



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

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Date: December 11, 2015
To: All System members
From: John M. Ortinau, M.D., FACEP
EMS Medical Director
RE:

CHANGES IN PRACTICE

System Memo: # 353

**Please POST
Changes SOPs now**

This memo shall serve to highlight the changes that EMS personnel should implement now with respect to the 2015 guidelines recently published by the American Heart Association prior to the new SOPs being adopted in 2016.

Summary of Key Issues and Major changes NOW

CHANGE	RATIONALE
REMOVE VASOPRESSIN IMMEDIATELY from all NWC EMSS ALS vehicles and return to your assigned hospital.	<ul style="list-style-type: none">• “The combined use of vasopressin and epinephrine offers no advantage to using standard dose epinephrine in cardiac arrest. Vasopressin does not offer an advantage over the use of epinephrine alone” (AHA, 2015).• Generic vasopressin is no longer available, the trade name vasopressin is more expensive and needs to be refrigerated• In the interest of simplicity, we are adopting this recommendation now.
Out-of-hospital cooling after ROSC “The routine prehospital cooling of patients with rapid infusion of cold fluids after ROSC is not recommended” (AHA, 2015). Cease actively cooling patients following return of spontaneous circulation (ROSC) effective immediately. Do not throw the coolers away...research continues...	Before 2010, cooling patients in the prehospital setting had not been extensively evaluated. It had been assumed that earlier initiation of cooling might provide added benefits and also that prehospital initiation might facilitate and encourage continued in-hospital cooling. Recently published high-quality studies demonstrated no benefit to prehospital cooling and also identified potential complications when using cold IV fluids for prehospital cooling. EMS tends to focus on starting the cold fluids instead of supporting the BP during post-cardiac arrest care. A SBP <90 or a MAP <65 are associated with higher mortality and worse functional recovery. In order to reduce the burden of multiple priorities in ROSC care, focus on supporting the BP with dopamine.

The new SOPs will include more of the updated recommendations after the Region 9 EMS MDs have time to consider them and approve them for inclusion into our practice standards. In the meantime, an explanation of the major AHA recommendations is attached to this e-mail.

If you have any questions, please contact Connie Mattera or myself.