



MEDICAL CONTROL DIRECTIVE

2023-18

DATE: September 12, 2023

TO: Pinellas County EMS Agencies
 Pinellas County Emergency Communications
 Pinellas County Certified EMTs and Paramedics
 Pinellas County Certified Advanced Practice Paramedics, Nurses
 Pinellas County Online Medical Control Physicians
 Pinellas County Ambulance Billing and Financial Services
 ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director 

RE: Medical Operations Manual (MOM) Volume 1 & Volume 2 Revisions

DISTRIBUTION/TRAINING PERIOD: N/A

EFFECTIVE DATE: September 13, 2023, 0800 hrs.

- Pinellas County Medical Operations Manual (MOM) Volume 1 Revisions and Effective Date

Revision Date	Section	Protocol	Revision
230913	Table of Contents	N/A	<ul style="list-style-type: none"> ▪ Protocol CS22.9 - Changed the name from Philips Cardiac Monitor/Defibrillator (ALS) to Cardiac Monitor/Defibrillator (ALS) ▪ Protocol CS22.9.1 Philips MRx - Moved to CS22.9.2 ▪ Protocol CS22.9.2 Philips Tempus Pro - Deleted ▪ Protocol CP11 Manual Defibrillation <ul style="list-style-type: none"> • Protocol CP11.2 Philips Tempus LS - Deleted • Protocol CP11.1 Philips MRx - Moved to CP11.2 • Protocol CP11.1 - Stryker Lifepak 15 added ▪ Protocol CP13 Cardioversion <ul style="list-style-type: none"> • Protocol CP13.2 Philips Tempus LS - Deleted • Protocol CP13.1 Philips MRx - Moved to CP13.2 • Protocol CP13.1 - Stryker Lifepak 15 added ▪ Protocol CP14 Defibrillation <ul style="list-style-type: none"> • Protocol CP14.2 Philips Tempus LS - Deleted • Protocol CP14.1 Philips MRx - Moved to CP14.2 • Protocol CP14.1 - Stryker Lifepak 15 added

Revision Date	Section	Protocol	Revision
230913	Online Medical Control (OLMC)	CS10	<ul style="list-style-type: none"> ▪ Requests: <ul style="list-style-type: none"> • Following statement removed “Assistance with interpretation of cardiac rhythm, 12 lead ECG, or other physiologic data via the Corsium System”
	Infectious Disease/Pandemic - Universal COVID19 Guidance	CS20.1	<ul style="list-style-type: none"> ▪ Removed references to Philips Cardiac Monitor and added Stryker LP15 Cardiac Monitor/Defibrillator
	Standardized Response Gear Inventory	CS22	<ul style="list-style-type: none"> ▪ Added additional language to the Standardization of Equipment section regarding use and alteration ▪ Add BLS Van Ambulance and BLS 911 Ambulance to the “Required Equipment by Unit Type” ▪ Added AED and Cardiac Monitor-Defibrillator to the matrix of “Required Equipment by Unit Type”
	ALS Airway Response Bag	CS22.5	<ul style="list-style-type: none"> ▪ Deleted all references to Philips Tempus ALS Solution ▪ Removed Philips Tempus Pro Large Adult NIBP Cuff ▪ Removed Philips Tempus Pro Thigh NIBP Cuff ▪ Added Blood Pressure Cuff, Non-invasive, X-Large Adult for use with the Stryker LP15
	Handtevy Pediatric Response Bag	CS22.8	<ul style="list-style-type: none"> ▪ All references to Philips Tempus Pro & LS deleted. ▪ Lid - Exterior (large zipper pocket) <ul style="list-style-type: none"> • Added the OB kit contents to the OB Kit inventory listing ▪ Lid - Interior <ul style="list-style-type: none"> • Multiple inventory revisions made (location changes, par reduction, item deletion, etc.) • Added the Needle Cricothyrotomy Kit contents to the Needle Cricothyrotomy Kit inventory listing
	Handtevy Pediatric Response Bag	CS22.8	<ul style="list-style-type: none"> ▪ Main Bag - Interior Left to Right (cont.) <ul style="list-style-type: none"> • Added - “Stryker LP15, Pediatric Quik-Combo RTS Multi-function Pads, WEIGHT < 15 kg [33 lbs.]” with a par level of 2
	Cardiac Monitor/Defibrillator (ALS)	CS22.9	<ul style="list-style-type: none"> ▪ Added CS22.9.1 - new systemwide standardized inventory for the Stryker LP15 Cardiac Monitor/Defibrillator (ALS) ▪ Moved Philips MRx standardized inventory to CS22.9.2 Removed Philips Tempus Pro inventory
	Vehicle Supplemental Equipment & Medical Supplies	CS22.15	<ul style="list-style-type: none"> ▪ Equipment & Medical Supplies - Patient Care Action Area - ALS Ambulance & ALS Transport Capable Rescue <ul style="list-style-type: none"> • Deleted - Blood Pressure Cuff, Non-Invasive, Child - For Use with the Philips Tempus Pro • Deleted - Blood Pressure Cuff, Non-Invasive, Large Adult - For Use with the Philips Tempus Pro • Deleted - Blood Pressure Cuff, Non-Invasive, Thigh - For Use with the Philips Tempus Pro • Added - Blood Pressure Cuff, Non-Invasive, Child - For Use with the Philips Tempus Pro • Deleted Glucometer (Bayer Contour) ▪ Added a new column for BLS - Van inventory ▪ Delineated the difference in column labels for BLS Ambulance - 911 and BLS Ambulance - Van

Revision Date	Section	Protocol	Revision
230913	Universal	U1	<ul style="list-style-type: none"> ▪ ALS <ul style="list-style-type: none"> • Treatment <ul style="list-style-type: none"> ○ Removed references to the Philips Tempus Pro and LS monitor/defibrillator ○ Added specific pediatric multi-function pad information for the Stryker LP15 ○ Added specific patient information to the use of a CPR feedback sensor
	Medical Cardiac Arrest	C1	<ul style="list-style-type: none"> ▪ ALS <ul style="list-style-type: none"> • Revised “Defibrillate at 150j as indicated for ventricular fibrillation or pulseless ventricular tachycardia” to “Perform manual defibrillation as indicated for ventricular fibrillation or pulseless ventricular tachycardia” <ul style="list-style-type: none"> ○ Use energy settings recommended by manufacturer (150j for Philips MRx, Escalating 200j, 300j, 360j for Stryker LP15)
	Suspected Acute Coronary Syndrome (ACS)	C3	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician via Corsium system when using Tempus Pro if additional assistance needed with interpretation (e.g., pediatric patients, borderline ECG’s, etc.)”
	Bradycardia	C4	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician via Corsium system when using Tempus Pro if additional assistance needed with interpretation (e.g., pediatric patients, borderline ECG’s, etc.)”
	Tachycardia	C5	<ul style="list-style-type: none"> ▪ ALS <ul style="list-style-type: none"> • Added specific joule settings for synchronized cardioversion for the Stryker LP15 and the Philips MRx ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation”
	Electrocution/Lightning Strike	T3	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation”
	Pediatric Medical Cardiac Arrest	P3	<ul style="list-style-type: none"> ▪ BLS <ul style="list-style-type: none"> • SAFETY ALERT <ul style="list-style-type: none"> ○ Deleted all references to the Philips Tempus Pro and LS Monitor/Defibrillator ○ Added Stryker LP15 Pediatric Quik Combo Pad specifics • Added CPR Feedback Sensor specifics

Revision Date	Section	Protocol	Revision
230913	Pediatric Post Medical Cardiac Arrest	P4	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation”
	Pediatric Bradycardia	P6	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation”
	Pediatric Tachycardia	P7	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation”
	Manual Defibrillation	CP11	<ul style="list-style-type: none"> ▪ Deleted all content related to the Philips Tempus LS ▪ Philips MRx instructions moved to CP11.2 ▪ Added Stryker Lifepak 15 instructions as CP11.1
	Synchronized Cardioversion	CP13	<ul style="list-style-type: none"> ▪ Deleted all content related to the Philips Tempus LS ▪ Philips MRx instructions moved to CP13.2 ▪ Added Stryker Lifepak 15 instructions as CP13.1
	Transcutaneous Pacing	CP14	<ul style="list-style-type: none"> ▪ Deleted all content related to the Philips Tempus LS ▪ Philips MRx instructions moved to CP14.2 ▪ Added Stryker Lifepak 15 instructions as CP14.1
	Laerdal CPRMeter2 - CPR Feedback Sensor	CP31	<ul style="list-style-type: none"> ▪ New clinical procedure for the new wireless CPR feedback device being deployed with the Stryker Lifepak 15
	Adenosine	F1	<ul style="list-style-type: none"> ▪ Added information specific to the Stryker LP15 for documentation of conversion

- Pinellas County Medical Operations Manual (MOM) Volume 2 Revisions and Effective Date

Revision Date	Section	Protocol	Revision
230913	Philips Clinical Configurations	AD16	<ul style="list-style-type: none"> ▪ Protocol title changed to Cardiac Monitor/Defibrillator - AED Clinical Configurations
	Philips MRx Clinical Configuration	AD16.1	<ul style="list-style-type: none"> ▪ Philips MRx Clinical Configuration moved to AD16.3 ▪ Added AD16.1 Stryker Lifepak 15 Clinical Configuration

Attachments:

- 2023 Medical Operations Manual, Volume 1, Revision History Log
- 2023 Medical Operations Manual, Volume 1, Qtr. 3 Table of Contents
- CS10 Online Medical Control (OLMC)
- CS20 Infectious Disease/Pandemic - Universal COVID19 Guidance
- CS22 Standardized Response Gear Inventory
- CS22.5 ALS Airway Response Bag
- CS22.8 Handtevy Pediatric Response Bag
- CS22.9 Cardiac Monitor/Defibrillator (ALS)
- CS22.15 Vehicle Supplemental Equipment & Medical Supplies
- U1 Universal
- C1 Medical Cardiac Arrest
- C3 Suspected Acute Coronary Syndrome (ACS)
- C4 Bradycardia
- C5 Tachycardia
- T3 Electrocution/Lightning Strike
- P3 Pediatric Medical Cardiac Arrest
- P4 Pediatric Post Cardiac Arrest
- P6 Pediatric Bradycardia
- P7 Pediatric Tachycardia
- CP11 Manual Defibrillation
- CP13 Synchronized Cardioversion
- CP14 Transcutaneous Pacing
- CP31 Laerdal CPRmeter 2 - CPR Feedback Sensor
- F1 Adenosine
- 2023 Medical Operations Manual, Volume 2, Revision History Log
- 2023 Medical Operations Manual, Volume 2, Qtr. 3 Table of Contents
- AD16 Cardiac Monitor/Defibrillator - AED Clinical Configuration

Distribution:

- EMSChiefs e-mail distribution group
- Vector Solutions
- Pinellas County EMS Office of the Medical Director Webpage www.pcemsomd.com

REVISION HISTORY LOG

Revision Date	Section	Protocol	Revision
230419	Volume 1	N/A	General errata
230419	Volume 1	N/A	Added a Revisions History Log page to the beginning of the book
230419	Clinical Standard	CS4	General formatting cleanup
230419	Clinical Standard	CS4	Added additional information regarding transport to a FSED to the GREEN category of the Patient Status Definitions and Hospital Destination Section
230601	Medical Cardiac Arrest	C1	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Lidocaine dosing added ▪ PEARLS <ul style="list-style-type: none"> • Highlighted that early defibrillation is critical • Highlighted two minutes of “priming CPR” is no longer recommended • Added - Agonal gasps may be present in the first minutes after sudden cardiac arrest and should not delay initiation of aggressive resuscitation efforts including chest compressions ▪ REFERENCES <ul style="list-style-type: none"> • Updated
230601	Bradycardia	C4	<ul style="list-style-type: none"> ▪ ALS <ul style="list-style-type: none"> • Examples of symptoms for Stable - Symptomatic and Unstable added • Atropine dosing increased from 0.5 mg to 1 mg. ▪ OLMC <ul style="list-style-type: none"> • Calcium chloride dosing added ▪ PEARLS <ul style="list-style-type: none"> • Added - Clinically impactful bradycardias are generally at a rate of less than 50 bpm ▪ REFERENCES <ul style="list-style-type: none"> • Updated
230601	Tachycardia	C5	<ul style="list-style-type: none"> ▪ ALS <ul style="list-style-type: none"> • Examples of symptoms for Unstable - Wide/Narrow added

REVISION HISTORY LOG (cont.)

Revision Date	Section	Protocol	Revision
230601	Tachycardia (cont.)	C5	<ul style="list-style-type: none"> ▪ ALS (cont.) <ul style="list-style-type: none"> • Treatment for Stable - Wide Regular Monomorphic changed to “Consult OLMC for antiarrhythmic choice” • Max dose of Diltiazem increased from 20 mg to 25 mg for Stable - Narrow Regular History of atrial fibrillation and Irregular ▪ OLMC <ul style="list-style-type: none"> • Antiarrhythmic options added for Stable Wide Regular Monomorphic Tachycardia
230601	Epinephrine	F11	<ul style="list-style-type: none"> ▪ Contraindications <ul style="list-style-type: none"> • Removed cardiogenic shock
230601	Volume 1	N/A	General errata
230913	Table of Contents	N/A	<ul style="list-style-type: none"> ▪ Protocol CS22.9 - Changed the name from Philips Cardiac Monitor/Defibrillator (ALS) to Cardiac Monitor/Defibrillator (ALS) ▪ Protocol CS22.9.1 Philips MRx - Moved to CS22.9.2 ▪ Protocol CS22.9.2 Philips Tempus Pro - Deleted ▪ Protocol CP11 Manual Defibrillation <ul style="list-style-type: none"> • Protocol CP11.2 Philips Tempus LS - Deleted • Protocol CP11.1 Philips MRx - Moved to CP11.2 • Protocol CP11.1 - Stryker Lifepak 15 added ▪ Protocol CP13 Cardioversion <ul style="list-style-type: none"> • Protocol CP13.2 Philips Tempus LS - Deleted • Protocol CP13.1 Philips MRx - Moved to CP13.2 • Protocol CP13.1 - Stryker Lifepak 15 added ▪ Protocol CP14 Defibrillation <ul style="list-style-type: none"> • Protocol CP14.2 Philips Tempus LS - Deleted • Protocol CP14.1 Philips MRx - Moved to CP14.2 • Protocol CP14.1 - Stryker Lifepak 15 added

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	Vehicle Supplemental Equipment & Medical Supplies	CS22.15	<ul style="list-style-type: none"> ▪ Equipment & Medical Supplies - Patient Care Action Area - ALS Ambulance & ALS Transport Capable Rescue <ul style="list-style-type: none"> • Deleted - Blood Pressure Cuff, Non-Invasive, Child - For Use with the Philips Tempus Pro • Deleted - Blood Pressure Cuff, Non-Invasive, Large Adult - For Use with the Philips Tempus Pro • Deleted - Blood Pressure Cuff, Non-Invasive, Thigh - For Use with the Philips Tempus Pro • Added - Blood Pressure Cuff, Non-Invasive, Child - For Use with the Philips Tempus Pro • Deleted Glucometer (Bayer Contour) ▪ Added a new column for BLS - Van inventory ▪ Delineated the difference in column labels for BLS Ambulance - 911 and BLS Ambulance - Van

REVISION HISTORY LOG (cont.)

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	Medical Cardiac Arrest	C1	<ul style="list-style-type: none"> ▪ ALS <ul style="list-style-type: none"> • Revised “Defibrillate at 150j as indicated for ventricular fibrillation or pulseless ventricular tachycardia” to “Perform manual defibrillation as indicated for ventricular fibrillation or pulseless ventricular tachycardia” <ul style="list-style-type: none"> ○ Use energy settings recommended by manufacturer (150j for Philips MRx, Escalating 200j, 300j, 360j for Stryker LP15)
	Suspected Acute Coronary Syndrome (ACS)	C3	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician via Corsium system when using Tempus Pro if additional assistance needed with interpretation (e.g., pediatric patients, borderline ECG’s, etc.)”
	Bradycardia	C4	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician via Corsium system when using Tempus Pro if additional assistance needed with interpretation (e.g., pediatric patients, borderline ECG’s, etc.)”

REVISION HISTORY LOG (cont.)

Revision Date	Section	Protocol	Revision
230913	Tachycardia	C5	<ul style="list-style-type: none"> ▪ ALS <ul style="list-style-type: none"> • Added specific joule settings for synchronized cardioversion for the Stryker LP15 and the Philips MRx ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation”
	Electrocution/Lightning Strike	T3	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation”
	Pediatric Medical Cardiac Arrest	P3	<ul style="list-style-type: none"> ▪ BLS <ul style="list-style-type: none"> • SAFETY ALERT <ul style="list-style-type: none"> ○ Deleted all references to the Philips Tempus Pro and LS Monitor/Defibrillator ○ Added Stryker LP15 Pediatric Quik Combo Pad specifics • Added CPR Feedback Sensor specifics
	Pediatric Post Medical Cardiac Arrest	P4	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation”

REVISION HISTORY LOG (cont.)

Revision Date	Section	Protocol	Revision
230913	Pediatric Bradycardia	P6	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation”
	Pediatric Tachycardia	P7	<ul style="list-style-type: none"> ▪ OLMC <ul style="list-style-type: none"> • Following statement removed “May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation”
	Manual Defibrillation	CP11	<ul style="list-style-type: none"> ▪ Deleted all content related to the Philips Tempus LS ▪ Philips MRx instructions moved to CP11.2 ▪ Added Stryker Lifepak 15 instructions as CP11.1
	Synchronized Cardioversion	CP13	<ul style="list-style-type: none"> ▪ Deleted all content related to the Philips Tempus LS ▪ Philips MRx instructions moved to CP13.2 ▪ Added Stryker Lifepak 15 instructions as CP13.1
	Transcutaneous Pacing	CP14	<ul style="list-style-type: none"> ▪ Deleted all content related to the Philips Tempus LS ▪ Philips MRx instructions moved to CP14.2 ▪ Added Stryker Lifepak 15 instructions as CP14.1
	Laerdal CPRMeter2 - CPR Feedback Sensor	CP31	<ul style="list-style-type: none"> ▪ New clinical procedure for the new wireless CPR feedback device being deployed with the Stryker Lifepak 15
	Adenosine	F1	<ul style="list-style-type: none"> ▪ Added information specific to the Stryker LP15 for documentation of conversion

CLINICAL OPERATING GUIDELINES - TABLE OF CONTENTS

CLINICAL STANDARDS	
CS1	Definition of a Patient
CS2	Patient Bill of Rights
CS3	Patient Safety
CS4	Hospital Destination Policy
CS5	Transport Resource Utilization
CS6	Interfacility Transfer
CS7	Patient Care Report & Transfer of Care
CS8	Mandatory State of Florida Reporting Requirements
CS9	Narrative Documentation
CS10	Online Medical Control (OLMC)
CS11	Special Patient Protocol
CS12	Refusal of Care
CS13	Controlled Substance Management Plan - OPERATIONAL
CS14	Involuntary Transport
CS15	Deceased/Obvious Death/Withholding Resuscitation
CS16	Honoring DNRO/MOLST/POLST
CS17	Blood Specimen Collection
CS18	Approach to Mass Casualty Incidents (MCI)
CS19	Med OPS - Incidents With Ongoing Threats
CS20	Infectious Diseases/Pandemic
CS20.1	Universal COVID19 Guidance
CS20.2	COVID19 PPE Placard
CS20.3	COVID19 Response Plan & Dispatch Actions
CS20.4	Approach to Suspected COVID19 Patient
CS20.5	COVID19 Clinical Care
CS20.6	COVID19 EMS - Hospital Plan
CS20.7	Stay At Home Care for COVID19
CS20.8	Instructions for Stay-At-Home for COVID19
CS20.9	Monkeypox
CS21	Alternate Standards of Care
CS22	Standardized Response Gear Inventory
CS22.1	BLS Response Bag - Lifeguard Supervisor
CS22.2	BLS Response Bag - Lifeguard Tower
CS22.3	BLS Response Bag - Administrative
CS22.4	BLS Response Bag - Operational
CS22.5	ALS Airway Response Bag
CS22.6	Trauma Response Bag
CS22.7	ALS Medical Response Bag
CS22.8	ALS Handtevy Pediatric Response Bag

CLINICAL OPERATING GUIDELINES - TABLE OF CONTENTS

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CLINICAL STANDARDS (cont.)	
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CS22.9.1	Stryker LP15
CS22.9.2	Philips MRx
CS22.10	Philips FR3 Automated External Defibrillator (BLS Ambulance, Marine and Event Support Carts)
CS22.11	Major Trauma Bag
CS22.12	SSCOR III Suction Unit
CS22.13	Personal Protective Equipment (PPE)
CS22.13.1	PPE Respirator, Full-Face
CS22.13.2	PPE Suit Kit (ALS & BLS)
CS22.13.3	Ballistic Vest Kit (ALS & BLS)
CS22.14	Required Documentation/Forms
CS22.15	Vehicle Supplemental Equipment & Medical Supplies
CS22.16	Required Vehicle Mechanical and Operational Readiness

UNIVERSAL	
U1	Universal Approach to Patient Care

AIRWAY	
A1	Foreign Body Airway Obstruction
A2	Asthma/Chronic Obstructive Pulmonary Disease (COPD)
A3	Tracheostomy Emergencies
A4	Carbon Monoxide (CO) Exposure/Toxicity
A5	Cyanide Poisoning - Smoke Inhalation

CARDIAC	
C1	Medical Cardiac Arrest
C2	Post Medical Cardiac Arrest
C3	Suspected Acute Coronary Syndromes (ACS)
C4	Bradycardia
C5	Tachycardia (Wide/Narrow)
C6	Cardiogenic Shock
C7	Congestive Heart Failure (CHF)/Pulmonary Edema

CLINICAL OPERATING GUIDELINES - TABLE OF CONTENTS

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M1	Abdominal Pain/Nausea & Vomiting
M2	Allergic Reaction & Anaphylaxis
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M5	Diabetic Emergency
M6	Near Drowning/Submersion
M7	Cold Emergency
M8	Heat Emergency
M9	Suspected Sepsis
M10	Preeclampsia/Eclampsia
M11	Obstetrical Emergency
M12	Poisoning & Overdose
M13	Acute Pain Management
M14	Seizure

TRAUMA	
T1	General Trauma Care
T2	Traumatic Cardiac Arrest
T3	Electrocution/Lightning Strike
T4	Eye Injury
T5	Bites/Stings/Envenomation
T6	Burns
T7	Barotrauma/Diving Injuries

CLINICAL OPERATING GUIDELINES - TABLE OF CONTENTS

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P1	Pediatric Foreign Body Airway Obstruction
P2	Pediatric Asthma
P3	Pediatric Medical Cardiac Arrest
P4	Pediatric Post Medical Cardiac Arrest Care
P5	Neonatal Resuscitation
P6	Pediatric Bradycardia
P7	Pediatric Tachycardia (Wide/Narrow)
P8	Pediatric Allergic Reaction and Anaphylaxis
P9	Pediatric Altered Mental Status
P10	Pediatric Brief Resolved Unexplained Event (BRUE)
P11	Pediatric Diabetic Emergency
P12	Pediatric Drowning/Submersion
P13	Pediatric Cold Emergency
P14	Pediatric Hyperthermia
P15	Pediatric Acute Pain Management
P16	Pediatric Seizure
P17	Pediatric General Trauma Care
P18	Pediatric Fever/Suspected Sepsis

