Loudoun County EMS Council, Inc

2012 Protocol Revisions

These protocols have been designed and developed to provide Loudoun County EMS providers guidance and direction in providing care to patients. They are not all-inclusive and are not intended to provide an answer to every possible situation that may be encountered. Providers may find that a given patient won't always "fit" under a single protocol. Providers may encounter a situation which is not covered in these guidelines and shall rely on their education, experience and sound judgment to make the proper decisions in the best interest of the patient. While much of the treatment is authorized on standing order, consultation with on line medical control is available and providers are encouraged to use this resource to support medical decision-making as needed.

The protocols are divided into cardiac emergencies, non-cardiac emergencies and trauma emergencies and are alphabetized by protocol title. The protocols do not stand alone but rather are linked to the General Directives, Policies and a procedure guide which covers the performance of skills.

Each protocol has the following sections:

- **Signs and Symptoms**

  This section provides a list of some of the key signs and symptoms that may be present in a patient treated under the protocol. Importantly, a given patient is unlikely to have <u>all</u> of the signs/symptoms listed and the lack of one sign or symptom may not "rule out" an illness/injury. Pertinent findings including the presence or absence of key signs and symptoms should guide treatment decisions and should be documented to support decision-making.

- **History**

  When patient condition allows, a thorough history can help guide a focused, organized treatment plan. Certain elements of the history should be obtained in nearly all patients (SAMPLE, OPQRST). In the protocol, the history section provides a reminder of other key points which may help guide medical decision making.

- **Differentials**

  The importance of formulating a broad differential diagnosis cannot be overemphasized. This section contains some of the possible diagnoses which could be causing the patients signs/symptoms. The list generally includes the most common and the most dangerous conditions that could be present. The list is not exhaustive; it is not practical to list all possible diagnoses for a given

complaint. As history is collected and signs/symptoms are noted, the long list of possible causes of the patient's condition should become more focused. It is important to continue to consider alternative field diagnoses even after treatment is started. The patient's response to treatment may further hone the differential diagnosis. While a certain diagnosis may seem like the most likely explanation, be open to and watchful for alternate diagnoses especially those which represent a threat to life or limb.

- **WARNINGS**

This section highlights warnings about drugs or other interventions. The yellow exclamation point inside a black circle is found in the protocol to alert providers that there is a warning associated with the drug or intervention that is indicated.

- **Care**

The center column provides guidelines for patient care. The flow of the diagram provides a general guide to the order of care. Specific circumstances or patient presentations may require a deviation from the order presented and prudent provider judgment is encouraged.

These protocols are guidelines for all levels of providers. Symbols have been provided to indicate what actions can be performed by each level of provider within their scope of practice. The symbol precedes the corresponding order/action. In some cases, a symbol will define the scope for multiple steps as a continuation of care at that provider level until the next symbol is reached. B and E providers will note that their care guideline directive may begin but then will have to skip further down the flow chart to the next time that their provider-level symbol appears.
The cardiac rhythm-specific protocols (Vfib, asystole etc.) do not have guidelines for B and E providers as these protocols are only begun upon diagnosis of a specific heart rhythm by and EMT-I/P.

A green box with the level of provider indicates what treatment may be given on standing order by providers at that level of local authorization. The following key is to be used:

B- EMT B

E- EMT-Enhanced

I-EMT-Intermediate

P- EMT-Paramedic

A red octagon (Stop Sign) is used to indicate steps that require on line medical control authorization. The provider level within the symbol refers to which provider may perform the treatment after on line medical control authorization. This symbol does not mean that care is to stop at this step. This symbol is a cue to stop and consult medical control for authorization to perform that step.

NOTE: Locally authorized first responders may perform a skill that an EMT has a standing order to perform. First Responders will not be authorized to perform any skill that an EMT needs medical control authorization. For example: An EMT may assist a patient with their prescribed nitroglycerin with medical control orders. A First Responder would not be authorized to do so.

Although the care section ends, the treatment of the patient shall continue in an organized and logical manner with a general goal of stabilization and transport to definitive care at the Emergency Department. All steps may not be completed due to adequate response to initial treatment or arrival at hospital prior to completion.

Pediatric dosing for medication is given in weight-based form and is highlighted by a pink box. Use the Broselow® tape to guide weight-based dosing. The listed Adult dose is also the maximum possible weight-based dose for a larger pediatric patient. Pediatric patients shall not be given a dose in excess of the adult dose listed regardless of weight. Smaller adults may benefit from weight based dosing as well, consult medical control for further guidance as needed.

- **Pearls**

This section provides "pearls of wisdom" a term often used in medicine to describe helpful facts and considerations to aid patient care. They are listed in no particular order. Pearls may provide alternative care strategies or suggestions.
In some instances considerations for alternate medications are listed. If there is no reference to administer on standing order, the provider shall contact medical control for authorization to use. Pearls have not been designated ALS or BLS though some are pertinent to ALS-level care. While many pearls apply to both adult and pediatric patients, pearls specifically for pediatric patients are in pink text.

- **Performance Indicators.**

They have been listed in most protocols to give providers an idea of what the Operational Medical Director is expecting to be accomplished when caring for a patient. In some instances the performance indicators may not be accomplished in the time that the patient is in the providers care. They are designed to give providers benchmarks to aim for.

The protocols, policies, and procedures found within are hereby authorized and placed into effect as of August 1st, 2012 .

John I. Morgan, MD, OMD	Leo C. Kelly, PA, LCEMSC