These medical treatment protocols have been developed as a part of the medical direction program for the Public Safety Bureau of Escambia County. In addition, some patients may require therapy not specified herein. The treatment protocols should not be construed as prohibiting such flexibility. The paramedic must use his/her best judgment in administering treatment in the following manner:

> The paramedic may determine that no specific treatment is needed; or

> The paramedic may consult medical direction before initiating any specific treatment; or

> The paramedic may follow the appropriate treatment protocol and then consult medical direction.

The paramedic may contact medical direction at any time he/she deems necessary. When the paramedic is unable to make contact with other forms of medical direction, he/she may contact the receiving hospital for consultation with the emergency department physician. It is recommended that the paramedic make contact with the physician for consultation on complicated patients whenever possible. When the paramedic is unable to make contact with a physician for medical direction, the paramedic may administer BLS treatment according to his/her judgment. In this instance, the paramedic may only administer ALS treatment as authorized in the treatment protocols.

The treatment protocols are divided into adult and pediatric sections, each section with three parts:

Supportive Care

Actions authorized for the EMT or paramedic that are supportive in nature. EMT (BLS) and paramedic (BLS and ALS) actions are specified within each of these protocols.

ALS Level 1-

Actions authorized only for the paramedic prior to physician contact.

Approved by:

Charles Neal, D.O. Medical Director

ALS Level 2-

Actions authorized for only the paramedic after physician consultation and request.

Authorization of procedures prior to physician contact in ALS Level 1 allows the paramedic to initiate care promptly while getting a better idea of the patient's condition and evaluating response to initial treatment.

The protocols outline care for a typical case. As the protocol continues, the assumption is usually made that previous steps were ineffective. In this or other situations where a change is made to a different protocol during the course of care, the paramedic's judgment must determine where entry into the new protocol sequence is appropriate. It would be impractical to write protocols that specify every possible sequence of events.

The order of treatment listed may not be appropriate for all situations. In fact, not all treatment options may be indicated in every situation. The paramedic's judgment must be relied upon to determine which of the authorized treatment procedures are appropriate for a given situation.

Orders listed in ALS Level 2 shall be requested from the physician. However, these may or may not be the orders that are actually given. The purpose for listing ALS Level 2 orders is to allow for appropriate preparation and to guide the paramedic who wishes to request specific orders. The physician directing care in the field retains discretion in ordering specific treatment, even if in conflict with these protocols. **ALS Level 2 orders require consultation with a physician**. The name of the physician authorizing ALS Level 2 orders <u>must</u> be documented in the EMS Run Report.

Physicians authorized to approve ALS Level 2 orders include:

1. EMS provider's medical director (a).

2. Receiving hospital emergency department physician (a).

3. Physician present in his/her own office (b).

4. On-line medical control physician (a).

5. By-stander physician personally known to the paramedic (c).

6. By-stander physician that presents a valid M.D. or D.O. Florida license (c).

7. Poison Information Center (d).

Note

(a) Contact for Level 2 orders by the EMS provider's medical director, on-line medical control physician, or emergency department physician should be initiated in the following order:

1. MEDCOM.

2. Telephone (use of recorded line is recommended).

3. Relay of information via Dispatch.

(b) Only verbal or written orders that are signed by the physician that are given directly to the paramedic by a physician in his/her office are acceptable. If physician orders are in conflict with these protocols, the physician must accept full responsibility for patient care and accompany the patient in the ambulance to the hospital

(c) A by-stander physician, as described above, must accept full responsibility for patient care and accompany the patient in the ambulance to the hospital.

(d) The Poison Information Center is authorized to direct all medical care (Supportive Care, ALS Level 1 and ALS Level 2) for the toxicology and hazardous material exposure patient. The Poison Information Center must be contacted via telephone at 800-222-1222.

All patients who receive ALS care should be transported to the hospital, unless the patient refuses transport and signs a release (see *General Protocol 1.8*). Contact with the receiving hospital emergency department is required for all patients transported, even in situations where ALS care has not been initiated. This policy is intended to

provide emergency departments with sufficient notification of incoming patients to allow appropriate preparations to be made. Direct contact with the physician in the emergency department need only be made when seeking consultation or authorization for ALS Level 2 orders.

On all responses to (911) emergencies, all patients shall be evaluated by a paramedic.