

# Atypical Protocol Utilization and Online Medical Direction

### Purpose:

The purpose of this policy is to:

- Provide world-class patient care and EMS service to the citizens of Wake County.
- Give direction for providers who encounter complicated, unusual, and atypical patient encounters.
- Establish an orderly method by which clinical issues can be rapidly addressed.
- This policy does not affect administrative issues related to employee/employer relationships (sick outs, injuries, narcotic replacements, etc.)

### Policy:

1. Clinical encounters requiring use of this protocol may be divided into two types:
  - a. those whose clinical situation is covered by existing protocol but who are presenting an operational/administrative challenge (e.g., patient refusals, non-intubated post-ROSC patients) and require non-medical control guidance or
  - b. those whose clinical situation is not covered by existing protocol (e.g., modification of drug dosage, termination of resuscitation not covered in current policy) and thus require medical control orders via on-line medical direction (OLM).
2. Patients (b) requiring OLM shall contact medical control via as described in steps 4 and 5 below. The provider requesting OLM must be at the scene with the patient.
3. The first call for operational/administrative issues related to an individual patient or patients will be placed to the Advanced Practice Paramedic (APP) on duty for the region. If possible, the call should be placed directly to the "Medic xx" cell phone. If this is not practical, the APP may be contacted on Dispatch 1 and then move to the appropriate "Admin" talk group.
4. If the request is for OLM or if there are no APPs immediately available for administrative/operational issues, the next call will be placed to a member of the Office of Medical Affairs (MD-1, MD-2, MD-20 (NOTE: MD-20 for administrative/operational calls only)).
5. If neither APP nor members of OMA are available, request OLM from a physician at the most appropriate receiving hospital via radio. Please note that only physicians at receiving hospitals can provide medical direction; other staff, including nurses, may not provide online medical direction.
6. In the electronic call report, the name of the individual (and unit number if applicable) providing OLM/APU will be documented in the narrative section. The APP will add a note confirming the advice provided as stated in the "APP Documentation" Policy.
7. Additionally, the APP for the region can take any calls from the Foundations of Practice document where immediate notification of the Medical Director is required.

# Scene Rehabilitation

Encourage removal of all PPE, including bunker pants being pushed down on boots. Rest, active/passive cooling, and oral rehydration. **Initiate Carbon Monoxide Exposure Protocol**

Proceed 10 minutes after last responder exertion

**Pulse**  
> 85 percent maximum for age

No

Yes

Have person stand for 2 minutes and observe for symptoms. Perform orthostatic vitals.  
Does pulse increase > 20 or Systolic BP drop >20?

No

Yes

**Blood Pressure**  
SBP >200 or DBP >110?  
Or  
Pulse >110  
Or  
**Respirations**  
<8 per minute or >40 per minutes  
Or  
**Temperature** > 101 tympanic  
Or  
**Pulse Oximetry**  
<90%

**Are ANY VS outside parameters?**

No

Yes

IV rehydration up to 2 liters until pulse is = to or < 100 and systolic is > 110. If pulse remains elevated or BP low, transport to ED. If pulse/BP OK, do not return to scene activities.

**Mandatory rest, rehydration**  
Follow cooling techniques listed in Pearls

Then re-evaluation in 10 minutes.  
Transport to ED if no improvement in total rehab time of 30 minutes

**Return to full duty**

Legend		
	EMT	
I	EMT- I	I
P	EMT- P	P
M	MC Order	M

NFA Age-Predicted 85% Maximum Heart Rate	
Age	85 Percent
20 – 25	170
25 – 30	165
30 – 35	160
35 – 40	155
40 – 45	152
45 – 50	148
50 – 55	140
55 – 60	136
60 – 65	132

Special Response Protocols

- Pearls:**
- This protocol may be applied to adult patients on fire scenes and any gathering approved by Medical Director
  - Exam: Mental Status, Skin, Neck, Heart, Lungs, Abdomen, Back, Extremities, Neuro
  - When used for firefighter rehab, firefighters should report to rehab for evaluation after 45 minutes (2 thirty minute or 1 sixty minute cylinder), or earlier if the firefighter or incident commander desires.
  - **Automatic Transport Criteria:**
    - Chest Pain
    - Shortness of breath unresolved by 10 minutes on high flow oxygen.
    - Heart rhythm other than NSR or sinus tach
    - A syncopal episode, disorientation, or confusion
    - Vital signs that have not returned to normal after 30 minutes of rest
    - Inability to hold fluids down or an episode of vomiting
    - Request for transport for any reason
  - **Cooling Techniques**
    - Expose by full gear removal
    - Immerse forearms in water in rehab chairs when available (**most effective technique**)
    - Do not apply wet towels to neck or head of firefighters- risk of steam burns is increased
    - Cooling fans, ambient evaporative cooling
  - **Medical Control contact is not required to discontinue IV therapy to adult Emergency Services personnel treated under this protocol. For other approved gatherings, contact requirements are determined at approval.**

