



## Central Shenandoah Emergency Medical Services Council

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### IMPORTANT: PROTOCOL CORRECTIONS & ADDITIONS

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The following table summarizes errors and omissions that were discovered in the 2006 protocols and field guide after the documents were published and printed. The first and second columns represent the page number where the item is located in the field guide and the main protocol document, respectively. The main protocol document found at [www.csems.vaems.org/protocols](http://www.csems.vaems.org/protocols) has been updated accordingly.

Guide Page	Protocol Page	Location	Error	Correction
13	N/A	Protocol 2.6: Wide QRS Tachycardia – Adult (top half of the page, first box, second bullet).	The QRS complex was incorrectly defined as less than 0.12 sec.	<u><i>The line should read:</i></u> Rate greater than 150/min, QRS greater than or equal to 0.12 sec.
28	38	Protocol 4.2: Anaphylaxis (line 11).	The IM route of administration for methylprednisolone was omitted.	<u><i>The line should read:</i></u> If the patient is in severe distress or symptoms persist, give methylprednisolone 2 mg/kg up to 125 mg IV over 1 to 2 minutes or IM.
48	62	Protocol 4.16: Respiratory Distress – Asthma (line 11).		
50	65	Protocol 4.18: Respiratory Distress – Emphysema/COPD (line 11).		
99	146	Protocol 6.19 – Methylprednisolone (administration section, adult)	The IM route of administration for methylprednisolone was omitted.	<u><i>The line should read:</i></u> 2 mg/kg up to 125 mg IV over 1 to 2 minutes or IM.
99	146	Protocol 6.19 – Methylprednisolone (administration section, pediatric)	The IM route of administration for methylprednisolone was omitted.	<u><i>The line should read:</i></u> 2 mg/kg up to 125 mg IV over 1 to 2 minutes or IM.

Additionally, the following item has been added to Protocol 1.1: Patient Management – General. The field guide is not affected by this addition because the patient management section is not reflected in the field guide.

- ***Rarely are emergent transports (red lights and sirens) required once the patient has been evaluated and treated. It is important that the AIC carefully evaluate the risks and benefits of an emergency transport to the hospital. The time saved transporting in an emergent mode is frequently very short. Furthermore, the time saved is unlikely to affect patient outcome.***

Please remember that the field guide is an abbreviated version of the Central Shenandoah EMS Council Prehospital Standard Patient Treatment Protocols found at [www.csems.vaems.org/protocols](http://www.csems.vaems.org/protocols) and is designed to be used only as a reference to assist the EMS provider in recalling knowledge acquired or confirmed from the protocols and other sources. The guide should not be utilized as the sole source of reference to guide the EMS provider in the treatment of patients in the prehospital setting.