DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

Treatment Protocol: BASE CONTACT REQUIREMENTS **Ref. No. 1200.2**

PRINCIPLES:

1. Base Contact is made by paramedics to establish online medical direction for additional guidance on field care beyond what is contained in the offline treatment protocols.

2. Once the patient is no longer present and under the care of the paramedic medical direction is not needed. Therefore, this policy does not apply and Base Contact is not required.

3. Base Contact for all patients shall be made according to the requirements below and at the judgment of the treating paramedic. Access to online medical direction is not limited to those conditions listed below.

4. For children 13 to 36 months of age, Base Contact and/or transport is required, except those with no medical complaint or with isolated minor extremity injury.

5. Children less than or equal to 12 months of age must be transported in accordance with *Ref. No. 510*, regardless of provider impression or field treatment rendered, and if a parent or caregiver refuses transport, Base Contact shall be made prior to signing the patient out Against Medical Advice (AMA).

6. Base Contact criteria below still apply if the patient is on scene and refusing transport (AMA). This includes parents or legal guardians who refuse transport of a pediatric patient.

7. This document provides a quick reference list for Base Contact requirements; it does not replace the treatment protocols or the guidance there within, which shall be followed at all times unless otherwise directed by online medical direction.

GUIDELINES:

1. Base Contact is required when consultation with the base would be helpful such as:

    a. Patient presentation renders the provider impression and appropriate treatment protocol unclear

    b. Additional or unlisted treatments are required

2. Base Contact is required when five or more patients require transport (contacting the Medical Alert Center constitutes Base Contact).

3. Base Contact is required for children who meet transport guidelines to a Pediatric Medical Center *(Ref. 510)*

4. Base Contact is required for patients in traumatic full arrest who do not meet criteria for determination of death per *Ref. 814*. In these instances, Base Contact shall be made with the Trauma Center.

5. Base Contact is required for the following provider impressions in all patients:

a. Agitated Delirium

b. Anaphylaxis

c. Cardiac Arrest – Non-traumatic (unless patient meets determination of death by Ref. 814)

d. Childbirth

e. Dystonic Reaction

f. Hypotension

g. Respiratory Failure

h. Shock

i. Stroke / CVA / TIA

6. Additionally, Base Contact is required for the following provider impressions in pediatric patients:

    a. BRUE

    b. Chest Pain – Suspected Cardiac / Chest Pain - STEMI

    c. Pregnancy/Labor

    d. Newborn

7. Base Contact is required for the following provider impressions under the specified conditions:

    a. Airway Obstruction
        - Severe respiratory distress or respiratory arrest

    b. Altered Level of Consciousness (ALOC)
        - Persistent ALOC of unclear etiology

    c. Cardiac Dysrhythmia
        - Rapid atrial fibrillation with poor perfusion
        - Symptomatic bradycardia
        - Wide complex tachycardia

    d. Medical Device Malfunction
        - Ventricular Assist Device (VAD) malfunction

    e. Overdose / Poisoning / Ingestion
        - If signing out AMA

    f. Pregnancy Complication

- >20 weeks with vaginal bleeding

g. Respiratory Distress (of any etiology e.g. Bronchospasm, Pulmonary Edema, Other)
   - Severe respiratory distress unresponsive or not amenable to CPAP
   - Unmanageable airway

h. Seizure
   - Pregnant patient
   - Status epilepticus

i. Submersion / Drowning
   - ALOC
   - Decompression illness

j. Traumatic Injury
   - Crush syndrome
   - Prolonged entrapment >30 minutes
   - Trauma criteria or guidelines met
   - Traumatic arrest not meeting criteria for determination of death per Ref. 814

8. Base Contact is required concurrently when the following treatments are initiated:

   a. Adenosine in pediatric patients

   b. Cardioversion

   c. Push-dose epinephrine

   d. Transcutaneous pacing

9. Base Contact is required prior to initiating the following treatments:

   a. Additional dosing of normal saline or medications (e.g., midazolam, opiate analgesia) after the maximum dose is administered per protocol

   b. Calcium chloride for patients with calcium channel blocker overdose

   c. Cardioversion of a patient with adequate perfusion, or awake with a narrow complex tachycardia, or any atrial fibrillation

   d. Midazolam for treatment of agitation in a patient with behavioral/psychiatric crisis

   e. IO placement beyond the indications listed in *MCG 1375*

   f. Sodium bicarbonate for symptomatic bradycardia with suspected hyperkalemia or for dysrhythmia due to possible tricyclic antidepressant or other toxic overdose

   g. Transcutaneous pacing if HR >40