



Medical Directive

Directive Number	<u>18-02</u>
Publish Date	<u>15 March 2018</u>
Effective Date	<u>19 March 2018</u>
Subject	<u>National Shortage of Ketamine</u>
Update to Clinical Operating Guidelines v 03.08.17	

Credentialed System Responder	Information
Credentialed EMT	Information
Credentialed EMT-Intermediate	Information
Credentialed EMT-Paramedic	Action
Credentialed EMD	Information

Our System continues to be directly affected by National Medication Shortages. In view of the continuing national shortages and currently reported decreasing availability of Ketamine; we must restrict its use. Based on our current usage rate and existing inventory levels; we hope that reducing the use of Ketamine will extend our existing supply until more can be obtained. Therefore, we have modified the following COGs to effect this change.

1. Pain Management, Adult M – 16: Ketamine becomes OLMC only
2. Excited Delirium, Adult M – 07: Added Haldol and Ketamine is restricted to: If immediate life threat to patient or risk to provider safety, may administer. Otherwise OLMC

Please review these Guidelines carefully in preparation for activation on **March 19, 2018 at 0700 hours**. We will continue to monitor the National Shortages and respond as necessary.

Thanks for all you do. Questions relating specifically to the COGs can be sent to coqs@austintexas.gov

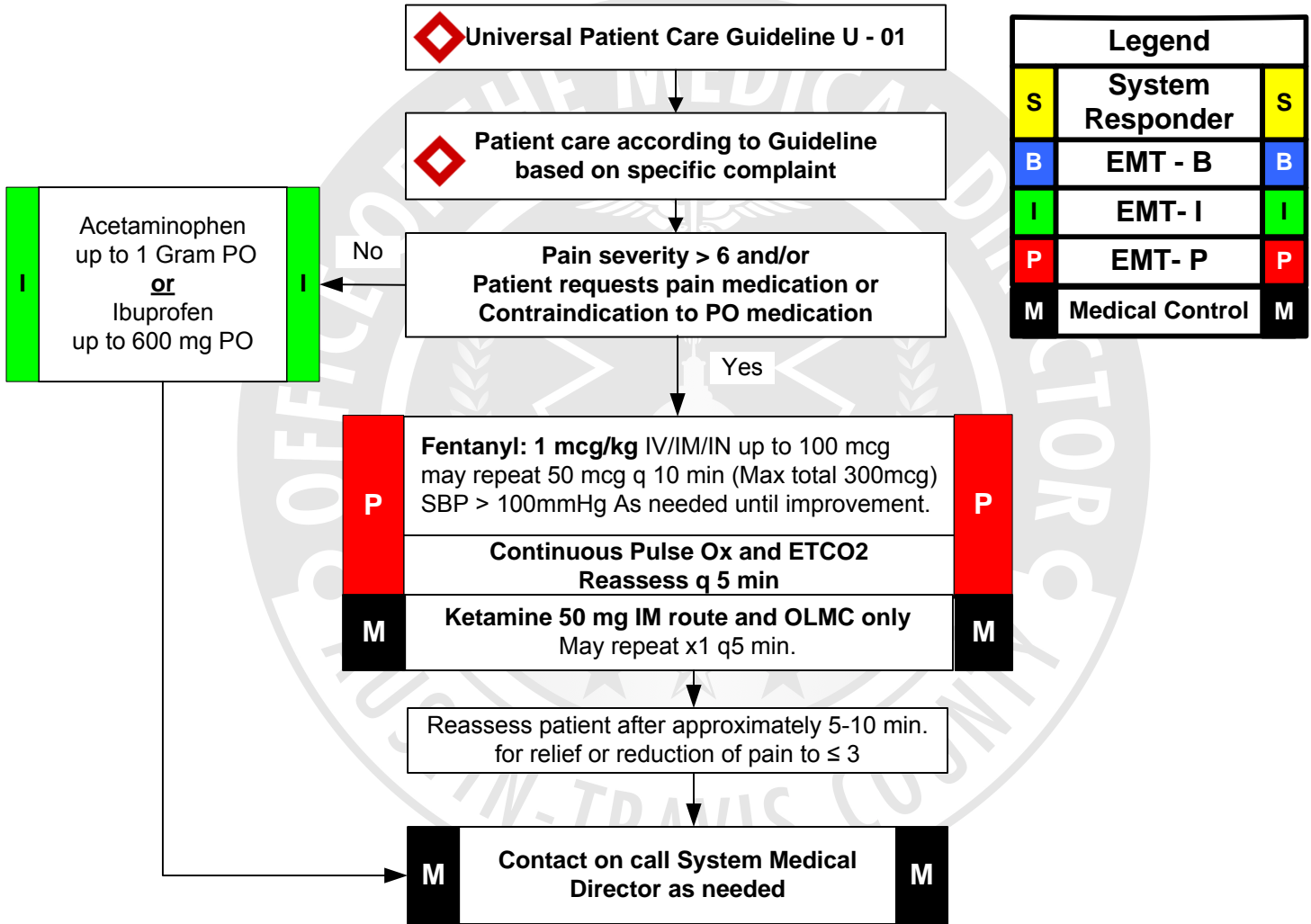
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Pain Management

