

Westchester Regional



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

APPROVED BY THE NEW YORK STATE EMERGENCY MEDICAL ADVISORY COMMITTEE
ORIGINAL SEPTEMBER 2002
UPDATE SEPTEMBER 2003
UPDATE DECEMBER 2007
UPDATE DECEMBER 2008

WESTCHESTER REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE
PARAMEDIC PROTOCOLS - DECEMBER 2008

TABLE OF CONTENTS

SECTION		PAGE
Introduction	Interpretation Of Protocols	INTRO - 1
	Pediatric Patients	INTRO - 1
	Medical Control	INTRO - 2
	Medical Authority At The Scene	INTRO - 2
	Communications	INTRO - 2
	Communications Failure	INTRO - 3
	Clinical Judgment	INTRO - 3
	Conflict Resolution	INTRO - 3
	Ambulance Diversion	INTRO - 4
	Destination Decisions	INTRO - 4
	Do Not Resuscitate Orders	INTRO - 4
	Responsibility For ALS Care	INTRO - 4
	Protocol Changes	INTRO - 5
	Record Keeping	INTRO - 5
	Patients Who Refuse Care	INTRO - 5
	ALS Complaint Procedures	INTRO - 6
	ALS Disciplinary Procedures	INTRO - 7
	Medical	Routine Medical Care
Airway Management		M – 2.0
Bronchospasm / Asthma / COPD		M – 3.0
Cardiac (General)		M – 4.0
Cardiac (General): Acute Coronary Syndrome		M – 4.1
Cardiac (General): APE / CHF (SBP > 100 mmHg)		M – 4.2
Cardiac (General): Bradycardia (including 3 rd Degree Heart Block)		M – 4.3
Cardiac (General): Narrow Complex Tachycardia – Unstable		M – 4.4
Cardiac (General): Narrow Complex Tachycardia – Stable		M – 4.5
Cardiac (General): Wide Complex Tachycardia – Unstable		M – 4.6
Cardiac (General): Wide Complex Tachycardia – Stable		M – 4.7
Cardiac (Arrest): Non-Traumatic Cardiopulmonary Arrest		M – 5.0
Cardiac (Arrest): Shockable Rhythm (VF or Pulseless VT)		M – 5.1
Cardiac (Arrest): Non-shockable Rhythm (PEA/EMD, Asystole)		M – 5.2
Cardiac (Arrest): Field Termination Of Resuscitation Efforts		M – 5.3
Altered Mental Status		M – 6.0
Anaphylactic Reaction		M – 7.0
Toxic Exposure / Poisoning		M – 8.0
Non-Traumatic Shock (Cardiogenic, Septic)		M – 9.0
Post Partum Hemorrhage		M – 10.0
Obstetrical – Toxemia Of Pregnancy	M – 11.0	
Seizures	M – 12.0	
Pediatric	Airway Management	P – 1.0
	Bronchospasm / Asthma	P – 2.0
	Croup / Epiglottitis	P – 3.0
	Cardiac (General)	P – 4.0
	Cardiac (General): Bradycardia (including 3 rd Degree Heart Block)	P – 4.1
	Cardiac (General): Narrow Complex Tachycardia	P – 4.2
	Cardiac (General): Wide Complex Tachycardia	P – 4.3
	Cardiac (Arrest): Non-Traumatic Cardiopulmonary Arrest	P – 5.0

