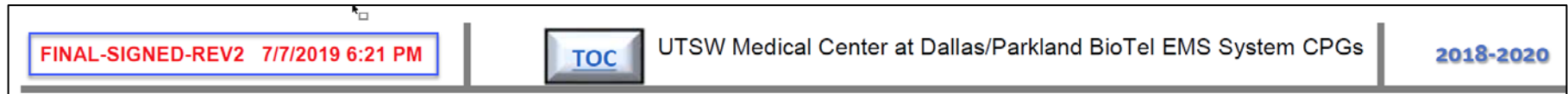


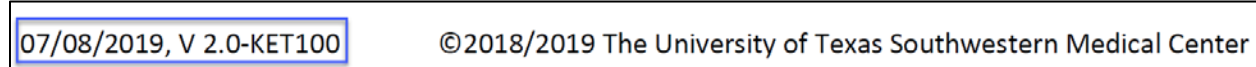
CORRECTIONS SUMMARY (based on [MASTER-FINAL-SIGNED-REV2-8JULY2019](#) version)

This summary includes **CORRECTIONS & CLARIFICATIONS** to the Master CPGs & PEDI-Guide *since November 13, 2018*

New Master CPG Page Header:



New PEDI-Guide Page Footer:



Priority Ranking System Legend:

- HIGH = Pages in existing HARD-COPY CPG Sets that MUST be replaced**
- MEDIUM = Pages in existing HARDCOPY CPG Sets that SHOULD be replaced**
- LOW = Pages in existing HARDCOPY CPG Sets that MAY be replaced**

TOPIC	PAGES	PRIORITY	NOTES
COVER PAGE	1	HIGH	Added legal disclaimer verbiage & VERSION (REV2)/DATE (JULY 8, 2019) information
ALL	1-298	MEDIUM	Changed "copyright" wording in the page footer for Master CPGs & PEDI-Guide
MULTIPLE	1-298	LOW	Removed © symbol from the BioTel PEDI-Guide title throughout the full document
Medical Direction Team	12	LOW	Replaced 2018-2019 EMS Fellows with 2019-2020 EMS Fellows (Drs. Chou and Nackenson); removed Dr. Klein
UNIVERSAL CARE (ADULT)	15-18	LOW	<ul style="list-style-type: none"> • Bullet 6: Clarified wording about "mandatory" POC glucose testing • Bullet 12: Added maximum, single IM injection volume (thigh = 5 mL, deltoid = 3 mL)
Asystole/PEA	24-25	MEDIUM	<ul style="list-style-type: none"> • P 25: Added wording to permit additional standing order epi (up to 3 doses) if pt in ROSC re-arrests • Clarified wording about standing order considerations for sodium bicarb • Removed "optional" for calcium chloride (it is mandatory carry) (Also see: PP 36-37, (39-40), 85, 88, 147, 163 and 268 & others)
VFib/Pulseless VTach	35-37	HIGH	<ul style="list-style-type: none"> • P 36: Corrected 2nd adult amiodarone dose (150 mg) ("official" fix for temporary patch 11/13/18) • P 36 Bullet 11: Added wording to allow up to 3 epi doses PER ARREST episode if ROSC pt re-arrests • P 37: Clarified wording about standing order considerations for sodium bicarb (see "ASYSTOLE" above) • Removed "optional" wording (it is mandatory carry)

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TOPIC	PAGES	PRIORITY	NOTES
Bradycardia	39- 40	MEDIUM	<ul style="list-style-type: none"> ADDED wording about considerations for sodium bicarb if “peri-arrest” w/wide QRS on ECG P39 (Bullet 9.a): Clarified wording & removed “with 3rd-degree/complete heart block”: CPG applies to ALL adults w/unstable bradycardia Removed “optional” wording for calcium chloride (it is mandatory carry) Bullet 11: Added “consider ipratropium” to organophosphate section (BUT it’s NOT primary antidote!)
Chest Pain	41-42	MEDIUM	Bullet 9: Added wording to acquire 1 st 12-Lead ECG within 10 minutes
Stroke	44-46	HIGH	<ul style="list-style-type: none"> P 45 (Bullet 9): Corrected acronym for C-STAT score P 46: Added miniature Stroke Destination Flow-Chart
Transcutaneous Pacing (TCP)	52	LOW	Bullet 6.b: Changed standing orders for 1 st fluid bolus to 250 mL with one repeat as needed
CPAP	65	HIGH	Fixed “inclusions” and “exclusions” typos, since minimum age is now 5
Needle Cricothyrotomy	66	LOW	Equipment: further clarified wording about “50 psi” (EMS cannot measure “psi” on their O2 bottles)
Respiratory Distress (Adult)	73	LOW	Fixed bullet numbering issue (13 > 13 corrected to 13 > 14)
Allergic Reaction	79-82	LOW	<ul style="list-style-type: none"> P 80 Color table: added direct hyperlink to GLUCAGON drug sheet for pts on beta-blockers Dosing interval for IM epi changed to “every 5-10 minutes, as needed”
Altered Mental Status	84	LOW	Bullet 10: Clarify maximum cumulative naloxone dose (e.g. for carfentanil) - may require up to 10 mg total, cumulative dose, if available
Diabetic Emergencies	88	LOW	Bullet 15: Clarified to refer to relevant cardiac arrest CPG & to <i>consider</i> sodium bicarb (especially if renal failure and/or prolonged arrest)
Pain	89-90	HIGH	<ul style="list-style-type: none"> Removed “active labor” exclusion from orange box BULLET 12: Added contraindication for KETAMINE (LDK) for pregnancy/active labor & open globe (relative)
Eye Injury	105-106	MEDIUM	Bullet 7: Added ketamine contraindication, especially at sedation (e.g. PAI) doses
Spinal Motion Restriction Procedure	116	LOW	Changed midline palpation wording to start at skull base down to C7
Trauma	120-122	LOW	Added consideration of calcium chloride for moderate-severe crush injury
Respiratory Distress - Pediatric	133	LOW	<ul style="list-style-type: none"> Bullet 13: clarified repeat nebulizer dosing (esp. for children less than 2 years of age)
Childbirth (Abnormal)	138	MEDIUM	<ul style="list-style-type: none"> Bullet 1.b (prolapsed cord): “avoid touching the cord if possible” (moist, sterile gauze only if necessary – can cause vasoconstriction & hypothermia). Bullet 1.b: “do not push the fetus back into the vagina, but if there is a prolapsed cord and delivery is not imminent, insert gloved hand and lift presenting part off of cord and maintain position until C-section.” Bullet 2.a (breech): Contact BioTel = 1st step
OB	144	MEDIUM	Bullet 12: Added flow chart clarifying CONTRAINDICATION for KETAMINE in pregnancy/active labor
Carbon Monoxide	151	LOW	Clarified re: contact BioTel for hospital HBO capabilities to optimize destination decision-making
Toxic Chemical Exposure	163-168	LOW	<ul style="list-style-type: none"> Added mention of calcium to treat magnesium toxicity Clarified that there is no single “maximum” dose for organophosphate toxicity; more than 3 doses at 1 mg each (adult) / 0.05 mg/kg each (pediatric) may be needed, if available Added wording to pediatric section that 0.05 mg/kg for OP poisoning is NOT included in the PEDI-Guide
Destination Policy	178	HIGH	Added MCCH as PEDIATRIC Level 2 TC (up to 15 th birthday, w/exceptions (burns & isolated ophtho))
Death Policy	183-186	LOW	<ul style="list-style-type: none"> Added wording about procedures for “hospice” pts with/without DNR paperwork
Evaluation & Transport Policy	197	MEDIUM	<p>Section VII.A.:</p> <ul style="list-style-type: none"> Fixed typo referring to mandatory offer of transport (Section E, not Section C) Clarified policy re: refusals for patients meeting criteria for mandatory offer of transport
Restraint Policy	204-205	HIGH	<ul style="list-style-type: none"> Changed “handcuff” wording to permissive, with caveats Added permissive spit hood wording

