

Advisory 17-01 Collaborative Protocols

To: All Providers and Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P - Culcular

Regional Medical Director

Date: March 13, 2017

The New York State EMS Collaborative Protocols are now available. These protocols are effective immediately for all Monroe-Livingston Regional EMS providers upon completion of the required training. Agencies are required to assure that their providers are updated to these standards no later than June 1, 2017 through the Cypherworx learning management system. Instructions on how to complete this process are included as an attachment to this advisory.

- There are significant changes to the formatting of the protocols and providers must take time to familiarize themselves with these changes.
- There is a smart phone application available for both Android and Apple users entitled "NYS Collaborative EMS
 Protocols". It is encouraged that providers use this application when completing the training modules to help
 familiarize themselves with navigating through the application and protocols. Those applications can be found at
 the Apple App Store and the Android Marketplace by searching "NYS EMS Collaborative".
- Please note that the formulary included in the Collaborative Protocols is the comprehensive list. Based on the needs of our region we will not be using all of the medications approved. The regionally approved formulary is attached.
- Patella Reduction is a procedure that has been added for EMTs and Paramedics.

BLS: All BLS providers must complete both the BLS Update and Patella Reduction educational modules.

Although included in the Collaborative Protocols, the Monroe-Livingston Region will NOT be adopting the following procedures for BLS providers:

- 12-Lead Acquisition
- Nitrous Oxide Administration
- Continuous Positive Airway Pressure

ALS: All ALS providers must complete the ALS Update, Patella Reduction and Ketamine educational modules.

MLREMS is adopting the following changes to formulary:

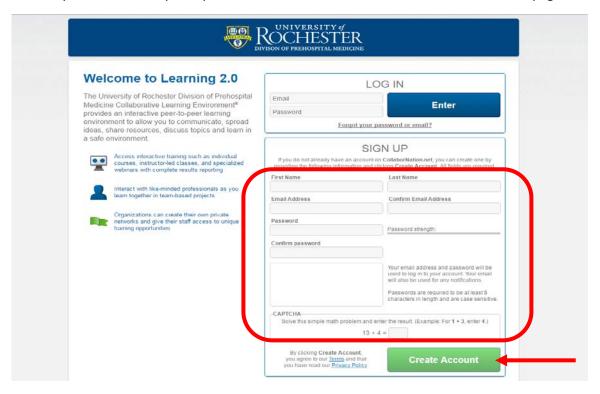
- Fentanyl increased to maximum of 200 mcg and based on weight
- Phenergan has been removed
- Procainamide has been removed
- Decadron has replaced Solumedrol
- Dextrose 10% has replaced Dextrose 50% and Dextrose 25%
- Ketamine is available to all providers for limited applications

With any questions, please do not hesitate to contact our office.

Cypherworx Registration Instructions

Everyone will be required to register and create an account with Cypherworx before you are able to begin any of the training modules, specifically the NYS Collaborative Protocol training.

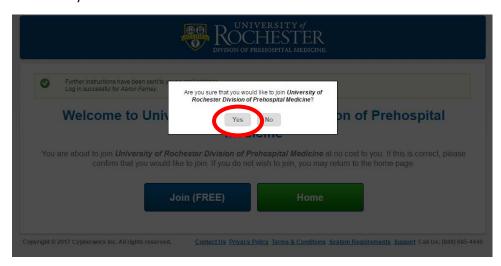
- 1. Start by navigating to the following webpage: https://collabornation.net/login/urdpm
 Please note that you MUST use this URL listed to create a free account with access to our training.
- 2. You should be directed to the page shown below. Please complete the information in the red box as a first time user of the system. Once complete, press the 'Create Account' button at the bottom of the page.



3. If all your information was entered correctly, you should be directed to the following page. Please select the blue 'Join Free' button to continue the enrollment process.



