Medical Control Guideline: TREATMENT PROTOCOL QUALITY IMPROVEMENT
FALLOUT DATA DICTIONARY

DEFINITION:

Fallout: a deviation from an established standard.

PRINCIPLES:

1. An EMS QI program incorporating the Treatment Protocols is essential to effectively evaluate the quality of prehospital care as well as the efficiency in providing emergency medical services.

2. A collaborative relationship between Base Hospitals and EMS Provider Agencies is necessary for a comprehensive and effective quality improvement (QI) program.

3. Base Hospitals and EMS Provider Agencies shall evaluate the appropriate utilization of the Treatment Protocols based on the fallouts outlined below.

GUIDELINES:

I. EMS PROVIDER AGENCY

1. ALL TREATMENT PROTOCOLS

   a. Provider Impression (PI)
      - Primary PI not documented
      - Primary PI clinically incorrect
      - Secondary PI not documented when appropriate

   b. Treatment Protocol (TP)
      - Designated TP for PI not used
      - Secondary TP for secondary PI not used when appropriate

   c. Airway (AW)
      - Adult - Unresponsive requiring Bag-Mask-Ventilation (BMV) and oropharyngeal airway not used
      - Advanced airway (ET tube, King LTS-D) not used for ineffective BMV (age >12 years)
      - Capnography not used for any positive pressure ventilation
      - Positive pressure ventilation required and not performed

   d. Oxygen (O2) (O2)
      - Does not receive O2 and O2 sat <94% (<88% COPD), unless newborn or pediatric congenital heart disease
      - Meets criteria for high flow O2 and patient does not receive
      - Receives O2 and O2 sat >94% and patient does not meet criteria for high flow O2
      - Pediatric – Newborn or pediatric congenital heart disease receive inappropriate O2 as per MCG 1302
e. Pain (PN)
   - Pain level not recorded
   - Pain score ≥ 7 and pain not addressed
   - Pain treated and not reassessed
   - Incorrect dose of pain medication administered

f. Base Contact (BA)
   - Base contact not made when specified by Ref. No. 1200.1 or by specific protocol used

g. Receiving Hospital Notification (NT)
   - No notification to receiving hospital as per Ref. No. 1200.1

h. Transport (TS)
   - Advanced Life Support (ALS) transport not made when indicated by Ref. No. 1200.1

i. Destination (DS)
   - Failure to transport to a specialty center when indicated
   - Transport to the wrong specialty center; includes Trauma Center, STEMI Receiving Center, Perinatal Center, Emergency Department Approved for Pediatrics, Pediatric Medical Center, Primary Stroke Center and Comprehensive Stroke Center.
   - Transport to the incorrect stroke center level based on mLAPSS, LAMS and Last Known Well Time

j. Documentation (DO)
   - Erroneous Provider Impression or Treatment Protocol documentation due to data entry error alone

k. Color Code Drug Doses (DD)
   - Pediatric – for children ≤ 14 years weight (kg) and Color Code not documented
   - Pediatric – for children ≤ 14 years weight (kg) or Color Code incorrect

l. Fluid Administration (FL)
   - Adult – Normal Saline 1L not administered for poor perfusion or other protocol-specific indication (unless contraindicated because of pulmonary edema or multi-system trauma patient)
   - Pediatric – Normal Saline 20mL/kg not administered for poor perfusion or other protocol-specific indication
   - Patient not reassessed after each Normal Saline 250mL and fluids continued

m. Ondansetron (ON)
   - Pediatric – Ondansetron 4mg ODT given to patient < 4 years old
   - Not administered when indicated

