MEDICAL CONTROL DIRECTIVE 2024-12

DATE: April 1, 2024

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: **Protocol and System Updates – Part 2**

Effective Date: Effective IMMEDIATELY but NO LATER THAN May 1, 2024

Volume 1 – Clinical Operating Guidelines

Section/Topic	Protocol	Details
CLINICAL STANDARDS	CS10 Online Medical Control (OLMC)	Situations – Criteria #2 - Changed "A medication, treatment, or transport error or patient injury (e.g., more than superficial lacerations/skin tears/contusions) has occurred" to "A medication, treatment, or transport error or "significant patient injury" (e.g., more than superficial lacerations/skin tears/contusions) has occurred"
	CS21 Alternate Standards of Care	Errata
	CS22.7 ALS Medical Response Bag	Multiple updates to the inventory due to ongoing challenges with pharmaceuticals and medical supplies

Section/Topic	Protocol	Details
CLINICAL STANDARDS (cont.)	CS22.8 ALS Handtevy Pediatric Response Bag	Addition of 2 – 16g IV Catheters for needle decompression
	CS22.13 PPE	Revised Ballistic Gear Vest Medical Supply Inventory
	CS22.14 Required Documentation/Forms	Addition of PCEMS HIPAA Notice of Privacy Forms for all transport capable units Update to the current version of the State of Florida EMS Communications Plan – Vol. 2
	CS22.15 Vehicle Supplemental Equipment & Medical Supplies	Multiple updates to the inventory due to ongoing challenges with pharmaceuticals and medical supplies Addition of rated face shields to all transport capable units Addition of Venturi Trach Mask to all transport capable FD and Ambulance Units
PEDIATRICS	P15 Pediatric Acute Pain Management	Revised Acetaminophen Weight Based Dosing Table due to a change in IV Flow Controller device
CLINICAL PROCEDURE	CP23 Physical Restraint	Images updated to reflect proper stretcher strapping
	CP33 Venturi Trach Mask	New procedure for use of the device
FORMULARY	F1 Adenosine	Errata

Volume 1 (cont.) – Clinical Operating Guidelines

Section/Topic	Protocol	Details
CLINICAL TOOLS	CT6 STEMI Alert & PREACT STEMI Alert Criteria	Errata
	CT7 Epinephrine Drip Infusion	Information updated regarding injection port on the 1000 mL bag of 0.9% Sodium Chloride
	CT10 Field Assessment Stroke Triage for Emergency Destination (FAST-ED)	Errata
Philips MRx Cardiac Monitor Demobilization	CS22.9 Cardiac Monitor – Defibrillator (ALS) C1 Medical Cardiac Arrest C5 Tachycardia CP9 CPR CP11 Manual Defibrillation CP13 Cardioversion CP14 Transcutaneous Pacing	All Philips MRx related information removed from protocol

Volume 2 – Administrative

Section/Topic	Protocol	Details
ADMINISTRATIVE	AD15 BLS/ALS Pharmaceutical & Medical Supply Authorizations & Substitutions	Addition of information regarding 1. Device for Intratracheal Meconium Suctioning in Newborns 2. Specific glucometer approved by the EMS Medical Director
	AD17 Approved Abbreviations	All Zoll ePCR information removed with the move to ImageTrend Protocol re-titled Approved Abbreviations

Section/Topic	Protocol	Details
ADMINISTRATIVE (cont.)	AD23.1 System Certification Application/Change Form AD23.2 Advanced Practice and Specialty Application/Change Form AD23.3 Instructor and Preceptor Application/Change Form AD23.4 Clinical Standing Inquiry Form	Forms deleted due to moving to electronic applications within ImageTrend
	AD23 Pinellas County Clinical Status Inquiry Form	Form revised and moved from AD23.4 to AD23
Philips MRx Cardiac Monitor Demobilization	AD16 Stryker LP15 Configuration	Philips MRx related information removed from protocol

Attachments:

Volume 1:

- CS10 Online Medical Control (OLMC)
- CS21 Alternate Standards of Care
- CS22.7 ALS Medical Response Bag
- CS22.8 ALS Handtevy Pediatric Response Bag
- CS22.13 PPE
- CS22.14 Required Documentation/Forms
- CS22.15 Vehicle Supplemental Equipment & Medical Supplies
- P15 Pediatric Acute Care Management
- CP23 Physical Restraint
- CP33 Venturi Trach Mask
- F1 Adenosine
- CT6 STEMI Alert & PREACT STEMI Alert Criteria
- CT7 Epinephrine Drip Infusion
- CT10 Field Assessment Stroke Triage for Emergency Destination (FAST-ED)

Volume 1 (cont.):

- CS22.14 Required Documentation Forms
- CS22.15 Vehicle Supplemental Equipment & Medical Supplies
- Philips MRx Cardiac Monitor Demobilization Specific Protocols:
    - CS22.9 Cardiac Monitor – Defibrillator (ALS)
    - C1 Medical Cardiac Arrest
    - C5 Tachycardia (Wide/Narrow)
    - CP9 CPR
    - CP11 Manual Defibrillation
    - CP13 Cardioversion
    - CP14 Transcutaneous Pacing

Volume 2:

- AD15 BLS/ALS Pharmaceutical & Medical Supply Authorizations & Substitutions
- AD17 Approved Abbreviations
- AD23 Pinellas County Clinical Status Inquiry Form
- Philips MRx Cardiac Monitor Demobilization Specific Protocols:
    - AD16 Stryker LP15 Configuration

Distribution:

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

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 "significant patient injury" (e.g., more than superficial lacerations/skin tears/contusions) 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

CS21 ALTERNATE STANDARDS OF CARE

1. Prior to Arrival of Hazardous Weather

- Normal standards of care should be maintained for as long as practical and safe prior to arrival of hazardous weather conditions
- Units may be tasked to transport patients to non-hospital destinations
- A patient care record (may be abbreviated, paper is acceptable) should be completed on all patient encounters
- System Status Management (SSM) for hospital destination may be put into effect
- OLMC will be available for case-by-case consults for required alterations in normal care

2. During Hazardous Weather/Disaster Operations

a) **Altered Standards of Care:** Storm units responding during hazardous weather may provide care as able, but focus should be on **primary stabilization and evacuation**. Refer to the "Warm Zone" in Protocol CS18 for appropriate standards of care during hazardous conditions (see below for summary):

- Warm Zone Standards of Care Summary:
  - Triage assessment using standard START Triage may be attempted
  - Cardiac arrest patients may not be considered candidates for resuscitation efforts based on available resources
  - Care in this situation should be focused on control of external hemorrhage, management of penetrating chest trauma and pneumothorax, and basic airway maneuvers
  - Other limited ALS interventions may be possible dependent on level of hazard and available resources but are not required

b) Transportation and documentation:
- All patients including "Alerts" (Trauma, STEMI, Stroke, Sepsis) will be transported to the closest open facility unless a specialty facility is readily available nearby.
- First Responders are not required to ride in.
- **Alternate non-ambulance vehicles may be used to transport patients as needed.**
- Disaster/Special event logs may be used for documentation if PCRs are not available.

c) Emergency Medical Dispatch/Pre-Arrival Instructions:
- During periods of excessive call volume or when storm units are not able to respond, Regional 911 may transfer calls requiring extended pre-arrival instructions, cardiac arrests, or other selected high priority calls may to Sunstar Communications for completion of EMD/PAI's.
- Sunstar Communications may patch callers to the OLMC Physician for cessation of resuscitation efforts or other special circumstances as needed.

d) OLMC:
- OLMC Physicians will be available for consults for as long as communications remain operational.
- **If unable to contact OLMC, clinicians should use their best judgment in caring for their patients and are authorized to perform all interventions (including OLMC orders, cessation of efforts, and refusals) during disaster operations**

3. During Recovery Efforts Post Storm

a) Return to normal standards of care should occur as soon as possible
b) Timeframe will depend upon extent of disaster and resource availability and may be variable by agency, geographic location, etc.

CS22.7 ALS MEDICAL RESPONSE BAG

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

Item Name	PKG/UOM	Qty Rqd	Specific Notes
Bag			
StatPack G3+ Perfusion - Blue			
Top Exterior Pocket – Center - Glucometer Kit			
Dextrose 10% in Water, 250 mL	Pre-mixed Bag	1	horizontal
Top Exterior Pocket – Interior Left Net			
Glucometer (Bayer Contour)		1	
Glucometer Test Strips (Bayer Contour)	BTL	1	Strips **MUST** be kept in original bottle - **DO NOT** mix strips from different bottles **- MUST** retain bottom of external packaging for initial and monthly quality control testing info
Lancets		10	Single patient use
Bandage, Adhesive, 1" (Band-Aid®)	Individual	10	
Alcohol Prep Pads	Individual	10	
Top Exterior Pocket – Interior Right Net			
Glucose Gel, 15g	Pack	2	Strawberry or Orange Flavored
Storage Box, Clear Plastic, Two-Part		1	Holds the Glucose Gel Packs
Glucagon (Glucagen)		1	**One for One Replacement - Requires Incident Number of Use, Expired Item for Replacement, or Incident Report for all other situations**
Top Exterior Pocket – Lid Interior Zippered Pocket			
Narcan Nasal Spray Device, 4 mg	Nasal Spray	2	
Storage Box, Opaque Plastic, Two-Part	2 Piece	1	Holds 2 - Narcan Nasal Spray Devices
Naloxone, 1 mg/mL, 2 mL	PFS	3	**3 Boxes stored in the Two-Part Opaque Plastic Storage Box, 3 – Individual Blister Packs (no storage box) or a combination of both – All box format is to be stored in the plastic storage box**
Storage Box, Opaque Plastic, Two-Part	2 Piece	1	Holds 3 - Naloxone Prefilled Syringes in the Box format
Left Exterior Pocket – Center (between black elastic net pockets)			
IV Start Kit		3	
Left Exterior Pocket – Interior Left Net			
Tourniquet (loose) - IV start		3	ORANGE - Non-trauma style tourniquet
Gauze, 4" x 4"	2 per pack	10	Sterile
Tape, Silk, 1"	RL	2	Single patient use
Tape, Self-Adherent, 1"	RL	3	Single patient use - color may vary
Left Exterior Pocket – Interior Right Net			
0.9% Sodium Chloride, 10 mL	PFS	3	
IV Catheter, 16g		2	Safety
IV Catheter, 18g		4	Safety
IV Catheter, 20g		4	Safety
IV Catheter, 22g		4	Safety
Gauze, Roll, 4"		1	Sterile
Left Exterior Pocket – Interior Zippered Pocket			
0.9% Sodium Chloride, 1000 mL	Pre-mixed Bag	1	
IV Administration Set, 20 gtt (macro)		2	
Right Exterior Pocket - Center			
EZIO Driver, w/ Trigger Guard		1	**Replace *ONLY* per manufacturer's instructions – Daily Testing is NOT recommended**
Right Exterior Pocket – Interior Left Net			
Pressure Infusion Bag, 1000 mL		1	
EZIO Needle Set, 45 mm		2	**One for One Replacement - Requires Incident Number of Use, Expired Item for Replacement, or Incident Report for all other situations**
EZIO Stabilizer		1	