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TOPIC	PAGES	PRIORITY	NOTES
Atropine Drug Sheet	227	LOW	<ul style="list-style-type: none"> Fixed "Indications" typo (PAI premed in infants <i>under 1 year of age</i>)
Epinephrine 1 mg/mL Drug Sheet	239	LOW	Changed epi dosing interval to "every 5-10 minutes" for moderate/severe allergic reaction (to match CPG)
Epinephrine Auto-Injector Drug Sheet	241	LOW	Changed epi dosing interval to "every 5-10 minutes" for moderate/severe allergic reaction (to match CPG)
Fentanyl Drug Sheet	243	HIGH	<ul style="list-style-type: none"> Removed active labor as relative contraindication Added "call BioTel" for complicated labor or undifferentiated abdominal pain
Glucagon Drug Sheet	244	LOW	Added consideration as epi adjunct for ANAPHYLAXIS if pt is on beta-blockers
Ipratropium Drug Sheet	247	LOW	Clarified possible indications as ADJUNCT for bronchospasm 2° to toxins (but NOT as 1° antidote)
Ketamine Drug Sheet	248-252	HIGH	<ul style="list-style-type: none"> Added "active labor" and "eye injury" to contraindications Clarified max. IM volume THIGH = 5 mL, DELTOID = 3 mL PAGES 249 & 251: Added wording about IM injection through clothes; thigh injection preferred PAGES 250 & 252: Added clarification/warning about 100 mg/mL vs. 50 mg/mL for PEDI/PEDI-Guide
Morphine Drug Sheet	258	HIGH	<ul style="list-style-type: none"> Removed active labor as relative contraindication Added "call BioTel" for complicated labor or undifferentiated abdominal pain
Sodium Bicarbonate Drug Sheet	268	MEDIUM	Clarified indications, esp. "administer" (e.g. TCA overdose) vs. "consider" (most other indications) to sync with relevant CPGs
PEDI-Guide Cover Page	271	HIGH	<ul style="list-style-type: none"> CHANGED VERSION (2.0) and DATE (JULY 8, 2019) ADDED WORDING FOR "100 mg/mL" VS. "50 mg/mL" Ketamine to denote different available formulations ADDED WORDING for agency responsibility: ensure that PEDI-Guide version matches ketamine formulation
PEDI-Guide Color Charts	275-298	HIGH	<ul style="list-style-type: none"> Page footers indicate VERSION (2.0) & DATE (JULY 8, 2019) *and* Ketamine "edition" (100 mg/mL) Extra watermarks added (top/side/bottom) to denote "ketamine edition (100 mg/mL) Minor wording changes for Glucagon for 12 months – 4 years age range to specify hypoglycemia indication Agencies carrying ketamine @ 50 mg/mL MUST use the separate "ketamine 50" edition of PEDI-Guide!

CRITICAL REMINDER for agencies approved to carry ketamine:

- The standard BioTel PEDI-Guide is based on the 100 mg/mL ketamine formulation
- Supply-chain or other issues may necessitate switching to the 50 mg/mL ketamine formulation
 - In that case, the separate, 50 mg/mL ketamine PEDI-Guide edition must be used!
 - Otherwise, ketamine dosing errors might occur!

The 2018/2019 BioTel CPGs and related documents are available for download at: www.biotel.ws

For questions or concerns about these changes or about the 2018/2019 BioTel CPGs:

Contact BioTel [OR](#)

Send email to bioteldocs@utsouthwestern.edu