



Medical Directive

Directive Number	<u>16-02</u>
Publish Date	<u>03 February 2016</u>
Effective Date	<u>17 February 2016</u>
Subject	<u>New COG Version 02.17.16</u>
Update to Clinical Operating Guidelines v 02.04.15	

Credentialed System Responder	Action
Credentialed EMT	Action
Credentialed EMT-Intermediate	Action
Credentialed EMT-Paramedic	Action
Credentialed EMD	Action

Clinical Operating Guidelines Version 02.17.16 will become the Official Approved COGs for the City of Austin / Travis County EMS System. The new COG document may be found at: <http://www.austintexas.gov/page/clinical-operating-guidelines>

This new COG version will not become effective until February 17, 2016 at 0700 hours. Unless otherwise provided for by an additional Medical Directive concerning their use. The exception to this is item #7 concerning Zofran.

Each page has the new COG version number on it and the COG changes table included in this Medical Directive denotes the substantive changes that were made for each individual document (s). Errata corrections and formatting updates were made as encountered during the document review and editing process.

Update items of note in this new version are:

1. Full implementation of the updated Pit Crew process/procedures.
2. Implementation of the updated Surgical Cric. Procedure.
3. Changing of the 2nd dose of Fentanyl for patients > 36 kg to 50 mcg.
4. Standardizing the dose of Ibuprofen: "up to 600 mg".
5. Pediatric sizes of nasopharyngeal airways (NPA): additional airway management tools for pediatric patients. Pending purchase and deployment of these airway adjuncts; System MELs will be updated at that time.
6. Restructured and updated Hospital Transport Grid.
7. **It has recently come to our attention that **Ondansetron (Zofran)** has been linked to Birth Defects when administered during the 1st trimester of pregnancy. At this time our Medical Directors are emergently revising Protocols M-8, M-10 and M-13 to prohibit the administration of this medication to all OB patients. These 3 Protocols are effective immediately upon receipt of this Medical Directive.**

Thanks for all you do. As always, please let us know if you have any questions. Questions relating specifically to the COGs can be sent to cogs@austintexas.gov

