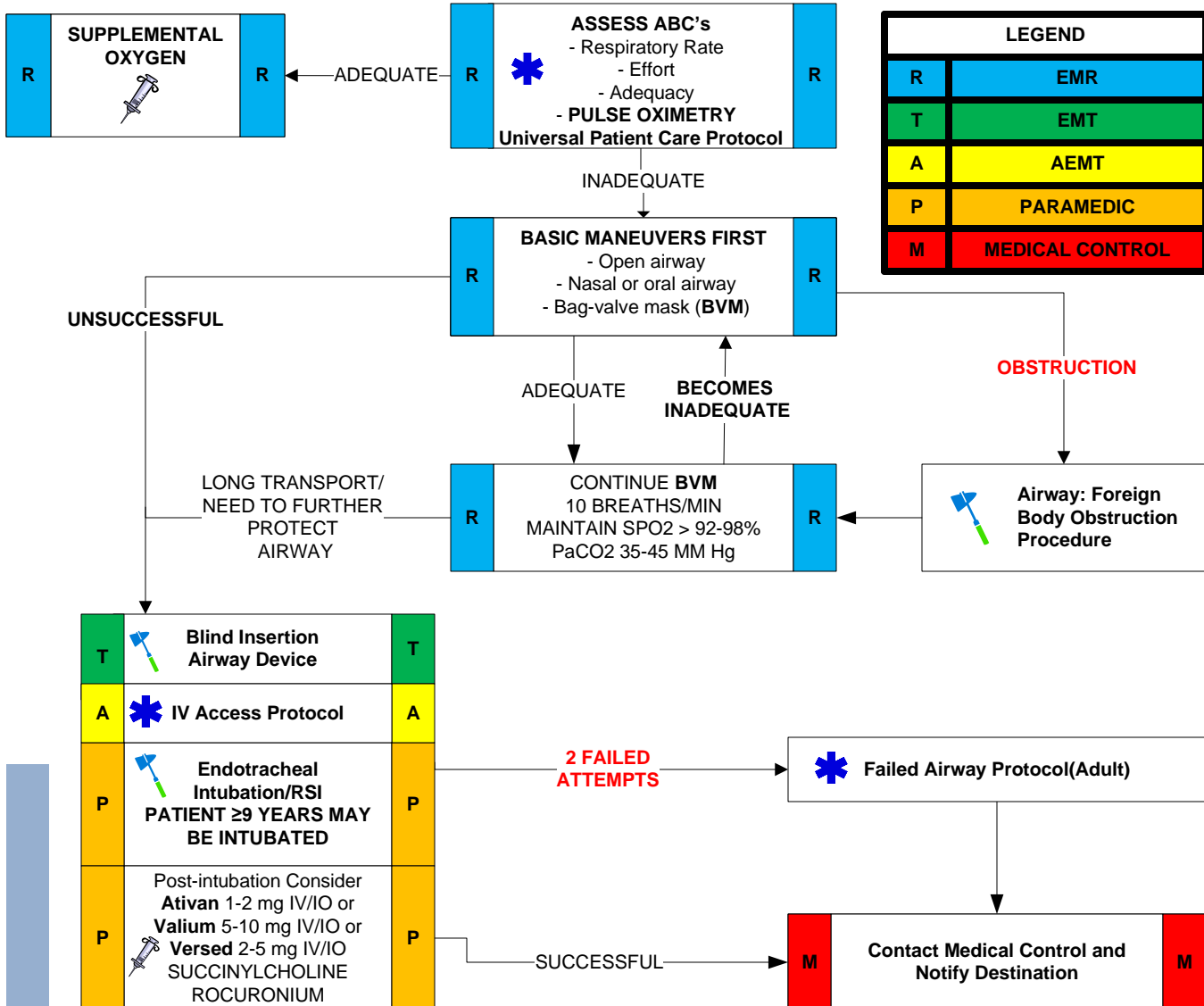


TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



Approved by EMS Medical Director 2024

AIRWAY, ADULT GENERAL PROTOCOL # 1 - 01



GENERAL PROTOCOL # 1 - 01

PEARLS

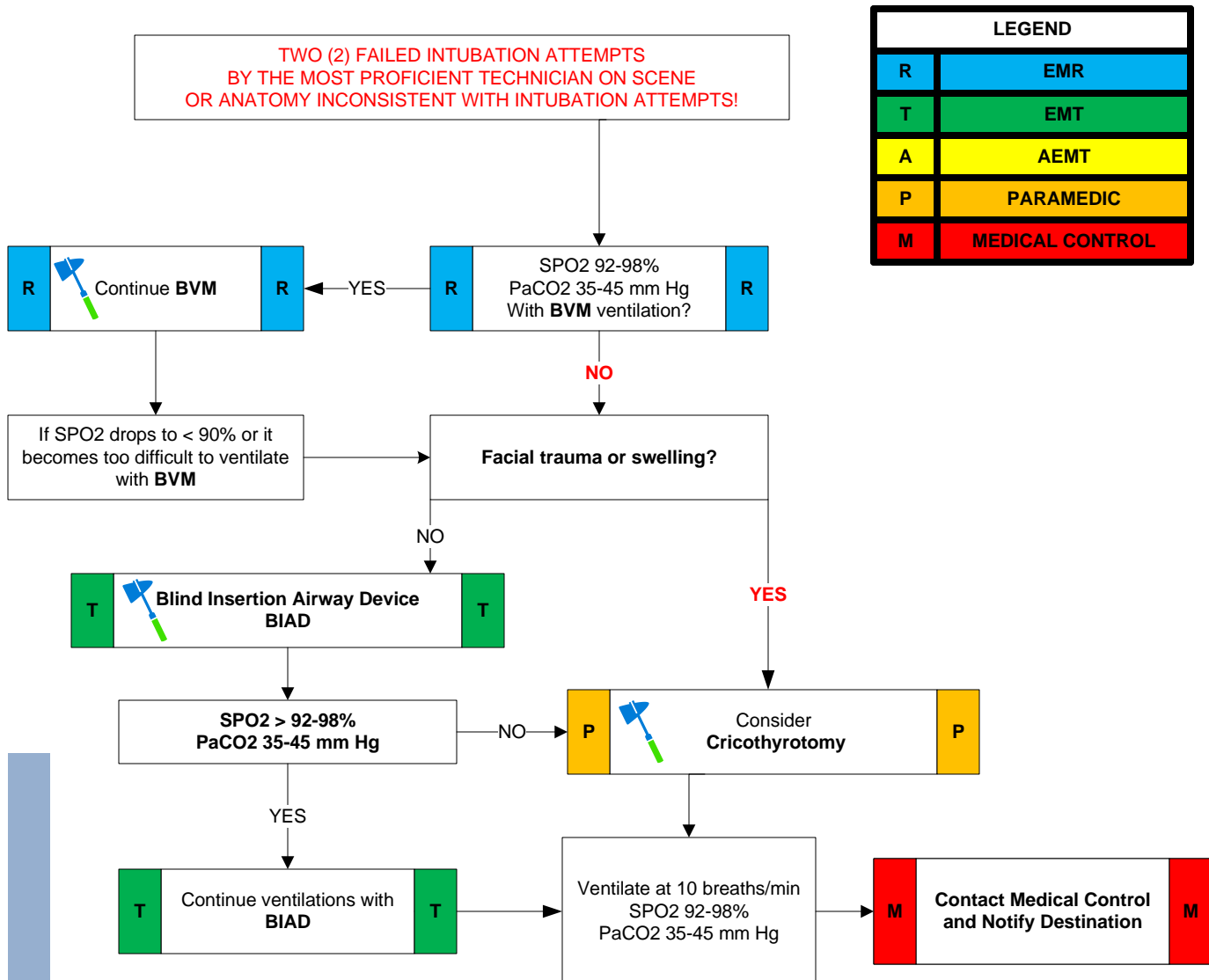
- ✓ This protocol is only for use in patients with signs of puberty
- ✓ Capnometry (color) or continuous capnography is mandatory with all methods of intubation. Document results
- ✓ Continuous capnography (EtCO2) is strongly recommended for the monitoring of all patients with a BIAID or endotracheal tube
- ✓ If an effective airway is being maintained by BVM with continuous SpO2 92-98%, it is acceptable to continue with basic airway measures instead of using a BIAID or intubation
- ✓ For the purposes of this protocol, a secure airway is when the patient is receiving appropriate oxygenation and ventilation
- ✓ An intubation attempt is defined as passing the laryngoscope blade or endotracheal tube past the teeth
- ✓ Maintain C-spine immobilization for patients with suspected spinal injury
- ✓ Do not assume hyperventilation is psychogenic – use oxygen, not a paper bag. Consider use of capnography
- ✓ It is important to secure the endotracheal tube well and consider using a c-collar to better maintain ETT placement
- ✓ Consider using bimanual laryngoscopy or BURP maneuver in difficult intubations
- ✓ Consider the use of a Bougie for endotracheal intubation

