QUESTIONS AND ANSWERS

Standing Field Treatment Protocols

Introduction

Standing Field Treatment Protocols (SFTPs) are algorithms that allow paramedics to perform emergency treatment and intervention on patients without establishing base contact.

SFTPs expedite and improve patient care by eliminating base contact for the most common chief complaints in the prehospital care setting. Paramedics can initiate care in a timely manner by following Treatment Protocols that have an SFTP component integrated into them.

These are important points to consider, regardless of which particular protocol is being utilized.

General Considerations

1. Reference No. 806.1, Procedures Prior to Base Contact, lists the procedures and medications that paramedics may administer prior to establishing base hospital contact. Reference No. 806.1, like the SFTPs, has been integrated into the Treatment Protocols.

2. Patient condition can be *dynamic*, thus more than one Treatment Protocol may be needed. Not all the Treatment Protocols have an SFTP component.

3. Good documentation is the standard of care for all providers. It is especially important to the success of SFTPs because there is no audio-recording to "back up" or verify care provided in the field. The following information is **required** on the patient care record:

   a) "B. Contact" box: If an SFTP was utilized, enter the 3-letter code "PRO". If a base hospital is contacted for medical control, enter the 3-letter base hospital designator. If contact is not attempted, enter the 3-letter code "CNA".

   b) "Protocol" box: If an SFTP was utilized, enter the 4-digit protocol number. When utilizing Standing Field Treatment Protocols (SFTPs) enter the treatment protocol(s) used here. Maximum of two protocols per patient contact can be utilized. (Example: 1244, 1247)

      If more than one protocol is used, document each one. There is room to document two protocols. If a patient has more than one primary complaint but only one protocol is used, do not document any others. For example, if the patient has chest pain and shortness of breath; but only the chest pain protocol was followed, then only document 1244 (Chest Pain) But, if the chest pain and shortness of breath protocols were followed, then document both protocol numbers.

   c) "B. Ntfd" box: SFTP approved providers shall enter the 3-letter base hospital designator when a base hospital is contacted for destination decision or notification of patient in route. **No medical control is provided**.

   d) "Rec Fac" box: Enter the 3-letter code for the receiving facility to which the patient was transported.

   e) MEDS/DEFIB: In order of administration, enter the details about any medication administered and ECG findings. Include the military time, team member number, ECG rhythm, name of medication, dose, route and results. The medications listed must match the protocol used and in the proper sequence. Leave blank if no medication and no ECG was completed.

f) ECG Rhythm Documentation. Place the patient's name and/or sequence number on the rhythm strip and document the ECG interpretation on the front of the EMS Report Form in the "Rhythm" Section. If a dysrhythmia is identified, the six-second rhythm strip is to be attached to the provider agency's EMS Report Form and a copy provided to the receiving hospital.

g) 12-Lead (ECG) Documentation: Write the time that the 12-lead was completed and the electronic interpretation. Write the sequence number on the 12-lead tracing and distribute the copies as follows:

- Hand the original directly to the nursing staff at the receiving facility.
- Retain a copy per the provider agency's departmental policy.

"STEMI" box: Check this box if the electronic reading indicates "Acute MI" or manufacturer's equivalent.

h) Document pertinent negatives. For example, "no trauma" associated with seizure or "no SOB" with chest pain.

i) Switching Protocols. Any change in protocols must be documented. If the initial Treatment Protocol is discontinued and another is used, the rationale for the change must be clearly stated.

4. Initiate transport when appropriate, regardless of what step you are on in the Treatment Protocol.

5. Use saline locks whenever possible. Intravenous fluids should be given only when the patient requires a fluid challenge or multiple medications, not for venous access or simple medication administration. Not all protocols allow for fluid challenges. Treatment protocols that allow fluid challenge without base contact include: Burns (1271), General Trauma (1275) and Traumatic Arrest (1277).

6. Poor perfusion is determined by a **combination** of parameters that includes heart rate, blood pressure, tissue color and mentation. Base contact should be initiated if patient is hypotensive or if perfusion status is borderline.

7. Remember to provide basic life support when needed and if patients are in acute respiratory distress, aggressive oxygenation.

8. Repeat vital signs and reassessments are critical. Every time a medication or treatment is administered or there is a change in the patient's condition, paramedic must document a patient reassessment and repeat vital signs.

Questions and Answers

The following addresses frequently asked questions about the SFTP portion of the Treatment Protocols. Any remaining questions can be answered during SFTP training sessions.