CLINICAL PROCEDURES	
CP1	Adult Airway Mgmt. & Advanced Airway Placement
CP1.1	Adult Bag-Valve-Mask Ventilation
CP1.2	King Airway Placement (ALS ONLY)
CP1.3	Endotracheal Intubation
CP1.4	Medication Facilitated Intubation
CP2	Surgical Cricothyrotomy Airway Access
CP3	Pediatric Airway Mgmt. & Advanced Airway Placement
CP3.1	Pediatric Bag-Valve-Mask Ventilation
CP3.2	Pediatric Endotracheal Intubation
CP3.3	Pediatric Facilitated Intubation
CP4	Needle Cricothyrotomy
CP5	Continuous Waveform Capnography
CP6	Continuous Positive Airway Pressure (CPAP)
CP7	Needle Thoracostomy
CP8	Nebulizer Inhalation Therapy
CP8.1	Nebulizer Inhalation Therapy - Mouthpiece or Aerosol mask
CP8.2	Nebulizer Inhalation Therapy with CPAP
CP8.3	Nebulizer Inhalation Therapy - Intubated Patient

CLINICAL OPERATING GUIDELINES - TABLE OF CONTENTS

CLINICAL PROCEDURES (CONT.)	
CP9	Compression Performance Resuscitation
CP9.1	Adult CPR
CP9.2	Child CPR
CP9.3	Infant CPR
CP10	Automated External Defibrillator (AED)
CP11	Manual Defibrillation
CP11.1	Stryker Lifepak 15
CP11.2	Philips MRx
CP12	Vector Change Defibrillation
CP13	Synchronized Cardioversion
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CS10 ONLINE MEDICAL CONTROL (OLMC)

The premise of OLMC consultation, in general, is that certain situations require increased levels of critical decision making and/or weighing of patient specific risk/benefit considerations, must be tracked for quality assurance purposes, pose a medicolegal risk to the EMS system and providers, or may benefit from the unique perspective and knowledge of the OLMC staff. Therefore, **OLMC contact MUST be made in the following circumstances:**

1. Any time medical advice is needed

REQUESTS	OLMC treatment options
	Physician Field Response
	Deviation from a treatment or transport protocol—required prior to initiation of deviation
	Discontinuation of cardiopulmonary resuscitation (CPR)
	Assistance in resolving differences of opinion regarding patient care between system clinicians and other healthcare providers, healthcare facilities, or law enforcement
	Authorization for Critical Care Team scene response
	Authorization for Air Transport of patients not meeting Trauma Alert Criteria (dispatch may be initiated pending OLMC contact to minimize scene)
	Poison Information Center consultation

SITUATIONS	A protocol specifically requires OLMC consultation
	A medication, treatment or transport error or patient injury has occurred
	An unsuccessful attempt at medication facilitated intubation – required at the time of the event so that additional orders may be given, not at conclusion of patient care
	A request to leave one Emergency Department or hospital property to go to another, except where formal interfacility transfer arrangements have been made by the transferring physician
	Law Enforcement is considering transporting a patient to a healthcare facility in a vehicle other than an ambulance
	A bystander physician or other health care provider wants to participate in patient care or specify a transport destination contrary to protocol
	A piece of EMS equipment has malfunctioned or is of concern to the Paramedic AND has impacted patient care (malfunctions or concerns that did not impact care to be reported directly to your supervisor or EMS Coordinator)
	A patient originally agrees to go to the hospital by ambulance, but who later refuses because of receiving information about their potential financial obligations

2. As otherwise required in specific interim and/or Emergency Orders or Protocols

CS10 - ONLINE MEDICAL CONTROL (OLMC)

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.1 UNIVERSAL COVID19 GUIDANCE

Purpose - To provide an overview of how to stay safe and minimize exposure to COVID-19 through recommendations, processes, use of personal protective equipment (PPE), decontamination, and disposal of medical waste.

OFF DUTY

- Follow CDC/DOH guidance in your personal life to protect yourself and your family
- Stay healthy by eating well, getting enough sleep, washing your hands, etc.
- If you or your family become sick - report this to your supervisor **PRIOR to coming to work**

START OF SHIFT

- Follow your agency's screening process
- Ensure you are starting with a clean environment - decontaminate the station, response vehicle, patient compartment & stretcher (if applicable), medical equipment and bags, etc.
- Keep your personal food/gear away from the patient compartment or areas that could potentially be contaminated
- Ensure you have an adequate supply of and proper PPE and disinfectants
- Use proper PPE (Ref. CS20.2)
- Use proper disinfectants - Follow the **COVID-19 Disinfectant List** (included) guidelines to ensure the correct disinfectant and process is used. Ensure wet time guideline is met

RESPONSE / ON SCENE CARE / TRANSPORT

- Universal masking of all patients
 - All patients (age greater than 2 years as tolerated) will have a procedure/surgical mask applied.
 - Reference CS20.5 COVID19 Clinical Care for the use of supplemental oxygen
- Utilize baseline PPE for all patients (Ref. CS20.2)
 - Nitrile gloves and surgical mask (minimum Level 2) **OR** N95 respirator
- Utilize full PPE (Ref. CS20.2) for Respiratory Isolation Precautions (RIP) note, Patient with Suspected or Confirmed COVID-19, Patient in Cardiac Arrest, Active Airway Assistance and/or Aerosol Generating Procedures (e.g., suction, high flow oxygen, nebulizer, CPAP, BVM ventilation, airway placement) regardless of suspicion for COVID-19
 - Head:
 - N95 Respirator or Half face elastomeric respirator with P100 Cartridge Filters & goggles **OR**

CS20 INFECTIOUS DISEASE/PANDEMIC

RESPONSE / ON SCENE CARE / TRANSPORT (cont.)

- Full-face elastomeric respirator with P100 Cartridge Filters and splash shields
 - Hands: Single Use Nitrile Gloves
 - Body: Gown or Single use coverall (e.g., Dupont Tychem)
- If COVID-19 not suspected, follow standard treatment protocols.
- If COVID-19 suspected use the Approach To Suspected COVID-19 Patient (Ref. CS20.4) protocol to minimize risk
- Provide care according to the current Pandemic Condition level (**GREEN**, **YELLOW**, **RED**, **BLACK**) and provide EARLY hospital notification
- “If you see something say something”
 - If you see someone without proper PPE or inappropriate actions say something for their safety and yours.
- Report to your chain of command any issues at healthcare facilities, hospitals, other agencies, etc.

AT HOSPITAL / AFTER THE CALL

- Ensure your unit is decontaminated per the **COVID-19 Disinfectant List** (included) guidelines.
- Ensure we follow each hospital’s infection control policies with courtesy (i.e., limiting access in the hospital, wearing a surgical mask, etc.)
- Ensure waste is properly disposed of (e.g., yellow bag for items that are retained for decon vs. a red bag for permanent disposal).
- Decontaminate your full face or half face elastomeric respirator and goggles, as applicable.
- Discard your N95 respirator, as applicable.
- Ensure proper documentation in **ePCR** of what isolation precautions were taken, PPE use per clinician, and final field impression if COVID-19 is suspected or confirmed.

IN BETWEEN CALLS / END OF SHIFT

- Have extra uniforms available and change your uniform to reduce contamination in the station, your response vehicle and personal vehicle.
- Ensure you have fully decontaminated before eating, drinking, smoking, touching your eyes/face, etc.

BE SAFE

- Please keep up the diligence of using proper PPE and disinfection practices to keep yourself, coworkers, work environment, and your family safe.

CS20 INFECTIOUS DISEASE/PANDEMIC

COVID-19 Disinfectant List

	Primary	Wet Time	Secondary	Wet Time	Other/Specific Notes
Hands (bare)	Soap and Water	20 secs.	Hand Sanitizing Gel or Wipe	20 secs.	Hand Sanitizer - min. 60% Alcohol
Goggles (reusable)	Bleach (wipe or solution - 0.55% concentration)	1 min.	N/A	N/A	MUST rinse in clean water after application of bleach then air dry
Full Face Elastomeric Respirator (any brand)					
Half Face Elastomeric Respirator (any brand)					
Splash/Spark Cover (wipe exterior surface only)					
Gown (single use)	SINGLE USE ONLY	N/A	N/A	N/A	DO NOT ATTEMPT TO DISINFECT
Statpack Response Bags	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Commercial Extractor	Normal Cycle	
Major Trauma Bag	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Commercial Extractor	Normal Cycle	
Glucometer	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Isopropyl Alcohol (minimum 60%)	30 secs.	
BP Cuff (Nylon)					
Stethoscope					
Trauma Shears	Isopropyl Alcohol (minimum 60%)	30 secs.	N/A	N/A	Dispose of when unable to properly decontaminate
Bandage Shears					
Stretcher (in its entirety)	Per manufacturer instructions		Per manufacturer instructions		
Panasonic CF20	Isopropyl Alcohol (minimum 60%)	1 min.	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	30 secs.	
Panasonic CF20 LED Stylus					
Stryker LP15 Cardiac Monitor/Defibrillator					
Stryker LP15 Cardiac Monitor/Defibrillator - All Cables					
Surface Go3	Isopropyl Alcohol (minimum 60% but not more than 70%)	1 min.	N/A	N/A	DO NOT utilize any other product for disinfection
Motorola Portable Radios (all models)	Isopropyl Alcohol (minimum 60%)	30 secs.	N/A	N/A	
Vehicle - Cab Interior (hard surfaces)	Isopropyl Alcohol (minimum 60%)	30 secs.	N/A	N/A	
Vehicle - Patient Compartment	Per agency specific instructions	N/A	Per agency specific instructions	N/A	
General Hard Surfaces (when not noted above)	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Isopropyl Alcohol (minimum 60%)	30 secs.	

CS20.1 - UNIVERSAL COVID19 GUIDANCE

UNIVERSAL PRECAUTIONS

Patient:

- Universal masking of all patients
 - ***ALL patients (age greater than 2 years old as tolerated) will have a procedure/surgical mask applied***

EMS Clinicians – Baseline PPE:

- Head:
 - Surgical Mask (minimum Level 2) **OR**
 - N95 Respirator
- Hands: Single Use Nitrile Gloves

*A clinician who is unvaccinated or “High Risk” is encouraged to use a N95 respirator as baseline PPE

COVID-19 FULL PPE

Patient:

- Universal masking of all patients
 - All patients (age greater than 2 years old as tolerated) will have a procedure/surgical mask applied

EMS Clinician – FULL PPE:

- Head:
 - N95 Respirator & Goggles **OR**
 - Half-face elastomeric respirator with P100 Cartridge Filters & Goggles **OR**
 - Full-face elastomeric respirator with P100 Cartridge Filters and Splash Shields
- Hands: Single Use Nitrile Gloves
- Body:
 - Gown **OR**
 - Single use coverall (i.e., Dupont Tychem)

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.3 COVID19 RESPONSE PLAN & DISPATCH ACTIONS

Pinellas County COVID-19 Unified Command has determined the following response configuration plan:

1. Pinellas County standard response configurations remain in place
2. Additional COVID-19 Special Rescue (SR) units may be added to the system
3. It is expected that agency Command Staff may implement "Condition 2" and/or "Condition 4" at their discretion
4. "Condition 5" is not to be used for pandemic response because transport units need to be managed centrally
5. Pandemic Condition Level (**Green/Yellow/Red/Black**) will be determined by the COVID-19 Unified Command and displayed on the Hospital Status Board (Ref. <https://hs.sunstarems.com/>)
6. Additional response configuration changes will be made as needed by the COVID-19 Unified Command

Dispatch Caller Screening:

1. Call takers (Regional 911 & Sunstar Communications) shall implement revised screening procedures which supersede all prior directives in the following manner:
 - On all Fire/EMS calls, ask: "Do you or anyone there have or think you have COVID?" if "yes" document RIP speed note and return to PDI.
 - On medical calls, ask "Do you or anyone there have flu like symptoms such as difficulty breathing, wheezing, fever, cough, or sore throat?" if "yes" document RIP speed note and return to PDI.
 - If "no" ask, "Have you or the patient had close contact with anyone with COVID within the last week?" if "yes" document RIP speed note and return to PDI.
2. For any "yes" answer, the call taker shall place the standard influenza speed note in the call:

"\$Respiratory isolation precautions!"

CS20 INFECTIOUS DISEASE/PANDEMIC

3. System personnel shall be alerted and implement the appropriate level of PPE *prior to entering the space or making patient contact.*

Notes:

- Any suspicion of COVID19 on a fire or trauma call ask questions above.
- "Close contact" means within 6 feet for more than 15 minutes without PPE

Condition 2 Medical (2M)

1. During COVID-19, the EMS system is encountering frequent and lengthy Hospital Bed Delays
2. In the event of significant and sustained Hospital Bed Delays, EMS & Fire Administration may authorize "Condition 2 Medical" which will be enacted by 911 Dispatch following their SOP which includes notifications to the field and Sunstar
3. When the EMS system is experiencing a low number of ambulances available due to Hospital Bed Delays - EMS will deploy a CONDITION 2 MEDICAL Plan during High Activity to clear ambulances from hospitals
 - EMS Medical Communications will notify all hospitals via a Hospital Emergency Notification System (HENS) page. Prior to CONDITION 2 MEDICAL, EMS will communicate with Hospital Administrators
 - EMS will show countywide hospital status as CONDITION 2 MEDICAL
 - EMS will utilize system status management (SSM) tools to distribute patients as equitably as possible however reserves the right to transport all patients to the CLOSEST Hospital if the situation escalates
4. Refer to the EMS-Hospital Plan for the actions taken by Fire/EMS personnel and Hospital personnel during transfer of patient care at the Hospital
5. If the EMS system increases to Condition 3 Medical, the Condition 2M EMS-Hospital Plan will remain in force

Condition 3 Medical (3M)

1. During COVID-19, the EMS system is seeing sudden spikes in demand for EMS services especially transports by ambulance.
2. In the event of a significant and sustained system demand, EMS & Fire Administration may authorize "Condition 3 Medical" which will be enacted by 911 Dispatch following their SOP to immediately add transport capacity to the EMS system.

CS20 INFECTIOUS DISEASE/PANDEMIC

3. During “Condition 3 Medical”, when a Rescue Unit is assigned to an EMS call, it will provide treatment and transport. Additional assistance may be requested by the Rescue Unit as needed to assist. A transport by a Rescue Unit will be to the closest most appropriate facility. Trauma / Sepsis / Stroke / STEMI Alerts, Pediatrics, Veterans, Baker Act must be transported to the appropriate specialty hospital per the Hospital Destination Policy (Ref. CS4).
4. When an ALS Engine, Truck, Squad or Medic Unit is assigned to an EMS call, a Sunstar Unit will be dispatched and handle the transport. ALS First Responder Units should refrain from calling for a Rescue Unit unless Sunstar Units are unavailable per Dispatch.
5. During Condition 3M, it is not necessary to call Medical Control for Fire Rescue transports contained in the Transport Resource Utilization (Ref. CS5) protocol.

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.4 APPROACH TO SUSPECTED COVID19 PATIENT

GOAL - MINIMIZE UNPROTECTED EXPOSURES

- Use the “Isolation Precautions Taken” intervention in ePCR to document what PPE was utilized
- Enter the number of personnel who donned PPE in the intervention qualifier
- Document what PPE was employed by each clinician in the Crew section

SUSPECT COVID-19 with **any** of the following patient symptoms regardless of dispatch notes, travel, or contact history:

- Fever or Chills (not required)
- Flu-like symptoms/body aches
- New loss of taste or smell
- Upper respiratory (congestion, sore throat, headache)
- Lower respiratory (cough or respiratory difficulty)
- Fatigue
- Gastrointestinal (GI) (nausea, vomiting, diarrhea)
- Patient with current laboratory confirmed COVID19 diagnosis

PROTECT YOURSELF:

- **Limit the number of clinicians approaching a suspected COVID-19 patient.**
- **If making patient contact, don FULL PPE** anytime you suspect COVID-19 *regardless* of dispatch information (Refer to the PPE placard)
 - N95 Respirator + goggles **OR**
 - Half face elastomeric respirator with P100 Cartridge Filters + goggles **OR**
 - Full-face elastomeric respirator with P100 Cartridge Filters (and splash shields)
 - Gown or single use coverall (e.g., Dupont Tychem)

PROTECT FAMILY MEMBERS:

“RIDERS” ARE PERMITTED in the ambulance with the following **REQUIREMENT:**

- Any rider should wear a surgical mask

CS20.4 - APPROACH TO SUSPECTED COVID19 PATIENT

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.5 COVID19 CLINICAL CARE

Documentation:

Any patient who meets screening criteria shall have the words “*Suspected COVID-19*” or “*Confirmed COVID-19*” documented in the ePCR to ensure activation of the surveillance triggers.

Protective Actions:

Take the following Protective Measures when caring for ALL suspected COVID-19 Patients:

GOAL	PROTECTIVE ACTIONS	
Protect Yourself	Minimize personal items carried and do not bring/store personal items in the patient care compartment	Don all appropriate PPE prior to making patient contact and limit number of clinicians involved in patient care <i>(Refer to PPE placard - Ref. CS20.2)</i>
Minimize spread of viral particles from patient	Place surgical mask on a patient (over nasal cannula or non-rebreather mask as needed) <i>(Refer to PPE placard - Ref. CS20.2)</i>	Wrap patient in yellow disposable blanket
Use distancing / shielding / air flow	Move non-essential personnel away from aerosol generating procedures and place barriers over or between interventions and personnel. Perform outside if possible.	Use exhaust fan in ambulance patient compartment Use A/C in non-recirculating mode in ambulance cab

CS20.5 - COVID19 CLINICAL CARE

Clinical PEARLS:

1. A patient with COVID-19 may present with significant hypoxia (SpO2 in the 80's) without air hunger or altered mental status. This is referred to as “Happy Hypoxia.” Fatigue and mental status decline should guide airway intervention to a greater degree than SpO2 or respiratory rate.
2. Intubation should be the last resort in a suspected COVID-19 patient.
3. Best practices are changing rapidly as we learn more about this disease. Clinicians must stay up-to-date with changes for their own protection and to provide optimal care.
4. During Condition **GREEN**, suspected COVID-19 patients should be given the best prehospital care possible following the placard on Page 4. Other patients should be treated as per normal protocols.

CS20 INFECTIOUS DISEASE/PANDEMIC

Clinical PEARLS (cont.)

5. Crisis/Disaster Standards of Care are dictated by risk/benefit ratio and availability of resources. Condition **YELLOW** warrants risk management, while Conditions **RED** and **BLACK** warrant alterations.
6. CURRENT CONDITION will be displayed on the Hospital Status Screen.

ADULT PANDEMIC CONDITION GREEN COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE		
General	Protocol	COVID-19 Alteration
Approach to hypoxia and airway management	Multiple	<ul style="list-style-type: none"> • A patient with COVID-19 should have advanced airways placed only as a last resort • All reasonable efforts to achieve adequate oxygenation and ventilation (i.e., supplemental O2, patient self-positioning to prone, CPAP, etc.) should be undertaken prior to placing an advanced airway • Hypoxia (SpO2 80-90%) may be tolerated while attempting these interventions
Viral Filter	CP1/CP5	<ul style="list-style-type: none"> • Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	Protocol	COVID-19 Management Strategies (USE FULL PPE + PROTECTIVE ACTIONS!)
Supplemental Oxygen	U1	Apply Supplemental Oxygen as needed
Albuterol nebulizer Ipratropium nebulizer	A2/P2	If patient has metered dose inhaler (MDI), may use instead of nebulizer (2 puffs every 3 minutes to max of 10 puffs - replace surgical mask prior to exhalation)
CPAP	CP6	Ensure proper PPE
BVM	CP1	HIGH RISK - USE CAUTION MOVE ASAP TO A KING AIRWAY
Extraglottic/King Airway Insertion	CP1	HIGH RISK - USE CAUTION Administer facilitation medications per CP1.4 if needed
Endotracheal Intubation	CP1	HIGH RISK - USE CAUTION Preference for King Airway for clinician safety Ensure cuff is inflated PRIOR to ventilating
Surgical Cricothyrotomy	CP2	HIGH RISK - USE CAUTION

CS20.5 - COVID19 CLINICAL CARE

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.5 - COVID19 CLINICAL CARE

PEDIATRIC		PANDEMIC CONDITION GREEN COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE	
General	Protocol	COVID-19 Alteration	
Approach to hypoxia and airway management	Multiple	<ul style="list-style-type: none"> • A patient with COVID-19 should have advanced airways placed only as a last resort • All reasonable efforts to achieve adequate oxygenation and ventilation (i.e., supplemental O2, patient self-positioning to prone, CPAP, etc.) should be undertaken prior to placing an advanced airway • Hypoxia (SpO2 80-90%) may be tolerated while attempting these interventions 	
Viral Filter	CP3/CP5	<ul style="list-style-type: none"> • Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set 	
Aerosol Generating Procedures	Protocol	COVID-19 Management Strategies (USE FULL PPE + PROTECTIVE ACTIONS!)	
Supplemental Oxygen	U1	Apply supplemental oxygen as needed	
Albuterol nebulizer Ipratropium nebulizer	P2	If patient has metered dose inhaler (MDI), may use instead of nebulizer (2 puffs every 3 minutes to max of 10 puffs - replace surgical mask prior to exhalation)	
CPAP	CP6	Ensure proper PPE	
BVM	CP3	HIGH RISK - USE CAUTION	
Endotracheal Intubation	CP3	HIGH RISK - USE CAUTION Ensure cuff is inflated PRIOR to ventilating	
Surgical Cricothyrotomy/ Needle Cricothyrotomy	CP2/CP4	HIGH RISK - USE CAUTION	

CS20 INFECTIOUS DISEASE/PANDEMIC

ADULT	PANDEMIC CONDITION YELLOW COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE	
General	Protocol	COVID-19 Alteration
Destination	CS4	Closest Appropriate Hospital (System Status Management)
Fluid Resuscitation Goals	M9	<ul style="list-style-type: none"> Limit intravenous fluid administration to an initial 500 mL bolus Early norepinephrine as needed
Viral Filter	CP1/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	Protocol	COVID-19 Management Strategies (USE FULL PPE + PROTECTIVE ACTIONS!)
Supplemental Oxygen	U1	Permissive hypoxia – Goal SpO2 > 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	A2	HIGH RISK - USE ALTERNATIVE If patient has metered dose inhaler (MDI), may use instead of nebulizer (2 puffs every 3 minutes to max of 10 puffs - replace surgical mask prior to exhalation) ↓ 0.3 mg epinephrine (1 mg/mL concentration) intramuscular if in extremis
Suction	U1	HIGH RISK - MINIMIZE USE
CPAP	CP6	HIGH RISK - MINIMIZE USE
BVM	CP1	HIGH RISK - MINIMIZE USE MOVE ASAP TO A KING AIRWAY
Extraglottic/King Airway Insertion	CP1	HIGH RISK - USE EXTREME CAUTION <ul style="list-style-type: none"> Administer facilitation medications per CP1.4 if needed Ensure seated well PRIOR to ventilating
Endotracheal Intubation	CP1	HIGH RISK - AVOID IF POSSIBLE <ul style="list-style-type: none"> Preference for King Airway for clinician safety Ensure cuff is inflated PRIOR to ventilating
Surgical Cricothyrotomy	CP2	HIGH RISK - USE EXTREME CAUTION
CPR	C1/CP9/ T2/CT3	HIGH RISK - EXTREME CAUTION Consider early OLMC consultation for cessation of efforts IN SUSPECTED COVID-19 PATIENTS