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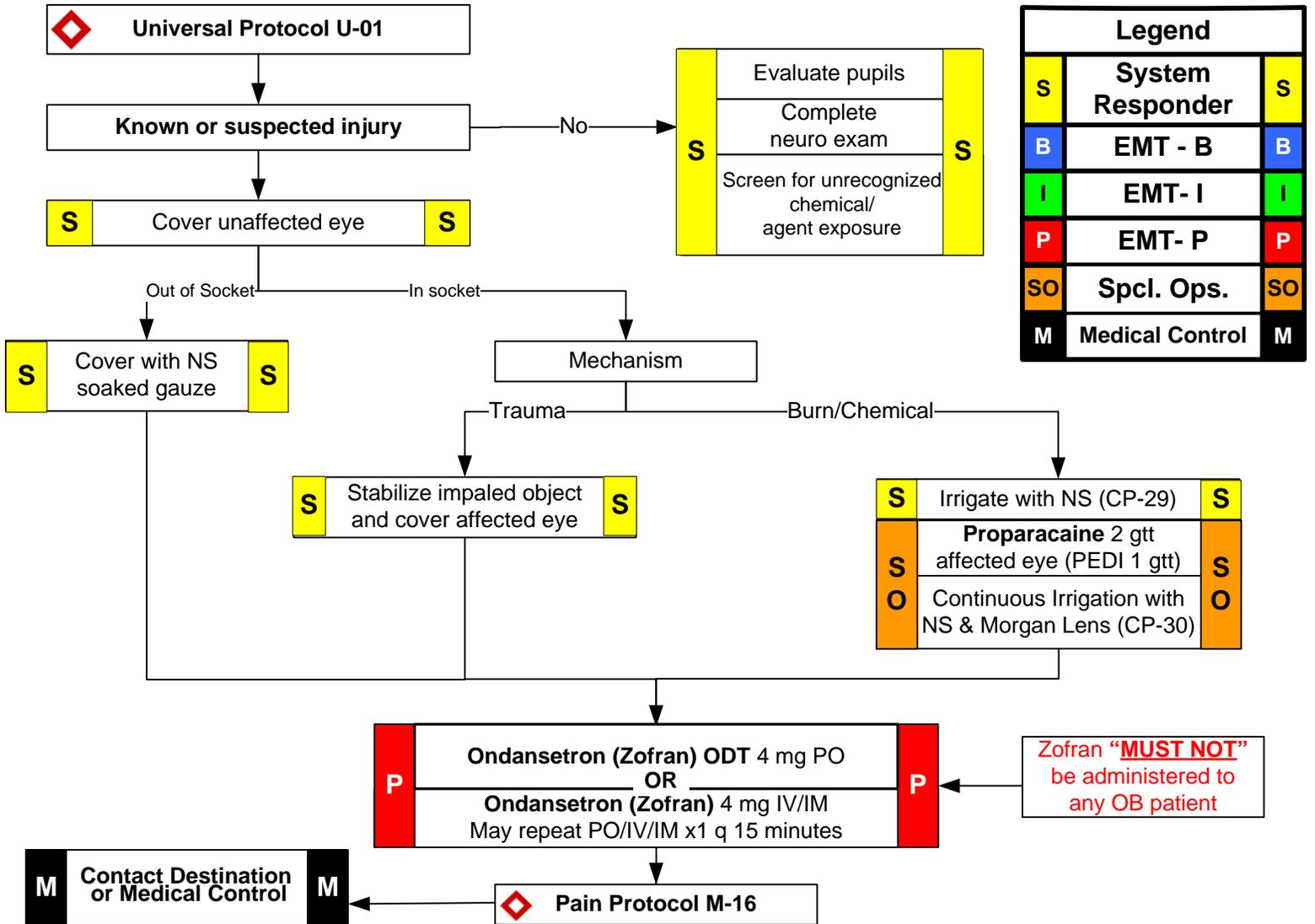
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 Austin-Travis County EMS
 Interim System Medical Director
 ESV#020316756

Proposed COG Change	Effected Documents
Zofran "MUST NOT" be administered to any OB patient	Adult Protocols M-8, M-10 and M-13. <u>These 3 Protocols are effective upon receipt of this Medical Directive.</u>
Revise Pit-Crew CPR Procedures and References	Clinical Procedure CP-19, New Pit-Crew Check List CR-09, AED CP-03, Remove old BLS Checklist CR-9 & 5X7 QRC, and Updated: OMDR-01, OMDR-04, OMDR-05
Surgical Circ. Procedure Revision C, F, B, T	Clinical Procedure CP-61
Update OMD WEB Page Links	Clinical Standard CS-4, CS-25, CS-26
ATCEMS Cardiac Arrest Checklist remove: Paddles mode notation	Clinical Reference CR-08 and 5x7 QRC
Remove the "OR" in the Fentanyl dose reference	Protocol T-02
Revise Tables of Content as Needed	Revise Tables of Content as Needed
Updated drip rate/infusion and reference information	Protocols C-05, M-15 and Clinical Reference CR-37
Update BLS Credentialing Certification Form for FROs	OMDR 7
Revise page footer for new version number	All pages in COG
Change 2 nd dose of Fentanyl to: 50 mcg for Pt. > 36 kg	Protocols M-16, C-01, SO-11 and Clinical Reference CR-35, CR-37
System Medication Administration Safety Document	New Clinical Standard CS-37
Standardize dose of Ibuprofen "up to 600 mg"	Protocol M-09 and Clinical Reference CR-37
Add Specific Sizes of Pediatric NPA: (Fr: 18, 20, 22, 24, 26)	Transport MELs and FRO MELs OMDR 01, 04, 05, 12 (pending purchase and deployment)

