



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Gerd Clabaugh, MPA.
Director

Terry E. Branstad
Governor

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MEMORANDUM

Date: February 12, 2015

Subject: Summary of 2015 Protocol Changes

Changes in the 2015 Statewide EMS Treatment Protocols removes from Iowa EMS Treatment Protocol, Appendix K. "Assessment Based Spinal Immobilization" and replaces it with a protocol named *Selective Spinal Immobilization*. This assessment protocol is no longer limited to the Paramedic Specialist and Paramedic levels.

The protocol is based upon the National Association of State EMS Officials (NASEMSO) Clinical Guidelines and the National Association of EMS Physicians (NAEMSP) and American College of Surgeons (ACS) joint position statement. The reference links are included below.

Recent literature has demonstrated little if any benefit from long spine board use. In fact, we may be harming our patients by continued use. The national trend, and evolving best practice, is moving away from the long spine board. It is now felt the patient can be safely transported with adequate spinal protection, and with much less risk for complications, if the patient is directly secured to the EMS cot.

National Association of State EMS Officials
National Model EMS Clinical Guidelines

<http://www.nasemso.org/Projects/ModelEMSClinicalGuidelines/index.asp>

National Association of EMS Physicians
Position Statements

<http://www.naemsp.org/pages/position-statements.aspx>

Protocol Authorization

This authorization page allows for the approval of one or multiple services by the same medical director.

Print or type each service name, select type and level of authorization.

The service medical director must approve the protocol in accordance with the authorized level of service.

The service must maintain documentation of protocol, medication and scope of practice update training.

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|---|---|-------------------------------------|-------------------------------------|--|--|--|
| These protocols are to be considered a standing order. Communication with medical control is not required prior to performing any protocol action. EMS providers should call in for further direction or confirmation of orders whenever the situation warrants. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| The emergency medical care provider present with the highest level of certification on the transporting service shall determine, based upon patient need, the appropriate level of provider to attend the patient during transport. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| SERVICE TYPE | Ambulance | <input checked="" type="checkbox"/> | | | | |
| | Nontransport | <input checked="" type="checkbox"/> | | | | |
| SELECT THE LEVEL OF AUTHORIZATION | EMR | <input checked="" type="checkbox"/> | | | | |
| | EMT-B/EMT | <input checked="" type="checkbox"/> | | | | |
| | EMT-I | <input checked="" type="checkbox"/> | | | | |
| | AEMT | <input checked="" type="checkbox"/> | | | | |
| | EMT-P | <input checked="" type="checkbox"/> | | | | |
| | EMT-P/CCT (submit CCT protocols) | | | | | |
| | PS/Paramedic | <input checked="" type="checkbox"/> | | | | |
| | PS/Paramedic/CCT (submit CCT protocols) | | | | | |
| APPROVAL OF SKILLS WITHIN CERTIFICATION LEVEL | SKILLS: Mark the column that corresponds with the service if the skill is approved | MINIMUM LEVEL | | | | |
| | King airway | EMR | <input checked="" type="checkbox"/> | | | |
| | + Pulse oximetry | EMR | <input checked="" type="checkbox"/> | | | |
| | Esophageal/tracheal double-lumen airway | EMT-B | <input checked="" type="checkbox"/> | | | |
| | IV maintenance | EMT-B | <input checked="" type="checkbox"/> | | | |
| | + Glucose monitor | EMT-B, EMT | <input checked="" type="checkbox"/> | | | |
| | Patient-assisted Rx: inhaler, epipen, NTG | EMT-B, EMT | <input checked="" type="checkbox"/> | | | |
| | + Service stocks the auto-inject epi | EMT-B, EMT | <input checked="" type="checkbox"/> | | | |
| | + Central line access | EMT-I | <input checked="" type="checkbox"/> | | | |
| | + CPAP | EMT, AEMT | <input checked="" type="checkbox"/> | | | |
| | Gastric tube-OG/NG | EMT-P | <input checked="" type="checkbox"/> | | | |
| | Intraosseous insertion | AEMT, EMT-P | <input checked="" type="checkbox"/> | | | |
| | Needle Chest Decompression | EMT-P | <input checked="" type="checkbox"/> | | | |
| | Chricothyrotomy- percutaneous | EMT-P | | | | |
| | Endotracheal intubation-nasal | EMT-P | <input checked="" type="checkbox"/> | | | |
| | Rapid Sequence Induction (attach protocol) | PS/Paramedic | | | | |
| | Thrombolytics (attach protocol) | PS/Paramedic | | | | |
| | Selective Spinal Immobilization | EMT,AEMT,Para | <input checked="" type="checkbox"/> | | | |

Protocol Medications

These drugs are referenced in the protocols.

Medical directors may add, delete and/or substitute drugs as appropriate for their service program. Additional drugs, such as those from current AHA/ACLS guidelines may be added.

| BASIC RX | ADVANCED RX (CONTINUED) | ADVANCED RX (CONTINUED) |
|------------------------|-------------------------|---------------------------------|
| Oxygen | Diazepam | Procainamide |
| Aspirin | Diphenhydramine | Sodium Bicarbonate |
| Activated Charcoal | Dopamine | Thiamin |
| Autoinject Epinephrine | Epinephrine | Vasopressin |
| Glucose Paste | Fentanyl | MEDICAL DIRECTOR ADDED |
| | Glucagon | <i>Quick Clot</i> |
| ADVANCED RX | Lidocaine | <i>Other Drugs as specified</i> |
| Lactated Ringer's | Lorazepam | <i>in Controlled Substance</i> |
| Normal Saline | Magnesium Sulfate | <i>Pharmacological Agents</i> |
| Adenosine | Midazolam | <i>Accountability plan</i> |
| Amiodarone | Morphine Sulfate | |
| Albuterol | Naloxone | |
| Atropine | Nitroglycerine | |
| Dextrose | Odansetron | |

Protocol Revisions

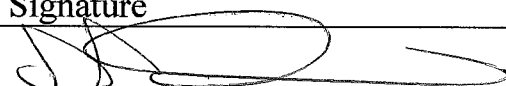
List below or attach all changes made by the physician medical director.

| PAGE | PROTOCOL NAME | CHANGES MADE |
|-------------|------------------------|--|
| <i>21-A</i> | <i>Auto CPR Device</i> | <i>These Levels may use with documented training with device. FR, EMR, EMT, EMT-B, EMT-I, AEMT, PS, CCP.</i> |
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Medical Director Statement of Affirmation

I have reviewed the Iowa EMS Scope of Practice and authorize these protocols, assigned skills, medications and listed/attached revisions for the following services.

SERVICE NAME:

| Medical Director Print Name | Signature | Date |
|-----------------------------|--|----------------|
| <i>Scott A. Markham</i> |  | <i>3/26/15</i> |