



NYC REMAC

PUBLIC NOTICE

PROPOSED REVISIONS PREHOSPITAL TREATMENT PROTOCOLS

The Regional Emergency Medical Advisory Committee (REMAC) of New York City Prehospital Treatment Protocols define the minimum standard of care provided to patients by Certified First Responders (CFRs), Emergency Medical Technicians (EMTs), and Advanced Emergency Medical Technicians-Paramedic (AEMT-Ps) in New York City. These protocols reflect both the curriculum and certification requirements of the New York State Department of Health Bureau of Emergency Medical Services and the Regional Emergency Medical Advisory Committee (REMAC) of New York City.

The REMAC of New York City has proposed revisions to the current regional Prehospital Treatment Protocols, specifically: Appendix O – Needle Decompression of a Tension Pneumothorax.

Deleted language is BOLD RED AND STRUCK-OUT --- **DELETED**

New language is BOLD BLUE AND UNDERLINED --- **NEW**

In order to meet regional needs, the REMAC of New York City is conducting a public notice and is requesting comments from the Emergency Medical community. Comments must be submitted in writing on the attached 'Comment Form' or via email to mdiglio@nycremsco.org. If available, appropriate supporting documentation should also be submitted. **Comments must be received no later than July 27, 2019.**

Draft revised protocols can be reviewed on-line at www.nycremsco.org (under "News and Announcements"). All NYC REMAC Protocols can be accessed in their entirety at www.nycremsco.org.

Date Distributed/Posted: June 27, 2019

DIRECT ALL INQUIRES AND COMMENTS TO:

Jessica van Voorhees, MD
Chair, Protocol Committee
Regional Emergency Medical Advisory Committee of New York City
c/o Regional EMS Council of NYC
475 Riverside Drive, Suite 1929
New York, New York 10115
Email: mdiglio@nycremsco.org

PLEASE BE ADVISED THAT pursuant to Section 3004-A of Article 30 of the Public Health Law of the State of New York, the Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop prehospital triage, treatment, and transportation protocols that are consistent with the standards of the State Emergency Medical Advisory Committee and that address specific local conditions with regards to the provision of prehospital medical care rendered by NYS Department of Health certified First Responders, Emergency Medical Technicians and Advanced Emergency Medical Technicians within the City of New York.

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Showing Revisions

Deleted language is BOLD RED AND STRUCK-OUT --- ~~DELETED~~

New language is BOLD BLUE AND UNDERLINED --- NEW

APPENDIX O

~~LANDMARKS AND PROCEDURE FOR~~ NEEDLE DECOMPRESSION OF ~~A~~-TENSION PNEUMOTHORAX

- ~~1. Confirm the need for Needle Decompression:~~
 - ~~a) **Respiratory distress**~~
 - ~~i) dyspnea~~
 - ~~ii) tachypnea~~
 - ~~iii) cyanosis, and/or~~
 - ~~iv) chest pain~~
1. Identify signs of a tension pneumothorax:
 - a) **Absent or decreased breath sounds** on the affected side
AND
 - b) One or more of the following:
 - i) Severe dyspnea/tachypnea
 - ii) cyanosis/hypoxia
 - iii) hypotension
- ~~2. Administer high concentration oxygen.~~
2. Identify the site for needle decompression ~~second intercostal space on the mid-clavicular line~~ on the same side as the Pneumothorax.
 - a) The second intercostal space on the mid-clavicular line.
or
 - b) The fifth intercostal space on the anterior axillary line.
3. Cleanse the overlying skin with ~~Povidone Iodine~~ antiseptic solution.
4. For adults, use a 14-gauge, 3.25 inch (8.25cm) over-the-needle catheter. For children, use a 18-20-gauge, 0.8-1.6 inch (2 - 4 cm) over-the-needle catheter. Insert catheter through the skin, perpendicular to the chest wall, above the rib and direct it just over the rib. Hold in place for 5-10 seconds to allow for air decompression.
5. Remove the needle, advance the catheter to the hub, and secure in place for patient transportation.
6. If first attempt is not successful in decompressing the tension pneumothorax, a second attempt should be made at the other site on the same side.
7. If first attempt is successful, but the tension pneumothorax recurs, perform a second decompression, using a new catheter.
8. If second attempt of needle decompression does not resolve signs of the tension pneumothorax, begin rapid transport and consider other etiologies for clinical findings.
- ~~9. Insert a #14 gauge, 3–6 cm long (adult) or a #18–20 gauge, 2–4 cm long (child or infant) over the needle catheter into the skin above the third rib and direct it just over the rib into the interspace.~~
- ~~10. Insert the catheter through the parietal pleura until air exits under pressure.~~
- ~~11. Remove the needle and leave the plastic cannula in place until it is replaced in the Emergency Department.~~
- ~~12. Attach a flutter valve to the end of the plastic cannula and secure the cannula for transportation.~~

APPENDIX O

NEEDLE DECOMPRESSION OF TENSION PNEUMOTHORAX

1. Identify signs of a tension pneumothorax:
 - a) Absent or decreased breath sounds on the affected side

AND

 - b) One or more of the following:
 - i) Severe dyspnea/tachypnea
 - ii) cyanosis/hypoxia
 - iii) hypotension
2. Identify the site for needle decompression on the same side as the Pneumothorax.
 - a) The second intercostal space on the mid-clavicular line.

or

 - b) The fifth intercostal space on the anterior axillary line.
3. Cleanse the overlying skin with antiseptic solution.
4. For adults, use a 14-gauge, 3.25 inch (8.25cm) over-the-needle catheter. For children, use a 18-20-gauge, 0.8-1.6 inch (2 - 4 cm) over-the-needle catheter. Insert catheter through the skin, perpendicular to the chest wall, above the rib and direct it just over the rib. Hold in place for 5-10 seconds to allow for air decompression.
5. Remove the needle, advance the catheter to the hub, and secure in place for patient transportation.
6. If first attempt is not successful in decompressing the tension pneumothorax, a second attempt should be made at the other site on the same side.
7. If first attempt is successful, but the tension pneumothorax recurs, perform a second decompression, using a new catheter.
8. If second attempt of needle decompression does not resolve signs of the tension pneumothorax, begin rapid transport and consider other etiologies for clinical findings.