

PROTOCOLS FOR PUBLIC COMMENT

Protocol Reference #'s:

**7010, 7020, 9120, 10010, 10020, 10030, 10050, 10080, 10090, 10100, 10140,
10150, 11030, 12010, 12020, 13010, 13020, 13030, 14020, 14040 and 14090**

DUE: July 13, 2012 at 5 p.m.

PROTOCOL #	AGENCY	COMMENT	RESPONSE
	AMR	Looks good no changes.	
	SACH	Everything looks good to me, I am glad we have removed the charcoal as it was a problem in a Tylenol overdose call taken this week. Sara Evans	
7010	San Manuel FD	Agree with removal of charcoal, option of 500cc N/S bags, removal of container type for narcotics, addition of stylet with ETT, removal of patient sizes on King LTS-D, PEDS electrode removal, EZ-IO changes, Monitor changes, suction canister size removal, Blood-Y removal, All optional equipment changes, and Triage tag number changes. SUGGEST Changing: IO NEEDLES - sizes 16 and 18 gauge to: <i>IO NEEDLES Adult and Pediatric.</i>	Agree to make change.
7020	San Manuel FD	Agree with all.	
9120	San Manuel FD	Agree	
10010	San Manuel FD	Agree	
10020	San Manuel FD	Agree	
10030	San Manuel FD	Agree especially with addition of capnography.	
10050	San Manuel FD	Disagree with absolute contraindications #2. Remove Failed CPAP. This is an indication for NTI not a contraindication. Disagree with Relative Contraindications addition of suspected airway burns. There are many cases where NTI is the only way to secure the airway in a burned and edematous inhalation burn. Agree with BAAM and capnography changes.	Will move Failed CPAP to Relative Contraindications. No change to suspected airway burns.
10080	San Manuel FD	Agree	
10090	San Manuel FD	Agree	

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10100	San Manuel FD	Agree	
10140	San Manuel FD	Agree	
10150	San Manuel FD	Agree	
11030	San Manuel FD	Agree with removal (basic patient care covers it).	
12010	San Manuel FD	Agree	
12020	San Manuel FD	Agree	
13010	San Manuel FD	Agree with most changes. PARAMEDIC SUPPORT PRIOR TO BASE STATION CONTACT#5 Suggest changing B/P less than 80 to Signs of inadequate tissue perfusion. Then end sentence with repeat until tissue perfusion improves.	Agree with changing sentence but will also have to change number 4 Adult to match.
13020	San Manuel FD	Agree with changes.	
13030	San Manuel FD	Agree	
14020	San Manuel FD	Agree	
14040	San Manuel FD	Typo ALS INTERVENTIONS #4 insert NG/OG tube. Agree with all, especially the use of capnography to determine ROSC, and 12-lead post ROSC.	Agree to make the change.
14090	San Manuel FD	Agree	

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7010	Ontario FD	<p>Should give some guidelines for Midazolam. Either carry 5 mg or 10 mg.</p> <p>For Manual IO Needles - sizes should be listed. Some agencies still do not carry EZ IO so if this is an “either or” then it would be helpful to put the sizes back in for the manual needles.</p> <p>Would EMS Tourniquet be better than Medical Tourniquet? Medical tourniquets include those for IV starts and other non EMS uses.</p>	<p>Due to the current drug shortage issues we do not wish to limit the ability to purchase Midazolam.</p> <p>See above, will change verbiage to specify Adult or Pediatric sizes.</p> <p>Agree EMS tourniquets are specific for hemorrhages and do not include IV start tourniquets; will make the change.</p>
9120	Ontario FD	Good	
10010	Ontario FD	Both Epiglottitis and Airway burns are difficult to diagnose in the field. Possible add “patient presenting with signs/symptoms of epiglottitis and suspected airway burns” - also you already cover most of these patients with your first contraindication of conscious patient with an intact gag reflex.	
10030	Ontario FD	Nice additions.	
10050	Ontario FD	<p>Curious for rational for Failed CPAP being an absolute contraindication of nasotracheal intubation.</p> <p>For letter h. on page two - possibly add the word ‘waveform’ before capnography and capnometry.</p> <p>Please address how to push the Lidocaine SIVP under procedure.</p>	<p>See comment above.</p> <p>Agree to add waveform.</p> <p>Lidocaine is an educational point.</p>
10080	Ontario FD	Nice additions.	

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10090	Ontario FD	Under relative contraindication - Suspected STEMI makes senses or ECG with ST elevation makes sense. Suspected STEMI ECG? Maybe reword for clarification.	Agree to make change.
10100	Ontario FD	Good protocol.	
10140	Ontario FD	Cleaned up nice with language removed; however, I still think we need to have some documents with this teaching information included in it for new medics and for skills day testing.	
10150	Ontario FD	Good	
12010	Ontario FD	Good	
12020	Ontario FD	Please address the Medical Durable Power of Attorney in this protocol since we have had a couple of issues with this.	This will be an educational piece.
13010	Ontario FD	Good	
13020	Ontario FD	I like the new format makes it much easier. Please clarify the fluid bolus. Will it be given not matter what or only if BP less than 90mmHg. It states to reassess and repeat if BP remains less than 90mmHg? This imply you would not give initial unless the BP was less than 90mmHg. Re-phrase to match the Peds verbiage - may repeat if BP is less than 90 mmHg. Under the Versed dosages #6 add "mg" after 2.5 for maximum dose.	This statement will be clarified, see answer above. Agree to make change.
13030	Ontario FD	Please give rational why heat related emergencies get 500 ml but cold related emergencies still only get 300 ml. These differences seem slight but make errors.	Agree to change to make consistent.

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14020	Ontario FD	Why did you remove drooling and grunting - these are both common s/s of pediatric airway obstruction. Other changes making AHA - look good.	The removal of drooling and grunting were specific to the new AHA guidelines.
14040	Ontario FD	Remove the "r" from tube. Just confirming that the pediatric defibs will be 2j/kg, 4j/jg, and 10 j/kg. Any additional defibs should be at 10j/kg? Under ROSC - #7 Epinephrine dose for 1 day - 8 years - 0.005 mg/kg - mcg should be changed to mgs.	Agree to make change. This is correct. The dose is the correct vasopressor dose and is in mcgs for consistency.
14090	Ontario FD	Why is compression ratio 90 compressions and 30 ventilation - please keep consistent and put 100 compressions and 30 ventilations/min. You have utilize Quantitative Waveform Capnography stated here - in other protocols you just have waveform capnography and in some just capnography. Make all protocols consistent. Just remove b. under circulation. You already cover to do chest compressions if HR less than 100. Why need repeat if hr less than 60 - do chest compressions. ALS Interventions #4 is confusing. Needs to be reworded. Evaluation airway for body temperature?	Agree to change to make consistent. Agree to change to make consistent. Agree to make change. # 4 was recommended by MAC to remind medics to warm and maintain an adequate airway before starting to push meds.