

Centura Guideline Revisions

Dr. Hakkarinen & Dr. Hurtado

Updated: 8/1/2022

Date	Guideline	Changes or Differences between CSFD
8/1/2022	Note	We have combined Dr. Hakkarinen and Dr. Hurtado's Guideline. There are a few exceptions that are Dr. Hakkarinen specific which are in the appendix at the back.
8/1/2022	Note	We have taken out a lot of the repetitive language such as "This guideline is" when it is already labeled which guideline you are accessing. We have taken out a lot of the teaching verbiage that made the guidelines longer and less to the point of the information you need.
8/1/2022	Note	Quick Reference Guide has been moved to the appendix.
8/1/2022	A003	Added new statement in special considerations: A medical provider with no previously established professional relationship with the patient has no medical authority to direct care on scene. Contact your leadership or Medical Control through Pulsara if concerns arise.
8/1/2022	A007	Grandview is now a level 4 trauma center. Pikes Peak Regional Health and St. Thomas Moore have been added. Further information on Pikes Peak Regional Health is in the Appendix.
8/1/2022	A008	Added a statement under TOR for Trauma: Resuscitation is considered futile after 10 minutes.
8/1/2022	A009	Adult Protective Services contact info added.
8/1/2022	A009	Medical Provider on Scene signature form removed. (Related to A003)
8/1/2022	A010	Waivers are separated between medical directors. TXA only for EPCSAR and NETCO until next Waiver cycle. When additional waivers are obtained, they will be trained on and guideline added.
8/1/2022	B001	Under cricothyrotomy section, in the age range added: Provides 20 - 40 minutes of oxygenation.
		Added Needle Cricothyrotomy for Asthma- if all other resources are exhausted.
		Under decompression: Special considerations added for pediatrics: Consider 1.5 inch 14- or 16-gauge catheter after depth of insertion.
8/1/2022	B003	Cardiac Monitoring: seizure and BRUE event is indicated. Vagal Maneuvers: bag of ice with water has been added for Pediatrics, language is now repeat as needed.
8/1/2022	B004	Law Enforcement Blood draw has been added for agencies where it applies.
8/1/2022	B006	EtCO2 is indicated: Any patient receiving narcotics or benzodiazepines.

8/1/2022	B007	PICC lines are NOT allowed to be accessed in the field. Distal femur IO added.
8/1/2022	B008	Nausea/Vomiting algorithm: Haldol added for Gastrointestinal/Cyclical Vomiting. (Haldol CSFD Guidelines).
8/1/2022	B009	Pain Management: new algorithm to help delineate what to give for spasm/anxiety, Mild/Moderate, and Moderate/Severe. Ketorolac has been added to algorithm. (Spasm/Anxiety, Morphine and Dilaudid not in CSFD Guideline).
8/1/2022	B010	Under the SMR guideline in the bottom box, added document on cervical clearance. Took out a lot of teaching points.
8/1/2022	C002	No MDI, Solu-Medrol, or option of Epinephrine 1:10,000 in severe cases in CSFD Guideline.
8/1/2022	C004	No Racemic Epi in CSFD Guideline, algorithm slightly different.
8/1/2022	Note	The order of cardiac disorders has changed to what you might encounter first.
8/1/2022	D001	New cardiac alert criteria: Modified Sgarbossa's Criteria (if LBBB or ventricular pacemaker present): i. Concordant ST-segment elevation ≥ 1 mm in any lead ii. ST depression > 1 mm in leads v1-v3 c. If unsure if patient is appropriate for Cardiac Alert, contact Medical Control for consult AVR criteria taken out. (No Dilaudid in CSFD Guideline).
8/1/2022	D002	No push-dose Epinephrine in CSFD Guideline.
8/1/2022	D003	Added amiodarone to the tachydysrhythmia guideline that is refractory to cardioversion. (Diazepam and Ativan are not in CSFD Guideline. Cardizem dose is different than CSFD Guideline).
8/1/2022	D005	Lidocaine not an option in CSFD.
8/1/2022	D006	New respiratory arrest Guideline, not in CSFD Guideline.
8/1/2022	D007	Changed fluid titration to 90-100mmHG.
8/1/2022	D009	VAD: added Fluid Therapy PRN until improved perfusion.
8/1/2022	E001	Allergy/Anaphylaxis: Diphenhydramine moved up in the algorithm before steroids. (Different algorithm than CSFD Guideline)
8/1/2022	E003	Different Dextrose dosing than CSFD Guideline.
8/1/2022	E002	Completely revamped the guideline with new description of mild/moderate/severe agitation including a new RASS scoring system to help guide treatment. Olanzapine: for mild only ADULT: 10mg ODT ages 18-65. Not Repeated.
8/1/2022	E004	Epistaxis: TXA added for EPCSAR and NETCO until waiver cycle. Will change once waivers go through. (Different algorithm than CSFD Guideline).
8/1/2022	E005	OB/GYN: Pre-eclampsia added to the algorithm.

