

Date: March 8, 2023

System Memo: # 414

To: All System members

From: Matthew T. Jordan, MD, FACEP
EMS System Medical Director

Connie J. Mattera, M.S., R.N., PM
EMS Administrative Director

RE: **SOP takeaways | Sedation contingency plan | Field Internship info | System entry updates
Mandatory annual competencies | License renewals | Requesting archived PCRs**

2022 SOP Take-aways



Anaphylaxis

- EPINEPHRINE IM** (1 mg/1 mL) FIRST for all patients
Adults: 0.5 mg **PEDS:** < 25 kg (54 lbs): 0.15 mg | ≥25 kg (55 lbs): 0.3 mg
- Adults if MAP ≥ 60: **O₂ per CPAP** 5-7 cm PEEP
- NS: Adult:** consecutive 200 mL IVF challenges up to 20 mL/kg. Goal: SBP ≥ 90 (MAP ≥ 65)
Peds: 20 mL/kg IVP/IO up to 1 L ASAP | Goal BP (MAP) adequate for age/size
- EPINEPHRINE** (1 mg/10 mL) IVP/IO per SOP
Adults: Titrate in 0.1 mg IVP/IO doses q. 1 min prn to a **max total dose** [all routes] of **2 mg**
Peds: **0.01 mg/kg over 10 min** (Drug Appendix) | After 3 min may repeat to a **max total dose** [all routes] of 1 mg



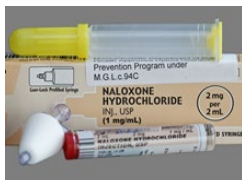
Heart failure | Pulmonary edema

- Adults if MAP ≥ 60: **O₂ per CPAP** 5-10 cm PEEP
- NTG** 0.4 mg SL q 3-5 min – NO DOSE LIMIT if MAP ≥ 65
- 12 L ECG + ASA** 324 mg PO unless contraindicated



Stroke

- Must attempt 18 g AC IV in all adults with suspected stroke** | Scene time ≤ 15 minutes
- LVO assessments:** Gaze deviation; Aphasia; Agnosia; Neglect
- If LVO/SAH/ICH suspected + LKN ≤ 24 hours + transport time ≤ 30 min = nearest CSC
LVO: Large vessel occlusion SAH: Subarachnoid hemorrhage ICH: Intracranial hemorrhage



Naloxone (Narcan) and drug overdoses

- Naloxone indications:** **AMS + RR ≤ 12 / arrest from suspected opioid OD**
- Drugs may be mixed w/ **Xylazine**, fentanyl, benzos, or stimulants causing AMS that will not respond to naloxone.
- If EMS gives naloxone 4 mg (regardless of amount given PTA) & RR improves but pt does not wake up; support ABCs, do not keep giving more naloxone unless directed by OLMC

Ketamine HCl
Injection, USP
500 mg per 10 mL* (50 mg/mL)



Sedation contingency plan during drug shortage

- In all cases where sedatives given; monitor pt. per SOP:** GCS, VS, ECG, oximetry, RASS
- If ketamine or etomidate shortage: pull from reserve/non-transport rigs – note changes in Controlled Substance logs
- SEDATION options in order of preference** | **Estimate wt carefully**
 - KETAMINE** 2 mg/kg slow IVP (over one min) or 4 mg/kg IN (NAS) / IM (max 300 mg by SOP)
Hospitals may exchange any packaging of **50 mg/mL. Total carried = 500 mg.**
All variances from this concentration require a waiver in advance from Dr. Jordan.
The issuing pharmacy must provide a weight-based dosing chart for the substituted drug.
 - ETOMIDATE** 0.5 mg/kg IVP (max 40 mg) if ketamine refused/contraindicated
Hospitals may exchange packaging of 40 mg/20 mL or 20 mg/10 mL. Total carried = 40 mg

If no ketamine or etomidate:

- Adults: Midazolam 5 mg IVP/IN + Fentanyl 100 mcg IVP/IN**
If insufficient sedation for ADV airway placement: repeat Midazolam 5 mg IVP/IN
- PEDS:** Midazolam 0.1 mg/kg IVP/0.2 mg/kg IN (max single dose 5 mg) if SBP > 80. +
Fentanyl 1 mcg/kg (max 100 mcg) IVP/IN/IM/IO
Additional doses of either drug require OLMC using dosing regimens in the SOP.