CS22.7 ALS MEDICAL RESPONSE BAG

Item Name	PKG/UOM	Qty Rqd	Specific Notes
Right Exterior Pocket – Interior Right Net			
0.9% Sodium Chloride, 10 mL	PFS	3	
EZIO Needle Set, 25 mm		2	One for One Replacement - Requires Incident Number of Use, Expired Item for Replacement, or Incident Report for all other situations
EZIO Stabilizer		1	
Right Exterior Pocket – Zippered Pocket			
0.9% Sodium Chloride, 1000 mL	Pre-mixed Bag	1	
IV Administration Set, 20 gtt (macro)		1	
Top Center Interior Pocket			
Ketorolac, 30 mg/mL, 1 mL	PFS	2	If prefilled syringe format unavailable reference KETOROLAC VIAL KIT (see Page 3)
25g x 1" Hypodermic Needle		2	Safety Needle without syringe (Retractable)
Storage Box, Clear Plastic, Two-Part	2 Piece	1	Holds the Ketorolac and Hypodermic Needles
Acetaminophen, 10 mg/mL, 100 mL	Pre-mixed Bag	1	
Controlled Substance Box - Complete	Seahorse SE120 BLACK - Reference separate inventory		
Controlled Substance Box			
Seahorse 120 Black with Cyberlock (CL-C5N)			
Controlled Substance Content Shield (PCEMS)		1	
Etomidate, 2 mg/mL, 20 mL	Vial	2	
Midazolam, 5 mg/mL, 1 mL	Vial or PFS	4	
Fentanyl 50 mcg/mL, 1 mL, or 2 mL	2 mL Vial or PFS or 1 mL PFS	4	Max total combined amount per box - 400 mcg (space dependent)
Top Center Interior Pocket – Lid Zippered Pocket			
Mucosal Atomization Device (MAD)		2	Utilized for administration of Midazolam and Fentanyl intranasally ***ONLY***
Lower Center Interior Pocket – Upper Level			
Calcium Chloride, 100 mg/mL, 10 mL	PFS	2	
Atropine Sulfate, 0.1 mg/mL, 10 mL	PFS	2	
Sodium Bicarbonate, 1 mEq/mL, 50 mL	PFS	2	If prefilled syringe format unavailable reference SODIUM BICARBONATE KIT
Epinephrine, 0.1 mg/mL, 10 mL	PFS	6	If unavailable reference EPINEPHRINE 1 MG/ML - 1 ML VIAL KIT
Lidocaine, 20 mg/mL, 5 mL	PFS	2	If prefilled syringe format unavailable reference LIDOCAINE VIAL KIT
Adenosine Kit #1*	PFS	1	*1 - 6 mg/2 mL prefilled syringe or vial & 3 Way Stopcock
Adenosine Kit #2**	PFS	1	**2 - 6 mg/2 mL prefilled syringes or vials
Storage Box, Opaque Plastic, Two-Part	2 Piece	2	Used for Adenosine Kit #1 and Adenosine Kit #2
Storage Box, Opaque Plastic, Two-Part	2 Piece	12	Used for the protection of each medication in the prefilled syringe packaging format (PFS)
Lower Center Interior Pocket – Lower Level			
Medication Kit	Flambeau Multi-Compartment - See separate inventory		
Syringe Kit	Flambeau Multi-Compartment - See separate inventory		
Infusion Kit	Flambeau Open Core - See separate inventory		
Sodium Bicarbonate Kit (ONLY if prefilled syringe format unavailable)	Flambeau Open Core - See separate inventory		
Lower Center Interior Pocket – Lid Zippered Pocket			
Shears, Trauma		1	
Sharps Container, Individual		2	Single patient use
Biohazard Waste Bag, Small (RED)		2	
Biohazard Waste Bag, Large (RED)		1	

CS22.7 ALS MEDICAL RESPONSE BAG

Sodium Bicarbonate Kit (Flambeau 6734TE (T4000) Open Core Box)			
Item Name	**PKG/UOM**	**Qty Rgd**	**Specific Notes**
Sodium Bicarbonate 1 mEq/mL - 50 mL	Vial	2	
Syringe, 60 mL, Luer-Lock Tip		2	
Syringe, 20 mL, Luer-Lock Tip		2	
Syringe, 10 mL, Luer-Lock Tip		2	
Needle, 18g x 1.5" Blunt Fill with Filter		2	For drawing medications from vials **ONLY**

Epinephrine Vial Kit (Each kit in two-part storage box, clear plastic)			
Epinephrine, 1 mg/mL, 1 mL	Vial	1	
0.9% Sodium Chloride, 10 mL	PFS	1	
Needle, 18g x 1.5" Blunt Fill with Filter		1	For drawing medications from vials **ONLY**
Storage Box, Clear Plastic, Two-Part	2 Piece	1	Holds the Epinephrine, Blunt Fill Needles & 0.9% Sodium Chloride Syringes

Lidocaine Vial Kit (Each kit in two-part storage box, clear plastic)			
Lidocaine, 20 mg/mL, 5 mL	Vial	1	
Needle, 18g x 1.5" Blunt Fill with Filter		1	For drawing medications from vials **ONLY**
Syringe, 10 mL, Luer-Lock Tip		1	
Storage Box, Clear Plastic, Two-Part	2 Piece	1	Holds the Lidocaine, Blunt Fill Needles & 10 mL Syringe

Ketorolac Vial Kit (Each kit in two-part storage box, clear plastic)			
Ketorolac, 30 mg/mL, 1 mL	Vial	2	
25g x 1" Hypodermic Needle		2	Safety Needle without syringe (Retractable)
Syringe, 1 mL, Luer-Lock Tip		2	
Storage Box, Clear Plastic, Two-Part	2 Piece	1	Holds the Ketorolac, Hypodermic Needles & 1 mL Syringes

Medication Kit (Flambeau 6747TE (T4007) Multi-Compartment Box)			
Ondansetron, 4 mg	Unit Dose ODT	2	
Ondansetron, 2 mg/mL, 2 mL	PFS or vial	2	
Diphenhydramine, 50 mg/mL, 1 mL	PFS or vial	2	
Epinephrine, 1 mg/mL, 1 mL	Vial	2	
Amiodarone, 50 mg/mL, 3 mL	Vial	3	
Methylprednisolone Sodium Succinate, 125 mg/2 mL	Vial	2	
Nitroglycerin Aerosol Spray, 0.4 mg/spray	BTL	1	Replace per manufacturer's instructions
Spoon, Aspirin administration		3	Individually wrapped
Aspirin, Baby, 81 mg	BTL	1	
Ipratropium Bromide, 0.5 mg/2.5 mL	Unit Dose	2	
Albuterol Sulfate, 2.5 mg/3 mL	Unit Dose	4	
Diltiazem, 5 mg/mL, 5 mL	Vial	1	*Date deployed*_____ *MAX OF 30 DAYS OUT OF REFRIGERATION*
Norepinephrine, 1 mg/mL, 4 mL	Vial	1	

CS22.7 ALS MEDICAL RESPONSE BAG

Syringe Kit (Flambeau 6747TE (T4007) Multi-Compartment Box)			
Syringe, 1 mL with 25g x 1" Needle or 25g x 1" Hypodermic Needle		3	Safety syringe (Retractable) with needle or Safety Needle without syringe (Retractable)
Syringe, 3 mL with 25g x 1 1/2" Needle or 25g x 1 ½" Hypodermic Needle		3	Safety syringe (Retractable) with needle or Safety Needle without syringe (Retractable)
Syringe, 3 mL, Luer-Lock Tip		2	
Syringe, 1 mL, Luer-Lock Tip		2	
Alcohol Prep Pads	Individual	10	
3-Way Stopcock		2	
Needle, 18 g x 1.5" Blunt Fill with Filter		2	For drawing medications from vials **ONLY**

Infusion Kit (Flambeau 6734TE (T4000) Open Core Box)			
Medication "ADD" Label, "PCEMS" Specific		4	
IV Administration Set with Flow Controller (20 gtt/mL)		1	
Dextrose 5% in Water, 100 mL	Pre-mixed Bag	1	
Magnesium Sulfate, 2 g/50 mL	Pre-mixed Bag	2	

CS22.8 ALS HANDTEVY PEDIATRIC RESPONSE BAG

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

Item Name		Pkg Type	Qty Rqd	Specific Notes
Bag				
Handtevy (branded)				
Lid – Exterior (x-small zipper pocket)				
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	Kit	2	
IV Catheter, 16g	Pocket #7	EA	2	Use for Needle Decompression per Protocol CP7
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

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 – If hardcopy unavailable – electronic version is available on each tablet
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

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	

CS22.13 PCEMS PERSONAL PROTECTIVE EQUIPMENT (PPE)

CS22.13.1 PPE Respirator, Full-Face

(Issued to ALL individual clinicians)

Pinellas County EMS Storage Bag			
Item Name	**Pkg/UOM**	**Qty Rqd**	**Specific Notes**
Pinellas County EMS Mask Kit Bag (optional for individual use)		N/A	
Safety Goggles	pair	1	
Full Face Respirator - Moldex 9000 Series		1	appropriate fitted size per clinician
Protective Bag - Moldex 9000 Series Full Face Respirator		1	
Filter Splash Cover Moldex 7999 – in place on filters during continual use	pair	2	RE-USE - DO NOT DISCARD
P100 Filter Disk Moldex 7940	pair	2	replace every 30 days once removed from manufacturer packaging

CS22.13.2 PPE Suit Kit (ALS & BLS) – ID #_____

Pinellas County EMS Storage Bag			
Item Name	**Pkg/UOM**	**Qty Rqd**	**Specific Notes**
Main Interior Pocket			
Pinellas County EMS Suit Kit Bag		1	
XXL Tychem suit		2	
XXXL Tychem suit		2	
XXXXL Tychem suit		2	
Faceshield		2	
Side Pocket Interior			
Boot Covers - Universal Size	pairs	6	
End Pocket Interior			
Chem Tape	roll	1	

CS22.13 PCEMS PERSONAL PROTECTIVE EQUIPMENT (PPE)

CS22.13.3 Ballistic Vest Kit (ALS & BLS) – ID #_____

Pinellas County Ballistic Gear Storage Bag			
Item Name	**Pkg/UOM**	**Qty Rqd**	**Specific Notes**
Kit Bag, BLACK		1	
Batlskin Viper A3 Helmet		1	
Rescue Task Force Vest (Level III) MK-II with Side Armor and "Rescue" name patch		1	
Large Patient Mover		1	In rear vest back compartment
Vest - Front and Rear Rifle Plates (Level III)	each	1	
Vest Utility Pouch #1 – LEFT (looking at the vest)		1	
Shears, Trauma		1	Vest Utility Pouch #1 – LEFT (looking at the vest)
Chest Seal, Hyfin Compact Vent	2-pack	1	Vest Utility Pouch #1 – LEFT (looking at the vest)
Emergency Trauma Dressing (ETD), 4"	Vacuum sealed	1	Vest Utility Pouch #1 – LEFT (looking at the vest)
Hemostatic Gauze – WOUNDCLOT (3" x 39")		1	Vest Utility Pouch #1 – LEFT (looking at the vest)
Vest Tourniquet Pouch – CENTER (looking at vest)		1	
Tourniquet (Combat Application Tourniquet – CAT)	Out of packaging	2	Vest Tourniquet Pouch – CENTER (looking at vest)
Vest Utility Pouch #2 – RIGHT (looking at the vest)		1	

CS22.14 REQUIRED DOCUMENTATION/FORMS

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

Paper Format			
Item Name	**PKG/UOM**	**Qty Rqd**	**Specific Notes**
Blood Alcohol Testing Consent form		2	
PCEMS Patient Care Record/EMS Cognitive Evaluation form		3	
PCEMS Patient Care Record Supplemental/Supplemental Refusal form		3	
PCEMS HIPAA Notice of Privacy form		10	***Transport Capable Units ONLY!!***
Electronic Format – ID #_____			
Microsoft Surface GO3 ***OR*** Panasonic Toughbook CF20 with ePCR software		1	primary patient care documentation
PCEMS Computer Stylus *(Ensure compatibility - CF20 or Surface GO3)*		2	
EMS Communication Plan – Volume II – April 2023 (paper or electronic) -		1	***Transport Capable Units ONLY!!***
Miscellaneous			
Bag, Patient Chain of Custody (e.g., medications, personal belongings)		3	
Licensing			
FL Department of Health ALS and/or BLS vehicle permit sticker (visible on windshield)		1	
Medical Operations Manual – Current Version (on same hardware used for ePCR – PCEMS Office of the Medical Director website)		1	

