INTRODUCTION

These protocols and procedures are to be used as guidelines for operation during EMS calls that require medical direction. They are also intended to be guidelines to ensure that personnel are trained in proper pre-hospital patient care.

Procedures are not considered rigid rules, but rather established standards against which EMS practice can be measured.

Treatment protocols are specific orders directing the actions pertaining to techniques and/or medications used by EMS personnel who are required to practice under direct supervision of a physician and under their respective EMS Medical Control authority.

Treatment protocols may and should be initiated without prior direct Medical Control contact, especially when the patient's condition and/or situation is life threatening. As soon as the condition and/or situation permits, direct contact must be established with Medical Control for confirmation of medical care and further medical direction.

Although not identical, these protocols and procedures are derived from the State of Ohio EMS guidelines. Please note that items in this manual are subject to continuous review for the sake of providing members with the most current emergency medical information. Updates to this material may be frequent to maintain a current standard of care to benefit both the patient and the provider of emergency medical care. The bottom of the page shows when the most current version was printed. Please replace older versions with newly updated material as soon as it is issued. Once updated, older versions are to be considered obsolete and are to be discarded to help eliminate confusion.

Introduction

MEDICAL CONTROL PROTOCOLS AND PROCEDURES GUIDELINES

1. The patient history should not be obtained at the expense of the patient. Life-threatening problems detected during the primary assessment ***must*** be treated first.

2. Cardiac arrest due to trauma is not treated by medical cardiac arrest protocols. Trauma patients should be transported promptly with CPR, control of hemorrhage, cervical spine immobilization, and other indicated procedures attempted en route.

3. In patients with non-life-threatening emergencies who require IV's, only two attempts at IV insertion should be attempted in the field; additional attempts must be made enroute.

4. In patients requiring IV's, as a courtesy to the patient and emergency department, attempts should be made to obtain a full set of bloods. A patient IV should not be compromised in order to obtain a set of bloods.

5. Patient transport, or other needed treatments, must not be delayed for multiple attempts at endotracheal intubation. Limit to two attempts pre-hospital.

6. Verbally repeat all orders received before their initiation.

7. Any adult medical patient or patients of any age with a cardiac history, irregular pulse, unstable blood pressure, dyspnea, chest pain, medication administration, or venous access ***must*** be placed on a cardiac monitor, a 12 lead obtained, and transmitted to the emergency department.

8. When transferring lower level prehospital care to a higher level of prehospital care, a thorough consult should be performed between caregivers describing initial patient presentation and care rendered to the point of transfer.

9. If the patient's condition does not seem to fit a protocol or protocols, contact Medical Control for guidance.

10. All trauma patients with a mechanism or history for multiple system trauma should be transported as soon as possible. The scene time should be 10 minutes or less.

11. Medical patients will be transported in the most efficient manner possible considering the medical condition. Advanced life support therapy should be provided at the scene if it would positively impact patient care. Justification for scene times greater than 20 minutes should be documented.

Introduction

KEY TO ALGORITHMS

All algorithms are color coded to denote procedures, which may be performed by each level of certification. To perform procedure color - coded red, Medical Control must be contacted for permission. Higher levels of certification will perform lower level evaluations and procedures when interpreting the algorithms.

The protocol format is for quick reference and does not detail patient assessment, interpretation or interventions. EMS personnel are accountable for all patient care and documentation to their level of training.

