

Standing Order (page #)	2018 Major Changes
Introduction and EMT Standard of Care (6)	Added paragraph on EMS duty to report suspected victims of human trafficking with hot line phone number Added paragraph on EMS duty to report suspected domestic abuse with hot line phone number
EMT Minimum Skills and Procedures (7)	Added "Administration of EMS supplied Benadryl and Zofran" as an optional EMT skill and procedure Added "Application of Abdominal Aorta Junctional Tourniquet (AAJT)" as an optional EMT skill and procedure
Considerations for requesting Advanced Life Support (ALS) (9)	No content changes
Transport Requirements (10)	In cases of hospital diversion, directs providers to refer to the diversion script found in Appendix E.
Documentation Requirements (11)	Better defined proper documentation of "service calls" and "public assist" incidents.
EMT Radio/Telephone Reports Guidelines (12)	No content changes
General Patient Care – Adult (13)	No content changes
Adult Nausea / Vomiting (Optional) (15)	New Optional Protocol
General Patient Care – Pediatric (16)	Minor change: When assessing the airway for patency, instead of limiting direction to patients with suspected epiglottitis, now directs providers to position any patient with stridor in an upright position. A chart of normal pediatric vital signs by age was added.
Refusal of Service (19)	No content changes
Chest Pain (20)	Provides target pulse oximetry reading of $\geq 94\%$ Changes the cutoff systolic blood pressure for nitroglycerin administration to > 90 mm Hg. This brings us more in line with National Registry standards.
Acute Respiratory Distress – Adult (21)	No content changes
Acute Respiratory Distress/Failure – Pediatric (22)	Minor addition: Includes the term BRUE (brief resolved unexplained event in the definition of high-risk infant.
Albuterol (Optional) (24)	Minor addition: Adds directions for providers to use a clean spacer if available when using an albuterol MDI
Continuous Positive Airway Pressure (25)	No content changes

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Allergic Reaction (26)	<p>Added optional directions for treating a moderate allergic reaction. This includes the use of agency supplied Diphenhydramine (Benadryl®) 25-50 mg orally for adult patients.</p> <p>Removed references to brand name Epi-Pen® and Twinjet® and replaced with generic labels for adult and pediatric epinephrine autoinjectors.</p> <p>Added a line directing providers to also consider implementing the albuterol protocol (if available) for patients suffering severe allergic reactions (anaphylaxis).</p>
Altered Mental Status (27)	No content changes
Suspected Opiate Overdose (Optional) (29)	<p>Added direction that in cases of pulselessness, CPR should be initiated and naloxone (Narcan®) held until after a pulse is restored.</p> <p>Emphasis is placed on managing airway, breathing, and circulation.</p> <p>Provides target pulse oximetry reading of $\geq 94\%$.</p> <p>Lowered the age limit for naloxone administration to < 1 year. In these patients, contact medical control for guidance.</p> <p>Increased the time between naloxone administrations to 4 minutes.</p>
Sepsis (30)	Minor change: Added contact medical control directly if two or more of the SIRS criteria exist and request a SEPSIS alert
Suspected Stroke (31)	<p>Added emphasis to obtain a family contact cell phone number.</p> <p>Better defines destination choices based upon RACE assessment and time since symptom onset (last known well time).</p> <p>RACE stroke assessment tool now moved to Appendix G.</p>
Initiation / Termination of Resuscitative Efforts (32)	<p>Additional criteria for withholding CPR in patients who are pulseless and apneic (without vital signs), cold in a warm environment, and have rigor mortis and/or dependent lividity.</p> <p>Emphasized confirming absence of vital signs by looking, listening, and feeling for breathing, checking a pulse at the carotid and one other pulse point (femoral or radial).</p> <p>Also emphasized that the steps to assess vital signs should be performed by two EMTs with both providers agreeing that CPR should not be initiated. In cases of disagreement, CPR should begin immediately.</p>
Adult Cardiac Arrest (33)	<p>Increased time for working the patient on scene to 20 minutes (unless mechanical chest compression device is applied and providing effective compressions)</p> <p>Clarifies that this on-scene time starts with CPR done by the initial arriving EMS crew.</p>
Ventricular Assist Device (VAD or LVAD) (34)	No content changes