Where is the listing of drugs commonly prescribed for pts w/ cardiovascular conditions found in the SOPs?**Continuing Education and annual mandatory competencies – Due date: June 30, 2023**

EMT	PM		
	X	Advanced airways X 4: DAI (King vision w/ bougie) + i-gel insertion	(2 hr)
X	X	CPR (BLS for healthcare provider)	(3 hr max)
X	X	Infection Control / Blood-borne Pathogens	(2 hr max)
X	X	Aggression mgt/Restraint competency using updated skill sheet	(1 hr max)
X	X	Chem Pack/EMS Stockpile	(1 hr max)
X	X	Mandated Reporter	(2 hr max)
		Mandatory Alzheimer's education coming	

Paramedic class Field Internship status and important dates

Email sent to all chiefs, PEMSCs, and HEMSC on 3-2-23 outlining field internship rules of engagement.

All students have been released to start the field internships**Important dates:**

- Field experience Phase 1 target end date: Prior to the end of March
- Field Capstone Phase 2 target end date: May 19, 2023
- PM Course Final Written Exam: June 8, 2023
- Graduation: June 14, 2023
- National Registry Practical Exam: June 16, 2023

Instructions for voluntary NREMT testing for licensed paramedics sent via e-mail 2-28-23. Call Connie if any question

EMS License Renewals

IDPH will mail a renewal notice to each EMS licensee at the last known address in the state database at least 60 days prior to the license expiration. If your name or address is incorrect or has changed, the renewal notice will be undeliverable.

Address changes must be made by the individual ON LINE in the IDPH database listed below.

Name changes must be processed with the IDPH EMS Division per US mail, submitting copies of legal documents acceptable to IDPH that verifies the name change. Contact the IDPH Springfield office at 217-785-2080 to get information on changing your name in the IDPH database.

Renewal STEPS online (fastest and rapidly reliable):

GO TO: <https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildohems/private/Shared/OnlineServices.aspx>

The renewal notice contains a **PIN #** that is needed to renew online. If you lost or did not receive the renewal notice, contact Connie Mattera to look up your PIN number in the state database

- Select renew license
- Answer the felony conviction and child support questions
- The NWC EMS System number is **0907**
- Pay fee by credit card. Software is programmed to charge the correct fee

Notify Connie by email that a candidate has filed their child support status & paid the renewal fee. She must enter the System's verification of meeting CE and relicensure requirements; and only then will the licensee be renewed.

System entry policy updated and process slightly changed: See System website (www.nwcemss.org) for details:

Requesting old archived PCRs:

ImageTrend is completing the migration of our EMS records from the old Service Bridge site to their new(-ish) Vault archive. Patrick Sennett signed the contract on behalf of all covered entities within our collaborative to provide ongoing access to old records. Due to the complicated process of setting up administrative access to the archives, Patrick will remain the curator. Requests for all old NEMSIS v2 records (created up to mid-late 2016) should be forwarded to him until a plan is created to allow each EMS Resource Hospital access.

There are several distinctions to using Vault as compared to the use of Service Bridge or Elite.

- The Vault PCR format is a unified generic form that cannot be changed, Thus the archive copy will not have the same format as the original PCR.
- There is aggregate reporting of v2 data available via the regular Elite Report Writer, but some PHI elements are not in the report writer engine, meaning you can report on NEMSIS elements but not patient-identifiable elements.
- Any attachments created remain intact on the Vault v2 records.

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