

## CAREMSG Updates by slide number

**Slide 3:** How to Use These Guidelines - Updated with new NASEMSO Model EMS Clinical Guidelines reference

**Slide 4:** TOC - Added Destination guideline to General Policies and Guidance Document section per request

**Slide 5:** Universal Care  
Added verbiage about airway confirmation with waveform capnography.  
Change suspected to potential per TTTG update.

**Slide 9:** Abuse & Maltreatment  
Updated language about notification requirements for suspected abuse or neglect.  
Updated hyperlink for APS.  
Updated with new graphic for TEN-4-FACESp to identify suspected abuse.

**Slide 10:** Pain Management  
Exclusions: removed hypotension for age and hypoventilation.  
Added EtCO<sub>2</sub> monitoring per TTTG  
Added link to nausea/vomiting per TTTG

**Slide 15:** Destination guideline  
Moved from appendix to this section per field request  
Removed ALTE reference (changed to BRUE several years ago)

**Slide 20:** Syncope  
Added link to general trauma per TTTG  
Added goal MAP to adult side for fluid management per TTTG

**Slide 21:** Stroke/TIA  
Added “difficulty speaking” to inclusion criteria  
Updated verbiage in exclusion to match TTTG  
Additional language per TTTG

**Slide 22:** Altered Mental Status  
Simplified toxic ingestion or substance use per Tox  
Naloxone – deleted IM and 2mg/2mL option for EMTs  
Formatting changes to match TTTG

**Slide 23:** Seizures  
Clarified time frame for eclampsia (20 weeks or above gestation)  
Clarified verbiage about when to administer benzos and mag

Other minor changes to match TTTG

**Slide 24:** Hypoglycemia

Added hyperlink to Prehospital Stroke Screening Scales appendix

Updated dextrose dosing to match TTTGs – lower dose results in less hyperglycemia. Weight based dosing at 5mL/kg results in very high dextrose for young patients.

**Slide 25:** Hyperglycemia

Updated cardiac arrest hyperlink under exclusion

Updated hyperlinks for stroke scale

Added lower fluid bolus for pediatric patients (Peds EM rec)

Calcium chloride – added “and do not exceed mL/minute” per Tox recommendation

**Slide 26:** Anaphylaxis and allergic reaction

Removed autoinjector and simplified verbiage for Epi dosing

Updated language and dosing for Nebulized Albuterol and Epi to match TTTG, and for simplicity

Add hyperlink to shock at the bottom

**Slide 27:** Shock

Simplified verbiage at the top

Simplified verbiage for IVF administration for adults and peds

Removed assist in administration of patient’s own hydrocortisone due to removal of patient assist from scope of practice.

Simplified format at bottom for treatment of adrenal insufficiency.

**Slide 28:** Sepsis

Fluid bolus increased to 30mL/kg per national standards

**Slide 31:** Chest Pain

Added line to inclusion criteria about chest pain due to sympathomimetic use per TTTG.

Removed patient assist nitro from EMT section – removed from national scope

Clarified Nitro verbiage per TTTG

Added Rx names to list of PDE5

**Slide 32:** Bradycardia

Clarified age for initiation of chest compressions to match TTTG

Remove IVF bolus – not in TTTG

Added line about when to proceed directly to transcutaneous pacing per TTTG

Push Dose Epi moved above atropine

**Slide 33:** Tachycardia

Added sentence re rate-related symptoms under exclusion per TTTG.

Removed Adenosine from regular wide complex tachycardia per TTTG (adult & peds)

**Slide 38:** Airway Management

Clarified when ETI should be considered (age > 8)

- OPA & supraglottic airway (SGA) for patients < 8 yo.
- Contact online medical direction for consideration of endotracheal intubation for special circumstances.

Added verbiage regarding confirming SGA or ETI placement with EtCO2

- Confirm supraglottic or endotracheal airway placement with waveform capnography (EtCO2). If unable to confirm EtCO2, remove airway and place alternate device

**Slide 39:** Bronchospasm

Added verbiage regarding confirming SGA or ETI placement with EtCO2

- Confirm supraglottic or endotracheal airway placement with waveform capnography (EtCO2). If unable to confirm EtCO2, remove airway and place alternate device

**Slide 41:** RSI

Simplified language under preoxygenation to match TTTG

Added max dose for Etomidate to decrease risk of hypotension, matches hospital practice.

Updated post intubation medications for weight based dose, intervals, etc.

Updated verbiage re EtCO2.

- Confirm supraglottic or endotracheal airway placement with waveform capnography (EtCO2). If unable to confirm EtCO2, remove airway and place alternate device

**Slide 43:** Cardiac Arrest Adult & Pediatric

Airway/Ventilation – added “unwitnessed” to match TTTG

Pediatric Epi dose – maximum 3 doses per TTTG

Added hyperlink to Poisoning/overdose

**Slide 44:** Cardiac Arrest flow sheet

Updated peds Epi with max dose

New flow sheet to match TTTG

**Slide 45:** Post-ROSC care

Clarified language about when to go to closest facility vs CRC

Added verbiage about avoiding TCP for bradycardia post ROSC

Added verbiage about Push dose Epi for down trending HR/BP

Clarified language for Max Epi doses for adult and peds

**Slide 46:** Obvious/Apparent death

No substantive change, moved bullets for clarity

**Slide 47:** DNR

Updated title of Orange form

**Slide 48:** Non-traumatic TOR

Reworded bullets at the bottom for clarification per TTTG

**Slide 50:** Peds wheezing/Bronchiolitis

Add hyperlink to Airway management.