Sexual Assault age revisions for DCMC Male or Female ≤ 17 years	Clinical Reference CR-13
University Medical Center Brackenridge (UMCB) transitioning away from providing OB and NICU services.	Clinical Reference CR-13
Add new Perinatal section to Hospital Transport Grid	Clinical Reference CR-13
Remove out dated Clinical Procedures/References	Drug Formulary DF-01, DF-04, DF-07, DF-08, DF-10, DF-16, DF-24, DF-25, DF-28, DF-30

Eye Injury/Complaint

History: <ul style="list-style-type: none"> • Time and injury/onset • Blunt/penetrating/chemical • Involved chemicals/MSDS • Wound Contamination • Medical Hx • Tetanus status • Normal visual acuity • Medications • Detached retina 	Signs and Symptoms: <ul style="list-style-type: none"> • Pain, swelling, blood • deformity, contusion • Visual deficit/Loss • Leaking aqueous/vitreous humor • Upwardly fixed eye • Shooting or streaking light • Visual contaminants • Rust ring • Lacrimation 	Differential: <ul style="list-style-type: none"> • Abrasion/Laceration • Globe rupture • Retinal nerve damage • Chemical/thermal burn • Orbital Fx • Orbital compartment syndrome • Neurological event • Acute glaucoma • Retinal artery occlusion
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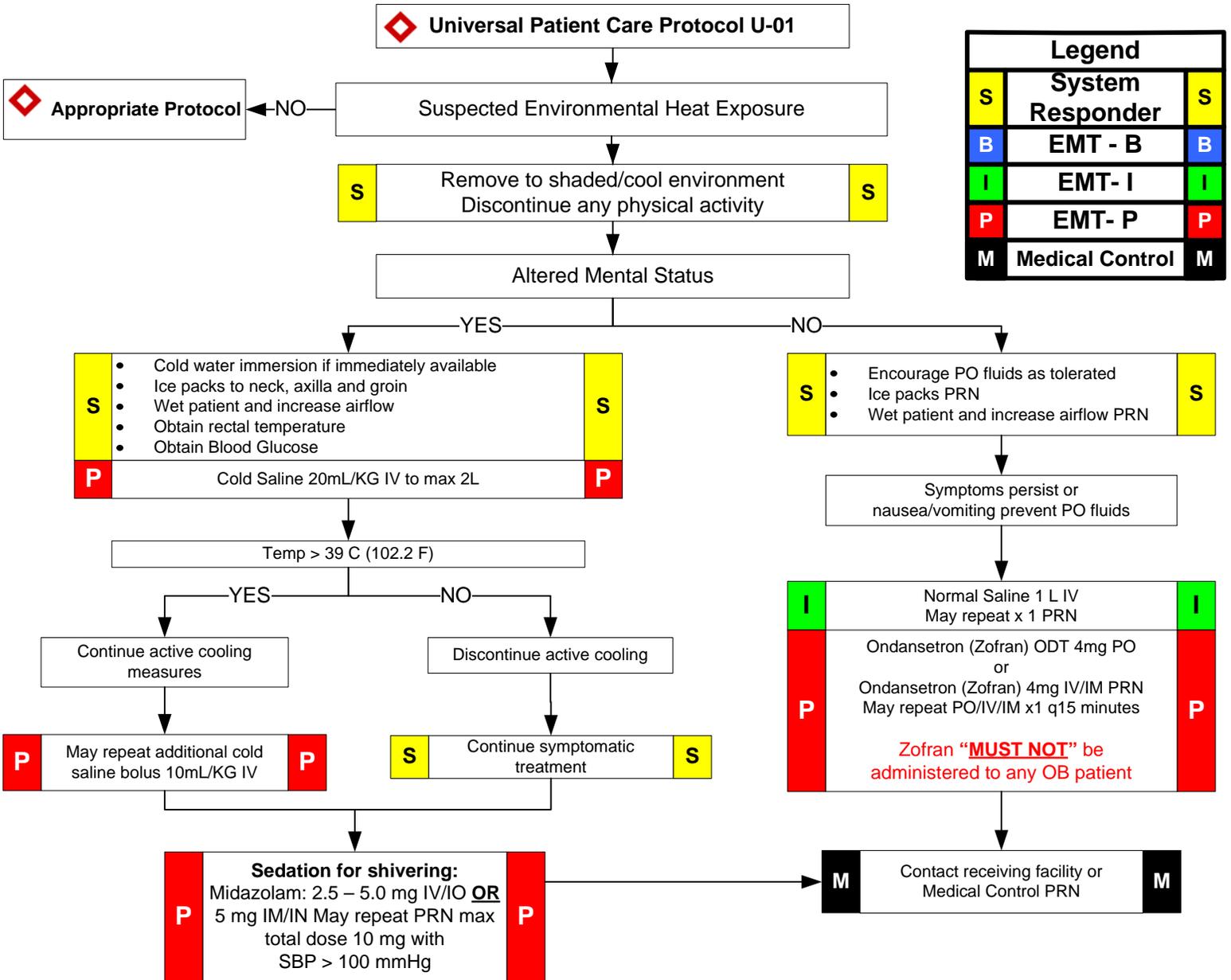