CS20.5 - COVID19 CLINICAL CARE

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.5 - COVID19 CLINICAL CARE

PEDIATRIC	PANDEMIC CONDITION YELLOW COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE	
General	Protocol	COVID-19 Alteration
Destination	CS4	Closest Appropriate Hospital (System Status Management)
Fluid Resuscitation Goals	P18	<ul style="list-style-type: none"> Limit fluids to initial 10 mL/kg Early epinephrine drip infusion as needed
Viral Filter	CP3/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	Protocol	COVID-19 Management Strategies (USE FULL PPE + PROTECTIVE ACTIONS!)
Supplemental Oxygen	U1	Permissive hypoxia – Goal SpO2 > 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	P2	HIGH RISK - USE ALTERNATIVE If patient has MDI, USE IT + BRING IT TO THE ER (2 puffs every 3 minutes to max of 10 puffs - replace procedure/surgical mask prior to exhalation) ↓ Epinephrine (1 mg/mL concentration) intramuscular if in extremis (dose per PCEMS Handtevy Medication & Equipment Guidebook)
Suction	U1	HIGH RISK - MINIMIZE USE
BVM	CP3	HIGH RISK - MINIMIZE USE
Endotracheal Intubation	CP3	HIGH RISK - AVOID IF POSSIBLE Ensure cuff is inflated PRIOR to ventilating
Surgical Cricothyrotomy/ Needle Cricothyrotomy	CP2/CP4	HIGH RISK - USE EXTREME CAUTION
CPR	P3/CP9/T2/CT4	HIGH RISK - EXTREME CAUTION Consider OLMC consultation for cessation of efforts IN A SUSPECTED COVID-19 PATIENT

CS20 INFECTIOUS DISEASE/PANDEMIC

ADULT	PANDEMIC CONDITION RED STANDARD OF CARE ALTERATIONS FOR A COVID-19 PATIENT	
General	Protocol	COVID-19 STANDARD OF CARE CHANGES
Destination	CS4	Closest Appropriate Hospital (System Status Management)
FirstPass Quality Measures	Multiple	Suspended - Reviewers may use "MCI/Disaster" reason in Overall Exception box
Fluid Resuscitation Goals	M9	Limit fluids to initial 500 mL bolus Early norepinephrine as needed
Viral Filter	CP1/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	Protocol	COVID-19 STANDARD OF CARE CHANGES (USE PROTECTIVE ACTIONS!)
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal Cannula (max 6 LPM) or non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	A2	NOT INDICATED - DO NOT PERFORM ↓ If patient has metered dose inhaler (MDI), USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs - replace procedure/surgical mask prior to exhalation) ↓ 0.3 mg epinephrine (1 mg/mL concentration) intramuscular if in extremis
Suction	U1	AVOID IF POSSIBLE
CPAP	CP8	NOT INDICATED - DO NOT PERFORM
BVM	CP1	AVOID IF POSSIBLE - MOVE ASAP TO KING AIRWAY
Extraglottic/King Airway Insertion	CP1	USE EXTREME CAUTION FULL PPE AND PROTECTIVE MEASURES Administer facilitation medications per CP1.4 if needed Ensure seated well PRIOR to ventilating
Endotracheal Intubation	CP1	NOT INDICATED - DO NOT PERFORM
Surgical Cricothyrotomy	CP2	NOT INDICATED - DO NOT PERFORM
CPR	C1/CP9/ T2/CT3	Attempt resuscitation only if initial rhythm (prior to EMS compressions) V-fib or bystander CPR in progress, and consider early cessation if no ROSC after 3 shocks and 3 epinephrine (0.1 mg/mL concentration)

CS20.5 - COVID19 CLINICAL CARE

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.5 - COVID19 CLINICAL CARE

PEDIATRIC	PANDEMIC CONDITION RED STANDARD OF CARE ALTERATIONS FOR A COVID-19 PATIENT	
General	Protocol	COVID-19 STANDARD OF CARE CHANGES
Destination	CS4	Closest Appropriate Hospital (System Status Management)
FirstPass Quality Measures	Multiple	Suspended - Reviewers may use "MCI/Disaster" reason in Overall Exception box
Fluid Resuscitation Goals	P18	Limit fluids to initial 10 mL/kg bolus Early norepinephrine as needed
Viral Filter	CP3/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedure	Protocol	COVID-19 STANDARD OF CARE CHANGES (USE PROTECTIVE ACTIONS!)
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	P2	NOT INDICATED - DO NOT PERFORM ↓ If patient has a metered dose inhaler (MDI), USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs--replace procedure/surgical mask prior to exhalation) ↓ Epinephrine (1 mg/mL concentration) intramuscular if in extremis (dose per PCEMS Handtevy Medication & Equipment Guidebook)
Suction	U1	AVOID IF POSSIBLE
BVM	CP3	AVOID IF POSSIBLE
Endotracheal Intubation	CP3	HIGH RISK - USE EXTREME CAUTION Ensure cuff is inflated PRIOR to ventilating
Surgical Cricothyrotomy/ Needle Cricothyrotomy	CP2/CP4	HIGH RISK - USE EXTREME CAUTION
CPR	P3/CP9/T2/CT4	HIGH RISK - EXTREME CAUTION Consider OLMC consultation for cessation of efforts IN A SUSPECTED COVID-19 PATIENT

CS20 INFECTIOUS DISEASE/PANDEMIC

ADULT	PANDEMIC CONDITION BLACK STANDARD OF CARE ALTERATIONS FOR COVID-19 PATIENTS	
	NOTE: Condition BLACK will likely require alteration of standard of care for all patients/assumption that all EMS patients are COVID-19 patients	
General	Protocol	COVID-19 STANDARD OF CARE CHANGES
Destination	CS4	Closest Hospital or Approved Alternate Destination
Fluid Resuscitation Goals	M9	Limit fluids to initial 500 mL bolus Early norepinephrine as needed
Aerosol Generating Procedures	Protocol	COVID-19 STANDARD OF CARE CHANGES (USE PROTECTIVE ACTIONS!)
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	A2	NOT INDICATED - DO NOT PERFORM ↓ If patient has MDI, USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs--replace procedure/surgical mask prior to exhalation) ↓ 0.3 mg epinephrine (1 mg/mL concentration) intramuscular if in extremis ↓ A2 OLMC options may be performed without consultation
Suction	U1	AVOID IF POSSIBLE
CPAP	CP8	NOT INDICATED - DO NOT PERFORM
BVM	CP1/CP3	NOT INDICATED - DO NOT PERFORM
Extraglottic/King Airway Insertion	CP1/CP3	NOT INDICATED - DO NOT PERFORM
Endotracheal Intubation	CP1/CP3	NOT INDICATED - DO NOT PERFORM
CPR	C1/CP9/ CT3	NOT INDICATED - DO NOT PERFORM

CS20.5 - COVID19 CLINICAL CARE

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.5 - COVID19 CLINICAL CARE

PEDIATRIC		PANDEMIC CONDITION BLACK STANDARD OF CARE ALTERATIONS FOR COVID-19 PATIENTS
NOTE: Condition BLACK will likely require alteration of standard of care for all patients/assumption that all EMS patients are COVID-19 patients		
General	Protocol	COVID-19 STANDARD OF CARE CHANGES
Destination	CS4	Closest Hospital or Approved Alternate Destination
Fluid Resuscitation Goals	P18	Limit fluids to initial 10 mL/kg bolus Early norepinephrine as needed
ETCO2 Monitoring	CP3/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	Protocol	COVID-19 STANDARD OF CARE CHANGES (USE PROTECTIVE ACTIONS!)
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	P2	NOT INDICATED - DO NOT PERFORM ↓ If patient has MDI, USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs--replace procedure/surgical mask prior to exhalation) ↓ Epinephrine (1 mg/mL concentration) intramuscular if in extremis (dose per PCEMS Handtevy Medication & Equipment Guidebook) ↓ P2 OLMC options may be performed without consultation
Suction	U1	AVOID IF POSSIBLE
BVM	CP3	AVOID IF POSSIBLE
Endotracheal Intubation	CP3	HIGH RISK - USE EXTREME CAUTION Place filter between ET Tube and EtCO2 filterline set Ensure cuff is inflated PRIOR to ventilating
Needle Cricothyrotomy	CP4	HIGH RISK - USE EXTREME CAUTION

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.6 COVID-19 EMS-Hospital Plan

Objective: Streamline the transfer of patient care during COVID-19 Spike in cases

911 Patient - Transfer of Patient Care - Emergency Room
<ul style="list-style-type: none">• During CONDITION 1 - NORMAL OPERATIONS, EMS will absorb Hospital Bed Delays to the extent possible to assist with ensuring the normally high level of service• Transfer of a suspected/confirmed COVID-19 Patient:<ul style="list-style-type: none">○ EMS will provide early notification (min.10 mins) via the Hospital Radio to alert hospital staff○ Upon arrival at hospital, may discontinue aerosol treatment and CPAP temporarily if needed while transitioning to an appropriate care area○ Hospital staff will not delay placement of a patient for COVID-19 testing nor must the testing be performed in the EMS unit• Notes:<ul style="list-style-type: none">○ EMS will not remain inside the ambulance waiting with a patient for greater than 15 minutes - there must be a preset pathway for transfer of patient care
CONDITION 2 MEDICAL PLAN
<ul style="list-style-type: none">• When EMS is experiencing a low number of Ambulances available due to hospital bed delays - EMS will deploy a CONDITION 2 MEDICAL during high activity to clear Ambulances from hospitals<ul style="list-style-type: none">○ EMS Medical Communications will notify all hospitals via a Hospital Emergency Notification System (HENS) page○ Prior to CONDITION 2 MEDICAL, EMS will communicate with hospital administrators○ EMS will show countywide hospital status as CONDITION 2 MEDICAL○ EMS will utilize System Status Management (SSM) tools to distribute patients as equitably as possible however reserves the right to transport all patients to the CLOSEST Hospital if the situation escalates• EMS at <u>15 minutes</u> will find placement for any Severity Green and/or Yellow patient (e.g., waiting room, triage nurse, wheelchair, ER stretcher, or disaster stretcher deployed by EMS to a hospital).<ul style="list-style-type: none">○ EMS will follow any guidance from hospital staff (e.g., please bring this patient to the waiting room)• EMS will use a triage tag to indicate the patient severity and a complete printed Patient Care Report (PCR) will be left with the patient that will have the history of present illness, assessment, and treatment documentation<ul style="list-style-type: none">○ If any hospital staff need to speak with the Paramedic, please call Medical Communications at 727-582-2003.○ They will contact the Paramedic to call when they are available

CS20.6 - COVID19 EMS HOSPITAL PLAN

CS20 INFECTIOUS DISEASE/PANDEMIC

CONDITION 2 MEDICAL PLAN (cont.)

- EMS will continue care for a **Severity Red** patient including any “Alert” (Sepsis/STEMI/Stroke/Trauma) patient until transfer of care can be completed - not to exceed 30 minutes
 - EMS Crews will consult with Online Medical Control if there is a delay transferring care of a critical patient
- An attempt will be made to provide a verbal report to Hospital Staff
 - If a verbal report cannot be made, the Paramedic will relay via radio to the hospital a standard “radio report” indicating that EMS is responding to the next 911 patient
 - If the Hospital does not answer the radio, a report will be given on the radio channel which is recorded by Pinellas County 911
- The ambulance or rescue unit will expedite their “return to service” to respond to the next mission
- Leaving a patient at a hospital is not patient abandonment per EMTALA
 - A hospital is responsible for a patient as soon as EMS arrives at the facility
- This plan will remain in effect if CONDITION 3 MEDICAL for fire rescue transport is enacted
- When the situation has resolved, EMS will return to CONDITION 1 - NORMAL OPERATIONS

COVID-19 ALF/Nursing Home Transfers

- All Hospitals can receive a COVID-19 patient
- The 911 protocol will be used for 911 and less than five non-emergency transports from an ALF/nursing home
- For greater than five interfacility transports from an ALF/nursing home, EMS notify DOH and will attempt to coordinate with the facility.
 - EMS will coordinate with Hospitals for “direct admissions” to avoid overwhelming one Hospital or Hospital System

Current Hospital Status – <http://hs.sunstarems.com/>

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.7 STAY AT HOME CARE FOR COVID19

For use in shared medical decision making with confirmed or suspected COVID-19 patients to determine which patients are appropriate for home care versus transport to hospital



Assess for presence of INCLUSION criteria (MUST have ALL)

- Respiratory rate: 8-22/minute
- O2 saturation greater than 94% on room air (fingertip)
- Heart rate less than 110
- Systolic blood pressure greater than 100
- GCS 15
- Has decisional capacity
- Age 13-50
- Able to care for self and has appropriate support system in place
- Has a functional cell or home phone (available for Department of Health to contact them)



2. Assess for presence of EXCLUSION criteria (CANNOT have any)

- Chest pain (other than mild with cough) or ANY suspicion of ACS or CHF
- Respiratory distress or shortness of breath at rest or with mild activity
- Cyanosis or Diaphoresis
- Syncope or Altered Mental Status
- Toxic/Shock Appearance
- Any High-Risk Condition including: Pregnancy, Diabetes, Cardiovascular or pulmonary disease, and Immune compromise (HIV, Chemotherapy, etc.)
- Paramedic intuition that patient requires transport



<u>Home Care Decision*</u>	<u>Transport Decision</u>
<ul style="list-style-type: none"><input type="checkbox"/> Provide DOH/EMS follow up information card<input type="checkbox"/> Document "COVID-19 Home Care" in disposition field and close call with dispatch as "COVID-19 Home Care" <p>*If the patient meets non-transport criteria but is insisting on transport to the hospital, contact OLMC for further guidance.</p>	<p>If the patient does not meet ALL inclusion criteria or meets ANY exclusion criteria - assess, treat, and transport to hospital following all current protocols and Medical Control Directives</p>

To prevent contamination of equipment, verbal consent will be taken by one clinician and witnessed by another (2nd medic/EMT in PPE or standing at a safe distance and listening). Clinician will add a signature "Crew Signing-Stay at Home" and the 2nd Clinician will witness

CS20.7 - STAY AT HOME CARE FOR COVID19

CS20 INFECTIOUS DISEASE/PANDEMIC

CS20.8 INSTRUCTIONS FOR STAY AT HOME FOR COVID19

CS20.8 - INSTRUCTIONS FOR STAY AT HOME FOR COVID19

Signs and Symptoms







Patients with COVID-19 symptoms are likely safe to recover at home if they meet **ALL** the following conditions:

<input type="checkbox"/> Is between 13-50 years of age	<input type="checkbox"/> Oxygen saturation is greater than 94% on room air. (fingertip measurement if available)
<input type="checkbox"/> Can care for self and has appropriate support system in place at home	<input type="checkbox"/> Pulse Rate is less than 110/minute
<input type="checkbox"/> Has functional cell or home phone (able to call for help and be contacted by the Department of Health)	<input type="checkbox"/> Systolic Blood Pressure is greater than 100
	<input type="checkbox"/> Respiratory Rate is between 8-22/minute



While you are recovering at home, you should self-monitor your symptoms and condition regularly.

1. Take care of yourself at home if you are mildly ill and low risk
2. Call your family doctor for advice
3. Use telehealth whenever possible to minimize exposures
4. Call before going to your doctor's office or an urgent care facility to get instructions on how to minimize exposures when you arrive
5. Contact the Department of Health (see contact numbers next page)

How to Protect Yourself and Others

<ul style="list-style-type: none"> • Stay HOME, Stay SAFE, Save a LIFE  	<ul style="list-style-type: none"> • Use a separate room and bath room for sick household members (if possible). 
<ul style="list-style-type: none"> • Practice social distancing  • Avoid sharing personal items like utensils, food, and drinks.  	<ul style="list-style-type: none"> • Wash hands often with soap and water (preferred) or use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are unavailable 
<ul style="list-style-type: none"> • Clean the sick room and bathroom to avoid unnecessary contact with the sick person  	<ul style="list-style-type: none"> • Provide your sick household member with clean, disposable facemasks to wear at home, if available, to help prevent spreading COVID-19 to others

CS20 INFECTIOUS DISEASE/PANDEMIC

	<p>Call 911 or go to the Hospital Emergency Department if your condition gets worse, you have an emergency, or you develop any of the following warning signs*</p>	
<ul style="list-style-type: none"> • Difficulty breathing or shortness of breath • Persistent pain or pressure in the chest 	<ul style="list-style-type: none"> • New confusion or inability to arouse • Bluish lips or face 	

Resources

Consider Tele-Health if you need help

<p>Advent Health eCare https://www.adventhealth.com/coronavirus-resource-hub</p>	<p>Veterans Administration - VA Telehealth Services https://telehealth.va.gov/</p>
<p>BayCare Anywhere www.baycareanywhere.org</p>	<p>Florida Department of Health https://floridahealthcovid19.gov/ Call 866-779-6121</p>
<p>BayCare COVID-19 Testing Centers - MUST BE PRESCREENED https://baycare.org/coronavirus/covid-19-testing-centers</p>	<p>HCA Hospitals—COVID-19 Information Line 833-582-1972</p>

For more information, please call or visit:

<p>Florida Department of Health COVID-19 Hotline: (866) 779-6121 Website: https://floridahealthcovid19.gov/ Email: COVID-19@flhealth.gov</p>	<p>Centers for Disease Control and Prevention: Website: https://www.cdc.gov/</p>
<p>Pinellas County Health Department DOH-Pinellas Epidemiology: (727) 824-6932</p>	
<p>Pinellas County Health Department Locations</p>	
<p>Clearwater Health Department 310 N. Myrtle Ave. Clearwater, FL 33755 727-469-5800</p>	<p>St. Petersburg Health Department 205 Dr. Martin Luther King Jr. St. N. St. Petersburg, FL 33701 727-824-6900</p>
<p>Mid-County Health Department 8751 Ulmerton Rd. Largo, FL 33771 727-524-4410</p>	<p>Tarpon Springs Health Department 301 S. Disston Ave. Tarpon Springs, FL 34689 727-942-5457</p>

CS20.8 - INSTRUCTIONS FOR STAY AT HOME FOR COVID19

CS20.9 Monkeypox for EMS Providers

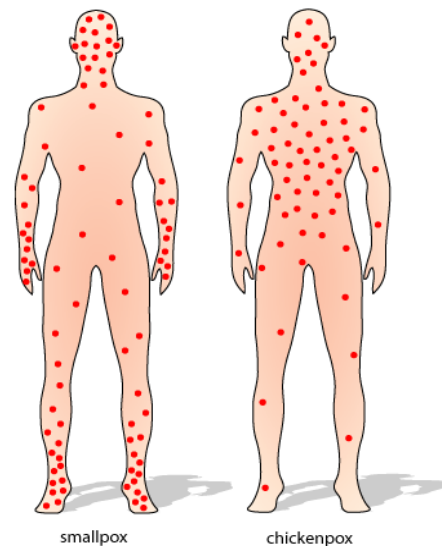
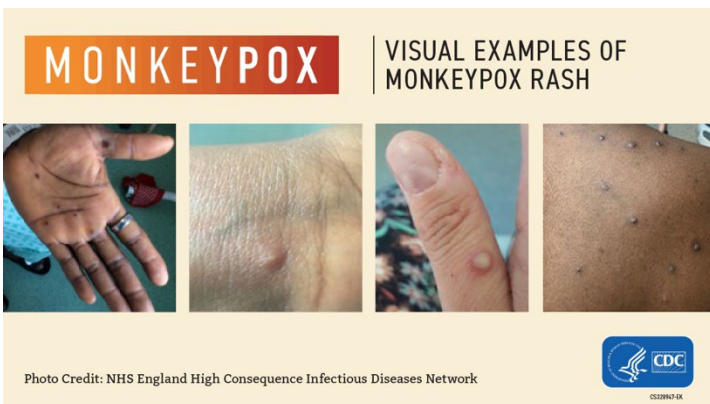
Monkeypox is a rare disease caused by a virus that occurs mostly in central and western Africa. However, monkeypox infections also occur in other parts of the world. The monkeypox virus can be transmitted from animals to humans. These animals include different African rodents and monkeys. Once a person becomes infected with the monkeypox virus they can pass it to other people. Monkeypox is not a very contagious disease, and the risk of contracting monkeypox is generally low. Recently there has been an increase in human monkeypox infections in different parts of the world, including Pinellas County

Symptoms and Transmission

- Monkeypox typically begins with flu-like symptoms (e.g., fever, chills, headache, tiredness, muscle aches) and swelling of the lymph nodes and progresses to a rash on the face and body. Duration of illness is usually 2 to 4 weeks.
- Person-to-person transmission occurs through exposure to large respiratory droplets, which can be projected as far as 6 feet. It can also be transmitted by way of exposure to mucous membranes (eyes, nose, mouth), direct contact with body fluids or lesions, and indirect contact with lesions, such as through contaminated clothing or linens. A patient is considered infectious 5 days prior to rash onset until crusting of skin lesions.



CS20.9 - MONKEYPOX



CS20 INFECTIOUS DISEASE/PANDEMIC

Protection and Management

- EMS personnel should strictly adhere to standard, contact, and airborne precautions similar to COVID-19. This includes a fit-tested N-95/ P-100 respirator, gown, gloves, and eye protection
- Apply a surgical mask to the patient if tolerated and consider covering the patient with an impervious sheet if rash is present.
- Exercise caution when performing aerosol-generating procedures. Only perform these procedures if medically necessary and cannot be postponed.
- Inform the receiving facility, as soon as possible, that you suspect a patient may be infected with Monkeypox, so that space is made available to properly isolate the patient on arrival and that receiving healthcare personnel are in appropriate PPE.
- Clean and disinfect all surfaces of the ambulance and equipment with an EPA-registered hospital grade disinfectant such as hydrogen peroxide. Reference CT 26
- Monkeypox contaminated waste must be disposed in a red biohazard bag.

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

CS20.9 - MONKEYPOX

CS22 STANDARDIZED RESPONSE GEAR INVENTORY

Required Medical Equipment

This protocol defines the required medical equipment and supplies for each type of response unit in the Pinellas County EMS System in accordance with Florida rules and state approved local substitutions (Ref. Medical Operations Manual Vol. 2 Protocol AD15). Where equipment has local configuration options, those are established separately in administrative protocol (Ref. Medical Operations Manual Vol. 2 Protocols AD16, AD16.1, AD16.2)

Standardization of Equipment

All front-line units shall only utilize PCEMS issued standardized medical bags and inventories, including but not limited to medical equipment, medical supplies, medications, monitors, defibrillators, or any other medical device or equipment, etc. to promote patient safety. Established standardized inventories are not to be altered (add, delete, revise) without the approval of the EMS Medical Director or designee.

