

**COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
POLICY/PROCEDURE/PROTOCOL**

No. **S-100**
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**SUBJECT: TREATMENT PROTOCOL -
INTRODUCTION**

Date: **07/01/18**

INTRODUCTION

These protocols define the basic and advanced life support treatment and disposition standards for San Diego County.

1. These treatments are listed in sequential order for each condition.
See Skills List (P-104) for skills criteria.
2. All treatments may be performed by the EMT (BLS treatments), AEMT, and/or Paramedic via standing orders EXCEPT for those stating "Base Hospital Order (BHO)" or "Base Hospital Physician Order (BHPO)".
All treatments requiring an order are at the discretion of the Base Hospital providing medical direction. EMT/AEMT/Paramedic are authorized to implement standing orders without Base Hospital contact. Standing orders may be continued even after Base Hospital contact unless the Base Hospital directs otherwise.
3. EMT skills which took effect July 1, 2017 (includes: finger stick blood glucose testing, intranasal naloxone, epinephrine via auto-injector) may only be performed when a provider is on-duty and operating as part of the organized EMS system and in the prehospital setting including during interfacility transports.
4. As per Title 22, Chapter 1.5, Section 100019, public safety personnel may administer naloxone when authorized by the County of San Diego EMS Medical Director.
5. **BHPO (Base Hospital Physician Order)**: MICNs may relay BHPOs.
See P-403 for situations with a physician on scene.
6. Abbreviations and definition of terms can be found in S-101 and S-102.
7. All medications ordered are to be administered per protocols UNLESS there is a contraindication, such as an allergy. If there is a change in patient condition, a different protocol may be applied.
8. Personal protective equipment must be used on all patient contacts per provider agency policy (S-009).
9. PEDIATRIC SPECIAL CONSIDERATIONS:
 - a. A pediatric patient is defined as being (or appearing to be if the age is unknown) <15 years old.
 - b. Pediatric cardioversion is CONTRAINDICATED whenever the defibrillator unit is unable to deliver <5 joules/kg or the biphasic equivalent.
 - c. Medication dosages are determined by use of a length-based resuscitation tape; refer to the Pediatric Drug Chart (P-117). For children ≥37 kg, use adult medication dosages regardless of age or height. For neonates, involve the base physician.