

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Variation from San Diego County
Protocols for Advanced Life Support

POLICY NO: P-408
PAGE: 1 of 3
DATE: July 1, 2010

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.202, 1797.220, 1797.90,
and 1798 (et seq.).

I. PURPOSE

To identify the process by which a Base Hospital Physician may issue medical orders that vary from standard County of San Diego Advanced Life Support (ALS) protocols.

II. POLICY

- A.** Base Hospital Physicians may issue medical treatment orders which vary from County of San Diego ALS treatment protocols under the following criteria:
1. The order must be within the Scope of Practice for Paramedic (California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100145) and included in the County of San Diego, Emergency Medical Services (CoSD EMS) ALS protocols or within the CoSD EMS Policy P-401 "Paramedic Scope of Practice").
 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 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 CoSD EMS Medical Director and the Prehospital Audit Committee for evaluation and tracking.

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PAGE: 2 of 3
DATE: July 1, 2010

III. PROCEDURES

- A.** The Base Hospital Physician, after determining that a variation from protocol is necessary to prevent serious morbidity or mortality, shall:
1. Transmit the order personally to the field personnel or instruct the MICN to transmit the order via direct voice communication.
 2. Sign the MICN run sheet or otherwise document the order.
 3. Complete the “MD Variation Detail” (CoSD EMS Policy P-408A (Attachment A)) and submit it to the Base Hospital Medical Director, Base Hospital Nurse Coordinator, or designee within 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.
 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. _____”.
 3. Obtain the Physician’s signature or otherwise document the source of the order.
 4. Initiate a “MD Variation Detail” 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.
 2. Acknowledge that the order received is a variation from County of San Diego ALS protocol and the Base Hospital Physician who gave the order.
 3. Document on CoSD EMS Prehospital Patient Record the order of 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, in the prehospital Quality Assurance Network Quality Collector System

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POLICY NO: P-408
PAGE: 3 of 3
DATE: July 1, 2010

(QCS) computer on the Confidential Prehospital Quality Assurance Form, and on the "MD Variation Detail" 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 CoSD EMS Policy P-401 "Paramedic Scope of Practice" 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 CoSD EMS Medical Director for review and analysis (including review for the Prehospital Audit Committee).

IV. ATTACHMENTS

- A. P-408A (Attachment A):** MD Variation Detail