# Eye Injury / Complaint

## History:

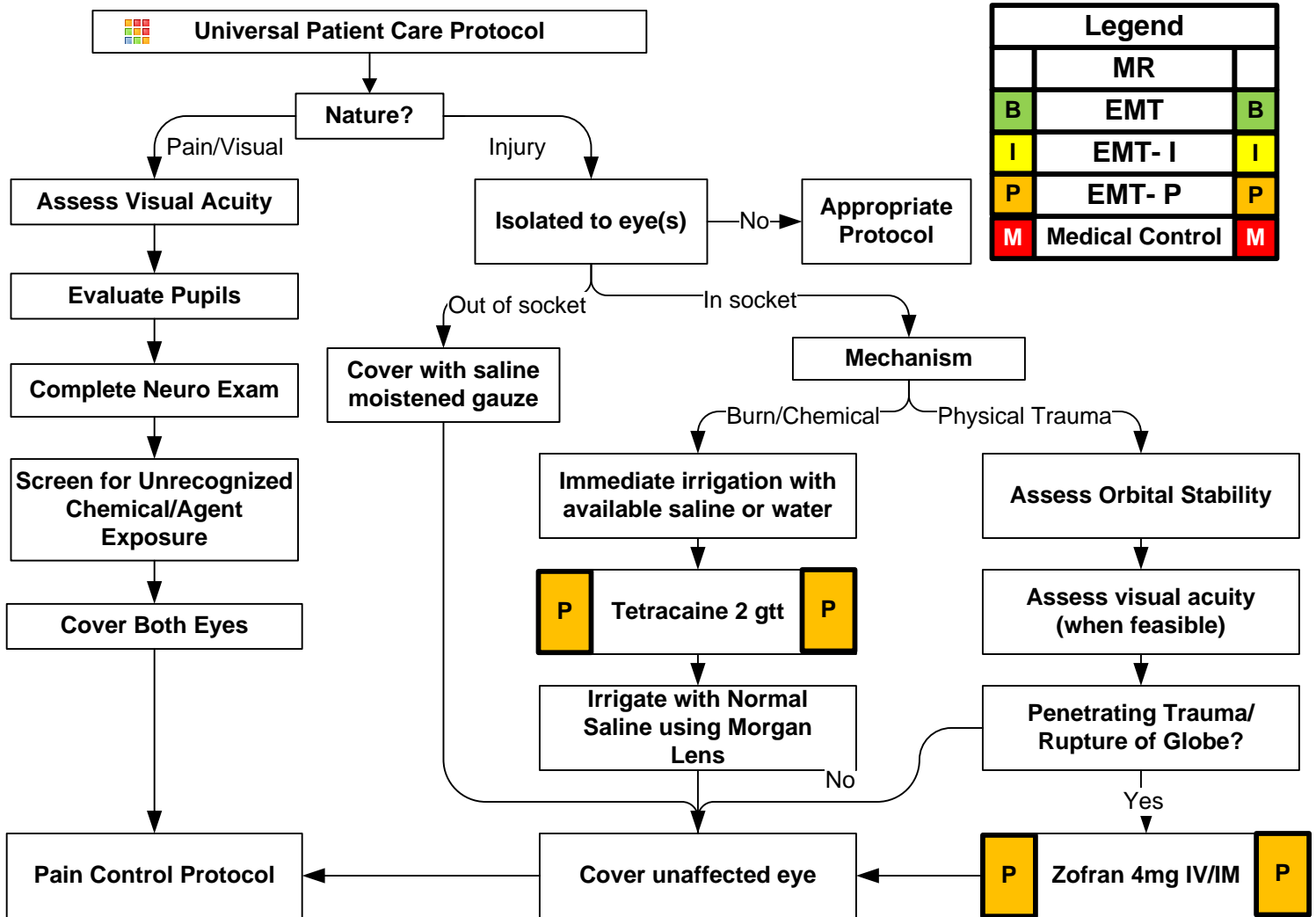
- Time of injury/onset
- Blunt/penetrating/chemical
- Open vs. closed injury
- Involved chemicals/MSDS
- Wound Contamination
- Medical History
- Tetanus status
- Normal visual acuity
- Medications

## Signs and Symptoms:

- Pain, swelling, blood
- Deformity, contusion
- Visual deficit
- Leaking aqueous/vitreous humor
- Upwardly fixed eye
- "Shooting" or "streaking" light
- Visible contaminants
- Rust ring
- Lacrimation

## Differential:

- Abrasion/Laceration
- Globe rupture
- Retinal nerve damage/detachment
- Chemical/thermal burn/agent of terror
- Orbital fracture
- Orbital compartment syndrome
- Neurological event
- Acute glaucoma
- Retinal artery occlusion



Legend		
	MR	
B	EMT	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M

## Pearls:

- Normal visual acuity can be present even with severe eye injury
- Remove contact lens whenever possible.
- Any chemical or thermal burn to the face/eyes should raise suspicion of respiratory insult
- Orbital fractures raise concern of globe or nerve injury and need repeated assessments of visual status
- Always cover both eyes to prevent further injury.
- Use shields, not pads, for physical trauma to eyes. Pads OK for unaffected eye.
- Do not remove impaled objects
- Suspected globe rupture or compartment syndromes require emergent in-facility intervention.

