

**PROTOCOL 30-DAY COMMENTS FOR  
Protocol Reference #'s DRAFT DOCUMENTATION, DRAFT ABBREVIATION LIST, 7010 and 7020**

<b>PROTOCOL #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
7010	MCLB Barstow Fire & Emergency Services	EZ-IO Needles are listed as required exchanged equipment and the drill for the needles is listed as optional with a quantity of 2. Adjust to all required or optional with drill quantity of 1.	All changes to the Drug and Equipment list other than the addition of NTG tabs will be addressed by the Protocol and Education Committee with the protocols currently under review
7010	MCLB Barstow Fire & Emergency Services	Clarify that waveform Capnography can fulfill the CO2 device requirement.	See above
7010	MCLB Barstow Fire & Emergency Services	Adjust manual IO needles (Baxter Jamishidi Syle) to allow for 15g or 16g & 18g. 15g & 18g are readily available from EMP or Boundtree whereas 16g are not.	See above
7010	MCLB Barstow Fire & Emergency Services	Add Non-Invasive SpCO, Perfusion Index & SpMet monitoring as an optional equipment item. Example is the Masimo Rad 57. SpCO monitoring is now recommended under NFPA 1584 during firefighter Rehab.	See above
Draft Minimum Documentation Requirements for Transfer of Patient Care	San Antonio Comm. Hospital	No recommendations	Thank you
Draft ICEMA Abbreviation List	San Antonio Comm. Hospital	No Recommendations	
7010	San Antonio Comm. Hospital	No Recommendation	
7020	San Antonio Comm. Hospital	No Recommendation	

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<b>PROTOCOL #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
7020	SB Sheriff Air Rescue	Medications – Albuterol - should be four (4) doses to match Atrovent amount. (conforms with ground ALS list)	All changes to the Drug and Equipment list other than the addition of NTG tabs will be addressed by the Protocol and Education Committee with the protocols currently under review
7020	SB Sheriff Air Rescue	Medications – D25 - should be a total of Five (5) Gm, not 50 Gm. (conforms with ground ALS list)	See above
7020	SB Sheriff Air Rescue	Medications – Lasix - should delete requirement. (conforms with ground ALS list)	See above
7020	SB Sheriff Air Rescue	Medications – Magnesium Sulfate should not have a unit dose of “10mg” specified; just “10Gm” in the Amount column. (unit doses of Magnesium Sulfate are 2gm and 5gm vials)	See above
7020	SB Sheriff Air Rescue	Medications – Narcan amount should be 4mg not 10mg. (conforms with ground ALS list)	See above
7020	SB Sheriff Air Rescue	Medications – Normal Saline should be 1000ml and/or 500ml; with a total in the “Amount” column of 4000ml The 500ml NS bags are already included in Fireline Medic and EMSA Tactical Medic standards.	See above
7020	SB Sheriff Air Rescue	Airway – “Malleable Stylet– pediatric and adult” Delete requirement. Revise ET tubes to include stylet. (conforms with ground ALS list)	See above
7020	SB Sheriff Air Rescue	Airway – Nasal Cannulas, delete “infant” requirement (conforms with ground ALS list)	See above
7020	SB Sheriff Air Rescue	Airway – add “Infant O2 mask” Amount of one (1) (conforms with ground ALS list)	See above
7020	SB Sheriff Air Rescue	Medications – “Lidocaine 1gm or 1gm/250cc” reduce “Amount” column to “1Gm” from “2Gm”. (conforms with ground ALS list)	See above

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7020	SB Sheriff Air Rescue	Durable Airway – ETCO2 device – pedi and adult (“may be integrated into bag”) Change to: “Capnography sensor (preferred), or colormetric ETCO2 – pediatric and adult”	See above
7020	SB Sheriff Air Rescue	IV...Monitoring – “ECG Pediatric and Adult. 3 sets each”. Change to “ECG patches. 20” This provides for 5-6 monitored patients or (2) 12-lead patients. Specific pediatric sized ECG patches (not Defib pads) are not necessary in the pre-hospital environment.	See above
7020	SB Sheriff Air Rescue	IV...Monitoring – “IO Needles – 16 & 18 ga” delete requirement. Since the EZ IO is already required and the EZ IO can be used manually in the unlikely event of a powered driver failure, it is redundant and costly.	See above
7020	SB Sheriff Air Rescue	IV...Monitoring – “3-way stopcock” delete requirement. Since a 3-way stopcock with extension tubing is already required under the “EZ IO”, this is redundant and costly.	See above
7020	SB Sheriff Air Rescue	IV...Monitoring– Mucosal Administration Device (MAD) Reduce amount from four (4) to two (2). Only 3 meds can be given IN, and it is highly unlikely that any patient would receive all three concurrently.	See above
7020	SB Sheriff Air Rescue	Airway – ET Tubes... “6.0, 7.0, 7.5 and 8.0” Change to “6.0 and/or 6.5, 7.0 and/or 7.5, 8.0 and/or 8.5 with stylet”. (conforms with ground ALS list)	See above
7020	SB Sheriff Air Rescue	Airway – ET Tubes.... 2.5, 3.0, 3.5 Add “with stylet”	See above
7020	SB Sheriff Air Rescue	Airway – ET Tubes.... 4.0 through 5.5 Add “with stylet”	See above

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<b>PROTOCOL #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
Draft ICEMA Abbreviation List	CVIFD	Please include the following to the list of approved Abbreviations. Arrived on scene – AOS Full Spinal Immobilization – FSI Transmucosal - TM Motor, sensory, vitals – MSV Before – a After – p Irr – irregular SQ – subcutaneous	No change to the list
Draft ICEMA Abbreviation List	CVIFD	1.) After (p) does not have a line over it 2.) With (w) does not have a line over it 3.) Before (a) does not have a line over it 4.) Without (s) does not have a line over it 5.) Did not Obtain, not listed	With the change to electronic PCR's there isn't the ability to have the line above the letter
Draft Minimum Documentation Requirements for Transfer of Patient Care	CVIFD	Please change 1c under procedure from "Birth Date" to "Age, birth date if possible."	Covered by the statement "Minimum fields required on the patient care record to transfer care between pre-hospital providers if available, applicable or known."
Draft Minimum Documentation Requirements for Transfer of Patient Care	CVIFD	1.) Says all 12-Lead ECG is to go with the PT, we keep a copy for our paper work 2.) Says we must fill in the PT's date of birth before we give AMR a copy, Why?	1) If you keep a copy for your paperwork you will need to print 2 copies 2) there must be a way to identify the patient and the protocol states "Minimum fields required on the patient care record to transfer care between pre-hospital providers if available, applicable or known."