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								
		Ambulance			Fire			
Item Name	PKG/ UOM	ALS	BLS - 911	BLS - VAN	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper, or Engine	BLS Engine, Squad, Truck, Pumper, Utility	Specific Notes
Stethoscope, Adult/Pediatric		1	1	1	1	-	-	Sprague style
Blood Pressure Cuff, **Manual**, Infant		1	1	1	1	-	-	Cuff labeling reflects “CHILD”
Blood Pressure Cuff, **Manual**, Child		1	1	1	1	-	-	Cuff labeling reflects “SMALL ADULT”
Blood Pressure Cuff, **Manual**, Adult		1	1	1	1	-	-	
Blood Pressure Cuff, **Manual**, Large Adult		1	1	1	1	-	-	
Blood Pressure Cuff, **Non-invasive**, Child		1	1	-	1	-	-	For use with the Stryker LP15
Blood Pressure Cuff, **Non-invasive**, XLarge Adult		1	1	-	1	-	-	For use with the Stryker LP15
Glucometer (Bayer Contour)	EA	1	1	1	-	-	-	
Glucometer Test Strips (Bayer Contour)	BTL	1	1	1	-	-	-	retain bottom of external packaging for quality control testing
Disinfectant Wipe, Alcohol	PK/30	2	2	2	1	-	-	70% isopropyl alcohol/30% DI Water

Equipment & Medical Supplies - Reserve								
Oxygen Cylinder, “PCEMS”, M6		1	1	1	1	1	-	Spare - minimum 1000 psi
Oxygen Cylinder, “D”		1	1	1	1	1	-	Spare - minimum 1000 psi
Oxygen Cylinder, Onboard		1	1	1	1	-	-	Aluminum or Steel “M” - minimum 500 psi
Oxygen Regulator - Onboard Oxygen		1	1	1	1	-	-	
Oxygen Flowmeter with Hose Barb Adapter (Xmas Tree), Onboard Oxygen		2	2	1	2	-	-	min. 2, 4, 6, 8, 10, 15, 20, 25L flow settings and DISS Port
Nasal Cannula, Adult		8	4	4	-	-	-	
Mask, Non-Rebreather, Adult		4	2	2	-	-	-	
Mask, Aerosol Mask, Adult		2	-	-	-	-	-	
Mask, Trach, Venturi with Diluters, Adult		2	2	2	2	-	-	
Nebulizer Setup		4	-	-	-	-	-	
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		3a dult	-	-	-	-	-	

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	
Tube Holder, Adult		2	-	-	-	-	-	
BVM Resuscitator, Adult or Small Adult		2	1	1	1	1	-	With adult mask and filter
BVM Resuscitator, Pediatric		1	1	1	1	1	-	With child, infant and neonate masks and filter
OPA 80mm, 90mm, 100mm, 110mm	Each Size	2	1	1	-	-	-	
EtCO2 Filterline Set, Adult/Pediatric		3	-	-	1	1	-	
EtCO2 Nasal Cannula, Adult		10	-	-	-	-	-	
CPAP Setup, Adult		1	-	-	1	1	-	
CPAP Setup, Small Adult/Pediatric		1	-	-	-	-	-	
Superset with Mask Elbow Adapter		1	-	-	-	-	-	
Tee Adapter		1	-	-	-	-	-	
Laryngoscope Handle, Medium		1	-	-	-	-	-	Single patient use, sterile & disposable
Suction Canister Set (canister, lid, suction tubing, vacuum tubing)		2	1	1	1	1	-	CHANGE ALL TUBING (SUCTION AND VACUUM) AND THE CANISTER AFTER EACH USE REGARDLESS OF ANY VISIBLE CONTENTS
HI-D “The Big Stick” Suction Tip		2	-	-	-	-	-	
Laryngoscope Blade, Mac “3”		1	-	-	-	-	-	Single patient use, sterile & disposable
Laryngoscope Blade, Miller “4”		1	-	-	-	-	-	Single patient use, sterile & disposable
Laryngoscope Blade, Mac “4”		1	-	-	-	-	-	Single patient use, sterile & disposable
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
Bougie, Pocket		2	-	-	-	-	-	Single use
Bandage, Elastic, 4”		-	2	2	-	-	-	
Cold Pack		3	3	3	-	-	-	
Heat Pack		2	2	2	-	-	-	
1” Band-Aids		10	10	10	-	-	-	
2” Band-Aids		10	10	10	-	-	-	
1” Silk Tape		2	2	2	-	-	-	Single use
3” Silk Tape		2	2	2	-	-	-	Single use

CS22.15 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

Equipment & Medical Supplies – Reserve (cont.)								
		Ambulance			Fire			
Item Name	PKG/ UOM	ALS	BLS - 911	BLS - VAN	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper, or Engine	BLS Engine, Squad, Truck, Pumper, Utility	Specific Notes
1" Self-Adherent Tape		2	2	2	-	-	-	Single use
4" Roll Gauze, Sterile		2	2	2	-	-	-	Sterile
Multi-Trauma Dressing, 10" x 30"		2	2	2	-	-	-	Sterile
Splint, Moldable Padded Aluminum		2	2	2	2	2	-	
C-Collar, AMBU Perfit Ace		2	2	1	2	2	-	
C-Collar, AMBU Mini Perfit Ace		2	2	1	2	2	-	
Arm Sling, Adult		0	1	1	-	-	-	
Arm Sling, Small Adult/Pediatric		0	1	1	-	-	-	
IV Administration Set, 20 gtt (macro)		10	-	-	-	-	-	
IV Start Kit		12	-	-	-	-	-	
IV Catheter, 16g		2	-	-	-	-	-	
IV Catheter, 18g		10	-	-	-	-	-	
IV Catheter, 20g		12	-	-	-	-	-	
IV Catheter, 22g		4	-	-	-	-	-	
IV Administration Set with Flow Controller (20 gtt/mL)		1	-	-	1	-	-	
25g x 1" Needle		3	-	-	-	-	-	Safety (Retractable) with or without syringe
25g x 1 ½" Needle		3	-	-	-	-	-	Safety (Retractable) with or without syringe
Syringe, 20 mL, Luer-Lock Tip		2	-	-	-	-	-	
Syringe, 10 mL, Luer-Lock Tip		2	-	-	-	-	-	
Syringe, 3 mL, Luer-Lock Tip		5	-	-	-	-	-	
Syringe, 1 mL, Luer-Lock Tip		5	-	-	-	-	-	
3-way Stopcock		2	-	-	-	-	-	
Needle, 18g x 1.5" Blunt Fill with Filter		8	-	-	-	-	-	For drawing medications from vials **ONLY**
Naloxone, 1 mg/mL, 2 mL	PFS	6	-	-	-	-	-	
Narcan Nasal Spray Device, 4 mg	Nasal Spray	4	-	-	-	-	-	
Mucosal Atomization Device (MAD)		2	-	-	-	-	-	
Ketorolac Kit (2 - 30 mg/mL - 1 mL)	PFS or Vial	1	-	-	-	-	-	Reference CS22.15 for Kit Contents

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	
Acetaminophen 10 mg/mL - 100 mL	Pre-mixed Bag	2	-	-	-	-	-	
Dextrose 10% in Water 250 mL	Pre-mixed Bag	2	-	-	-	-	-	
0.9% Sodium Chloride, 1000 mL	Pre-mixed Bag	5	-	-	-	-	-	
0.9% Sodium Chloride, 10 mL	PFS	10	-	-	-	-	-	
Sodium Bicarbonate 1 mEq/mL 50 mL	PFS or Vial	2	-	-	-	-	-	
Epinephrine 0.1 mg/mL 10 mL **OR** Epinephrine 1 mg/mL - 1 mL vial kit if PFS unavailable	PFS or Vial Kit	5	-	-	-	-	-	
Ondansetron 4 mg	Unit Dose ODT	2	-	-	-	-	-	
Ondansetron 2 mg/mL - 2 mL	PFS or Vial	2	-	-	-	-	-	
Diphenhydramine 50 mg/mL - 1 mL	PFS or Vial	2	-	-	-	-	-	
Epinephrine 1 mg/mL - 1 mL	Vial	2	-	-	-	-	-	
Adenosine 3 mg/mL - 2 mL	PFS or Vial	2	-	-	-	-	-	
Storage Box, Clear Plastic, Two-Part		1	-	-	-	-	-	Used for protection of Adenosine PFS
Methylprednisolone Sodium Succinate 125 mg/2 mL	Vial	1	-	-	-	-	-	
Nitroglycerin Aerosol Spray 0.4 mg/spray	BTL	1	-	-	-	-	-	
Aspirin, Baby, 81 mg	BTL	1	-	-	-	-	-	Chewable tablet - unit dose
Spoon - Aspirin Administration		6	-	-	-	-	-	Individually Wrapped
Ipratropium Bromide 0.5 mg/2.5 mL	Unit Dose	2	-	-	-	-	-	
Albuterol Sulfate 2.5 mg/3 mL	Unit Dose	4	-	-	-	-	-	
Diltiazem 5 mg/mL - 5 mL	Vial	1	-	-	-	-	-	Good for 30 days out of refrigeration
Norepinephrine 1 mg/mL - 4 mL	Vial	1	-	-	-	-	-	
Storage Box, Opaque Plastic, Two-Part	2-Part	4	-	-	-	-	-	For protection of the Nasal Naloxone

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	
ECG Monitoring Electrodes		*	-	-	-	-	-	*100 total electrodes – packaging may vary
Alcohol Prep Pads	Ea	50	10	10	-	-	-	
Blood Specimen Draw Kit	Bx	2	-	-	2	2	-	
OB Birthing Kit	Ea	1	1	1	1	1	-	
Head Immobilizer	Set	2	1	1	1	1	-	
Patient Mover		2	2	1	1	1	-	
Restraint, Disposable	Pair	2	2	-	2	2	-	Single patient use
Restraint, Reusable, Poly Style, **Wrist**	Pair	2	-	-	2	-	-	Reusable - NOT AN EXCHANGE ITEM
Restraint, Reusable, Poly Style, **Ankle**	Pair	2	-	-	2	-	-	Reusable - NOT AN EXCHANGE ITEM
Restraint Belt, Reusable, Poly Style	Individual	4	-	-	4	-	-	Reusable - NOT AN EXCHANGE ITEM - Used with wrist and ankle restraints
Restraint, Reusable, Protective Liner – **Wrist**	Pair	3	-	-	3	-	-	For use with Poly Style Restraints - Liner is single patient use
Restraint, Reusable, Protective Liner – **Ankle**	Pair	3	-	-	3	-	-	For use with Poly Style Restraints - Liner is single patient use
Triage Tag – FL Specific Version	Pack	1	1	1	1	1	-	Rev. 5/12 (50 tags/pack)
Triage Ribbon Dispenser System *(Fire ONLY!!!)*		-	-	-	2	2	-	Complete with tape – green, red, yellow, black, magenta
Tamper Evident Security Bag		5	5	5	-	-	-	For securing patient valuables/medications
Patient Belongings Bag		5	5	5	-	-	-	Ambulance ONLY Specific Item
Emesis Bag		4	-	-	-	-	-	
Bed Pan		2	2	2	2	-	-	
Urinal		2	2	2	2	-	-	
Infectious Linen Bag (YELLOW)		3	3	3	3	3	-	
Biohazard Waste Plastic Bag, Small (RED)		4	4	4	-	-	-	
Biohazard Waste Plastic Bag, Large (RED)		4	4	4	-	-	-	
Biohazard Waste Bag Impervious Container		1	1	1	1	1	-	
Sharps Container, Individual		2	2	2	3	3	-	Single Use
Sharps Disposal Container, Wall Mount with Key		1	1	1	1	1	-	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	
Hand Sanitizing Wipe, Alcohol, Individual		50	50	50	25	25	25	Single use
Disinfectant Wipe, Alcohol	PK/30	2	2	2	2	2	2	70% isopropyl alcohol/30% DI Water
Hydrogen Peroxide Cleaner - Disinfectant	Spray Bottle	1	1	1	1	1	-	
Wipe, General Cleaning	BX	1	1	1	1	1	-	Disposable, single use
Nitrile Gloves, Non-sterile	PR	Multiple Pairs						Appropriate size
Faceshield, Rated	EA	4	4	4	4	-	-	Honeywell Faceshield
Primary Stretcher with appropriate patient belts per manufacturer	EA	1	1	1	1	-	-	(NOT AN EXCHANGE ITEM)
Sheet, Stretcher		10	10	10	5	-	-	
Pillow		2	2	2	2	-	-	Single use, disposable
Pillowcase		10	10	10	5	-	-	Single use, disposable
Blanket – Cot Quilt		1	1	1	-	-	-	*(Sunstar ONLY - for warmth)*
Blanket – Cotton for Warmth		4	4	4	4	4	-	Single Use, disposable
Blanket – Yellow		2	2	2	2	2	-	Single Use, disposable - Patient Rain Cover
Pedi-Mate PLUS Pediatric Restraint Device		1	1	1	1	-	-	(NOT AN EXCHANGE ITEM)
NeoMate Pediatric Restraint Device		1	1	1	1	-	-	(NOT AN EXCHANGE ITEM)
Vacuum Splint		1	1	1	1	1	-	Complete with RED Bag
Long Spine Board with Four Straps		2	1	1	1	1	-	
Scoop Stretcher		1	1	1	1	-	-	(NOT AN EXCHANGE ITEM)
Stair Chair		1	1	1	-	-	-	(NOT AN EXCHANGE ITEM)
Patient Slider		2	1	1	-	-	-	(NOT AN EXCHANGE ITEM)
Sager Splint		1	1	1	1	1	-	
Child Car Seat		1	1	1	1	-	-	Check Expiration Date (NOT AN EXCHANGE ITEM)
Cactus Pharmlock Controlled Substance Waste System		1	1	1	1	-	-	Includes bracket set complete and incorporated Cyberlock - MUST be mounted securely in the vehicle
Cactus Pharmlock Controlled Substance Waste System Cartridge (secured in the bracket)		1	1	1	1	-	-	Holds a maximum of 3 liters of fluid - MUST be replaced 90 days from the date the cartridge is unsealed for use