2. TP 1202 / 1202-P – GENERAL MEDICAL
   As per “All Treatment Protocols”

3. TP 1203 / 1203-P – DIABETIC EMERGENCIES

   a. Glucose (GL)
- Blood glucose not checked

b. Low Blood Glucose (LG)
   - Blood glucose < 60 and not treated

4. TP 1204 / 1204-P – FEVER / SEPSIS
   As per “All Treatment Protocols”

5. TP 1205 / 1205-P – GI/GU EMERGENCIES
   As per “All Treatment Protocols”

6. TP 1206 / 1206-P – MEDICAL DEVICE MALFUNCTION
   As per “All Treatment Protocols”

7. TP 1207 / 1207-P – SHOCK / HYPOTENSION
   a. Vascular Access (VA)
      - Vascular access not attempted for patient
      - Intraosseous line not attempted when Intravenous Line cannot be established and Intraosseous Line indicated per MCG 1375
      - Intraosseous Line placed without indication as per MCG 1375
   b. Cardiac Monitoring (CM)
      - Cardiac monitoring not initiated
   c. Fluid Administration (FL)
      - Any universal fallout as specified above
      - Additional Normal Saline 1L for adults or 20mL/kg for pediatrics not administered for persistent poor perfusion after initial NS infusion (unless contraindicated or withheld by Base order)
   d. Push-Dose Epinephrine (PD)
      - Base contact not made to discuss or Push-Dose Epinephrine not initiated for persistent poor perfusion or poor perfusion with pulmonary edema

8. TP 1208 / 1208-P – AGITATED DELIRIUM
   a. Sedation (SE)
      - Adult – Midazolam not administered in patient requiring restraints or for provider safety
      - Pediatric – Base contact not made to discuss Midazolam administration in patients requiring restraints or for provider safety
      - Pediatric – Midazolam administered without Base order
      - Midazolam administered in patient not meeting criteria (not requiring restraints or not agitated with 2 or more of confusion, diaphoresis, tactile fever, tachycardia)

9. TP 1209 / 1209-P – BEHAVIORAL / PSYCHIATRIC CRISIS
   a. Sedation (SE)
      - Midazolam not administered in patient requiring restraints or for provider safety
      - Midazolam administered in patient not meeting criteria (not requiring restraints for patient or provider safety
      - Midazolam administered without Base order
10. TP 1210 / 1210-P – CARDIAC ARREST

a. Scene (SD)
   - Patient transported prior to at least 20 minutes of on-scene resuscitation

b. Vascular Access (VA)
   - Vascular Access not attempted for patient
   - Intraosseous Line not attempted when intravenous line cannot be established and Intraosseous Line indicated per MCG 1375

c. Capnography (WC)
   - Waveform capnography is not used throughout resuscitation

d. Defibrillation (DF)
   - Adult – Defibrillation biphasic at 200J not performed immediately for shockable rhythm
   - Pediatric – Defibrillation at 2J/kg not performed immediately for shockable rhythm
   - Pediatric – Repeat defibrillation at 4J/kg not performed when indicated
   - Defibrillation performed for non-shockable rhythm

e. Epinephrine (EP)
   - Epinephrine administered prior to defibrillation x 2 for shockable rhythm
   - Epinephrine not administered after defibrillation x 2 for shockable rhythm
   - Epinephrine not administered for PEA/Asystole

f. Amiodarone (AM)
   - Amiodarone not administered for persistent or recurrent V-Fib/V-Tach without pulses
   - Amiodarone administered for rhythm besides persistent V-Fib/V-Tach without pulses

g. 12-Lead ECG (EC)
   - 12-Lead ECG not performed after Return of Spontaneous Circulation (ROSC) per MCG 1308
   - 12-Lead ECG paramedic interpretation not documented
   - 12-Lead ECG software interpretation not documented

h. Fluid Administration (FL)
   - Normal Saline not administered for PEA/Asystole
   - Normal Saline not administered for SBP <90 after ROSC

i. Push-Dose Epinephrine (PD)
   - Adult – Push-dose epinephrine not administered for SBP <90mmHg after 250mL Normal Saline for ROSC
   - Pediatric – Push-dose epinephrine not administered for SBP <70mmHg after Normal Saline 20mL/kg for ROSC

11. TP 1211 – CARDIAC CHEST PAIN

a. Cardiac Monitoring (CM)
   - Cardiac Monitoring not initiated
b. 12-Lead ECG (EC)
   - 12-Lead ECG not performed as per MCG 1308
   - 12-Lead ECG paramedic interpretation not documented
   - 12-Lead ECG software interpretation not documented

c. Aspirin (AS)
   - Aspirin not administered for alert patient (unless documented that patient is allergic to Aspirin/has contraindication to receiving Aspirin)
   - Aspirin administered to a pediatric patient

d. Nitroglycerin (NG)
   - Nitroglycerin given for SBP <100mmHg
   - Nitroglycerin given when patient has taken sexually enhancing drugs within 48 hours
   - Nitroglycerin given without assessing for sexually enhancing drugs
   - Nitroglycerin not given despite chest pain and no documentation as to why withheld
   - Nitroglycerin given to a pediatric patient

