

KEY LARGO EMS COMMON MEDICAL PROTOCOL

Paramedic

- **ST elevation in the following leads indicate:**
 - Inferior wall MI - II, III, aVF – Perform V4 R on all Inferior wall MI **(IF V4 R IS POSITIVE, DO NOT GIVE NITRO TO PT.)**
 - Lateral wall MI - I, aVL, V5 thru V6
 - Anterior wall MI - V1 thru V6
 - Septal wall MI - V1 thru V3
- Inverted T waves and ST depression are indications of ischemia when found in aVL and V1
- Posterior wall MI – ST Depression in V1 thru V4 and a tall R wave; any R wave in V1 is suspicious
- **Indications for 12 Lead include:**
 - Any suspected cardiac event
 - Chest pain
 - Abdominal pain
 - Syncope
 - Poor general appearance
 - Hypotension
 - Dysrhythmias
 - Dyspnea
 - Weakness
 - Unexplained nausea, vomiting or diaphoresis
 - Unexplained arm, jaw, or back pain

Basic Airway Management (BAM): is defined as follows: Assisted Ventilation's while using basic airway adjuncts (OPA, NPA) King Tube and a Bag Valve Mask.
Advanced Airway Management (AAM): Includes all Basic procedures with the addition of Endotracheal, NasoTracheal, Surgical airways.

12 LEAD QUICK REFERENCE GUIDE

**KEY LARGO EMS
REFERENCE**

APGAR - NEWBORN SCORING

EMT/Paramedic

A - APPEARANCE

- Completely pink - 2
- Body pink with extremities blue - 1
- Blue or pale – 0

P - PULSE

- Normal – (over 100) - 2
- Slow – (less than 100) - 1
- Absent – 0

G - GRIMACE - reflex irritability

- Sneeze, cough or vigorous cry - 2
- Grimace, weak cry - 1
- No response – 0

A - ACTIVITY - muscle tone

- Active motion, well flexed - 2
- Some flexion of extremities - 1
- Flaccid extremities – 0

R - RESPIRATIONS

- Good crying - 2
- Irregular or slow - 1
- Absent – 0

Assess APGAR at 1 minute following delivery and 5 minutes after delivery

KEY LARGO EMS MEDICAL TREATMENT PROCEDURES

Per HRS Chapter 64J-1.003 (5a thru 5c) & Additional Guidelines:

- BLS patients that may be attended by the EMT during transport shall meet the following criteria:
 - Did not have a loss of consciousness, syncope, ETOH or have altered LOC.
 - Does not and did not have chest pain, SOB, or abdominal pain.
 - Does not and did not have any loss of sensation, penetrating wounds to the head, chest or abdomen or have a significant mechanism of injury.
 - The patient must be hemodynamically stable and without cardiac dysrhythmias.
 - The on-scene paramedic shall conduct the primary patient assessment to determine if the patient's condition meets the criteria in the standing orders for BLS care. This survey shall be documented on the patient care report and shall identify the paramedic who conducted the survey.
 - If at any time the patient's condition changes and warrants ALS procedures or the EMT requests the Paramedic take over, the EMT must notify the Paramedic and transfer care to the Paramedic.
 - The ambulance transport crew must consist of at least one Paramedic and at least one EMT or a second Paramedic and comply with all applicable laws, rules and regulations.
 - The patient care report shall clearly state whenever an EMT attends the patient, who performed each procedure and who attended the patient during transport.

KEY LARGO EMS COMMON MEDICAL PROTOCOL

Paramedic

- **Signs of Obvious Death Include: Lividity, Rigor Mortis, Decapitation or “Injuries Not Compatible With Life”**
- **When Signs of Obvious Death are present:**
 - Do not initiate BLS or ALS procedures
 - Minimize the number of personnel entering the scene
 - Consider the possibility of a potential crime scene and do not disturb the scene to get an ECG when signs of obvious death are present and easy to confirm
 - Ensure Law Enforcement Officer secures the scene before you leave
 - Clearly document the findings in the narrative of the patient care report

DO NOT LOAD AND/OR TRANSPORT AN “OBVIOUS DEATH” PATIENT

Cardiac Arrest

- If BLS resuscitation has begun **prior** to EMS arrival, the lead paramedic will make the determination to discontinue efforts
- If ALS resuscitation has begun **prior** to EMS arrival, the patient must continue to be treated and transported
- Confirm death with ECG in 2 leads

Termination of Efforts Enroute to Hospital

- If during transport all resuscitation efforts have failed, you may call ER and get permission to discontinue ALS procedures (and continue transport to ER) if all of the following are met:
 - A Patent airway is established via ETT or King Tube
 - IV/IO is achieved
 - ACLS protocol procedures have been delivered to the patient
 - Persistent Asystole or Agonal rhythms are present
 - When on-line medical control makes the decision to terminate efforts
- Have ER Physician confirm tube placement after reaching the ER

Document the receiving physician’s name on patient care report.

**KEY LARGO EMS
COMMON MEDICAL PROTOCOL
PAGE 1 OF 2**

For all calls where an Advanced Life Support unit is dispatched, upon making patient contact obtain clear consent for treatment. A competent adult has the right to refuse any medical care, but must read or have read to them the appropriate release form and then sign the refusal in the presence of a responder.

Contact Law Enforcement if patient or crew safety is potentially at risk.

Determination of Medical Competency to Refuse

Indications:

- For all calls where an Advanced Life Support unit is dispatched in response to activation of the 911 system, all patients will be offered transport to the nearest appropriate hospital.
- The only patients authorized to not be transported to a hospital are patients who execute a complete Release form in accordance with the refusal protocol stated below.

