



Medical Directive

Directive Number	<u>09-01</u>
Publish Date	<u>24 March 2009</u>
Effective Date	<u>25 May 2009</u>
Subject	<u>Interim System Clinical Updates</u>
Page	<u>1 of 2</u>
Update to CMPMP & Clinical Operating Guidelines v 10.01.08	

ECA/EMR Provider	Action
EMT-Basic/EMT Provider	Action
EMT-Intermediate/AEMT Provider	Action
EMT-Paramedic PM1 Provider	Action
EMT-Paramedic PM2 Provider	Action
EMD Provider	Action

Due to the nature and scope of the CMPMP, the need to ensure we respond to changes in the System, in Medical Practice Management and periodic necessary process updates; specific sections of this document may be modified as necessary by OMD staff. The “COG Designated” (Core Principles and Patient Care Guidelines) content areas and documents, are only modified at the discretion of the Medical Director. The Office of the Medical Director has identified updates that warrant changes to the CMPMP prior to the annual revision process. Three (3) compelling factors that are driving this interim update of the CMPMP are:

1. The expanded use of the Impedance Threshold Device (ITD) by all System Providers. This represents a significant improvement in patient care and potential increases in ROSC due to earlier intervention with this device during BLS CPR.
2. Modification of the STEMI Alert Criteria and the concept of the ACS Consult. This improvement is to more clearly define true STEMI Alert patients and significantly reduce our false positive rate.
3. Updates in the OLMC Pronouncement Criteria and the use of Resuscitation Centers of Excellence.

The item descriptions included with this Medical Directive are excerpts of the complete Professional Practices, Core Principles, Patient Care Guidelines (PCG) and Appendix changes. Refer to the individual section (s) of CMPMP (v10.01.08 A) for details and context.

With the posting of this document on the www.ATCOMD.org web page and the publication of this Medical Directive; the updated CMPMP (v10.01.08 A) is formally released. The individual updated pages will have notations printed on them and will be included in a downloadable file for printing and inclusion into printed documents. The deadline for System implementation of these updates is 0700 on 05/25/09. This implementation date will allow for a two months integration period for all System Organizations. Implementation of the updates may incrementally occur at any time during this period.

Credentialing Examinations taken during the integration period will be based on current CMPMP v10.01.08 prior to updates.

Thanks for all you do. As always, please let us know if you have any questions...



Larry Arms, LP,
 Clinical Operations, Practices and Standards Coordinator
 Office of the Medical Director
 Austin - Travis County EMS System

James M. Kempema, MD
 (ESV# 032409741)

Approved items for 03/24/09 CMPMP/COG v10.01.08A update: < 60 day implementation timeline>			
Item #	Update Subject	Brief description of the update:	Effected Documents
1.	Impedance Threshold Device (ITD)	Authorized at ECA and above, Resuscitation Device for ≥ 1yr. and to convert the (brand) name nomenclature from ResQPOD to ITD.	Professional Practices Auth Skills, PCGs: Post Resuscitation, Hyperkalemic Arrest and Pulseless Arrest adt/pedi, BLS Algorithm Appendices A-A-5, A-A-8, A-A-12, A-C-6, A-C-13.
2.	STEMI Alert Criteria	Revision of Inclusion Criteria in the Appendix STEMI Alert/ACS Consult; and language change for the PCGs: • If STEMI Alert criteria is met: (CMPMP Appendix C-11) early notification, transmit 12-lead and rapid transport to designated STEMI Center.	ACS, CHF, Post Resuscitation PCGs, Appendix C-11
3.	Fetal or POC Documentation	Clarification of System Documentation Requirement.	Professional Practices Patient Care Reporting Requirements
4.	OLMC for DOS	A. Clarify who to contact for OLMC on DOS patients use Resuscitation Centers of Excellence (RCE). B. Remove ETCO2 > 10 criterion.	Professional Practices Initiation & Termination of CPR, PCG: Determination of Death and Pronouncement
5.	Defibrillate Unstable Torsades with pulseses	Clarify language in Tachycardia Algorithm for patients ≥ 37kg : Unstable Torsades de pointes should be treated as VF and defibrillated beginning at 200 J.	Tachycardia With Pulses Patients ≥ 37 kg Algorithm PCG
6.	Errata Correction	Remove statement "for pulseless arrest" in Epi. dosing.	Bradycardia in Patients< 37 kg Algorithm PCG