

KCEMS RoundUp

Closing the Loop - Hospital Protocol Update Edition

Protocol Updates

Thank you for taking the time to get caught up with what is going on outside in the Prehospital realm.

We are currently in the process of rolling out major change to the look and layout of the EMS protocol along with some significant changes to medications, reporting, and procedures. In the next two pages several of those changes are highlighted.

If you would like to have more information please give KCEMS a call at the number below or submit a request through our web page. Also, you may follow this link to review and download our protocols directly: <https://www.wmrmcc.org/Protocols>.

Until July 1st please choose the DRAFT PROTOCOLS - in progress folder. After July 1st they will be under the KENT folder.

Out with the old, & in the new

The major change that will be affecting all of us (Hospital, EMS, and first responders) is the changes to the medications. There are 17 changes that will affect both the Blue Bag and narcotic box with the upcoming change on July 1st, 2018. Here are some of the highlights:

The additions and location changes:

1. Added 3 non-opioid pain management medications
2. Added Racemic Epinephrine for Croup patients
3. Added DuoDotes into the Blue Bag and removed them from the Narcotics Box

Out with the old..... (I hope everyone is sitting down for these)

1. Dopamine is out! Replaced with pushed dose Epinephrine
2. D50 is out! Replaced with D10 IV bags.
3. Morphine is leaving the bags!!!!!!
4. Amyl Nitrite is being removed.

Other Changes:

1. Glucagon kits will be replacing the mix vials.
2. Reducing the number of Atropine preloads to 3
3. Micro drip set and saline locks being reduced in the bag

Trauma Patients Update

Included in the protocol update, all CHARLIE level trauma patients will be required to have a radio/phone report called to the receiving hospital.

All providers continuing to have it reinforced to provide

- GCS scores by individual criteria (not total score)
- Height of fall from ground,
- Blood thinner use
- Trauma to the head or chest
- Co-morbidities

Non-Opioid Pain Management Options!!!!

Beginning July 1st a change is coming. Transport services will have more options to help their patients with pain management. In the Blue Bag on the frontside in the ALS Kit pocket will be Ketorolac (Toradol), Ibuprofen, and Acetaminophen.

Crews are being asked to consider these as first line medications in managing pain in their patients.

The crews will still have Ketamine as an alternative to use if an opioid type medication is needed, or Fentanyl if there is a reason not to use Ketamine.

Stop the Bleed

Stop the Bleed is now integrated into our protocols. The providers may use pressure bandages, hemostatic gauze, and deep wound packing if it is available and if the provider has been trained.

Bye, bye

As we start to transition to the new protocols our providers will start to notice that Morphine and D50 will be removed.

D50 will be replaced with 250ml bags of D10%. They will be found in the back of the drug bag (the ALS Kit pouch).

Morphine is completely being removed as mentioned above.

Child Restraint Systems

It is the expectation, and also contained in protocol now (Safe Transport of Children #4-8), that all pediatric patients who weight less than 100 pounds are required to be restrained with an size-appropriate child restraint system.

All ambulances should have an ACR4 (Ambulance Child Restraint) available for use since they were provided to each agency in the State.

KCEMS is requesting that if a child is transported to a hospital and not restrained on the stretcher in an ACR4 to please submit a QI review request.

Thanks for your help!

Until next time!!!!