12. TP 1212 / 1212P – CARDIAC DYSRHYTHMIA – BRADYCARDIA

a. Cardiac Monitoring (CM)
   - Cardiac Monitoring not initiated

b. 12-Lead ECG (EC)
   - 12-Lead ECG not performed as per MCG 1308
   - 12-Lead ECG paramedic interpretation not documented
   - 12-Lead ECG software interpretation not documented

c. Chest Compressions (CC)
   - Pediatric - Chest compressions not performed for pulse <60bpm with persistent poor perfusion after O2 and BMV
   - Pediatric - Chest compressions continued after pulse >60bpm

d. Epinephrine (EP)
   - Pediatric – Epinephrine administered without O2 and BMV/airway management for poor perfusion
   - Pediatric – Epinephrine not administered for persistent poor perfusion after O2 and BMV
   - Pediatric – Epinephrine not administered at correct dose

e. Atropine (AT)
   - Adult – Atropine not administered for poor perfusion (unless immediate Transcutaneous Pacing (TCP) is indicated and initiated)
   - Pediatric – Atropine not administered for suspected AV Block or increased vagal tone (unless immediate TCP indicated and initiated)

f. Transcutaneous Pacing (TCP) (TC)
   - TCP not initiated for HR ≤ 40 with continued poor perfusion as per MCG 1365

13. TP 1213 / 1213-P – CARDIAC DYSRHYTHMIA – TACHYCARDIA

a. Cardiac Monitoring (CM)
- Cardiac Monitoring not initiated

b. 12-Lead ECG (EC)
- 12-Lead ECG not performed as per MCG 1308
- 12-Lead ECG paramedic interpretation not documented
- 12-Lead ECG software interpretation not documented

c. Valsalva (VL)
- Valsalva not attempted for supraventricular tachycardia (SVT)/narrow complex with adequate perfusion

d. Adenosine (AD)
- Adenosine not administered for SVT/narrow complex with adequate perfusion when Valsalva fails
- Adenosine not administered for SVT/narrow complex in alert patient with poor perfusion
- Adenosine not administered for Wide-Complex Regular Monomorphic Tachycardia with adequate perfusion
- Adenosine dosing incorrect for poor perfusion
- Adenosine given for Wide-Complex Irregular tachycardia

e. Synchronized Cardioversion (SC)
- Synchronized Cardioversion not performed for SVT/narrow complex with persistent poor perfusion
- Synchronized Cardioversion not performed for SVT/narrow complex with ALOC
- Synchronized Cardioversion not performed for Wide-Complex Regular Monomorphic Tachycardia with poor perfusion if adenosine fails and IV not immediately available
- Synchronized Cardioversion not performed for Wide-Complex Irregular Tachycardia with poor perfusion

14. TP 1214 – PULMONARY EDEMA / CHF

a. Continuous Positive Airway Pressure (CPAP) (CP)
- CPAP not administered for moderate to severe respiratory distress (SBP ≥ 90mmHg and no contraindications)
- CPAP administered to patient with contraindications

b. Cardiac Monitoring (CM)
- Cardiac monitoring not initiated

c. Vascular Access (VA)
- Vascular Access not attempted for patient
- Intraosseous Line not attempted when intravenous line cannot be established and Intraosseous Line indicated per MCG 1375
- Intraosseous Line placed without indication as per MCG 1375

d. Nitroglycerin (NG)
- Nitroglycerin not administered
- Nitroglycerin given for SBP <100mmHG
- Nitroglycerin given when patient has taken sexually enhancing drugs within 48 hours
- Nitroglycerin given without assessing for sexually enhancing drugs
- Nitroglycerin dose incorrect for SBP

e. Albuterol (AL)
   - Albuterol not given for patient with wheezing despite CPAP

