

ADVANCED PROTOCOL AMENDMENTS

Date: September 15, 2016
To: PEAK Advanced Protocol certified responders, Patrol Supervisors, Training Facilitators & Instructors
From: Jeffrey Burko, Executive Medical Director
Re: Advanced Protocol Training Program - Protocol Amendments for Immediate Implementation

Several amendments have been made as stated in PEAK's Advanced Protocol Training Manual – 14th Edition (September 2015). The table below describes the protocol amendments which are intended to ensure that PEAK's Advanced Protocol Training Program is current with respect to best medical practices and based on the latest available medical science. It is expected that these protocol changes will increase patient safety and improve outcomes.

MODULE	PAGE(s)	PROTOCOL AMENDMENTS
1 Pain Management: Nitrous Oxide Protocol	12, 14	<ul style="list-style-type: none"> Although included in the contraindications under Non-Vented Areas, Nitrous Oxide is also not permitted during flight; i.e. in a helicopter, or fixed wing aircraft. Nitrous Oxide may be administered in gondolas and tramways providing that adequate ventilation can be maintained.
	14, 17	<ul style="list-style-type: none"> Ideally, in all instances, but particularly in cold conditions, only full cylinders should only be taken into the field. The less gas in the cylinder, the quicker the gases may <u>potentially</u> separate.
	14, 17	<ul style="list-style-type: none"> Inversion of the cylinder prior to administration is now 5 times as opposed to 3. In addition, during administration in cold conditions, cylinders should be inverted 5 times every 15 minutes. This is to ensure thorough mixing of the gases (nitrous oxide & oxygen).
	N/A	<ul style="list-style-type: none"> Cylinders used in the field under cold conditions (below zero) require that the cylinder be in a padded carrycase to help prevent a rapid decrease in cylinder temperature and potential gas separation.
	N/A	<ul style="list-style-type: none"> The cylinders should be insulated from the snow; i.e. not left on the snow or exposed to the elements.
	15	<ul style="list-style-type: none"> Patients must wait a minimum of 60 minutes following the use of Nitrous Oxide to operate a motor vehicle.
2 Fracture Management: Sager Traction Splint Protocol	29, 31	<ul style="list-style-type: none"> Indications for use of traction for tibia / fibular fractures: <ul style="list-style-type: none"> ✓ Obvious mid-third fracture (marked deformity &/or angulation); & ✓ Decreased peripheral circulation; &/or ✓ Patient complains of intense, unrelenting pain that improves with manual traction
	32	<ul style="list-style-type: none"> In critical patients, transport is not to be delayed in order to apply traction unless it is utilized as a critical intervention; i.e. profuse uncontrolled bleeding.
	35	<ul style="list-style-type: none"> A female patient's groin is to be padded extremely well and the splint pulled away, (no more than 1"), from the patient's groin every (1) hour for approximately 5 minutes to allow for blood circulation and waste buildup removal.
	35	<ul style="list-style-type: none"> For male patients the splint is to be positioned as to not compress testes (testes to be moved by the patient if possible to the side then splint placed).
	35	<ul style="list-style-type: none"> Sager Splints are to be padded along its length to avoid the development of sores.
	35	<ul style="list-style-type: none"> Routine application is to take no more than 4 minutes. This is to be demonstrated to an instructor prior to certification.
	35	<ul style="list-style-type: none"> Application in a critical intervention situation is to take no more than 2 minutes. This is to be demonstrated to an instructor prior to certification.

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5 Cardiac Chest Pain Management: Nitro & ASA Assist Protocol	94 90 90	<ul style="list-style-type: none"> Re-dosing of nitroglycerin is amended to 30 minutes from the time of the LAST dose. Patients must be normothermic (normal temperature) to receive repeat dosing of nitroglycerin. Patients must have a systolic blood pressure of at least 100 mmHg measured by a sphygmomanometer (BP cuff) prior to re-dosing of nitroglycerin.
6 Non-Urban Cardiac Arrest Management: AED Protocol	135, 137 123, 126	<ul style="list-style-type: none"> Burial times amended from 35 minutes to 60 minutes. A Protocol Initiation Report (PIR) and a Post-AED Incident Report (PAIR) are required to be completed and faxed or scanned and emailed to PEAK following initiation of a cardiac arrest protocol.

