



Suffolk REMAC

Suffolk Regional Emergency Medical Advisory Committee

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From Suffolk County REMAC to all Suffolk County EMS Providers:

Please review the following change logs for a summary of the changes to the protocols effective July 1, 2024:

[Collaborative Protocol Change Log V.24.0 Effective 07.01.2024](#)

[2nd Protocol Change Logs V.24.1 Effective 07.01.2024](#)

Some additional key points are:

- IV Acetaminophen: This is an optional medication that agencies can choose to equip and train providers to administer. Education is available at: ([Link](#)). ALS providers may transfer care to BLS after the administration of acetaminophen or ibuprofen if there is no further need for ALS on the call.
- There have been significant updates the MOLST protocol for consistency. Please review the following video: ([Link](#))
- A Hospice protocol was added. This allows for treatment of patients on hospice without planned transport to the hospital unless specifically requested by the patient or healthcare agent and allows the administration of medication including medication in the Pain Management protocol, Haloperidol, and Midazolam to treat symptoms related to end of life care without requiring transport to a hospital. Medical Control can always be used as an additional resource in these patients.
- In patients with a concern for an open fracture with either prolonged extrication or extended transport times IV Cefazolin may be administered if an agency chooses to equip and train their providers in the administration. Additional education directed by the Agency Medical Director should be provided by agencies choosing to carry this medication.
- In patients in Cardiac Arrest there is no longer an indication for administration of Sodium Bicarbonate for suspected acidosis. The only standing order indication for Sodium Bicarbonate at the Paramedic level in cardiac arrest is suspected hyperkalemia.
- In the Cardiac Arrest: Adult Return of Spontaneous Circulation Protocol there is now an option at the Paramedic Level for agencies to train and equip Push Dose Epinephrine. Additional education directed by the Agency Medical Director should be provided by agencies choosing to utilize push dose epinephrine.
- The anaphylaxis protocol has been changed to Anaphylaxis and Allergic Reaction. This allows for the administration of diphenhydramine and/or dexamethasone to patients not in anaphylaxis. In addition, Norepinephrine infusion was removed from standing orders, and an epinephrine infusion is a medical control option as epinephrine is the appropriate medication for anaphylaxis.

Please click the link or scan the QR Code for an ALS and AEMT Provider Survey:

[Suffolk County ALS and AEMT Provider Survey](#)