P15 PEDIATRIC ACUTE PAIN MANAGEMENT

PEDIATRIC ONLY	GOALS OF CARE
	Provide reasonable and safe pain management

BLS

- Obtain baseline and repeat vital signs including pain scores (may use the Wong-Baker Faces scale for patients unable to give a number) (Ref. CT18)
- For **MILD ACUTE PAIN** (Pain Scale 1-3) implement BLS Pain Control Measures:
  - Allow patient to assume position of comfort unless spinal precautions or splinting is required (Ref. CP15, CT11)
  - Treat specific injuries as needed with splinting/immobilization/cold pack (Ref. P17)
- Refer to appropriate protocol for underlying cause

ALS

- Establish vascular access (Ref. CP21, CP25)
- Monitor EtCO2 and SpO2

SAFETY ALERT

DO NOT use Ketorolac in a pediatric patient

- **For MODERATE ACUTE PAIN** (Pain Scale 4-6): Ensure Mild Acute Pain measures are implemented and, if available, administer non-opioid pain medication as follows:

ACETAMINOPHEN:

If no history of liver disease (see PEARLS), recent (less than 6 hrs.) acetaminophen, concern for acetaminophen overdose, or allergy give acetaminophen 15 mg/kg (max. 1g or 100 mL) intravenous infusion over 15 minutes once

DO NOT re-dose acetaminophen

P15 PEDIATRIC ACUTE PAIN MANAGEMENT

Acetaminophen Weight Based Dosing						
Age	Ideal weight (kg)	Vol (mL) over 15 minutes	mL/hr (20gtt/set)	Route	Dose/Kg	Amount (mg)
Premie	2	3	*Use 20mL syringe and administer over 15 minutes	IV	15mg/kg	30
Newborn	4	6		IV	15mg/kg	60
4 Month	6	9		IV	15mg/kg	90
6 Month	8	12		IV	15mg/kg	120
1 Years	10	15		IV	15mg/kg	150
2 Years	12	18		IV	15mg/kg	180
3 Years	15	22.5	67.5 mL/hr	IV	15mg/kg	225
4 Years	17	25.5	76.5 mL/hr	IV	15mg/kg	255
5 Years	20	30	90 mL/hr	IV	15mg/kg	300
6 Years	22	33	99 mL/hr	IV	15mg/kg	330
7 Years	25	37.5	112.5 mL/hr	IV	15mg/kg	375
8 Years	27	40.5	121.5 mL/hr	IV	15mg/kg	405
9 Years	30	45	135 mL/hr	IV	15mg/kg	450
10 Years	35	52.5	157.5 mL/hr	IV	15mg/kg	525
11 Years	40	60	180 mL/hr	IV	15mg/kg	600
12 Years	50	75	225 mL/hr	IV	15mg/kg	750
13 Years	60	90	270 mL/hr	IV	15mg/kg	900

- **For SEVERE ACUTE PAIN** (Pain Scale 7-10) ensure Mild and Moderate Acute Pain measures are implemented and if necessary (pain score remains greater than 7) administer fentanyl:
  - Intravenous or intraosseous to a maximum single dose of 50 mcg fentanyl. May repeat every 10 minutes to a maximum combined total dose of 3 mcg/kg
  - Intranasal to a maximum single dose of 100 mcg fentanyl (max 1 mL per nare/side). May repeat every 5 minutes to a maximum combined total dose of 3 mcg/kg
- If nauseated and/or vomiting, administer:
  - Antiemetic

    NOTE: ondansetron is contraindicated in patients with congenital prolonged QT syndrome or known QTc > 500 milliseconds and should be used with caution in patients QT prolonging medications. Obtain ECG and initiate cardiac monitoring if any concern for prolonged QT risk.
    - Pediatric: ondansetron slow intravenous push (IVP) or ondansetron oral dissolving tablet (ODT). May repeat once in fifteen (15) minutes, as needed
  - Fluids
    - Pediatric: 0.9% sodium chloride bolus
- Refer to appropriate protocol for underlying cause

OLMC

- Consult OLMC Physician for questions on pain medicine contraindications, additional dosing, and as needed

P15 PEDIATRIC ACUTE PAIN MANAGEMENT

PEARLS

- The objective of pain management is not the complete removal of pain, but rather to make the pain tolerable
- Acetaminophen contraindications include but are not limited to: known or suspected liver disease (including history of cirrhosis, ascites or need for paracentesis, liver disease associated GI bleeding, autoimmune or genetic liver disease, visible or reported jaundice or icterus, concern for hepatic encephalopathy), recent (less than 6 hrs.) acetaminophen use, suspected acetaminophen overdose, and allergy.
- Note that the maximum Fentanyl intranasal single dose is limited to 100 mcg or 1 mL per side and the dose is not doubled as in other intranasal medications due to limitations on the amount of fluid able to be absorbed across mucosa at one time. Frequency of dosing is increased to every 5 minutes to ensure adequate pain management when using the intranasal route. OLMC consult is still required for cumulative doses greater than 3 mcg/kg.
- The co-administration of opioids and benzodiazepines should be avoided as it increases the risk of adverse events (e.g., respiratory depression)

QUALITY MEASURES

- Complete set of V/S with pain scale before and after each administration
- EtCO2 documented after each administration
- Waste documented if name of administering clinician matches crew on PCR
- Single Fentanyl dose does not exceed max or OLMC contact initiated
- Total Fentanyl dose does not exceed max or OLMC contact initiated
- Benzodiazepines and opiates not combined
- Any pediatric administration

REFERENCES

- https://www.nasemso.org/Projects/ModelEMSClinicalGuidelines/
- Pinellas County EMS Medical Quality Management Plan
- https://www.tandfonline.com/doi/full/10.1080/10903127.2021.2018073e.com
- http://editor.fresenius-kabi.us/admin/assets/PIs/Acetaminophen_FK_PI_451659B_Nov_2020.pdf
- Lindbeck, Shah, Braithwaite, et al (2022): Evidence-Based Guidelines for Prehospital Pain Management: Recommendations, Prehospital Emergency Care, DOI: 10.1080/10903127.2021.2018073 https://doi.org/10.1080/10903127.2021.2018073

CP23 PHYSICAL RESTRAINT

INDICATIONS

- **Soft restraints** are appropriate for non-violent patients who require restraint from interfering with therapy (e.g., pulling lines, tubes, etc.)
- **Hard restraints** are appropriate for patients that are violent and pose a threat to responders or themselves when verbal de-escalation is ineffective and chemical sedation is not feasible

CONTRAINDICATIONS

- None

CAUTIONS

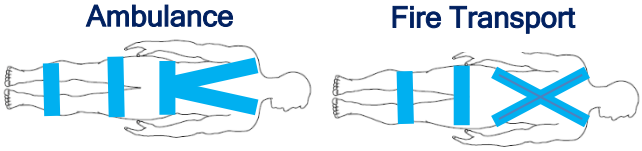
- Physical restraints are potentially dangerous and should be used only when other methods (verbal de-escalation, chemical sedation) are not effective or feasible

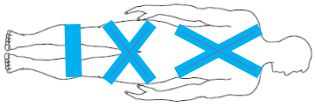
PROCEDURE

- Verbal de-escalation should be attempted prior to moving to chemical/physical restraints
- Choose the appropriate level of physical restraint:
  - Soft restraints – appropriate for non-violent patients who require restraint from interfering with therapy (e.g., pulling lines, tubes, etc.)
  - Hard restraints (with appropriately sized liner) – appropriate for patients who pose a danger to themselves or responders
- Obtain law enforcement assistance for physical restraint, whenever possible
- Apply restraints following the manufacturer's instructions
- Position a patient in the supine position.

NEVER RESTRAIN A PATIENT IN THE PRONE POSITION

- A patient may be placed on backboard or stretcher to facilitate transfer
  - Strap Placement:
    - Ambulance/Fire Transport Stretcher
      - Shoulder/Chest straps (as indicated)
      - Hip strap across hips/pelvis
      - Leg strap immediately above the knees
    - Backboard (when utilized) straps
      - Chest straps across the chest (in the form of an "X")
      - Abdominal strap on the hips (not abdomen – in the form of an "X")
      - Leg strap immediately above the knees

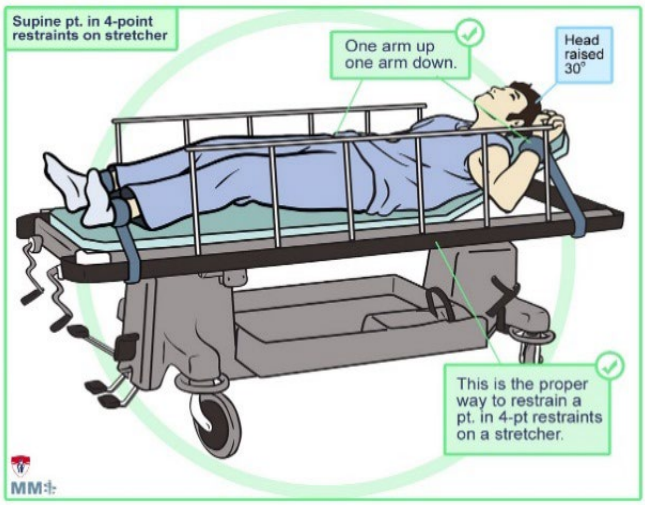




CP23 PHYSICAL RESTRAINT

PROCEDURE (cont.)