Unauthorized Equipment

Patient care items (medical equipment, medical supplies, medications, monitors, defibrillators, or any other medical device or equipment, etc.) may not be carried or employed by Certified Professionals in the Pinellas County EMS System while on duty unless specifically authorized in this protocol

CS22 STANDARDIZED RESPONSE GEAR INVENTORY

Required Equipment by Unit Type

CS22 - STANDARDIZED RESPONSE GEAR INVENTORY

	BLS VAN Ambulance	BLS 911 Ambulance	ALS Ambulance	BLS Fire - Engine, Squad, Truck, Pumper, Utility	ALS Fire - Medic Unit, Squad, Truck, Pumper, or Engine	ALS Fire - Transport Capable Rescue
BLS Operational Airway Bag	✓	✓		✓		
ALS Airway Bag			✓		✓	✓
Trauma Bag			✓		✓	✓
Medical Bag			✓		✓	✓
Handtevy Bag			✓		✓	✓
Major Trauma Bag				✓	✓	✓
AED	✓	✓				
Cardiac Monitor - Defibrillator			✓		✓	✓
Suction	✓	✓	✓	✓	✓	✓
PPE	✓	✓	✓	✓	✓	✓
Documentation	✓	✓	✓	✓	✓	✓
Supplies	✓	✓	✓	✓	✓	✓

CS22.5 ALS AIRWAY RESPONSE BAG

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-1 F.A.C.)

Bag			
StatPack Custom Breather - Green			
Left Exterior Pocket - Interior Left & Right Net			
Item Name	PKG/UOM	Qty Rqd	Specific Notes
Nasal Cannula, Adult		4	two per net
Left Exterior Pocket - Zipper Pocket			
Mask, Non-Rebreather, Adult		2	
Right Exterior Pocket - Interior Left Net			
Mask, Bag Valve, Infant		1	
Mask, Bag Valve, Child		1	
Right Exterior Pocket - Interior Right Net			
Mask, Aerosol, Adult		1	
Right Exterior Pocket - Center			
Nebulizer Setup		2	
Right Exterior Pocket - Zipper Pocket			
Biohazard Waste Bag, Small, RED		2	
Biohazard Waste Bag, Large, RED		1	
Hand Sanitizing Wipe		10	
Respirator, N95, Regular and Small	Each Size	2	(Authorized brand) - stored in clear zipper vinyl pouch
Mask, Surgical		3	(Authorized brand) - stored in clear zipper vinyl pouch
Vinyl Pouch, Zipper Closure, Clear		2	One for storage of the N95 respirators and one for storage of the surgical masks
Exterior Main - Inside of Lid			
Emesis Bag		4	
Penlight		2	
Exterior Main - Interior			
Stethoscope, Adult/Pediatric		1	Sprague style
Blood Pressure Cuff, Manual , Adult		1	
Blood Pressure Cuff, Manual , Large Adult		1	
Blood Pressure Cuff, Non-invasive , XLarge Adult		1	For use with the Stryker LP15
Shears, Trauma		1	
Interior Main - Lid - Left Zipper Pocket			
Orogastric Tube, 18Fr		2	
Syringe, 60 mL, Catheter Tip		2	
Interior Main - Lid - Right Zipper Pocket			
King LTS-D Airway, Size 3		1	
King LTS-D Airway, Size 4		1	
King LTS-D Airway, Size 5		1	
Syringe, 60 mL, Luer-Lock Tip		2	
Tube Holder, Adult		1	
Interior Main			
Oxygen Cylinder, "PCEMS", M6		1	Minimum 1000 psi
Oxygen Cylinder Bracket, Portable, M6		1	
Oxygen Regulator, Portable, Compact w/ 2, 4, 6, 8, 10, 15, 20 and 25-liter flow settings		1	<i>Gauge Bumper - RED = Fire GREEN = Ambulance</i>
BVM Module	StatPack - See separate inventory		
CPAP Module	StatPack - See separate inventory		
Intubation Module	StatPack - See separate inventory		

CS22.5 - ALS AIRWAY RESPONSE BAG

CS22.5 ALS AIRWAY RESPONSE BAG

CS22.5 - ALS AIRWAY RESPONSE BAG

BVM Module - Interior Main			
Item Name	Pkg/UOM	Qty Rqd	Specific Notes
BVM Resuscitator, Adult or Small Adult		1	with adult mask and filter
EtCO2 Filterline Set, Adult/Pediatric		2	
BVM Module - Lid Interior Zipper Pocket			
OPA 80mm, 90mm, 100mm, 110mm	Each size	1	
NPA 22Fr, 24Fr, 26Fr, 28Fr, 30Fr	Each size	1	
Lubricating Jelly	Unit Pack	5	

CPAP Module - Interior Main			
CPAP Setup, Adult		1	
CPAP Setup, Small Adult/Pediatric		1	
CPAP Module - Lid Interior Zipper Pocket			
Tee Adapter		2	
Superset with Mask Elbow Adapter		2	

Intubation Module - Lid Interior			
Laryngoscope Handle, Medium		1	Single patient use, sterile & disposable
Syringe, 10 mL Luer-Lock Tip		2	
Lubricating Jelly	Unit Pack	3	
Laryngoscope Blade, Mac "3"		1	Single patient use, sterile & disposable
Laryngoscope Blade, Mac "4"		1	Single patient use, sterile & disposable
Intubation Module - Center Interior			
Tube Holder, Adult		1	≥ 6.5mm
ET Tube, 6.0mm		1	Cuffed with stylet
ET Tube, 7.0mm		1	Cuffed with stylet
ET Tube, 7.5mm		1	Cuffed with stylet
ET Tube, 8.0mm		1	Cuffed with stylet
ET Tube, 8.5mm		1	Cuffed with stylet
Intubation Module - Secondary Pocket - Interior			
Magill Forceps, Adult		1	
Laryngoscope Handle, Penlight		1	Single patient use, sterile & disposable
Syringe, 10 mL, Luer-Lock Tip		2	
Lubricating Jelly	Unit Pack	3	
Laryngoscope Blade, Miller "3"		1	Single patient use, sterile & disposable
Laryngoscope Blade, Miller "4"		1	Single patient use, sterile & disposable
Intubation Module - Secondary Pocket - Lid - Interior			
Pocket Bougie		1	
Scalpel, #10		2	Safety
Forceps, Kelly Curved		2	Single patient use, sterile & disposable

CS22.8 ALS HANDTEVY PEDIATRIC RESPONSE BAG

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-01 F.A.C.)

Bag				
Handtevy (branded)				
Lid - Exterior (x-small zipper pocket)				
Item Name	Pkg Type	Qty Rqd	Specific Notes	
Handtevy Length Based Tape		1		
Lid - Exterior (small zipper pocket)				
Mask, Aerosol, Pediatric		1		
Mask, Non-Rebreather, Infant		1		
EtCO2 Cannula, Pediatric		2		
Nasal Cannula, Pediatric		1		
Mask, Non-Rebreather, Pediatric		1		
Shears, Trauma		1		
Lid - Exterior (large zipper pocket)				
OB Kit (4 - Umbilical cord clamps, 1 - Umbilical cord scissors, 2 - Under pads 23" x 36", 3 - Cotton receiving blankets, 1 - Infant cap, 1 - Patient ID armband/card [pair])		1		
Bulb Syringe		2		
Syringe, 60 mL, Catheter Tip		1		
Gloves, Surgical, Size 6.5	Pair	1	Sterile	
Gloves, Surgical, Size 7.5	Pair	1	Sterile	
Gloves, Surgical, Size 8.5	Pair	1	Sterile	
Lid - Interior				
Gauze, Roll, 4"	Pocket #1	RL	1	
Tape, Non-Adherent, 1"	Pocket #2	RL	1	Single patient use
Tape, Silk, 1"	Pocket #3	RL	1	Single patient use
Gauze, Roll, 4"	Pocket #4	RL	1	
Laryngoscope Handle, Penlight	Pocket #5		1	Single patient use, sterile & disposable
Neo/Infant EtCO2 Filterline Set			2	
Infant SpO2 Sensor	Pocket #6	EA	2	Single patient use & disposable
Pediatric SpO2 Sensor		EA	2	Single patient use & disposable
3-Way Stopcock		EA	1	
Magill Forceps, Pediatric	Pocket #7		1	Single patient use
Needle Cricothyrotomy Kit (1 - 3.0 ET Tube, 1 - 14g Safety Catheter, 1 - 10 mL syringe)	Pocket #7		2	
Main Bag - Interior Bottom				
JumpSTART Triage/FACES Reference			2	Laminated
Main Bag - Interior Left to Right				
Stethoscope, Adult/Pediatric			1	Sprague style
Tube Holder, Pediatric			2	
BVM Resuscitator, Pediatric			1	with child, infant and neonate masks and filter
Blood Pressure Cuff, Manual , Infant			1	Manual, Cuff labeling reflects "CHILD"
Blood Pressure Cuff, Manual , Child			1	Manual, Cuff labeling reflects "SMALL ADULT"
Blood Pressure Cuff, Non-invasive , Child			1	For use with the Stryker LP15

CS22.8 - ALS HANDTEVY PEDIATRIC RESPONSE BAG

CS22.8 ALS HANDTEVY PEDIATRIC RESPONSE BAG

CS22.8 - ALS HANDTEVY PEDIATRIC RESPONSE BAG

Main Bag - Interior Left to Right (cont.)			
Item Name	PKG/UOM	Qty Rqd	Specific Notes
Splint, Moldable Padded Aluminum		1	located between edge of bag and the individual patient care pouches
Handtevy EMS Medication/Equipment Guidebook - PCEMS Specific Revision 1.1 05/2015		1	located between edge of bag and the individual patient care pouches
Stryker LP15, Pediatric Quik-Combo RTS Multi-function Pads, (Weight < 15 kg [33 lbs.])	PR	2	
9 - 13-Year-Old Patient Care Pouch			See separate inventory
7 - 8-Year-Old Patient Care Pouch			See separate inventory
5 - 6-Year-Old Patient Care Pouch			See separate inventory
3 - 4-Year-Old Patient Care Pouch			See separate inventory
2-Year-Old Patient Care Pouch			See separate inventory
1 Year Old Patient Care Pouch			See separate inventory
Under 1 Year Old Patient Care Pouch			See separate inventory

Under 1 Year Old	Patient	Care Pouch	
ET Tube, 2.5mm		1	Uncuffed - No stylet
ET Tube, 3.0mm		1	Cuffed with stylet
Laryngoscope Blade, Miller "0"		1	Single patient use, sterile & disposable
Laryngoscope Blade, Miller "1"		1	Single patient use, sterile & disposable
OPA, 40mm		1	
OPA, 50mm		1	
NPA, 12Fr		1	
NPA, 14Fr		1	
Suction Catheter, 6Fr		1	
Suction Catheter, 8Fr		1	
IV Catheter, 22g		1	
IV Catheter, 24g		1	
Orogastric Tube, 6Fr		1	
Syringe, 3 mL, Luer-Lock Tip		1	
Lubricating Jelly	Unit Pack	3	

1-Year-Old Patient Care Pouch			
ET Tube, 3.5mm		1	Cuffed with stylet
Laryngoscope Blade, Miller "1"		1	Single patient use, sterile & disposable
OPA, 60mm		1	
NPA, 16Fr		1	
NPA, 18Fr		1	
Suction Catheter, 10Fr		1	
IV Catheter, 20g		1	
IV Catheter, 22g		1	
IV Catheter, 24g		1	
Orogastric Tube, 6Fr		1	
Syringe, 3 mL, Luer-Lock Tip		1	
Lubricating Jelly	Unit Pack	3	

CS22.8 ALS HANDTEVY PEDIATRIC RESPONSE BAG

2-Year-Old Patient Care Pouch			
Item Name	PKG/UOM	Qty Rqd	Specific Notes
ET Tube, 4.0mm		1	Cuffed with stylet
Laryngoscope Blade, Miller "2"		1	Single patient use, sterile & disposable
OPA, 60mm		1	
NPA, 20Fr		1	
Suction Catheter, 10Fr		1	
IV Catheter, 18g		1	
IV Catheter, 20g		1	
IV Catheter, 22g		1	
Orogastric Tube, 6Fr		1	
Syringe, 3 mL, Luer-Lock Tip		1	
Lubricating Jelly	Unit Pack	3	

3 - 4-Year-Old Patient Care Pouch			
ET Tube, 4.5mm		1	Cuffed with stylet
Laryngoscope Blade, Miller "2"		1	Single patient use, sterile & disposable
OPA, 60mm		1	
NPA, 22Fr		1	
Suction Catheter, 10Fr		1	
IV Catheter, 18g		1	
IV Catheter, 20g		1	
IV Catheter, 22g		1	
Orogastric Tube, 12Fr		1	
Syringe, 3 mL, Luer-Lock Tip		1	
Lubricating Jelly	Unit Pack	3	

5 - 6-Year-Old Patient Care Pouch			
ET Tube, 5.0mm		1	Cuffed with stylet
Laryngoscope Blade, Miller "2"		1	Single patient use, sterile & disposable
Laryngoscope Blade, Mac "2"		1	Single patient use, sterile & disposable
OPA, 60mm		1	
OPA, 80mm		1	
NPA, 24Fr		1	
Suction Catheter, 10Fr		1	
IV Catheter, 18g		1	
IV Catheter, 20g		1	
Orogastric Tube, 12Fr		1	
Syringe, 3 mL, Luer-Lock Tip		1	
Lubricating Jelly	Unit Pack	3	

CS22.8 - ALS HANDTEVY PEDIATRIC RESPONSE BAG

CS22.8 ALS HANDTEVY PEDIATRIC RESPONSE BAG

CS22.8 - ALS HANDTEVY PEDIATRIC RESPONSE BAG

7 - 8-Year-Old Patient Care Pouch			
Item Name	PKG/UOM	Qty Rqd	Specific Notes
ET Tube, 5.5mm		1	Cuffed with stylet
ET Tube, 6.0mm		1	Cuffed with stylet
Laryngoscope Blade, Miller "2"		1	Single patient use, sterile & disposable
Laryngoscope Blade, Mac "2"		1	Single patient use, sterile & disposable
OPA, 80mm		1	
NPA, 26Fr		1	
Suction Catheter, 10Fr		1	
IV Catheter, 18g		1	
IV Catheter, 20g		1	
Orogastric Tube, 18Fr		1	
Syringe, 3 mL, Luer-Lock Tip		1	
Lubricating Jelly	Unit Pack	3	

9 - 13-Year-Old Patient Care Pouch			
ET Tube, 6.0mm		1	Cuffed with stylet
ET Tube, 7.0mm		1	Cuffed with stylet
Laryngoscope Blade, Miller "3"		1	Single patient use, sterile & disposable
Laryngoscope Blade, Mac "3"		1	Single patient use, sterile & disposable
OPA, 80mm		1	
NPA, 26Fr		1	
Suction Catheter, 10Fr		1	
Suction Catheter, 12Fr		1	
IV Catheter, 18g		1	
IV Catheter, 20g		1	
Orogastric Tube, 18Fr		1	
Syringe, 3 mL, Luer-Lock Tip		1	
Syringe, 10 mL, Luer-Lock Tip		1	
Lubricating Jelly	Unit Pack	3	

CS22.9 CARDIAC MONITOR/DEFIBRILLATOR (ALS)

CS22.9.1 Stryker LP15

CASE
Stryker LP15 Case - Side (left & right), Rear Back & Rear Top Pockets with Shoulder Strap
All cables labeled with matching device serial number -
RED Label = Fire BLUE Label = Ambulance

Device - FRONT (Inventory looking at the device screen)				
Item Name	Pkg/UOM	Qty Rgd	Specific Notes	
Printer Paper 100 mm	RL	1	In printer	
Gas Meter, Single Gas, CO (in operation 24/7)		1	Meter in netted pouch with Pinellas County Asset Tag clipped to the left should strap hook built into the LP15	
LEFT External Pouch (outside pocket)				
Stryker LP15 Modem (wired connection to LP15)		1	CAUTION - THE MODEM MUST STAY IN THIS LOCATION - NOTHING ELSE IS TO BE STORED WITH IT	
LEFT Internal Pouch (inside pocket - top to bottom)				
All cables labeled with matching device specific serial number	Main SpO2 Trunk Cable with Adult SpO2 Reusable Sensor Preconnected	EA	1	Main Trunk Cable pre-connected to the device - (always unless utilizing a pediatric or infant disposable SpO2 sensor)
	Main Monitoring Trunk Cable with integrated Limb Leads (with 12 lead adapter cable connection cover in place when 12 lead adapter cable is not being used)		1	Pre-connected to the device
LEFT Internal Net Pouch - Zipper Lid				
Labeled with matching device specific serial number	Chest Lead Wire Set		1	
RIGHT External Pouch (outside pocket)				
EtCO2 Nasal Cannula, Adult		2		
Trauma Shears	PR	1		
RIGHT External Pouch (interior left net)				
Quik Combo Redi-Pak Multi-Function Hands Free Electrodes (one set preconnected to LP15 Therapy Cable)		2 sets	Designed for patients weighing 15 kg (33 lb) or more	
RIGHT External Pouch (interior)				
Labeled with matching device specific serial number	Quik Combo Cable -		1	preconnected to the device and coiled for storage in the center of the pouch
RIGHT External Pouch (interior right net)				
CPR Meter (wireless)		1	Asset # _____	
CPR Meter Adhesive Pads	*Max of 3 (individual pads)	*	In protective bag - 1 pre-attached to CPR Meter	
Adult/Pediatric EtCO2 filter line set		2		
Device - REAR (Inventory looking at the rear of the device)				
Stryker LP15 Lithium Battery - Installed in device battery well		1	Asset # _____	
Stryker LP15 Lithium Battery - Installed in device battery well		1	Asset # _____	
REAR External Pouch				
70% Isopropyl Alcohol Wipes	Pack (30)	1	Utilized for routine cleaning and disinfection of all LP15 parts & cables	
Blood Pressure Cuff, Non-invasive, Adult		1	Reusable - Pre-connected to the hose	
Blood Pressure Hose, Non-invasive - Preconnected to the device and coiled in the pouch with the NBP cuff		1		

CS22.9 - CARDIAC MONITOR DEFIBRILLATOR (ALS)

CS22.9 CARDIAC MONITOR/DEFIBRILLATOR (ALS)

CS22.9.1 Stryker LP15 (cont.)

Device - REAR (inventory looking at the rear of the device - cont.)			
REAR Top Pouch			
Item Name	Pkg/UOM	Qty Rgd	Specific Notes
Printer Paper	RL	1	
Prep Razor	EA	2	Safety
ECG Monitoring Electrodes (wet-gel)	*	20	* Current PCEMS authorized brand/model. Packaging may vary

CS22.9.2 Philips MRx

Device (inventory looking at the device screen)			
Item Name	Pkg/UOM	Qty Rgd	Specific Notes
Printer Paper	RL	1	in printer
Philips MRx Black Soft Case		1	with shoulder strap (attached)
Philips Lithium Battery		1	Serial # _____
Philips Lithium Battery		1	Serial # _____
Left External Pouch			
<i>All cables labeled with matching serial number</i>	Chest Lead Wire Set		1
	Limb Lead Wire Set		1
	Main Monitoring Trunk Cable		1
Pulse Oximeter Sensor		1	boot style (reusable)
Adult Long NIBP Cuff		1	pre-attached to NIBP hose (reusable)
NIBP Hose		1	
Left External Pouch - Inside of Lid			
Adult EtCO2 Nasal Cannula		2	one per net pocket
Rear Pouch - Exterior			
ECG Monitoring Electrode		30	packaging may vary
Rear Pouch - Interior			
Printer Paper	RL	1	
Prep Razor		2	safety
Pulse Oximetry Sensor		1	Infant - single use
<i>Labeled with serial number that matches all monitoring cables</i>	Pulse oximetry extension cable		1
	70% Isopropyl Alcohol Wipes	Pack (30)	1
Right External Pouch			
QCPR Meter		1	
Therapy/QCPR Meter Cable		1	
Therapy/QCPR Meter Cable - Safety Cover		1	
QCPR Adhesive Pads	*Max of 3 (individual pads)	*	In protective bag - 1 pre-attached to QCPR meter
Adult/Pediatric Multi-Function Hands Free Therapy Pad		2 sets	greater than 10 kg
Right External Pouch - Inside of Lid			
Adult/Pediatric EtCO2 filter line set		2	

CS22.9 - CARDIAC MONITOR DEFIBRILLATOR (ALS)

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-1 F.A.C.)

Equipment & Medical Supplies - Patient Care Action Area								
Item Name	PKG/ UOM	Ambulance			Fire			Specific Notes
		ALS	BLS - 911	BLS - VAN	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper, or Engine	BLS Engine, Squad, Truck, Pumper, Utility	
Pulse Oximeter, Fingertip		-	1	Pending	-	-	-	With lanyard, rubber boot, soft case, and Pelican 1010 case
Pelican 1010 Case		-	1	Pending	-	-	-	Used for storage of Fingertip Pulse Oximeter
Stethoscope, Adult/Pediatric		1	1	Pending	1	-	-	Sprague style
Blood Pressure Cuff, Manual , Infant		1	1	Pending	1	-	-	Cuff labeling reflects "CHILD"
Blood Pressure Cuff, Manual , Child		1	1	Pending	1	-	-	Cuff labeling reflects "SMALL ADULT"
Blood Pressure Cuff, Manual , Adult		1	1	Pending	1	-	-	
Blood Pressure Cuff, Manual , Large Adult		1	1	Pending	1	-	-	
Blood Pressure Cuff, Non-invasive , Child		1	1	Pending	1	-	-	For use with the Stryker LP15
Blood Pressure Cuff, Non-invasive , XLarge Adult		1	1	Pending	1	-	-	For use with the Stryker LP15
Glucometer (Bayer Contour)	EA	1	1	Pending	-	-	-	
Glucometer Test Strips	BTL	1	1	Pending	-	-	-	retain bottom of external packaging for quality control testing
Disinfectant Wipe, Alcohol	PK/30	2	2	Pending	1	-	-	70% isopropyl alcohol/30% DI Water

Equipment & Medical Supplies - Reserve								
Oxygen Cylinder, "PCEMS", M6		1	1	Pending	1	1	-	Spare - minimum 1000 psi
Oxygen Cylinder, "D"		1	1	Pending	1	1	-	Spare - minimum 1000 psi
Oxygen Cylinder, Onboard		1	1	Pending	1	-	-	Aluminum or Steel "M" - minimum 500 psi
Oxygen Regulator - Onboard Oxygen		1	1	Pending	1	-	-	
Oxygen Flowmeter with Hose Barb Adapter (Xmas Tree), Onboard Oxygen		2	2	Pending	2	-	-	min. 2, 4, 6, 8, 10, 15, 20, 25L flow settings and DISS Port

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

Equipment & Medical Supplies - Reserve (cont.)								
Item Name	PKG/ UOM	Ambulance			Fire			Specific Notes
		ALS	BLS - 911	BLS - VAN	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper, or Engine	BLS Engine, Squad, Truck, Pumper, Utility	
Nasal Cannula, Adult		8	4	Pending	-	-	-	
Mask, Non-Rebreather, Adult		4	2	Pending	-	-	-	
Mask, Aerosol Mask, Adult		2	-	Pending	-	-	-	
Mask, Trach, Venturi with Diluters, Adult		2	2	Pending	-	-	-	
Nebulizer Setup		4	-	Pending	-	-	-	
King LTS-D Airway, Size 3		1	-	Pending	-	-	-	
King LTS-D Airway, Size 4		1	-	Pending	-	-	-	
King LTS-D Airway, Size 5		1	-	Pending	-	-	-	
Syringe, 60 mL, Luer-Lock Tip		1	-	Pending	-	-	-	
Tube Holder, Adult		1	-	Pending	-	-	-	
BVM Resuscitator, Adult or Small Adult		1	1	Pending	1	1	-	With adult mask and filter
BVM Resuscitator, Pediatric		1	1	Pending	1	1	-	With child, infant and neonate masks and filter
OPA 80mm, 90mm, 100mm, 110mm	Each Size	1	1	Pending	-	-	-	
EtCO2 Filterline Set, Adult/Pediatric		1	-	Pending	1	1	-	
CPAP Setup, Adult		1	-	Pending	1	1	-	
CPAP Setup, Small Adult/Pediatric		1	-	Pending	-	-	-	
Superset with Mask Elbow Adapter		1	-	Pending	-	-	-	
Tee Adapter		1	-	Pending	-	-	-	
Laryngoscope Handle, Medium		1	-	Pending	-	-	-	Single patient use, sterile & disposable
Suction Canister Set (canister, lid, suction tubing, vacuum tubing)		1	1	Pending	1	1	-	CHANGE ALL TUBING (SUCTION AND VACUUM) AND THE CANISTER AFTER EACH USE REGARDLESS OF ANY VISIBLE CONTENTS
Laryngoscope Blade, Mac "3"		1	-	Pending	-	-	-	Single patient use, sterile & disposable
Laryngoscope Blade, Mac "4"		1	-	Pending	-	-	-	Single patient use, sterile & disposable

