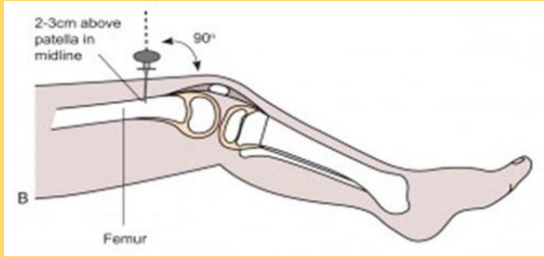
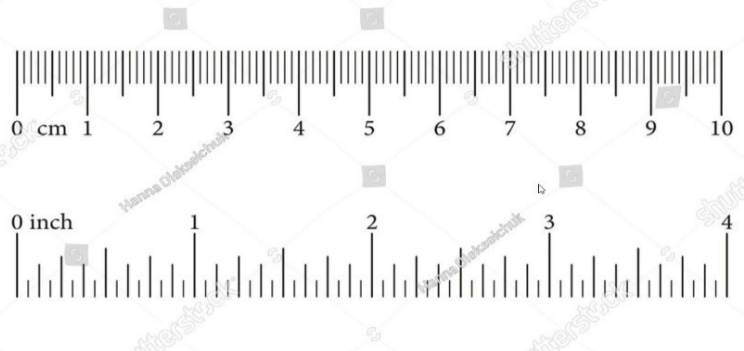


SMO 2024 Review

2024 SMO		Notes
Each SMO has a section for Key Considerations and Treatment		Check all hyperlinks
Adult and Pediatric Treatment are included in each SMO. Pediatric Information is highlighted in blue.		Adjust Table of Contents / page numbers
As with the previous version, treatment sections that can be performed by all levels (EMT, Intermediate, Paramedic) are not highlighted.	Treatment that can be performed by Intermediates and Paramedics are highlighted in yellow - paramedic only treatment is highlighted in pink.	
The SMOs for Emergency Medical Responders (EMRs) are located in a separate document.		
Contact Medical Control	Changed to Contact Medical Direction	Considered online Medical Direction
Medication Administration	Added section on IV pumps	Region 1 is recommending purchase of IV pumps for ALS. Pumps must have system approval.
12-Lead ECG Acquisition	Section I - (inferior MI) changed to consider right-sided leads.	
Abdominal Pain Adult/Pediatric	D - added Isopropyl alcohol wipes for N/V E - included transmit to receiving hospital F - expectation for I/P providers to interpret 12-Lead	
Abdominal Trauma		part of Routine Trauma Care
Abuse/Neglect: Child/Domestic/Geriatric	Phone numbers verified	
AED		
Airway Management Adult/Pediatric	B - last bullet - EtCO ₂ is placed F - first bullet - EtCO ₂ is the most reliable for confirming placement of advanced airways	EtCO ₂ for confirmation of airway placement will be mandatory with the 2026 SMO Update.
Alcohol/Substance Abuse Emergencies	A - Routine Medical Care including EtCO ₂ . F - Caution with high dose Narcan dosing Peds - C - added Narcan statement	Narcan dosing consistent in each SMO Review blood glucose level in Peds The Naloxone 4 mg nasal spray is acceptable if available.
Altered Mental Status Adult/Pediatric	H - Revised Narcan statement Peds - G - changed Narcan statement	Review Peds section
Altitude Illness		
Anaphylaxis and Allergic Reaction Adult/Pediatric	With system approval BLS units may utilize Epi 1 mg/1 mL vials	BLS can draw up Epi. SwedishAmerican recommends Epi-Pens when available.
Asystole/PEA Adult/Pediatric	H - Narcan statement is revised H&T Resource - hypoglycemia removed J - Sodium Bicarb - extended downtime removed K - New statement about checking blood glucose	
Automatic Implantable/Wearable Devices		

