

Batch/Round	Protocol/Policy Number	Please describe the proposed edit(s). Provide specifics and rationale	Summary of Changes Made by Committee
1/2	ALS P PR 1 Pediatric Intraosseous Infusion	Clarification of IO insertion sites for adults and peds. Use of distal femur for pediatric patients.	added bullet to procedure prep box: "Select insertion site based on manufacturer's specified instructions (proximal tibia or distal femur)"
1/2	ALS PR 8 Needle Thoracostomy Pleural Decompression	Current graphic shows anterior location as first intercostal space	Updated graphic to show anterior landmark at 2nd intercostal space instead of first
1/2	ALS PR 11 External Cardiac Pacing		REMOVAL OF "PHYSICIAN CONSULT" FOR PUSH DOSE EPI
1/2	BLS O 1 Obstetrical Emergencies	Make both boxes showing APGAR scores to reflect correct sequence A-P-G-A-R	Revised APGAR table per KP suggestion
1/2	BLS PR 9 - Self Administration of Nerve Gas Auto-Injector	EDITED: This PR9 policy is only for self-administer or for LOSOP which we do not think that Marin currently has. We need to: 1) Need to specify self-administer providers 2) Confirm that DuoDote is not in LOSOP for Marin BLS 3) Consider removing the Mark I, 4) Should specify the components of the DuoDote. 5) Review M4 and consider adding a DuoDote 6) Consider switching PR9 from a procedure to a policy and make sure it references M4. These comments came out of debrief of MRSE exercise May 2024	ADDITION OF "SELF ADMINISTRATION" AND ADDITION OF BOX INDICATING TRANSFER TO ALS AS SOON AS POSSIBLE
1/2	C O Adult Cardiac Arrest	Can we please have all cardiac arrest policies (C0, C2) updated to include initial A/P pad placement - not just C1?	Edits made SO THAT ALL CARDIAC PROTOCOLS STATE A/P PAD PLACEMENT. including removal of consult for push dose epi
1/2	C 2 Asystole / PEA	Can we please have all cardiac arrest policies (C0, C2) updated to include initial A/P pad placement - not just C1?	Edits made SO THAT ALL CARDIAC PROTOCOLS STATE A/P PAD PLACEMENT. including removal of consult for push dose epi
1/2	C 4 Bradycardia	Change it so that the definition of an unstable patient is the same for each protocol.	Edits made FOR ALL CARDIAC PROTOCOLS: same for hypotension, PHYSICIAN CONSULT REMOVED FOR pd Epi. Removed Hs & Ts
1/2	C 6 Wide Complex Tachycardia	Change it so that the definition of an unstable patient is the same for each protocol.	Edits made FOR ALL CARDIAC PROTOCOLS: same for hypotension, PHYSICIAN CONSULT REMOVED FOR pd Epi. Removed Hs & Ts
1/2	C 7 Narrow Complex Tachycardia	Change it so that the definition of an unstable patient is the same for each protocol.	Edits made FOR ALL CARDIAC PROTOCOLS: same for hypotension, PHYSICIAN CONSULT REMOVED FOR pd Epi. Removed Hs & Ts
1/2	C 8 Chest Pain-Acute Coronary Syndrome	remove the need for right sided EKG with elevation in leads II, III and AVF.	"CONSIDER RIGHT SIDED EKG" INSTEAD OF "PERFORM"
1/2	C 9 STEMI		"CONSIDER RIGHT SIDED EKG" INSTEAD OF "PERFORM"
1/2	C 10 ROSC		REMOVAL OF "PHYSICIAN CONSULT" FOR PUSH DOSE EPI ADDED Special Consideration box to address hypotension, ADDED Hs & Ts
1/2	GPC 9 Suspected Child / Elder Abuse	Spelling error: "State of California Report os Suspected Child Abuse (Form SS 8583- see GPC 9A" Also consider a statement that HIPAA regs are not relevant to reporting of child abuse. https://www.hhs.gov/hipaa/for-professionals/faq/406/does-hipaa-preempt-this-state-law/index.html	COMPLETED DISCUSSION AND SPELLING EDITS MADE. MOVED FIGURE TO FIT
1/2	M 1 Non-Traumatic Shock		REMOVAL OF "PHYSICIAN CONSULT" FOR PUSH DOSE EPI
1/2	M 3 Allergic Reaction Anaphylaxis		REMOVAL OF "PHYSICIAN CONSULT" FOR PUSH DOSE EPI
1/2	M 6 Sepsis		REMOVAL OF "PHYSICIAN CONSULT" FOR PUSH DOSE EPI
1/2	N 1 Coma / ALOC	Under the Stroke protocol it states that the patient should be transported with the HOB elevated 20-30 degree or in left lateral recumbent. The PP should state the language used in image trend "low fowlers and later recumbent"	EDITS MADE AS SUGGESTED
1/2	N 4 Stroke / TIA	Under the Stroke protocol it states that the patient should be transported with the HOB elevated 20-30 degree or in left lateral recumbent. The PP should state the language used in image trend "low fowlers and later recumbent"	EDITS MADE AS SUGGESTED
1/2	O 2 Imminent Delivery	Update APGAR chart at bottom to be in order of APGAR	APGAR table revised per KP
1/2	R 5 Acute Pulmonary Edema		REMOVAL OF "PHYSICIAN CONSULT" FOR PUSH DOSE EPI
1/2	R 6 Pneumothorax		Added box referring to ALS PR 8
1/2	R 7 Toxic Inhalation		added Cardiac arrest
2/1	ALS P PR 2 - PEDI i-gel airway procedure	Pediatric i-gel procedure	NEW
2/1	ALS PR 2 - Adult Intraosseous Procedure	Adult I/O Procedure	added "Select insertion site based on manufacturer's recommendations
2/1	ATG 2 - Adult Pain Management	Adult Pain Management	Added PO Acetaminophen
2/1	ATG 7 - Adult Medication Standard Dosages	Adult Pain Management	Added PO Acetaminophen, removed need for consult for push dose epi.
2/1	BLS C 1 - Cardiac Arrest		Added A/P placement of pads, REMOVED references to VF/VT and PEA/Asystole. ADDED: Consider i-gel airway if unable to adequately maintain BLS airway
2/1	BLS PR 13 - Adult i-gel Airway Procedure		NEW
2/1	E 5 - Drowning/Submersion		Major revision
2/1	PC 1 - Pediatric Cardiac Arrest		Added: "Consider i-gel if unable to maintain a BLS airway"
2/1	PC 2 - Newborn Resuscitation		Added: "Consider i-gel if unable to maintain a BLS airway"
2/1	PC 3 - Pediatric Bradycardia		Added: If unable to maintain a BLS airway, Consider i-gel airway, or Advanced airway if patient height is greater than length on color-coded resuscitation tape
2/1	PR 1 - Pediatric Respiratory Distress		Added: If unable to maintain a BLS airway, Consider i-gel, or Advanced airway if patient height is greater than the length of the color-coded resuscitation tape
2/1	PTG 1 - Pediatric Pain Management		Added: PO acetaminophen, Pain >6
2/1	PTG 1A - Pediatric Pain Management Scales		NEW UPDATED
2/1	PTG 2 - Pediatric Medications		Added: PO acetaminophen
2/1	PTG 2A - Pediatric Dosing Guide		Added: I-gel and acetaminophen