

# EL DORADO COUNTY EMS AGENCY

## PREHOSPITAL PROTOCOLS

Supersedes: Preface dated July 1, 2011

**Effective: July, 1 2013**

Updated: July 10, 2013

Scope: BLS/ALS – Adult and Pediatric



EMS Agency Medical Director

### PREFACE

The goal of these prehospital protocols is to standardize the pre-hospital emergency medical care in El Dorado County and to enable ALS and BLS pre-hospital care personnel to render timely and medically acceptable patient care. These protocols conform to the current State of California EMS Regulations in California Code of Regulations, Title 22, and, in general, follow current ACLS, PALS/PEPP, and ICLS guidelines.

No set of protocols or EMS policies can possibly foresee every situation that may be encountered in the field. Therefore, these protocols acknowledge the need for personnel to rely on their best medical judgment. Patients not meeting the clinical signs and symptoms of a specific protocol are not eliminated from receiving treatment, but this requires the care giver to contact the base station for further direction. These protocols are intended to provide a standardized sequence of procedures, beginning with BLS treatments and continuing on to include ALS treatments.

All personnel, regardless of level of training, are responsible for the BLS treatment and “Routine Medical Care” portions of the protocols, ALS personnel should then follow the ALS treatment section of the protocol, as indicated. The Routine Medical Care policy is located in the Field Policy section of the EMS manual. Routine medical care shall include treatment of pain and/or nausea and vomiting as indicated. The Prehospital Formulary contains dosing regimens for pain and antiemetic medications. If necessary based on physiological justification, personnel may modify the protocol treatment sequence.

In addition, it is expected that personnel will use their best professional judgment in considering the etiology of the medical condition being treated and not just following the protocol blindly. Adult and pediatric protocols are included where appropriate, as indicated by the “Scope” section of the page header.

Both emergency department physicians and MICNs are authorized to issue base orders. All darkly shaded treatments require a base station order. All non-shaded (BLS)/lightly shaded (ALS) treatments may be performed on standing order. For situations where base station contact is impossible due to terrain, weather, communications failure, or for any other reason, the paramedic may perform items in the darkly shaded area on standing order; however, an EMS Event Analysis Form and a copy of the PCR must be completed and forwarded to the EMS Medical Director within 24 hours.

A full base station radio report is required for: all major trauma victims, patients in need of treatments requiring base orders, situations where the patient is being transported to facility other than the closest hospital, or for any situations where base station consultation may be beneficial. If transporting to a facility other than the base hospital the paramedic unit must communicate directly with the receiving hospital. This brief radio report shall include your ETA, and the patient’s: age, status, and chief complaint. Base orders can only be issued by your designated base hospital.

Finally, all pre-hospital medical care rendered within El Dorado County is performed with the expressed written authority of the EMS Agency Medical Director, and under direct supervision as such. The philosophy of these protocols is not intended to prolong the treatment of patients “on scene” nor delay transport to the most appropriate receiving facility.