Protocol Summary of Changes for 2023

- Agitated Patient-- This was formally the Patient Restraint protocol located in the procedural section:
    - Moved to the treatment section and renamed
    - Reworded all references to chemical restraint and rephrased it pharmacological sedation
    - New section headers added that asks specific questions as you work your way through an agitated patient (these new headers are highlighted in yellow)
    - To the treatment table and the flow chart, under "psychiatric disorder or other", we added in brackets "e.g., trauma". Treatment of trauma related agitation was never specifically addressed in this protocol
    - In the notes and precautions section, letter C previous mentioned to contact OLMC if prolonged QTc is present. This has been changed to treating the prolonged QTc with mag. sulfate without OLMC
    - The geriatric dosing section is new
    - The pediatric section is new. Flow chart created for peds.

- Obstetrical Emergencies & Childbirth:
    - Three changes to this protocol this year.
    - New pre-eclampsia and eclampsia treatment section. This was previous discussed and approved
    - New treatment section for prolapsed cord. This was previously discussed and approved
    - New language added to the "Normal Childbirth" section for the administration of prophylactic oxytocin immediately following delivery. Added TXA for continued severe post-partum hemorrhage. This was discussed but not approved.

- Sepsis:
    - The consensus was to remove qSOFA in favor of SIRS. There was still a fair amount of discussion over the criteria components, so I worked on a rewrite.
    - A new flow chart of sorts was created to determine whether a sepsis alert should be called
    - The old language regarding fluid resuscitation at 30 cc/kg has been removed as this is outdated.

- Seizures:
    - Treatment letter B was reworded following the discussion at last month's PDC meeting. This change was initiated partially to align with the Pedi DOSE study for those agencies that are participating but it was not meant to alter the intent of when to treat. New language is highlighted in yellow

- Shock:
    - This protocol was reformatted from its previous flow chart format. We previously had grouped hypovolemic and obstructive shock together. There was a request to separate these two and have 4 shock categories like the MCEMS protocols.
    - There was a request to revisit the starting points for pressors as well. We opted to revisit this protocol in October with the request to create uniformity and simplicity in the approach to pressors. This rewrite was an attempt to do just that, and the new language is highlighted in yellow

    - Additional language was added to the cardiogenic shock sections in regard to fluid administration and precautions.

- Traumatic Brain Injury:
    - The MAP goals under letter D of treatment have been changed and precautionary language added, stating that this only for isolated head injuries

- Oxytocin:
    - This is a new medication page to go along with the new OB post-partum hemorrhage language

- TXA:
    - New language was added regarding the use for post-partum hemorrhage

- Glucagon:
    - A new indication was added for glucagon to address the use in anaphylaxis for chronic beta blocker patients not responding to epi. This indication has been in the anaphylaxis protocol for a quite some time, but the glucagon medication page never mentioned it. This was previously listed as needing OLMC, but that requirement is being dropped as well.

- EtCO2:
    - This is a complete rewrite by Dr. Neth of the old protocol