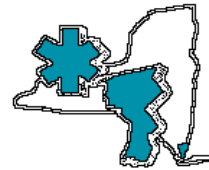


Westchester Regional



P A R A M E D I C P R O T O C O L S

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WESTCHESTER REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE PARAMEDIC PROTOCOLS AND PROCEDURES

INTRODUCTION

The protocol manual that follows was developed in the year 2001 with guidance provided by emergency physicians, paramedics, and administrative support personnel of Westchester County. Subsequent amendments to the initial document have been completed in accordance with the policies and under the approval of the New York State Emergency Medical Advisory Committee (SEMAC).

These protocols represent the standard of care for the provision of Advanced Life Support in Westchester County.

INTERPRETATION OF PROTOCOLS

It is understood that the New York State “Basic Life Support Protocols” as issued by the New York State Department of Health are always to be initiated in conjunction with the Westchester Regional EMS Advanced Life Support Protocols.

It is understood that all ALS protocols begin with Protocol #1, Routine Medical Care.

Advanced Airway Management includes, but is not limited to: endotracheal intubation; laryngeal mask airway (LMA); Combitube™; rapid sequence intubation; foreign body removal; needle cricothyrotomy; tracheal suctioning; gastric decompression (NG or OG); needle decompression for the treatment of a tension pneumothorax. Procedures may only be performed consistent with the provider’s level of training and certification.

Providers must document confirmation of endotracheal tube placement with a combination of accepted clinical parameters, end-tidal CO₂ detectors, esophageal detector devices (EDD) and pulse oximetry, as per ACLS guidelines.

The energy settings noted for defibrillation, cardioversion, and external cardiac pacing are for monophasic defibrillators. Paramedics operating biphasic devices will utilize the Food and Drug Administration (FDA) approved equivalent joulage settings established by the manufacturer.
(Rev. 4-03)

Some protocols are designed to have numbered standing orders only. Other protocols have numbered standing orders and Medical Control options.

Standing orders may be initiated prior to contacting Medical Control. Standing orders **MUST** be performed in numerical sequence. If there is clinical improvement, further standing orders may be withheld based upon the paramedic’s clinical judgment.

Medical Control options may not be initiated until ordered by a Medical Control physician. Medical Control options will be sequenced by the Medical Control physician.

Pediatric protocols are found:

1. Following the adult protocol of the same title and are denoted by the letter “a”.
2. As a self-standing protocol, e.g. Protocol 30 Neonatal Resuscitation.



PEDIATRIC PATIENTS

A pediatric patient is any patient who is less than fifteen (15) years old.

Advanced airway management in the pediatric patient should be considered only when basic life support airway management cannot maintain adequate ventilation and oxygen saturation.

Transportation of the pediatric patient should be considered earlier than in the care of the adult patient. Transport should be initiated prior to the institution of ALS procedures whenever possible.

MEDICAL CONTROL

Advanced Life Support activity is **ALWAYS** under Medical Control, whether on-line or off-line.

Credentials in Advanced Life Support will be authorized by the Westchester Regional Medical Advisory Committee.

Credentials in ALS will be required of all Advanced Life Support Personnel and Medical Control physicians in order to practice Advanced Life Support in the Westchester County.

MEDICAL AUTHORITY AT THE SCENE

Advanced Life Support personnel may not relinquish Medical Control to any person at the scene. Only a Medical Control physician may relinquish Medical Control and only to an identified physician at the scene.

The Medical Control physician may allow the paramedics to follow orders from the physician at the scene, providing such orders are included within established Westchester Regional ALS protocols. Orders given by the on scene physician that are not within established Westchester Regional ALS protocols require:

1. That the on scene physician implements the order.
2. That the physician utilize his or her own drugs and equipment.
3. That the physician accompanies the patient to the hospital.

The physician who accepts Medical Control will complete and sign the "Physician Release Form" on page 11.

