



A P P E N D I C E S

**APPENDIX -
1.0**

BY-STANDER PHYSICIAN RELEASE FORM

EMS AGENCY _____ NYS AGENCY # _____

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 EMS agency, 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 EMS agency named above, a communications system capable of eliciting advice and instruction for the care and treatment of this patient by Regional Emergency Medical Advisory Committee (REMAC) 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 EMS agency 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 EMS agency named above, by reason of the care and treatment tendered to said patient under the orders of said undersigned physician.

WARNING: THIS IS AN ASSUMPTION OF LEGAL RESPONSIBILITY FOR CARE OF THIS PATIENT AND AN INDEMNIFICATION TO AND RELEASE OF WREMSCO AND ATTENDING EMS AGENCY.

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

This _____ day of _____, 20____

PHYSICIAN NAME (Signature) _____

PHYSICIAN NAME (Printed) _____

Address _____ City _____ State/ZIP _____

PATIENT NAME (Printed) _____

Address _____ City _____ State/ZIP _____

Appendix – 2.0

TRAUMA TRANSPORT ALGORITHM

MEASURE VITAL SIGNS AND LEVEL OF CONSCIOUSNESS

Glasgow Coma Scale	≤ 14 or
Systolic Blood Pressure	< 90 mm Hg or
Respiratory Rate	< 10 OR > 29 (< 20 in infant < 1year of age) or
Pulse Rate	< 50 or > 120 (Adults ONLY)

YES



TRAUMA CENTER (Preferably LEVEL I)

NO



ASSESS ANATOMY OF INJURY

- All Penetrating Injuries To Head, Neck, Torso And Extremities Proximal To Elbow And Knee
- Flail Or Unstable Chest
- 2 Or More Long Bone Fractures
- Crush, Degloved or Mangled Extremity
- Amputation Proximal To The Wrist Or Ankle
- Pelvic Fracture (Unstable W/ Open Fracture)
- Open or Depressed Skull Fracture
- Paralysis



YES



TRAUMA CENTER (Preferably LEVEL I)

NO



EVALUATE FOR MECHANISM OF INJURY

- Falls:
 - Adults: ≥ 20 Ft (1 Story = 10 Ft)
 - Children: >10 Ft Or ≥ 2-3 Times Patient's Height
- High-Risk Auto Crash:
 - Intrusion: > 12 In, Occupant Site; > 18 In, Any Site
 - Ejection (Partial Or Complete) From Automobile
 - Death In Same Passenger Compartment
 - Vehicle Telemetry Data Consistent With High Risk Of Injury
- Auto Vs Pedestrian / Bicyclist Thrown, Run Over, Or With Significant (> 20 MPH) Impact
- Motorcycle Crash >20 MPH



YES



TRAUMA CENTER (LEVEL I or LEVEL II)

NO



ASSESS SPECIAL CONSIDERATIONS

- Age
 - Older Adults: Risk Of Injury / Death Increase After Age 55
 - Children: Should Be Triageed Preferentially To Pediatric-Capable Trauma Centers
- Anticoagulants And Bleeding Disorders
- Burns: Trauma Mechanism?
 - NO: Triage To Burn Facility
 - YES: Triage To Trauma Center
- Time-Sensitive Extremity Injury
- End-Stage Renal Disease Requiring Dialysis
- Pregnancy > 20 Weeks
- EMS Provider Judgment



YES



**CONTACT MEDICAL CONTROL
FOR TRANSPORT DECISION**

NO



**TRANSPORT TO
REGIONALLY APPROVED FACILITY**

NOTE

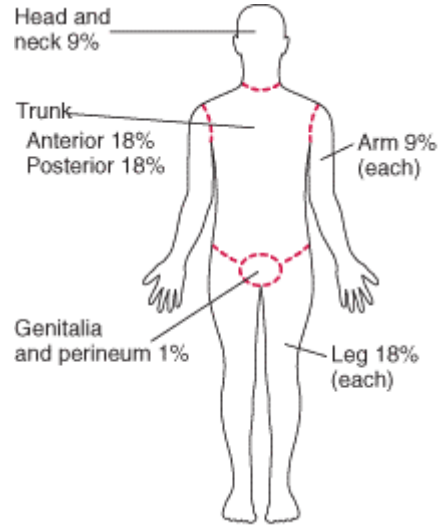
- a. When in doubt, transport to a Trauma Center.
- b. Traumatic cardiac arrest and patients with an unmanageable airway will be transported to the **CLOSEST APPROPRIATE HOSPITAL**.
- c. Need for Air Medical Service (AMS) transport should be determined by using the ***Hudson Valley / Westchester Regional AMS Guidelines***

