



2024

PATIENT TREATMENT PROTOCOLS

ON LINE MEDICAL CONSULT (OLMC)		
MRH	503-494-7333	
Mental Health Crisis Line	503-291-9111	
POLST Registry	503-494-7333	
AMBULANCE		
AMR Ambulance	503-239-0389	
AMR Supervisor-Multnomah County	503-736-3425	
AMR Supervisor-Clackamas County	503-659-1294	
AMR Supervisor-Washington County	971-450-4120	
Life Flight	503-678-4364	
Metro West Ambulance	503-648-6658	
DISPATCH		
AMR Dispatch	503-231-6300	
BOEC (Portland)	503-823-0911	
CCOM Dispatch	503-655-8911	
WCCCA (FireCom)	503-629-0111	
Life Flight	800-232-0911	
LO Comm Dispatch	503-636-5601	
Metro West Ambulance Dispatch	503-648-6656	
HOSPITALS		
Hillsboro Medical Center	503-681-1860	
Kaiser Sunnyside ED	503-571-9516	
Kaiser Westside ED	971-310-4509	
Legacy Emanuel ED	503-413-4121	
Legacy Good Sam ED	503-413-7711	
Legacy Meridian Park	503-692-7467	
Mt Hood Medical Center ED	503-674-1400	
OHSU ED	503-494-7551	
Poison Control	800-222-1222	
Portland Adventist Medical Center ED	503-251-6168	
Providence St Vincent ED	503-216-2444	
Providence Milwaukie ED	503-513-8311	
Providence Newberg ED	503-537-1785	
Providence Portland ED	503-215-6000	
Salmon Creek ED	360-487-1400	
SW Washington ED	360-514-2464	
Unity Center for Behavioral Health	503-944-7758	
VA Portland ED	503-721-7803	
Willamette Falls ED	503-657-6702	

2024 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Table of Contents		Forward	Added Double Sequential External Defibrillation (DSED), LUCAS, and AutoPulse to procedures. Added lorazepam and buprenorphine to medications. Added Opioid Withdrawal protocol to the Clackamas County Ops section. Removed Combitube.
Protocol Introduction		Forward	Added additional agencies along with Medical Directors who are using the Metro Regional EMS Consortium Protocols.
Scope of Practice		Preface	Updated Scope of Practice to current Oregon Administrative Rule (OAR)
Medical Control for Medications and Procedures		Preface	Added buprenorphine and lorazepam to list of Category A medications. Removed Combitube from list of category A procedures.
Agitated Patient	10.015	Treatment	Added cautionary language regarding the use of either haloperidol or droperidol for Parkinson's patients or those taking Parkinsonian medications. Added lorazepam as an alternative to midazolam for pharmacological sedation.
Cardiac Arrest (AED/CPR)	10.050	Treatment	Updated the child and infant section to match the latest PALS guidelines. Clarified language to include both 30:2 compression to ventilation cycles as well as continuous chest compressions.
Cardiac Arrest Guidelines	10.050	Treatment	Added clarifying language for 30:2 compression to ventilation cycles as well as for continuous chest compressions. Added line regarding using the IV route when multiple means of access are established. Added lorazepam as an alternative to midazolam for CPR Induced Consciousness.
Cardiac Arrest (Asystole, PEA)	10.050	Treatment	Clarified the use of sodium bicarbonate during cardiac arrest.