- Secure hands/feet - Stretcher
  - Dominate hand (if known) tied to stretcher above head (same side)
  - Non-dominant hand tied down to their side to the stretcher (same side)
  - Secure ankles individually to each side of the stretcher (right ankle to the right side of the stretcher and left ankle to the left side of the stretcher



- If a patient is spitting, a surgical mask or N95 disposable respirator mask may be used to block secretions.
- If a patient receives any chemical sedation, a non-rebreather mask at 10 – 15 Lpm should be utilized
- Monitor the airway to prevent aspiration. Have suction readily available and be prepared to roll the patient!!
- Assess distal neurovascular function and document a minimum of every ten (10) minutes

COMPLICATIONS

- Physical injury to patient or responders
- Failure to recognize deteriorating respiratory, neurologic and cardiovascular status
- Extremity injury

NOTES

- Keep the exit between yourself and the patient so that you may safely and quickly exit, if needed. ***Retreating from a violent patient to prevent injury is not abandonment.***
- Never attempt to subdue a violent or combative patient by yourself
- Request law enforcement for a violent and severely combative patient
- Any patient restrained by law enforcement in a prone position ***SHALL IMMEDIATELY BE PLACED IN A SUPINE POSITION*** upon EMS access to the patient. Provide an initial and ongoing assessment for signs and symptoms of positional asphyxia

SAFETY ALERT

If Law Enforcement places a patient in custody and/or handcuffs (metal or plastic) a patient to the stretcher for transport, an Officer MUST accompany the patient in the transport unit

- Law Enforcement restraints

If the officer does not want to ride in, an OLMC contact shall be made

CP23 PHYSICAL RESTRAINT

REFERENCES
• http://i2.wp.com/emcrit.org/wp-content/uploads/2011/11/how-to-restrain.jpg

CP33 VENTURI TRACHEOSTOMY MASK

INDICATIONS

- Supplemental oxygen administration in the tracheostomy patient

CONTRAINDICATIONS

- Need for high flow oxygen
- Unstable airway

CAUTIONS

- Refer to A3 - Tracheostomy Emergencies if suspected obstruction or malfunction of tracheostomy

PROCEDURE

- Determine the amount of FiO2 the patient requires
- Insert selected diluter into the corrugated tubing
- Connect adapter to the diluter
- Attach supplied oxygen connecting tubing to regulator or flow meter and set the appropriate flow rate as follows

Color	BLUE	WHITE	ORANGE	YELLOW	RED	PINK
Setting	24%	28%	31%	35%	40%	50%
Recommend Oxygen Liter Flow	4 LPM	4 LPM	6 LPM	8 LPM	8 LPM	10 LPM

- Unsnap the strap, place the mask on the patient's tracheostomy area with the elastic strap around the neck, then snap the strap. Gently pull the ends of the strap until the mask is secure

COMPLICATIONS

- Patient discomfort
- Error in assembly
- Any backpressure on the Venturi device increases oxygen concentration around the entrainiment ports, thereby increasing the FiO2

NOTES

- None

REFERENCES

- https://medsourcelabs.com/product/tracheostomy-mask-kit-4/#
- https://www.ncbi.nlm.nih.gov/books/NBK593208/

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	• Intravenous	
Technique for Administration	Rapid bolus over 1 – 2 seconds. Administer as proximally as possible & follow with rapid 0.9% Sodium Chloride flush	

PEARLS	• Prior to administration – advise patient this will make you feel strange
	• Philips MRx:
	  ○ Start ECG printer just prior to IV administration
	  ○ Continue printing during IV administration through post administration (10 secs.)
	• Philips Tempus Pro:
	  ○ Once Adenosine is administered, press the Camera/Waveform Snapshot button **ONCE.** This will record the previous ten seconds from the time the button is pressed and the following ten seconds
	• 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/	

CT6 STEMI ALERT & PREACT STEMI ALERT CRITERIA

Anginal Equivalent

PreACT STEMI ALERT

Must meet all these criteria

- ST Segment Elevation > 2 mm in 2 or more contiguous leads
- Heart Rate < 130
- Patient Age - 30 to 90 years old
- Patient able to give consent
- Pain < 24 hours
- QRS complex < 0.12 mm (OK if RBBB pattern)

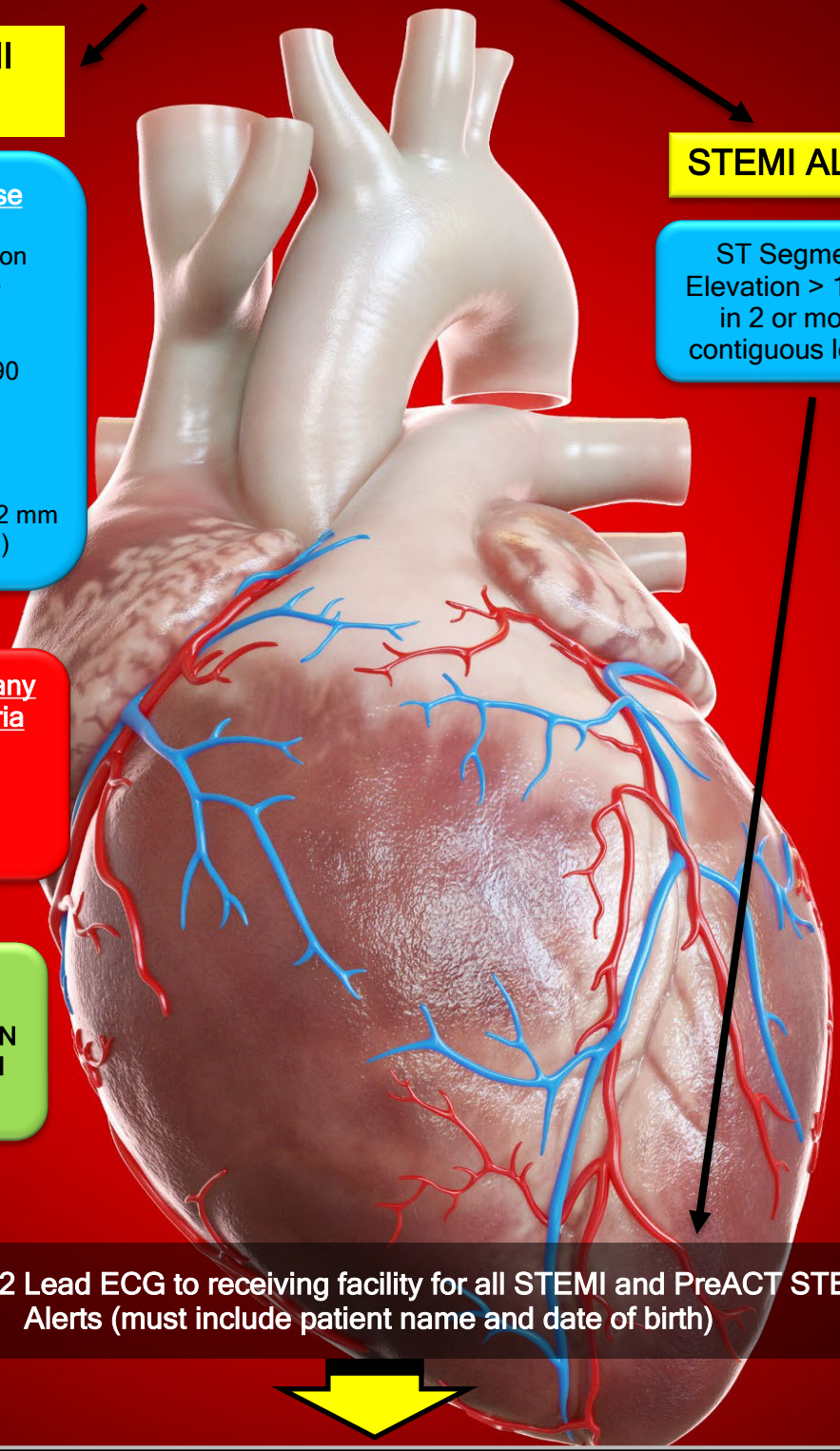
Must NOT have any the following criteria

- No DNR order
- No paced rhythm
- No significant arrhythmia

PARAMEDICS CONFIDENT IN STEMI IMPRESSION AND AGREE WITH APPROPRIATE

STEMI ALERT

ST Segment Elevation > 1 mm in 2 or more contiguous leads

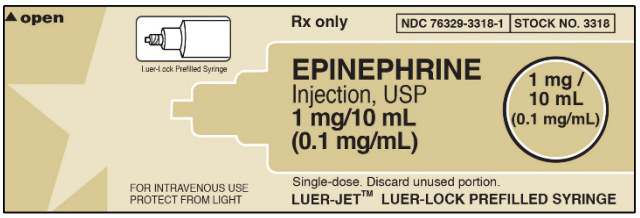


Transmit 12 Lead ECG to receiving facility for all STEMI and PreACT STEMI Alerts (must include patient name and date of birth)

Initiate EMERGENCY TRANSPORT early for STEMI and PreACT STEMI Alerts

CT7 – EPINEPHRINE DRIP INFUSION

1. Add **ONE** (1) epinephrine prefilled syringe (1 mg) **OR ONE** (1) vial of Adrenalin (1 mg) to a 1000 mL bag of 0.9% sodium chloride via the injection port (port with **WHITE** cover [arrow pointing towards the bag])
2. Gently rock the 0.9% sodium chloride back and forth to mix in the epinephrine
3. Spike the IV fluid bag with an IV administration set with flow controller (20 gtt/mL)
4. Complete and attach a PCEMS MEDICATION ADDED label to the IV fluid bag
5. Administer the medication based on the chart below*



OR

MEDICATION ADDED

PATIENT NAME: Susan B. Anthony

DATE: 01/01/2023 TIME: 1645

DRUG NAME AND AMOUNT OF DRUG ADDED:

Epinephrine 1 mg

UNIT ID#/CLINICIAN EMS ID#:

E29/SS434 #050758

PINELLAS COUNTY EMERGENCY MEDICAL SERVICES

EPINEPHRINE DRIP INFUSION (1 mcg/mL)		
mcg/min	gtt/min	Set Dial (mL/hr) **** See note below ****
2	40	120
3	60	180
4	80	240
5	100	300

*If specific DIAL number is not reflected, approximate the dial, but then provide secondary confirmation by counting drops

CT10 FIELD ASSESSMENT STROKE TRIAGE FOR EMERGENCY DESTINATION (FAST-ED)

		Test Component	Rapid Screen	Full Scoring	Score
F	**Facial Palsy** Weakness on one side of face with smile	Have the patient look up at you, smile, and show his/her teeth	**Normal:** Symmetry to both sides	Absent or minor paralysis = **0**	
			Abnormal: One side of the face droops or does not move symmetrically	Partial or complete paralysis = **1**	
A	**Arm Weakness**	Have patient lift arms up and hold them out with eyes closed for 10 seconds	**Normal:** Symmetrical movement in both arms	No Drift = **0**	
			Abnormal: One arm drifts down or asymmetrical movement of the arms	Drift or some effort against gravity = **1**	
				No effort against gravity or no movement = **2**	
S	**Speech Changes**	Have the patient say "You can't teach an old dog new tricks"	**Normal:** The correct words are used, and no slurring of words is noted	Absent = **0**	
			Abnormal: The words are slurred; the wrong words are used, or the patient is aphasic	Mild to moderate = **1**	
				Severe, global aphasia or mute = **2**	
T	**Time**	**Determine and Document:** a. ***EXACT*** time of symptom onset or discovery (hh:mm) b. Last ***KNOWN*** Normal Time (hh:mm) (may or may not be same as onset) c. If symptoms were present upon awakening from sleep d. Name and phone number of person who witnessed event			
E	**Eye Deviation**	Have the patient follow you finger from side to side or have them look at clinicians on opposite sides of body		Absent = **0**	
				Partial = **1**	
				Forced deviation = **2**	
D	**Denial - Neglect**	Check for presence of extinction while providing bilateral stimulus Ask the patient “who’s hand is this?”		Absent = **0**	
				Extinction to bilateral simultaneous stimulation in only one sensory modality = **1**	
				Does not recognize own hand or only orients to one side of the body = **2**	
				TOTAL SCORE	

CS22.9 STRYKER LP15 CARDIAC MONITOR/DEFIBRILLATOR (ALS)

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 STRYKER LP15 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

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

- 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

- 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
  - Use energy settings as recommended by manufacturer (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:
  - Asystole/Pulseless Electrical Activity:
    - 1 mg **EPINEPH**rine (0.1 mg/mL concentration) intravenous/intraosseous every 3 – 5 minutes. **Maximum 3 doses**
  - Ventricular Fibrillation/Pulseless Ventricular Tachycardia:
    - 1 mg **EPINEPH**rine (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

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://nasemso.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/

C5 TACHYCARDIA (WIDE/NARROW)

