Addendum to the Initial Statement of Reasons

EMSA has incorporated additional information into the section titled "SPECIFIC PURPOSE OF, AND RATIONALE FOR, EACH PROPOSED CHANGE." The provided information aims to enhance the clarity and comprehensiveness of the proposed changes, offering stakeholders and concerned parties a more detailed understanding of the intentions and justifications behind each proposed modification. This addition is part of EMSA's commitment to fostering transparency and promoting informed participation during the review process. Interested individuals are encouraged to review the updated section to gain valuable insights into the reasoning behind the proposed changes and provide feedback during the designated comment period.

The additional information is as follows:

Ketamine is "dissociative anesthetic" class of medication, with varying uses and effects depending on the administered dose. At higher doses it is used to maintain anesthesia (hospital use only). In lower doses, it is commonly used for pain control of acute moderate and severe pain (hospital and EMS use). It is non-addictive, and does not depress respirations or lower blood pressure, making it an excellent alternative to opiate medications in Emergency Departments and in the pre-hospital setting. Ketamine has been shown to be safe in the pre-hospital setting through various clinical trials and in California through trial studies and local optional scope approvals. It is now considered a standard medication option for pain control in the pre-hospital setting. Adding this medication to basic scope of practice gives paramedics the opportunity to select the best medication for pain management based on local protocols for EMS patients.

Ketorolac is an intravenous Non-Steroidal Anti-Inflammatory Drug (NSAID), similar to but with greater potency than Ibuprofen or Naprosyn (both are commonly used over-the-counter oral NSAIDs). The greater potency makes it effective and appropriate for treating moderate to severe pain, and it has been used for years in the hospital setting to replace opiate medications for pain control. Ketorolac has been shown to be safe for use and effective in pain management in the pre-hospital setting through prior trial studies and local optional scope of practice approvals. Adding this medication to basic scope of practice gives paramedics the opportunity to select the best medication for pain management based on local protocols for EMS patients.

Acetaminophen IV is an intravenous form of Acetaminophen (Tylenol), which is used to relief pain and control fever. The intravenous preparation is much more potent than the oral preparation and is therefore indicated for management of moderate to severe pain. It is non-addictive and does not depress respirations or lower blood pressure, making it a good alternative to opiate pain medications. Acetaminophen IV has been shown to be safe for use and effective in pain management in the pre-hospital setting through prior local optional scope of practice approvals. Adding this medication to basic scope of practice gives paramedics the opportunity to select the best medication for pain management based on local protocols for EMS patients.

Tranexamic Acid (TXA) is a medication used to treat or prevent excessive blood loss from major trauma, postpartum bleeding, surgery, dental extractions, nosebleeds, and heavy menstruation. TXA works by promoting blood clotting at sites of bleeding, and it is given intravenously. Clinical studies on the use of Tranexamic Acid in trauma patients with internal bleeding have shown decreased mortality and improved patient outcomes when this medication is initiated by EMS personnel in the pre-hospital setting (before arrival to a trauma center). The safety of TXA for use by California EMS has been demonstrated through several years of trial studies and local optional scope of practice approvals and is now considered standard of care for use in critical trauma patients.