

Verde Valley Medical Center Off-Line Guidelines

2013 Changes

Off-line	Page	Change	Why
Chest pain suggestive of cardiac in origin	26	Re-worded activation of cath lab.	To improve pre-notification procedures
Cardiac Arrest Post Resuscitation	29	Included end tidal range PETCO ₂ 35 to 40	Based off of the range in ACLS/ Share recommendations for post cost cardiac arrest with ROSC
Trauma Triage Designation	31	Mechanism of injury criteria/ transports to closest appropriate trauma center which may not be the highest level trauma center	Based off of state guidelines, utilization of level 1 and level 4 facilities are appropriate for these patients
Burns	32	Added Fentanyl as additional pain management option	Fentanyl was approved for use in pre-hospital by DHS
Musculoskeletal Injury	33	1-Title change; removed trauma 2-Fentanyl added	1- Change due to confusion regarding the chronic back pain patient and appropriate pain management. 2- Fentanyl was approved for use in pre-hospital by DHS
Head Injury with altered LOC	34	Added TBI guidelines	In accordance with EPIC protocol and statewide TBI treatment initiative
Trauma Multi-system	35	Separation between needle thoracostomy with and without cardiac arrest	To improve clarity in determining when to utilize bilateral needle thoracostomy
Spinal Injury	Deleted	Removed Protocol	Duplication with other protocols
Envenomation (Arachnids)	39	Added Fentanyl as additional pain management option	Fentanyl was approved for use in pre-hospital by DHS
Envenomation (Snake Bites)	40	Added Fentanyl as additional pain management option	Fentanyl was approved for use in pre-hospital by DHS
Airway compromise	41	Footnotes (4) Recommend use of Bougie for all intubation attempts and utilization of C-collar after intubation	Standardize and improve first time success rates during intubation as recommended by Walls airway management and to provide a means of reducing tube dislodgement through stabilization

Pulmonary Edema	44	<p>1-Added Bumex as alternative diuretic RX</p> <p>2- Versed Dose for CPAP changed to 1 mg prn every 5 min</p>	<p>1-For use as an alternative medication when Furosemide is unavailable</p> <p>2- For ease of calculation and standardized dosing</p>
OB-Complications of delivery	45	<p>1-Breech delivery; removed technique of inserting fingers into vagina to provide airway.</p> <p>2- Removed O2 delivery in same fashion</p> <p>3- Limb transverse delivery; Footnote added indicating “on limb presentation mother generally does not have the urge to push”</p> <p>4- Prolapsed Cord; Footnote added to reiterate importance of maintaining position to keep pressure off the umbilical cord with two finger insertion technique</p>	<p>1- Baby still oxygenated through umbilical cord</p> <p>2- Baby still oxygenated through umbilical cord</p> <p>3- Recommendation from VVMC OB Physicians</p> <p>4- Recommendation from VVMC OB Physicians</p>
OB-Post partum hemorrhage	46	<p>1-Wording change to massaging fundal area (massage fundus by applying kneading pressure to fundal area)</p> <p>2- Footnote added (2) identifying location of fundus immediately after delivery</p>	<p>1-Fundal area will change</p> <p>2- Fundus is generally above the umbilicus and will drop one finger width below the umbilicus several hours after delivery</p>
OB- Complications of pregnancy	47	<p>1-PIH changed to gestational hypertension</p> <p>2-IV changed to wide open with Normal Saline</p> <p>3-Magnesium Sulfate changed from 5 grams to 4 grams</p>	<p>1- To standardize current terminology</p> <p>2-Mothers are generally dehydrated and will benefit from fluid management</p> <p>3- Recommendation from VVMC OB Physicians</p>

OB- Delivery	49	1-Change in wording to begin fundal massage firmly instead of gently 2-Change in technique to clear neonates airway; Bulb suction to mouth and nose no longer recommended unless infant is choking; Current technique is to wipe neonates mouth and nose	1-Firm pressure is required to minimize possibility of hemorrhaging 2- Suctioning has been found to cause a vagal response
Abdominal Pain	54	Added Fentanyl for pain management options	Fentanyl was approved for use in pre-hospital by DHS
Peds-tachycardia with pulses	62	Added tachycardic rates for children greater than 180 and infants greater than 220	To improve clarity in identifying tachycardic rates requiring treatment, and in-line with PALS guidelines
Peds-Burns	66	Added Fentanyl for pain management options	Fentanyl was approved for use in pre-hospital by DHS
Peds-Musculoskeletal injury	67	1-Title change; removed trauma 2-Fentanyl added	1- Change due to confusion regarding the chronic back pain patient and appropriate pain management. 2- Fentanyl was approved for use in pre-hospital by DHS
Peds-Head injury	68	Added TBI guidelines	In accordance with EPIC protocol and statewide TBI treatment initiative
Peds-Multi-system trauma	69	Separation between needle thoracostomy with and without cardiac arrest	To improve clarity in determining when to utilize bilateral needle thoracostomy
Peds-Spinal Injury	Deleted	Removed Protocol	Duplication with other protocols
Peds-Envenomation (Arachnids)	72	Added Fentanyl as additional pain management option	Fentanyl was approved for use in pre-hospital by DHS
Peds-Envenomation (Snake Bites)	73	Added Fentanyl as additional pain management option	Fentanyl was approved for use in pre-hospital by DHS

Peds-Airway	74	1-Footnote change (3) Surgical cricothyrotomy contraindicated in children less than 8 years of age; Needle cricothyrotomy contraindicated in children less than 5 years of age; Children under 5 years of age after failed airway require approved supraglottic device (LMA) 2- Footnotes (5) Recommend use of Bougie for all intubation attempts and utilization of C-collar after intubation	1-Recommendation from Walls airway management 2- Standardize and improve first time success rates during intubation as recommended by Walls airway management and to provide a means of reducing tube dislodgement through stabilization
Peds-Abdominal pain	81	Added Fentanyl as additional pain management option	Fentanyl was approved for use in pre-hospital by DHS
Appendix D	97	Added Approved medication list for Blitz hike out boxes	Standardization of care for back country treatments
Appendix I	110	Changed to scope of practice for VVMC care levels. (used to be for I-99 scope of practice; now combined)	Add clarity in differences in scope of practice between EMT, I-99 and Paramedic
Appendix K	Deleted	Removed Appendix K (old I-99 guidelines)	Due in changes in scope of practice for I-99's protocols were combined