

**To:** Training Personnel, Contra Costa EMS Providers

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EMS Medical Director

**Subj:** Policy and Treatment Guideline Changes – Implementation 12/1/05

Below is a chart outlining the changes in EMS policies and Prehospital Treatment Guidelines that are scheduled for implementation December 1, 2005. Please don't hesitate to contact me if you have questions.

Guideline/Policy	Change
P2 – Neonatal Resuscitation Items 3 and 5	Chest compressions to be administered if heart rate <60 (instead of 80). Epinephrine also given when heart rate <60 after adequate ventilation and chest compression.
P3 – Cardiac Arrest Item 11 (V. fib/Pulseless VT) Item 4 (Asystole/PEA)	Subsequent doses of epinephrine are 1:10,000 for IV or IO dose for both ventricular fibrillation/pulseless v. tach and asystole/PEA. 1:1000 given only by endotracheal route.
N3 – Acute Stroke	Adds Cincinnati Stroke Scale and early notification of hospital in radio/phone report. Adds saline bolus if hypotension noted.
T1 – Trauma	Replaces previous Critical Trauma/Non-Critical Trauma guidelines. Incorporates new trauma triage (early notification for high-risk persons) and five-minute update. Increases maximum dose of morphine to 20 mg for all trauma patients. Changes advisory to use morphine with caution with drug or alcohol use rather than “avoid.” T2 Guideline removed.
C2–First Responder Defibrillation and Policy 18 – First Responder AED	Eliminates limit for pediatric use (Not all AED's are suitable for use in pediatrics but each agency will be informed whether their AED is suitable for use). Guideline and policy adapted for use by first-responder agencies that may have automatic defibrillators instead of semi-automatic.
Policy 13 – Trauma Triage	Major changes. Refer to algorithm and policy. Trauma patients will either meet high-risk criteria (leading to early notification call and direct transport to Trauma Center) or require destination determination. Paramedic judgment can be utilized in cases where no significant trauma suspected (no triage call required). CRAMS eliminated, and CTP/Non-CTP terminology eliminated. Some mechanisms will qualify as high-risk rather than requiring triage call.
Policy 33D – EMS Aircraft – Patient Transport Criteria and Field Operations Section III	Paramedic (or EMT if no paramedic) with primary patient care responsibility will be responsible for determination of clinical criteria for helicopter use and responsible for communicating with Incident Commander about cancellation, if appropriate. Eliminates terminology of “senior medical personnel on scene.”