Additional language from TTTGs.

Removed reference to intubation.

Matched dose of nebulized epi for bronchiolitis and croup per TTTG.

**Slide 51:** Peds Stridor/croup

Updated nebulized epi dose per TTTG

Removed reference to intubation.

**Slide 52:** BRUE

Updated highlighted verbiage to match TTTG.

Add hyperlink to Abuse and Maltreatment and Airway Management.

**Slide 53:** Neonatal Resuscitation

Updated highlighted verbiage to match TTTGs and NRP.

Updated BVM rate.

Removed ETT Epi.

Add hyperlink to Airway Management.

**Slide 54:** NRP pathway

Replaced previous outdated version.

**Slide 56:** Childbirth

Updated highlighted verbiage to match TTTG.

Clarified Mag dosing and indications.

Added post-partum hemorrhage management section with TXA added

Added hyperlink at the bottom refer to OB/GYN guideline for Eclampsia treatment.

**Slide 57:** OB/GYN

Updated highlighted verbiage to match TTTG

**Slide 58:** Perinatal Facilities

Updated list per AZ Perinatal trust website

**Slide 59:** Perinatal facility descriptions

Updated Facility descriptions, names, and categorization per Arizona Perinatal Trust Website

**Slide 61:** General Trauma

Moved hemorrhage control above airway management – TTTG update.

Updated TXA verbiage.

**Slide 64:** Traumatic Cardiac Arrest – withholding/TOR

Updated title and verbiage for clarity and to match TTTG.

Focus on when to withhold resuscitation along with TOR

Blunt:

Found in arrest – no resuscitation,

Arrest with EMS on-scene – limited resuscitation, then TOR if no response,

Arrest enroute to hospital – ongoing resuscitation until arrival at hospital.

**Slide 69:** Extremity Trauma

Highlighted additional verbiage from TTTG per tox

**Slide 70:** EPIC/TBI

Updated language based on EPIC data/TTTG.

**Slide 73:** Thoracic Injury

Updated Needle size for needle decompression

**Page 75:** Poisoning/Overdose

Added list to relevant guidelines – need to check all hyperlinks.

Updated verbiage to match TTTG

Toxicologists recommended removing diphenhydramine as treatment for EPS/dystonic reaction, they recommend treating agitation with benzos.

**Page 76:** Agitated or Violent patients

Added verbiage to match TTTGs.

**Slide 78:** Opioid

Removed IM and 2mg/2mL IN Naloxone dose from EMT box.

**Slide 80:** Cyanide

Corrected time frame for administration of cyanokit to 15 minutes.

Updated time frame for sodium nitrite to be given over 5 minutes, added that it should not be given if hypoxemic or hypotensive due to risk for worsening hypoxemia.

**Slide 82:** Dermal Chemical Burns

Reworded per recommendation from Tox.

Add hyperlink for Tachycardia after wide complex tachycardia.

Removed specific reference to morgan lens.

Moved verbiage about HF acid and hyperkalemia down so that they are together.

Added Calcium chloride for hypocalcemia.

**Slide 83:** Acetylcholinesterase Inhibitor poisoning

Updated verbiage per Tox, matches TTTG

**Slide 84:** Radiation

Updated verbiage per Tox, matches TTTG

**Slide 85:** Hydrogen Sulfide

Updated title and inclusion per Tox, matches TTTG

Tox recommended removing sodium nitrite due to risk for worsening patient's clinical picture.

**Slide 86:** Bites & Envenomations

Updated verbiage per Tox, matches TTTG

**Slide 87:** Hyperthermia

Verbiage updated per TTTG

Removed benzos for shivering per TTTG, refer to Seizure instead as needed

**Slide 88:** Drowning

Emphasized PEEP under both EMT and Paramedic sections

**Slide 89:** Conducted Electrical Weapons/Taser

Simplified language to match TTTG

**Slide 91:** Hydrocarbon

Add hyperlink to Airway Management and Seizure.

Added clarification language for when to consider propranolol in huffing.

**Page 93:** TOC

Added line for AEMS categorized satellite centers and FSEDs

**Page 98:** Stroke Screening Tools

Updated title per TTTG

**Page 102:** AEMS Categorized ED

Updated list per AEMS 11/4/2023

**Page 103:** AEMS Categorized Satellite Emergency Centers & Free Standing Emergency Centers

Added as separate page, updated list per AEMS 11/4/2023

**Page 104:** Stroke Centers

Updated list per AEMS 11/4/2023

**Page 105:** Trauma Centers

Updated list per AEMS 11/4/2023

**Page 107:** Cardiac Receiving & Referral Centers

Updated list per AEMS 11/4/2023

**Page 108:** Blood thinner list  
Updated list per TTTG with Tox input

**Page 114:** LIFEPAK Monitor  
Removed age cut-offs from Adult and Pediatric section  
Simply weight based now

**Page 117:** APGAR score  
Added per field request

**Page 118:** Alternative Destinations Behavioral Health Patients  
Added per vote from group  
Agency specific  
Matches ADHS version

**Page 185:** TXA  
Added TXA drug profile