



# NYC REMAC

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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

Attached is a listing of clarifications to the NYC REMAC Prehospital Treatment/Transport Protocols.

New Language is **underlined and bold**. Deleted Language is ~~struck-out~~.

**Current and Updated Protocols can be accessed at the Regional EMS Council website:**  
[www.nycremsco.org](http://www.nycremsco.org).

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## *Protocol Clarifications*

### **a. GOP: Cardiopulmonary Resuscitation, page A9:**

NOTE: Cardiac arrests secondary to drowning, hanging, electrocution, and smoke inhalation / cyanide toxicity should be treated as MEDICAL in nature. While addressing traumatic injuries (e.g., **c-spine immobilization**, hemorrhage control), emphasis should be given to high quality CPR and interventions as specified in the Non-Traumatic Cardiac Arrest protocols, and, when appropriate, in the Smoke Inhalation and Cyanide Exposure protocols.

CPR should be continued until one of the following occurs:

- **CPR must be initiated if no Out of Hospital or facility DNR is presented. If a DNR order is presented after CPR has been started, stop CPR.**

### **b. GOP: Abandoned Infant Act, page A13:**

New York State Social Services Law states that infants **five thirty (30)** days of age or younger may be abandoned by their parents or caretakers in a suitable safe location, such as a hospital, ambulance, police station, or fire house, or with an appropriate person. Some of these parents or caretakers may wish to remain anonymous, but if they offer their name and address, they should be recorded in the comment section of the PCR/ACR.

If an infant is abandoned to the care of a CFR, EMT, or AEMT-P, the CFR, EMT, or AEMT-P should refer to the Regional Protocol on Care of the **Newly Born infant**, if appropriate, and transport the infant to the nearest appropriate hospital. The parents or caretakers should be informed of the hospital destination, and told they may contact the hospital for further information should they wish to do so.

### **c. GOP: Pediatric Patients, page A13-14:**

**~~If an appropriate pediatric protocol does not exist, follow the adult protocol that would be indicated.~~**

### **d. GOP: Intraosseous (IO) Access and Drug Administration, page A19-20:**

If intraosseous access is established on a conscious **adult or pediatric** patient, administer 0.5 mg/kg of 2% preservative-free Lidocaine via IO port, slowly over 2-3 minutes, up to a maximum of 50 mg prior to any other administration.

### **e. ALS Protocol 530 – EXCITED DELIRIUM**

Is identified as “ADULT PATIENTS ONLY”.