



Protocol Number	Protocol Name	Comment	Response	Date
A21	Lower GI Bleeding (pg.1)	Where protocols state "consider", should they include guidance on factors that would precipitate the action? For instance: "Consider 12-lead if evidence of impaired cardiac perfusion such as chest pain, shortness of breath or diaphoresis."	We will use FirstPass to monitor 12-Lead performance with this and other protocols when "consider" is listed. If further guidance is needed, it will be addressed through the quality improvement process.	6.10.2019
A21	Lower GI Bleeding (pg.1)	[Differential] Spelling of "espoghatis" should be "esophagitis"	Spelling error corrected.	6.10.2019
A21	Lower GI Bleeding (pg.2)	[Lower graphic] should be "Crohn's disease"	<i>Graphic will be recreated at a later date; updated protocol will be loaded to the app when complete</i>	6.10.2019
A23	No Medical Complaint	[Referral box] Should it be routine medical care OR specific complaint protocol?	The Routine Medical Care protocol is the default protocol for all patient care. Specific complaints and primary impressions are address with other applicable protocols.	6.10.2019
A24	Non-Traumatic Body Pain (pg. 2)	[Pearl1] Spelling of "judgement" is incorrect	Spelling error corrected.	6.10.2019
A24	Non-Traumatic Body Pain (pg. 2)	[Pearl 5] and hypotension	Hypotension added to Pearl 4	6.10.2019



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A24	Non-Traumatic Body Pain (pg. 2)	[Pearl 8] I would be ok with eliminating this requirement especially for fentanyl which is relatively short acting.	The standing order maximum for Fentanyl is 200mcg. Additional orders require Base Hospital authorization.	6.10.2019
A26	Non-Traumatic Headache (pg. 1)	Spelling [consider; already corrected]; also should we consider benadryl?	Administration of a sedating agency may make pose a diagnostic challenge by the ED physician. For this reason, we are not considering Diphenhydramine at this time.	6.10.2019
A27	Palpitation (pg. 1)	[Pearl 2] Would consider strengthening to" close observation or fluid bolus alone strongly preferred" for patients with minimal sx.	Pearl 2 updated to read, "...strongly consider CLOSE OBSERVATION or fluid bolus..."	6.10.2019
A31	Seizure – Post	[Signs] Spelling of "bitten" should be "bitten."	Spelling error corrected	6.10.2019
A01	Abdominal Pain	Fentanyl is no longer listed in protocol. Discusses using caution with fentanyl in Pearls but not listed in treatment.	Pain management may be mitigated by exiting to the appropriate pain management protocol.	8.22.2019
A10	Dizziness/Vertigo	Midazolam is not a consider, the way it reads it appears if patient has dizziness or vertigo and no contraindications they should give the medication.	"Consider" added	8.22.2019



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A23	No Medical Complaint	Parameters of vital signs that are abnormal says abnormal for a BG less than 80, should be 70. Also, according to hypertension protocol, htn is now considered over 130/80, should the parameters of BP be changed to reflect [t]his?	Blood glucose threshold changed to 70. Blood pressure parameters updated	8.22.2019
A26	Non-Traumatic Headache	With neurological symptoms move[d] to Chest Pain/STEMI protocol, should it be Stroke/CVA? Also, mild pain says “low flow oxygen” should it say oxygen with 92% SP02 standards to be consistent?	Referral box corrected. “Low flow o2 is a treatment for cluster headaches” added to pearls	8.22.2019
A28	Pregnancy Complication	They had same question as Chief Powers indicated below, “For under 20 weeks, diphenhydramine for nausea, If over 20 weeks with a patient with nausea, no medication specified. Similarly, if there is a pregnancy over any age with a known seizure history, something should be mentioned under 20 weeks or in the pearls. I know we went around this protocol, but appears more clarification is needed.”	Protocol updated to reflect: <ul style="list-style-type: none"> • For nausea in pregnancy < 20 weeks, Diphenhydramine • For nausea in pregnancy > 20 weeks, Ondansetron 	8.22.2019
A30	Seizure - Active	Oxygen is taken out, should we not be administering this anymore to seizure patients?	“High-flow oxygen while seizing” added	8.22.2019



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A31	Seizure - Post	Oxygen is taken out, should we not be administering this anymore to seizure patients?	"Oxygen for sat < 92%" added	8.22.2019
Adult Drug Card	Aspirin	Dose indicates 325mg, should be 324mg.	Corrected	8.22.2019
Adult Drug Card	Diphenhydramine	No dosage for nausea with known allergy given.	There is no alternative treatment for an allergy to Diphenhydramine. Dosing for nausea in pregnancy < 20 weeks added.	8.22.2019
Adult Drug Card	Epinephrine 1:10,000	Dose for anaphylaxis is back to 0.1 mg slow, we changed it to 0.3, confirming we are back to 0.1 mg?	The dose of Epinephrine 1:10,000 for anaphylaxis is 0.1 mg. Comment added for drug preparation using a preload syringe.	8.22.2019
Adult Drug Card	Nitroglycerin	Indicates do not give for STEMI, should say Inferior STEMI.	Removed inferior MI contraindication	8.22.2019
Adult Drug Card	Midazolam	No IV dose for seizures given. No dosing for dizziness/vertigo given.	Drug card updated	8.22.2019
Adult Drug Card	Fentanyl	Under dosing it says IM may repeat after 10 minutes under comments it says IM and IN doses can be repeated in 15 minutes (IN cannot be repeated and IM is every 10 minutes)	Corrected	8.22.2019
Adult Drug Card	Midazolam	For a seizure, is the max dose 10 mg when given IM?	Add repeat x1 after 10 minutes. IN dose updated	8.22.2019



