



Policy Statement

Number: 23-03
Date: February 2nd, 2023
Supersedes/Updates: NEW

BLS Protocols Changelog | Version 23.1

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- Formatting
 - Updated page/section titles to utilize Heading 1 and Heading 2 formatting for easy generation of Index
 - Updated CFR Stop and EMT Stop lines to not utilize Heading 2
 - Removed bullet points that overlapped some of the Stop icons
- Cover Page
 - Version updated to 23.1
 - **Effective 02.15.2023**
- Index
 - Updated to current contents
- Pediatric Definition and Discussion
 - Added the following as motioned in the 9/22/22 SEMSCO Meeting:
 - *We have one new protocol, Behavioral: Agitated Patient – Adolescent, that provides guidance for an individual in the transitional stage of physical and psychological development between puberty and adulthood. The was developed since neither the adult or pediatric protocol may provide sufficient direction in the care of these socially and medically complex patients, and our hope is that this protocol can assist. Please note the section on De-escalation techniques included in the Resources section.*
- General Approach to the Patient
 - Added the following under Key Points/Considerations to align to Collaborative:
 - *Submit written documentation prior to leaving the emergency department in accordance with state, regional and agency policy*
- General Approach to Transportation
 - Added the following under EMT to align to Collaborative:
 - *Patient preference may influence the determination of the appropriate receiving hospital*
- Cardiac Arrest
 - Added the following under EMT to align to Collaborative:
 - *... without achieving ROSC ...*
- Cardiac Arrest – Pediatric

- Added the following under Criteria to align to Collaborative:
 - ... see also “Resources: Advance Directives/MOLST/DNR” protocol
- Added the following under Key Points/Considerations to align to Collaborative:
 - *If a patient has a medication patch, it may be removed (use appropriate PPE)*
 - *Consider calling medical control for termination of resuscitation or initiation of transport after 20 minutes of CPR*
- Cardiac Arrest – Adult: Return of Spontaneous Circulation (ROSC)
 - Added as a new protocol to align to Collaborative
- Foreign Body Obstructed Airway
 - Added the following under EMT to align to Collaborative:
 - ... refer to “Extremis: Cardiac Arrest” protocol
- Respiratory Arrest/Failure – Pediatric
 - Updated SpO₂ to 92% to align with Collaborative
 - Updated reference to “Resources: Oxygen Administration” Protocol to the correct protocol name
- Anaphylaxis
 - Added the following under Key Points/Considerations to align with Collaborative:
 - *If epinephrine is administered by crew or patient self-administered epinephrine, regional procedure may require consulting medical control prior to honoring a request for refusal of medical care*
- Anaphylaxis – Pediatric
 - Added the following under Key Points/Considerations to align with Collaborative:
 - *If epinephrine is administered by crew or patient self-administered epinephrine, regional procedure may require consulting medical control prior to honoring a request for refusal of medical care*
- Behavioral Emergencies
 - Protocol removed as motioned in 9/22/22 SEMSCO Meeting
- Behavioral: Agitated Patient – Adolescent
 - New protocol as motioned in 9/22/22 SEMSCO Meeting
- Behavioral: Agitated Patient – Adult
 - New protocol as motioned in 9/22/22 SEMSCO Meeting
- Behavioral: Agitated Patient – Pediatric
 - New protocol as motioned in 9/22/22 SEMSCO Meeting
- Cardiac Related problem – Pediatric
 - Updated SpO₂ to 92% to align with Collaborative
- Difficulty Breathing: Asthma/Wheezing – Pediatric
 - Added the following under Key Points/Considerations to align to collaborative:
 - *Absence of breath sounds can be indicative of status asthmaticus. Be prepared for respiratory arrest.*
- Environmental – Cold Emergencies
 - Corrected spelling of *Facility* under EMT section
- Epistaxis
 - Added as a new protocol to align to Collaborative
- Fever – Adult

- Added as a new protocol to align to Collaborative
- Fever – Pediatric
 - Added as a new protocol to align to Collaborative
- Hyperglycemia – Adult
 - Added as a new protocol to align to Collaborative
- Hyperglycemia – Pediatric
 - Added as a new protocol to align to Collaborative
- Hypoglycemia – Adult
 - Added as a new protocol to align to Collaborative
- Hypoglycemia – Pediatric
 - Added as a new protocol to align to Collaborative
- Hyperglycemia – Adult
 - Added as a new protocol to align to Collaborative
- Nausea and/or Vomiting – Adult
 - Added as a new protocol to align to Collaborative
- Nausea and/or Vomiting – Pediatric
 - Added as a new protocol to align to Collaborative
- Hyperglycemia – Pediatric
 - Added as a new protocol to align to Collaborative
- Seizures
 - Added the following under Key Points/Considerations:
 - *Seizures secondary to eclampsia in pregnancy occur because of a different mechanism than typical epileptic seizures*
 - *Pre-eclampsia is typically described as BP > 140/90 mmHg with severe headache, confusion, and/or hyperreflexia in a pregnant patient, or in one who has given birth within the past month*
 - *Pre-eclampsia may progress to eclampsia*
 - *Protect the patient and EMS crew from injury during seizure*
 - *Any EMS provider may assist the patient's family or caregivers with the administration of rectal diazepam (Valium/Diastat), if available. (Resources: Prescribed Medication Assistance)*
- Shock – Adult: Shock/Hypoperfusion
 - Added as a new protocol to align to Collaborative
- Shock – Adult: Trauma Associated Shock
 - Added as a new protocol to align to Collaborative
- Trauma General
 - Added as a new protocol to align to Collaborative
- Bleeding/Hemorrhage Control
 - Added the following under Key Points/Considerations:
 - *If non hemostatic dressings are used for wound packing, manual pressure should be maintained for 10 minutes before applying a pressure bandage*
- Crush Injuries – Adult
 - Added as a new protocol to align to Collaborative
- Suspected Spinal Injuries

- Updated size of text boxes and font to no longer cut off sections of diagram
- Trauma Patient Destination
 - Updated graphics to the current ACS Trauma Triage Guidelines as motioned in 9/22/22 SEMSCO meeting
- Advance Directives/DNR/MOLST
 - Added the following under Criteria to align to Collaborative:
 - *PHL § 2994-gg: "No person shall be subjected to criminal prosecution or civil liability, or be deemed to have engaged in unprofessional conduct, for honoring reasonably and in good faith pursuant to this section a nonhospital order not to resuscitate, for disregarding a nonhospital order pursuant to section twenty-nine hundred ninety-four-ee of this article, or for other actions taken reasonably and in good faith pursuant to this section."*
- Automatic Transport Ventilator
 - Updated SpO₂ to 92% to align with Collaborative
- De-escalation Techniques
 - Added as a new protocol as motioned in 9/22/22 SEMSCO meeting
- Interfacility Transport
 - Added as a new protocol to align to Collaborative
- Nerve Agent – Suspected
 - Added as a new protocol to align to Collaborative
- Oxygen Administration
 - Updated SpO₂ to 92% to align with Collaborative