

CORRECTIONS / CLARIFICATIONS AND DELETIONS TO
THE 1999 AUSTIN / TRAVIS COUNTY EMS STANDARDS OF CARE DOCUMENT
REVISED AUGUST 28TH, 2000

The following corrections, deletions, or clarifications should be made to your copy of the **1999 Standards of Care Document**. The actual correction (in bold and underlined) is to be noted on the appropriate page and section of each standard indicated below. **All changes become effective, November 1st, 1999.**

CORRECTIONS / CLARIFICATIONS

1. **Repeat dosing of IV midazolam for synchronized cardioversion or TCP:**

Page 32, ALS # 3 (*Atrial fib./ Atrial flutter*), Page 51, ALS # 5 (*PSVT*), Page 56, ALS # 4 (*Symptomatic Bradycardia*), Page 59, ALS # 1 (*Unstable Ventricular Tachycardia*), Page 60, ALS # 2 (*implantable cardioverter defibrillator patient with VT*).

CHANGE TO: Midazolam 2.5 mg slow IV push (over 2 minutes) if needed for sedation prior to cardioversion of the conscious patient. May repeat same dose, twice, every 3 minutes, if no effect.

2. **Clarification of State of Texas Out-of-Hospital DNR Order:**

Page 114, (Page 3 of 4 , Resuscitation may be withheld.....)

CHANGE TO: *EXCEPTIONS FOR VALID MEDICAL POWER OF ATTORNEY* (i.e., agent for the patient). REVISED 9/27/99: If resuscitative efforts are initiated prior to receiving a valid Texas OOH DNR or Medical Power of Attorney document (*presented by an authorized agent who must be identified*), the provider(s) may discontinue from all patient care (i.e., CPR), and quickly obtain an official OLMC pronouncement of death.

Pages 112 & 114 (Introduction and Living Wills and other advanced directives sections, statements saying that the Texas OOH DNR order is only document to be honored by EMS).

ADD TO ABOVE STATEMENTS: or; Medical power of Attorney (presented by authorized agent who must be identified).

3. **Correct Pad Placement for Emergent Cardiac pacing:**

Page 116, (When using a LIFEPAK 11 or 12, # 3)

CHANGE TO: WHEN USING A LIFEPAK 11 or 12: place one electrode over the upper **right** anterior chest.

REMOVE / DELETE

4. **Complete removal of all indications for bretylium tosylate (adult and pediatric):**

Page 59, ALS # 4 (*Adult Stable Ventricular Tachycardia*), Page 65, ALS # 3 (*Post-Resuscitation*) Page 68, (*Adult Medication Sequencing*), Page 95, (*Pediatric VF/ Pulseless VT*).

Note: *Providers should modify their medication sequencing to continue onto the next listed medication as listed after bretylium. If needed, contact OLMC for further guidance in appropriate medications to utilize depending upon patient presentation and complaint.*

5. **Complete removal of *HealthSouth/Brackenride* from as an appropriate transport facility for Hyperbaric Oxygen capabilities including the rotational schedule kept by EMS Communications.**

Page 33, ALS # 1 (*Carbon Monoxide Poisoning*) Page 39, ILS # 1, (*Diving Illness / Injury [Dysbarism]*) and page 33 (*Key Points / Considerations* section)

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