4. Select 'Yes' to confirm your enrollment.



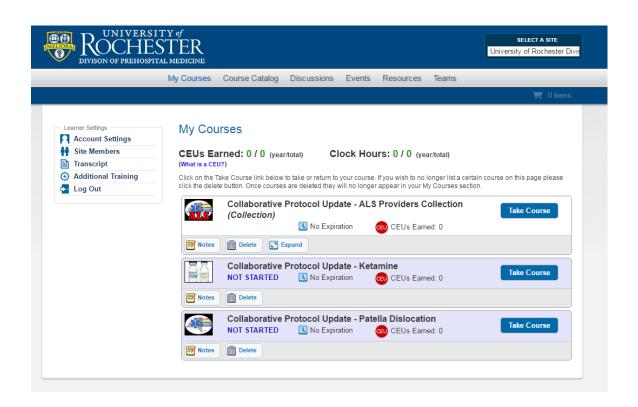
- 5. You will then be asked to provide some additional information about your certification level, contact phone number, and MLREMS agency affiliations. All of these fields are able to be edited as long as your account is active, but must be completed at the time of registration. Below are a few suggestions to help you navigate these fields.
 - Please select the highest EMS level of certification that you practice at in the MLREMS region, even if
 you do not practice at that level at ALL of your agencies. (Example: You are a paramedic for Gates
 Ambulance but are only able to practice as a BLS EMT at Gates Fire Department select paramedic)
 - The field for 'Primary Agency' is at your discretion, but typically your place of full time employment, even if it is not here you practice at your highest level of care.
 - 'Additional Agencies' should be completed for as many agencies as possible. This will allow one training
 to be accepted by all your agencies simultaneously, saving you the time to make copies or send emails.
 - If you have no additional agencies, the field should be completed with the '* No Additional Agencies field as a place holder.
 - Click 'submit' once all the fields have been answered.



6. You may now simply select Enter to complete the process and enter the Cypherworx site.



7. Once you enter the University of Rochester, Division of Prehospital Medicine site, you should see a screen similar to the one below. The assigned courses will vary based on your level of certification, but everyone should have something assigned to them if you completed the registration correctly





MLREMS Medication Formulary Effective November 1, 2016

ALS Medications

Agencies/ALS units may stock more than the minimum number per ALS unit expected in this document. Total stock per ALS unit must be approved by the Agency Medical Director.

Medication	Route	Desired Unit	Minimum Number per ALS Unit
Adenosine	IV, IO	6 mg	5
Albuterol	Nebulized	2.5 mg	3
Amiodarone	IV, IO	150 mg	3
Aspirin	PO	81 mg	4
Atropine	IV, IO	1 mg	2
Ipratropium	Nebulized	0.5 mg	3 _†
Calcium Chloride	IV, IO	1 gram	1
Dexamethasone	IV, IO	10 mg	1
Dextrose 10%	IV, IO	25 gram	1
Diltiazem	IV, IO	25 mg	1
Diphenhydramine	IV, IO	50 mg	1
Epinephrine 1:1,000 (1 mg/mL)	IV, IO, IM, Neb	1 mg*	2*
Epinephrine 1:10,000 (0.1 mg/mL)	IV, IO	1 mg	5
Glucagon	IM	1 mg	1
Glucose, oral	PO	Varies	1
Lidocaine 2%	IV, IO	100 mg	1
Magnesium	IV, IO	5 grams	1
Metoprolol	IV, IO	5 mg	2
Naloxone	IM, IV, IO, IN	2 mg	2
Nitroglycerin	SL#	0.4 mg	1
Norepinephrine	IV, IO	4 mg	1
Ondansetron	IM, IV, IO	4 mg	1
Sodium Bicarbonate	IV, IO	50 mEq	2

† A combination unit dose (such as DuoNeb®) may be carried in place of ipratropium (Atrovent)

^{*} ALS units must carry a minimum of 2 mg Epinephrine 1:1,000 (1 mg/mL) and this may be fulfilled by carrying two 1 mg vials or one 30 mg vial at the agency's discretion.



Nitroglycerin spray may be used in lieu of sublingual tablets.

Controlled Substances

Controlled substances are required of all ALS agencies in the Monroe Livingston Region. All ALS agencies must carry midazolam and must carry at a minimum either morphine or fentanyl for narcotic analgesia. The decision to carry morphine, fentanyl, or both is determined by the Agency and its Medical Director. Ketamine is an optional medication and determined by the Agency and its Medical Director. Minimum and maximum quantities are determined by the Agency and its Medical Director consistent with Bureau of EMS and Bureau of Narcotic Enforcement policy.

Medication	Route	Desired Unit
Fentanyl	IM, IV, IO, IN	100 mcg
Ketamine	IM, IV	500 mg
Midazolam	IM, IV, IO, IN	5 mg
Morphine	IM, IV	10 mg

Optional Medications

The following are optional medications and the decision to carry as well as quantities are determined by the Agency and its Medical Director.

Medication	Route	Desired Unit
Dexamethasone	PO	10 mg
Ketorolac	IM, IV	30 mg
Ondansetron	PO	4 mg

Rapid Sequence Intubation

Provision of Rapid Sequence Intubation is an optional program, however RSI-credentialed agencies must carry the minimum following medications.

Medication	Route	Desired Unit	Minimum Number per RSI Unit
Etomidate (Amidate)**	IV, IO	40 mg	1
Ketamine	IM, IV, IO	500 mg	1
Rocuronium	IV, IO	100 mg	1
Succinylcholine	IV, IO	200 mg	1