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Adult Drug Card	Normal Saline	<p>In many of the protocols fluid bolus is either considered or baseline treatment without parameters of less than 90 systolic BP, should it say that on each protocol or can they give fluid if they feel it is warranted regardless of BP? This is in the following protocols:</p> <p>Palpitations, Cold/flu symptoms, carbon monoxide poisoning, chest pain/not cardiac, fever, general weakness, GI disorder, nausea and vomiting, syncope, hyperthermia, agitated delirium, anaphylaxis, chest pain/STEMI and suspected cardiac, epistaxis.</p>	<p>Paramedic judgment is encouraged with the administration of fluid bolus as long as the patient's presentation and physical findings, including lung sounds, warrant.</p>	8.22.2019
R03	Respiratory - Bronchospasm	<p>Lists CPAP as an "E" skill. Is this a paramedic or EMT skill?</p>	<p>CPAP is an optional scope skill. The skill will convert to standard scope on April 1, 2020.</p>	8.22.2019
R04	Respiratory – CHF/Pulmonary Edema	<p>Lists CPAP as a "P" [s]kill. Is this a paramedic or EMT skill?</p>	<p>CPAP is an optional scope skill. The skill will convert to standard scope on April 1, 2020.</p>	8.22.2019
A03	Anaphylaxis	<p>First dose 1:1000, second dose 1:10,000. Would it be helpful to identify IM and IV?</p>	<p>Dosing routes have been corrected.</p>	8.22.2019
A06	Chest Pain: STEMI	<p>Contraindication of Nitroglycerin administration in STEMI patients</p>	<p>Contraindication for Nitroglycerin in STEMI patients removed</p>	8.22.2019



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R09	Submersion/Drowning	<i>[Addition]</i>	"It is important to have baseline blood glucose. If the patient is or becomes altered, check blood glucose and treat accordingly," added to pearls.	8.22.2019
R09	Submersion/Drowning	Awake but altered category says SMR if indicated, can we clear an altered patient?		8.27.2019
X05	Agitated Delirium	Says we may repeat versed dose but doesn't give a timeframe for second dosing, can we clarify on protocol or adult drug card?		8.27.2019
Adult Drug Card	Dextrose 10%	Says repeat sugar if BG < or = to 60 give more Dextrose, should it be 70 or is second check 60 or below?		8.27.2019
Adult Drug Card	Epinephrine 1:1,000 Epinephrine 1:10,000	Indicates ½ dose of epinephrine for hx of CAD and > 50 years of age for all administrations other than cardiac arrest; confirming we are giving ½ of 0.3 mg 1:1000 and ½ of 0.1 mg 1:10,000 for these patients?		8.27.2019
Adult Drug Card	Nitroglycerin	<i>[Change]</i>	Threshold to withhold NTG treatment changed to 110 systolic in all protocols	9.3.2019
Adult Drug Card	Midazolam	<i>[Change]</i>	Repeat interval time changed to 5 minutes for all routes of administration IV route of administration and dose added for seizures	9.3.2019



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A06	Chest Pain: STEMI	[Change]	Threshold to withhold NTG treatment changed to 110 systolic in all protocols	9.3.2019
A07	Chest Pain: Suspected Cardiac	Suspected Cardiac now says no NTG if systolic BP < 110 and STEMI protocol says <90. I think this is a typo.	Threshold to withhold NTG treatment changed to 110 systolic in all protocols	9.3.2019
A01	Abdominal Pain	Fentanyl is no longer listed in protocol. Discusses using caution with fentanyl in Pearls but not listed in treatment. Confirming we are not giving fentanyl for abd pain?	Fentanyl added to algorithm	9.5.2019
A10	Dizziness/Vertigo	Says to not give versed if patient is <50, drug card says use caution if age >60	Caution note added for dizziness/vertigo patients that reads, "Do not administer if patient is > 50 for dizziness/vertigo"	9.3.2019
A26	Non-Traumatic Headache	Mild pain says "low flow oxygen" should it say oxygen with 92% SP02 standards to be consistent? Also, typo found , severe pain moves to "position of" instead of position of comfort	Low flow oxygen is an appropriate treatment for mild non-traumatic headache. A pearl was added that low flow oxygen is used to treat cluster headaches "Position of" box removed from severe pain branch	9.3.2019
A34	Stroke/CVA/TIA	Times of onset <24 hours, answers "No" moves to orange box with appropriate time frames, should that say Yes?	The algorithm is correct. The times listed in the orange box provide guidance on destination for various time parameters	9.3.2019



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Adult Drug Card	Diphenhydramine	Are we no longer giving it for a known allergy to Zofran? It is no longer on drug card or protocol for that purpose	Diphenhydramine is no longer indicated for a known allergy to Ondansetron	9.3.2019
Multiple	Multiple	<i>[Update]</i>	Language for Normal Saline bolus standardized across all adult protocols	9.5.2019
R02	Respiratory Arrest/Respiratory Failure	<i>[Update]</i>	EtCO ₂ ranges in pearls updated	10.23.2019
A10	Dizziness/Vertigo	<i>[Update]</i>	Repeat dose for Midazolam updated	10.23.2019