History: <ul style="list-style-type: none"> • Age • Location • Duration • Severity (1-10) • Past Medical History • Medications • Drug allergies • Medications taken prior to arrival 	Signs and Symptoms: <ul style="list-style-type: none"> • Severity (pain scale) • Quality • Radiation • Relation to movement, respiration • Increased with palpation of area. 	Differential: <ul style="list-style-type: none"> • Per the specific protocol • Musculoskeletal • Visceral (abdominal) • Cardiac • Pleural / Respiratory • Neurogenic • Renal (colic)
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Pearls:

- Pain severity (0-10) is a vital sign to be recorded pre and post IV or IM medication delivery and at disposition.
- Vital signs should be obtained pre, 5 minutes post, and at disposition with all pain medications.
- Monitor patient closely for over sedation - refer to Overdose Guideline M-15 if needed.
- Head injury patients should not receive pain medication
- Do not administer Acetaminophen to patients with history of liver disease.

Severe Injuries:

- Traumatic Limb Amputation/near Amputation
- Angulated Limb/ Limb Joint Fracture/Dislocation
- De-gloving injury
- Severe abrasions ≥ 9% Body Surface Area (Refer to CR-32 for BSA calc.)

Excited Delirium

<p>History</p> <ul style="list-style-type: none"> Situational crisis Psychiatric illness/medications Injury to self or threats to others Medic alert tag Substance abuse / overdose Diabetes 	<p>Signs & Symptoms</p> <ul style="list-style-type: none"> Anxiety, agitation, confusion Affect change, hallucinations Delusional thoughts, bizarre behavior Combative violent Expression of suicidal/homicidal thoughts Very “hot” to touch 	<p>Differential:</p> <ul style="list-style-type: none"> see Altered Mental Status differential Hypoxia Alcohol Intoxication Toxin / Substance abuse Medication effect / overdose Withdrawal syndromes Bipolar (manic-depressive) Schizophrenia, anxiety disorders, etc
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Additional Guidelines as needed:

- Altered Mental Status M-03
- Overdose M-15
- Head Trauma T-06
- Cardiac Arrest CA-01
- Behavioral M-05



Scene Safety

Universal Patient Care Guideline U-01

Restraint Procedure CP-50

Sedation: Midazolam: 2.5 – 5.0 mg IV/IO OR 5 mg IM/IN May repeat PRN max total dose 10 mg with SBP > 100 mmHg

Consider using Haloperidol 5 mg IM, May repeat X 1 dose q10 min

Reassess patient after approximately 10 min. **Still Combative?**

NO

YES

If immediate life threat to patient or risk to provider safety may admin. Otherwise OLMC

Ketamine 4 mg/kg IM
May repeat x1 q5 min. (CR-35)

Continuous ETCO₂, Pulse OX, Cardiac Monitor and Document

Temperature > 101: Initiate cooling measures

Normal Saline 1000 ml bolus
May repeat (Max 2 Liters)

Contact on call System Medical Director as needed

Legend		
S	System Responder	S
B	EMT - B	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M

Pearls:

- Consider your safety first. Physical Restraint should be performed/assisted by Law Enforcement when available.
- All patients who receive either physical or chemical restraint must be continuously observed by ALS personnel on scene or immediately upon their arrival.
- Any transported patient who is handcuffed or restrained by Law Enforcement should be accompanied by an officer whenever possible. If not possible law enforcement must be immediately available.
- Be sure to consider all possible medical/trauma causes for behavior (hypoglycemia, overdose, substance abuse, hypoxia, head injury, etc.)
- If patient is suspected of excited delirium suffers cardiac arrest, consider a fluid bolus and sodium bicarbonate early.**
- Restrained patients should never be maintained or transported in a prone position..
- Cold saline boluses 30 ml/kg with temperature ≥ 104 (up to 2 liters max in adults)