# NYC REMAC

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| Advisory No. | 2016-06 | | |
| Title: | Corrections: ALS Protocols 511, 528 & 529 | | |
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| Supersedes: | n/a | Page: | 1 of 4 |

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 30 of the New York State Public Health Law.

The following protocols have been corrected to reflect:

1. Additional approved routes of administration for Naloxone (IV/IO/IN/IM)
2. Clarification of titration increments for hypoventilation

511 ALTERED MENTAL STATUS
528 BURNS (ADULT & PEDIATRIC PATIENTS)
529 PAIN MANAGEMENT FOR ISOLATED EXTREMITY INJURY (ADULT & PEDIATRIC PATIENTS)

Revised protocols are attached.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

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## 511

## ALTERED MENTAL STATUS

1. Begin Basic Life Support Altered Mental Status procedures.
2. Begin an IV infusion of Normal Saline (0.9% NS) to keep vein open, or Saline Lock.

   **NOTE: A glucometer should be used to document blood glucose level prior to administration of Dextrose or Glucagon.**

   **If the glucometer reading is above 120 mg/dl, Dextrose and Glucagon should be withheld.**
3. Administer Dextrose 25 gm (50 ml of a 50% solution), IV/Saline Lock bolus.
4. In patients with diabetic histories where an IV/Saline Lock route is unavailable, administer Glucagon 1 mg, IM or IN.
5. If the patient's mental status fails to improve significantly, administer Naloxone, titrate in increments of 0.5 mg up to response, up to 4 mg, IV**/IO/IN/IM**~~/Saline Lock bolus. If IV/Saline Lock access has not been established, administer Naloxone 0.5 mg, up to response, up to 4 mg IM or IN.~~

   **NOTE: IF AN OVERDOSE IS STRONGLY SUSPECTED, ADMINISTER NALOXONE PRIOR TO DEXTROSE.**
6. If there still is no change in mental status or it fails to improve significantly, repeat Dextrose 25 gm (50 ml of a 50% solution), IV/Saline Lock bolus.
7. If there is still no change in mental status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: Repeat any of the above standing orders.

OPTION B: Transportation Decision.

**528**

## BURNS
## *(ADULT & PEDIATRIC PATIENTS)*

1. Begin Basic Life Support Burns procedures.
2. If there is evidence of burns to the upper airway or upper airway compromise is anticipated, perform Advanced Airway Management*.
3. For patients with electrical burns, begin Cardiac Monitoring, record and evaluate the EKG rhythm.
4. Begin Pulse Oximetry monitoring.
5. Begin an IV infusion of Normal Saline (0.9% NS) or Ringer's Lactate (RL) up to 2 liters, via a macro-drip, if transport is delayed or extended.
6. For patients who are experiencing severe pain

**NOTE:** **The administration of narcotic analgesics is contraindicated in patients with burns involving the face and/or airway.**

a. Administer Morphine Sulfate, for patients with a systolic blood pressure greater than 110mmHg, 0.1mg/kg (not to exceed 5mg), IV/IO/IM. For continued pain, repeat dose of 0.1mg/kg (not to exceed 5mg) may be repeated five minutes following the initial dose. (Maximum total dose is 10mg.)

OR

b. Administer Fentanyl 1mcg/kg (maximum total dose is 100mcg.), IV/IO/IN/IM, if available.

**NOTE:** **If hypoventilation develops, administer Naloxone, ~~up to 2 mg, IV/IN/Saline Lock bolus.~~ titrate in increments of 0.5 mg up to response, up to 4 mg, IV/IO/IN/IM.**

MEDICAL CONTROL OPTIONS:

OPTION A: Transportation Decision.

* *If the patient is alert prior to performing Advanced Airway Management, refer to Prehospital Sedation in General Operating Procedures. Prior permission from Medical Control Is Required.*

**529**

## PAIN MANAGEMENT FOR ISOLATED EXTREMITY INJURY
## *(ADULT & PEDIATRIC PATIENTS)*

*For patients with isolated extremity injury, if there is severe pain*

**NOTE:** **If mechanism of injury (e.g., pedestrian struck) suggests that there may be other injuries, transport should begin and pain management be done enroute after consultation with On-Line Medical Control.**

1. Begin Basic Life Support Procedures.
2. Begin Cardiac Monitoring, record and evaluate EKG rhythm.
3. Begin Pulse Oximetry monitoring.
4. Begin an IV/Saline Lock infusion of Normal Saline (0.9% NS) at a KVO rate.
5. Monitor vital signs every 5 minutes.
6. For patients who are experiencing severe pain:

   a. Administer Morphine Sulfate, for patients with a systolic blood pressure greater than 110mmHg, 0.1mg/kg (not to exceed 5mg), IV/IO/IM. For continued pain, repeat dose of 0.1mg/kg (not to exceed 5mg) may be repeated five minutes following the initial dose. (Maximum total dose is 10mg.)

   OR

   b. Administer Fentanyl 1mcg/kg (maximum total dose is 100mcg), IV/IO/IN/IM, if available.

   **NOTE:** **If hypoventilation develops, administer Naloxone, ~~up to 2 mg, IV/IN/Saline Lock bolus.~~ titrate in increments of 0.5 mg up to response, up to 4 mg, IV/IO/IN/IM.**

MEDICAL CONTROL OPTIONS:

OPTION A: Transportation Decision.