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

Equipment & Medical Supplies - Reserve (cont.)								
Item Name	PKG/ UOM	Ambulance			Fire			Specific Notes
		ALS	BLS - 911	BLS - VAN	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper, or Engine	BLS Engine, Squad, Truck, Pumper, Utility	
Laryngoscope Blade, Miller "4"		1	-	Pending	-	-	-	Single patient use, sterile & disposable
ET tube, 6.0mm		1	-	Pending	-	-	-	Cuffed with stylet
ET tube, 7.0mm		1	-	Pending	-	-	-	Cuffed with stylet
ET tube, 7.5mm		1	-	Pending	-	-	-	Cuffed with stylet
ET tube, 8.0mm		1	-	Pending	-	-	-	Cuffed with stylet
ET tube, 8.5mm		1	-	Pending	-	-	-	Cuffed with stylet
Bougie, Pocket		1	-	Pending	-	-	-	Single use
Cold Pack		3	3	Pending	-	-	-	
Heat Pack		2	2	Pending	-	-	-	
1" Band-Aids		10	10	Pending	-	-	-	
2" Band-Aids		10	10	Pending	-	-	-	
1" Silk Tape		2	2	Pending	-	-	-	Single use
3" Silk Tape		2	2	Pending	-	-	-	Single use
1" Self-Adherent Tape		2	2	Pending	-	-	-	Single use
4" Roll Gauze, Sterile		2	2	Pending	-	-	-	Sterile
Multi-Trauma Dressing, 10" x 30"		2	2	Pending	-	-	-	Sterile
Splint, Moldable Padded Aluminum		2	2	Pending	2	2	-	
C-Collar, AMBU Perfit Ace		2	2	Pending	2	2	-	
C-Collar, AMBU Mini Perfit Ace		2	2	Pending	2	2	-	
IV Administration Set, 20 gtt (macro)		7	-	Pending	-	-	-	
IV Start Kit		8	-	Pending	-	-	-	
IV Catheter, 16g		2	-	Pending	-	-	-	
IV Catheter, 18g		6	-	Pending	-	-	-	
IV Catheter, 20g		8	-	Pending	-	-	-	
IV Catheter, 22g		4	-	Pending	-	-	-	
IV Administration Set with Flow Controller - Stat2 Pumpette 60 gtt (micro)		1	-	Pending	1	-	-	
Syringe, 1 mL with 25g x 1" Needle		3	-	Pending	-	-	-	Vanishpoint safety syringe
Syringe, 3 mL with 25g x 1 ½" Needle		3	-	Pending	-	-	-	Vanishpoint safety syringe

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

Equipment & Medical Supplies - Reserve (cont.)								
Item Name	PKG/ UOM	Ambulance			Fire			
		ALS	BLS - 911	BLS - VAN	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper, or Engine	BLS Engine, Squad, Truck, Pumper, Utility	
Syringe, 20 mL, Luer-Lock Tip		2	-	Pending	-	-	-	
Syringe, 10 mL, Luer-Lock Tip		2	-	Pending	-	-	-	
Syringe, 3 mL, Luer-Lock Tip		2	-	Pending	-	-	-	Luer-lock
Syringe, 1 mL, Luer-Lock Tip		2	-	Pending	-	-	-	Luer-lock
3-way Stopcock		2	-	Pending	-	-	-	
Needle, 18g x 1.5" Blunt Fill with Filter		3	-	Pending	-	-	-	For drawing medications from vials ONLY
Needle, 25g x 1"		3	-	Pending	-	-	-	
Naloxone, 1 mg/mL, 2 mL	PFS	2	-	Pending	-	-	-	
Mucosal Atomization Device (MAD)		2	-	Pending	-	-	-	
Ketorolac Kit (3 - 30 mg/mL - 1 mL)	PFS	1	-	Pending	-	-	-	PFS
Acetaminophen 10 mg/mL - 100 mL	Pre- mixed Bag	2	-	Pending	-	-	-	
Dextrose 10% in Water 250 mL	Pre- mixed Bag	2	-	Pending	-	-	-	
0.9% Sodium Chloride, 1000 mL	Pre- mixed Bag	7	-	Pending	-	-	-	
0.9% Sodium Chloride, 10 mL	PFS	6	-	Pending	-	-	-	
Sodium Bicarbonate 1 mEq/mL 50 mL	PFS or Vial	2	-	Pending	-	-	-	
Epinephrine 0.1 mg/mL 10 mL OR Epinephrine 1 mg/mL - 1 mL vial kit if PFS unavailable	PFS or Vial Kit	5	-	Pending	-	-	-	
Ondansetron 4 mg	Unit Dose ODT	2	-	Pending	-	-	-	
Ondansetron 2 mg/mL - 2 mL	PFS	2	-	Pending	-	-	-	
Diphenhydramine 50 mg/mL - 1 mL	PFS or Vial	2	-	Pending	-	-	-	
Epinephrine 1 mg/mL - 1 mL	Vial	2	-	Pending	-	-	-	

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

Equipment & Medical Supplies - Reserve (cont.)								
Item Name	PKG/ UOM	Ambulance			Fire			Specific Notes
		ALS	BLS - 911	BLS - VAN	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper, or Engine	BLS Engine, Squad, Truck, Pumper, Utility	
Adenosine 3 mg/mL - 2 mL	PFS or Vial	2	-	Pending	-	-	-	
Storage Box, Clear Plastic, Two-Part				Pending				Used for protection of Adenosine PFS
Methylprednisolone Sodium Succinate 125 mg/2 mL	Vial	1	-	Pending	-	-	-	
Nitroglycerin Aerosol Spray 0.4 mg/spray	BTL	1	-	Pending	-	-	-	
Aspirin, Baby, 81 mg	BTL	1	-	Pending	-	-	-	Chewable tablet - unit dose
Spoon - Aspirin Administration		6		Pending				Individually Wrapped
Ipratropium Bromide 0.5 mg/2.5 mL	Unit Dose	2	-	Pending	-	-	-	
Albuterol Sulfate 2.5 mg/3 mL	Unit Dose	4	-	Pending	-	-	-	
Diltiazem 5 mg/mL - 5 mL	Vial	1	-	Pending	-	-	-	Good for 30 days out of refrigeration
Norepinephrine 1 mg/mL - 4 mL	Vial	1	-	Pending	-	-	-	
Pelican 1015 Case		1	-	Pending	-	-	-	For protection of the Nasal Naloxone
ECG Monitoring Electrodes		*	-	Pending	-	-	-	*50 total electrodes - packaging may vary
Alcohol Prep Pads	Ea	10	10	Pending	-	-	-	
Blood Specimen Draw Kit	Bx	2	-	Pending	2	2	-	
OB Birthing Kit	Ea	1	1	Pending	1	1	-	
Head Immobilizer	Set	2	1	Pending	1	1	-	
Patient Mover		2	2	Pending	1	1	-	
Restraint, Disposable	Pair	2	2	Pending	2	2	-	Single patient use
Restraint, Reusable, Poly Style, Wrist	Pair	2	-	Pending	2	-	-	Reusable - NOT AN EXCHANGE ITEM
Restraint, Reusable, Poly Style, Ankle	Pair	2	-	Pending	2	-	-	Reusable - NOT AN EXCHANGE ITEM

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

Equipment & Medical Supplies - Reserve (cont.)								
Item Name	PKG/ UOM	Ambulance			Fire			Specific Notes
		ALS	BLS - 911	BLS - VAN	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper, or Engine	BLS Engine, Squad, Truck, Pumper, Utility	
Restraint Belt, Reusable, Poly Style	Individual	4	-	Pending	4	-	-	Reusable - NOT AN EXCHANGE ITEM - Used with wrist and ankle restraints
Restraint, Reusable, Protective Liner - Wrist	Pair	3	-	Pending	3	-	-	For use with Poly Style Restraints - Liner is single patient use
Restraint, Reusable, Protective Liner - Ankle	Pair	3	-	Pending	3	-	-	For use with Poly Style Restraints - Liner is single patient use
Triage Tag - FL Specific Version	Pack	1	1	Pending	1	1	-	Rev. 5/12 (50 tags/pack)
Triage Ribbon Dispenser System (Fire ONLY!!)		-	-	Pending	2	2	-	Complete with tape - green, red, yellow, black, magenta
Tamper Evident Security Bag		5	5	Pending	-	-	-	For securing patient valuables/medications
Patient Belongings Bag		5	5	Pending	-	-	-	Ambulance ONLY Specific Item
Bed Pan		2	2	Pending	2	-	-	
Urinal		2	2	Pending	2	-	-	
Infectious Linen Bag (YELLOW)		3	3	Pending	3	3	-	
Biohazard Waste Plastic Bag, Small (RED)		4	4	Pending	-	-	-	
Biohazard Waste Plastic Bag, Large (RED)		4	4	Pending	-	-	-	
Biohazard Waste Bag Impervious Container		1	1	Pending	1	1	-	
Sharps Container, Individual		2	2	Pending	3	3	-	Single Use
Sharps Disposal Container, Wall Mount with Key		1	1	Pending	1	1	-	Vehicle
Hand Sanitizing Wipe, Alcohol, Individual		50	50	Pending	25	25	25	Single use

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

Equipment & Medical Supplies - Reserve (cont.)								
Item Name	PKG/ UOM	Ambulance			Fire			Specific Notes
		ALS	BLS - 911	BLS - VAN	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper, or Engine	BLS Engine, Squad, Truck, Pumper, Utility	
Disinfectant Wipe, Alcohol	PK/30	2	2	Pending	2	2	2	70% isopropyl alcohol/30% DI Water
Hydrogen Peroxide Cleaner - Disinfectant	Spray Bottle	1	1	Pending	1	1	-	
Wipe, General Cleaning	BX	1	1	Pending	1	1	-	Disposable, single use
Nitrile Gloves, Non- sterile	PR	Multiple Pairs						Appropriate size
Primary Stretcher with appropriate patient belts per manufacturer	EA	1	1	Pending	1	-	-	(NOT AN EXCHANGE ITEM)
Sheet, Stretcher, Fitted		10	10	Pending	5	-	-	
Sheet, Stretcher, Flat		10	10	Pending	5	-	-	
Pillow		2	2	Pending	2	-	-	Single use, disposable
Pillowcase		10	10	Pending	5	-	-	Single use, disposable
Blanket - Cot Quilt		1	1	Pending	-	-	-	(Sunstar ONLY - for warmth)
Blanket - Cotton for Warmth		4	4	Pending	4	4	-	Single Use, disposable
Blanket - Yellow		2	2	Pending	2	2	-	Single Use, disposable - Patient Rain Cover
Pedi-Mate PLUS Pediatric Restraint Device		1	1	Pending	1	-	-	(NOT AN EXCHANGE ITEM)
NeoMate Pediatric Restraint Device		1	1	Pending	1	-	-	(NOT AN EXCHANGE ITEM)
Vacuum Splint		1	1	Pending	1	1	-	Complete with RED Bag
Long Spine Board with Four Straps		2	1	Pending	1	1	-	
Scoop Stretcher		1	1	Pending	1	-	-	(NOT AN EXCHANGE ITEM)
Stair Chair		1	1	Pending	-	-	-	(NOT AN EXCHANGE ITEM)
Patient Slider		2	1	Pending	-	-	-	(NOT AN EXCHANGE ITEM)
Sager Splint		1	1	Pending	1	1	-	
Child Car Seat		1	-	Pending	1	-	-	Check Expiration Date (NOT AN EXCHANGE ITEM)
Cactus Pharmlock Controlled Substance Waste System		1	1	Pending	1	-	-	Includes bracket set complete and incorporated Cyberlock - MUST be mounted securely in the vehicle

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

Equipment & Medical Supplies - Reserve (cont.)								
Item Name	PKG/ UOM	Ambulance			Fire			Specific Notes
		ALS	BLS - 911	BLS - VAN	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper, or Engine	BLS Engine, Squad, Truck, Pumper, Utility	
Cactus Pharmlock Controlled Substance Waste System Cartridge (secured in the bracket)		1	1	Pending	1	-	-	Holds a maximum of 3 liters of fluid - MUST be replaced 90 days from the date the cartridge is unsealed for use

U1 UNIVERSAL APPROACH TO PATIENT CARE

	GOALS OF CARE
ADULT and PEDIATRIC	<ul style="list-style-type: none"> • Provide every patient with a professional, complete, and accurate assessment, all indicated treatment to your certification level, and transport to an appropriate facility • Maintain a high level of suspicion for injury or illness • Treat every patient with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy

BLS
<p>Certified EMT's, when acting independently on a BLS unit or as part an ALS patient care team, shall ensure completion of all applicable BLS care in the Universal Protocol and all other appropriate treatment protocols and clinical standards</p>
<ul style="list-style-type: none"> • General Considerations: <ul style="list-style-type: none"> ○ Ensure scene safety and employ “Universal Precautions” on every patient ○ Bring all appropriate equipment to the patient’s side, based upon pre-arrival notes ○ Determine number of patients, request additional resources, and initiate triage when appropriate (Ref. CS18) • Pediatric Specific Considerations: <ul style="list-style-type: none"> ○ Utilize the Pediatric Assessment Triangle (PAT) (Ref. CT20) ○ Clinical treatment protocols, medication dosing, and equipment sizing: <ul style="list-style-type: none"> ▪ A patient weighing less than 37 kg or able to be measured with the Handtevy Pediatric Length-Based Tape is to be -considered pediatric for general treatment protocol selection, medication dosing and equipment sizing ▪ While a reasonable estimate may be given by an age of 13 years or younger, clinicians must use judgement given that developmental age and weight are increasingly mismatched- ○ If a pediatric specific protocol does not exist, implement the appropriate adult protocol • Patient Assessment: <ul style="list-style-type: none"> ○ Perform full assessment (history, exam, diagnostic testing) appropriate to a patient’s condition and/or complaint ○ Obtain baseline and repeat vital signs: <ul style="list-style-type: none"> ▪ Minimum two sets (including at least SBP, HR, RR, GCS, and Pain Scale if GCS 15) at least five (5) minutes apart. ▪ Assess and document vital signs before and after each administration of a controlled substance/sedating medication

U1 - UNIVERSAL APPROACH TO PATIENT CARE

U1 UNIVERSAL APPROACH TO PATIENT CARE

BLS (cont.)

- Recommended additional/ongoing vital sign frequency by patient severity category in minutes:

RED	YELLOW	GREEN
5	10	15

- Determine presence of any indwelling medical devices or external medical equipment (Ref. CP25, CP26, CT16)
- **Treatment:**
 - If the patient has evidence of dyspnea, apply supplemental O2
 - Provide ventilation assistance (BVM and airway adjunct) as needed (Ref. CP1.1, CP3.1)
 - Proceed to the appropriate treatment protocol for a patient's specific condition
- **Transport:**
 - Ensure safe and appropriate transport (Ref. CP24):
 - Utilize an approved patient restraint device for patients not in Spinal Precautions:
 - Stretcher or seatbelts for an adult patient
 - Pedi-Mate or appropriately sized car seat for a pediatric patient
 - Transport to the appropriate facility per the destination protocol (Ref. CS4)
 - Provide appropriate and accurate pre-arrival notification and bedside report to the receiving facility
- **Documentation:**
 - Complete appropriate and accurate patient care documentation (Ref. CS7):
 - Chief complaint, past history, medications, allergies
 - Any bystander interventions (e.g., dispatch directed aspirin)
 - Baseline and repeat vital signs and pain/distress levels
 - All assessments and interventions (including name of performing clinician)
 - Narrative (Ref. CS9)

U1 UNIVERSAL APPROACH TO PATIENT CARE

ALS

Certified Paramedics, as part of the patient care team, shall ensure completion of all applicable BLS and ALS care in this and all appropriate treatment protocols and clinical standards

- **Patient assessment and monitoring:**
 - When indicated, ensure continuous cardiac monitoring (should not be interrupted for routine patient movement or uploading data/entering data management mode)
 - When indicated, ensure continuous waveform capnography (Ref. CP5)
 - Assess and document vital signs before and after each administration of a controlled substance/sedating medication
- **Treatment:**
 - If the patient SpO2 is less than 94% or has evidence of dyspnea apply supplemental O2
 - Provide airway management as required (Ref. CP1, CP3)
 - Ensure vascular access for medication administration in all patients that are unstable, potentially unstable, or require intravenous medication administration (Ref. CP21, CP25)
 - Utilize the Handtevy Pediatric Length Based Tape for age/weight estimation, confirmation of caregiver provided age/weight information, and determination of appropriate equipment sizing and medication dosing of a pediatric patient
 - Cardiac Monitor/Defibrillator & CPR Feedback Sensor:
 - Stryker LP15 - If the patient weighs less than 15 kg (33 lbs.) use Pediatric Quik-Combo Multi-function Pads
 - CPR Feedback Sensor (QCPR or CPRMeter2) - If patient is less than 8 years old or less than 25kg (55 lbs.) **DO NOT USE**
 - Proceed to the appropriate protocol(s) and perform all ALS assessments and interventions as appropriate for patient's specific condition and authorized by protocol or OLMC

OLMC

- Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS

S A F E T Y A L E R T

RESPONDER SAFETY IS PARAMOUNT

- Always maintain situational awareness
- Consider need for enhanced PPE (e.g., eye protection, N95, ballistic gear, etc.)
- It is NOT considered patient abandonment to back out of a dangerous scene
- Utilize the principles of Stress First Aid to support your fellow responders

IF YOU SEE SOMETHING, SAY SOMETHING

U1 UNIVERSAL APPROACH TO PATIENT CARE

QUALITY MEASURES

- Two complete sets of vital signs at least 5 minutes apart
- SpO2 measured and if less than 94% was O2 administered
- Chief Complaint documented
- Medical history, medications, and allergies of the patient documented

REFERENCES

- Pinellas County EMS Medical Quality Management Plan, Medical Operations Manual, Vol. 2, Protocol AD18
- <https://nasemso.org/projects/model-ems-clinical-guidelines/>

C1 MEDICAL CARDIAC ARREST

ADULT ONLY (Ped. Ref. P3)	GOALS OF CARE
	Provide high quality, evidence based, resuscitation focusing on maximizing perfusion and correction of reversible causes of medical cardiac arrest

BLS
<ul style="list-style-type: none"> • Establish Compression Performance Resuscitation procedure and Pit Crew Model (Ref. CP9.1, CT3) • Immediately initiate rhythm assessment when AED/defibrillator available and shock, if indicated (Ref. CP10, CP11) • Continue Compression Performance Resuscitation and reassess rhythm every two (2) minutes and defibrillate when indicated • Document any bystander (non-911 responder) interventions (e.g., CPR, rescue breathing, AED use) that occurred prior to arrival • Document any occurrence of ROSC and last known patient status at hospital, if transported • Transport should generally be deferred until after ROSC unless dictated by scene factors

ALS
<ul style="list-style-type: none"> • Ensure BLS resuscitation steps are completed • Secure airway and establish vascular access per Compression Performance Resuscitation procedure (Ref. CP9.1, CT3) • Perform manual defibrillation as indicated for ventricular fibrillation or pulseless ventricular tachycardia <ul style="list-style-type: none"> ○ Use energy settings as recommended by manufacturer (150j for Philips MRx, escalating 200j, 300j, 360j for Lifepak 15) ○ If patient remains in V-fib despite antiarrhythmic drug therapy and at least three (3) defibrillation attempts, perform vector change defibrillation (Ref. CP12, CT5) • Administer medications as indicated: <ul style="list-style-type: none"> ○ Asystole/Pulseless Electrical Activity: <ul style="list-style-type: none"> ▪ 1 mg EPINEPHrine (0.1 mg/mL concentration) intravenous/intraosseous every 3 - 5 minutes. Maximum 3 doses ○ Ventricular Fibrillation/Pulseless Ventricular Tachycardia: <ul style="list-style-type: none"> ▪ 1 mg EPINEPHrine (0.1 mg/mL concentration) intravenous/intraosseous every 3-5 minutes. Maximum 3 doses ▪ If refractory, administer amiodarone 300 mg intravenous/intraosseous, then 150 mg intravenous/intraosseous in 3 - 5 minutes OR ▪ If suspected Torsade's de Pointes, administer magnesium sulfate 2 grams intravenous/intraosseous • Monitor the progress of resuscitation using EtCO2 (Ref. CP5)

C1 - MEDICAL CARDIAC ARREST

C1 MEDICAL CARDIAC ARREST

ALS (cont.)