	A - Scene safety - avoid placing yourself in danger B - Added do not put yourself at risk H - Last bullet - Narcan statement Restraints - second bullet - removed paramedic Restraints procedure - second bullet - do not put yourself at risk	Possible new SMO from Dr. Smetana - to be decided on September 18th
Behavioral Emergencies/Restraints		
Bites, Stings, and Envenomation	Removed Dopamine	**Epinephrine drip dosing **
Blast Injuries		part of Routine Trauma Care
Body Substance Exposure		moved to Region 1 Policies
Body Substance Isolation (Universal Precautions)		moved to Region 1 Policies
Bradycardia Adult/Pediatric	Removed Dopamine	Norepinephrine dosing
Bronchospasm (Asthma/COPD) Adult/Pediatric		
Burns Adult/Pediatric	Thermal burns - removed routine fluids I. Added traumatic causes Electrical - removed J (routine fluids) Radiation - added bullet point one	Bolus fluids only if signs of shock.
Capnography		
Carbon Monoxide Exposure/Poisoning	Hyperbaric treatment note indicated by *	Changed * statement based on Trauma Surgeon's recommendation
Cardiac Arrest (AED/CPR)		
Resuscitation Checklist Adult	Removed Dopamine Removed hypoglycemia from H&T's Added check blood glucose level	Norepinephrine dosing
Resuscitation Checklist Pediatric	Removed Dopamine Removed hypoglycemia from H&T's Added check blood glucose level	Norepinephrine dosing
Cardiac Arrest Post Resuscitation (ROSC)	Removed Dopamine	Norepinephrine dosing
Cardiogenic Shock/Heart Failure/Pulmonary Edema	Removed Dopamine Removed Lasix Added parameters for Nitrates Added caution for NTG and Viagra (etc) Added double dose of NTG for pulmonary edema	Epinephrine drip dosing. NTG for systolic >110 mmHG and heart rate less than 100 and greater than 60. Avoid NTG for patient who has used a phosphodiesterase inhibitor (Viagra, Cialis as examples) in the last 48 hours. For ALS, patients with pulmonary edema with MAP of 120 or systolic greater than or equal to 160 mmHG additional doses of NTG for pulmonary edema (doubled).
Cardioversion		
Central Line/Port-A-Cath Access		

Chest Pain of Suspected Cardiac Origin/STEMI	Removed inferior Removed right-sided Removed Dopamine Added caution for NTG and Viagra (etc) Added parameters for NTG Added caution for bradycardia	Removed Norepinephrine as treatment. NTG for systolic >110 mmHG and heart rate less than 100 and greater than 60. Avoid NTG for patient who has used a phosphodiesterase inhibitor (Viagra, Cialis as examples) in the last 48 hours.
Chest Trauma		part of Routine Trauma Care
Childbirth - Norma/Abnormal Deliveries, Pre and Post Partum Hemorrhage		
Chronic Obstructive Pulmonary Disease (COPD)		combined with Bronchospasm
Conducted Electrical Weapon (TASER)		part of Routine Trauma Care
CPAP	Bolded full dissolved NTG D - added if patient is conscious	
CPR		
Crush Syndrome/Suspension Trauma		
Delayed Sequence Airway Management/Intubation (DSI)		
Diabetic Emergencies Adult/Pediatric	Changed D10 to Dextrose For hypoglycemia - added turn insulin pump off Added infant/child and neonate information to Peds	
Drowning/Near Drowning Adult/Pediatric		
Excited Delirium	Changed name to Extremely Agitated Patient Added E - patient assessment attempt Changed G - vital sign repeat per Routine Medical	
Facial/Dental Trauma		part of Routine Trauma Care
Gynecological: Hemorrhage		
Head Trauma / Pediatric Head Trauma		Part of Routine Trauma Care
Heart Failure		part of Cardiogenic Shock
Hyperthermia Adult/Pediatric		
Hypothermia Adult/Pediatric	Fixed Moderate temp range (Key Considerations) Changed A - EKG	Assess breathing and pulse for full 30-45 seconds. Consider obtaining an ECG (a minute in length) to assist in determining if patient is pulseless. If organized electrical activity is noted thoroughly search for a pulse
In-Field Termination/Notification of Coroner		moved to Region 1 Policies
Intercept Criteria		moved to Region 1 Policies
Intranasal Medications/MAD Device	Removed Morphine from this SMO.	

Intraosseous Access	 <p>Added Distal Femur site - H - added pressure bag</p>	Insertion site approximately 4 cm proximal to the patella, midline and perpendicular. Inserting the IO may require additional time depending on bone density.
	 <p>Four centimeters</p>	
Needle Cricothyrotomy	H - added with tip toward patients' foot O - added Capnography	
Needle Decompression of the Chest	D - added or system approved decompression needle	
Neonatal Resuscitation	A - Meconium Staining - added mouth then nose R - No Meconium - added assess blood glucose level	
Ophthalmic Trauma		part of Routine Trauma Care
Pain Assessment and Management Adult/Pediatric	H - added isopropyl alcohol wipes (and Peds) I - added contraindications to Ketorolac added Tylenol	I - Naloxone statement Contraindications for Ketorolac which includes patients with bleeding disorders, active peptic ulcers or patients with allergies to aspirin or NSAIDS. Tylenol dosing and indications for OTC.
Pediatric ALTE/BRUE Event		
Pediatric Respiratory Distress/Failure/Obstruction /Arrest	Added Racemic Epi for Upper Airway (stridor, distress, inadequate/ineffective breathing)	Dosing for Racemic Epi
Pre-Eclampsia/Eclampsia		
Rape/Sexual Assault		
Refusal of Medical Care or Transport	Added system approved electronic version	
Routine Medical Care	Added C - Ask patient if they take beta-blockers and/or blood thinners Added J - GFAST exam Added P - isopropyl alcohol wipe Added Q - Tylenol for fever/pain	Tylenol dosing for oral suspension OTC
Routine Pediatric Care	Disability - added Tylenol for fever	Tylenol dosing for oral suspension OTC
Routine Trauma Care	Chest trauma - added commercial or four-sided seal Changed title of Excited Delirium Added pelvic binder to blunt and blast injuries Added isopropyl alcohol wipe	