If the physician at the scene who accepts Medical Control wishes to relinquish Medical Control, the paramedic will communicate with the Westchester Regional EMS Medical Control physician who will resume Medical Control.

Westchester Regional EMS Medical Control physician may re-establish Medical Control at any time.



COMMUNICATIONS

The paramedic may contact Medical Control at any time. The paramedic must contact the Medical Control facility upon completion of standing orders. In the event that a paramedic operates on the scene a call in excess of 20 minutes, without contacting Medical Control, the Chief Operations Officer of the agency or designee must be notified in writing. The Chief Operations Officer of the agency will submit monthly summaries of all calls with extended on-scene times to their respective Medical Director for evaluation.

The paramedic will contact a Medical Control physician whenever there is a patient who requires ALS services but refuses transport or treatment.

COMMUNICATION FAILURE

In the situation where voice contact with Medical Control cannot be established by radio/telephone/cellular apparatus/telemetry, the paramedic will complete appropriate standing orders and initiate transport.

Continued attempts should be made to establish voice contact. Attempts should be made to establish voice contact with any available Regional Medical Control facility.

The pre-hospital care report (PCR) must document attempts to contact Medical Control, and the reasons for communication failure.

CLINICAL JUDGEMENT

Protocols are treatment algorithms that should be used in conjunction with GOOD CLINICAL JUDGEMENT. Protocols should be considered as the “models” by which all patients should be treated. Protocols are guidelines for non-physicians to administer emergency care in specific situations. Since patients do not always fit into a rigid formula approach, situations may occur which do not fit into these protocols. For patients who do *not* fit into a rigid formula approach, or where there is no existing protocol and a clear need for Advanced Life Support exists, the paramedic shall initiate appropriate therapy and contact Medical Control in order to differentiate the most emergent clinical problem and define the most suitable therapy. At that time, the Medical Control physician shall order the most appropriate treatment within the paramedic’s scope of practice as defined by their level of training, certification, and regional protocols.

CONFLICT RESOLUTION

When orders from a Medical Control physician appear to the ALS provider to be inappropriate, the ALS provider should:

1. Clarify the order
2. Clarify the patient’s condition
3. Document the discussion with the Medical Control physician.

If the Medical Control physician does not alter or retract the order, then the ALS provider should carry out the order unless:

1. The ALS provider is not credentialed, nor trained to provide the intervention ordered.
2. The intervention is not listed in any of the regional protocols.

In **ALL** such cases the paramedic will bring this matter to the attention of their regional medical director.



AMBULANCE DIVERSION

Ambulance diversion is a hospital based decision and is not binding upon the ALS service. Compliance is a voluntary act that will be jointly decided by Medical Control and the senior paramedic involved with the patient transport.

Diversion is not appropriate if the hospital on diversion is the nearest appropriate hospital and the patient's well-being may be compromised by a longer transport time.

DESTINATION DECISIONS

Patients shall be transported to the nearest appropriate hospital. Medical Control must approve any anticipated deviation from this standard.

When patients are transported to a hospital not providing the Medical Control for the transport, the Medical Control physician will notify the receiving hospital of the transport and the patient treatment/status.

DO NOT RESUSCITATE (DNR) ORDERS

Non-hospital DNR orders are allowed by Chapter 370 of the New York State Laws of 1991. A DNR order is **ONLY** an order not to perform resuscitation in the event of cardiac or pulmonary arrest. It does not infer that any other treatment is to be withheld. Only the New York State Department of Health approved NON-HOSPITAL DNR ORDER or a New York State Department of Health approved bracelet may be honored.

RESPONSIBILITY FOR ALS CARE

On calls where paramedic encounters a patient requiring ALS treatment and transportation requires the use of a BLS ambulance, any ALS protocol initiated by the paramedic should continue en-route by a paramedic.

The paramedic may release patients not having received, or not requiring ALS support care, to BLS support personnel for care and transportation to an appropriate facility provided the presumptive diagnosis does not anticipate the need for ALS support care.

