



PENNSYLVANIA EMERGENCY
HEALTH SERVICES COUNCIL
Your Voice In EMS

RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: December 9, 2015

Subject: Amendment to Statewide ALS Protocols – Post Intubation Management

VTR#: 1215-04

Committee/Task Force: Medical Advisory

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Department of Health should amend applicable Statewide ALS Protocol(s) during the next update cycle to include the administration of fentanyl for post intubation sedation/pain management.

Rationale [Background]:

The administration of a sedative and/or analgesic is sometimes indicated as a component of post intubation care to control patient agitation. Currently protocols #3080 (post resuscitative care), #4002 (sedation assisted intubation) and 4091 (volume controlled mechanical ventilation) do not contain an option for the ALS provider to administer an opioid analgesic and can only be administered by medical command order. The timely administration of a sedative and/or analgesic to control agitation prevents inadvertent extubation and loss of airway control.

The medical advisory committee recommends, as part of the next statewide protocol update cycle, that the administration of fentanyl be added to these protocols and/or a post intubation management section be added to protocol #4001 (airway management). The optional administration of an opioid analgesic is consistent with the expected post intubation care provided in the emergency department under similar circumstances.

Medical Review [Concerns]:

This recommendation is authored and supported by the medical advisory committee.

Fiscal Concerns:

N/A

Educational Concerns:

The recommended changes to the protocols listed above would be contained in the next ALS protocol roll out education program. EMS agency medical directors are responsible to ensure their ALS providers are familiar with this and all changes to the statewide protocols.

Plan of Implementation:

The Commonwealth EMS Medical Director, in consultation with the PEHSC MAC, should make the recommended changes as part of the next statewide protocol update cycle.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

None

Signed: _____ Date _____
President

For PEHSC Use Only – PA Department of Health Response

Accept: ____ Table: ____ Modify: ____ Reject: ____

Comments:

Date of Department Response: _____