NYC REMAC

Advisory No.	2017-09		
Title:	Revision/Update of REMAC Prehospital Treatment & Transport Protocols **CORRECTIONS/CLARIFICATIONS**		
Issue Date:	July 28, 2017		
Effective Date:	September 1, 2017		
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.

The Regional Emergency Medical Advisory Committee (REMAC) of New York City recently revised the regional prehospital treatment and transport protocols. All protocols were approved by the New York State Emergency Medical Advisory Committee for use in the NYC region.

Attached is a list identifying corrections/clarifications made to the revised protocols. New Language is **underlined and bold**. Deleted Language is ~~**struck-out**~~. Corrected protocols are identified as version B.

PROTOCOLS ARE TO BE IMPLEMENTED SEPTEMBER 1ST, 2017.

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.

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1. General Operating Procedures: STEMI (page A7), corrected to change the outdated phrase, 'DIRECT REFERRAL', to, 'CODE STEMI'.

STEMI (ST Elevation) / Myocardial Infarction

For all adults, if the historical / physical findings indicate an acute myocardial infarction, and the 12 lead EKG reveals 1 mm ST elevation in 2 or more contiguous leads; transport the patient to the closest 24 hour NYS certified interventional cardiac catheterization facility, as per medical control, unless one of the following conditions is met:

- The patient has other medical conditions (Trauma, Burn, CVA) that warrant transport to the closest appropriate hospital emergency department as per protocol.

EMS Notification to a STEMI Center:	**Those patients with ST elevation ≥2mm should be noted as CODE STEMI ~~DIRECT REFERRAL~~.**

2. General Operating Procedures: INTRANASAL (IN) DRUG ADMINISTRATION (Page A.20)

Phrase, 'Advise SEMAC of revisions', has been deleted. This was a typographical error.

INTRANASAL (IN) DRUG ADMINISTRATION

In the absence of intravenous access, the following medications are approved for intranasal administration when an appropriate atomizer device is available: Glucagon, Fentanyl, Lorazepam, Midazolam, Naloxone and Ketamine. The route of administration is contraindicated in patients with epistaxis. ~~**Advise SEMAC of revisions.**~~

3. BLS Protocol, 403 NON-TRAUMATIC CARDIAC ARREST (Page C.6)

Standing Order # '3a' is changed to a 'NOTE'.

3. Apply an automated external defibrillator, perform CPR until defibrillator is attached.

NOTE: IF PEDIATRIC PATIENT, UNDER 9 YEARS OF AGE, SEE PROTOCOL #453.

4. ALS Protocols – GLOBAL CHANGES:

a. Removal of 'ug' to identify micrograms. All drug dosages in micrograms have been abbreviated using 'mcg'. The 'ug' is removed.
b. All the dextrose administration for adult protocols now reads, 'up to 25gm'.

5. ALS Protocols 500A & 500B, revisions to Table 1. See revisions below:

TABLE 1: One Bottle Kit (5.0gm/200mL/bottle)		
Age Group	Hydroxocobalamin [A]	Sodium Thiosulfate [B]
Infant/Toddler (0-2 years)	¼ bottle	250mg/kg (prepare by mixing 12.5gm of Sodium Thiosulfate with 100mL of D5W, then drawing 3mL/kg of ~~3cc/kg~~ prepared solution) administered over 10 minutes, IV
Preschool (3-5 years)	1/4 bottle	
Grade School (6-14 years)	1/2 bottle	
Adult (≥15 years)	1 bottle	12.5gm (~~50~~ **150** mL of a prepared solution) administered over 10 minutes, IV

[A] Hydroxocobalamin may be mixed with D5W, Normal Saline, or Lactated Ringers. The vented macro drip tubing that accompanies the Cyanokit, should be used, wide open to ensure correct administration time of approximately 15 minutes for the kit.

[B] Sodium Thiosulfate solution should be prepared by adding 12.5gm (50mL) to a 100cc bag of D5W **for a total of 150mL.**

NOTE: In the event that only one intravascular access line is established, administer Hydroxocobalamin first before Sodium Thiosulfate.