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MEMORANDUM

To: All MA Ambulance Services
All MA EMTs
All MA Accredited Training Institutions
All MA Instructor/Coordinators

cc: EMCAB Members

From: Jon Burstein, MD, Medical Director, DPH/OEMS

Date: November 10, 2009

Re: Changes coming to the Statewide Treatment Protocols in Version 8.01 (**effective January 1, 2010**)

This is to alert you to the changes coming to Version 8.01 of the Statewide Treatment Protocols, which will take effect January 1, 2010. This version will include updates to the protocols and removal of outdated language and provisions, updated format, corrections of technical errors, and changes such as those summarized below. As always, ambulance services must ensure that their EMTs are trained in the areas in which changes have been made, so that they can effectively provide care in accordance with the new protocols.

Introduction, General Principles:

- #11. Providers should be aware of the most current guidelines from the Emergency Cardiac Care (ECC) Committee of the American Heart Association (AHA).
- #14. IO Access-Pedi dose changed for Lidocaine to 0.5mg/kg instead of 1mg/kg via slow bolus.
- #15. All EMTs are reminded not to allow any patient with significant medical or traumatic conditions to walk or otherwise exert themselves.
- #18. It is the expectation of the Department that care begins at the side of the patient. All equipment and monitoring devices necessary to provide appropriate care should be ready for use and available at the side of the patient.

Protocols, Appendixes and Drug Reference changes:

1. The introduction has been edited for structure. Please be familiar with it.
2. Waveform capnography will now be required for intubating services as of January 1, 2013.
3. CPAP has been added to the Paramedic standing orders for CHF/pulmonary edema, Protocol 3.5 for those services whose service and medical directors accept this and whose paramedics have been trained. CPAP capability will be mandatory for all paramedic services by July 1, 2011.
4. Albuterol dosing 2.5mg-3.0 mg. by nebulizer; as an ALS-P SO in Protocols 3.2; 3.4; and as a Medical Control Option in Protocols 2.6; 3.13.
5. Albuterol dosing 1.25mg by nebulizer for patients less than age 2. Protocols 5.2 and 5.4.
6. Ipratropium 500 mcg by nebulizer. Protocol 3.4 and if the patient is age 2 or greater. Protocol 5.4.

7. Ipratropium 250 mcg by nebulizer, if the patient is less than 2 years of age. Protocol 5.4.
8. Terbutaline removed from Protocol 3.4.
9. Clarification of dosing and route of Morphine and Fentanyl in Protocol 5.13 Paramedic Procedure.
10. Clarification of action (to clamp and cut the cord) in Unscheduled Normal Delivery. Protocol 3.8.
11. Oxygen added to Protocol 2.6 in the Assessment / Treatment Priorities.
12. 2.1- Drowning and Near Drowning line deleted-"Relieve gastric distention ONLY if it interferes with artificial ventilations".
13. Appendix U - Bullet added - if using CO-oximeter >12% abnormal, (<3% CO normal, smokers may have as high as 10%); use manufacturer or local standard levels if given.
14. Drug references-Drug information added on Octreotide (IFT drug).
15. Protocol 3.5 Congestive Heart Failure. Nitroglycerine Paste 1 inch to chest wall if systolic BP is greater than 100mm Hg.
16. Glucagon added to Statewide Treatment Protocols for Calcium Channel Blocker Overdose. Protocols 1.1; 1.4; 1.8; 3.12; 3.13 and 5.3.
17. Nasal Administration added as an alternative route for Fentanyl, Narcan, Midazolam and Glugagon. Protocols 1.2; 1.3; 1.4; 1.5; 1.9; 1.11; 2.4; 2.6; 3.3; 3.5; 3.7; 3.9; 3.12; 3.14; 3.16; 4.2; 4.3; 4.5; 4.9; 5.1; 5.3; 5.6; 5.9; 5.10 and 5.13.
18. Boston Stroke Scale (BOSS) changed to the Massachusetts Stroke Scale (MASS) Protocol 3.11 and Appendix Q.
19. IFT devices-Wound suction devices, CPAP and BiPAP added to Appendix N.
20. Protocol 1.5 Preamble - updated to meet current ECC/AHA guidelines and language.
21. Classifications of Therapeutic Interventions in CPR and ECG –updated in the Drug Reference.
22. The word and was added to the line Diazepam and /or Lorazepam in Appendix A.
23. Amiodarone bolus and drip added as an ALS-P Standing Order option. Protocol 1.6 Post – Resuscitation Care.
24. All standing IM epinephrine orders, at Basic, Intermediate and Paramedic levels, will be by auto-injector. Epi 1:1000 has been removed from this protocol as a standing-order treatment for Paramedics and replaced with auto-Injectors. But with medical control contact, Epi 1:1000 may be given by Paramedics for second and subsequent doses. Protocols 3.2 Allergic Reactions/Anaphylaxis and 5.2 Pediatric Anaphylaxis.
25. MDIs added as an infection control option in Protocols 3.2 Allergic Reactions/Anaphylaxis (Albuterol only) and 3.4 Bronchospasm / Respiratory Distress and 5.4 Pediatric Bronchospasm / Respiratory Distress (Albuterol and Ipratropium Bromide).
26. The STPs are hyperlinked. Please follow available links to navigate the document.

The Department wishes to offer a special thanks to Laurie White, EMT-Basic, of the staff for the Regional EMS Council for Region V, for her diligent work in formatting this document.

For questions about the upcoming version of the protocols, please email Patricia Reilly, RN, OEMS Clinical Coordinator, at patricia.reilly@state.ma.us