

SUBJECT: VARIATION FROM SAN DIEGO COUNTY PROTOCOLS  
FOR ADVANCED LIFE SUPPORT

Date: 7/01/2010

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- I. **Authority:** Health and Safety Code, Sections 1797.90, 1797.202, 1797.220, 1798 (et.seq.)
- II. **Purpose:** To identify the process by which a Base Hospital Physician may issue medical orders that vary from standard San Diego County ALS protocols.
- III. **Policy:**
- A. Base Hospital Physicians may issue medical treatment orders which vary from San Diego County ALS treatment protocols under the following criteria:
1. The order must be within the California Scope of Practice for Paramedics (Title 22, Section 100145) and included in the San Diego County ALS protocols, or within the San Diego County expanded Scope of Practice for Paramedics (SD County policy P-401).
  2. The order must be transmitted to field personnel by the Base Hospital Physician or authorized mobile intensive care nurse (MICN) via direct voice contact.
  3. Variation from protocol must be deemed necessary by the Base Hospital Physician to prevent serious morbidity or mortality.
- B. The Paramedic nor and/or the MICN shall not be subject to disciplinary actions for carrying out or declining orders that vary from protocol that meet the above criteria.
- C. All variations from protocol shall be reported to the EMS Medical Director and the Prehospital Audit Committee for evaluation and tracking.
- IV. **Procedure:**
- A. The Base Hospital Physician, after determining that a variation from protocol (a "Variation") is necessary to prevent serious morbidity or mortality, shall:
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Approved:

  
Ben Myers  
EMS Medical Director

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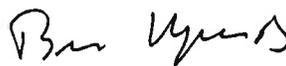
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1. Transmit the order personally to the field personnel or instruct the MICN to transmit the order via direct voice communication, and
  2. Sign the MICN run sheet or otherwise document the order, and
  3. Complete "Notification of Variation from Advanced Life Support Treatment Protocol" (Attachment A) and submit it to the Base Hospital Medical Director, Base Hospital Nurse Coordinator or designee within twenty-four 24 hours of the occurrence of the incident.
- B. The MICN shall:
1. Receive the verbal order with explanation of rationale from the Base Hospital Physician and acknowledge that the order is a Variation from ALS protocol, and
  2. Transmit the order to field personnel (if the physician has not already done so), and state that "this Variation from ALS protocol was ordered by Dr. \_\_\_\_\_", and
  3. Obtain the physician's signature or otherwise document the source of the order, and
  4. Initiate a Notification of Variation from ALS Treatment Protocol form for the Base Hospital Physician to complete.
- C. The Paramedic shall:
1. Receive the order with explanation of rationale if needed directly from the Base Hospital Physician or MICN via direct voice communication, and
  2. Acknowledge that the order received is a variation from San Diego County ALS protocol, and the Base Hospital Physician who gave the order and

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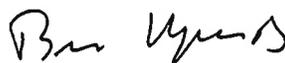
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3. Document on EMS Prehospital Patient Record the order for the Variation, and the name of the Base Hospital Physician (and the name of the MICN transmitting the order, if applicable) ordering the Variation.
- D. The Base Hospital Medical Director or Base Hospital Nurse Coordinator shall gather all pertinent data relevant to the incident. This information will be documented on the Notification form and in the prehospital Quality Assurance Network Quality Collector System (QCS) computer on the Confidential Prehospital Quality Assurance Form and on the MD Variation form.
- E. The Base Hospital Medical Director shall review the Variation to determine if it was necessary to prevent serious morbidity or mortality, and was consistent with San Diego County Scope of Practice for Paramedics or the State of California Paramedic Scope of Practice. The Base Hospital Medical Director shall document this determination, and any necessary educational efforts with the field, medical physician or nursing personnel involved, on the Notification form, and cause a copy of this form (and attachments) to be submitted to the County of San Diego EMS Medical Director for review and analysis (including review for the Prehospital Audit Committee).

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EMS Medical Director

**COUNTY OF SAN DIEGO  
QCS CONFIDENTIAL PREHOSPITAL QUALITY ASSURANCE REPORT (1.4)  
MD VARIATION DETAIL**

Run Number:		Incident: (date)		(time)
Base Hospital:		Crew Members:	1	-
MICN:			2	-
Agency:	Unit:		3	-
BH Physician:	Agency Role:			

**Base Hospital Nurse Coordinator**

Incident Description:

BHNC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Base Hospital Physician**

Specific Order:

Physician Comment:

**Base Hospital Medical Director**

This Variation was Deemed Necessary to Prevent Serious Morbidity or Mortality  
 This Variation was within the CA/COSD Paramedic Scope of Practice

Base Hospital Medical Director Action:  No action indicated  
 Trend issue

BHMD Comments:

MD Variation Reviewed by BHMD \_\_\_\_\_ Date: \_\_\_\_\_

BHMD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Ready for EMS Review \_\_\_\_\_ Date: \_\_\_\_\_