15. TP 1215 / 1215-P – CHILDBIRTH MOTHER

   a. Vascular Access (VA)
      - Vascular Access attempt delays transport

   b. Amniotic Sac (AN)
      - Amniotic sac showing with presenting crown and sac rupture not performed and/or documented

   c. Fundal Massage (FM)
      - Fundal massage not performed after placenta delivery

   d. Destination (DS)
      - Incorrect transport destination based on gestational age

16. TP 1216-P – NEWBORN / NEONATAL RESUSCITATION

   a. Amniotic Sac (AN)
      - Amniotic sac showing with presenting crown and sac rupture not performed and/or documented

   b. Vascular Access (VA)
      - Vascular Access not attempted for a child who does not respond to initial resuscitation and BMV
      - Vascular Access attempt delays transport

   c. Chest Compressions (CC)
      - Chest compressions not performed for pulse <60bpm after BMV for 30 seconds
      - Chest compressions continued after pulse >60bpm

   d. Epinephrine (EP)
      - Epinephrine not administered for <60bpm once chest compressions begun
      - Epinephrine not administered at correct dose

17. TP 1217 / 1217-P – PREGNANCY COMPLICATION

   a. Vascular Access (VA)
      - Vascular Access not attempted
      - Vascular Access attempt delays transport

   b. Amniotic Sac (AN)
      - Amniotic sac showing with presenting crown and sac rupture not performed and/or documented

   c. Abnormal Delivery (AB)
      - Abnormal delivery not managed per protocol
As per “All Protocols”

19. TP 1219 / 1219-P – ALLERGY

a. Epinephrine (EP)
   - Epinephrine not administered for anaphylaxis
   - Epinephrine not administered at correct dose
   - Epinephrine not administered every 10min x 2 for persistent symptoms
   - Epinephrine administered by incorrect route
   - More than 3 doses of epinephrine administered

b. Vascular Access (VA)
   - Vascular Access not attempted for patient with anaphylaxis
   - Intraosseous Line not attempted when Intravenous Line cannot be established in patients in anaphylactic shock
   - Intraosseous Line placed without indication as per MCG 1375

c. Albuterol (AL)
   - Albuterol not given for patient with wheezing

20. TP 1220 / 1220-P – BURNS

a. Clothing (CL)
   - Clothing (jewelry) not removed from affected area

b. Burn Management (BM)
   - Burn type not identified
   - Burn not managed by protocol for type

c. Warming Measures (WM)
   - Measures not taken to keep patient warm

21. TP 1221 / 1221-P – ELECTROCUTION

a. Cardiac Monitoring (CM)
   - Cardiac Monitoring not initiated

b. Clothing (CL)
   - Clothing (jewelry) not removed from affected area

22. TP 1222 / 1222-P – HYPERTHERMIA (ENVIRONMENTAL)

a. Cardiac Monitoring (CM)
   - Cardiac Monitoring not initiated

b. Cooling Measures (CO)
   - Cooling measures not initiated

23. TP 1223 / 1223-P – HYPOTHERMIA / COLD INJURY

a. Cardiac Monitoring (CM)
   - Cardiac Monitoring not initiated
b. Warming Measures (WM)
   - Warming measure not initiated

24. TP 1224 / 1224-P – STINGS / VENOMOUS BITES
   a. Venomous Bite (VB)
      - Bite not managed by protocol for type

25. TP 1225 / 1225-P – SUBMERSION
   a. Cardiac Monitoring (CM)
      - Cardiac Monitoring not initiated
   b. Warming Measures (WM)
      - Warming measures not initiated

26. TP 1226 / 1226-P – ENT / DENTAL EMERGENCIES
   a. Control Bleeding (CB)
      - Bleeding control with direct pressure not attempted when indicated
   b. Tooth Avulsion (TA)
      - Avulsed tooth not placed in Normal Saline

27. TP 1227 – Omitted

28. TP 1228 / 1228-P – EYE PROBLEM
   a. Shield Eye (SH)
      - Globe rupture suspected and eye not shielded
   b. Burn Management (BM)
      - Burn type not identified
      - Chemical burn not irrigated with Normal Saline 1L
      - Thermal burn not covered with dry dressing
   c. Ondansetron (ON)
      - Ondansetron not administered to nauseated patient with suspected globe rupture