# Well Person Check

## History:

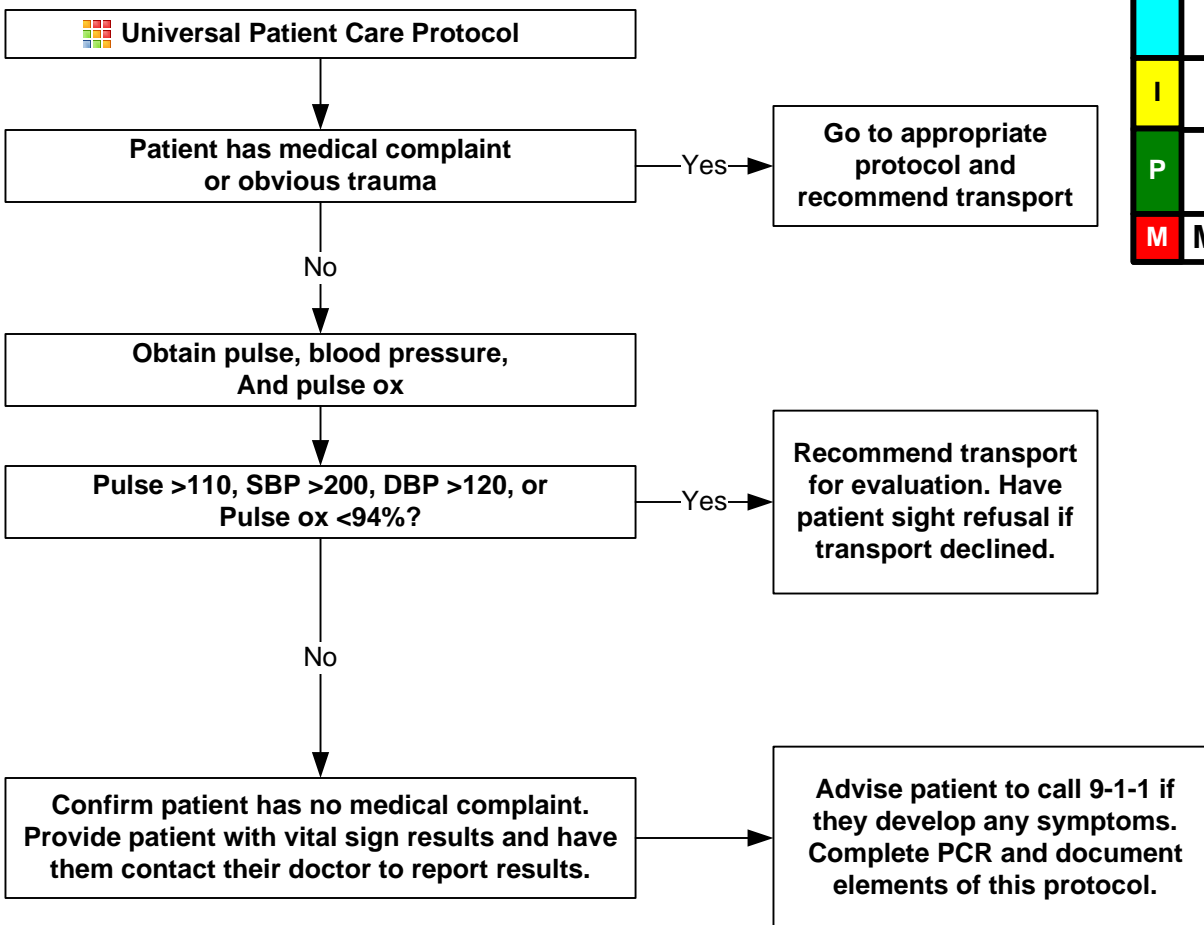
- Patient presents requesting “blood pressure check”
- EMS responders to “assist invalid”
- Other situation in which patient does not have a medical complaint or obvious injury

## Signs and Symptoms:

- Assess for medical complaint
- For patients with hypertension, particularly check for chest pain, shortness of breath, and/or neurologic changes
- For assist invalid calls, particularly check for syncope, trauma from fall, or inability to ambulate

## Differential:

- Hypertensive urgency
- Hypertensive emergency
- Syncope
- Cardiac ischemia
- Cardiac dysrhythmia
- Fracture
- Head trauma



Legend		
	EMT	
I	EMT- I	I
P	EMT- P	P
M	MC Order	M

## Pearls:

- This protocol pertains to ALL responders
- Patients who are denying more severe symptoms may initially present for a “routine check”. Please confirm with the patient at least twice that they have no medical complaints.
- All persons who request service or meet the definition of a patient shall have an PCR completed.
- For patient in this category, the PCR may be brief but must include vital signs and documentation of the lack of a medical complaint. Additionally, patient’s with a potential mechanism for trauma should have a trauma exam completed.