Appendix – 2.1

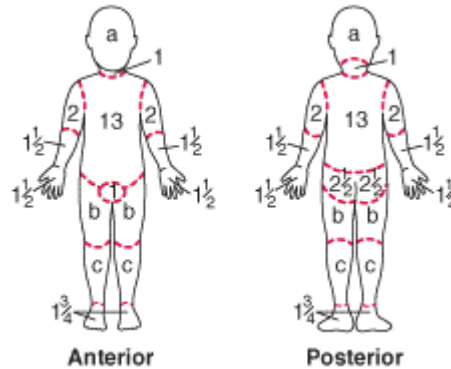
TRAUMA TRANSPORT ALGORITHM

Estimating Extent of Burn Injury

ADULT BURN INJURY (Rule of Nines)



PEDIATRIC BURN INJURY (Lund & Browder Chart)



	Birth	0 - 1 yr	2 - 4 yr	5 - 9 yr	10 - 15 yr
A. ½ of Head	9 ½ %	8 ½ %	6 ½ %	5 ½ %	4 ½ %
B. ½ of Thigh	2 ¾ %	3 ¼ %	4 %	4 ¼ %	4 ½ %
C. ½ of Leg	2 ½ %	2 ½ %	2 ¾ %	3 %	3 ¼ %

Appendix – 2.3

TRAUMA TRANSPORT ALGORITHM

EMS Report to Trauma Center

NOTE

The following patient assessment information **MUST** be communicated by the Paramedic to the trauma center **PRIOR TO ARRIVAL** so that appropriate hospital resources can be identified and made available.

GENERAL	<input type="checkbox"/> Age	<input type="checkbox"/> Gender	
MECHANISM OF INJURY	<input type="checkbox"/> MVC - <u>Specify</u> <ul style="list-style-type: none"> ○ High speed > 45 mph ○ Unrestrained in rollover ○ Ejection ○ Death in same vehicle 	<input type="checkbox"/> Extrication > 30 minutes <ul style="list-style-type: none"> ○ Motorcyclist with separation from bike ○ Pedestrian struck > 20 mph 	
	<input type="checkbox"/> Fall - <u>Specify</u> <ul style="list-style-type: none"> ○ Height > 20 feet or 3 times patient's height 		
	<input type="checkbox"/> Assault - <u>Specify</u> <ul style="list-style-type: none"> ○ Penetrating injury and location 		
	<input type="checkbox"/> Burn		
AIRWAY	<input type="checkbox"/> Maintained	<input type="checkbox"/> Intubated	<input type="checkbox"/> Needs intubation
BREATHING	<input type="checkbox"/> Regular <input type="checkbox"/> Respiratory distress <input type="checkbox"/> RR <input type="checkbox"/> Pulse oximetry	<input type="checkbox"/> Chest wall: <ul style="list-style-type: none"> ○ Flail ○ Crepitus ○ Subcutaneous air 	
CIRCULATION	<input type="checkbox"/> Pulse <input type="checkbox"/> Blood pressure <input type="checkbox"/> Trend in Vital Signs - <u>Specify</u> <ul style="list-style-type: none"> ○ Sustained tachycardia and/or hypotension 	<input type="checkbox"/> Uncontrolled hemorrhage <input type="checkbox"/> Blood transfusion in progress to maintain BP	
DISABILITY	<input type="checkbox"/> GCS	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Spinal cord injury
EXPOSURE	<input type="checkbox"/> Pelvis fracture <input type="checkbox"/> Long bone fracture(s), open or closed <input type="checkbox"/> Amputations	<input type="checkbox"/> Burns with TBSA <input type="checkbox"/> Inhalation injury <input type="checkbox"/> Pregnancy and estimated gestational age (EGA)	
INTERVENTIONS	<input type="checkbox"/> Intubation	<input type="checkbox"/> Needle thoracostomy	<input type="checkbox"/> Intravenous access – number and gage
ESTIMATED TIME OF TRANSPORT	<input type="checkbox"/> Minutes until arrival		

**APPENDIX -
3.0****EQUIPMENT LISTS***** REQUIRED**

ITEM	QUANTITY
Blood Tube Barrel - Luer Adapter (i.e. Vacutainer™ Type)	4
Blood Tube Barrel (i.e. Vacutainer™ Type)	2
Blood Tubes (Amount and Type Determined by Agency)	2 sets
Cricothyrotomy Kit, Needle	1
EKG Monitor Battery, Spare	1
EKG Monitor Cables (with 12-Lead attachment)	1 set
EKG Monitor Combo Defib/Pacing/Monitoring Pads, Adult	2
EKG Monitor Combo Defib/Pacing/Monitoring Pads, Pediatric	2
EKG Monitor Electrodes	24
EKG Monitor/Defibrillator, with Pacing/12-Lead Capability (with Associated Equipment)	1
EKG Recording Paper, Spare	1 roll
Endotracheal Tube, 2.5 – 4.5, Uncuffed	2 each size
Endotracheal Tube, 5.0 – 8.0, Cuffed	2 each size
Esophageal-Tracheal Tube (i.e. Combitube™)	1
End-Tidal CO ₂ Detector (Qualitative / Colorimetric), Adult	1
End-Tidal CO ₂ Detector (Qualitative / Colorimetric), Pediatric	1
End-Tidal CO ₂ Monitor (Quantitative / Continuous Wave-form)	1
Glucometer	1
Glucometer Lancets	5
Glucometer Test Strips	5
Intranasal Syringe Adapter	2
Intubation Stylet, Adult	2
Intubation Stylet, Pediatric	2
IV Administration Set, Macro-drip (10 /15 gtts)	2
IV Administration Set, Micro-drip (60 gtts)	4
IV Catheter, 12-14G 2" (for Pleural Decompression)	2
IV Catheter, 14G – 24G	3 each size
Laryngoscope Batteries, Spare	1 set
Laryngoscope Blades, Macintosh	4 Assort Sizes
Laryngoscope Blades, Miller/Wisconsin	4 Assort Sizes
Laryngoscope Handle, Small	1
Lubricant, Water Soluble	6 packets
Magill Forceps, Adult	1
Magill Forceps, Pediatric	1
Meconium Aspirator	1
Nebulizer, Hand-held	2