29. TP 1229 / 1229-P – ALOC
   a. Cardiac Monitoring (CM)
      - Cardiac monitoring not initiated
   b. Vascular Access (VA)
      - Vascular Access not attempted for patient
      - Intraosseous Line not attempted when Intravenous Line cannot be established and Intraosseous Line indicated as per MCG 1375
      - Intraosseous Line placed without indication as per MCG 1375
   c. Glucose (GL)
      - Blood Glucose not checked
d. Modified Los Angeles Prehospital Stroke Screen (mLAPSS) (ML)
   - Adult – mLAPSS not performed when GCS is adequate for patient cooperation
   - Pediatric – Neurological exam not performed/documented

30. TP 1230 / 1230-P – DIZZINESS / VERTIGO

a. Glucose (GL)
   - Blood Glucose not checked

b. Modified Los Angeles Prehospital Stroke Screen (mLAPSS) (ML)
   - Adult – mLAPSS not performed for vertigo
   - Pediatric – Neurological exam not performed/documented

31. TP 1231 / 1231-P – SEIZURE

a. Midazolam (MD)
   - Midazolam not administered for active seizure
   - Midazolam dose incorrect
   - Midazolam frequency incorrect

b. Glucose (GL)
   - Blood Glucose not checked for persistent ALOC

32. TP 1232 / 1232-P – STROKE / CVA / TIA

a. Cardiac Monitoring (CM)
   - Cardiac Monitoring not initiated

b. Vascular Access (VA)
   - Vascular Access not attempted for patients with Los Angeles Motor Score (LAMS) 4 or 5

c. Glucose (GL)
   - Blood Glucose not checked

d. Modified Los Angeles Prehospital Stroke Screen (mLAPSS) (ML)
   - mLAPSS not performed
   - mLAPSS not documented

e. Los Angeles Motor Score (LAMS) (LA)
   - LAMS not performed for positive mLAPSS
   - LAMS not documented for positive mLAPSS

f. Last Known Well Time (LK)
   - Last Known Well Time not documented

33. TP 1233 / 1233-P – SYNCOPE / NEAR SYNCOPE

a. Cardiac Monitoring (CM)
   - Cardiac monitoring not initiated

b. 12-Lead ECG (EC)
34. TP 1234 / 1234-P – AIRWAY OBSTRUCTION

a. Obstructed Airway (OA)
   - > 1 year old - abdominal thrusts not performed in conscious patient who is unable to speak
   - < 1 year old – back blows/chest thrusts not performed in conscious patient
   - Chest compressions not initiated on patient that loses consciousness
   - Laryngoscopy not performed to visualize potential obstruction if chest compressions fail to dislodge foreign body
   - Visible foreign body removal not attempted with McGill forceps if laryngoscopy performed

b. Unmanageable Airway (UA)
   - Immediate MAR transport not initiated

c. Cardiac Monitoring (CM)
   - Cardiac Monitoring not initiated

d. Epinephrine (EP)
   - Epinephrine neb not administered for stridor with respiratory distress
   - Epinephrine IM not administered for visible airway/tongue swelling
   - Epinephrine not administered at correct dose
   - Epinephrine not administered by correct route for indication
   - Epinephrine not administered at correct frequency
   - Epinephrine neb administered more than 2 times

e. Tracheostomy Management (TM)
   - Suctioning not attempted
   - Inner cannula not removed and cleaned if present
   - Tracheostomy not removed and replaced when indicated

35. TP 1235-P – BRUE

   Cardiac Monitoring (CM)
   - Cardiac monitoring not initiated

36. TP 1236 / 1236-P – INHALATION INJURY

a. Remove from Environment (RE)
   - Patient not removed from environment for ongoing exposure

b. Epinephrine (EP)
   - Epinephrine neb not administered for stridor with respiratory distress
   - Epinephrine not administered at correct dose
   - Epinephrine not administered at correct frequency
   - Epinephrine neb administered more than 2 times

c. Albuterol (AL)
   - Albuterol not given for patient with wheezing/bronchospasm
d. Continuous Positive Airway Pressure (CPAP) (CP)
   - CPAP not administered for moderate to severe respiratory distress (SBP ≥ 90mmHg, no contraindications, and patient size > length-based resuscitation tape)
   - CPAP administered to patient with contraindications