TABLE OF CONTENTS

SECTION		PAGE
Pediatric (<i>cont'd</i>)	Cardiac (Arrest): Shockable Rhythm (VF or Pulseless VT)	P – 5.1
	Cardiac (Arrest): Non-shockable Rhythm (PEA/EMD, Asystole)	P – 5.2
	Altered Mental Status	P – 6.0
	Anaphylactic Reaction	P – 7.0
	Toxic Exposure / Poisoning	P – 8.0
	Non-Traumatic Shock (Cardiogenic, Septic)	P – 9.0
	Neonatal Resuscitation	P – 10.0
	Seizures	P – 11.0
Trauma	Routine Trauma Care	T – 1.0
Special	Pain Management	S – 1.0
	Rapid Sequence Intubation (Credentialed Paramedics Only)	S – 2.0
	Nerve Agent Antidotes	S – 3.0
	Nerve Agent Antidotes: Adult Administration	S – 3.1
	Nerve Agent Antidotes: Pediatric Administration	S – 3.2
Appendices	By-Stander Physician Release Form	A – 1.0
	Trauma Transport Algorithm	A – 2.0
	Trauma Transport Algorithm: Estimating Extent of Burn Injury	A – 2.1
	Trauma Transport Algorithm: Trauma Centers	A – 2.2
	Trauma Transport Algorithm: EMS Report to Trauma Center	A – 2.3
	Equipment Lists	A – 3.0
	Pharmaceuticals: Medication Inventory	A – 4.0
	Pharmaceuticals: Drug Formulary	A – 4.1

INTRODUCTION

The Paramedic Protocols that follow were originally 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 Paramedic Advanced Life Support (ALS) care in the Westchester Region/County.

* GENERAL INTERPRETATION OF PROTOCOLS

These protocols should be read with certain general understandings:

- The New York State (NYS) “Basic Life Support Protocols” as issued by the NYS Department of Health (DOH), SEMAC and State EMS Council (SEMSCO) are always to be initiated before and in conjunction with the Westchester Regional EMS Paramedic Protocols.
- These Paramedic Protocols are to be carried out in conjunction with any appropriate policies, procedures or advisories established by the Westchester Emergency Medical Advisory Committee (REMAC)
- The Paramedic Protocols begin with Protocol M-1.0: Routine Medical Care or T-1.0: Routine Trauma Care, as appropriate.
- Energy settings have been noted for defibrillation, cardioversion, and external cardiac pacing based on either monophasic or biphasic defibrillators. However, in some cases, biphasic devices should be implemented utilizing the US Food and Drug Administration (FDA) approved equivalent joulage settings established by the manufacturer.
- 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 as appropriate. 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 an On-line Medical Control (OLMC) physician. Medical Control options will be sequenced by the OLMC physician.

* PEDIATRIC PATIENTS

Protocols specific for pediatric patients are found in the “**PEDIATRIC**” section of these protocols, as well as in the “**SPECIAL**” section as appropriate. These protocols should be read with the following understanding regarding pediatric patients:

- A pediatric patient is any patient who fourteen (14) years old or younger.
- Advanced airway management in the pediatric patient should be considered **ONLY** when basic life support airway management cannot maintain adequate ventilation and oxygen saturation.

INTRODUCTION

- 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 for ALS practice in the Westchester Region/County are authorized by the Westchester Regional Medical Advisory Committee (REMAC).
- Credentials for ALS practice are required of all Paramedic personnel and OLMC physicians in order to participate in the Westchester Regional EMS system.

* MEDICAL AUTHORITY AT THE SCENE

Paramedics **MAY NOT** relinquish Medical Control to any person at the scene. **ONLY** an OLMC physician may relinquish Medical Control and then **ONLY** to an identified physician at the scene.

An OLMC physician may allow a paramedic to follow orders from an on-scene physician, providing such orders are included within established Westchester Regional Paramedic Protocols. Orders given by an on-scene physician that are not within established Westchester Regional Paramedic protocols require:

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

An on-scene physician who accepts Medical Control will complete and sign the Westchester Regional *Physician Release Form*, found in the “**APPENDIX**” section.

If an on-scene physician accepts and then wants to relinquish Medical Control, the paramedic will re-contact the OLMC physician who will then resume Medical Control.

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

* COMMUNICATIONS

A Paramedic may contact On-line Medical Control at any time.

A Paramedic **MUST** notify the receiving facility of ALS assessment and treatment given upon transport of the patient to that location.

A Paramedic **MUST** contact OLMC whenever there is a patient who requires or receives ALS services but refuses transport or treatment.

