PREHOSPITAL TREATMENT – 100.1

Principle

- The objective of prehospital treatment is to provide timely, equitable, high-quality, and patient-centered care.

Standards

- All treatments shall be administered per protocol unless the patient declines, there is a contraindication, such as an allergy, or a Base Hospital Physician Order to withhold a required treatment.
- When clinically indicated, more than one protocol may be applied for patient treatment.
- All protocol treatments may be performed by the Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and/or Paramedic via standing orders except for those stating Base Hospital Order (BHO) or Base Hospital Physician Order (BHPO). Standing orders may be continued after Base Hospital contact unless the Base Hospital directs otherwise.
- Mobile Intensive Care Nurses (MICNs) may relay BHPOs.
- These protocol standards do not apply when a physician on scene assumes responsibility for patient care (see S-403 Physician on Scene).
- Base Hospital Physician[1] consultation is encouraged for unclear or complex situations.

Base Hospital Physicians are authorized to:

- Order additional doses or boluses of a protocolized treatment
- Order the withholding of a protocolized treatment

Base Hospital Physicians are not authorized to:

- Order medications, routes, or procedures that are outside EMT, AEMT, or Paramedic scopes of practice[2]
- Modify Local Optional Scope of Practice (LOSOP) protocols
- Order treatments specifically prohibited by local CoSD EMS protocols

Under extraordinary circumstances, Base Hospital Physicians may order an Emergency Protocol Exception (EPE) when the following conditions are met:

- Immediate/imminent risk of serious morbidity or mortality
- S-104 or P-115 do not explicitly prohibit use[3]
- Complies with the above criteria for non-authorized orders

The Base Hospital shall report every EPE to CoSD EMS as an “unusual event” within 24 hours

[1] Refer to S-403 Physician on Scene when a physician on scene assumes patient care
[2] EMS clinicians are only permitted to follow orders within their respective local scopes of practice (B-450, B-451, P-401)
[3] Per P-115, EPEs are not authorized for administration of ketamine in dissociative doses or naloxone in cardiac arrest

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BLS/ALS TRANSPORT CRITERIA – 100.2

Principle

- All patients should receive the most suitable level of transport to optimize clinical outcomes, efficient use of resources, and overall patient care.

Standards

- Patients meeting the following criteria shall be transported by ALS*

Decompensating Patient

- Provider impression of extremis, including new onset of altered mental status, poor appearance, airway issues, severe respiratory distress/failure, signs and symptoms of shock/poor perfusion, or imminent cardiac or respiratory arrest

Airway

- Current or anticipated need for airway management

Breathing

- Respiratory failure or distress
- Hypoxia (SpO_2 <94%) despite NRB or PPV (including CPAP)

Circulation

- Cardiac chest pain or anginal equivalent
- ECG with ischemia or infarct
- ECG with new or concerning dysrhythmia
- Current or anticipated need for IV fluids, vasopressors, or other IV medication
- Unstable bradycardia/tachycardia
- Hypotension

Disability

- Acute change in mental status (GCS <13)
- New neurologic deficit (e.g., positive BE-FAST)
- Seizure not returned to baseline or multiple seizures
- Syncope
- Acute agitation
- Severe intoxication or overdose

Miscellaneous

- Meets T-460A criteria (including special considerations designated for transport to a trauma center)
- ALS medication administered (except single therapeutic treatment of naloxone, ondansetron, glucagon, dextrose, or acetaminophen and are not anticipated to require repeat doses)
- Hypoglycemia with persistent altered mental status
- Hyperglycemia with persistent altered mental status
- Pediatric patients with a high-risk complaint (e.g., BRUE) or complex medical history
- EMT provider has a clinical concern
- ALS procedure performed (excluding IV placement or 12-lead ECG interpretation)
- Obstetrical emergencies (e.g., active labor or suspected preeclampsia/eclampsia)

***Exceptions**

- BLS transport may be considered under the following conditions:
  - MCI/Annex D activation
  - ALS resources not available within a reasonable timeframe
  - Hospital-to-hospital interfacility transfers meeting criteria in Policy B-450 EMT Scope of Practice and Protocol S-135 Existing Devices and Medications