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



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FAILED AIRWAY, ADULT GENERAL PROTOCOL # 1 - 02



PEARLS

- ✓ If first intubation attempt fails, make an adjustment and consider:
 - Different laryngoscope blade or use of bougie
 - Different ETT size
 - Apply BURP maneuver (push trachea back (posterior), up, and to patient's right) or bimanual laryngoscopy
 - Change head positioning
- ✓ Continuous pulse oximetry should be utilized in all patients with an inadequate respiratory function
- ✓ Continuous EtCO2 should be applied to all patients with respiratory failure or to all patients with advanced airways
- ✓ Notify Medical Control AS EARLY AS POSSIBLE about the patient's difficult/failed airway
- ✓ Adult sizes for the King LT-D are **Yellow Size 3 (4 - 5 ft)**, **Red Size 4 (5 - 6 ft)**, and **Purple Size 5 (6 ft and up)**
- ✓ Adult sizes for the i-gel® are the 3(small), 4(medium), and 5(large)

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES

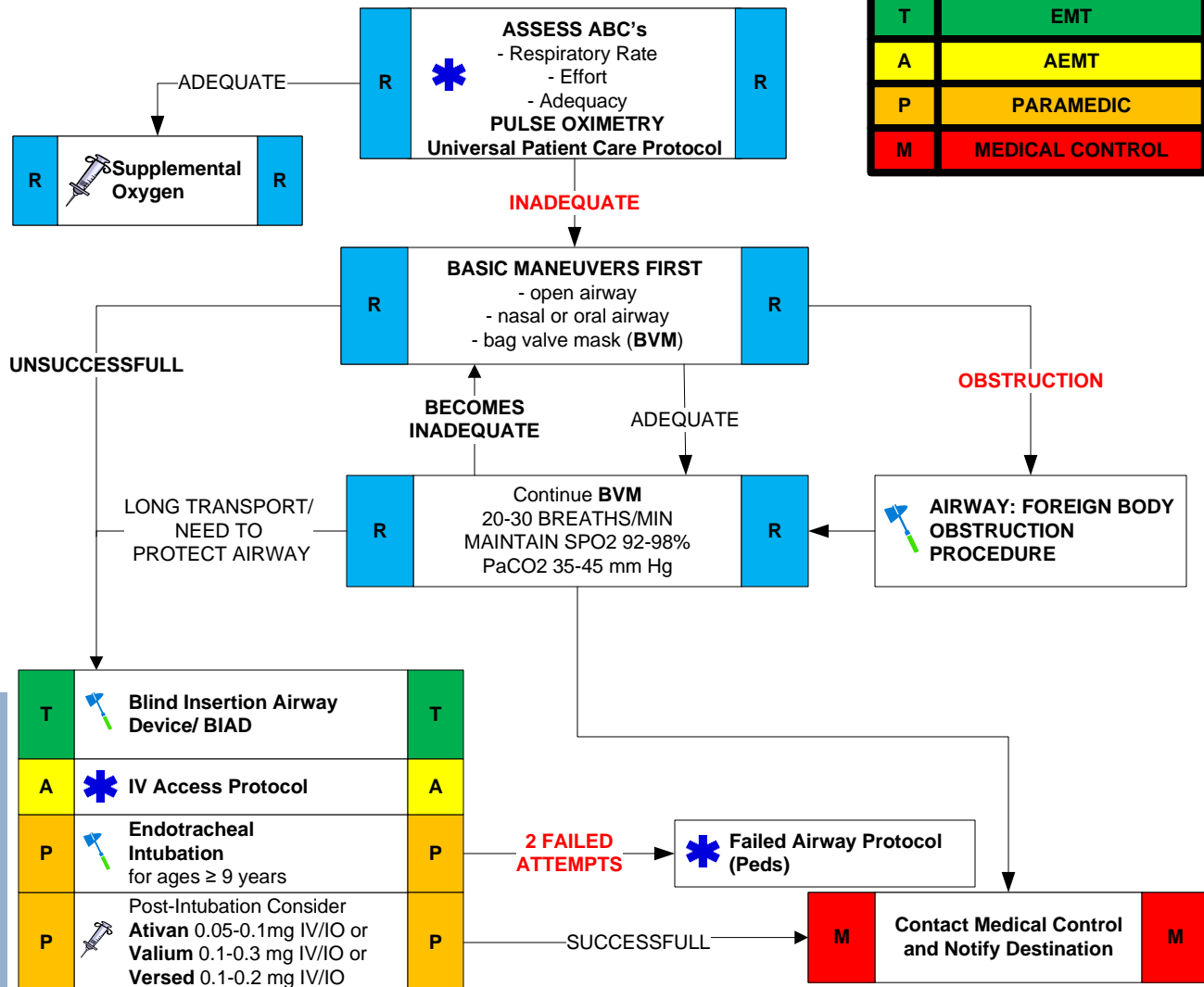


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AIRWAY, PEDIATRIC GENERAL PROTOCOL # 1 - 03

