
Rocuronium	<ol style="list-style-type: none"> 1. Added Rapid Sequence Induction
Tranexamic Acid	<ol style="list-style-type: none"> 1. Added topical, nebulizer, IN, routes / indications for wounds 2. Added pediatric dosing
Vecuronium	<ol style="list-style-type: none"> 1. Removed from formulary