APPENDIX - 3.0

EQUIPMENT LISTS

ITEM	QUANTITY
Needles, Assorted Sizes (18G / 23G / 27G)	3 each size
Needle, Intraosseous (15 G / 18 G)	2
Peak Flow Meter	1
Peak Flow Meter Disposable Mouth Pieces	2
Pediatric Color-Coded Treatment Tape (i.e. Broselow™)	1
Phlebotomy Tourniquet	2
Pulse Oximeter (with Adult and Pediatric Sensors)	1
Syringe, 1cc / 3cc / 5cc / 10cc	3 each size
Syringe, 10 cc (for ETT Kit)	2
Syringe, 20 cc	2

RECOMMENDED

ITEM	QUANTITY
CPAP Device / Circuit	1
Defibrillation Gel	1 tube
Defibrillation Paddles, Adult	1 pair
Defibrillation Paddles, Pediatric	1 pair
Esophageal Detection Device (Syringe or Bulb Type)	1
Intraosseous Insertion Kit, Adult (i.e. EZ IO™)	1
Laryngeal Mask Airways (Assorted sizes)	1 set
Laryngoscope Bulbs, Spare (Large)	2
Laryngoscope Bulbs, Spare (Small)	2

APPENDIX - 4.0

PHARMACUTICALS

Medication Inventory

* REQUIRED MEDICATIONS

MEDICATION	MINIMUM QUANTITY
Activated Charcoal	100 gm
Adenosine	30 mg
Albuterol	10 mg
Amiodarone	600 mg
Aspirin (81 mg chewable)	12 tablets
Atropine Sulfate	20 mg
Calcium Chloride 10%	1 gm
Dexamethasone	10 mg / 1 ml
Dextrose (5%) IV Fluid	100 ml
Dextrose 25%	25 gm
Dextrose 50%	50 gm
Diazepam	20 mg
Diltiazem	50 mg
Diphenhydramine	100 mg
Dobutamine	800 mg
Dopamine	800 mg
Epinephrine (1:10,000) 1 mg preloaded syringe	6 mg
Epinephrine (1:1000) 1 mg ampoule	6 mg
Etomidate	60 mg
Furosemide	200 mg
Glucagon	1 mg
Ipratropium	1 mg
Labetolol	100 mg
Lidocaine 2%	400 mg
Lidocaine 20%	2 gm
Magnesium Sulfate	10 gm
Methylprednisolone	250 mg
Midazolam	5 mg
Morphine Sulfate	20 mg
Naloxone	8 mg
Nitroglycerin 0.4 mg (tablet or spray)	25 doses
Normal Saline (.9%) IV Fluid 1000 ml bag	2 bags
Normal Saline (.9%) IV Fluid 250 ml bag	4 bags
Normal Saline (.9%) IV Fluid 50 ml bag	2 bags

APPENDIX - 4.0

PHARMACUTICALS

Medication Inventory

* REQUIRED MEDICATIONS

MEDICATION	MINIMUM QUANTITY
Oxytocin	20 units
Procainamide	2 gm
Sodium Bicarbonate	100 mEq
Terbutaline	2 mg
Tetracaine HCL ½% Ophthalmic drops	One 1 ml dropperette
Vasopressin	40 units
Verapamil	20 mg

☑ OPTIONAL MEDICATION

MEDICATION	MINIMUM QUANTITY
Lorazepam	4 mg
Phenylephrine nasal spray 1%	1 bottle
Racemic Epinephrine 2.25%	2 ml

! SPECIAL PROCEDURE MEDICATIONS

The following medications may **ONLY** be carried by the ALS agencies and Paramedics who have been credentialed to do so by the Westchester REMAC.

MEDICATION	MINIMUM QUANTITY
Mark I or DuoDote™ Kit	3 kits or injectors
Succinylcholine	200 mg
Vecuronium	10 mg