GENERAL INSTRUCTIONS FOR TREATMENT PROTOCOLS

The Treatment Protocols were developed by combining the Base Hospital Treatment Guidelines (BHTG) and the Standing Field Treatment Protocols (SFTP). The foundations for the revised guidelines are the paramedic scope of practice, medical research, and community standards in medical practice. A sign/symptom orientation to treating the prehospital care patient has been retained.

GENERAL INFORMATION

1.   Patients with the same disease may have differing complaints and presentations, and conversely, patients with similar signs and symptoms may have very different diagnoses.

2.   The Treatment Protocols guide treatment of "classic" presentations based on evidence-based practice. Base hospital physicians, mobile intensive care nurses (MICNs) and paramedics must utilize their medical knowledge, expertise and critical thinking to determine appropriate treatments for each patient.

3.   The protocols were not developed with the intent that all therapies be done on scene. Transport of patients with treatment en route is left to the discretion of the base hospital and the field unit.

PROTOCOL FORMAT

1.   Pharmacologic agents are in **bold** typeface.

2.   Pediatric treatments are preceded by the Los Angeles County Emergency Department Approved for Pediatrics (EDAP) teddy bear symbol.

3.   Paramedics must measure all pediatric patients using a length-based resuscitation tape (e.g., Broselow) and report the identified color code and weight in kilograms when contacting the base hospital. The color and weight in kilograms are documented on the EMS Report Form in the patient weight section. Medication dosages are then determined by correlating the length-based resuscitation tape color with the appropriate weight on the Color Code Drug Doses/L.A. County Kids chart or the pediatric doses in the Drug Administration section. If the child is longer than the length-based resuscitation tape, use adult dosing.

4.   The **Special Considerations** section has additional helpful information specific to the chief complaint and/or specific patient population.

USING THE TREATMENT PROTOCOLS

Determine the patient's chief complaint or problem and then identify the protocol that best meets

EFFECTIVE DATE: 7-1-11   PAGE 1 OF 3
REVISED: 10-01-16
SUPERSEDES: 04-15-15

APPROVED: _____   _____
                         Director, EMS Agency   Medical Director, EMS Agency

their needs.

1. The treatment protocol sequence is intended to guide the priority in which interventions are administered.

2. If more than one treatment protocol applies, begin by using the one most closely associated with the patient's primary complaint. Utilize Reference No. 806.1, Procedures Prior to Base Contact, as indicated and refer to other treatment protocols as needed.

3. If the patient's status changes, a different treatment protocol might be needed. Select the new treatment protocol by taking into account the treatments already performed.

4. Not all the treatment protocols have an SFTP component. Some have only procedures that can be done under Ref. No. 806.1 and then base contact is required. Report the treatment protocol number or name when making base contact such as, "we have a crush injury and are utilizing Ref. No. 1277" or "we are using the crush injury treatment protocol".

5. All treatment protocols will be located in Section 1200 of the Prehospital Care Manual; therefore, each protocol should be documented in the designated sections of the Base Hospital Report Form or EMS Report Form.

6. The SFTP portion of the treatment protocols can only be used by approved SFTP provider agencies.

CONTACT THE BASE HOSPITAL WHEN:

1. Patient meets Ref. No. 808, Base Hospital Contact and Transport Criteria, Section I

2. ALS intervention is performed and the provider agency is not an authorized SFTP provider

3. Additional or unlisted treatments are required

4. Consultation with the base hospital would be helpful

5. ST Elevation Myocardial Infarction (STEMI) notification and destination are required

6. Stroke notification, last known well date and time, and destination are required

STANDING FIELD TREATMENT PROTOCOL (SFTP) PROVIDERS

Additional treatments that can be performed by an approved SFTP provider prior to base contact are identified by **"Continue SFTP or Base Contact".** All subsequent treatments may be performed until the paramedic reaches the notation **"Establish Base Contact"**. Once **"Establish Base Contact All"** appears, all ensuing treatments require an order from the base hospital.

The following dysrhythmias require establishing base hospital contact:

- Symptomatic Bradycardia
- Supraventricular Tachycardia (SVT)
- Ventricular Tachycardia (contact not required if utilizing Cardiac Arrest protocol and no pulse is present)
- Ventricular Fibrillation
- Second and Third Degree Heart Blocks
- Symptomatic Atrial Fibrillation/Atrial Flutter

If base hospital contact is made to obtain patient care orders, a full patient report will be given. If the patient meets trauma guidelines but is being transported to a non-trauma hospital, a full patient report must be given. Once base hospital contact is made for medical control, all subsequent treatments listed in the protocol require base hospital order.

It is the expectation when providing receiving hospital report for patient notification only, the following minimal patient information will be provided:

<u>All Patients</u>
Provider Code/Unit #
Sequence Number
Location (if 9-1-1 transfer)
Chief complaint
Age and units
Gender
Level of distress
Name of the protocol (number optional)
Glasgow Coma Scale (GCS), if altered
Airway adjuncts utilized, if applicable
Destination/ETA

<u>Additional information if:</u>
<u>Trauma Complaint and transporting to a trauma center</u>
Mechanism of injury
Location of injuries/pertinent information (flail segment, rigid abdomen, evisceration, etc.)
Complete vital signs and GCS

<u>Pediatric</u>
Pediatric Weight (in kg from weight-based tape) and Color Code (if applicable)

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

<u>mLAPSS (modified Los Angeles Prehospital Stroke Screen) performed:</u>
If positive/met
Last known well date and time
Blood glucose

<u>LAMS (Los Angeles Motor Scale) score, if applicable</u>