- Address potential reversible causes:
 - Suspected hyperkalemia - sodium bicarbonate 8.4% (100 mEq) and calcium chloride (1 gram) intravenous/intraosseous (flush intravenous line between meds)
 - Hypoglycemia - dextrose 10% 25 grams intravenous/intraosseous, repeat once in 3-5 min if no effect
 - Opioid overdose - naloxone 2 mg intravenous/intraosseous, repeat every 3-5 min. as needed up to 6 mg (excluding previous intranasal doses)
 - Suspected cyanide exposure - Cyanokit intravenous/intraosseous rapid intravenous push (Ref. A5)
 - Suspected tension pneumothorax - Perform needle thoracostomy (Ref. CP7)

OLMC

- Consult for unusual circumstances or other specific treatment requests (e.g., lidocaine intravenous/intraosseous - First dose 1.5 mg/kg, Second dose 0.75 mg/kg (maximum combined total of 3 mg/kg), additional naloxone, etc.)
- Consult for cessation of resuscitation efforts after **minimum 20 minutes of EMS resuscitation attempts without ANY response** (e.g., no rhythm changes, no increase in EtCO₂, etc.)
- Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS

- Early defibrillation of ventricular fibrillation and pulseless ventricular tachycardia is **CRITICAL**. Two (2) minutes of “priming CPR” is no longer recommended.
- Agonal gasps may be present in the first minutes after sudden cardiac arrest and should not delay initiation of aggressive resuscitation efforts including chest compressions.
- Reversible causes of cardiac arrest:

H's	Hypoxia	Hypovolemia	Hypokalemia	Hydrogen Ion (acidosis)
	Hypoglycemia	Hypothermia	Hyperkalemia	

T's	Tension Pneumothorax	Tamponade (cardiac)	Thrombosis (coronary/pulmonary)
	Trauma	Toxins	

- Hyperkalemia should be suspected in patients with renal failure/dialysis or diabetes, and those who take potassium sparing diuretics or potassium supplementation medications
- New synthetic opiates may require higher doses of naloxone
- **NOTE: Double sequential defibrillation is not authorized in Pinellas County EMS**

C1 MEDICAL CARDIAC ARREST

QUALITY MEASURES

- Compressions initiated within 1 minute
- Extraglottic airway utilized
- EtCO2 monitored
- EtCO2 less than 35 if not transported
- OLMC contacted if not transported
- ROSC obtained (tracking only)

REFERENCES

- 2023 Institute for Safe Medication Practices (ISMP) FDA and ISMP Lists of Look-Alike Drug Names with Recommended Tall Man (Mixed Case) Letters
- <https://nasmso.org/projects/model-ems-clinical-guidelines/>
- <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000916>
- Pinellas County EMS Medical Quality Management Plan - Medical Operations Manual Vol. 2 Protocol AD18
- 2018 JEMS "Variabilities in the Use of IV Epinephrine in the management of Cardiac Arrest Patients" <https://www.jems.com/patient-care/cardiac-resuscitation/variabilities-in-the-use-of-iv-epinephrine-in-the-management-of-cardiac-arrest-patients/>
- <https://warwick.ac.uk/fac/sci/med/research/ctu/trials/critical/paramedic2/>

C3 SUSPECTED ACUTE CORONARY SYNDROME (ACS)

ADULT ONLY (Consult OLMC if suspected ACS in Ped)	GOALS OF CARE
	Identify patients who may be experiencing ACS, initiate appropriate initial medical therapy and hospital pre-notification, and provide rapid transport to definitive care


BLS

- If no ALS available, assist patient with self-administration of Aspirin by mouth (if not previously taken):
 - Four 81 mg chewable baby aspirin or
 - One 325 mg aspirin tablet
- Assist with one dose of patient’s own prescription nitroglycerin, if available and SBP greater than 120 mmHg

ALS

- Assess cardiac rhythm and treat dysrhythmias (Ref. C4, C5)
- Obtain 12-lead ECG
- Declare STEMI Alert or PREACT STEMI Alert as indicated below, transmit ECG (must include patient name and date of birth), and notify receiving facility/confirm receipt of ECG via radio (Ref CT6):

STEMI ALERT	PreACT STEMI Alert	
Anginal Equivalent	Anginal Equivalent	No DNR Order
ST segment elevation greater than 1 mm in two or more contiguous leads	ST segment elevation greater than 2 mm in two or more contiguous leads	No significant arrhythmia
	Heart rate less than 130	No paced rhythm
	Patient age: 30 to 90	
	Patient able to give consent	
	Pain less than 24 hours	
	QRS complex less than 0.12 seconds (Okay if RBBB)	
PARAMEDIC CONFIDENT IN STEMI IMPRESSION AND AGREE WITH APPROPRIATE CANDIDACY		



Initiate **EMERGENCY Transport** and **Early Hospital Notification** for STEMI and PreACT STEMI Alerts -

Goal Less Than 10 Minute Scene Time

C3 - SUSPECTED ACUTE CORONARY SYNDROME (ACS)

C3 SUSPECTED ACUTE CORONARY SYNDROME (ACS)

C3 - SUSPECTED ACUTE CORONARY SYNDROME (ACS)

ALS (cont.)

- Administer Aspirin 324 mg (four 81 mg chewable baby aspirin) if not already taken
- Establish vascular access
- Administer nitroglycerin 0.4 mg sublingual every 3 - 5 minutes until chest pain/anginal equivalent resolves
 - Contraindications
 - SBP less than 90 mmHg
 - Recent use of erectile dysfunction medications:

Taken within 12 hours	Stendra (avanafil)
Taken within 24 hours	Levitra (vardenafil), Staxyn (vardenafil), Viagra (sildenafil)
Taken within 48 hours	Cialis (tadalafil)

- If SBP less than 90 mmHg:
 - Administer fluid bolus, 500 mL 0.9% sodium chloride. May repeat to maximum 2000 mL
 - If evidence of cardiogenic shock (e.g., SBP less than 80 mmHg, pulmonary edema, etc.) (Ref. C6)
- If unable to achieve symptom relief with nitroglycerine in suspected ACS, may initiate pain management with fentanyl as needed (Ref. M13)

OLMC

- Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS

- Anginal equivalents include difficulty breathing, syncope, palpitations, unexplained nausea, fatigue, unease, diaphoresis, unexplained jaw, arm, epigastric, or shoulder pain
- Maintain a high index of suspicion in the geriatric population as their complaints are often vague and nonspecific
- If an inferior wall myocardial infarction is suspected:
 - Vascular access is preferred prior to the administration of nitrates due to the risk of hypotension (**NOTE:** Vascular access is never *required* prior to initiating nitroglycerin).
 - **May** consider performing right sided electrocardiogram (ECG) to assess for ST segment elevation in V4R

QUALITY MEASURES

- 12-lead ECG performed
- 12-lead ECG transmitted, if STEMI Alert
- Nitroglycerin administered if not allergic or SBP less than 90
- Aspirin administered if not allergic
- Final pain score less than initial pain score
- 12-Lead performed within 5 minutes of at patient (Tracking Only)

C3 SUSPECTED ACUTE CORONARY SYNDROME (ACS)

REFERENCES

- <https://nasmso.org/projects/model-ems-clinical-guidelines/>
- Pinellas County EMS Medical Quality Management Plan - Medical Operations Manual Vol. 2 Protocol AD18

C3 - SUSPECTED ACUTE CORONARY SYNDROME (ACS)

C4 BRADYCARDIA

ADULT ONLY (Ped. Ref. P6)	GOALS OF CARE
Identification and treatment of brady-dysrhythmias	

BLS
<ul style="list-style-type: none"> Obtain baseline and repeat vital signs If the patient has evidence of dyspnea, apply supplemental O2 Shock position as required

ALS		
<ul style="list-style-type: none"> Establish vascular access Assess cardiac rhythm and treat as follows: 		
Stable - Asymptomatic	Stable - Symptomatic <small>(e.g., lightheadedness, weakness, nausea, palpitations, etc.)</small>	Unstable <small>(e.g., chest pain, altered mental status, shortness of breath, hypotension, etc.)</small>
<p>Obtain 12 lead ECG to assess for ischemia or other abnormalities</p>	<p>SBP less than 90 mmHg. Infuse 0.9% sodium chloride to max of 2000 mL (or 20 mL/kg if less than 100 kg) assessing for adverse effects (e.g., pulmonary edema) after each 500 mL and Atropine 1 mg intravenous/intraosseous bolus. Repeat every 3 - 5 mins. Maximum combined dose 3 mg</p>	<p>Initiate transcutaneous pacing (Ref. CP14)</p> <p style="text-align: center;">And</p> <p>May give atropine 1 mg intravenous/intraosseous while preparing to pace, but DO NOT DELAY PACING!</p>
<p>Consider underlying causes</p>	<p>Obtain 12 lead ECG to assess for ischemia or other abnormalities</p>	<ul style="list-style-type: none"> ○ Midazolam: <ul style="list-style-type: none"> ▪ First Dose: <ul style="list-style-type: none"> • 2.5 mg intravenous/intramuscular OR 5 mg intranasal (2.5 mg per nare) ▪ Second Dose (if required after 3 - 5 min): <ul style="list-style-type: none"> • 2.5 mg intravenous/intramuscular or 5 mg intranasal (2.5 mg per nare)

C4 - BRADYCARDIA

C4 BRADYCARDIA

C4 - BRADYCARDIA

OLMC

- Norepinephrine drip infusion 1 - 10 mcg/min (Ref. CT8)
- **EPINEPH**rine drip infusion 2 - 5 mcg/min (Ref. CT7)
- Calcium chloride, 1 gram intravenous slow over at least 5 minutes for suspected calcium channel blocker overdose induced bradycardia
- Additional sedation
- Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS

- Clinically impactful bradycardias are generally at a rate of less than 50 bpm
- 12 lead ECG should be completed early to rule out an acute myocardial infarction (AMI), but it should not delay treatment if the patient is unstable
- Generally, do not administer atropine in the presence of acute coronary ischemia or an AMI. An atropine mediated increase in heart rate may worsen ischemia or increase the size of an infarct
- Atropine may be attempted in Mobitz Type 2 or third-degree AV block with a new wide QRS complex in the absence of an AMI/ischemia
- Consider a lower dose of midazolam (e.g., ½ dose) in patients greater than 60 years old or less than 60 kg

QUALITY MEASURES

If midazolam administered:

- Complete set of vital signs before and after each administration
- EtCO2 documented after each administration
- Waste documented if name of administering clinician matches crew on PCR
- Midazolam dose does not exceed max or OLMC contact initiated
- Benzodiazepines and opiates not mixed

REFERENCES

- <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000916>
- <https://nasemso.org/projects/model-ems-clinical-guidelines/>
- https://www.ahajournals.org/toc/circ/142/16_suppl_2
- <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000916>
- Pinellas County EMS Medical Quality Management Plan

C5 TACHYCARDIA (WIDE/NARROW)

ADULT ONLY (Ped. Ref. P7)	GOALS OF CARE
	Identification and treatment of tachydysrhythmias

BLS
<ul style="list-style-type: none"> Shock position as required

ALS

- Identify and treat underlying cause if secondary tachycardia
- Establish vascular access
- Determine stability/instability
- Assess cardiac rhythm and treat as follows:

UNSTABLE - WIDE/NARROW -			
(e.g., chest pain, altered mental status, shortness of breath, hypotension, etc.)			
If patient condition permits, pre-medicate with midazolam 2.5 mg - 5 mg via the intravenous, intraosseous, or intranasal route. May repeat one time in five (5) minutes, if needed			
	Philips MRx	Stryker LP15	
Regular - Narrow or Wide	100j, 120j, 150j, 170j	100j, 125j, 150j, 175j	Synchronized cardioversion
Irregular - Narrow	120j, 150j, 170j	125j, 150j, 175j	Synchronized cardioversion
Irregular - Wide or Polymorphic	150j	150j	Unsynchronized defibrillation

STABLE - WIDE	
Regular - Monomorphic	Consult OLMC for antiarrhythmic choice
Irregular	Amiodarone 150 mg infusion over minimum of ten (10) minutes. Repeat once if tachycardia re-occurs
Irregular - Torsade's	Magnesium sulfate 2 grams intravenous over a minimum of ten (10) minutes

STABLE - NARROW	
Regular	<ol style="list-style-type: none"> Modified Valsalva Maneuver (Ref. CP30) Adenosine 6 mg rapid intravenous push Adenosine 12 mg rapid intravenous push If no change, consult OLMC
Regular - History of atrial fibrillation	DilTIAZem 0.25 mg/kg slow intravenous push Max single 25 mg dose
Irregular	DilTIAZem 0.25 mg/kg slow intravenous push Max single 25 mg dose

C5 - TACHYCARDIA (WIDE/NARROW)

C5 TACHYCARDIA (WIDE/NARROW)

C5 - TACHYCARDIA (WIDE/NARROW)

OLMC

- Stable Wide Regular Monomorphic Tachycardia
 - Adenosine 6 mg rapid intravenous push
 - Adenosine 12 mg rapid intravenous push
 - Amiodarone 150 mg infusion over minimum of ten (10) minutes
- Additional sedation
- Withholding full dose of dilTIAZem if patient converts after partial dose
- Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS

- Primary tachycardia rates are generally over 150/minute
- Secondary tachycardia rates are usually, but not always lower
- Ventricular rates less than 150/minute usually do not cause signs or symptoms
- **DO NOT** delay immediate cardioversion for the acquisition of the 12 Lead ECG or sedation if the patient is unstable
- Keys to management
 - Determine if pulses are present
 - If pulses are present, is the patient stable, borderline unstable or obviously unstable
 - Provide treatment based on the patient's condition and rhythm. It may be best to monitor the patient versus treat the patient if they are minimally symptomatic
 - Stable wide monomorphic regular tachycardias may represent several different underlying rhythms making antiarrhythmic selection complicated

QUALITY MEASURES

If Midazolam administered:

- Complete set of vital signs before and after each administration
- EtCO2 documented after each administration
- Waste documented if name of administering clinician matches crew on PCR
- Midazolam dose does not exceed max or OLMC contact initiated
- Benzodiazepines and opiates not mixed

C5 TACHYCARDIA (WIDE/NARROW)

REFERENCES

- 2023 Institute for Safe Medication Practices (ISMP) FDA and ISMP Lists of Look-Alike Drug Names with Recommended Tall Man (Mixed Case) Letters
- Posen A, Bursua A, Petzel R. Dosing Strategy Effectiveness of Diltiazem in Atrial Fibrillation With Rapid Ventricular Response. Ann Emerg Med. 2023 Mar;81(3):288-296. doi: 10.1016/j.annemergmed.2022.08.462. Epub 2022 Nov 17. PMID: 36402632.
- <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000916>
- https://www.youtube.com/watch?v=8DIRiOA_OsA
- <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2815%2961485-4/fulltext>
- <https://www.cprseattle.com/blog/slow-down-youre-going-too-fast-svt-and-the-modified-valsalva-maneuver>
- <https://nasemso.org/projects/model-ems-clinical-guidelines/>
- Pinellas County EMS Medical Quality Management Plan - Medical Operations Manual Vol. 2 Protocol AD18

C5 - TACHYCARDIA (WIDE/NARROW)

T3 ELECTROCUTION/LIGHTNING STRIKE

ADULT and PEDIATRIC	GOALS OF CARE
	Rapidly assess and intervene to resuscitate a victim of electrocution and understand that this type of patient often survives initial cardiac arrest

BLS
<ul style="list-style-type: none"> • If in cardiac arrest, initiate Compression Performance Resuscitation/CPR (Ref. C1, P3, CP9) • Assess neurologic function and implement Spinal Precautions, as indicated (Ref. CP15, CT11) • Manage Burn injuries as needed (Ref. T6)

ALS
<ul style="list-style-type: none"> • If in cardiac arrest or evidence of significant electrical burns, ensure vascular access and initiate fluid resuscitation: <ul style="list-style-type: none"> ○ Adults: 2000 mL 0.9% sodium chloride ○ 14-15 years old: 1500 mL 0.9% sodium chloride ○ 13 years of age or younger: 0.9% sodium chloride Per Handtevy • If NOT in cardiac arrest: <ul style="list-style-type: none"> ○ Establish vascular access ○ Assess for and treat cardiac dysrhythmias (Ref. C4, C5, P6, P7) ○ Obtain 12-Lead ECG ○ Provide Seizure control as needed (Ref. M14, P16) ○ Provide Pain Management as needed (Ref. M13, P15) ○ Perform Airway Management as indicated (Ref. CP1, CP3) ○ Consider need for Trauma Center and/or Burn Center (Ref. CT12, CT13, CT14, T6)

OLMC
<ul style="list-style-type: none"> • Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS
<ul style="list-style-type: none"> • Lightning strike victims found in cardiac arrest should be considered among our most salvageable patients and every effort should be made at resuscitation! <ul style="list-style-type: none"> ○ Although burn injuries in lightning patients often look severe, there may be very little internal damage due to current conduction superficially along wet skin and clothes. ○ Electrical shock may cause tetany, seizure, or muscle paralysis including of the diaphragm and pupils. Evidence of respiratory effort and pupillary response are unreliable! • Large electrical burns may cause electrolyte disturbances such as hyperkalemia

QUALITY MEASURES
<ul style="list-style-type: none"> • Pending

T3 - ELECTROCUTION/LIGHTNING STRIKE

T3 ELECTROCUTION/LIGHTNING STRIKE

REFERENCES

- <http://nasmso.org/Projects/ModelEMSClinicalGuidelines/index.asp>
- Wilderness Medical Society Practice Guidelines for the Prevention and Treatment of Lightning Injuries: 2014 Update [https://www.wemjournal.org/article/S1080-6032\(14\)00274-9/fulltext](https://www.wemjournal.org/article/S1080-6032(14)00274-9/fulltext)

T3 - ELECTROCUTION/LIGHTNING STRIKE

P3 PEDIATRIC MEDICAL CARDIAC ARREST

PEDIATRIC ONLY	GOALS OF CARE
	Provide high quality, evidence based, resuscitation focusing on maximizing perfusion and correction of reversible causes of medical cardiac arrest

BLS

- Open airway and initiate ventilation assistance with BVM and appropriate airway adjunct (Ref. CP3.1)

S A F E T Y A L E R T	
<p style="color: red; margin: 0;">STRYKER LP15</p> <p style="margin: 0;">If the patient weighs less than 15 kg (33 lbs.) Use Pediatric Quik Combo Multi-function Pads</p>	<p style="color: red; margin: 0;">CPR Feedback Sensor - If the patient is less than 8 years old or less than 25 kgs. (55 lbs.)</p> <p style="color: red; margin: 0;">DO NOT USE</p>

- Establish compression performance resuscitation and Pit Crew Model (Ref. CP9.2, CP9.3, CT4)
- Continue compression performance resuscitation and reassess rhythm every two (2) minutes and defibrillate when indicated by AED/Monitor in AED Mode (Ref. CP10, CP11)

NOTE: When ALS clinician available, perform rhythm interpretation and manual defibrillation as below

- Document any bystander (non-911 responder) interventions (e.g., CPR, rescue breathing, AED use) that occurred prior to arrival
- Document any occurrence of ROSC and last known patient status at hospital, if transported

ALS

- Ensure BLS resuscitation steps completed
- Secure airway if unable to adequately ventilate with BVM (Ref. CP3) and establish vascular access per compression performance resuscitation (Ref. CP9.2, CP9.3, CT4)
- Assess rhythm and defibrillate as indicated for ventricular fibrillation or pulseless ventricular tachycardia (escalate joules per Handtevy)
- Administer medications as indicated:
 - Epinephrine (0.1 mg/mL concentration), repeat every 3-5 minutes through arrest
 - If continued ventricular fibrillation or pulseless ventricular tachycardia administer amiodarone, may repeat twice as needed
- Place orogastric tube to decompress stomach and facilitate ventilation (Ref. CP20)
- Ensure establishment of effective resuscitation procedures including compressions, ventilations, electrical, and pharmacologic therapy **prior** to initiating transport
- Monitor progress of resuscitation using EtCO₂

P3 - PEDIATRIC MEDICAL CARDIAC ARREST

P3 PEDIATRIC MEDICAL CARDIAC ARREST

ALS (CONT.)

- Identify and treat potential reversible causes:
 - Suspected hyperkalemia - sodium bicarbonate 4.2% (Dilute 8.4% 1:1 with NS) and calcium chloride
 - Hypoglycemia - dextrose 10%
 - Opioid Overdose - naloxone
 - Suspected Cyanide exposure - Cyanokit (see dosing table in rear of Handtevy)
 - Suspected Tension Pneumothorax - Perform Needle Thoracostomy (Ref. CP7)

OLMC

- Consult for unusual circumstances or other specific treatment request (e.g., Lidocaine, etc.)
- Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS

- If 13 years of age or older, greater than 60 kg, or signs of puberty present, refer to adult cardiac arrest
- Hand bore intraosseous (NO DRIVER) needle on children less than one (1) year of age

QUALITY MEASURES

- Pending

REFERENCES

- <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000901>

P4 PEDIATRIC POST MEDICAL CARDIAC ARREST

PEDIATRIC ONLY	GOALS OF CARE
	Aggressively manage post-arrest cardiogenic shock and ensure transport to appropriate receiving hospital

BLS
<ul style="list-style-type: none">• Assess post-ROSC vital signs and mental status• Initiate CPR if pulses lost again (Ref. CP9)• Assist ventilations with BVM if needed - Avoid Hyperventilation! (Ref. CP3.1)• Transport patient to a pediatric receiving facility (Ref. CS4)

ALS
<ul style="list-style-type: none">• Assess cardiac rhythm and treat dysrhythmias as needed (Ref. P6, P7)• Obtain 12-Lead ECG• If SBP less than 90 mmHg:<ul style="list-style-type: none">○ 0.9% sodium chloride bolus○ Epinephrine drip infusion - titrate to achieve SBP greater than 90 mmHg (Ref. CT7)• If patient with RONF and apparent discomfort from airway or fighting ventilations, may administer midazolam intravenous/intraosseous and Fentanyl intravenous/intraosseous. May repeat once in 5 minutes if needed

OLMC
<ul style="list-style-type: none">• Additional doses of sedation/pain management• Norepinephrine drip infusion 1 - 10 mcg/min (Ref. CT8)• Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS
<ul style="list-style-type: none">• Aggressive post cardiac care is essential to ensure continued perfusion of vital organs and to maximize outcomes

QUALITY MEASURES
<ul style="list-style-type: none">• Pending

REFERENCES
<ul style="list-style-type: none">• Pending

P4 - PEDIATRIC POST MEDICAL CARDIAC ARREST

P6 PEDIATRIC BRADYCARDIA

PEDIATRIC ONLY	GOALS OF CARE
	Recognize and treat primary and secondary bradycardias

BLS

S A F E T Y A L E R T

Begin immediate cardiopulmonary resuscitation if heart rate less than 60 in any patient less than 1 year of age with evidence of poor perfusion

- If signs of poor perfusion (BP less than Handtevy minimum for age, poor capillary refill, change in mental status) place patient in shock position
- If patient has evidence of dyspnea, apply supplemental O2
- Provide ventilation assistance with BVM and airway adjunct if needed (Ref. CP3.1)
- If patient remains symptomatic after assuring adequate oxygenation and ventilation as above, assess for other underlying causes:
 - Suspected hypoglycemia (Ref. P11)
 - If suspected opioid overdose and Narcan™ 4 mg prepackaged nasal spray available, administer as directed, may repeat one time in three (3) minutes, as needed

ALS

- Establish vascular access
- Assess cardiac rhythm
- Assess for and treat common quickly reversible causes:
 - Hypoxia/hypoventilation (Ref. CP3)
 - Suspected hypoglycemia (Ref. P11)
 - Suspected opioid overdose - administer Naloxone, may repeat in 3-5 minutes as needed
- If patient remains bradycardic after addressing above, initiate treatment as follows:
 - Epinephrine (0.1 mg/mL concentration) intravenous/intraosseous, repeat every 3 - 5 minutes as needed
 - Atropine intravenous/intraosseous if primary AV block, increased vagal tone, or cholinergic drug toxicity (e.g., organophosphates)
 - Pace patients with 3rd degree AV block (Ref. CP14)
 - 0.9% sodium chloride bolus, may repeat once if needed
- Obtain 12-lead ECG (**DO NOT** delay therapy to obtain)

OLMC

- Consideration for the administration of sodium bicarbonate, calcium chloride, or additional epinephrine to treat reversible causes.
- Consult Online Medical Control Physician as needed or required (Ref. CS10)

P6 - PEDIATRIC BRADYCARDIA

P6 PEDIATRIC BRADYCARDIA

PEARLS

- A pediatric patient is heart rate dependent for their cardiac output because they are unable to adjust their stroke volume like an adult patient
- Consider additional reversible causes of bradycardia in a pediatric patient: Hypoxia, Hydrogen Ions (acidosis), Hypothermia, Hypoglycemia, Hypovolemia, Medications/toxins/poisons, and Electrolyte abnormality

QUALITY MEASURES

- Pending

REFERENCES

- <https://naseaso.org/projects/model-ems-clinical-guidelines/>

P7 PEDIATRIC TACHYCARDIA (WIDE/NARROW)

PEDIATRIC ONLY	GOALS OF CARE
	Identification and treatment of tachydysrhythmias

BLS
<ul style="list-style-type: none"> Shock position as required

ALS
<ul style="list-style-type: none"> Consider underlying causes Establish vascular access Determine stability/instability: Unstable = persistent tachyarrhythmia causing hypotension (SBP less than 90 mm Hg), acutely altered mental status, signs of shock, chest discomfort, acute heart failure Assess cardiac rhythm and treat as follows: <ul style="list-style-type: none"> Stable (narrow or wide rhythm) <ul style="list-style-type: none"> Administer 0.9% sodium chloride bolus intravenous or intraosseous If HR greater than or equal to 220 for infants or greater than or equal to 180 for children: <ul style="list-style-type: none"> Vagal maneuvers Adenosine rapid intravenous push Adenosine rapid intravenous push Amiodarone drip infusion intravenous over 20 minutes Unstable (narrow or wide rhythm) <ul style="list-style-type: none"> May sedate with midazolam intravenous Synchronized cardioversion (Ref. CP13). May repeat until cardioversion is successful and rhythm corrects.