Seizure/Statue Epilepticus Adult/Pediatric	Added Tylenol for febrile seizure as long as patient is awake and able to swallow	Tylenol dosing for oral suspension OTC
Sepsis Adult and Pediatric	Removed Dopamine	
Shock/Traumatic Hemorrhage/Wound Packing	Removed Dopamine H - added patient with isolated head injury target SBP greater than 110 mmHG. Hypotension should be avoided to maintain cerebral perfusion. B - second bullet - three fingers above joint for tourniquet fifth bullet - added where to write time application of tourniquet	Dosing for Norepinephrine
Special Needs Patients		
Spinal Restrictions	Added last bullet point to C regarding when backboard can be removed.	
STEMI		Part of Chest Pain of Suspected Cardiac Origin/STEMI
Stroke Adult/Pediatric	J and K document last know well and history of blood thinners Updated B-D in Peds	
Surgical Cricothyrotomy		
Syncope/Near Syncope Adult/Pediatric	Updated B-D in Peds	Narcan dosing
Tachycardia - Narrow Complex/Wide Complex - Stable/Unstable	Key Considerations - Use caution with Adenosine administration Unstable wide complex - D - if not polymorphic administer Amiodarone or Lidocaine	Use caution with Adenosine administration for a patient with a known history of Wolff-Parkinson-White (WPW) syndrome.
Toxic Exposure with Toxidrome Table	A - scene safety	
Transcutaneous Pacing		
V-Fib/V-Tach Adult/Pediatric		
Violent/Unsafe Scene or Patient with Inability to Safely Remain on Scene and/or Safely Restrain the Patient	New SMO - may be updates to this SMO as rules/laws are updated.	

SMO 2024 Review

2024 Medication	2024 SMO	Changes
General Information		Pediatric dosing on the ALS/ILS Pharmacology pages
		Alternative dosing sheets includes weights from 3 KG to 150 KG
Adenosine (Adenocard)		In Tachycardia - Use caution with Adenosine administration for a patient with a known history of Wolff-Parkinson-White (WPW) syndrome.
Albuterol Sulfate		
Albuterol Sulfate/Ipratropium		
Aspirin		
Atropine Sulfate		Dosing changed to 1 mg from 0.5 mg per AHA guidelines
Calcium Chloride	* alternative	NEW: alternative for Calcium Gluconate dosing in Formulary
Calcium Gluconate		
Dexamethasone	* alternative	NEW: new alternative for Methylprednisolone
Dextrose 10%	* 25%/50% are now alternative	Weight-based dosing is now in Pediatric medication charts. Link to Adult dosing on each weight-based page.
Dextrose Dosing Chart		Links to chart removed. Chart remains in case alternatives are needed.
Diazepam (Valium)	* alternative	
Diphenhydramine (Benadryl)		
Dopamine (Intropin)		Removed Dopamine from SMOs
Epinephrine 1 mg:10 ml and 1 mg:1 ml		Throughout SMOs - Epinephrine 1 mg:1 ml clarified as concentration - not dosing
Epinephrine Drip		NEW: Used in place of Dopamine in the Bites, Stings, and Envenomation and Cardiogenic Shock SMO. Also alternative to Norepinephrine.
Epi Pen Adult and Junior		Auto-Injector changed to Injector on all dosing/pharmacology information. BLS units, with system approval, may draw up Epinephrine 1 mg/1 mL.
Etomidate (Amidate)		
Fentanyl Citrate		
Fluid Bolus		Standardized: Adult 250 ml/reassess patient/repeat if indicated and Pediatrics 20 ml/kg Exceptions: Advanced Burn Life Support fluid rates based on patient age
Furosemide (Lasix)		
Glucagon		
Ipratropium Bromide (Atrovent)		
Ketamine (Ketalar)		Ketamine pulled from all pediatric dosing. Dosing changes: Ketamine IM/IV for Pain Management and Restraints (0.25 mg/kg - use 1 ml syringe - IM = no dilution / IV = dilute with NS to 1 ml and push over 2 minutes). For Extremely Agitated Patient - IM only (4 mg/kg - additional dose only). DSI dosing remains the same (IV only - 1.5 mg/kg)
Ketorolac (Toradol)		Clarification for pediatrics - not recommended for patients less than one year old