8/1/2022	E007	Sodium Bicarb, Atropine, and Narcan dose changes. Atropine taken out of algorithm for bradycardia (Different than CSFD Guideline).
8/1/2022	E008	Midazolam and Diazepam doses changed.
8/1/2022	E009	Pediatric fluid dose changed, and blood pressure chart added. (CSFD Guideline does not have Push-Dose Epinephrine).
8/1/2022	E010	MSTU info left in only for Mutual Aid areas that they cover. (CSFD Guideline is labeled as Cerebral Vascular Accident).
8/1/2022	E011	COVID guidance remains in place, it has been removed from CSFD Guideline.
8/1/2022	F001	Decreased the size, made it more concise.
8/1/2022	F005	CSFD dose not have CPAP in their algorithm.
8/1/2022	F008	Added TXA for hemorrhagic shock: Mix 2 Grams TXA in 50 mL NS and infused over 10 minutes IV/IO Only for EPCSAR and NETCO until next waiver cycle.
8/1/2022	G002	Revamped the cold emergencies guideline, including removal of repeated information and addition of cardiac arrest treatment notes.
8/1/2022	Medication Overview	Removed the numbers of each medication and just placed them in alphabetical order. Also added new medications to the approved list such as: Ancef, Ketorolac, Olanzapine, and TXA.
8/1/2022	Acetaminophen	Cleaned up
8/1/2022	Albuterol	Submersion injury added to indications.
8/1/2022	Ancef	New drug profile, please review entire guideline. Only active once waiver cycle goes through.
8/1/2022	Amiodarone	Added: Regular Wide Complex tachycardia (WCT) refractory to cardioversion <ul style="list-style-type: none"> • Adults: <ul style="list-style-type: none"> i. Mix 150 mg in a 50 mL NS for ease of delivery. 1. NOT repeated • Pediatrics: NOT ALLOWED
8/1/2022	Atropine	Suspected Beta Blocker overdose indication removed, still in CSFD Guideline.
8/1/2022	Atrovent	Allergy/Anaphylaxis added as an indication
8/1/2022	Calcium	Verbiage was added to Sodium Bicarb as well- Avoid combining or administering with epinephrine or sodium bicarb within the same vascular access line (incompatible), it will precipitate if mixed with sodium calcium.
8/1/2022	Diazepam	Dosage changed.
8/1/2022	Droperidol	Updated the QTc interval values and updated the dose and route and timing for extreme agitation: PRN every 10 minutes to a MAX total of 20 mg • Adult: 5 mg IV/IO or 10 mg IM • Pediatric: NOT ALLOWED

8/1/2022	Haldol	Cleaned up, added Gastrointestinal/Cyclical Vomiting which is not in CSFD Guideline.
8/1/2022	Ibuprofen	Cleaned up.
8/1/2022	Ketamine	Behavioral indication removed and not allowed for use of ketamine, cleaned up.
8/1/2022	Ketorolac	New drug profile, please review entire guideline.
8/1/2022	Lidocaine	Can be used in place of Amiodarone for VT with smaller agencies and not in CSFD Guideline.
8/1/2022	Lorazepam	Cardioversion dosing added, not in CSFD Guideline.
8/1/2022	Midazolam	Changed the comfort measure dosing to: Up to 2.5 mg
8/1/2022	Naloxone	Dosage changed.
8/1/2022	Olanzapine	New guideline, please review. Not in CSFD Guideline.
8/1/2022	TXA	TXA added for EPCSAR and NETCO until waiver cycle. Hemorrhagic shock less than 3 hours old with suspected need for massive transfusion (>10 units PRBC) due to internal or external blood loss (as evidenced by hypotension and signs of poor perfusion) as an indication. • Adult: Mix 2 grams in 50 mL NS or D5W over 10 minutes, IV/IO; NOT repeated • Pediatric < 13 years old: NOT ALLOWED
8/1/2022	PPRH	More specifics on Pikes Peak Regional Health.
8/1/2022	Pulsara	Tip sheet added with blank page so that it can be changed out of Guideline books as needed with update changes.
8/1/2022	Dr. Hakkarinen	This section has Dr. Hakkarinen specific treatments, drugs, and different Waivers. Only follow if you are under one of his agencies trained and Waivered for these Guidelines.