#1: Why use SFTPs?

Answer: SFTPs improve patient care by:

a. Standardized treatment while building flexibility into a changing EMS system

b. Reducing delays in patient care.

- Paramedics receive different treatment orders depending on which base hospital is contacted. This contributes to confusion, inconsistent patient care, and difficulty collecting standardized data for quality improvement studies.

- As hospitals re-evaluate service lines and staffing patterns in the constrained economy, fewer facilities may choose to maintain base hospital services.

- Efficient use of Emergency Department personnel mandates that highly-trained staff perform direct patient care and not spend extensive time on the radio. Training paramedics to work more autonomously may alleviate some of the stress on the EMS system.

- Currently, base contact is required under Ref. No. 808, Base Hospital Contact and Transport Criteria, which may contribute to a delay in care. Paramedics often know which medication is needed but must wait to receive the order from the base hospital. One paramedic is diverted away from patient care to call in the report. Further time may be consumed by a delayed response from the base hospital or in recapping the scenario for the base physician. This has a particularly adverse effect when the rescue ambulance is already en route and the radio paramedic remains unavailable for patient care.

- Studies show that base contact on routine cases rarely results in any change from the former Base Hospital Treatment Guidelines recited by the MICN. The need to contact a base hospital for routine calls is questionable.

- **To ensure good patient care, paramedics must continue to contact the base hospital for medical direction in complicated and critical cases.**

#2: How did SFTPs come about? What other paramedic provider agencies worked under SFTPs?

Answer: Many EMS systems in California are completely protocol-driven. In Los Angeles County, the Burbank and Long Beach Fire Departments conducted a five-year pilot study using SFTPs. Both agencies found that using a limited number of SFTPs worked very well. Paramedics were able to follow the protocols correctly, patient care was provided expeditiously, and there were very few problems. SFTPs have since been implemented by the following provider agencies:

Los Angeles Fire Department	April -1997
Culver City Fire Department	January - 1998
Burbank Fire Department	October - 1998
Long Beach Fire Department	April - 1999
Alhambra Fire Department	April - 1999
San Marino Fire Department	June - 1999
West Covina Fire Department	February - 2000
Los Angeles County Sheriff's Dept.	May - 2005
Santa Monica Fire Department	January - 2006
Downey Fire Department	August - 2008
Torrance Fire Department	November - 2008
Santa Fe Springs Fire Rescue	January - 2009
La Verne Fire Department	February – 2011
Monterey Park Fire Department	March -2012

#3: What are the prerequisites for paramedics to work under SFTPs?

***Answer**:* In order for a paramedic team to provide care under SFTPs, the following criteria are required:

a. *Both paramedics must be accredited in Los Angeles County and at least one of the paramedics assigned to the ALS unit must have a minimum of one (1) year of ALS experience as a paramedic.*

b. *Each paramedic staffing the unit must have received the standardized SFTP orientation/training program, as well as all mandatory SFTP training updates*

Staffing Exceptions: In accordance with Reference No. 409, Reporting ALS Unit Staffing Exceptions, an exception report must be completed when an ALS unit operates with less than the minimum staff. **SFTPs may not be used during staffing exceptions.**

When two paramedics employed by the same approved SFTP provider agency (i.e., an assessment unit and an RA staffed with 1 paramedic and 1 EMT) are on scene to evaluate the patient and **both paramedics are SFTP qualified**, SFTPs may be utilized. Both paramedics are to accompany the patient to the hospital. If both paramedics do not accompany the patient to the hospital, base contact must be initiated if there is any change in the patient's condition and another SFTP needs to be implemented.

Two paramedics from different paramedic provider agencies are **NOT** considered a team and cannot utilize SFTPs.

#4: How do SFTPs change paramedic responsibilities?

Answer: SFTPs represent a fundamental change in prehospital care as paramedics assume more responsibility for the treatment of patients under standardized protocols. This increased autonomy also means greater accountability. It is incumbent on paramedics to perform detailed, complete patient assessments and document the protocol(s) utilized. Additionally, all treatments, medications, routes, dosages and responses must be ***clearly and completely documented***. Remember, the EMS Report Form will be the only documentation for each run since there will be no back up Base Hospital Form or audio recording.

#5: Which chief complaints will be addressed in the Treatment Protocols with an SFTP component?