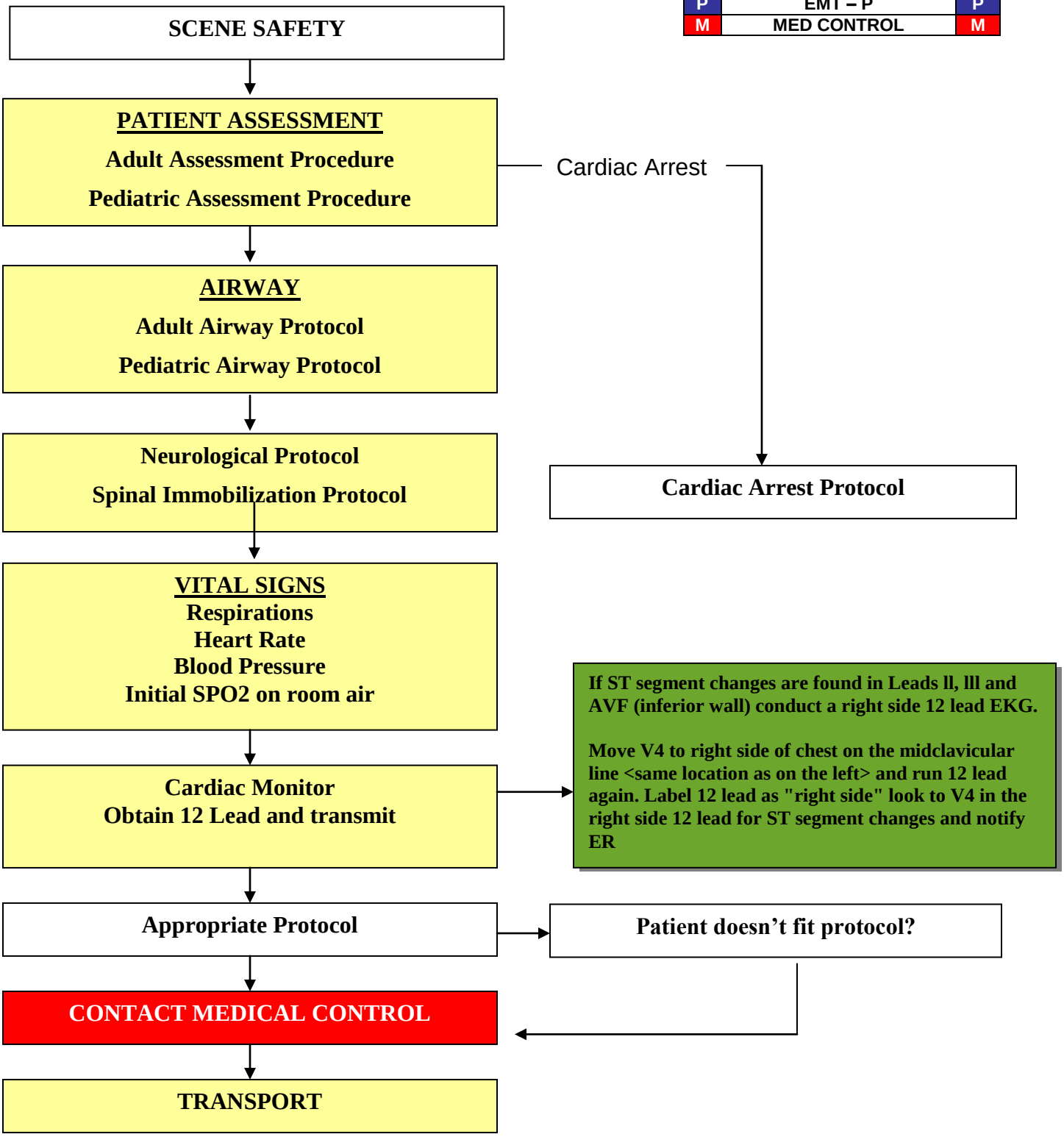
COLOR CODES	
WHITE	Universal Patient Care Protocol
YELLOW	EMT – Basic Skill and Assessment Level Interventions
GREEN	EMT - Intermediate Skill and Assessment Level Interventions
BLUE	EMT - Paramedic Skill and Assessment Level Interventions
RED	Medical Direction Contact / Authorization Required

