



NYC REMAC

Advisory No.	2014-02		
Title:	Revision/Update of REMAC Prehospital Treatment & Transport Protocols Clarifications / Corrections		
Issue Date:	March 5, 2014		
Effective Date:	May 1, 2014		
Supersedes:	n/a	Page:	1 of 3

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

Corrections/clarifications have been made to Protocol revisions (REMAC Advisory 2014-01).

Attached: [List of corrections/clarifications](#)
[Updated General Operating Procedures \(version 05012014B\)](#)
[Updated Advanced Life Support Protocols \(version 05012014B\)](#)
[Updated Appendices \(version 05012014B\)](#)

A list of all revised protocols summarizing changes is attached, along with actual protocols identifying specific changes. New Language is underlined and bold. Deleted Language is ~~struck-out~~.

PROTOCOLS ARE TO BE IMPLEMENTED ON MAY 1ST, 2014. ALL EMS PERSONNEL MUST BE UPDATED IN TIME FOR MAY 1ST, 2014 IMPLEMENTATION DATE. Agencies that require additional time for implementation must submit requests for extension in writing to the NYC REMAC. Requests can be emailed to mdiglio@nycremsco.org

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

In order to provide evidence that all EMS personnel have been updated in current protocols, the EMS Agency must provide a list of updated personnel accompanied by a letter of affirmation signed by the service medical director and Chief Executive Officer no later than FOUR (4) weeks after completion of training/in-service.

A handwritten signature in blue ink that reads "Lewis W. Marshall, Jr.".

Lewis W. Marshall, Jr., MD, JD
Chair,
Regional Emergency Medical Advisory Committee
of New York City

A handwritten signature in blue ink that reads "Marie C. Diglio".

Marie C. Diglio, EMT-P
Executive Director Operations
Regional Emergency Medical Services Council
of New York City

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Correction – REMAC Prehospital Treatment & Transport Protocols – January 2014 / May 1st 2014

Corrections to May 2014 Protocols

Version “B”

Deleted = ~~Red/Bold/Struck-out~~; New = Blue/Bold/Underscored

General Operating Procedures:

PEDIATRIC PATIENTS

Page A-12

Any patient 14 years of age shall be considered ~~a pediatric patient and any patient 15 and above shall be considered~~ an adult patient, and the appropriate protocols shall be used. To further define pediatric patients, the following age separations shall be used:

Page A-13

•Child – from 1 year to less than ~~15~~ 14 years of age.

PREHOSPITAL SEDATION

Page A 16

Conscious patients requiring Endotracheal Intubation

C. Administer Etomidate 0.3 mg/kg, IV/Saline Lock bolus, over 30-60 seconds. (Maximum total dose is ~~20~~ 40 mg.) After successful intubation, administer Diazepam 5 mg IV/Saline Lock bolus or Lorazepam 2 mg, IV/Saline Lock or IM, for continued sedation.

INTRAOSSEOUS (IO) ACCESS AND DRUG ADMINISTRATION

Pages A-18 to A-19

1. If Intraosseous access is established on a conscious patient, administer 0.5 mg/kg of 2% preservative-free Lidocaine ~~bolus~~ via IO port, slowly over 2-3 minutes, up to a maximum of 50 mg prior to any other administration.
2. For continued discomfort or pain due to infusion repeat 0.25 mg/kg Lidocaine ~~bolus of~~ via IO port, slowly over 30 seconds, up to a maximum of 25 mg.

NOTE: When administering 2% preservative-free Lidocaine, it must be infused slowly to prevent it from being sent directly into the central circulation. Medications intended to remain in the medullary space, such as a local anesthetic, must be administered very slowly until the desired anesthetic effect is achieved.

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Correction – REMAC Prehospital Treatment & Transport Protocols – January 2014 / May 1st 2014

ALS Protocols

510: ALLERGIC / ANAPHYLACTIC REACTION

Page D 21

Title of protocol changed to include “Allergic”.

Appendices

APPENDIX H: FACILITIES PROVIDING SPECIALTY CARE

- TRAUMA and BURN Centers Updated
- Other Specialties Updated: Stroke, Hyperbaric, Replant, SAFE, Hypothermia and PCI (STEMI).

APPENDIX I: HOSPITAL LISTINGS (AMBULANCE DESTINATIONS)

- Services Available by Hospital identified: Adult General ED, Pediatric General ED, Critical Adult, Critical Pediatrics, OBS, and Adult Psychiatric.