2024 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Cardiac Arrest (V-Fib/Pulseless VT)	10.050	Treatment	Added DSED language to the algorithm. Removed the use of sodium bicarbonate.
Cardiac arrest- Post Resuscitation	10.050	Treatment	Reformatted flow chart to further clarify the use of antidysrhythmic medications post ROSC. Added lorazepam as an alternative to midazolam for sedation. Added maximum dosing language for both lidocaine and amiodarone.
Cardiac Dysrhythmias- Bradycardia	10.060	Treatment	Added lorazepam as an alternative to midazolam for treating discomfort caused by TCP.
Cardiac Dysrhythmias-Tachycardia Stable	10.060	Treatment	Removed amiodarone from pediatric flow chart for the treatment of wide-complex tachycardia.
Cardiac Dysrhythmias- Tachycardia Unstable	10.060	Treatment	Added lorazepam as an alternative to midazolam for sedation during cardioversion.
Chest Pain/Acute Coronary Syndrome	10.065	Treatment	Removed high-flow oxygen language. Removed the absolute contraindication for NTG in Inferior MIs and replaced it with cautionary language. Clarified the stipulations for treating PVCs and changed the medication of choice for treating PVCs to amiodarone. Updated STEMI criteria markers. Added occlusive MI criteria and guidance.
Fever Management	10.077	Treatment	Added IV APAP as a route of administration.
Musculoskeletal Trauma- Spinal Injury	10.100	Treatment	Softened language regarding the use of backboards. Updated the language to "Spinal Motion Restriction".

2024 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Neonatal Resuscitation	10.120	Treatment	Updated flow chart to more closely match pediatric guidebook. Added oxygen saturation table for neonates.
Obstetrical Emergencies and Childbirth	10.130	Treatment	Clarified the use of oxytocin in multi-birth situations.
Pain Management	10.135	Treatment	Added IV APAP as a route of administration.
Poisoning and Overdose	10.140	Treatment	Added lorazepam to the toxidrome table as an antidote for sympathomimetic overdoses.
Respiratory Distress	10.160	Treatment	Updated language on asthma and acute bronchiolitis in the pediatric section. Added pediatric respiratory distress flow chart.
Seizures	10.170	Treatment	Added lorazepam as an alternative to midazolam for treating active seizures.
Traumatic Brain Injury	10.300	Treatment	Changed the contraindication of "any chest compressions" to "EMS chest compressions" for the use of TXA.
Acetaminophen	20.005	Medications	Added IV as a route of administration

2024 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Amiodarone	20.040	Medications	Added additional "supplied" option. Added treatment of PVCs to the indications. Removed dosing and indication for pediatric stable V-Tach. Added a maximum total dose.
Buprenorphine	20.065	Medications	New medication page.
Calcium Gluconate	20.070	Medications	Clarified the use of calcium gluconate in cardiac arrest.
Droperidol	20.102	Medications	Added contraindication language regarding the use of droperidol for Parkinson's patients or those taking Parkinsonian medications. Added lorazepam language to accompany midazolam under the precautions and dosing sections.
Epinephrine	20.110	Medications	Changed pediatric dosing intervals for push-dose epinephrine to be consistent with adult dosing language.
Haloperidol	20.142	Medications	Added contraindication language regarding the use of haloperidol for Parkinson's patients or those taking Parkinsonian medications.
Ibuprofen	20.147	Medications	Updated dosing language for adult patients.
Ketamine	20.155	Medications	Added ketamine for post intubation sedation in the perfusing non-ROSC patient.

2024 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Lidocaine	20.160	Medications	Removed the indication for PVCs. Added a maximum total dose.
Lorazepam	20.165	Medications	New medication page.
Midazolam	20.190	Medications	Adding specific dosing language for pharmacological sedation rather than stating to refer to the Agitated Patient Protocol.
Nitroglycerine	20.220	Medications	Removed the absolute contraindication for NTG in Inferior MIs and replaced it with cautionary language.
Oxytocin	20.246	Medications	Clarified use of oxytocin in multi-birth situations.
Sodium Bicarbonate	20.260	Medications	Clarified the use of sodium bicarbonate during cardiac arrest. Removed indication and dosing language for VF/pVT arrests.
Tranexamic Acid (TXA)	20.277	Medications	Changed the contraindication of "any chest compressions" to "EMS chest compressions".
Combitube	30.030	Procedures	Removed.