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

BLS

- 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

	Joules					
Regular – Narrow or Wide	50	100	200			Synchronized cardioversion
Irregular – Narrow		100	200			Synchronized cardioversion
Irregular – Wide or Polymorphic			200	300	360	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	1. Modified Valsalva Maneuver (Ref. CP30)
	2. Adenosine 6 mg rapid intravenous push
	3. Adenosine 12 mg rapid intravenous push
	4. If no change, consult OLMC
Regular – History of atrial fibrillation	Dil**TIAZ**em 0.25 mg/kg slow intravenous push **Max single 25 mg dose**
Irregular	Dil**TIAZ**em 0.25 mg/kg slow intravenous push **Max single 25 mg dose**

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 dil**TIAZ**em 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

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

CP9 COMPRESSION PERFORMANCE RESUSCITATION

CP9.1 Adult CPR

INDICATIONS
• Adult cardiac arrest • Cardiac arrest in a child greater than 13 years old/60 kg

CONTRAINDICATIONS
• Presence of valid DNR (Ref. CS15) • Presence of criteria for withholding resuscitation (Ref. CS14) • Functioning LVAD

CAUTIONS
• Requires adequate room to work around the patient

PROCEDURE

- To ensure the best possible resuscitation, follow the choreography of the Compression Performance Resuscitation (Ref. CT3):
  - **Position #1 – Compress/Defib (EMT or Paramedic)**
    - **Initiate uninterrupted compressions**
    - Attach monitor/defibrillator or AED & CPR feedback device during pauses for ventilations
    - Defibrillate if indicated at conclusion of first two (2) minute cycle and on following cycles
    - Continue providing uninterrupted high-quality compressions alternating with Position #3, verbally announcing count so all rescuers are prepared for switching compressors
  - **Position #2 – Airway/Ventilation (Paramedic if available)**
    - Open/clear airway
    - Position and ready monitor/defibrillator or AED during initial cycle of compressions
    - Attach oxygen and EtCO2
    - Provide ventilations with BVM device and adjunct at appropriate ratio for number of rescuers
    - Insert King Airway (Paramedic Only) and confirm with EtCO2
    - Provide ongoing ventilations at rate of 10-12 per minute
  - **Position #3 – Compress/Defib (EMT or Paramedic)**
    - If present during initial cycle, assist Position #1 by attaching monitor/defibrillator or AED
    - Initiate uninterrupted compressions following initial rhythm/pulse check and defibrillation
    - Defibrillate as indicated alternating with Position #1 on following cycles
    - Continue providing uninterrupted high-quality compressions alternating with Position #1, verbally announcing count so all rescuers are prepared for switching compressors
  - **Position 4 – Vascular Access/Meds (Paramedic Only)**
    - Establish vascular access with EZ-IO (Ref. CP21)
    - If unable, start peripheral IV or access indwelling catheter (Ref. CP25)
    - Administer medications as indicated
    - Assist with other ALS procedures as needed

CP9 COMPRESSION PERFORMANCE RESUSCITATION

PROCEDURE (cont.)

- **Position 5 - Documentation/Family Liaison (EMT or Paramedic/Officer or Supervisor preferred)**
  - Gather and document patient information and pre-arrival/Bystander interventions
  - Document EMS care provided
  - Provide family updates
  - Maintain overall situation awareness and prepare for transport logistics
- Utilize the CPR Feedback Sensor to ensure adequate compression depth, rate, and recoil
- "Triangle" position functions have the greatest impact on survival and should not be interfered with for other functions
- Ensure minimization of interruptions for rotation of personnel and around shock delivery
- Provide electrical and pharmacologic therapy as indicated in Protocol C1

COMPLICATIONS

- Chest wall trauma/rib fractures
- Skin tear from CPR Feedback Sensor use
- Return of neurologic function prior to ROSC

NOTES

- Goal of team approach is to minimize interruption of compressions (no more than 5-10 seconds per two (2) minute cycle)
- Transport should generally be deferred until after ROSC unless dictated by scene factors
- "Bystander" is defined as any person who was not dispatched to call as part of the 911 response system
- "ROSC" is defined as persistent presence of patient generated palpable pulse or blood pressure

CP9 COMPRESSION PERFORMANCE RESUSCITATION

CP9.2 CHILD CPR

INDICATIONS
• Cardiac arrest in a patient 1 year to 13 years of age

CONTRAINDICATIONS
• Presence of valid DNR (Ref. CS16) • Presence of criteria for withholding resuscitation (Ref. CS15)

CAUTIONS
• Requires adequate room to work around the patient

PROCEDURE

- To ensure the best possible resuscitation, follow the choreography of the Compression Performance Resuscitation (Ref. CT4):
  - **Position #1 – Compress/Defib (EMT or Paramedic)**
    - **Initiate uninterrupted compressions**
    - Attach monitor/defibrillator or AED using age-appropriate pads (pediatric key when indicated/available) & CPR feedback device if age 8 or older during pauses for ventilations
    - Defibrillate if indicated at conclusion of first two (2) minute cycle and on following cycles
    - Continue providing uninterrupted high-quality compressions alternating with Position #3, verbally announcing count so all rescuers are prepared for switching compressors
  - **Position #2 - Airway/Ventilation (Paramedic if available)**
    - Open/clear airway
    - Attach oxygen and EtCO2
    - Provide ventilations with BVM device and adjunct at appropriate ratio for number of rescuers and age of patient (Ref. CP3)
    - Perform airway management if unable to adequately ventilate with BVM (Ref. CP3)
    - Provide ongoing ventilations at rate of 12-20 per minute
  - **Position #3 - Compress/Defib (EMT or Paramedic)**
    - If present during initial cycle, assist Position #1 by attaching monitor/defibrillator or AED & CPR feedback device
    - Initiate uninterrupted compressions following initial rhythm/pulse check and defibrillation
    - Deliver subsequent defibrillations as indicated alternating with Position #1 on following cycles
    - Continue providing uninterrupted high-quality compressions alternating with Position #1, verbally announcing count so all rescuers are prepared for switching compressors
  - **Position #4 - Vascular Access/Meds (Paramedic Only)**
    - Establish vascular access with EZ-IO (Ref. CP21)
    - If unable, start peripheral IV or access indwelling catheter (Ref. CP25, CT24)
    - Administer medications as indicated using PCEMS Handtevy Medication and Equipment Guidebook for dosing
    - Assist with other ALS procedures as needed

CP9 COMPRESSION PERFORMANCE RESUSCITATION

PROCEDURE (cont.)
○ **Position #5 - Documentation/Family Liaison (EMT or Paramedic/Officer or Supervisor preferred)** ▪ Gather and document patient information and pre-arrival/Bystander interventions ▪ Document EMS care provided ▪ Provide family updates ▪ Maintain overall situation awareness and prepare for transport logistics • Utilize the CPR Feedback Sensor to ensure adequate compression depth, rate, and recoil in a patient 8 years of age and older • Compress at a rate of 100-120 per minute and a depth of 1/3 the chest diameter ensuring complete recoil in patients 1 – 8 years of age • "Triangle" position functions have the greatest impact on survival and should not be interfered with for other functions • Ensure minimization of interruptions for rotation of personnel and around defibrillations • Provide electrical and pharmacologic therapy as indicated • **"RESTART THE HEART BEFORE YOU DEPART"** -- *EVERY EFFORT SHOULD BE MADE TO ENSURE ESTABLISHMENT OF EFFECTIVE RESUSCITATION (INCLUDING EPINEPRHINE) PRIOR TO TRANPSPORT*

COMPLICATIONS
• Chest wall trauma/rib fractures • Skin tear from Q-CPR meter use

NOTES
• Team approach to minimize interruption of compressions resulting in at least a < 10 second break (less than five (5) seconds is optimal) during every cycle. • If personnel need rotation out of position and appropriate personnel are on scene, it may be done if there is no interruption in cardiopulmonary resuscitation • Any additional personnel may be added into available positions as the situation dictates if it does not interfere with the "triangle" positions that have the greatest impact on patient outcome. • "ROSC" is intended to represent a brief (approximately greater than 30 seconds) restoration of spontaneous circulation that provides evidence of more than an occasional gasp, occasional fleeting palpable pulse or arterial waveform

CP9 COMPRESSION PERFORMANCE RESUSCITATION

CP9.3 Infant CPR

INDICATIONS
• Cardiac arrest in a patient less than one (1) year of age • Circulatory collapse (HR less than 60 and evidence of poor perfusion) in a patient less than one (1) year of age

CONTRAINDICATIONS
• Presence of valid DNR (Ref. CS16) • Presence of criteria for withholding resuscitation (Ref. CS15)

CAUTIONS
• Requires adequate room to work around the patient

PROCEDURE

- To ensure the best possible resuscitation, follow the choreography of the Compression Performance Resuscitation (Ref. CT4):
  - **Position #1 – Compress/Defib (EMT or Paramedic)**
    - Initiate uninterrupted compressions using fingers or thumb encircling technique
    - Attach monitor/defibrillator or AED using age-appropriate pads (pediatric key when indicated/available) during pauses for ventilations
    - Defibrillate if indicated at conclusion of first 2-minute cycle and on following cycles
    - Continue providing uninterrupted high-quality compressions alternating with Position #3, verbally announcing count so all rescuers are prepared for switching compressors
  - **Position #2 - Airway/Ventilation (Paramedic if available)**
    - Open/clear airway
    - Attach oxygen and EtCO2 and provide ventilations with BVM and adjunct at appropriate ratio for number of rescuers and age of patient (Ref. CP3.1)
    - Perform airway management if unable to adequately ventilate with BVM (Ref. CP3)
    - Provide ongoing ventilations at rate of 12-20 per minute
  - **Position #3 - Compress/Defib (EMT or Paramedic)**
    - If present during initial cycle, assist position 1 by attaching monitor/AED
    - Initiate uninterrupted compressions following initial rhythm/pulse check and shock delivery
    - Deliver subsequent shocks as indicated alternating with Position 1 on following cycles
    - Continue providing uninterrupted high-quality compressions alternating with Position #1, verbally announcing count so all rescuers are prepared for switching compressors
  - **Position #4 - Vascular Access/Meds (Paramedic Only)**
    - Establish vascular access with EZ-IO (Ref. CP21)
    - If unable, start peripheral IV or access indwelling catheter (Ref. CP25)
    - Administer medications as indicated using PCEMS Handtevy Medication and Equipment Guidebook for dosing
    - Assist with other ALS procedures as needed

CP9 COMPRESSION PERFORMANCE RESUSCITATION

PROCEDURE (cont.)
○ **Position #5 - Documentation/Family Liaison (EMT or Paramedic/Officer or Supervisor preferred)** ▪ Gather and document patient information and pre-arrival/Bystander interventions ▪ Document EMS care provided ▪ Provide family updates ▪ Maintain overall situation awareness and prepare for transport logistics • Compress at a rate of 100-120 per minute and a depth of 1/3 the chest diameter ensuring complete recoil • "Triangle" position functions have the greatest impact on survival and should not be interfered with for other functions • Ensure minimization of interruptions for rotation of personnel and around shock delivery • Provide electrical and pharmacologic therapy as indicated in Protocol • **"RESTART THE HEART BEFORE YOU DEPART"** -- *EVERY EFFORT SHOULD BE MADE TO ENSURE ESTABLISHMENT OF EFFECTIVE RESUSCITATION (INCLUDING EPINEPRHINE) PRIOR TO TRANPSPORT*

COMPLICATIONS	
• Chest wall trauma/rib fractures	• Skin tear from Q-CPR meter use

NOTES
• Team approach to minimize interruption of compressions resulting in at least a less than 10 second break (less than five (5) seconds is optimal) during every cycle. • If personnel need rotation out of position and appropriate personnel are on scene, it may be done as long as there is no interruption in cardiopulmonary resuscitation • Any additional personnel may be added into available positions as the situation dictates if it does not interfere with the "triangle" positions that have the greatest impact on patient outcome. • "ROSC" is intended to represent a brief (approximately greater than 30 seconds) restoration of spontaneous circulation that provides evidence of more than an occasional gasp, occasional fleeting palpable pulse or arterial waveform

REFERENCES
• https://www.nasemso.org/Projects/ModelEMSClinicalGuidelines/ • http://circ.ahajournals.org/content/132/18_suppl_2 • https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/part-12-pediatric-advanced-life-support/ • https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/part-13-neonatal-resuscitation/

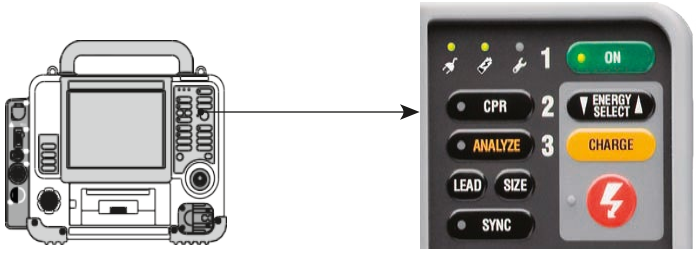
CP11 MANUAL DEFIBRILLATION – STRYKER LIFEPAK 15

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)

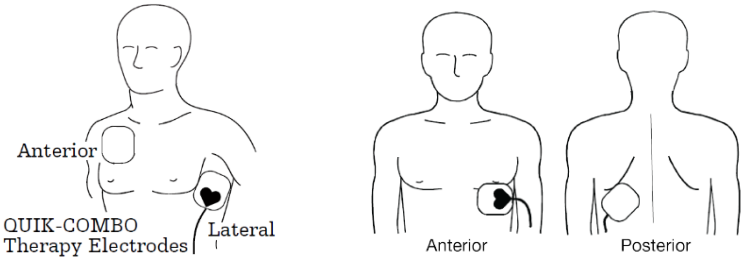
CAUTIONS
• Oxygen enriched environments

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 – STRYKER LIFEPAK 15

PROCEDURE (cont.)

