



SUMMARY OF COG CHANGES 2022

CLARIFICATION

Adult hypotension defined consistently as MAP <65mmHg/SBP <90mmHg throughout COGs

Keep in mind that this is only for defining hypotension, not for medication administration

Addition of missing IN/IO/IM routes as appropriate

Various typo corrections and clarifications

IMPORTANT LINKS

Addition of "COG feedback form"

COGS

ALLERGIC REACTION

Defined anaphylaxis as allergic reaction affecting 2 or more body systems

Change Epinephrine indications to "Severe respiratory distress or anaphylaxis"

BEHAVIORAL

Ketamine now only approved for RASS +4

Change wording to and/or for Midazolam & Haldol. Add coadministration of Diphenhydramine to Haldol

Clarification added to pearls: ALS monitoring due to restraint is not required for patients if the only restraint is handcuffs for law enforcement purposes and the patient is not a behavioral patient.

BITES & ENVENOMATIONS

Removed rhyme- not always true

Change to "at level of heart" for coral snakes

Change to "elevate 60 degrees" for pit vipers

CARDIAC ARREST - ALL

Require vascular access above the diaphragm

ROSC target MAP changed to 80mmHg

Removed routine sodium bicarbonate administration for "extended downtime"

Removed routine calcium chloride administration without explicit indications

CARDIAC- ACUTE CORONARY SYNDROME

Emphasize fentanyl as first line pain management

Remove Nitroglycerin except in cases of significant HTN after pain management

CARDIAC – LVAD

New COG

Gives info on LVADs and focuses on calling LVAD coordinators early and ensuring perfusion. Start compressions if LVAD is not functioning and you can't get it started.

CARDIAC – TREATABLE CAUSES WITH A PULSE

Calcium channel/beta blocker OD Removed Glucagon redundancy – IV Glucagon is at PL4 level

CYANIDE TOXICITY

Move Hydroxocobalamin administration down to PL3

EPISTAXIS

Move topical/IN TXA, IN Epi, and neo-Synephrine to PL2

Move IN Epi to PL3

HEADACHE

Addition of Reglan/Benadryl for migraines

Check temperature – meningitis

NAUSEA/VOMITING

Addition of inhaled isopropyl alcohol wipe to PL2

Addition of Reglan

Diphenhydramine alone for patients allergic to Zofran and Reglan

Restrict Haldol to OLMC – Does not mix well with Reglan but still appropriate in some cases, if Reglan has not been administered.

OB EMERGENCY

Only covers severe vaginal bleeding and pre/eclampsia now. Was redundant previously.

OB: LABOR & CHILDBIRTH

Addition of blood product administration for severe postpartum hemorrhage

Added pearl: “delay clamping of umbilical cord for 3-5min”

OB: NEWBORN CARE

Clarify must “improve and maintain” pulse >100 after ventilations

Qualified naloxone statement to “if newborn showing signs of opioid OD”

PAIN MANAGEMENT

Removal of OLMC requirement for administration of lidocaine for kidney stones

Removal of BP contraindication for fentanyl

IN fentanyl preferred for pediatrics

RESPIRATORY DISTRESS

Added note to suspect tension pneumothorax in asthma patients with a sudden drop in BP and spike in HR

SEPSIS

Removal of antibiotics

TRAUMA

Remove hyperventilation

Remove antibiotics

TRAUMATIC CARDIAC ARREST

Clarified when to use blood in traumatic arrest

UNIVERSAL PATIENT CARE

Remove orthostatic vital signs

MEDICATION FORMULARY

ACETAMINOPHEN

Add IV route -1G/10min, adults only

ASPIRIN

New contraindication – taken any anti-platelet medications in past 12 hours

ATROPINE

Clarified organophosphate overdose dosing

CALCIUM CHLORIDE

Must have explicit indications in order to administer calcium chloride in cardiac arrest (e.g. reason to suspect hyperkalemia)

DIPHENHYDRAMINE

Halved dosing

FENTANYL

Remove contraindication requiring MAP >65mmHg

IBUPROFEN

Dose reduced to 400mg

KETAMINE

Dosing change – Violent excited delirium or Lifesaving procedure

50 – 75 Kg dosed at 200 – 300 mg = 2mL-3mL

>75 kg dosed at 400mg = 4mL

LIDOCAINE

Removal of requirement to call OLMC for IV administration for kidney stones

METHYLPREDNISOLONE

Added IM route (correction to COGs)

METOCLOPRAMIDE

Added as a second line antiemetic and for migraines. Many contraindications. Administer with Diphenhydramine.

10mg in 10min IV (drip in) for adults <66 y/o

5mg in 10min IV (drip in) for adults ≥65 y/o

Replacing nausea/vomiting COG.

NITROGLYCERIN

Remove from ACS except in HTN with SBP >180 or DBP >110 after fentanyl administration

SODIUM BICARBONATE

Changed cardiac arrest indications to – “Suspected Acidosis in Cardiac Arrest”

CHECKLISTS

Standardize difficult refusal/telemedicine vital sign ranges

Bring 12-lead / ACS checklist in line with nitroglycerin changes

Add note to not transport on LSB to SMR checklist

Add note requiring IV/IO access above the diaphragm to pit crew CPR checklist

CLINICAL PROCEDURES

INTRAOSSIOUS INFUSION

Removed age restriction on distal tibia site

MECHANICAL VENTILATION PROCEDURE

Removed “Invasive” from name

Correct tidal volume calculation typo

ORTHOSTATIC VITAL SIGNS

Remove procedure

CLINICAL STANDARDS

SAFE TRANSPORT OF PATIENTS

Increased weight of patients needing restraint in car seat / ACR to ≤ 80 lbs

MINIMUM EQUIPMENT TO PATIENT'S SIDE

Remove field amputation equipment (PL-6)

PHYSICIAN ON SCENE

Removed specification to place physician on scene with OLMC at receiving facility when there is a disagreement with COGs, when there is a disagreement, ATCEMS medics should contact OCMO OLMC.

TRANSPORT DECISION PROCESS

Edited to allow for BLS ambulance pilot program

TRANSPORT GRID

Broke up into separate transport grids for different problems

REVOCATION OF CREDENTIALS TO PRACTICE

Explanation of appeals process

REFERENCE

CREDENTIALS & AUTHORIZED PROCEDURES

Removed Kendrick Traction Device

Removed iSTAT

Removed Ceftriaxone and Cefepime from PL6 due to not carrying them

Clarified PL5 can use Epinephrine in all instances

PL2 can administer nebulized and IN Epinephrine for epistaxis

PL2 can administer topical and IN TXA for epistaxis

PL2 can administer neo-Synephrine for epistaxis

PL3 can administer Hydroxocobalamin

Addition of Metoclopramide (PL5) – Coming soon

Addition of IV Acetaminophen (PL4) – Coming Soon

TRANSPORT GRID

Broke up into separate transport grids for different patient populations