


CORRECTIONS SUMMARY (based on **FINAL-SIGNED-COMplete-rev1-11132018** version)

New Master CPG Page Header:

FINAL-SIGNED-r1 11/13/2018 3:54 AM		UTSW Medical Center at Dallas/Parkland BioTel EMS System CPGs	2018-2020
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New PEDI-Guide Page Footer:

11/12/2018, V 1.1	©2018 UT Southwestern/Parkland BioTel EMS System
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These changes reflect CORRECTIONS & CLARIFICATIONS to the Master CPG since Sept. 2, 2018

TOPIC	PAGE	NOTES
ABBREVIATIONS/DEFINITIONS	13-14	<ul style="list-style-type: none"> Page 13: Clarified “high risk” conditions to match those in OB CPG (p. 143) Page 14: Added definition of “PROM” (because there is no room to do so in the OB CPG itself)
Asystole/PEA	24-25	<ul style="list-style-type: none"> Revised verbiage below orange box re: circumstances for futility & field termination Bullet 4.a.: Added “IV preferred over IO” for vascular access Bullet 5.a and 5.b: Clarified epi dosing to 3 standing order doses “per arrest episode”
Cardiac Arrest	27	Bullet 11: added verbiage for “IV preferred over IO”
VFib and Pulseless VTach	35-37	<ul style="list-style-type: none"> Bullets 7 & 8: clarified “lidocaine/amiodarone” preference for adults and preference of IV over IO Bullet 11: Clarified epi dosing to 3 standing order doses “per arrest episode”
Bradycardia	40	Clarified TCP sedation table for both adult and pediatric medications
Chest Pain	42	Bullet 11: Added preference for right antecubital IV site
Stroke	45	Bullet 13: Clarified preference for right antecubital IV site
Airway Management – Adult	61	Bullet 7: corrected intubation attempt definition to “introduction of laryngoscope into the mouth”
Needle Cricothyrotomy	66	Equipment: clarified wording about “50 psi” delivery
Respiratory Distress – Adult	74	Bullet 15: Removed wording about “refusals”, since that Table has been removed in 2018 CPGs
Trach/Stoma Care	75-77	Bullet 6: Minor fix to trach suctioning depth wording (9 cm or use spare trach to measure)
Allergic Reaction	79-82	Bullet 10: added Formulary reference & links for making epi drip with 0.5 mg and 500 mL
Diabetic Emergencies	86-88	<ul style="list-style-type: none"> P 86: Orange box - clarified Exclusions wording P 86: Pediatric oral glucose – added “approximately” wording <ul style="list-style-type: none"> o ALSO: page 245 (Glucose) – added permissive wording to use syringe for pedi dosing
Head Injury	107-108	Bullet 6: fixed “DCAPBLSTIC” typo

Tip: TOC button in header on every page is clickable

Tip: QRG entries & Main TOC entries are all clickable links

<u>TOPIC</u>	<u>PAGE</u>	<u>NOTES</u>
SMR/Spinal Care	115-119	Bullet V.B.2: Fixed “skeletal deformity” typo
Airway Management – Pediatric	126	Bullet 6: corrected intubation attempt definition to “introduction of laryngoscope into the mouth”
BRUE	130-131	Bullet V.2.a and V.2.b: Clarified offer to transport to infant’s caregivers, not infant him/herself
Emergency Childbirth – Abnormal	138-140	<ul style="list-style-type: none"> Bullet 1.b.i: added link to PROM definition on page 14 (because no room to add it here) Bullet 3.b.ii.1: defined “singleton”
Obstetrical & Gynecological	143 - 144	<ul style="list-style-type: none"> Clarified post-partum eclampsia timing to “up to 4 weeks” Fixed IM mag dosing to 2.5 g (5 mL) in 2 separate injections with automatic, repeat dose wording (total dose 5 grams), because standard concentration is too dilute for large IM doses <ul style="list-style-type: none"> See Magnesium sulfate formulary sheet (p. 254) Bullet 15: Added “skin to skin” wording
Behavioral Emergencies/Excited Delirium Syndrome	147	Bullet 12.c.2: Corrected adult IN ketamine ExDS dose to 4 mg/kg
Determination of Death, Field Term & DNR Policy	183-186	<ul style="list-style-type: none"> P 183: Clarified that futility criteria apply to both adult and pediatric patients and that Field Termination applies only to adults P 183, Section II.A: Clarified that rhythm strip must be interpreted by paramedic (not EMT) P 185, Section E.1.i: Clarified wording about original/duplicate valid OOH-DNR wording
Evaluation and Transport Policy	194- 198	<ul style="list-style-type: none"> Page 197: Clarified SpO2 cutoff to account for patients with low baseline (e.g. COPD) Page 198: Removed outdated email link & replaced with link to Team List on page 12 (because we do not yet have a new, dedicated, Medical Direction Team email address)
Child/Elderly/Disabled Abuse Reporting Policy	209-210	Updated link access date and added wording about links being “subject to change”
Epi 0.1 mg/mL Formulary Sheet	238	Added permissive wording to make epi drip in 250 mL or 500 mL NS (if 1-L NS is unavailable)
Epi 1 mg/mL Formulary Sheet	240	Added permissive wording to make epi drip in 250 mL or 500 mL NS (if 1-L NS is unavailable)
40% Oral Glucose Gel Formulary Sheet	245	<ul style="list-style-type: none"> Added “approximately” wording to pediatric dosing Added permissive wording to use syringe for more accurate pediatric dosing (see Page 86)
Ketamine Formulary Sheet	249-252	Clarified sedation dose timing to “1 minute prior to intubation or procedure” in ALL 4 TABLES
Magnesium Sulfate Formulary Sheet	254-255	Added IM dosing for eclampsia (it’s complicated) (and see p. 144 of OB CPG): <ul style="list-style-type: none"> ACOG-recommended dose is 10 g IM Our current EMS formulation (1 g in 2 mL) is too dilute for such large IM doses <ul style="list-style-type: none"> Maximum volume for adult IM injection: 3 mL As a workaround, our IM dose (ONLY if no IV/IO access) is 2.5 g IM (5 mL, divided into 2 separate injection sites), with an automatic repeat dose (total dose: 5 g in 10 mL via four separate injection sites of 2.5 mL each) This is still only half of the ACOG-recommended IM dose, but is probably the best we can do
PEDI-Guide Cover	271	Changed version to version 1.1 and date to November 12, 2018
PEDI-Guide Color Charts	275-298	<ul style="list-style-type: none"> 5-kg Gray chart: fixed King size from 0 to 1 Black chart: changed King size from 4 to 3 All charts: Added i-gel sizes All charts: Added NPA sizes All charts: Version is now 1.1, November 12, 2018