INTER-FACILITY TRANSFERS

The Westchester Regional Emergency Medical Services Council will not be responsible for providing Medical Control for inter-facility transfers.



PROTOCOL CHANGES

Any recommendations or requests for changes in the Regional ALS Protocols should be referred to the Regional Medical Advisory Committee for review by the Protocol Committee.

There will be periodic reviews of the Regional ALS Protocols that may be updated annually with the State Emergency Medical Advisory Committee oversight/approval.

RECORD KEEPING

The paramedic will complete a pre-hospital care report (PCR) for every patient as soon as possible. The Medical Control physician or designee will sign the ALS PCR and/or ALS addendum, or other state approved form.

Copies of the PCR will be distributed to the agency completing the report, the Westchester Regional EMS office, and the receiving facility.

The paramedic will distribute all pertinent records to the receiving facility.

PATIENTS WHO REFUSE CARE

Patients have a right to accept or refuse treatment or transport. That right may be infringed upon only if the patient or responsible guardian/proxy does not have the capacity to make the decision to accept or refuse the service.

When a patient or guardian/proxy refuses treatment or transport:

1. Attempt to gain understanding of the rationale for refusal; include family whenever possible.
2. Evaluate mental status and capacity for decision-making in a specific situation.
3. Communicate with a Medical Control physician if ALS is indicated.
4. Request a police agency if necessary.
5. Document the following on the Pre-Hospital care Report (PCR):
 - a) Findings (e.g. history, physical examination, mental status, etc.)
 - b) Patient's stated reason for refusal of treatment or transport.
 - c) Risks explained to patient or guardian/proxy.
 - d) Recommendations for follow up.
 - e) Signatures of patient or guardian/proxy, and witness.
 - f) Name of police agency, officers' names and badge numbers if available.

ALS COMPLAINT PROCEDURES

In order to handle complaints concerning participating organizations, or individual participants such as Paramedics and Physicians involved in pre-hospital ALS, the following procedure is established.

Complaints can be made by a patient, the public, participating organizations, or individual participants, including Westchester Regional EMS staff members. All such complaints should be written, signed, and delivered to the Westchester Regional EMS Executive Director. Appropriate grounds for complaints include:

1. Practicing without proper NYS or Westchester Regional EMS certification.
2. Deviation from Westchester Regional EMS protocols, including interim updates from the Regional MAC (Westchester Regional EMS protocols, procedures, medications schedule, policies).



3. Unprofessional conduct (disrespect towards patients, families, fellow providers, intoxication while on duty, breaking patient confidentiality)
4. Immoral or indecent behavior.
5. Unauthorized possession, fraud, and/or misappropriation of property.
6. Falsification of records.
7. Insubordination

Complaints will be handled by the following process:

1. Written signed complaint delivered to the Westchester Regional EMS Executive director.
2. Westchester Regional EMS Executive Director confers with the named party privately, if possible, and notifies the named organization, Paramedic or Physician of the complaint by certified mail.
3. The Westchester Regional EMS Executive Director sends written notification of the alleged infraction to the Regional Medical Director, the party's supervisor at his/her field agency or institution, and the agency or institution medical director.
4. Westchester Regional EMS Executive Director, in conjunction with the Regional Medical Director, may choose any of the following options:
 - a) Decide complaint is unwarranted; report the same to the Evaluation Committee
 - b) Complaint is warranted, referred to the Evaluation Committee.
 - c) Complaint is warranted, resolved by discussion amongst the Executive Director, Evaluation Committee Chairperson, party making the complaint, and involved individual/agency.
5. If it is a serious infraction, the Executive Director may confer immediately with the Regional Medical Director and the Evaluation Committee Chairperson, then hold a meeting of same with the named party and one representative of his/her institution. The Regional Medical Director, in conjunction with the Executive Director and Chairperson of the Evaluation Committee, may suspend the named party. The Evaluation Committee will meet within fourteen (14) days.
6. All Medical Control facilities will be notified in writing of the party's suspension and only the Westchester Regional EMS executive Director will notify the hospitals in writing when the party has been reinstated.
7. The Westchester Regional EMS ALS Evaluation Committee will review, at their next scheduled meeting, complaints processed through steps 4 a-c as above.
8. In cases where it is the consensus of opinion of the Westchester Regional ALS Evaluation Committee that no follow-up action is warranted, the Chairperson of the Evaluation Committee, or the Regional Medical Director, shall communicate that opinion in writing, to the complainant, the named party, and the named party's supervisor at his/her field agency or institution.



