



<h1>NYC REMAC</h1>			
Advisory No.	2017-14		
Title:	REMAC ALS Prehospital Treatment & Transport Protocols: 503B & 528 CORRECTIONS/CLARIFICATIONS		
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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.

The Regional Emergency Medical Advisory Committee (REMAC) of New York City has corrected/clarified the following ALS (Paramedic) Level Protocols:

- **503-B: PULSELESS ELECTRICAL ACTIVITY (PEA)/ASYSTOLE**
- **528: BURNS (ADULT & PEDIATRIC PATIENTS)**

All protocols were approved by the New York State Emergency Medical Advisory Committee for use in the NYC region.

Attached is a list identifying corrections/clarifications made to the revised 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.

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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Summary of Protocol Corrections/Clarifications

1) 503-B: PULSELESS ELECTRICAL ACTIVITY (PEA)/ASYSTOLE

- a) Due to drug shortage of Dextrose, a NOTE was added to ALS Protocol 503-B: Pulseless Electrical Activity (PEA)/Asystole to with-hold dextrose if Blood Glucose Level (BGL) is above 60 mg/dl. The protocol will revert to original language after drug shortage is ended.

2) 528: BURNS (ADULT & PEDIATRIC PATIENTS)

- a) The administration of fluids has been clarified for adult and pediatric patients.

503-B

PULSELESS ELECTRICAL ACTIVITY (PEA)/ASYSTOLE

NOTE: Consider the possibility of conditions masquerading as PEA/Asystole which require immediate treatment.

1. Continue CPR with minimal interruption.
2. If a tension pneumothorax is suspected, perform Needle Decompression. (See Appendix O.)
3. Perform Advanced Airway Management.
4. Begin an IV/IO/ infusion of Normal Saline (0.9% NS) to keep vein open.
5. Administer Epinephrine 1 mg (10 ml of a 1:10,000 solution) IV/IO bolus.

NOTE: A GLUCOMETER SHOULD BE USED TO DOCUMENT BLOOD GLUCOSE LEVEL PRIOR TO ADMINISTRATION OF DEXTROSE.

IF THE GLUCOMETER READING IS ABOVE 60 MG/DL, DEXTROSE SHOULD BE WITHHELD.¹

6. Administer up to 25 gm Dextrose, IV/IO bolus.
7. If there is no change in the rhythm within 3 – 5 minutes, administer Epinephrine 1 mg (10 ml of a 1:10,000 solution), IV/IO bolus, every 3 – 5 minutes.
8. If there is insufficient improvement in hemodynamic status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

- OPTION A: Administer Sodium Bicarbonate 44-88 mEq IV/IO bolus. Repeat doses of Sodium Bicarbonate 44 mEq, IV/IO bolus, may be given every 10 minutes.
- OPTION B: In cases of hyperkalemia or Calcium Channel Blocker overdose administer Calcium Chloride (CaCl₂) 1 gm, SLOWLY, IV/IO bolus. Follow with a Normal Saline (0.9% NS) flush.
- OPTION C: Begin rapid IV/IO infusion of Normal Saline (0.9% NS), up to three (3) liters.
- OPTION D: Transportation Decision.

¹ **Due to drug shortage of Dextrose, a NOTE was added to ALS Protocol 503-B: Pulseless Electrical Activity (PEA)/Asystole to with-hold dextrose if BGL is above 60 mg/dl. The protocol will revert to original language after drug shortage is ended.**

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 Management¹.
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:~~
 - ~~a. For adult patients: Begin rapid IV infusion of Normal Saline (0.9% NS) or Ringer's Lactate (RL) IV, up to a maximum of 1 liter.~~
 - ~~b. For pediatric patients: Begin rapid IV infusion of Normal Saline (0.9% NS) or Ringer's Lactate (RL), up to 20ml/kg (maximum of 1 liters).~~
 - a. For adult patients:
 1. Administer up to 2 liters, via macro-drip.
 2. If transport is delayed or extended, administer an additional 1 liter. (Maximum 3 liters).
 - b. For pediatric patients:
 - 1) Administer 20ml/kg with a repeat of 20ml/kg (maximum of 2 liters) via macro-drip.
 - 2) If transport is delayed or extended, administer an additional 20 ml/kg. (Maximum total of 3 liters²).

NOTE: ACCURATE DOCUMENTATION OF PRE-ARRIVAL FLUID ADMINISTRATION IS REQUIRED.

6. For patients who are experiencing severe pain

NOTE: FOR PATIENTS WITH BURNS INVOLVING THE FACE AND/OR AIRWAY, CONSULTATION WITH ON-LINE MEDICAL CONTROL IS REQUIRED PRIOR TO ADMINISTRATION OF ANALGESICS.

- 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, 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.

¹ 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.

² 3 liters is a maximum. Fluids for pediatric patients are administered based on weight. Ex: if a child weights 50 kg and receives 3 boluses, that would equal 3 liters.