Answer: 16 Treatment Protocols have an SFTP component as follows:

1202	General ALS	1251	Stroke/Acute Neurological Deficits
1210	Non-traumatic Cardiac Arrest	1252	Syncope
1243	Altered Level of Consciousness	1261	Emergency Childbirth [Mother]
1244	Chest Pain	1262	Neonatal Resuscitation
1247	Overdose/Poisoning (Suspected)	1264	Seizure [Pediatric]
1248	Pain Management	1271	Burns
1249	Respiratory Distress	1275	General Trauma
1250	Seizure [Adult]	1277	Traumatic Arrest

#6: What types of chief complaints are NOT covered under SFTPs?

Answer: Chief complaints requiring base contact for ALS Procedures include:

All symptomatic dysrhythmias as described in Ref. No. 806.1
All medical cases of poor perfusion
All environmental situations
Agitated Delirium
Allergic reaction/anaphylaxis
Crush syndrome
Dystonic reaction
Non-traumatic hypotension
Pediatric arrest / pediatric symptomatic bradycardia - and tachycardia

#7: When must base contact be made?

***Answer*:** Establish base contact when indicated in the Treatment Protocol; if unlisted treatments are needed; if the patient has complex signs and symptoms the protocol does not clearly address; or if consultation with the base hospital would be helpful in any situation.

#8: Is base contact ever mandatory after implementing a protocol?

Answer: Base contact is required on patients who initially appear stable and are treated by protocol then exhibit signs of poor perfusion, regardless of what point has been reached in the protocol. **All medical patients with poor perfusion require base hospital contact.** All patients who have been treated with SFTP who wants to sign out AMA and meets Ref. No. 808 criteria require base hospital contact.

#9: What should be done if an MICN or base hospital physician insists on a full report despite being informed that this is a "protocol" patient?

Answer*:* Provide the information requested. There may be a difficult transition period while hospital personnel become accustomed to working with SFTPs. Any problems encountered on the radio should be addressed ***after*** the run. Forward relevant information about such incidents to the Provider Agency Medical Director, Paramedic Coordinator, Nurse Educator or QI Coordinator. The EMS Situation Report should be used for any problems so that follow up and education can be performed in a standardized fashion. Maintain professionalism at all times, particularly while on the radio.

#10: What if paramedics want a "second opinion" about the patient?

Answer: Even if the patient's chief complaint falls under SFTPs, the base hospital should always be contacted if paramedics feel uncomfortable for any reason. If there are questions about treatment options, cardiac rhythm, or any aspect of care, using SFTPs should *not* discourage base contact if it will assist in patient treatment. Simply inform the nurse or MD that you have a run and provide the usual report: sequence number, complete history, etc. If a protocol has been started and the base is then consulted, report the therapies administered, just as you would Procedures Prior to Base Contact).

#11: How is hospital diversion status obtained?

Answer: Each SFTP-approved provider agency must have a mechanism to identify hospitals on Diversion. Examples include:

a. An agreement with base hospital to provide diversion status.
b. An agreement with a receiving hospital to provide diversion status.
c. A ReddiNet terminal in the dispatch center.
d. A ReddiNet terminal on each ALS unit.

#12: How will receiving hospitals be notified of an SFTP patient?

Answer: Each provider agency must have in place, two mechanisms to notify receiving hospitals of the arrival of an SFTP patient. Notification may be by the base hospital, paramedic cellular telephone, or other approved means. Regardless of mechanism, the following information must be communicated to the receiving hospital:

All Patients

- Provider Code / Unit # ("*We have a protocol patient")*
- Sequence Number
- Location (if 9-1-1 transfer)
- Chief Complaint (Unit must notify the base for all STEMI and ASC patients.)
- Age / Units
- Gender
- Level of Distress
- Name of Protocol (number optional)
- Glasgow Coma Scale (GCS), if altered
- Airway adjuncts utilized, if applicable
- Destination/ETA

Addlitional Information if:

- **Trauma Complaint**
  - Mechanism of Injury
  - Location of Injuries / pertinent information (flail chest, rigid abdomen, evisceration, etc)
  - Complete vital signs and GCS

- **Pediatric**
  - Pediatric weight (in kg from weight-based tape) and Color Code (if applicable)

- **STEMI**
  - 12-Lead ECG rhythm/interpretation if the 12-lead ECG indicates STEMI, to include quality of tracing

- **If mLAPSS (modified Los Angeles Stroke Screen) performed:**
  - If positive / met
  - Last known well date and time
  - Blood glucose

If the base hospital is used to determine hospital diversion status, the MICN will check the receiving facility's status on the ReddiNet and notify that hospital in the usual fashion.