- ONLY PEDIATRIC PATIENTS ≥ 9 YEARS MAY BE INTUBATED
- ONLY 2 ATTEMPTS AT ENDOTRACHEAL INTUBATION ARE ALLOWED

LEGEND	
R	EMR
T	EMT
A	AEMT
P	PARAMEDIC
M	MEDICAL CONTROL



GENERAL PROTOCOL # 1 - 03

PEARLS

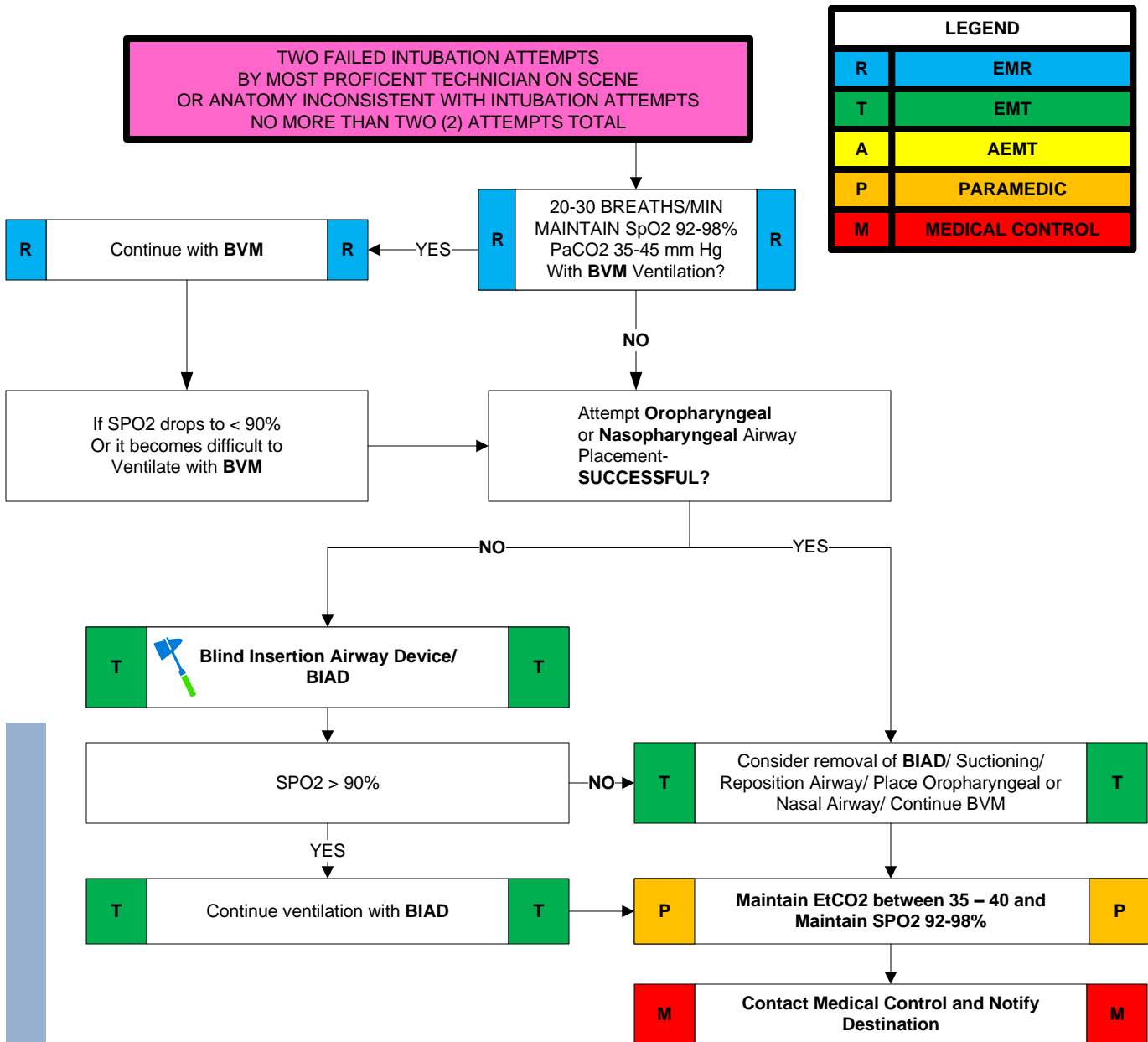
- ✓ IT IS THE POLICY OF TRINITY EMS TO INTUBATE PATIENT ≥ 9 YEARS
- ✓ Capnometry (color) or capnography is mandatory with ALL methods of intubation. Document results
- ✓ If an effective airway is being maintained with BVM, continue with BVM to maintain pulse oximetry 92-98%
- ✓ A secure airway defined as when a patient is receiving appropriate oxygenation and ventilation
- ✓ Paramedics should consider use of BIAD if first ET attempt is unsuccessful
- ✓ King LT-D sizes **Green Size 2 (35 - 45 inches)** and **Orange Size 2.5 (41 - 51 inches)**
- ✓ iGel sizes for pediatrics are 1(neonate), 1.5(infant), 2(small pediatric), and 2.5(large pediatric)
- ✓ Maintain c-spine immobilization in patients with suspected spinal injury
- ✓ Hyperventilation in deteriorating head trauma should only be done to maintain a pCO2 of 30-35
- ✓ C-collar may be used to help maintain endotracheal placement. Ensure the endotracheal tube is secured!

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



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FAILED AIRWAY, PEDIATRIC GENERAL PROTOCOL # 1 - 04



PEARLS

- ✓ **NOTIFY MEDICAL CONTROL AS EARLY AS POSSIBLE REGARDING PATIENT'S DIFFICULT/FAILED AIRWAY**
- ✓ If first intubation attempt fails, make an adjustment and then try again
 - *Different laryngoscope blade
 - *Different ET size or use of Bougie
 - *Change head positioning
- ✓ Ventilatory rate should be 30 for Neonates, 25 for Toddlers, 20 for School age, and 12 for Adolescents
- ✓ Continuous pulse oximetry should be utilized in all patients with inadequate respiratory function
- ✓ Continuous EtCO2 should be applied to all patients with respiratory failure or patients with advanced airways

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



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BACK PAIN GENERAL PROTOCOL # 1 - 05

HISTORY

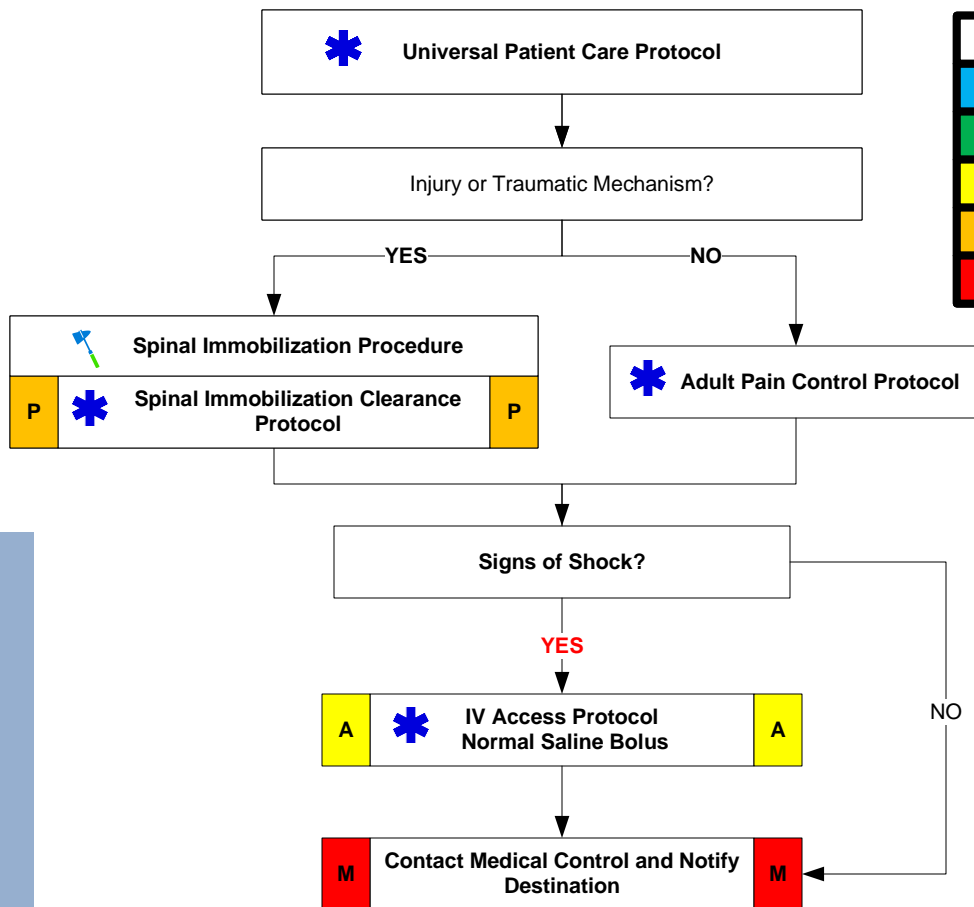
- ✓ Age
- ✓ Past medical history
- ✓ Past surgical history
- ✓ Medications
- ✓ Onset of pain/injury
- ✓ Previous back injury
- ✓ Traumatic mechanism
- ✓ Location of pain
- ✓ Fever
- ✓ Improvement or worsening with activity

SIGNS AND SYMPTOMS

- ✓ Pain
- ✓ Swelling
- ✓ Pain with range of motion
- ✓ Extremity weakness
- ✓ Extremity numbness
- ✓ Shooting pain into an extremity
- ✓ Bowel/bladder dysfunction