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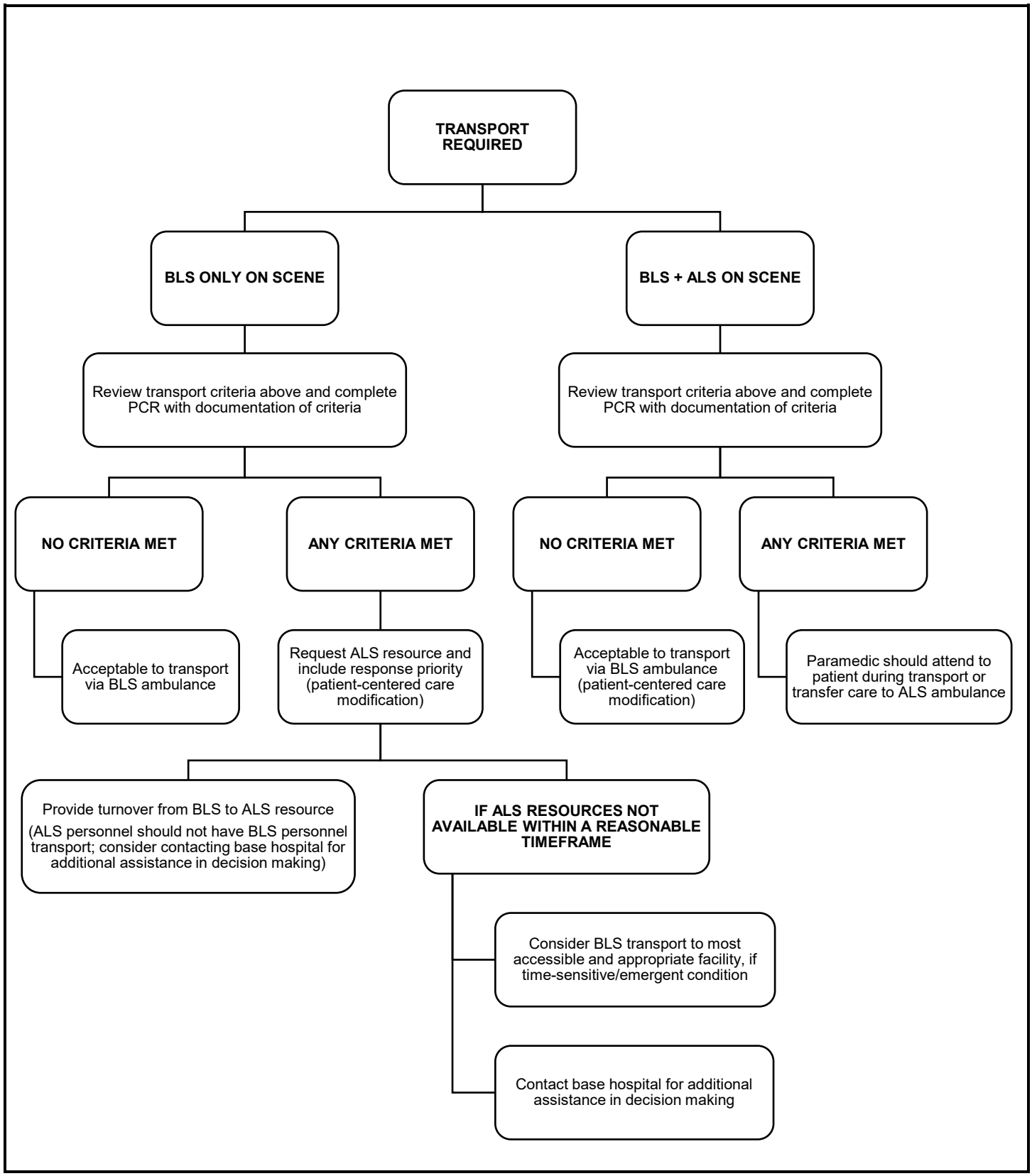

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