37. TP 1237 / 1237-P – RESPIRATORY DISTRESS

a. Continuous Positive Airway Pressure (CPAP) (CP)
   - CPAP not administered for moderate to severe respiratory distress (SBP ≥ 90mmHg, no contraindications, and patient size > length-based resuscitation tape)
   - CPAP administered to patient with contraindications

b. Albuterol (AL)
   - Albuterol not given for patient with wheezing

c. Epinephrine (EP)
   - Epinephrine IM not administered for deteriorating respiratory status despite albuterol
   - Epinephrine not administered at correct dose

d. Needle Thoracostomy (NE)
   - Needle Thoracostomy not performed when indicated as per MCG 1335
   - Needle Thoracostomy performed when not indicated as per MCG 1335

38. TP 1238 / 1238-P – CARBON MONOXIDE EXPOSURE

a. Remove from Environment (RE)
   - Patient not removed from environment for ongoing exposure

39. TP 1239 / 1239-P – DYSTONIC REACTION

a. Diphenhydramine (DP)
   - Dystonic reaction not recognized
   - Diphenhydramine not administered

40. TP 1240 / 1240-P – HAZMAT

a. Clothing (CL)
   - Clothing not removed

b. Decontaminate (DC)
   - Decontamination not performed as indicated

c. Irrigation (IR)
   - Eyes not flushed when indicated
   - Eye not irrigated with at least 1L Normal Saline

d. Cardiac Monitoring (CM)
   - Cardiac Monitoring not initiated
e. Nerve Agent Exposure (NA)
   - DuoDote not administered per protocol

f. Organophosphate Exposure (OG)
   - Atropine not administered as indicated per protocol

g. Radiologic Exposure (RA)
   - Detection device not utilized for suspected contamination
   - Cause of contamination not determined (if contamination confirmed)
   - Treatment not initiated for life threatening conditions in conjunction with decontamination (treatment delayed for decontamination)

41. TP 1241 / 1241-P – OVERDOSE / POISONING / INGESTION
   a. Naloxone (NL)
      - Naloxone not administered for hypoventilation/apnea in suspected opiate overdose
      - Incorrect dose used for administration route
   b. Glucose (GL)
      - Blood Glucose not checked
   c. Antidote (AE)
      - Correct antidote not administered when available for suspected exposure

42. TP 1242 / 1242-P – CRUSH INJURY / SYNDROME
   a. Hospital Emergency Response Team (HERT) (HT)
      - HERT not activated for anticipated prolonged entrapment (>30 minutes) or when otherwise indicated
   b. Vascular Access (VA)
      - Vascular Access not attempted
      - No discussion with base for Intraosseous Line if unable to establish Intravenous Line
      - Intraosseous Line placed without indication as per MCG 1375
   c. Fluid Administration (FL)
      - Adult – Normal Saline not administered as soon as possible prior to release
      - Adult – Less than 2L Normal Saline administered (unless contraindicated or hospital arrival prior to completion)
      - Pediatric – Normal Saline 20mL/kg not administered as soon as possible and prior to release
      - Pediatric – greater than 40mL/kg Normal Saline administered without base order
      - Patient not assessed after each Normal Saline 250mL and fluids continued unless contraindicated
   d. Cardiac Monitoring (CM)
      - Cardiac monitoring not initiated
   e. Warming Measures (WM)
      - Measures not taken to keep patient warm
f. Hyperkalemia (HK)
   - Calcium Chloride not administered when evidence of hyperkalemia
   - Sodium Bicarbonate not administered when evidence of hyperkalemia
   - Albuterol not administered when evidence of hyperkalemia
   - Medications administered at wrong dose and/or route

f. Crush Syndrome (CS)
   - Potential for Crush Syndrome not identified
   - Calcium Chloride not administered when risk for crush syndrome
   - Sodium Bicarbonate not administered when risk for crush syndrome
   - Albuterol not administered when risk for crush syndrome
   - Medications administered at wrong dose and/or route
   - Medications administered at wrong time (not administered just prior to release of entrapment)