DIFFERENTIAL

- ✓ Muscle spasm/strain
- ✓ Herniated disc with nerve compression
- ✓ Sciatica
- ✓ Spine fracture
- ✓ Kidney stone
- ✓ Pyelonephritis
- ✓ Aneurysm
- ✓ Pneumonia
- ✓ Spinal Epidural Abscess
- ✓ Metastatic Cancer



PEARLS

- ✓ Abdominal Aneurysms are a concern in patients over age 50
- ✓ Kidney stones typically present with an acute onset of flank pain which radiates to the groin area
- ✓ Patients with midline pain over the spinous process should be spinally immobilized
- ✓ Any bowel or bladder incontinence is a significant finding which require immediate medical evaluation
- ✓ Long spine boards should only be used for movement of patient, not transport

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



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BEHAVIORAL GENERAL PROTOCOL # 1 - 06

HISTORY

- ✓ Situational crisis
- ✓ Psychiatric illness/medications
- ✓ Injury to self or threats to others
- ✓ Medic alert tag
- ✓ Substance abuse/overdose
- ✓ Diabetes

SIGNS AND SYMPTOMS

- ✓ Anxiety, agitation, confusion
- ✓ Affect change
- ✓ Hallucinations
- ✓ Delusional thoughts
- ✓ Bizarre behavior
- ✓ Combative/violet
- ✓ Expression of suicidal/homicidal thoughts

DIFFERENTIAL

- ✓ See Altered Mental Status differential
- ✓ Alcohol intoxication
- ✓ Toxin/Substance abuse
- ✓ Medication effect/overdose
- ✓ Withdrawal syndromes
- ✓ Depression
- ✓ Bipolar (manic-depressive)
- ✓ Schizophrenia
- ✓ Anxiety disorders

GENERAL PROTOCOL # 1 -06



Universal Patient Care Protocol

- ✓ Remove patient from stressful environment
- ✓ Use verbal calming techniques because communication is very important (reassurance, calm, establish rapport)
- ✓ GCS on all patients



GO TO APPROPRIATE PROTOCOL

Altered Mental Status Protocol
Overdose/Toxicity Protocol
Head Trauma Protocol



Check **Blood Glucose** on any patient with altered mental status OR suspicion of hypoglycemia

CONSIDER PHYSICAL RESTRAINTS POLICY IF PATIENT IS VIOLENT AND MAY BE A THREAT TO THEMSELVES OR OTHERS

>60

M

**If patient refuses care,
CONTACT MEDICAL CONTROL**

M

P



May consider
Ativan 1-2 mg IV/IO/IM or
Valium 5-10 mg IV/IO or
Versed 2-5 mg IV/IO/IM/IN

P

PEARLS

- ✓ YOUR SAFETY FIRST; CONSIDER INTRANASAL SEDATION FOR COMBATIVE PATIENTS
- ✓ Be sure to consider all possible medical/trauma causes for behavior (hypoglycemia, overdose, substance abuse, hypoxia, head injury, etc.)
- ✓ Do not irritate patient with a prolonged exam
- ✓ Do not overlook possibility of domestic violence, child abuse, elder abuse
- ✓ If patient suspected of agitated delirium suffers cardiac arrest, begin CPR and consider a fluid bolus and sodium bicarbonate
- ✓ Refer to Police Custody Protocol if applicable

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



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FEVER/INFECTION CONTROL GENERAL PROTOCOL # 1 - 07

HISTORY

- ✓ Age
- ✓ Duration of fever
- ✓ Severity of fever
- ✓ Past medical history
- ✓ Medications
- ✓ Immunocompromised (transplant, HIV, diabetes, cancer)
- ✓ Environmental exposure
- ✓ Last acetaminophen or ibuprofen

SIGNS AND SYMPTOMS

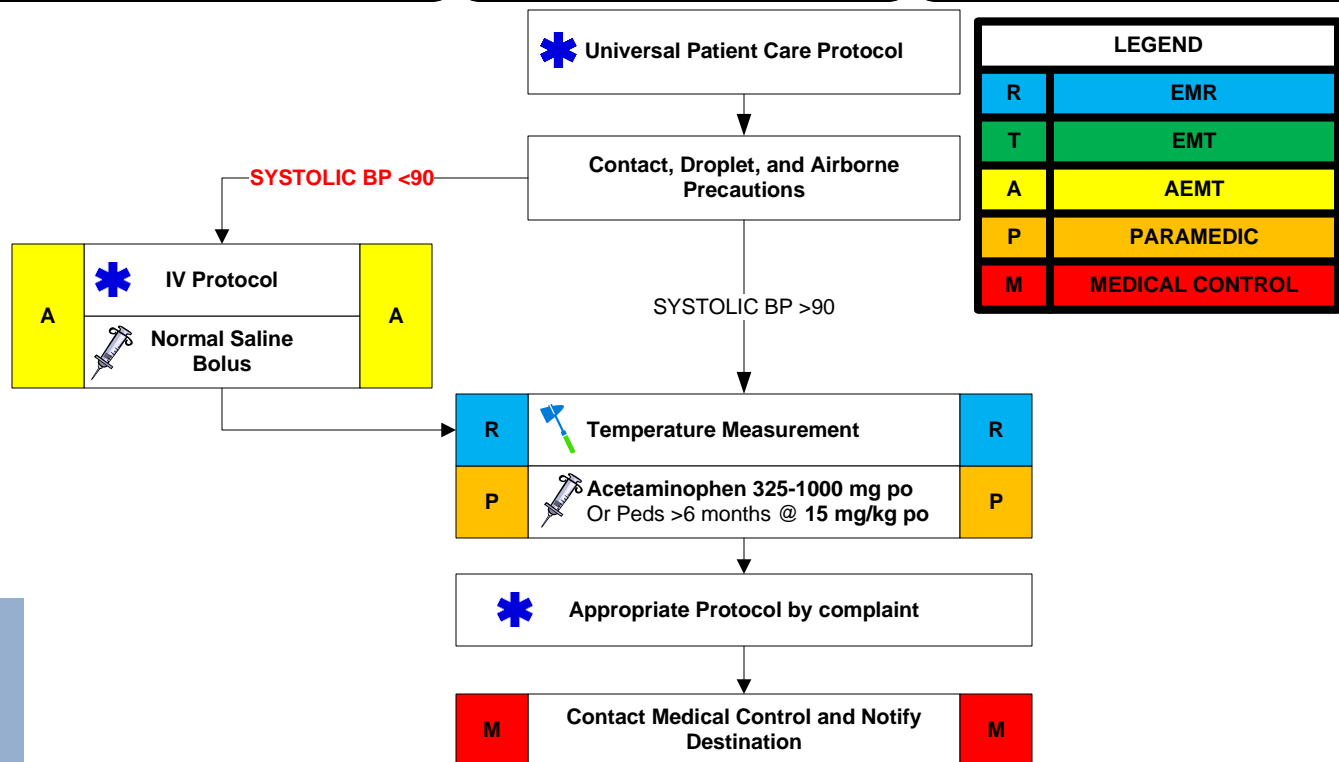
- ✓ Warm
- ✓ Flushed
- ✓ Sweaty
- ✓ Chills/Rigors

ASSOCIATED SYMPTOMS

- (Helpful to localize source)
- ✓ Myalgias, cough, chest pain, headache, dysuria, abdominal pain, mental status changes, rash

DIFFERENTIAL

- ✓ Infections/sepsis
- ✓ Cancer/Tumors/Lymphomas
- ✓ Medication or drug reaction
- ✓ Connective tissue disease
 - Arthritis
 - Vasculitis
- ✓ Hyperthyroid
- ✓ Heat Stroke
- ✓ Meningitis