5. Press **ENERGEY 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

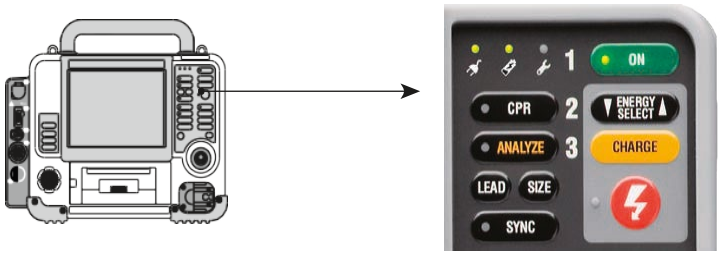
CP13 SYNCHRONIZED CARDIOVERSION – STRYKER LP15

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 – STRYKER LP15

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 

12. 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.
13. Make certain all personnel, including the operator, stand clear of the patient, bed, stretcher, and any equipment connected to the patient.
14. Confirm ECG rhythm. Confirm available energy.
15. 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

16. Observe the patient and ECG rhythm. Repeat procedure starting from STEP #4, if necessary

COMPLICATIONS

- Pain
- Burns
- Arrhythmias

NOTES

- None

CP13 SYNCHRONIZED CARDIOVERSION – STRYKER LP15

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

CP14 TRANSCUTANEOUS PACING (TCP) - 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.

AD15 BLS/ALS PHARMACEUTICAL & MEDICAL SUPPLY AUTHORIZATIONS & SUBSTITUTIONS

The following BLS/ALS Pharmaceutical & Medical Supply Authorizations and Substitutions are granted under the authority of Chapter 401 of the Florida Statutes and 64J of the Florida Administrative Code.

- *Short Spine Board and Two Straps or Equivalent*
  - Chapter 64J-1.002, Table 1, #11 Ground Vehicle BLS Equipment and Supplies, Florida Administrative Code requires a Short Spine Board and Two Straps or Equivalent. As EMS Medical Director, I authorize the substitution of the half size vacuum mattress, based on current medical research, in lieu of a Short Spine Board and Two Straps in Pinellas County EMS

- *Cervical Immobilization Devices*
  - Chapter 64J-1.002, Table 1, #12, Florida Administrative Code requires the EMS Medical Director to approve the Adult and Pediatric Cervical Immobilization Devices (CID) used in the EMS System. As EMS Medical Director, I authorize the iTec Multi-Grip Head Immobilizer and the MDI Pediatric Vacuum Mattress in Pinellas County EMS

- *Burn Sheets*
  - Chapter 64J-1.002, Table 1, #22, Florida Administrative Code requires Burn Sheets. As EMS Medical Director, I authorize substitution of disposable sheets/blankets and/or cotton sheets/blankets in lieu of Burn Sheets for ALS permitted vehicles in Pinellas County EMS

- *Rigid Cervical Collars*
  - Chapter 64J-1.002, Table 1, #29, Florida Administrative Code requires the EMS Medical Director to approve in writing the Rigid Cervical Collars used in the EMS System. As EMS Medical Director, I authorize the AMBU “Perfit” adjustable style Rigid Cervical Collar and the AMBU Perfit “Mini-Ace” adjustable style Rigid Cervical Collar in Pinellas County EMS

- *Thermal Absorbent Reflective Blanket*
  - Chapter 64J-1.002, Table 1, #34, Florida Administrative Code requires a Thermal Absorbent Reflective Blanket. As EMS Medical Director, I authorize substitution of regular cotton or wool blankets and cotton baby receiving blankets in lieu of Thermal Absorbent Reflective Blankets in Pinellas County EMS

- *Disposable Endotracheal Tubes – Uncuffed Below Size 5.5*
  - Chapter 64J-1.003, Table 2, EQUIPMENT (d), Florida Administrative Code requires all endotracheal tubes below size 5.5, be uncuffed. As EMS Medical Director, I authorize substitution of cuffed endotracheal tubes size 3.0 – size 5.0 in lieu of uncuffed endotracheal tubes size 3.0 – size 5.0 in Pinellas County EMS

AD15 BLS/ALS PHARMACEUTICAL & MEDICAL SUPPLY AUTHORIZATIONS & SUBSTITUTIONS

- *Monitoring Electrodes for Adult and Pediatrics*
  - Chapter 64J-1.003, Table 2, EQUIPMENT (q), Florida Administrative Code requires monitoring electrodes for adults and pediatrics. As EMS Medical Director, I authorize the use of Nissha Vermed or AMBU BlueSensor SP brands of electrodes for adults and pediatrics in Pinellas County EMS

- *Dextrose, 50 Percent*
  - Chapter 64J-1.003, Table 2, GROUND VEHICLE ALS EQUIPMENT AND MEDICATIONS #2, Florida Administrative Code requires Dextrose, 50 Percent. As EMS Medical Director, I authorize the substitution of Dextrose 10 Percent, 250 mL IV Fluid and/or Oral Glucose Gel 15g in lieu of Dextrose 50 Percent in Pinellas County EMS

- *Device For Intratracheal Meconium Suctioning In Newborns*
  - Chapter 64J-1.003, Table 2, GROUND VEHICLE ALS EQUIPMENT AND MEDICATIONS, EQUIPMENT (g), Florida Administrative Code requires a device for intratracheal meconium suctioning in newborns. As EMS Medical Director, I authorize the removal of this device based on current literature regarding the delivery of a newborn with Meconium-Stained Amniotic Fluid as follows:

    - https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/03/delivery-of-a-newborn-with-meconium-stained-amniotic-fluid#:~:text=The%20Committee%20on%20Obstetric%20Practice,longer%20routinely%20receive%20intrapartum%20suctioning
    - https://downloads.aap.org/DOICH/NRP%20Instructor%20Update%20Spring_Summer%202019.pdf
    - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9027554/
    - https://www.ucsfbenioffchildrens.org/-/media/project/ucsf/ucsf-bch/pdf/manuals/5_meconiumaf.pdf

- *Glucometer Approved by the EMS Medical Director*
  - State of Florida Department of Health – Emergency Medical Services Advanced Life Support Vehicle Inspection Report (Section 401.31, F.S.) requires a glucometer approved by the EMS Medical Director. As EMS Medical Director I authorize the use of the Bayer Contour Glucometer in Pinellas County EMS.

Signature: _____

Angus M. Jameson MD MPH FAEMS FACEP
EMS Medical Director

AD17 APPROVED ABBREVIATIONS

A			
AAA	Abdominal Aortic Aneurysm	ALTE	Apparent Life-Threatening Event
ABC	Airway, Breathing and Circulation	AMI	Acute Myocardial Infarction
ABD	Abdomen	ARDS	Acute Respiratory Distress Syndrome
ACLS	Advanced Cardiac Life Support	ARNP	Advanced Registered Nurse Practitioner
ACS	Acute Coronary Syndrome	ASA	Aspirin
ADR	Adverse Drug Report	AV	Atrioventricular
AED	Automatic External Defibrillator	AVB	Atrioventricular Block
AICD	Automatic Implantable Cardioverter/Defibrillator	AVPU	Awake/Verbal/Pain/ Unresponsiveness
AEIOU TIPPS	Alcohol/Endocrine - Electrolytes - Encephalopathy/Insulin/Opiates/Uremia/ Trauma - Head Injury - Shock/Intracranial - Infection/Poisoning - Psychiatric/Seizures - Syncope	APGAR	Appearance/Pulse Rate/Grimace/Activity/Respiratory Effort

B			
BBB	Bundle Branch Block	BSA	Body Surface Area
BiPAP	Bi-level Positive Airway Pressure	BUN	Blood Urea Nitrogen
BP	Blood Pressure	BURP	Backward, Upward, Rightward Pressure
BPM	Beats Per Minute	BVM	Bag-Valve-Mask

C			
CA	Cancer	CNS	Central Nervous System
CAB	Compression, Airway and Breathing	CO	Carbon Monoxide
CABG	Coronary Artery Bypass Graft	CO_2	Carbon Dioxide
CAD	Coronary Artery Disease	COPD	Chronic Obstructive Pulmonary Disease
CNA	Certified Nursing Assistant	CP	Chest Pain
CAT	Combat Application Tourniquet	CPAP	Continuous Positive Airway Pressure
CC	Chief Complaint	CPR	Cardiopulmonary Resuscitation
cmH_2O	Centimeters of water	CSF	Cerebrospinal Fluid
CCU	Cardiac Care Unit	CT Scan	Computerized Axial Tomography Scan
CF	Cystic Fibrosis	CVA	Cerebrovascular Accident
CHF	Congestive Heart Failure	CXR	Chest X-ray
cm	centimeter		

AD17 APPROVED ABBREVIATIONS

D			
D & C	Dilation and Curettage	DCF	Department of Children and Families
DC	Discontinue	dL	deciliter
DIC	Disseminated Intravascular Coagulopathy	DNRO	Do Not Resuscitate Order
DKA	Diabetic Ketoacidosis	DOT	Department of Transportation
D.O.	Doctor of Osteopathy	d/t	Due To
D50	Dextrose 50%	DVT	Deep Vein Thrombosis
D5W	Dextrose 5% in Water	DX	Diagnosis
DOPE	Displacement/Obstruction/Pneumothorax /Equipment	DUMBELLS	Diarrhea/Urination/Miosis/ Bradycardia/Emesis/Lacrimation/ Lethargy/Salivation

E			
e.g.,	for example,	ERG	Emergency Response Guidebook
ECG	Electrocardiogram	ESF8	Emergency Support Function - 8
ED	Emergency Department	ET	Endotracheal
EMD	Emergency Medical Dispatcher	ETA	Estimated Time of Arrival
EMS	Emergency Medical Service	$ETCO_2$	End-Tidal Carbon Dioxide
EMT	Emergency Medical Technician	ETOH	Ethanol
ENT	Ears, Nose and Throat	ETT	Endotracheal Tube
EOC	Emergency Operations Center	ePCR	Electronic Patient Care Record

F			
FAST	Face, Arms, Speech, Time	FiO2	Fraction of Inspired Oxygen
FDA	Food and Drug Administration	Fr	french
FEV	Forced Expiratory Volume	FRC	Functional Reserve Capacity
FFP	Fresh Frozen Plasma	FTT	Failure To Thrive
FHP	Florida Highway Patrol	FVC	Forced Vital Capacity