OLMC
<ul style="list-style-type: none"> Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS
<ul style="list-style-type: none"> You must quickly determine whether the patient's tachycardia is primary (that is producing hemodynamic instability due to the rate) or secondary (that is tachycardia produced as the result of an underlying process such as dehydration, fever, pain, anxiety, drugs, etc.) Primary tachycardia rates are generally over 150/minute Secondary tachycardia rates are usually but not always lower Ventricular rates less than 150/minute usually do not cause signs or symptoms DO NOT delay immediate cardioversion for the acquisition of the twelve lead or sedation if the patient is unstable

P7 - PEDIATRIC TACHYCARDIA (WIDE/NARROW)

P7 PEDIATRIC TACHYCARDIA (WIDE/NARROW)

PEARLS (cont.)

- Keys to management
 - Determine if pulses are present
 - If pulses are present, is the patient stable, borderline unstable or obviously unstable
 - Provide treatment based on the patient's condition and rhythm. It may be best to monitor the patient versus treat the patient if they are minimally symptomatic
- Unstable:
 - Poor systemic perfusion
 - Respiratory distress or respiratory failure
 - Acutely altered mental status
 - Hypotension
- Signs and symptoms of SVT
 - History of vague or nonspecific symptoms
 - P waves are absent or abnormal
 - Heart rate does not vary with activity or stimulation
- Vagal Maneuvers
 - Place a bag of ice over the upper half of the infant's face (without obstructing the airway)
 - If the child can follow commands have them attempt to blow the plunger of a syringe at you

QUALITY MEASURES

If Midazolam given:

- Complete set of vital signs before and after each administration
- EtCO2 documented after each administration
- Waste documented if name of administering clinician matches crew on PCR
- Midazolam dose does not exceed max or OLMC contact initiated
- Benzodiazepines and opiates not mixed
- Any pediatric administration

REFERENCES

- <https://nasemso.org/projects/model-ems-clinical-guidelines/>
- Pinellas County EMS Medical Quality Management Plan - Medical Operations Manual Vol. 2 Protocol AD18

CP11 MANUAL DEFIBRILLATION

CP11.1 Stryker Lifepak 15

INDICATIONS

- Ventricular Fibrillation, Pulseless Ventricular Tachycardia, Polymorphic Ventricular Tachycardia

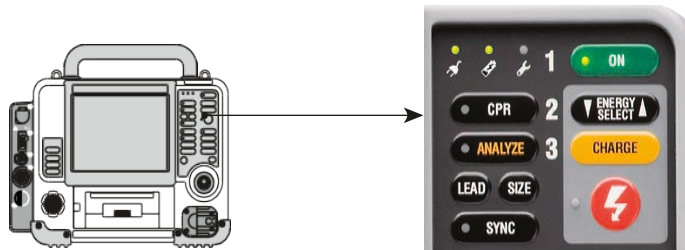
CONTRAINDICATIONS


- Hazardous environments (e.g., standing water, fire/ignition hazards, etc.)
- Valid Florida Do Not Resuscitate Order (DNRO)

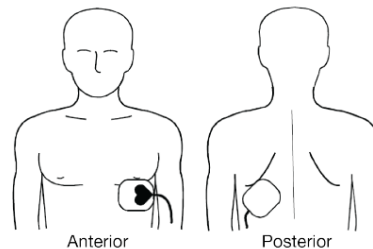
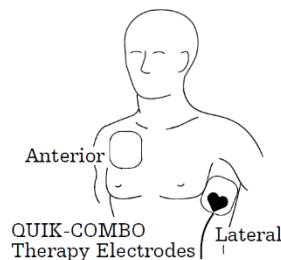
CAUTIONS

- Oxygen enriched environments

PROCEDURE



1. Press ON 
2. Remove all clothing from the Patient's chest
3. Prepare patient's chest:
 - Clean and dry skin, remove excess hair, if necessary
 - **DO NOT** use alcohol, tincture of benzoin, or antiperspirant to prepare the skin
 - Determine presence of AICD, pacemaker, other implanted medical devices
 - Avoid placement over the nipple or bony prominences
4. Apply Quik-Combo therapy electrodes to patient's chest in anterior-lateral or anterior-posterior position
 - Pad placement







NOTE: Impedance is measured whenever the defibrillator is charged. To ensure therapeutic patient impedance levels, always charge the defibrillator when the Quik-Combo therapy electrodes are in contact with the patient's chest

CP11 MANUAL DEFIBRILLATION

PROCEDURE (cont.)

5. Press ENERGY SELECT

- Select joules 
 - Press CHARGE 
 - If energy selection is changed after charging has started, the energy is removed. Press CHARGE  to restart charging
 - While the defibrillator is charging, a charging bar appears and a ramping tone sounds, indicating the charging energy level. When defibrillator is fully charged, an overlay appears
6. Make certain all personnel stand clear of the patient, bed, and any equipment connected to the patient
7. Call “I’m Clear”, “You’re Clear”, “Oxygen Clear” and visually verify all clear
8. Confirm that the defibrillator has charged to the desired energy level
9. Press the SHOCK  button

COMPLICATIONS

- Air pockets between patient skin and multifunction pads may cause skin burns
- Pain
- Burns

NOTES

- **DO NOT** place hands free pads over monitor electrodes, cables, pacemakers, dressings, implantable cardiac rhythm devices or transdermal patches

REFERENCES

- Stryker Lifepak 15 Monitor/Defibrillator Pocket Guide 2018 GDR 3307601_D
- Stryker Lifepak 15 Monitor/Defibrillator Operating Instructions November 2022 P/N 3340226-011

CP11 MANUAL DEFIBRILLATION

CP11.2 Philips MRx

INDICATIONS

- Ventricular Fibrillation, Pulseless Ventricular Tachycardia, Polymorphic Ventricular Tachycardia

CONTRAINDICATIONS

- Hazardous environments (e.g., standing water, fire/ignition hazards, etc.)
- Valid Florida Do Not Resuscitate Order (DNRO)

CAUTIONS

- Oxygen enriched environments

PROCEDURE

10. Prepare patient's chest:

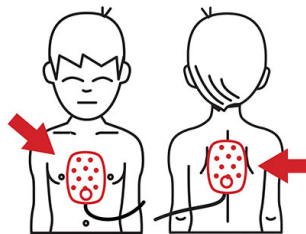
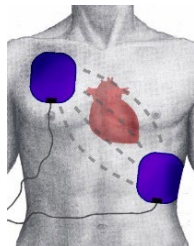
- Clean and dry skin, remove excess hair, if necessary
- Determine presence of AICD, pacemaker, other implanted medical devices

11. Apply hands free multi-function pads to patient's skin

- Pad placement

Adult - Anterior/Anterior

Pediatric - Anterior/Posterior



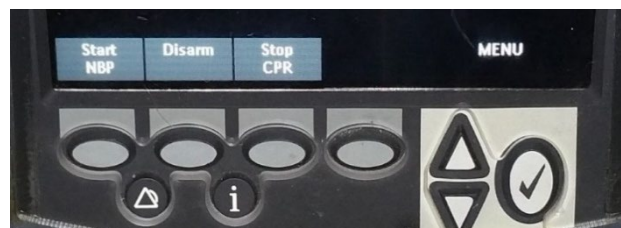
12. Connect hands free multi-function pad connector to therapy cable

13. Turn the **Therapy Knob** to **Manual Defib** and select an appropriate energy setting

- Selected energy can be increased or decreased at any time during charging or after charging is complete, the defibrillator charges to the selected energy level automatically

14. Press the **CHARGE** button (a continuous, low-pitched charging tone sounds until the desired energy level is reached, at which point the high-pitched charge sound is heard)

- Press **[Disarm]** to disarm the device once charged if no shock is indicated



CP11 MANUAL DEFIBRILLATION

PROCEDURE (cont.)

15. Call "I'm Clear", "You're Clear", "Oxygen Clear" and visually verify all clear
16. Confirm that the defibrillator has charged to the desired energy level
17. Press the flashing **SHOCK** button

COMPLICATIONS

- Air pockets between patient skin and multifunction pads may cause skin burns
- Pain
- Burns

NOTES

- **DO NOT** place hands free pads over monitor electrodes, cables, pacemakers, dressings, implantable cardiac rhythm devices or transdermal patches

REFERENCES

- <https://www.usa.philips.com/healthcare/medical-specialties/business-and-government/emergency-response/clinical-excellence-in-emergency-care>

CP13 SYNCHRONIZED CARDIOVERSION

CP13.1 Stryker Lifepak 15

INDICATIONS

- Unstable tachydysrhythmias

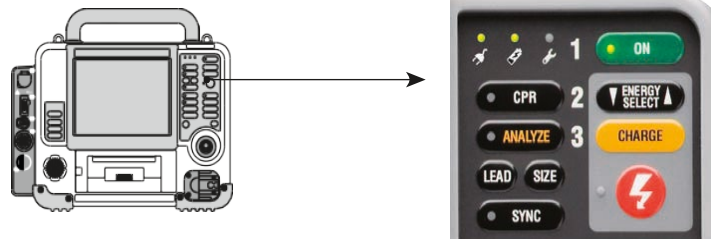
CONTRAINDICATIONS


- Hazardous environments (e.g., standing water, fire/ignition hazards, etc.)

CAUTIONS

- Failure to SYNC may result in “R on T syndrome” and induce asystole

PROCEDURE




1. Press ON 
2. Bare patient's chest
 - Ensure chest is clean and dry
 - Remove excessive chest hair
 - Prepare electrode site with brisk rub
 - Ensure electrodes are in sealed package and the use by date has not passed.
 - Avoid placement over the nipple, bony prominences, dressings, implantable Defibrillators or the diaphragm if possible
3. Attach patient ECG cable and ECG electrodes. ECG electrodes and cable must be used to monitor the ECG when standard paddles are used for cardioversion.
4. Select Lead II or lead with greatest QRS complex amplitude (positive or negative).

NOTE: To monitor the ECG using therapy electrodes, place the electrodes in anterior-lateral position and select PADDLES lead.





Warning Possible Lethal Arrhythmia: Ventricular fibrillation may be induced with improper synchronization. **DO NOT** use the ECG from another monitor (slaving) to synchronize the monitor/defibrillator's discharge. Always monitor the patient's ECG directly through the defibrillator's ECG cable or therapy cable. Confirm proper placement of the sense markers on the ECG.

CP13 SYNCHRONIZED CARDIOVERSION

PROCEDURE (cont.)

5. Press SYNC 
6. The SYNC MODE message appears in the message area when Sync is active.

NOTE: Press SYNC  again to deactivate Sync mode.

7. Observe the ECG rhythm. Confirm that a triangle sense marker () appears near the middle of each QRS complex. If the sense markers do not appear or are displayed in the wrong locations (for example, on the T-wave), adjust ECG SIZE or select another lead. (It is normal for the sense marker location to vary slightly on each QRS complex.)
8. Connect the Quik-Combo therapy electrodes to the therapy cable and confirm cable connection to the defibrillator.
9. Prepare the patient's skin and apply therapy electrodes to the patient in the anterior-lateral position.
10. Press ENERGY SELECT  or rotate the SPEED DIAL to select the desired energy.
11. Press CHARGE  While the defibrillator is charging, a charging bar appears and a ramping tone sounds, indicating the charging energy level. When the defibrillator is fully charged, the screen displays available energy.
12. Make certain all personnel, including the operator, stand clear of the patient, bed, stretcher, and any equipment connected to the patient.
13. Confirm ECG rhythm. Confirm available energy
14. Press and hold the (shock) button  on the defibrillator until the ENERGY DELIVERED message appears on the screen.

NOTE: To disarm (cancel a charge), press the SPEED DIAL. The defibrillator disarms automatically if shock buttons are not pressed within 60 seconds, or if you change the energy selection after charging begins.

15. Observe patient and ECG rhythm. Repeat procedure starting from Step 4, if necessary.

COMPLICATIONS

- Pain
- Burns
- Arrhythmias

NOTES

- None

CP13 SYNCHRONIZED CARDIOVERSION

REFERENCES

- Stryker Lifepak 15 Monitor/Defibrillator Pocket Guide 2018 GDR 3307601_D
- Stryker Lifepak 15 Monitor/Defibrillator Operating Instructions November 2022 P/N 3340226-011

CP13.2 Philips MRx

INDICATIONS

- Unstable tachydysrhythmias

CONTRAINDICATIONS

- Hazardous environments (e.g., standing water, fire/ignition hazards, etc.)

CAUTIONS

- **Failure to SYNC may result in “R on T syndrome” and induce asystole**

PROCEDURE

- Turn the **Therapy Knob** to **Monitor** and press the **SYNC** button. A sync message appears in the upper right corner of Wave Sector 1
- Confirm that the sync marker appears with each R-wave. If the marker does not appear, select another lead
- Turn the **Therapy Knob** to the desired energy level setting
- Press the **CHARGE** button on the MRx
 - Wait until the charge has reached the selected energy level at which point you will hear a continuous charge done tone.
 - To disarm the defibrillator prior to discharging the energy, press (**Disarm**).
 - The selected energy can be changed at any time during charging or after charging is complete. The MRx charges to the selected energy level automatically.
- Call “I’m Clear”, “You’re Clear”, “Oxygen Clear” and visually verify all clear
- Continue to hold the **SHOCK** button until the shock is delivered so that the defibrillator shocks the next detected R-wave

COMPLICATIONS

- Pain
- Burns
- Arrhythmias

NOTES

- None

CP13 SYNCHRONIZED CARDIOVERSION

REFERENCES

- http://incenter.medical.philips.com/doclib/enc/fetch/2000/4504/577242/577243/577245/577817/577891/HeartStart_MRx.pdf%3fnodeid%3d8602907%26vernum%3d-2

CP14 TRANSCUTANEOUS PACING (TCP)

14.1 STRYKER LIFEPAK 15

DEMAND MODE (DEFAULT)

INDICATIONS

- Unstable bradycardia

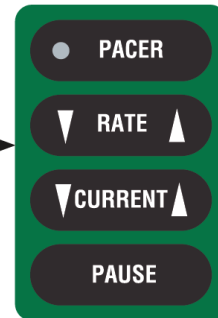
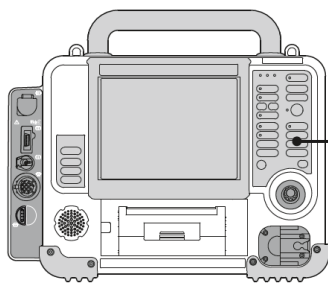
CONTRAINDICATIONS







- Hazardous environments (e.g., standing water, fire/ignition hazards, etc.)

CAUTIONS

- Although TCP is a painful procedure, initiation of pacing must not be delayed for analgesia in the unstable patient

PROCEDURE



1. Press **ON** 
2. Apply ECG Electrodes
3. Apply and connect Quik-Combo therapy electrodes
4. Press **PACER** 
5. Confirm placement of the sense marker () is near the middle of each QRS
6. Press **RATE**  to select desired pacing rate
7. Press **CURRENT**  until electrical capture occurs
8. Check blood pressure and pulse to verify mechanical capture
9. **PAUSE**  button facilitates temporary viewing if underlying rhythm

NOTE: Heart rate alarms are disabled during pacing. Observe patient continuously.

CP14 TRANSCUTANEOUS PACING (TCP)

14.2 PHILIPS MRX

DEMAND MODE (DEFAULT)

INDICATIONS

- Unstable bradycardia

CONTRAINDICATIONS

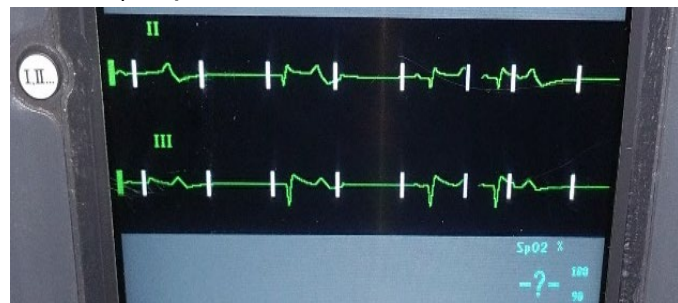
- Hazardous environments (e.g., standing water, fire/ignition hazards, etc.)

CAUTIONS

- Although TCP is a painful procedure, initiation of pacing must not be delayed for analgesia in the unstable patient

PROCEDURE

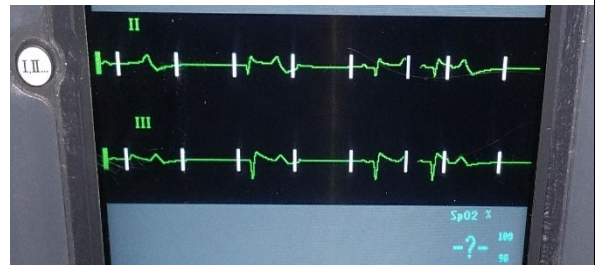
1. Apply ECG monitoring electrodes
2. Press the **LEAD SELECT** button to select the best lead with an easily detectable R-wave
3. Apply hands free multi-function pads
4. Connect hands free multi-function pad connector to therapy cable
5. Turn the therapy knob to the **PACER** position
6. Verify that the white R-wave markers appear above or on the electrocardiogram (ECG) waveform
7. Press **PACER RATE** and increase the rate to 60 bpm initially
8. Press **PACER OUTPUT** and increase the output to 60 milliamps initially
9. Press **START PACING**. The message **PACING** appears
10. Rapidly increase energy in increments of 10 milliamps until electrical capture is attained
11. Increase the output until cardiac (mechanical) capture occurs



CP14 TRANSCUTANEOUS PACING (TCP)

PROCEDURE

1. Apply hands free multifunction pads
2. Connect hands free multi-function pad connector to therapy cable
3. Change the pacer mode to Fixed Mode
4. Turn the therapy knob to the **PACER** position
5. Press **PACER RATE** and increase the rate to 60 bpm initially
6. Press **PACER OUTPUT** and increase the output to 60 milliamps initially
7. Press **START PACING**. The message **PACING** appears
8. Rapidly increase energy in increments of 10 milliamps until electrical capture is attained
9. Increase the output until cardiac capture occurs



COMPLICATIONS

- Pain
- Burns
- Failure to achieve or maintain electrical and mechanical capture

NOTES

- Both FIXED and DEMAND mode require an ECG signal for synchronization
- Spontaneous beats may be present which are not associated with the delivery of paced pulses
- Demand Mode -
 - Pace pulses are delivered when the patient's heart rate is lower than the selected pacing rate.
 - If the patient's heart rate is above the pacer rate, paced pulses are not delivered therefore pacing markers do not appear
 - Requires the use of ECG monitoring cables and hands-free pads
- Fixed Mode -
 - Pace pulses are delivered at the selected rate regardless of the patient's underlying heart rate
- A pulse oximeter can be useful for confirming capture (by comparing the pulse rate measured by the pulse oximeter to set pacing rate) and perfusion

CP14 TRANSCUTANEOUS PACING (TCP)

REFERENCES

- http://incenter.medical.philips.com/doclib/enc/fetch/2000/4504/577242/577243/577245/577817/577891/HeartStart_MRx.pdf%3fnodeid%3d8602907%26vernum%3d-2
- Stryker Lifepak 15 Monitor/Defibrillator Pocket Guide 2018 GDR 3307601_D
- Stryker Lifepak 15 Monitor/Defibrillator Operating Instructions November 2022 P/N 3340226-011

CP31 LAERDAL CPRmeter 2

INDICATIONS

- Used as a guide in administering cardiopulmonary resuscitation (CPR) to a suspected sudden cardiac arrest patient at least

CONTRAINDICATIONS

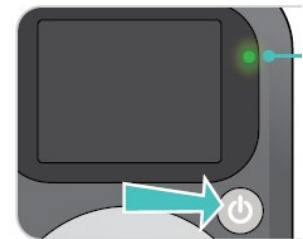
- Patient less than 8 years of age
- **DO NOT** use the device in conjunction with any mechanical or automated compression device
- **DO NOT** use the device on top of defibrillation pads, unless the manufacturer of the defibrillator and the defibrillator pads has explicitly stated the device can be used in such a manner
- The CPRmeter2 is not intended for use in a moving environment, such as an air, sea or road ambulance. If used during patient transport, the device may provide inaccurate feedback. If CPR is indicated in a moving environment, **DO NOT** rely on the depth feedback during such conditions.
- If the device appears to be damaged, **DO NOT USE IT.**

CAUTIONS

- If difficulty is encountered applying the device **DO NOT** delay initiation of CPR
- **DO NOT** apply the CPRmeter2 to an open wound or recent incision site
- An **ORANGE** status light indicates a technical error. If this occurs, stop using the CPRMeter2 and continue CPR
- Always ensure a clean new patient adhesive pad is applied to the meter after each use

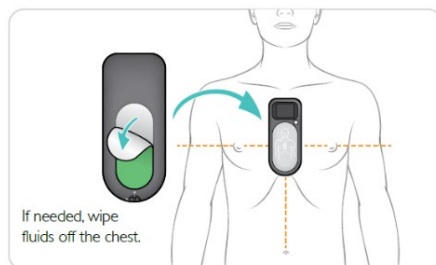
PROCEDURE

- Turn ON - Status Light turns **GREEN** for a few seconds
- Place the meter - if needed, wipe fluids off the chest
- Use the heel of the hand and apply pressure to the light grey area
- Begin CPR - Provide chest compressions according to protocol



NOTE - Release pressure fully between compressions

- CPR performance statistics are only calculated if at least 10 compressions have been delivered



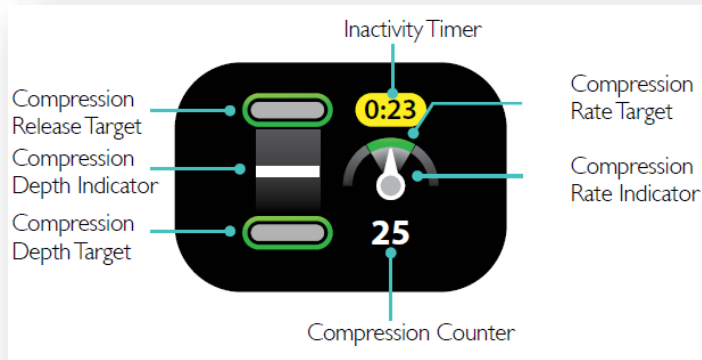
CP31 LAERDAL CPRmeter 2

COMPLICATIONS

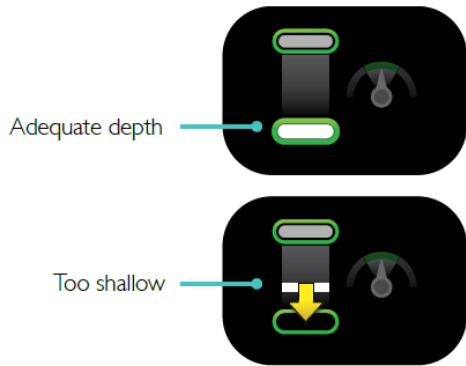
- Properly performed CPR may result in fracturing of the patients' ribs and other chest injuries (e.g. external chest wall bruising or abrasion)