PEARLS

- ✓ Febrile seizures are more likely in children with a history of febrile seizures and with a rapid elevation in temperature
- ✓ Patients with a history of liver failure should not receive acetaminophen
- ✓ Droplet precautions include standard PPE plus a standard surgical mask for providers who accompany patients in the back of the ambulance and a surgical mask or NRB O2 mask for the patient. This level of precaution should be utilized when COVID-19, influenza, meningitis, mumps, streptococcal pharyngitis, and other illnesses spread via large particle droplets are suspected. A patient with a potentially infectious rash should be treated with droplet precautions
- ✓ Airborne precautions include standard PPE plus utilization of a gown, change of gloves after every patient contact, and strict hand washing precautions. This level of precaution is utilized when multi-drug resistant organisms (e.g., MRSA), scabies, or zoster (shingles), or other illnesses spread by contact are suspected
- ✓ Rehydration with fluids increase the patient's ability to sweat and improves heat loss
- ✓ All patients should have drug allergies documented prior to administering pain medications

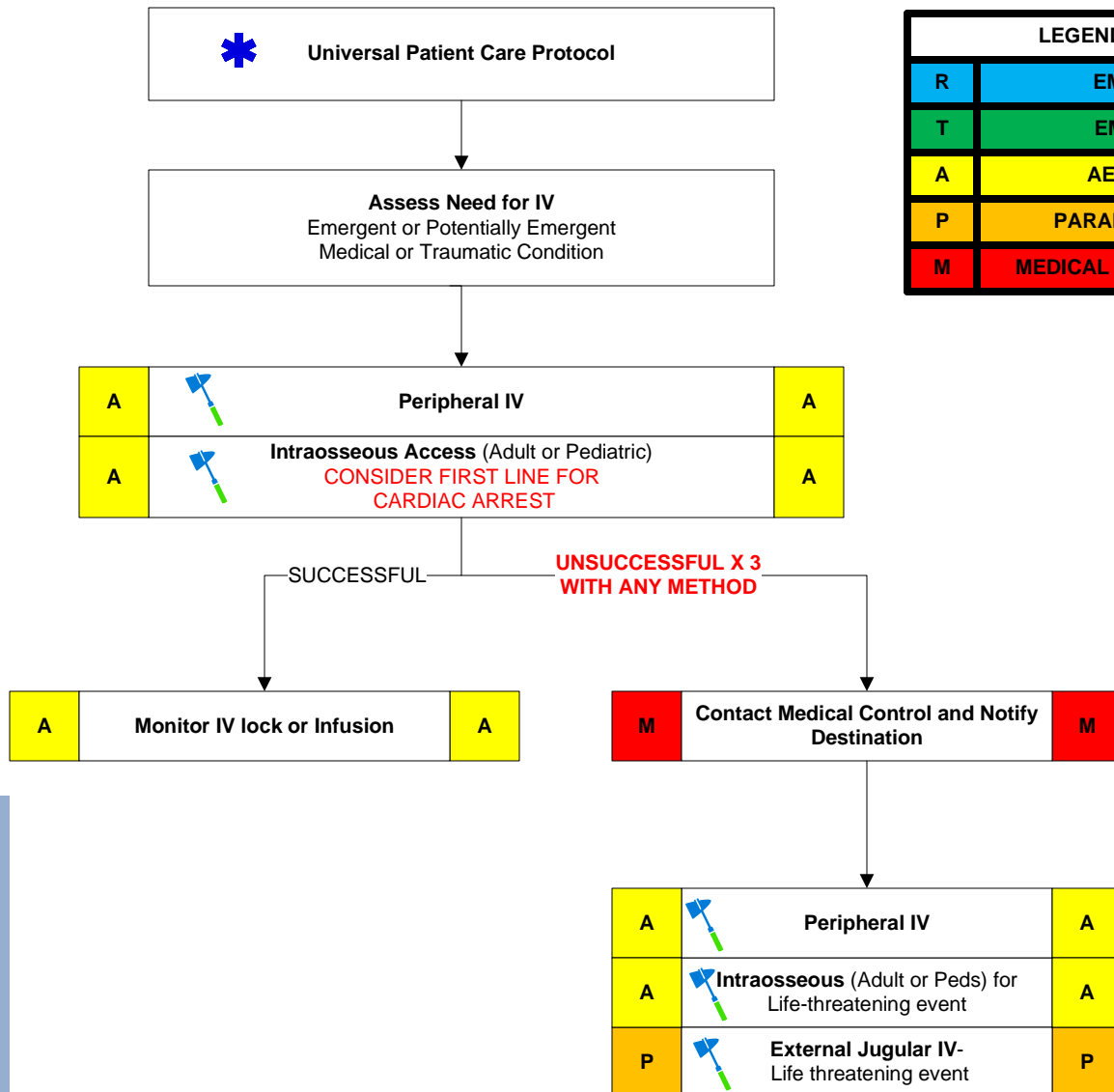
GENERAL PROTOCOL # 1 - 07

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



Approved by EMS Medical Director 2024

IV ACCESS GENERAL PROTOCOL # 1 - 08



LEGEND	
R	EMR
T	EMT
A	AEMT
P	PARAMEDIC
M	MEDICAL CONTROL

GENERAL PROTOCOL # 1 - 08

PEARLS

- ✓ In cardiac arrest, pre-existing dialysis catheter or external central venous catheter may be used
- ✓ Any pre-hospital fluids or medications approved for IV use may be given through the IO
- ✓ All IV rates should be kept at KVO rate, unless administering fluid bolus
- ✓ Use microdrips in patients less than 6 years
- ✓ Upper extremity IV sites are preferred to lower extremity sites
- ✓ Lower extremity IV sites are discouraged in patients with vascular disease or diabetes
- ✓ Avoid IV, blood pressure, injections on affected side of post-mastectomy patients
- ✓ Consider a minimum size of IV an 18 gauge for STEMI, Trauma, or Stroke

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



Approved by EMS Medical Director 2024

ADULT PAIN CONTROL GENERAL PROTOCOL # 1 - 09

HISTORY

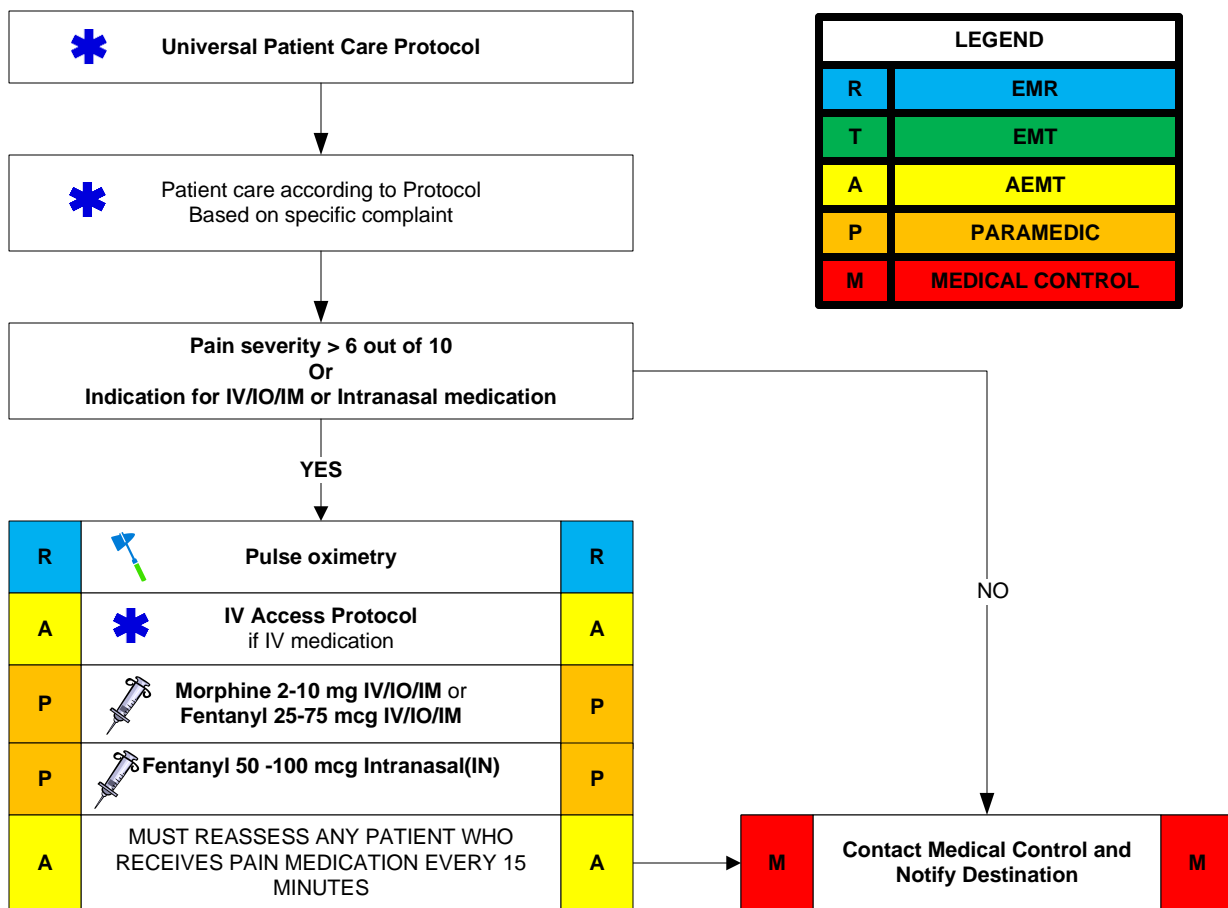
- ✓ Age
- ✓ Location
- ✓ Duration
- ✓ Severity (1 – 10)
- ✓ Use Wong-Baker faces pain scale for pediatrics
- ✓ Past medical history
- ✓ Medications
- ✓ Allergies