G			
g	gram	GPA (GPAb)	Gravida Para Abortions
G Tube	Gastrostomy Tube	GSW	Gun Shot Wound
GCS	Glasgow Coma Scale	gtt	Drops
GI	Gastrointestinal		

AD17 APPROVED ABBREVIATIONS

H			
H_2O	Water	Hgb	Hemoglobin
HA	Headache	HIV	Human immunodeficiency virus
HBP	High Blood Pressure	HME	Heat Moisture Exchanger
HCT	Hematocrit	HPI	History of Present Illness
HDL	High Density Lipoprotein	HR	Heart Rate
HEENT	Head, Eyes, Ears, Nose, Throat	H	hour
HEMS	Helicopter Emergency Medical Service	HTN	Hypertension

I			
I&D	Incision and Drainage	ID	Identification
I:E	Inspiratory to Expiratory Ratio	IM	Intramuscular
I&O	Input and Output	INF	Intravenous Flush
IABP	Intra-aortic Balloon Pump	IO	Intraosseous
ICH	Intracranial Hemorrhage	IOP	Intraosseous Push
ICP	Intracranial pressure	IV	Intravenous
ICS	Incident Command Structure	IVP	Intravenous Push
ICU	Intensive Care Unit		

J			
J	Joules	JVD	Jugular Venous Distention
J Tube	Jejunostomy Tube		

K			
kg	Kilogram	KVO	Keep Vein Open
KUB	Kidneys, Ureters, Bladder		

L			
L	Liter	LPN	Licensed Practical Nurse
LAD	Left Anterior Descending	LR	Lactated Ringers
LBBB	Left Bundle Branch Block	LUQ	Left Upper Quadrant
LLQ	Left Lower Quadrant	LVAD	Left Ventricular Assist Device
LMP	Last Menstrual Period	LVH	Left Ventricular Hypertrophy
lpm	Liters per minute		

AD17 APPROVED ABBREVIATIONS

M			
M.D.	Medical Doctor	min.	Minute
mA	milliamp	mL	milliliter
MAP	Mean Arterial Pressure	mM	millimeter
mcg	Microgram	mM ID	millimeter Inner Diameter
MCI	Mass Casualty Incident	mM OD	millimeter Outer Diameter
MDI	Metered Dose Inhaler	mM Hg	millimeter of Mercury
MEND	Miami Emergency Neurologic Deficit	MOI	Mechanism of Injury
mEq	milliequivalent	mph	miles per hour
mg	Milligram	MRI	Magnetic Resonance Imaging
MI	Myocardial Infarction		

N			
NC	Nasal Cannula	NPO	Nothing by mouth
NG	Nasogastric	NRB	Non-rebreather mask
NGT	Nasogastric Tube	NS	Normal Saline
NIDDM	Non-insulin Dependent Diabetes Mellitus	NSAID	Non-Steroidal Anti-Inflammatory Drug
NKDA	No Known Drug Allergies	NSR	Normal Sinus Rhythm
NOS	Not otherwise specified	NSTEMI	Non- ST Segment Elevation Myocardial Infarction
NPA	Nasopharyngeal Airway	NPO	Nothing by mouth

O			
O_2	Oxygen	OGT	Orogastric Tube
OB	Obstetrics	OLMC	Online Medical Control
ODT	Oral Disintegrating Tablet	OPA	Oropharyngeal Airway
OPQRST	Onset of Event/Provocation/ Quality/Radiation/Severity/Time (history)		

P			
PO	By Mouth	PMS	Pulse, Motor, Sensation
PA	Physician's Assistant	POLST	Physician Orders for Life Sustaining Treatment
PAC	Premature Atrial Contraction	PPE	Personal Protective Equipment
paO_2	Partial pressure of oxygen in arterial blood	PPV	Positive Pressure Ventilation
PAT	Paroxysmal Atrial Tachycardia	PRBC	Packed Red Blood Cells
PCR	Patient Care Record	PRN	As needed
PCSO	Pinellas County Sheriff's Office	PSI	Pounds per square inch
PD	Police Department	PSVT	Paroxysmal Supraventricular Tachycardia
PE	Pulmonary Embolus	Pt	Patient
PEA	Pulseless Electrical Activity	PT	Prothrombin Time
PEEP	Positive End-Expiratory Pressure	PTCA	Percutaneous Transluminal Coronary Angioplasty

AD17 APPROVED ABBREVIATIONS

P			
PEG Tube	Percutaneous Endoscopic Gastrostomy Tube	PTT	Partial Thromboplastin Time
PEP	Post Exposure Prophylaxis	PVC	Premature ventricular contraction
PFT	Pulmonary Function Test	PVD	Peripheral Vascular Disease
PICC	Peripherally inserted central catheter	PHAILS	Pesticides/Heavy Metals/Acids - Alkalis - Alcohols/Iron/Lithium/Solvents

Q	

R			
RBBB	Right Bundle Branch Block	ROSC	Return of Spontaneous Circulation
RBC	Red Blood Cell	RR	Respiratory Rate
RCA	Right Coronary Artery	RT	Respiratory Therapy
RLQ	Right Lower Quadrant	R/T	Related To
RN	Registered Nurse	RUQ	Right Upper Quadrant
ROM	Range of Motion	RVH	Right Ventricular Hypertrophy

S			
SA	Sinoatrial	SMR	Spinal Motion Restriction
SAH	Subarachnoid Hemorrhage	SOAP	Subjective, Objective, Assessment, Plan
SDH	Subdural Hematoma	SpCO	Carboxyhemoglobin
s/s	Signs and symptoms	SpO_2	Arterial Oxygen Level determined by pulse ox
SBP	Systolic Blood Pressure	STEMI	ST Segment Elevation Myocardial Infarction
SL	Sublingual	SAMPLE	Symptoms/Allergies/Medications/ Past History/Last Oral Intake/Event Leading Up To The Injury or Illness
SLUDGEM	Salivation/Lacrimation/Urination/ Defecation/GI Upset/Emesis/Miosis		

T			
TB	Tuberculosis	TKO	To keep open
TBSA	Total body surface area	TPN	Total Parenteral Nutrition
TCA	Tricyclic Antidepressants	TSH	Thyroid Simulating Hormone
TCP	Transcutaneous Pacing	V_t	Tidal Volume
TIA	Transient Ischemic Attack	TVP	Transvenous Pacemaker
TICLS	Tone/Interactiveness/Consolability/ Look or Gaze/Speech or Cry		

AD17 APPROVED ABBREVIATIONS

U			
UA	Urinalysis	U.S.	United States
URI	Upper Respiratory Infection	UTI	Urinary Tract Infection

V			
VAD	Ventricular assist device	V/Q	Ventilation-Perfusion
VCV	Volume Controlled Ventilation	VRE	Vancomycin-resistant enterococcus
VS	Vital signs	VT	Ventricular Tachycardia

W			
WBC	White Blood Cell	WPM	Wolff-Parkinson-White

X	

Y	

Z	

AD23 CLINICAL STATUS INQUIRY

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of the information below to my prospective Employer/Agency regarding my Pinellas County EMS Certification.

CLINICIAN NAME	
CLINICIAN SIGNATURE	
DATE	
PREVIOUS OR CURRENT PINELLAS COUNTY EMS ID NUMBER(S)	

REQUESTING AGENCY NAME	
AGENCY REPRESENTATIVE NAME	

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	
Code Summary	Long
Trend Summary	Off
Auto Log	On
Line Filter	60Hz
Timeout Speed	30 seconds
Setup/Manual Mode	
Sync After Shock	On
Pads Default	Energy Protocol
Internal Default	10
Voice Prompts	On
Shock Tone	On
Manual Access	Manual / Direct
Passcode	0000
Setup/Manual Mode/Energy Protocol	
Energy 1	200
Energy 2	300
Energy 3	360
Setup/AED Mode	
Auto Analyze	Off
Motion Detection	On
Pulse Check	Never
Setup/AED Mode/Energy Protocol	
Energy 1	200
Energy 2	300
Energy 3	360
Stacked Shocks	Off
Setup/AED Mode/CPR	
CPR Time 1	120 seconds
CPR Time 2	120 seconds
Initial CPR	Off
Initial CPR Time	120 seconds
PreShock CPR	Off
Setup/CPR Metronome	
Metronome	On
Adult - No Airway	30:2
Adult - Airway	10:1
Youth - No Airway	15:2
Youth - Airway	10:1
Setup/Pacing	
Rate	60 PPM
Current	60 mA
Mode	Demand
Internal Pacer	Detection On

Setup/Monitoring	
Continuous Data	ECG Channel 1
SpO2 Tone	Off
Trends	On
Setup/Monitoring/Channels	
Default Set	Set 1
Setup/Monitoring/Channels/Set 1	
Channel 1	ECG Lead II
Channel 2	ECG Lead III
Channel 3	SpO2
Setup/Monitoring/Channels/Set 2	
Channel 1	ECG Lead II
Channel 2	SpO2
Channel 3	CO2
Setup/Monitoring/Channels/Set 3	
Channel 1	ECG Lead II
Channel 2	ECG Lead III
Channel 3	ECG Lead aVF
Setup/Monitoring/Channels/Set 4	
Channel 1	ECG Lead II
Channel 2	None
Channel 3	None
Setup/Monitoring/Channels/Set 5	
Channel 1	Paddles
Channel 2	SpO2
Channel 3	CO2
Setup/Monitoring/CO2	
Units	mmHg
BTPS	On
Setup/Monitoring/Temperature	
Units	°C
Setup/Monitoring/NIBP	
Initial Pressure	160 mmHg
Interval	5 min
Setup/12-Lead	
Auto Transmit	Off
Auto Print	On
Print Speed	25mm/sec
Interpretation	On
Format	3-Channel Standard

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

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AD16 CARDIAC MONITOR/DEFIBRILLATOR - AED CLINICAL CONFIGURATION

Setup/Events	
Event 2	None
Event 3	None
Event 4	None
Event 5	None
Event 6	None
Event 7	None
Event 8	None
Event 9	None
Event 10	None
Event 11	None
Event 12	None
Event 13	None
Event 14	None
Event 15	None
Event 16	None
Event 17	None
Event 18	None
Event 19	None
Event 20	None
Event 21	None
Event 22	None
Setup/Alarms	
Volume	5
Alarms	On
VF/VT Alarm	On
Setup/Printer	
ECG Mode	Diagnostic
Monitor Mode	1-30Hz
Diagnostic Mode	.05-40Hz
Alarm Waveforms	On
Event Waveforms	On
Vitals Waveforms	On
Setup/Printer/Auto Print	
Defibrillation	On
Pacing	Off
Check Patient	Off
SAS	Off
Patient Alarms	Off
Events	Off
Initial Rhythm	Off

Setup/Transmission	
Default Site	IMAGETREND
Default Report	All
Wireless	On
Search Filter	Off
Streaming	Enable
Setup/Transmission/Sites/Site 1	
Name	IMAGETREND (linked)
Output Port	Direct Connect
Setup/Transmission/Sites/Site 2	
Name	BFH (linked)
Output Port	Direct Connect
Setup/Transmission/Sites/Site 3	
Name	SAH (linked)
Output Port	Direct Connect
Setup/Transmission/Sites/Site 4	
Name	MPH (linked)
Output Port	Direct Connect
Setup/Transmission/Sites/Site 5	
Name	MCS (linked)
Output Port	Direct Connect
Setup/Transmission/Sites/Site 6	
Name	SJH (linked)
Output Port	Direct Connect
Setup/Transmission/Sites/Site 7	
Name	TEST (linked)
Output Port	Direct Connect
Setup/Clock	
Synchronize with the LIFENET System	Yes
Clock Mode	Elapsed Time
DST	On
Time Zone	(UTC-05:00) Eastern Time (US & Canada)
Setup/Self Test	
Transmit Results	On
Setup/Passcodes	
Setup Mode	[redacted]
Archives Access	No Passcode
Archives Mode	0000
Delete Records	[redacted]
Service Mode	[redacted]

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 Fist Duration	N/A
Infant/Child Basic CPR Duration	2.0
Infant/Child NSA CPR Duration	2.0