2024 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Double Sequential External Defibrillation (DSED)	30.034	Procedures	New procedural page.
Endotracheal Intubation	30.040	Procedures	Added ketamine for post intubation sedation. Added lorazepam as an alternative to midazolam for post intubation sedation.
Induced Hypothermia	30.076	Procedures	Added lorazepam as an alternative to midazolam for shivering.
IO Access and Infusion	30.080	Procedures	Updated language per EZ IO manufacturer recommendations.
LVAD	30.107	Procedures	Updated the 3 different device user guides.
LUCAS	30.108	Procedures	New procedural page.
Transcutaneous Pacing	30.180	Procedures	Added lorazepam as an alternative to midazolam for discomfort caused by TCP.
Zoll® AutoPulse	30.300	Procedures	New procedural page.

2024 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Ambulance Diversion	50.015	Operations	Updated Hospital Services Table
Hospice and Palliative Care	50.062	Operations	Added lorazepam dosing in the treatment table for anxiety/agitation.
Trauma System Guidelines	60.100	Trauma	Reformatted Trauma Guidelines to be consistent with Oregon Administrative Rule (OAR) 333-200.
Washington County EMS Operations	80.000	Wash. Co. EMS Ops	Many old protocol removed and remaining protocols rewritten by the Washington County EMS Office.
Clackamas County EMS Operations	90.000	Clack. Co. EMS Ops	Added Opioid Withdrawal protocol and Clinical Opioid Withdrawal Scale (COWS).
Patient Treatment Aids	100.000	Aids	Added ECG interpretation references.

Introduction to Protocols

These patient care protocols will go into effect January 8th, 2024 for EMS providers of American Medical Response Clackamas and Washington Counties, Banks Fire District #13, Bay City Fire Department, Boardman Fire Rescue District, Clackamas Fire District #1, Central Oregon Coast Fire & Rescue, Confederated Tribes of Grand Ronde Department of Emergency Services, Colton Rural Fire Protection District #70, Cornelius Fire Department, Depoe Bay Fire District, Estacada Fire District #69, Forest Grove Fire & Rescue, Garibaldi Rural Fire District, Gaston Rural Fire District, Hillsboro Fire & Rescue, Hoodland Fire District #74, Lake Oswego Fire Department, Lincoln County Sheriff's Office, McMinnville Fire Department, Metro West Ambulance, Nehalem Bay Fire & Rescue, Nestucca Rural Fire Protection District, Netarts-Oceanside Fire District, Newport Fire Department, Rockaway Beach Volunteer Fire Department, Sandy Fire District #72, Seal Rock RFPD, Sheridan Fire District, Siletz RFPD, Southwest Polk Rural Fire Protection District, St. Paul Fire District, Tillamook Fire District, Toledo Fire Department, Tualatin Police, Tualatin Valley Fire & Rescue, and Washington County Sheriff's Office.

These protocols, we believe, are the best of their type. Where evidence has been available, the Protocol Development Committee has diligently evaluated the material and drafted protocols that will assist us in providing excellent patient care. Where evidence is lacking, we have relied on best practices, expert advice, and consensus to guide the development of the protocol or procedure. These protocols are reviewed on a regular basis and updated when necessary to reflect advances in the art and science pertaining to the care of the acutely ill and injured.

Remember that these protocols are guidelines. EMS is performed in a stressful environment with time-critical decisions and no specific patient care matrix can be developed that will cover every type of injury, illness, and complicating circumstance that EMT providers will encounter while providing on-scene care. It is our expectation that providers will use these protocols in conjunction with their training and experience to do what is best for each patient. From time to time, it is expected that circumstances will arise that are not covered within these protocols. In such instances, providers should function within their scope of practice and use all available resources (including OLMC) to provide the best possible patient care.

Thanks to everyone who has aided in protocol development and review. Anything that is complex and includes detail is prone to errors. Please review these protocols carefully and route any potential errors, unclear directions, or suggestions for improvement to your agency's EMS Office. Finally, we thank every one of you for your dedication and commitment every day to providing the best possible prehospital medical care to the citizens of our respective communities.

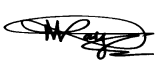



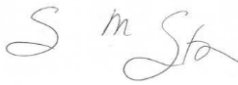
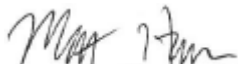






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