MEDICAL CONTROL PROTOCOLS AND PROCEDURES GUIDELINES

1. The patient history should **NOT** be obtained at the expense of the patient. Life-threatening problems detected during the primary assessment ***MUST*** be treated first.

2. Cardiac arrest due to trauma is not treated by medical cardiac arrest protocols. Trauma patients should be transported promptly with CPR, control of hemorrhage, Spinal motion restriction (SMR), and other indicated procedures attempted en route.

3. In patients with non-life-threatening emergencies who require IV's, only two IV insertions should be attempted in the field; additional attempts must be made enroute.

4. In patients requiring IV's, lab draw should be obtained if appropriate and applicable.

5. Patient transport, or other needed treatments, must not be delayed for multiple attempts at endotracheal intubation.

6. Verbally repeat all orders received before their initiation.

7. Any patient with a cardiac history, irregular pulse, unstable blood pressure, dyspnea, or chest pain ***MUST*** be placed on a cardiac monitor and a copy of the EKG (with 2 patient identifiers) ***MUST*** be attached to the EMS Run Sheet.

8. When transferring lower level prehospital care to a higher level of prehospital care, a thorough consult should be performed between caregivers describing initial patient presentation and care rendered to the point of transfer.

9. If the patient's condition does not seem to fit a protocol or protocols, contact Medical Control for guidance.

10. All trauma patients with mechanisms or history for multiple system trauma will be transported as soon as possible. The scene time should be 10 minutes or less.

11. Medical patients will be transported in the most efficient manner possible considering the medical condition. Advanced life support therapy should be provided at the scene if it would positively impact patient care. Justification for scene times greater than 20 minutes should be documented.