43. TP 1243 / 1243-P – TRAUMATIC ARREST

   a. Scene (SD)
      - Patient transport delay

   b. Control Bleeding (CB)
      - Bleeding control not attempted when indicated
      - Tourniquet not applied when indicated as per MCG 1370

   c. Needle Thoracostomy (NE)
      - Needle Thoracostomy not performed when indicated as per MCG 1335
      - Needle Thoracostomy performed when not indicated as per MCG 1335

   d. Defibrillation (DF)
      - Adult - Defibrillation biphasic at 200J not performed immediately for shockable rhythm
      - Pediatric – Defibrillation not performed immediately for shockable rhythm as per MCG 1309
      - Defibrillation performed for non-shockable rhythm

   e. Spinal Motion Restriction (SMR) (SR)
      - Backboard used solely for purpose of SMR
      - Transport delayed for SMR

   f. Vascular Access (VA)
      - Vascular Access not attempted
      - Intraosseous Line not attempted when Intravenous Line cannot be established as per MCG 1375
      - Transport delayed for vascular access

   g. Fluid Administration (FL)
      - Normal Saline not administered by rapid infusion
      - Less than 2L Normal Saline initiated

44. TP 1244 / 1244-P – TRAUMATIC INJURY

   a. Scene (SD)
      - Patient transport delayed
b. Control Bleeding (CB)
   - Bleeding control not attempted when indicated
   - Tourniquet not applied when indicated as per MCG 1370

c. Needle Thoracostomy (NE)
   - Needle Thoracostomy not performed when indicated as per MCG 1335
   - Needle Thoracostomy performed when not indicated as per MCG 1335

d. Spinal Motion Restriction (SMR) (SR)
   - Backboard used solely for the purpose of SMR
   - Transport delayed for SMR
   - SMR not performed when indicated as per MCG 1360
   - SMR performed when not indicated and potentially harmful as per MCG 1360
   - Alert patient not rolled off backboard for transport (unless safety concern)

e. Ondansetron (ON)
   - Ondansetron not administered to nauseated patient with suspected traumatic brain injury

II. BASE HOSPITAL

1. ALL BASE CONTACTS

   a. Provider Impression (PI)
      - Primary PI in discussion with paramedics is clinically incorrect and/or not supported with documented data
      - Primary PI not documented
      - Secondary PI not documented when appropriate

   b. Treatment Protocol (TP)
      - Designated TP for PI not used
      - Secondary TP for secondary PI not used when appropriate
      - Base hospital orders deviate from treatment protocol standards without documented clinical rationale

   c. Critical Interventions
      
      i. Synchronized Cardioversion (SC)
         - Inappropriate cardioversion (indication, energy, timing)
         - Cardioversion not ordered when indicated

      ii. Push-Dose Epinephrine (PD)
          - Inappropriate administration of push-dose epinephrine (indication, dose, timing)
          - Push-dose epinephrine not ordered when indicated

      iii. Transcutaneous Pacing (TCP) (TC)
           - Inappropriate administration of TCP (indication, settings, timing)
           - TCP not ordered when indicated

      iv. Fluid Administration (FL)
          - Inappropriate fluid administration for patient condition
- Fluids not ordered when indicated or inadequate volume of fluids ordered

v. Pain (PN)
   - Inappropriate pain management treatment (indication, dose, frequency)
   - Pain management not ordered when indicated

d. Transport (TS)
   - Advanced Life Support (ALS) transport not made when indicated by Ref. No. 1200.1 (i.e. inappropriate BLS downgrade)

e. Destination (DS)
   - Not directing transport to a specialty center when indicated
   - Directing transport to the wrong specialty center; includes Trauma Center, Perinatal Center, STEMI Receiving Center, Primary and Comprehensive Stroke Centers, Emergency Department Approved for Pediatrics and Pediatric Medical Center.
   - Directing transport to the incorrect stroke center level based on mLAPSS, LAMS and Last Known Well Time

f. Termination of Resuscitation (TR)
   - Cardiac Resuscitation terminated without meeting Ref. 814 criteria
   - Cardiac arrest transported when meets Ref. 814 criteria and judgement for transport not described