



JUNE 2017 BREMS PROTOCOL UPDATES AND DRUG BOX CHANGES

- ✚ **MEDICAL PROTOCOL #72 – OVERDOSE with Respiratory Distress; MEDICATION INDEX Page #8**
 - As outlined in the training & protocol information send out on May 1, 2017, beginning today, all EMTs certified in the BREMS region must be trained and able to utilize Narcan via an Intranasal route only in the event that they are presented with a suspected opioid overdose with respiratory depression.
 - EMTs may administer 1mg of Narcan via an IN route only per nostril while alternating nares up to a max dose of 4mg. Remind all EMTs that the goal is to improve respiratory status. NOT to restore the patient to an awake and oriented status.
 - AEMTs may administer NARCAN 0.4 up to 4 mg IN/IM/IV/IO slow push titrated to improved respiratory status. If unable to establish IV, administer NARCAN IN.
 - Intermediates & Paramedics may administer additional NARCAN 0.4 up to **12 mg** IN/IM/IV/IO slow push titrated to improved respiratory effort for suspected Carfentanil overdose or other highly potent opioid.



- ✚ **BEHAVIORAL RESTRAINT - Procedure #12**
 - Procedure & practice guidelines
 - How to properly use soft restraints
 - What equipment can be used for patient restraint

- ✚ **DDNR & PALIATIVE CARE - Policy #7**
 - State guidelines for DDNR
 - “Other” DNR documents & Physician orders
 - What documents are accepted
 - VA DDNR Forms
 - *As of July 1, 2017, all VA EMS Providers can accept proper out of state DDNR documents*
 - Valid DNR Jewelry
 - M.O.S.T/P.O.S.T Forms

- ✚ **LEVOPHED (NOREPINEPHRINE) DRIP RATE CHANGE - Reference #4**

- ✚ **DRUG BOX CHANGES**
 - (2) vials of Levophed/Norepi will be removed to reflect the concentration change to the administration.
 - Additional Narcan will be added to the BREMS Regional AP bags and not in the BREMS Drug Box. A directive has been sent to all area administrators in regards to this.

*****All June 2017 Protocol Changes have been recommended by a qualified Protocol Review Committee and have received final approval by the Regional OMD, Dr. Marilyn McLeod and the Regional OMD Committee.**