ALGORITHM LEGEND		
B	**EMT – B**	**B**
I	**EMT – I**	**I**
P	**EMT – P**	**P**
M	**MEDICAL CONTROL**	**M**

INTRODUCTION

UNIVERSAL MEDICAL CARE PROTOCOL

B	EMT – B	B
I	EMT – I	I
P	EMT – P	P
M	MED CONTROL	M



KEY POINTS

- **Any patient contact, which does not result in an EMS transport, must have a completed PCR.**
- **Exam: Minimal exam if not noted on the specific protocol is vital signs, mental status, and location of injury or complaint.**
- **Required vital signs on every patient include bp, pulse, respirations, and pain scale.**
- A pediatric patient is defined by the Broselow-Luten tape. If the patient does not fit on the tape, they are considered adult.
- Timing of transport should be based on patient's clinical condition and the transport policy.

General

- All patient care and documentation **MUST** be appropriate for your level of training and within the standard of care of the State of Ohio.
- Only functioning paramedics can perform ALS procedures.
- Use the standard AHA guidelines for CPR and rescue breathing.
- Refer to the Post Resuscitation Cardiac Arrest Protocol for all resuscitated cardiac arrest patients.
- One provider can begin resuscitation and treatment while the other performs the assessment.
- It may be necessary to reference several protocols while treating a patient.
- Refer to the appropriate protocol and provide the required interventions as indicated.
- Additional focus may be needed in specific areas as indicated by the patient's chief complaint.
- Airway management and oxygen administration should be initiated based upon the results of the patient assessment and the protocols.
- IV's should be initiated in all patients based upon the results of the patient assessment and the Intravenous Access Procedure. Attempt to draw blood samples whenever an IV is initiated. However, do not jeopardize the IV for the blood samples.
- Administer cardiac monitoring and perform a 12-Lead EKG based upon the results of patient assessment or protocols.
- EMT –B may apply the cardiac monitor, print a strip, and transfer the strip to the emergency department but may not interpret the rhythm.
- If indicated and possible, perform a 12-Lead EKG before moving to the squad and prior to any medication administration.
- Check the patient's Blood Glucose Level based upon the patient's assessment and the protocols.
- When assessing for pain, use a 0-10 pain scale; 0 = no pain; 10 = worst pain ever experienced.
- It is mandatory to document the reason why an intervention was not performed if it was indicated.
- If Medical Control requests that a functioning paramedic perform an intervention outside of the protocol, the functioning paramedic may follow the orders as long as **ALL** of the following apply:
    - The patient's condition could be severely affected if the intervention is not performed.
    - The paramedic has documented training in the intervention within the last 3 years.
    - The intervention is in the recognized scope of practice for paramedics in the state of Ohio.
    - The paramedic has received permission to perform the intervention from Medical Control.
    - Medical Control was notified that the intervention is not in the protocol.

Adult

- Patients who are taking beta-blockers may not have an elevated heart rate, but may still be in shock.
- General weakness can be a symptom of a life threatening illness.
- Hip fractures and dislocations in the elderly have a high mortality rate.
- What would be considered a minor or moderate injury in the adult patient can be life threatening in the elderly.
- Diabetic patients may have abnormal presentations of AMI and other conditions due to neuropathy.
- A medical cardiac arrest is not a "load and go" situation. It is in the best interest of the patient to perform all initial interventions (Defib, CPR, ETT, IV) and 1-2 rounds of medications prior to extrication.
- An adult patient is considered hypotensive if their systolic BP is 90 mmHg or less.
- Assess the patient after every 250 ml of normal saline, and continue with fluid resuscitation until it is no longer indicated.

Pediatric

- Assess the pediatric patient after every 20 ml/kg fluid bolus of normal saline, and continue with fluid resuscitation until it is no longer indicated.
- Refer to the Pediatric Intraosseous Procedure, if indicated.
- It may be necessary to alter the order of the assessment (except for the Initial Assessment) based upon the developmental stage of the patient.
- A pediatric trauma patient is any trauma patient who is 15 years old or younger.
- Refer to the Pediatric Vital Signs Chart, as needed.