NEW YORK STATE | Bureau of Emergency Medical Services and Trauma Systems

Policy Statement

Number: 24-01
Issue Date: April 12, 2024
Supersedes/Updates: New

State Basic Life Support Protocol Change Log V.24.0 Effective 07.01.2024

BLS Protocol Change Log from v23.1 to v24.0

Throughout the protocols, language was simplified while reducing inconsistencies and efforts made to improve readability and ease of use without changing the medicine. When appropriate, used footnotes to highlight specific teaching points/directions within a protocol.

(1.0) Introduction

Introduction

- *Standardized the annotation for "common" caveats to simplify protocols and this language is included in the introduction section:*
    - *‡ Refers to "If equipped and trained." This indicates the intervention(s) may be performed if an agency or region chooses to implement the intervention and the practitioner is trained to the standard of the agency or region and has the intervention (medication, equipment, etc) available to them during the course of patient care. These are not required.*

Pediatric Definition and Discussion

- Pediatric protocols should be considered for patients who have not yet reached their 15th birthday.
    - 15th birthday In protocols requiring weight-based dosing guidelines, pediatric dosing should be calculated on a per-kilogram (kg) basis using the adult dose as the pediatric dose maximum. It is strongly recommended that length-based resuscitation tapes or similar weight calculation devices be used for all pediatric medication doses or treatments to confirm a patient's weight."
- Removed the following as it is specific to changes in the last revision:
    - "We have one new protocol, Behavioral: Agitated Patient – Adolescent, that provides guidance for an individual in the transitional stage of physical and psychological development between puberty and adulthood. The was developed since neither the adult or pediatric protocol may provide sufficient direction in the care of these socially and medically complex patients, and our hope is that this protocol can assist. Please note the section on De-escalation techniques included in the Resources section."

General Approach to the EMS Call

- Added the following:
    - “Ongoing situational awareness and patient assessment
    - Scene safety is not just a yes / no question; it is continual situational awareness."
    - Take note of the effect of patients and bystanders
    - Don’t get pinned into area
    - Be aware of your egress routes.”

(2.0) Extremis / Cardiac Arrest Protocols

Cardiac Arrest – Adult: General Approach

- Added See “Environmental: Hypothermia” if there is concern for severe/profound hypothermia."

Cardiac Arrest – Pediatric: General Approach

- Added See “Environmental: Hypothermia” if there is concern for severe/profound hypothermia."
- Added “Minimize interruption in compressions for placement of a mechanical CPR device".

Cardiac Arrest – Adult: Return of Spontaneous Circulation (ROSC)

- EMT Level: Added acquire and transmit 12-lead ECG ‡
- Added the following text:
    - Acquisition of a 12-lead ECG should be completed *before* transport.
    - Appropriate patient assessment and stabilization should be completed as soon as possible following ROSC.
    - Voice communication with receiving facility must be completed as soon as possible after ROSC.
    - ALL patients with STEMI and ROSC should be transported to a receiving hospital capable of primary angioplasty, if feasible, within a transport time recommended per regional procedure."

Obvious Death – Applies to Adult and Pediatric Patients

- Added “Criteria for obvious death may be different in the severe or profoundly hypothermic patient; see “Environmental – Hypothermia.”

Respiratory Arrest / Failure – Adult

- Added the following:
    - Attach pulse oximeter if available and have a goal of oxygen saturation ≥92%
    - See “Resources: Oxygen Administration and Airway Management”.

(3.0) General Adult and Pediatric Medical Protocols

AMS: Altered Mental Status – Applies to Adult and Pediatric Patients:

- Clarified “if equipped and trained” for BG and oral glucose administration
- Moved “blood glucose testing” to EMT and higher levels
- Removed certain assessment elements and included references to applicable protocols

Behavioral: Agitated Patient – Adult

- Removed call for law enforcement from protocol to include only under considerations
- Moved check blood glucose level to EMT scope and higher
- Added “Utilize waveform capnography as soon as practicable following administrations of any medications in this protocol”
- Added “If the agitated patient goes into cardiac arrest, refer to the appropriate protocol and consider treatment for acidosis

Behavioral: Agitated Patient – Pediatric

- Removed call for law enforcement from protocol to include only under considerations
- Moved check blood glucose level to EMT scope and higher
- Added “Utilize waveform capnography as soon as practicable following administrations of any medications in this protocol"

Carbon Monoxide Exposure – Suspected – Applies to adult and pediatric patients.

- See also “Smoke Inhalation / Cyanide Poisoning – Symptomatic”, as indicated.

Cardiac Related Problem / Chest Pain – Adult:

- Added to EMT: For patients with signs of hypoperfusion, see also “General: Cardiogenic Shock – Adult”.

Cardiogenic Shock – Adult.

- Added new protocol to align with Collaborative Protocols.

Environmental: Hypothermia

- Added new protocol to align with Collaborative Protocols.

Environmental: Localized Cold Emergencies

- Revised old protocol to reflect local cold injury extensive revisions

Hospice Care

- New protocol

Organophosphate – CHEMPACK Program

- Removed Mark I references. Removed old DOH policy reference.
- Extensive formatting revision to simplify and reflect contents of current CHEMPACK assets
- Clarified who and how to administer various changing components of the CHEMPACK with guidance from NYS DOH BEMS
- Moved to follow “Organophosphate Exposure” and retitle as “Organophosphate – CHEMPACK Program”

Poisoning / Overdose – Adult Undifferentiated

- Separated adult and pediatric protocols to align with collaborative protocols

Poising / Overdose – Pediatric: Undifferentiated:

- Separated adult and pediatric protocols to align with collaborative protocols.

Seizures – Adult:

- Separated adult and pediatric protocols to align with collaborative protocols.

Seizures – Pediatric:

- Separated adult and pediatric protocols to align with collaborative protocols.

Shock – Adult: Shock/Hypoperfusion

- Updated criteria
    - This protocol *excludes* traumatic, septic, and cardiogenic shock.
    - Check blood glucose level, if known or suspected to be below 60 mg/dL, see "general hypoglycemia – Adult".

Smoke Inhalation – Cyanide Poisoning – Symptomatic: Adult and Pediatric

- Added new protocol to align with collaborative protocols.

(4.0) Trauma

Musculoskeletal Trauma:

- Added Moxifloxacin 400 mg PO if equipped and trained.

(5.0) Resources

Advance Directives / DNR / MOLST:

- Updated protocol to reflect ability to follow direction of health care proxy
- Cleaned up language to be consistent with Bureau Policy and State Law

Incident Command

- Removed – no need for inclusion in statewide clinical care protocols

Medication Formulary

- Added for BLS medications

Normal Vital Signs for Infants/Children, Pediatric Assessment Triangle, Pediatric References

- Updated with information consistent with published EMS-C resources (NYS Pediatric Assessment Reference Card PDF Publication #4157)