SIGNS AND SYMPTOMS

- ✓ Severity (pain scale)
- ✓ Radiation
- ✓ Relation to movement, respirations
- ✓ Increased with palpation

DIFFERENTIAL

- ✓ Per the specific protocol
- ✓ Visceral (abdominal)
- ✓ Cardiac
- ✓ Pleural/Respiratory
- ✓ Neurogenic
- ✓ Renal (colic)
- ✓ Musculoskeletal



LEGEND	
R	EMR
T	EMT
A	AEMT
P	PARAMEDIC
M	MEDICAL CONTROL

GENERAL PROTOCOL # 1 - 09

PEARLS

- ✓ Pain severity is a vital sign and should be recorded pre and post pain medication delivery and at disposition
- ✓ Contraindications for use of narcotic: hypotension, head injury, respiratory distress, severe COPD

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



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PEDIATRIC PAIN GENERAL PROTOCOL # 1 - 10

HISTORY

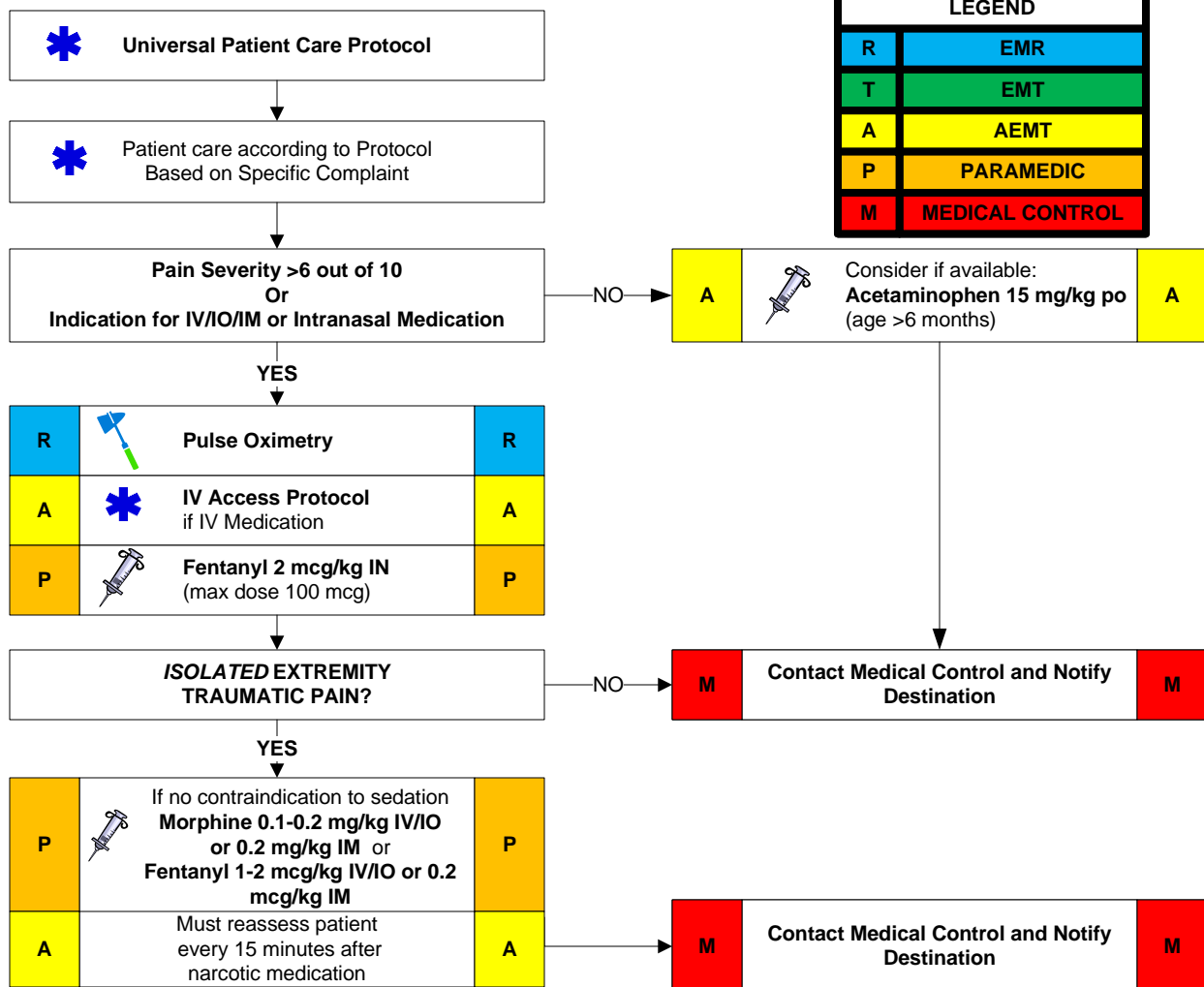
- ✓ Age
- ✓ Location
- ✓ Duration
- ✓ Severity (1 – 10)
- ✓ Use Wong-Baker faces
- ✓ Past Medical History
- ✓ Medications
- ✓ Drug Allergies

SIGNS AND SYMPTOMS

- ✓ Severity (pain scale)
- ✓ Quality (sharp, dull, etc.)
- ✓ Radiation
- ✓ Relation to movement, respiration

DIFFERENTIAL

- ✓ Per specific protocol
- ✓ Musculoskeletal
- ✓ Visceral (abdominal)
- ✓ Cardiac
- ✓ Pleural/Respiratory
- ✓ Neurogenic
- ✓ Renal (colic)



GENERAL PROTOCOL # 1 - 10

PEARLS

- ✓ Pain severity is a vital sign and is recorded pre and post medication delivery and at disposition
- ✓ Pediatric patients' pain is assessed using the Wong-Baker faces score or the FLACC score (see Assessment Pain Procedure)
- ✓ Vital signs should be obtained 15 minutes post administration and at disposition
- ✓ Do not give PO meds to patients who may need surgical interventions, such as open fractures
- ✓ Contraindications for narcotics: hypotension, head injury, respiratory distress

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



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POLICE CUSTODY GENERAL PROTOCOL # 1 - 11

HISTORY

- ✓ Traumatic Injury
- ✓ Drug Abuse
- ✓ Cardiac History
- ✓ History of Asthma
- ✓ Psychiatric History