INTRODUCTION

* COMMUNICATION FAILURE

In the situation where voice contact with OLMC cannot be established by radio/telephone/cellular apparatus/telemetry, a paramedic will complete appropriate standing orders **ONLY** 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 JUDGMENT

Protocols are treatment algorithms that should be used in conjunction with **GOOD CLINICAL JUDGMENT**.

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 OLMC in order to differentiate the most emergent clinical problem and define the most suitable therapy. At that time, the OLMC physician shall order the most appropriate treatment within the paramedic’s scope of practice as defined by their level of training, certification, **AND** the Westchester Regional Paramedic Protocols.

* CONFLICT RESOLUTION

When orders from an OLMC physician appear to a Paramedic to be inappropriate, the paramedic should:

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

If the OLMC physician does not alter or retract the order, then the paramedic should carry out the order **UNLESS**:

1. The paramedic 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 service medical director and the REMAC.

INTRODUCTION

* AMBULANCE DIVERSION

Ambulance diversion is a hospital-based decision and is not binding upon the ALS service, unless the hospital is completely out of service due to a facility infrastructure failure or other operational emergency. Compliance is a voluntary act that will be jointly decided by OLMC 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 per Westchester REMAC and NYSDOH policy and protocol. OLMC **MUST** approve any anticipated deviation from this standard.

When patients are transported to a hospital not providing the OLMC for the transport, the OLMC physician **MUST** 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.

A DNR may be honored:

1. For any patient originating from an Article 28 facility (hospital or nursing facility) when written DNR orders from a physician are presented;
2. For any patient **NOT** originating from an Article 28 Facility (hospital or skilled nursing facility), **ONLY** when a physician-signed New York State Department of Health (NYS DOH) non-hospital DNR order (DOH-3474) is presented, or an approved NYS DOH DNR bracelet is found on the patient's body.

* RESPONSIBILITY FOR ALS CARE

On calls where a credentialed Paramedic encounters a patient requiring ALS treatment and transportation, and he or she requires the use of a BLS ambulance, any ALS protocol initiated by the Paramedic **MUST** continued en-route by a credentialed Paramedic.

A Paramedic may release those patients not having received, nor requiring, ALS care to BLS support personnel for care and transportation to an appropriate facility provided the presumptive diagnosis **DOES NOT** anticipate the need for ALS care.

INTRODUCTION

* PROTOCOL CHANGES

Any recommendations or requests for changes in the Regional Paramedic Protocols should be referred to the REMAC for review by the Protocol Committee.

There will be periodic reviews of the Regional Paramedic Protocols that may be updated annually with the SEMAC oversight/approval.

* RECORD KEEPING

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

Copies of the PCR, or the NYSDOH approved alternative patient care documentation instrument, will be provided to the agency completing the report, the Westchester Regional EMS office, and the receiving facility.

The paramedic will provide all pertinent patient 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 an On-line Medical Control physician if ALS is indicated.
4. Request a police agency if necessary.
5. Document the following on the PCR, or NYSDOH approved alternative patient care documentation instrument:
 - a) Findings (e.g. history, physical examination, mental status, etc.), including 2 sets of vital signs
 - 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.

INTRODUCTION

* 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 Program Coordinator. 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 Program Coordinator.
2. Westchester Regional EMS Program Coordinator 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 Program Coordinator 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 Program Coordinator, 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 Regional EMS Program Coordinator, Evaluation Committee Chairperson, party making the complaint, and involved individual/agency.
5. If it is a serious infraction, the Regional EMS Program Coordinator 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 Regional EMS Program Coordinator and Chairperson of the Evaluation

INTRODUCTION

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 Program Coordinator 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 REMAC. The Evaluation Committee consists of seven (7) members as follows:

- Chairperson of the Evaluation Committee
- Regional Medical Director
- Regional Program Coordinator
- 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 REMAC.

The REMAC 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 REMAC 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 to the SEMAC.