Procedure:

Obtain history from the patient and/or other persons in the area.

Obtain and record:

- At least one set of vital signs for each patient (if unobtainable, provide complete explanation in report)
- Any improvement from initial complaint (e.g. improved blood glucose)
- Perform a physical exam
- Record the patient is awake and oriented to person, place, time, and events;
- Assess for any trauma or medical illness that may represent a threat to well-being of the patient or alter their ability to make decisions (hypoxia, hypoglycemia, prior stroke, or other neurologic disability);
- Assess for psychiatric illness (suicidal/homicidal behavior, hallucinations, delusions);
- Assess for the presence of a toxic ingestion or exposure to such substance as alcohol, drugs, medications such as narcotics, and benzodiazepines, or carbon monoxide.
- Assess the competency of the patient.
-

For EMS purposes, a competent patient shall be defined as one whom:

- Is 18 years of age or older or an emancipated minor

An emancipated minor is a person under the age of 18 whom meets one of the following criteria:

- Is female, unmarried, and has a minor child, or
- Is enlisted in military service, or
- Has been declared emancipated by court order

And meets all of the following criteria:

- Is awake, alert, and fully oriented to time, person, place, and situation; **AND**
- Has no signs of injury or illness which may impair the ability to make an informed decision ;**AND**
- Has no recent history of drug/medication/alcohol ingestion or carbon monoxide exposure that impairs judgment; **AND**
- Exhibits no suicidal or homicidal behavior and does not want to harm themselves.

**KEY LARGO EMS
COMMON MEDICAL PROTOCOL
Page 2 of 2**

Determination of Medical Competency to Refuse—continued

Care may be refused for a minor **ONLY** if **ALL** of the following are met:

- The patient exhibits no historical or physical findings of potentially threatening injury or illness to life, limb or organ;
- The patient does not exhibit signs of intoxication and has no apparent alterations in mental status, level of consciousness, or abnormal vital signs;
- The responsible parent/legal guardian is competent and present, if applicable;

If one or more of the above is not met, patient must be transported to the appropriate hospital

If the patient, (or parent or guardian), is judged COMPETENT to refuse transport, emphasize:

- The need for medical care; and
- The risks of refusal of care (including death and disability); and
- The willingness of EMS to transport the patient; and
- That patient should call their primary care physician immediately to seek medical advice/counsel ASAP; and
- That the Patient Care Report must be completed which includes patient name, address or phone number, completed and signed Refusal form,
- That the patient may call EMS at any time if they need service.
- Leave the patient in the care of a responsible person who can monitor the patient and have them sign the witness portion of the refusal whenever possible.

If the patient (or parent / guardian) is judged NOT COMPETENT to refuse transport:

- Explain to patient, (or parent / guardian) the need for transport; and
- Reassure patient that no harm will result from transport but complications, up to and including death may result from delay in treatment; and
- If the patient (or parent / guardian) continues to refuse care:
- Enlist the aid of law enforcement personnel for patient and crew safety; and
- Proceed with transport of the patient.
- If there is any doubt concerning the competency of the patient to refuse medical care and/or hospital transport, and no guardian is present, medical transport is mandatory.

Implied Consent:

- If a person is determined to be incompetent, they may be treated and transported under an “implied consent” (when a reasonable individual would consent to under the same circumstances).
- If the patient is transported and/or treated on the basis of implied consent, field personnel should use reasonable measures to ensure safe transport to the closest appropriate facility.

Medical Control should be contacted if there are any questions regarding a patient’s ability to refuse medical care or if assistance is needed to convince the patient to be transported. If the patient still refuses and needs immediate care, have a Law Enforcement Officer respond to assist and sign as a witness if the patient refuses.

**KEY LARGO EMS
COMMON MEDICAL PROTOCOL
Dopamine Infusion Chart (gtts/min) Using 1600 mcg/ml Concentration**

Desired Dose (Mcg/Kg/Min)	Patient Weight (Kg)																
	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130
2	4	4	5	5	5	6	6	6	7	7	8	8	8	9	9	9	10
3	6	6	7	7	8	8	9	10	10	11	11	12	12	13	14	14	15
4	8	8	9	10	11	11	12	13	14	14	15	16	17	17	18	19	20
5	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	23	24
6	11	12	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29
7	13	14	16	17	18	20	21	22	24	25	26	28	29	30	32	33	34
8	15	17	18	20	21	23	24	26	27	29	30	32	33	35	36	38	39
9	17	19	20	22	24	25	27	29	30	32	34	35	37	39	41	42	44
10	19	21	23	24	26	28	30	32	34	36	38	39	41	43	45	47	49
11	21	23	25	27	29	31	33	35	37	39	41	43	45	47	50	52	54
12	23	25	27	29	32	34	36	38	41	43	45	47	50	52	54	56	59
13	24	27	29	32	34	37	39	41	44	46	49	51	54	56	59	61	63
14	26	29	32	34	37	39	42	45	47	50	53	55	58	60	63	66	68
15	28	31	34	37	39	42	45	48	51	53	56	59	62	65	68	70	73
16	30	33	36	39	42	45	48	51	54	57	60	63	66	69	72	75	78
17	32	35	38	41	45	48	51	54	57	61	64	67	70	73	77	80	83
18	34	37	41	44	47	51	54	57	61	64	68	71	74	78	81	84	88
19	36	39	43	46	50	53	57	61	64	68	71	75	78	82	86	89	93
20	38	41	45	49	53	56	60	64	68	71	75	79	83	86	90	94	98

To mix 1600 mcg/ml Dopamine Infusion - Add 400 mg Dopamine to 250 ml D5W.