


To: All MLREMS Agencies and Providers

Advisory 09-01

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Regional Medical Director



RJ (Terry) Fairbanks, MD, MS, EMT-P
REMAC Chair



Jeremy T. Cushman, MD, MS, EMT-P
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Date: February 17, 2009

Re: Regional Standards of Care

This memoranda is to advise all MLREMS agencies and providers of the following decisions by the REMAC regarding the current MLREMS Standards of Care:

1. There will not be a 2009 release of the Standards of Care and therefore the 2008 Standards are in effect until superseded by the release of the 2010 edition.
2. AED's and manual defibrillators may use the manufacturers default settings for defibrillation/cardioversion without it constituting a protocol violation. Should the manufacturer not have a recommended setting, agencies should use the energy settings as referenced in the Standards of Care.
3. With regards to Protocol 2.23 – Pain Management
 - a. Shoulder and hip constitute an extremity for the use of the standing order pain control protocol.
 - b. The 5 mg dose in the standing order pain control protocol represents a maximum total order, and the provider may, without on-line medical control, provide any amount of morphine to the patient provided it does not exceed the 5 mg total dose. That is, a provider may administer 2.5 mg morphine to an elderly patient and if no relief, administer a second dose of 2.5 mg. The provider would have to call for any doses exceeding 5 total milligrams prior to administration.

With any questions, do not hesitate to contact the Office of Prehospital Care.

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