

2024 NCCEP Change Summary

| Protocol / Policy | Provider level | Change | Information pulled from |
|------------------------------------|------------------|---|---|
| Ped policy 2 | All | Updated language due to changes in general statute | Changes in G.S. 7B-101(19a) |
| PAS-11 | Paramedic/AEMT | Change IO lidocaine dose for analgesia. Added Peds dosing // Changed needle color verbage to: Blue (25mm) IO needle is typically recommended for tibial IO placement (adults and children), Yellow (45 mm) IO needle is typically utilized for proximal humerus, and Pink (15 mm) should only be utilized in neonates. IO needle choice may vary based on a patients body habitus, or abnormal weight for age | https://www.teleflex.com/usa/en/product-areas/emergency-medicine/intraosseous-access/arrow-ez-io-system/literature/VA_IOS_EZ-IO_Pocket_Guide.pdf |
| Documentation policy 1 | All | removed reference to PreMIS (term is not accurate anymore) | |
| Disposition policy 10 | All | remove "legible" comment | |
| UP 20 | All | New Sickle Cell Protocol | |
| TE 4 | All | Updated time for cold immersion per new guidelines | |
| AR 8 | All | Added wording "is sedation needed?" / Added dosing for rocuronium | |
| AP-6 | AEMT /Paramedic | remove esophageal bulb reference / Added need to document ETCO2 every 5 minutes at least / fixed typos | |
| Transport 4 Weapons and Explosives | All | Optional - NOTE: All EMS systems are required by EMS Rule to maintain a local Weapons Policy. This policy does not replace/supersede the local policy in place. | 10A NCAC 13P .0216 |
| AP-14 | AEMT/Paramedic | New procedure - Post Intubation Checklist | |
| Disposition policy 1 | All | Removed "blunt force Trauma" since Traumatic Arrest discontinuation criteria protocol (TB10) is already referenced /// Added "no shock advised on AED" after extended downtime | |
| TB 5 | All | Target 100% O2 Sats. Higher emphasis placed on preventing the 3 "H-bombs" when managing moderate-to-severe Head traumas. Modified to mirror University of Arizona's model that has promising results based on EPIC trial. Move GCS table to top 2nd page. Added Shock Index, Pediatric Adjusted (SIPA) table for reference | |
| Vehicle Inspection reports | All | New vehicle inspection forms (See OEMS website or OEMS Logistics Specialist) | |
| Medical Policy 1 | All | Removed regional offices addresses - Airway forms submitted through ReadyOp now | |
| Medical Policy 2 | All | removed 5b for quarterly reporting to OEMS | |
| UP-17 | All | Added: "Do not position or transport any restrained patient in such a way that could impact the patients respiratory or circulatory status (i.e. prone position)" | |
| UP-3 | AEMT/Paramedic | Updated to reflect updated FDA guidelines and ensure patient safety. Promethazine needs be diluted in normal saline and infused slowly over at least 20 minutes. If given intramuscular, FDA advises deep intramuscular administration site. | https://www.fda.gov/drugs/drug-safety-and-availability/fda-requires-updates-labeling-promethazine-hydrochloride-injection-products |
| NCMB approved skills/meds list | AEMT Epi Clarity | AEMT are not permitted to use Epi as a vasopressor to support blood pressue | |