NOTES

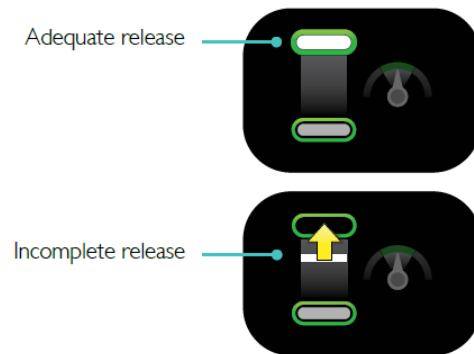
- Feedback Display



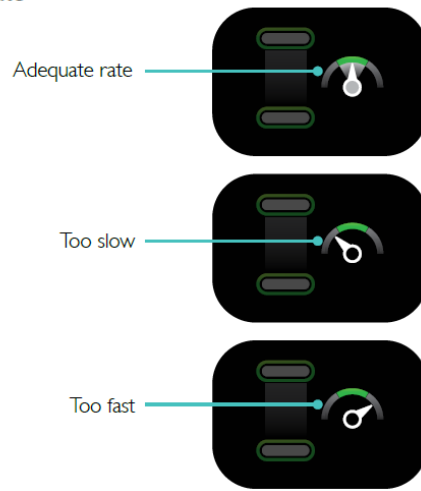
Depth



Release



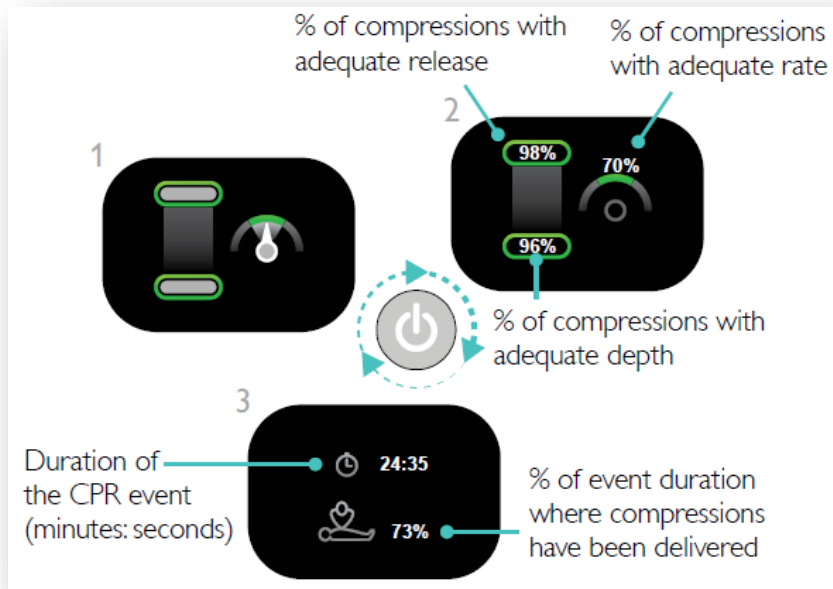
Rate



CP31 LAERDAL CPRmeter 2

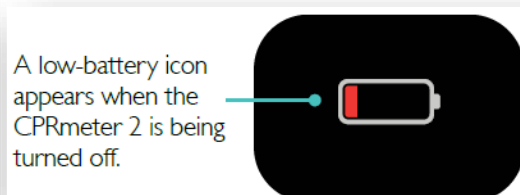
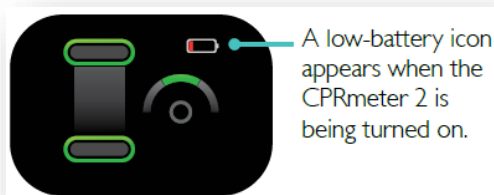
NOTES (cont.)

- Debriefing
 - The CPRMeter 2 can display CPR performance statistics for the last CPR event
 - After the device is turned on, press the ON/OFF button briefly to activate QCPR Quick Review
 - Press the ON/OFF button briefly to cycle between the Compression Feedback and QCPR Quick Review Screens



NOTE: The CPRMeter 2 reverts to Compression Feedback Mode if a compression is delivered

- Battery Indicator
 - The CPRMeter 2 continuously monitors the power of the batteries
 - If the remaining power is estimated to be less than that required for a 30 minute CPR event, the visual indicators signal that the batteries should be replaced before next use
 - Replace batteries at least every 2 years
 - **ONLY USE LITHIUM ION AAA BATTERIES**



CP31 LAERDAL CPRmeter 2

NOTES (cont.)

- After each Use:
 - **NEVER DISCARD THE METER**
 - If it is visibly soiled, wipe the CPRmeter 2 with a paper towel to remove as much gross contamination as possible
 - Remove the patient adhesive pad from the back of the meter and discard
 - Clean and disinfect the meter using provided PCEMS alcohol wipes (same ones used for cleaning and disinfecting the cardiac monitor)
 - Apply a new patient adhesive pad to the device
- Customer Service Indicator
 - If the customer service indicator appears, remove the meter from service



REFERENCES

- Laerdal CPRmeter 2 User Guide 2019 P/N 20-14391 Rev. B

F1 ADENOSINE

Trade Name	Adenocard, Adenoscan	
Class(es)	Antiarrhythmic	
Action(s)	Slows conduction through AV & SA nodes. Can interrupt the reentry pathways through AV node	
Authorized Indication(s)	Convert PSVT and PSVT with accessory bypass tracts (Wolff-Parkinson-White Syndrome) to sinus rhythm	
Contraindication(s)	Hypersensitivity to the drug, AV block, preexisting 2 nd /3 rd degree heart block or sick sinus rhythm without pacemaker	
Precaution(s)	Asthmatics, unstable angina, stenotic valve disease, hypovolemia, hepatic, and renal failure	
Pharmacokinetics	Onset: 20 - 30 seconds	Duration: N/A
Authorized Routes of Administration	<ul style="list-style-type: none"> • Intravenous 	
Technique for Administration	Rapid bolus over 1 - 2 seconds. Administer as proximally as possible & follow with rapid 0.9% Sodium Chloride flush	
PEARLS	<ul style="list-style-type: none"> • Prior to administration - advise patient this will make you feel strange • Stryker Lifepak 15 - Documentation: <ul style="list-style-type: none"> ○ Start ECG printer just prior to administration of adenosine ○ Continue printing during administration of adenosine through post administration • Adverse effects are generally self-limiting • At time of conversion to normal sinus rhythm, PVCs, PACs, sinus bradycardia and sinus tachycardia in addition to various degrees of AV block could be seen on the ECG. Usually only last a few seconds and resolve without intervention 	
Y-Site Compatibility	N/A	
Interactions	N/A	
Reference	https://dailymed.nlm.nih.gov/dailymed/	

F1 - ADENOSINE

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AD16 CARDIAC MONITOR/DEFIBRILLATOR - AED CLINICAL CONFIGURATION

AD16.1 Stryker Lifepak 15

The Stryker LP15 Clinical Configuration is the clinical standard for patient care in Pinellas County EMS. It reflects a standard configuration for **ALL** Stryker LP15 devices utilized as a component of patient care under the auspices of Pinellas County EMS. This configuration is not to be altered without prior approval of the EMS Medical Director.

Options					
SpO2	NIBP	EtCO2	12-Lead	12-Lead Tx	Pacing

Setup/General		Setup/Monitoring	
Code Summary	Long	Continuous Data	ECG Channel 1
Trend Summary	Off	SpO2 Tone	Off
Auto Log	On	Trends	On
Line Filter	60Hz	Setup/Monitoring/Channels	
Timeout Speed	30 seconds	Default Set	Set 1
Setup/Manual Mode		Setup/Monitoring/Channels/Set 1	
Sync After Shock	On	Channel 1	ECG Lead II
Pads Default	Energy Protocol	Channel 2	ECG Lead III
Internal Default	10	Channel 3	SpO2
Voice Prompts	On	Setup/Monitoring/Channels/Set 2	
Shock Tone	On	Channel 1	ECG Lead II
Manual Access	Manual / Direct	Channel 2	SpO2
Passcode	0000	Channel 3	CO2
Setup/Manual Mode/Energy Protocol		Setup/Monitoring/Channels/Set 3	
Energy 1	200	Channel 1	ECG Lead II
Energy 2	300	Channel 2	ECG Lead III
Energy 3	360	Channel 3	ECG Lead aVF
Setup/AED Mode		Setup/Monitoring/Channels/Set 4	
Auto Analyze	Off	Channel 1	ECG Lead II
Motion Detection	On	Channel 2	None
Pulse Check	Never	Channel 3	None
Setup/AED Mode/Energy Protocol		Setup/Monitoring/Channels/Set 5	
Energy 1	200	Channel 1	Paddles
Energy 2	300	Channel 2	SpO2
Energy 3	360	Channel 3	CO2
Stacked Shocks	Off	Setup/Monitoring/CO2	
Setup/AED Mode/CPR		Units	mmHg
CPR Time 1	120 seconds	BTPS	On
CPR Time 2	120 seconds	Setup/Monitoring/Temperature	
Initial CPR	Off	Units	°C
Initial CPR Time	120 seconds	Setup/Monitoring/NIBP	
PreShock CPR	Off	Initial Pressure	180 mmHg
Setup/CPR Metronome		Interval	5 min
Metronome	On	Setup/12-Lead	
Adult - No Airway	30:2	Auto Transmit	Off
Adult - Airway	10:1	Auto Print	On
Youth - No Airway	15:2	Print Speed	25mm/sec
Youth - Airway	10:1	Interpretation	On
Setup/Pacing		Format	3-Channel Standard
Rate	60 PPM		
Current	60 mA		
Mode	Demand		
Internal Pacer	Detection On		

Device Model: LIFEPAK 15
Device Software Version: LIFEPAK 15 - 3313494-017

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AD16.1 - STRYKER LP15 CLINICAL CONFIGURATION

AD16 CARDIAC MONITOR/DEFIBRILLATOR - AED CLINICAL CONFIGURATION

AD16.1 - STRYKER LP15 CLINICAL CONFIGURATION

Setup/Events		Setup/Transmission	
Event 2	None	Default Site	IMAGETREND
Event 3	None	Default Report	All
Event 4	None	Wireless	On
Event 5	None	Search Filter	Off
Event 6	None	Streaming	Enable
Event 7	None	Setup/Transmission/Sites/Site 1	
Event 8	None	Name	IMAGETREND (linked)
Event 9	None	Output Port	Direct Connect
Event 10	None	Setup/Transmission/Sites/Site 2	
Event 11	None	Name	BFH (linked)
Event 12	None	Output Port	Direct Connect
Event 13	None	Setup/Transmission/Sites/Site 3	
Event 14	None	Name	SAH (linked)
Event 15	None	Output Port	Direct Connect
Event 16	None	Setup/Transmission/Sites/Site 4	
Event 17	None	Name	MPH (linked)
Event 18	None	Output Port	Direct Connect
Event 19	None	Setup/Transmission/Sites/Site 5	
Event 20	None	Name	MCS (linked)
Event 21	None	Output Port	Direct Connect
Event 22	None	Setup/Transmission/Sites/Site 6	
Setup/Alarms		Name	SJH (linked)
Volume	5	Output Port	Direct Connect
Alarms	On	Setup/Transmission/Sites/Site 7	
VF/VT Alarm	On	Name	TEST (linked)
Setup/Printer		Output Port	Direct Connect
ECG Mode	Diagnostic	Setup/Clock	
Monitor Mode	1-30Hz	Synchronize with the LIFENET System	Yes
Diagnostic Mode	.05-40Hz	Clock Mode	Elapsed Time
Alarm Waveforms	On	DST	On
Event Waveforms	On	Time Zone	(UTC-05:00) Eastern Time (US & Canada)
Vitals Waveforms	On	Setup/Self Test	
Setup/Printer/Auto Print		Transmit Results	On
Defibrillation	On	Setup/Passcodes	
Pacing	Off	Setup Mode	■
Check Patient	Off	Archives Access	No Passcode
SAS	Off	Archives Mode	0000
Patient Alarms	Off	Delete Records	■
Events	Off	Service Mode	■
Initial Rhythm	Off		

Device Model: LIFEPAK 15
Device Software Version: LIFEPAK 15 - 3313494-017

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AD16 CARDIAC MONITOR/DEFIBRILLATOR - AED CLINICAL CONFIGURATION

AD16.2 Philips FR3 AED

DEVICE	
Volume	Loud
ECG Display	On
Record Audio	Off
Carry Case Auto-On	Off
Wireless Pin	2490
DEFIBRILLATION	
Shock Series	1
Shock Series Interval	N/A
Advanced Mode Use	Off
Advanced Use Prompt Repeat Rate	N/A
SELF TEST	
Test for Pads	On
Test for Data Card	Off
GENERAL CPR	
Metronome	Off
CPR While Armed	Off
CPR First	Off
No Shock Advised (NSA) Action	NSA CPR
NSA CPR Coaching	Always
NSA Monitor Prompt Repeat Rate	N/A
CPR Option Button	Off
Analyze Option Button	Off
PROTOCOL - SPECIFIC CPR	
Adult CPR First Duration	N/A
Adult Basic CPR Duration	2.0
Adult NSA CPR Duration	2.0
Infant/Child CPR First Duration	N/A
Infant/Child Basic CPR Duration	2.0
Infant/Child NSA CPR Duration	2.0

AD16.2 - PHILIPS FR3 AED CLINICAL CONFIGURATION

AD16 CARDIAC MONITOR/DEFIBRILLATOR - AED CLINICAL CONFIGURATION

AD16.3 Philips MRx

The Philips MRx Clinical Configuration is the clinical standard for patient care in Pinellas County EMS. It reflects a standard configuration for ALL Philips MRx devices utilized as a component of patient care under the auspices of Pinellas County EMS. This configuration is not to be altered without prior approval of the EMS Medical Director.

Options				
SpO2	NIBP	EtCO2	12-Lead	12-Lead Tx
Pacing	Q-CPR	Q-CPR Data	Event Summary Tx	

General Settings	
Institution Name	PINELLAS COUNTY EMS - FIRE or PINELLAS COUNTY EMS - SUNSTAR
Voice Volume	Medium
Alarm Volume	Medium
Minimum Alarm Volume	Medium
QRS Volume	Off
Time Format	24 hours
Pacing on Batteries Warning	No
Units Display	On
Patient Category	Adult
Device Owner	PCEMS-AFFILIATE
Return-To Password	XXXX
One-Second Vitals	ON

HR/ECG Settings		
Auto-Gain	OFF	
AC Line Filter	60 Hz	
ECG Bandwidth for Display	1 - 30 Hz EMS	
ECG Bandwidth for Printer	1 - 30 Hz EMS	
ECG Electrode Labels	AAMI	
HR/Arrhythmia Alarms	ON	
HR/Pulse High Limit	Adult - 140	Pedi - 180
HR/Pulse Low Limit	Adult - 50	Pedi - 80
Vtach HR Limit	Adult - 120	Pedi - 120
Vtach Run Limit	Adult - 3	Pedi - 3
Color	Green	

NBP Settings		
NBP Schedule:	Manual	
NBP Alarm Source:	Systolic	
Unit:	mmHg	
NBP Alarms:	ON	
Systolic High Limit:	Adult - 200	Pedi - 140
Systolic Low Limit:	Adult - 90	Pedi - 70
Diastolic High Limit:	Adult - 90	Pedi - 70
Diastolic Low Limit:	Adult - 50	Pedi - 40
Mean High Limit	Adult - 110	Pedi - 90
Mean Low Limit	Adult - 60	Pedi - 50
Color	White	

EtCO2 Settings		
Unit	mmHg	
EtCO2 Alarms	On	
EtCO2 High Limit	Adult - 60	Pedi - 60
EtCO2 Low Limit	Adult - 15	Pedi - 15
AwRR Alarms	On	
AwRR High Limit	Adult - 40	Pedi - 60
AwRR Low Limit	Adult - 8	Pedi - 12
Apnea Alarm	Adult - 30	Pedi - 30
Color	YELLOW	

AD16.3 - PHILIPS MRx CLINICAL CONFIGURATION

AD16 CARDIAC MONITOR/DEFIBRILLATOR - AED CLINICAL CONFIGURATION

AD16.3 Philips MRx (cont.)

SpO2 Settings		
SpO2 Alarms:	On	
SpO2 High Limit:	Adult - 100	Pedi - 100
SpO2 Low Limit:	Adult - 90	Pedi - 90
SpO2 Desat Limit:	Adult - 80	Pedi - 80
Color:	Blue	

Pulse Settings	
Pulse Source	SpO2
Pulse Alarms	OFF

Alarm Settings	
Alarm Tone:	Philips
Alarm Pause Time:	3 min.
Startup Alarm State:	Active

Wave Settings	
Primary ECG	Leads
Preferred ECG Lead	II
Wave 2	III
Wave 3	CO2
Wave 4	Pleth

Wireless Link Settings	
Access Point:	YES
http Proxy Address:	
http Proxy Port:	
Wireless Link Address:	192.168.171.2

12-Lead Settings	
Facility ID:	Blank
Department ID:	Blank
Device ID:	Blank
Analysis:	Standard
Critical Value Statements:	Yes
ECG Bandwidth for 12-Lead Display:	.05 - 40 Hz
ECG Bandwidth for 12-Lead Report:	Same as Display
ECG Report	Sequential
Number of Automatic Printouts	1
Printer Format	3 x 4 - 1R
Rhythm Strip #1	II
Rhythm Strip #2	III
Rhythm Strip #3	aVF
12-Lead Export Format	1.04
AMI Detection	EMS

Phone/Modem Profile Settings	
Profile Name:	
Configuration String:	
Landline:	NO
Dial Prefix:	
Dial String:	
Wait for Dial Tone:	NO
User Name/Password Config:	Per Profile
PPP User Name:	
PPP Password:	
Static IP Address:	
Primary DNS:	
Secondary DNS:	
http Proxy Address:	
http Proxy Port:	

Transmission Device Settings			
	FIRE	FIRE (with wireless link)	SUNSTAR
Bluetooth:	ON	N/A	ON
Wireless Link:	OFF	ON	ON
If both on in clinical mode use:	Bluetooth	Wireless Link	Wireless Link

AD16.3 - PHILIPS MRx CLINICAL CONFIGURATION

AD16 CARDIAC MONITOR/DEFIBRILLATOR - AED CLINICAL CONFIGURATION

AD16.3 Philips MRx (cont.)

Hub Settings	
Server URL:	24.227.88.236
User Name:	
Password:	

Site Settings	
Site Name:	Bayfront
Site Type:	Hub
Phone Number:	
URL:	
Use Hub's Routing:	Yes
Default Site:	No
User Name:	
Password:	

Site Settings	
Site Name:	Largo Med
Site Type:	Hub
Phone Number:	
URL:	
Use Hub's Routing:	Yes
Default Site:	No
User Name:	
Password:	

Site Settings	
Site Name:	Mease Countryside
Site Type:	Hub
Phone Number:	
URL:	
Use Hub's Routing:	Yes
Default Site:	No
User Name:	
Password:	

Site Settings	
Site Name:	Morton Plant
Site Type:	Hub
Phone Number:	
URL:	
Use Hub's Routing:	Yes
Default Site:	No
User Name:	
Password:	

Site Settings	
Site Name:	North Pinellas
Site Type:	Hub
Phone Number:	
URL:	
Use Hub's Routing:	Yes
Default Site:	No
User Name:	
Password:	

Site Settings	
Site Name:	Northside
Site Type:	Hub
Phone Number:	
URL:	
Use Hub's Routing:	Yes
Default Site:	No
User Name:	
Password:	

Site Settings	
Site Name:	Palms
Site Type:	Hub
Phone Number:	
URL:	
Use Hub's Routing:	Yes
Default Site:	No
User Name:	
Password:	

Site Settings	
Site Name:	St. Anthony's
Site Type:	Hub
Phone Number:	
URL:	
Use Hub's Routing:	Yes
Default Site:	No
User Name:	
Password:	

Site Settings	
Site Name:	Test Site
Site Type:	Hub
Phone Number:	
URL:	
Use Hub's Routing:	Yes
Default Site:	No
User Name:	
Password:	

AD16.3 - PHILIPS MRx CLINICAL CONFIGURATION

AD16 CARDIAC MONITOR/DEFIBRILLATOR - AED CLINICAL CONFIGURATION

AD16.3 Philips MRx (cont.)

Reference ID Settings	
Reference ID 1:	ST PETERSBURG
Reference ID 2:	GULFPORT
Reference ID 3:	ST PETE BEACH
Reference ID 4:	LEALMAN
Reference ID 5:	SOUTH PASADENA
Reference ID 6:	TREASURE ISLAND
Reference ID 7:	MADEIRA BEACH
Reference ID 8:	SEMINOLE
Reference ID 9:	PINELLAS PARK
Reference ID 10:	PINELLAS SUNCOAST
Reference ID 11:	LARGO
Reference ID 12:	CLEARWATER
Reference ID 13:	SAFETY HARBOR
Reference ID 14:	DUNEDIN
Reference ID 15:	OLDSMAR
Reference ID 16:	EASTLAKE
Reference ID 17:	PALM HARBOR
Reference ID 18:	TARPON SPRINGS
Reference ID 19:	SUNSTAR
Reference ID 20:	CME

Manual Therapy Settings	
Remain in SYNC Mode After Shock:	Yes
Time To Auto Disarm:	30 sec.
Pacing Rate:	60 ppm
Pacing Output:	60 mA
Manual Therapy Security:	Off
CPR Timer:	On
Auto Switch to Fixed Mode Pacing:	Yes

AED Settings	
Shock Series:	1
Protocol Timeout:	Off
NSA Action:	120 sec.
CPR Prompt:	Short
Monitor Prompt Interval:	120 sec.
CPR Display:	Advanced

Printer Settings	
Print on Alarm:	Red Arrhythmia
Print on Charge:	No
Print on Shock:	No
Print on Mark:	No
Printer Delay:	10 sec.
Strip Print Speed:	25 mm/sec.
12-Lead Print Speed:	25 mm/sec.
Event Summary Report:	Medium
Event Summary Pre-Context:	4 sec.
Event Summary Post-Context:	6 sec.

Mark Event Settings	
1. King Airway	No
2. IV/IO Access	No
3. Epinephrine	No
4. ETT Placed	No
5. Amiodarone	No
6. Sodium Bicarb	No
7. Aspirin	No
8. Nitroglycerin	No
9. Morphine Sulfate	No
10. STEMI Alert	No

CPR Settings	
Q-CPR:	On
CPR Timer:	120 sec.
Q-CPR Voice:	Audible
Compression only CPR:	Off
Comp Color:	RED
Q-CPR Feedback:	On
Research Storage:	Off
Guidelines:	AHA

Thrombolytic Therapy Contraindications	
Prompt for Contraindications	No

Network Settings	
IP Address Assignment:	Dynamic
MRx Static IP Address:	
MRx Static IP Submit Gateway:	255.255.255.0
MRx Static IP Default Gateway:	