San Francisco EMS Agency
Emergency Medical Services Advisory Committee
May 3, 2023

Public Comment – Medical Director Response

Document	Name	Organization	Section	Comment	Medical Director Response
Protocol 2.02 Allergic Reaction	Jeremy Lacocque	SFFD	ALS Treatment	"SYSTEM REACTION" should read "SYSTEMIC REACTION". I would change "albuterol" to "albuterol for wheezing" since a patient would not benefit from it if there was no wheezing (i.e. anaphylaxis with a rash and vomiting).	Agree. Will change to “Systemic Reaction” Agree. Will change to “albuterol for wheezing”
Protocol 8.01 Pediatric Allergic Reaction Anaphylaxis	Jeremy Lacocque	SFFD	BLS treatment	I would add "Or EpiPen Junior for patients weighing <30kg". Also, if we're going to include a brandname like "epi pen" I would favor AUVI-Q since that's what most of the EMS system uses.	Agree. Will change “EpiPen” to “Epinephrine autoinjector” Agree. Will change to “Pediatric dose epinephrine autoinjector”
	Jeremy Lacocque	SFFD	Missing section	I don't see a section for "anaphylaxis WITH SHOCK." I would propose that it would be the same as the adult protocol, with the medication sheet specifying the dose differences.	Agree. Will copy and add “Anaphylaxis with Shock” section from the adult protocols to add to this protocol
Protocol 13.1 Medication Page Buprenorphine and Naloxone (Suboxone)	Jeremy Lacocque	SFFD	Second line	It is a partial opioid agonist, not antagonist. For the "notes" section, I would get rid of the first part. This fact is almost entirely irrelevant to EMS since we will witness the patient take the medication.	Agree. Will change to “partial opioid agonist” Disagree—I want to keep this explanation in the “notes” section for an anticipated expanded use of this medication in future for take at home doses from allied health professions partners in the Community PM setting.
Protocol 13.1 Medication Page Dopamine	Jeremy Lacocque	SFFD	Missing disclaimer	"FOR USE ONLY WHEN EPINEPHRINE ON SHORTAGE" should be at the top of the first page, just as the inverse was on the previous epi page.	Agree. Will add.

Protocol 13.1 Medication Page Epinephrine	Jeremy Lacocque	SFFD	Indication: Hypotension and "symptomatic bradycardia"	I would change to "hypotension and shock refractory to fluid bolus (such has septic shock, anaphylactic shock, cardiogenic shock after ROSC)". The way it is now makes it seem it HAS to be one of those types of shock, which can be confusing, because ANY type of shock that does not improve with fluids would likely benefit from epi gtt. Also, I would like to discuss symptomatic bradycardia. Should epi be used AFTER pacing and atropine? AHA says after atropine to either pace OR give epi gtt, which I would favor. I wouldn't want to delay care by trying to pace when an epi drip is more likely to be successful.	Agree with proposed language change around shock. Will change. Agree. We should follow AHA guidelines. Will change.
Policy 5000 Destination	Ray Ryan	SFFD	General	Are there any regulations stopping a fully accredited community paramedic using an ambulance to triage to alternative destinations?	Reviewed. Under state statute HSC 1797.52, paramedics can only transport to an acute care hospital (with the 2 triage to alternate destinations as an exception – in San Francisco it's Sobering Center and VA, PES is exempt.

Policy 5001 Trauma Triage	Jeremy Lacocque	SFFD	II.3.	Saying "transport emergent, code 3" is not something we've said in any other protocol... I would instead stick with typical language, like "with critical injuries" or "with critical trauma" or just list a criterion #5 saying "a patient with critical traumatic injuries who would benefit from a trauma center based on paramedic judgement" Another comment: For Base hospital contacts, it mentions falls with GCS<15. Some patients have a baseline of GCS 14. Maybe it would be clearer to say "patients who are not at their neurologic baseline, likely secondary to a related injury"	Reviewed. Will drop “transport emergent code 3” language in this section of the protocol II.3 and II.4. Agree. Will change to suggested language
	Ray Ryan	SFFD	II(B)(2)	Add "proximal " next to extremities to match ACS. The item as is describes the entirety of the human body.	Agree. Will change to suggested language.