If the receiving hospital is contacted directly, the provider agency must have its own mechanism to determine current diversion status.

#13: How will Trauma Center runs be handled?

Answer: **SFTP patients who meet trauma criteria must be transported to a trauma center.** Paramedics shall contact the receiving **Trauma Center** to facilitate hospital preparation and appropriate treatment.

#14: Must paramedics make base hospital contact if a patient refuses further treatment or transport during the course of an SFTP run?

Answer: *If a patient meets Ref. No. 808 Section I criteria and wants to sign AMA, base hospital contact is required.* Statistically, these patients are deemed "high risk" since they frequently have recurring problems. *(It is recommended, anytime a patient wants to sign AMA and a medication has been given, that base contact be made.)*

#15: Is establishing Base Contact required if the patient's care is transferred to another provider?

Although not all inclusive, the following five possible scenarios are addressed with an understanding that there must be two SFTP-trained paramedics from the same department, at the patient's side, in order to utilize an SFTP:.

Scenario One: Two SFTP team members treat and transport the patient.

Answer: Base Contact is not required when the treating SFTP team members accompanies patient to the hospital.

Scenario Two: Two SFTP team members treat the patient on scene and patient is transported with one medic.

Answer: If one SFTP team member stays with the patient during transport, the protocol may continue to be utilized without establishing Base Contact If patient's condition deteriorates, the single paramedic may utilize Ref. No. 806 and then establish Base Contact.

Scenario Three: Two SFTP team members treat patient on scene, releases patient to non-SFTP (ALS) unit.

Answer: SFTP medic must establish Base Contact prior to releasing patient to a non-SFTP provider. If further treatment is needed by the non-SFTP (ALS) unit, Base Contact must be established.

Scenario Four: Two SFTP team members treat patient on scene, patient is downgraded and released to BLS unit.

Answer: SFTP medic must establish Base Contact before releasing patient to the BLS unit.

Scenario Five: Non-SFTP (ALS) provider agency treats patient on scene (under 806), releases patient to a SFTP provider agency.

Answer: Base Contact is required by the first non-SFTP (ALS) provider agency, prior to releasing patient to the SFTP provider agency. If further treatment is required by the second ALS provider, SFTP is not to be utilized and Base Contact is to be made.

#16: Can SFTPs be utilized when a paramedic intern is assigned to an SFTP provider agency?

Answer: Yes, provided the following conditions are met:

Paramedic interns must be informed that SFTPs are utilized only by approved provider agencies and that they will not be allowed to use SFTPs upon completion of their field internship unless they are employed by an approved SFTP provider agency and have been fully oriented to the SFTP program by their employer.

SFTP provider agencies may continue to utilize SFTPs while precepting a paramedic intern; however, paramedic interns should be evaluated on their assessment, leadership, scene management and psychomotor skills, not on their knowledge of SFTPs.

During their internship, paramedic students must be given ample opportunity to perform radio reports on all types of patients. During this radio experience (generally on a 24 hour basis), preceptors should discontinue SFTP utilization and initiate base hospital contact on patients who meet Reference No. 808, Base Hospital Contact and Transport Criteria.

- Preceptors should notify their assigned base hospital that a paramedic intern will be contacting on all patients meeting base hospital contact criteria, including patients that would normally be treated under SFTPs.
- Base hospitals should provide appropriate direction and orders as outlined in the Los Angeles County Treatment Protocols.
- Base hospital contacts made for training purposes are considered a base contact and should be documented in the usual manner on the Base Hospital and EMS Report Forms.

#17: How will Quality Improvement be performed?

Answer: A significant percentage of SFTP runs will be reviewed by the provider agency Quality Improvement (QI) Section under the direction of the provider agency's medical director. The patient's ED discharge diagnosis will be obtained from the receiving hospital and compared to the protocol used to determine if the correct SFTP was chosen. Additionally, Los Angeles County EMS Agency representatives review EMS Report Forms with SFTP utilization and provide regular reports to SFTP approved provider agencies.

Summary

The successful implementation of Standing Field Treatment Protocols will be achieved through the dedicated efforts of the paramedics who use them. SFTPs mark a major step forward in the delivery of emergency medical services by the Los Angeles County ALS providers.