Lidocaine 2% (Xylocaine)		
Lorazepam (Ativan)	* alternative	
Magnesium Sulfate		
Magnesium Sulfate Dosing Chart		NEW: Dosing chart for Peds - must call Medical Control for approval
Methylprednisolone (Solu-Medrol)		May administer IM as well as IV
Metoclopramide (Reglan)	* alternative	
Midazolam (Versed)		Dosing changes: Standard dosing - Heavy - start at 5 mg, may repeat one time. Light - start at 2.5 mg, may repeat one time (if patient is intubated may repeat as needed every five minutes to maintain sedation. Anxiety dosing for CPAP - 0.5 mg, may repeat one time. Specific dosing for Heavy and Light listed in Pharmacology pages.
Morphine Sulfate		No IN administration
Naloxone Hydrochloride (Narcan)		NEW: Consistent dosing information throughout the SMOs that utilize Narcan. Instructions to include the publically distributed IM 4 mg dosing.
Nitroglycerin		NEW: Double dosing up to 3 times for Pulmonary Edema if meets blood pressure criteria
Norepinephrine		NEW: Replacing Dopamine
Ondansetron (Zofran)		IV/IO (slow) and ODT oral - adult 4 mg/Peds = weight-based. No tablets for patients under 10 KG
Oral Glucose/Glucose Tablets		
Prochlorperazine (Compazine)	* alternative	
Racemic Epi		NEW: Weight-based dosing for Peds
Rocuronium Bromide	* alternative	
Sodium Bicarbonate		
Succinylcholine Chloride (Anectine)		
Tranexamic Acid (Cyklokapron)		Dose is 2 GM
Tylenol Oral Suspension OTC		New: Weight-based for peds/adult dosing based on pain level. Ask patient how many doses they have taken in the last 24 hours as well as what other pain medications they may have taken. See chart below.
Vecuronium	*alternative	



* alternative medications have separate dosing charts

Tylenol Oral Suspension Dosing for Pediatric Patients

This chart can also be found in the Formulary section of the SMOs.

Dosing for Infants and Children


From Your Healthcare Professional

DOSE: Every 4 hours as needed. DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.

If possible, use weight to dose; otherwise use age.



mL = milliliter
tsp = teaspoon




Infants' TYLENOL® Oral Suspension

Active Ingredient: Acetaminophen 160 mg (in each 5 mL)

Available in:

 Grape
 Cherry



Use only as directed.



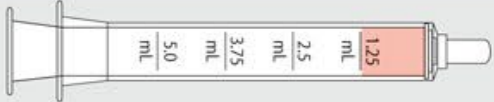








Children's TYLENOL® Oral Suspension

Active Ingredient: Acetaminophen 160 mg (in each 5 mL or 1 tsp)

Available in:

 Grape
 Cherry

Use only as directed.

WEIGHT	AGE				
6-11 lbs	0-3 mos	1.25 mL		—	
12-17 lbs	4-11 mos	2.5 mL		—	
18-23 lbs	12-23 mos	3.75 mL		—	
24-35 lbs	2-3 yrs	5 mL		5 mL (1 tsp)	
36-47 lbs	4-5 yrs	—		7.5 mL (1½ tsp)	
48-59 lbs	6-8 yrs	—		10 mL (2 tsp)	
60-71 lbs	9-10 yrs	—		12.5 mL (2½ tsp)	
72-95 lbs	11 yrs	—		15 mL (3 tsp)	

IMPORTANT INSTRUCTIONS for Proper Use

Today's Date: _____

This dosing recommendation from your doctor will expire in 14 DAYS.

- Read and follow the label on all TYLENOL® products.
- Take every 4 hours as needed. Do NOT exceed more than 5 doses in 24 hours.
- Do NOT use with any other product containing acetaminophen.
- Use only the dosing device that comes with a specific product.
- All Infants' TYLENOL® and Children's TYLENOL® Oral Suspension products have the same acetaminophen concentration (160 mg/5 mL).**