ALS DISCIPLINARY PROCEDURES

The Evaluation Committee is a sub-committee of the Regional Medical Advisory Committee (MAC). The Evaluation Committee consists of seven (7) members as follows:

- Chairperson of the Evaluation Committee
- Regional Medical Director
- Regional Executive Director
- 2 Physicians
- 2 Paramedics

No member of the field unit or institution involved in the complaint shall be appointed to the Evaluation Committee. The Evaluation Committee's report shall become the basis for a consensus recommendation to the Regional MAC.

The Regional MAC may conduct any subsequent investigations and/or hearings deemed warranted and shall issue a decision in the matter within 30 days of receipt of the consensus recommendation of the Evaluation Committee.

The decision shall then be transmitted by certified mail to the named party, and the employer/supervisor. The decision of the Regional MAC shall be considered binding and final.

Disciplinary options include, but are not limited to: probation, probation with supervision, suspension for a specified time period, revocation of privileges to participate in the Westchester Regional EMS System, remediation and retraining.

A record of each complaint and the completion of the appropriate disciplinary steps shall be kept by the Westchester Regional EMS staff.

Appeals by the complainant or the named party should be directed the to the New York State EMS Council Medical Advisory Committee.



WESTCHESTER REMAC - PHYSICIAN RELEASE FORM

AMBULANCE/RESCUE SQUAD _____

RUN # _____ PCR # _____ DATE ____ / ____ / ____

WARNING: THE SIGNING OF THIS DOCUMENT CONSTITUTES THE ASSUMPTION OF LEGAL LIABILITY BY THE SIGNER WHOSE SIGNATURE FOR THE CARE AND TREATMENT OF THE PATIENT NAMED BELOW.

The physician whose signature appears below, by subscribing this instrument acknowledges that:

1. He/she is aware that the ambulance or rescue squad, named above, called to attend the below named patient, is operating under the coordination of the Westchester Regional EMS Council (hereinafter referred to as WREMSCO).
2. That the WREMSCO supplies coordination for Basic and Advanced Life Support Systems in this geographical area.
3. That there is available to the ambulance or rescue squad, named above, a communications system capable of eliciting advice and instruction for the care and treatment of this patient by Regional Medical Advisory Committee Certified Physicians under a system of protocols and procedures subscribed to by physicians in the geographical area served by WREMSCO.
4. That the undersigned physician assumes full responsibility for the care and treatment of the patient named below and by his/her signature agrees to hereby forever release and discharge WREMSCO, its agents, servants or employees and the attending ambulance or rescue unit and its/their agents, servants or employees from any cause of action whatsoever, including but not limited to, any action ever as a defendant in a lawsuit brought by the patient or his/her heirs, executors, administrators or assigns against said WREMSCO and/or the ambulance or rescue squad named above, by reason of the care and treatment tendered to said patient under the orders of said undersigned physician.

WARNING: THIS IS AN ASUMPTION OF LEGAL RESPONSIBILTY FOR CARE OF THIS PATIENT AND AN INDEMNIFICATION TO AND RELEASE OF WREMS AND ATTENDING AMBULANCE/RESCUE SQUAD.

IN WITNESS WHEREOF, I have hereunto set my hand and seal

This _____ day of _____ 20____

(Signature)

PHYSICIAN: Name _____

Address _____ City _____ State/ZIP _____

PATIENT: Name _____

Address _____ City _____ State/ZIP _____