



Northwest Community EMS System

Date: January 1, 2007

System Memo: # 306

To: All System Members

From: John M. Ortinau, M.D., FACEP
EMS Medical Director

RE: **Implementation of 2007 SOPs**

As announced in early 2006, the January 2007 continuing education classes are mandatory for all EMT-Ps and ECRNs in order to introduce and explain all the new changes to the System SOPs. For implications of a mandatory review, please see System policy M-2, Mandatory Reviews.

The purpose of the class is to review a companion document to the actual SOPs that highlights many of the changes and provides rationales or substantiating materials to support the changes. Each System member will be given a copy of the new SOPs and is responsible for reviewing each page independently and being familiar with the contents. There will not be time in class to discuss every protocol, particularly those that had very few or no changes. EMS physicians will be receiving a self-assessment packet that must be completed and turned in to their hospital EMS Coordinator by January 31, 2007.

As we did with the 12-lead ECG classes and adult IO pilots, these protocols will be rolled out as the classes are conducted for the paramedics so EMT-Ps may begin using the new guidelines as soon as possible for immediate application. Copies of the new SOPs should be readily accessible at all on-line medical control contact points for ready reference by physicians and ECRNs.

EMT-Ps may not give ipratropium (Atrovent) or verapamil until they have successfully completed the CE.

All the AHA BLS changes to the cardiac protocols have already been adopted and became operational in September of 2006. The MAD device and EZ-IO were also rolled out last year, but their indications for use have expanded in the new SOPs. The King LTS-D airway was introduced and implemented in November of 2006, and is the rescue airway to be used by members of the NWC EMSS.

Knowledge objectives

Upon completion of the SOP mandatory review class, the participant will

1. identify, explain, and implement the changes to the Patient Assessment, IMC and the Withholding or Withdrawing Resuscitation protocols.
2. identify, explain, and implement the changes to the respiratory SOPs, adding ipratropium bromide to the EMT-P scope of practice.
3. identify, explain, and implement the changes to the cardiac SOPs, including but not limited to all the AHA guideline changes plus adding verapamil to the EM-P scope of practice as inventories of Cardizem are depleted and removing furosemide.
4. identify, explain, and implement the changes to the medical SOPs, including, but not limited to the substitution of midazolam for diazepam and changes to naloxone dosing.
5. identify, explain and implement the changes to the trauma SOPs, including updates to the multiple patient and mass casualty protocols.
6. identify, explain, and implement changes to the OB SOPs.
7. identify, explain, and implement changes to the peds SOPs including, but not limited to the AHA guideline changes and expanding the reference age to 12 years.
8. become familiar with the substantial updates to the drug appendix and reference tables.
9. use only the approved abbreviations listed in the appendix when documenting a patient care report.