SIGNS AND SYMPTOMS

- ✓ External signs of trauma
- ✓ Palpitations
- ✓ Shortness of breath
- ✓ Wheezing
- ✓ Altered mental status
- ✓ Intoxication
- ✓ Substance abuse

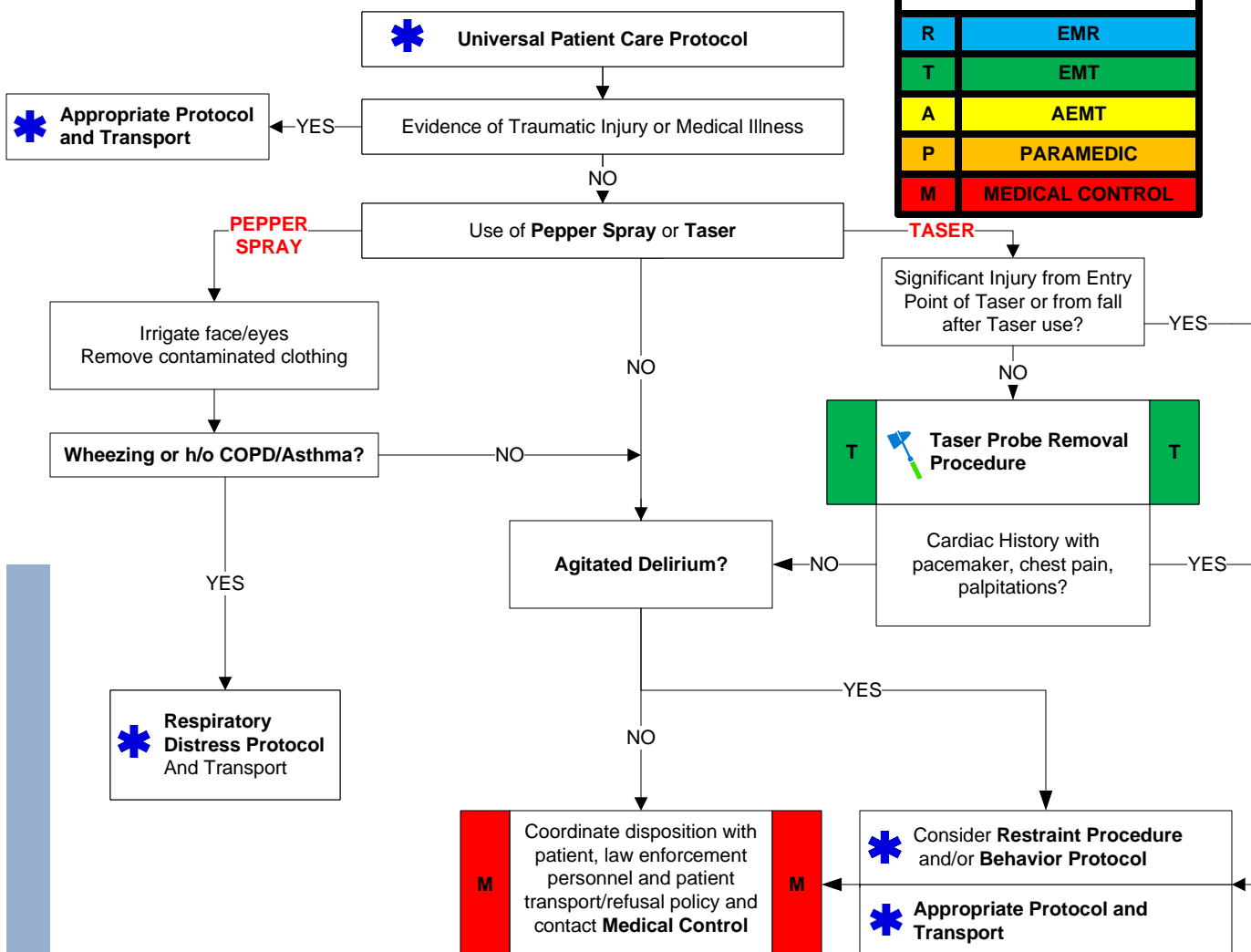
DIFFERENTIAL

- ✓ Psychiatric illness
- ✓ Substance Abuse
- ✓ Traumatic Injury
- ✓ Closed Head Injury
- ✓ Asthmatic Exacerbation
- ✓ Cardiac Dysrhythmia

LEGEND

R	EMR
T	EMT
A	AEMT
P	PARAMEDIC
M	MEDICAL CONTROL

GENERAL PROTOCOL # 1 - 11



PEARLS

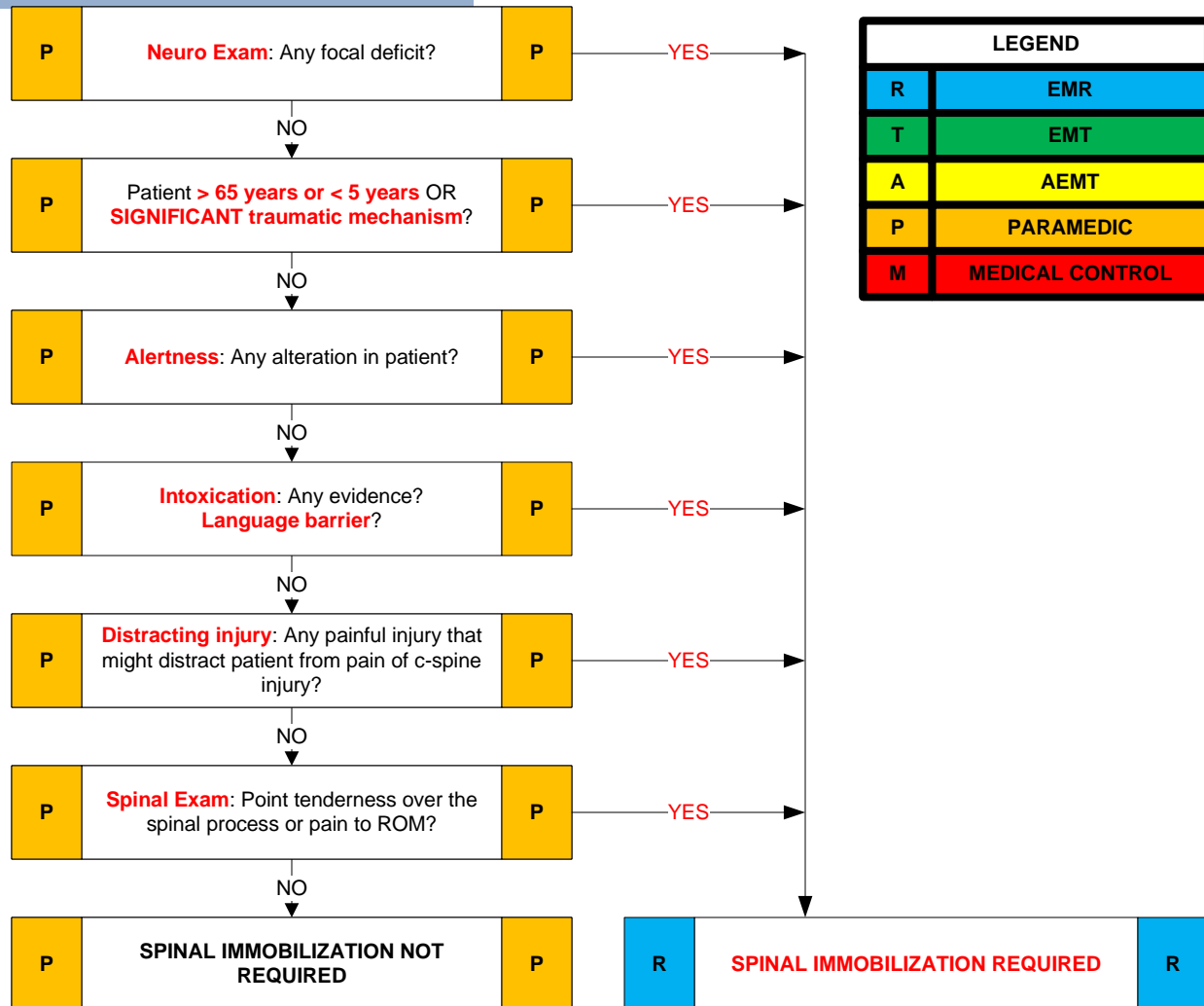
- ✓ Agitated delirium is characterized by marked restlessness, irritability, and/or high fever. Patients exhibiting these signs are at high risk for sudden death and should be transported to hospital by ALS personnel
- ✓ Patients restrained by law enforcement must be immediately available to remove restraints when requested by EMS personnel
- ✓ If there is any doubt regarding a patient's mental status, transport to the hospital for evaluation
- ✓ Asthmatic patients exposed to pepper spray and released to law enforcement should notify EMS if wheezing/SOB occurs
- ✓ Patients in police custody retain the right to request transport to the hospital. Coordinate with law enforcement

