DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

Treatment Protocol: BLS UPGRADE TO ALS ASSESSMENT

Ref. No.1200.4

CHANGE LOG

| Published Date | Status | Section and Subsection Affected | Description of Change(s) |
|-------------------|-----------------------------------|------------------------------------|--|
| 07/01/2025 | Deletion; Addition Revision | GUIDELINES 4.b,iv | Removal of "receiving medication management with IM/IN/IV medications" and addition of "Severe Agitation requiring medication" |