Pearls:

- Normal visual acuity can be present even with severe injury.
- **Place Lidocaine 100mg in each 1,000mL bag of NS for eye irrigation (ILS and above).**
- Remove contact lens when possible. If adherent to globe do not force. Irrigation may assist removal.
- Any chemical or thermal burns to the face/eyes should raise concern for respiratory insult
- Orbital fx raise concern for globe or nerve injury or compartment syndrome and need for repeat assessments
- Always cover both eyes to prevent further insult
- Use shield not pads for physical trauma to the eye. Pads ok for uninjured eye.
- DO NOT remove impaled objects
- Suspected globe rupture or compartment syndromes require emergent evaluation.

Environmental Hyperthermia

History: <ul style="list-style-type: none"> Recent exertion or heat exposure Lack of acclimatization Limited access/control of fluid intake Cardiovascular disease Medications (antipsychotics, anticholinergics, diuretics) Lack of ability to control temperature within environment 	Signs & Symptoms: <ul style="list-style-type: none"> Weakness Nausea & vomiting Cramping Syncope Diaphoresis or anhidrosis Altered Mental Status Bizarre behavior Hypotension Tachycardia 	Differential: <ul style="list-style-type: none"> CVA Dehydration Encephalopathy Meningitis Head Trauma Overdose/Toxin Hypoglycemia Excited Delirium Alcohol withdrawal
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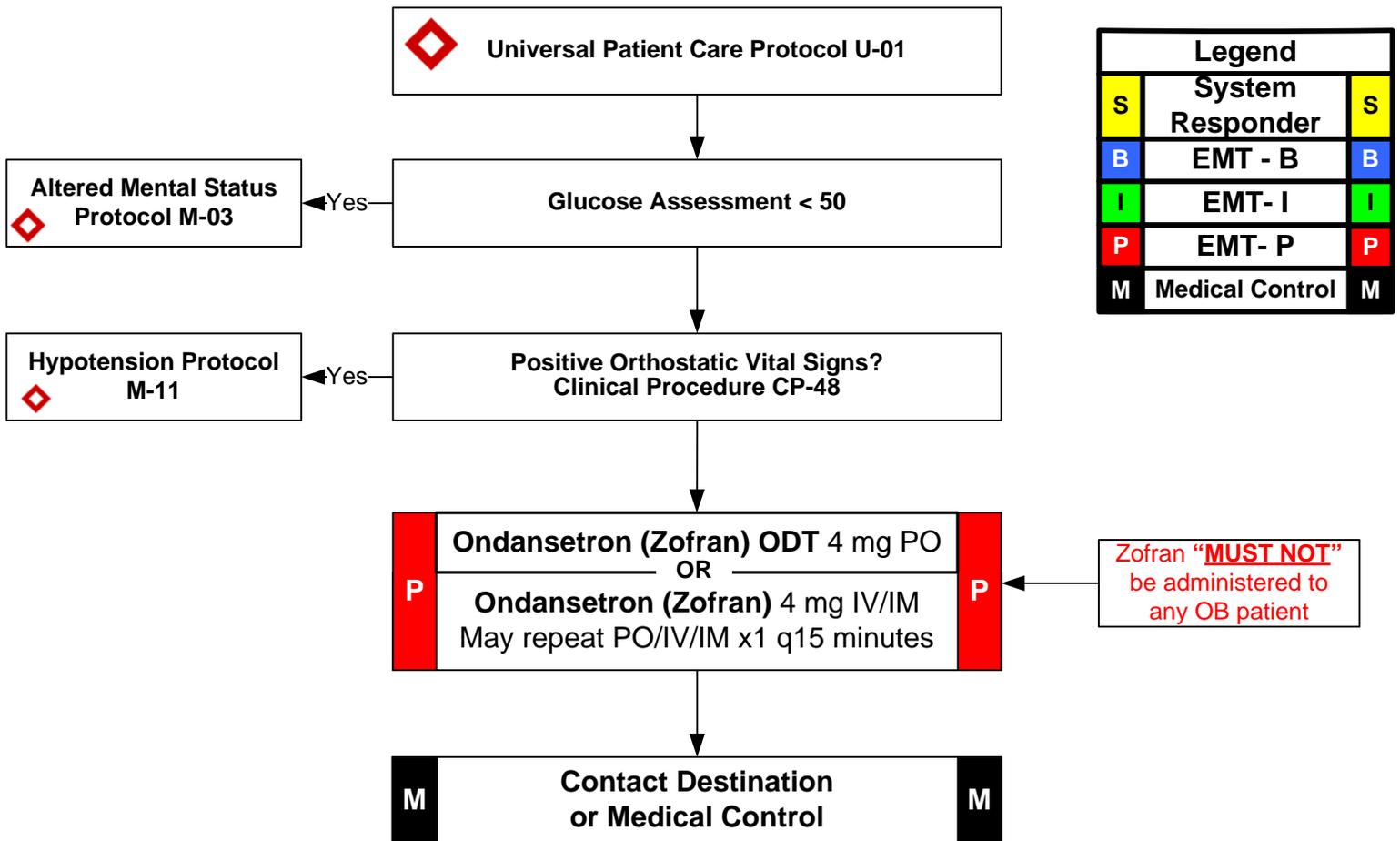
Legend		
S	System Responder	S
B	EMT - B	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M

Pearls:

- Exertional heat stroke should be suspected in anyone with hx of recent exertion and bizarre behavior or syncope.
- Any AMS should have Blood Glucose performed. Severe heat emergencies may lead to liver dysfunction and hypoglycemia.
- If Cold saline is not available, ILS may begin normal saline boluses.**
- Rectal temperature should be obtained with provider and patient safety in mind and Patient's level of AMS.

Nausea/Vomiting

<p>History:</p> <ul style="list-style-type: none"> • Time of last meal • Last bowel movement / emesis • Improvement or worsening with food or activity • Other sick contacts • Past Medical History • Past Surgical History • Medications • LMP / Pregnancy • Travel history • Bloody Emesis or diarrhea • Untreated water • Suspected food poisoning 	<p>Signs and Symptoms:</p> <ul style="list-style-type: none"> • Fever • Pain • Constipation • Diarrhea • Anorexia • Hematemesis 	<p>Differential:</p> <ul style="list-style-type: none"> • CNS (Increased pressure, headache, stroke, CNS Lesions, trauma or hemorrhage), • Vestibular • AMI • Drugs (NSAIDs, antibiotics, narcotics, chemotherapy.) • GI or Renal disorders • Diabetic Ketoacidosis • Uremia • Gynecologic disease (Ovarian Cyst / PID) • Infections (pneumonia, influenza) • Electrolyte abnormalities • Food or Toxin induced • Pregnancy
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Pearls:

- Diabetic ketoacidosis may present as vomiting and/or abdominal pain.
- Number of times of emesis
- Appearance of emesis: (bloody, coffee grounds, bilious –green bile–, solids and liquid or just liquid)