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Pediatric Cardiac Arrest (36)	Increased time for working the patient on scene to 20 minutes. Clarifies that this on-scene time starts with CPR done by the initial arriving EMS crew.
Do Not Resuscitate Orders (37)	No content changes. Sample of the DMOST form moved to Appendix H.
Pediatric and Adult Trauma (39)	Added direction for providers to contact medical control with any questions about trauma patient destinations. Added direction to use a sheet to apply pelvic compression in suspected unstable pelvic fractures if a commercial device is not available. Refers providers to a separate burn protocol. Adds directions to treat sucking chest wound with a commercial chest seal. If this is not available, an occlusive dressing should be used sealing the dressing on three sides. The dressing should be released if shortness of breath worsens. Adds care of evisceration. Cover wound with sterile dressing moistened with saline or water. The area is then covered with an occlusive material and then covered with a towel or blanket in order to maintain temperature. Viscera should not be pushed back into the abdomen. The patient should be transported with their knees slightly bent. The use of the optional Abdominal Aorta Junctional Tourniquets (AAJT) has been added for cases of junctional bleeding.
Selective Spinal Motion Restriction (42)	Minor change: Added direction to consider aviation for transport of new onset of neurological deficit to a level I trauma center. Added a selective spinal restriction assessment algorithm.
Burns (44)	No content changes Added reference to burn scale chart in Appendix B.
Triage for Mass Casualty (45)	No content changes A Mass Casualty Triage Chart is added as Appendix I.
Taser Probe Removal (47)	No content changes

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Water Related Emergencies (48)	Added contact number for Divers Alert Network Added note that turnout gear is contraindicated for water rescues and advises use of personal flotation devices within 10 feet of the water's edge.
Eye Injuries (49)	New protocol (a return of the 2014 protocol)
Bites and Envenomation (50)	No content changes
Heat Emergencies (51)	No content changes
Cold Emergencies (52)	No content changes
Obstetrics (53)	Modifies suctioning directions for newborns to advise suctioning of mouth only if airway compromise is present. Added reminder to request additional resources for multiple births or cardiac arrest/respiratory situations.
Patient Restraint (56)	No content changes
Fire Ground Rehabilitation (58)	Minor change: Added emphasis that vital signs should show trending improvement
Non-emergency / Interfacility / Device Dependent Transport (59)	Removed information related to patients with chest tubes Added emphasis to provide appropriate airway management with ventilator failure
Medical Treatment for Chemical Exposure (62)	No content changes (protocol name change)

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Appendices	
Appendix A: Pharmacology (63)	Minor changes: Added new medications (diphenhydramine and ondansetron) Removed references to IV/subcutaneous epinephrine and replaced with IM where appropriate Added note to hemostatic agent (no powder, only agents)
Appendix B: Charts (78)	No content changes
Appendix C: Infection Control (81)	Minor change: Added copy of reporting form
Appendix D: Non-invasive Gas Monitoring – Pulse Oximetry and CO-oximetry (84)	Minor change: added emphasis to ensure pulse-ox reading correlates with patient’s palpated pulse rate
Appendix E: Guidance for EMS When Transporting a Patient to a Hospital on Divert Status (85)	New section: Script to use when discussing diversion with patients
Appendix F: Hospital Contacts (86)	New section: Phone numbers for hospital Emergency Departments, hospital EMS rooms, hot lines, and dispatch centers
Appendix G: Suspected Stroke Assessment Tool (87)	New section: RACE Score Tool
Appendix H: Delaware Medical Orders for Scope of Treatment (DMOST) (88)	New section: Blank DMOST form and directions
Appendix I: Mass Casualty Triage Charts (91)	New section: START and jumpSTART triage flowsheets
Appendix J: Best Practices for Pediatric Transportation (92)	New section: NHTSA best practices guidelines for transporting pediatric patients