



STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299
Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

June 14, 2002

Dear EMS Provider:

Enclosed are two recently approved State Emergency Medical Advisory Committee (SEMAC) advisories that alter the practice of pre-hospital medicine in New York State. These advisories are to be reviewed and incorporated into your service's plan.

Automatic External Defibrillators for Pediatric Patients

The use of Federal Drug Administration (FDA) approved pediatric Automatic External Defibrillators (AED) on children less than eight years of age is permitted. Currently in New York State, AEDs may only be used on individuals eight years of age or older. Recent approval by the FDA of the use of AEDs with modified pediatric cables limits the amount of joules delivered to the patient. Previous concerns with the ability of an AED to accurately diagnose ventricular fibrillation in the pediatric patient have also been resolved.

Based on medical research and review of FDA findings that suggest benefits will be gained of AED on pediatric patients, SEMAC voted at its October 2001 meeting to approve the use of FDA approved pediatric modified AEDs in New York State. The enclosed advisory reflects these findings.

Although, the use of pediatric modified AEDs are not mandated for EMS services, it is strongly recommended that the use of such equipment be considered. At present there is one AED manufacturer, Agilent, Inc. who produces the FDA approved device. We anticipate other manufacturers will introduce such devices in the near future.

Please note that Public Access Defibrillator (PAD) Program Participants may also use pediatric AED equipment.

Secondary Confirmation of ETT

All state and regional protocols for advanced life support services and providers are amended to reflect change in the use of adjuncts for secondary confirmation and monitoring of endotracheal tube (ETT) placement in adult and pediatric patients. As stated in the enclosed advisory "failure to detect improper placement of an endotracheal tube can be fatal".

Implementation and integration of this medical advisory within your treatment protocols must be made within 90 days of the July 1, 2002 effective date.

Advanced life support (ALS) providers are directed to use both primary and secondary confirmation of ETT placement. Use of a secondary confirmation device is particularly important in the pre-hospital setting. ALS providers should also note that SEMAC clearly advises that the use of secondary confirmation is not a substitute for primary confirmation technique. Rather such devices are an additional assurance that a patient's ETT is properly placed and maintained.

We recommend all EMS providers read the attached advisory and plan a discussion with their medical director for its integration in local use. Regional Emergency Medical Advisory Committees may also provide additional guidance on this protocol.

Please discuss these two medical protocols with your agency's medical director, REMAC and/or regional Department of Health representative. Thank you for continuing to provide quality prehospital medical care to your community.

Sincerely,



Edward G. Wronski
Director
Bureau of Emergency Medical Services

Enclosures

cc: Dr. Mark Henry, Chair, SEMAC
Dr. Arthur Cooper, Chair, SEMSCO
REMAC Chairpersons
Regional EMS Councils