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



Approved by EMS Medical Director
2024

SPINAL IMMOBILIZATION CLEARANCE GENERAL PROTOCOL # 1 - 12



PEARLS

- ✓ Recommended Exam: Mental Status, Skin, Neck, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- ✓ Consider immobilization in any patient with arthritis, cancer, or other underlying spinal or bone disease
- ✓ Significant mechanism includes high energy events such as ejections, high fall, abrupt deceleration crashes and may indicate the need for spinal immobilization in the absence of symptoms
- ✓ Range of motion should NOT be assessed if patient has midline spinal tenderness. Patient's range of motion should not be assisted. In the absence of tender, ROM is assessed by patient touching his chin to chest, extend neck (look up), and turn his head from side to side 45 ° (shoulder to shoulder) without spinal process pain
- ✓ The acronym **NSAIDS** should be used to remember the steps in this protocol:
 - N:** Neurologic exam. Look for focal deficits such as tingling, reduced strength, extremity numbness
 - S:** Significant mechanism or extremes of age
 - A:** Alertness Is patient A & O x 4? Any changes from prior to accident?
 - I:** Intoxication: Is there any indication the patient may be intoxicated? Language barrier?
 - D:** Distracting injury: Any injury which is capable of producing significant pain in this patient(i.e. Long Bone Fractures)?
 - S:** Spinal exam: Look for point tenderness in any spinal process or spinal process tenderness with range of motion
- ✓ The decision to **not** implement spinal immobilization in a patient is the responsibility of the **PARAMEDIC**
- ✓ In the very old and very young, a normal exam may NOT be sufficient to rule out spinal injury

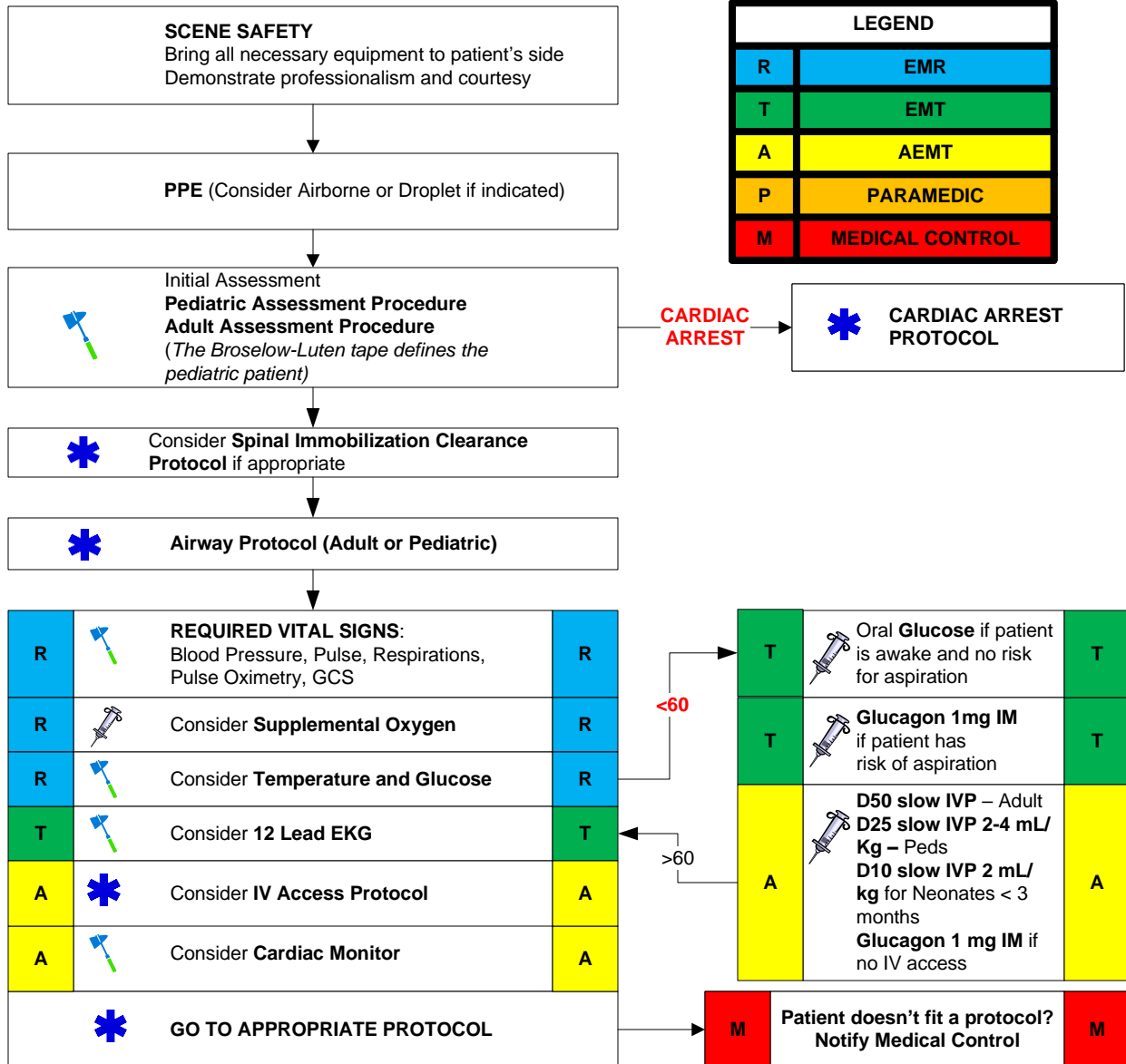
GENERAL PROTOCOL # 1 - 12

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



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UNIVERSAL PATIENT CARE GENERAL PROTOCOL # 1 - 13



GENERAL PROTOCOL # 1 - 13

PEARLS

- ✓ Recommended Exam: Minimal exam included but no limited to vital signs, mental status with GCS, and location of injury or complaint and require vital signs on every treated/transported patient
 - ✓ Any patient contact which does not result in an EMS transport must have a completed disposition form
 - ✓ Required vital signs on every patient: blood pressure, pulse, respirations, pulse oximetry and GCS
 - ✓ Temperature is patient dependent on specific complaint
 - ✓ A pediatric patient is defined by the Broselow-Luten tape
 - ✓ Timing of transport should be based on patient's condition:
- Category/Level I:** load and go **Category/Level II:** < 10 minutes **STEMI/Medical:** < 15 minutes
- ✓ Never hesitate to contact medical control for patient who refuses transport

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



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CITIZEN ASSIST/WELL PERSON GENERAL PROTOCOL # 1 - 14

HISTORY

- ✓ Person requesting blood pressure check
- ✓ EMS called to assist patient, for example a fall
- ✓ Person called 911 for assistance of another; patient did not request
- ✓ Evaluation does not demonstrate a medical complaint or obvious injury

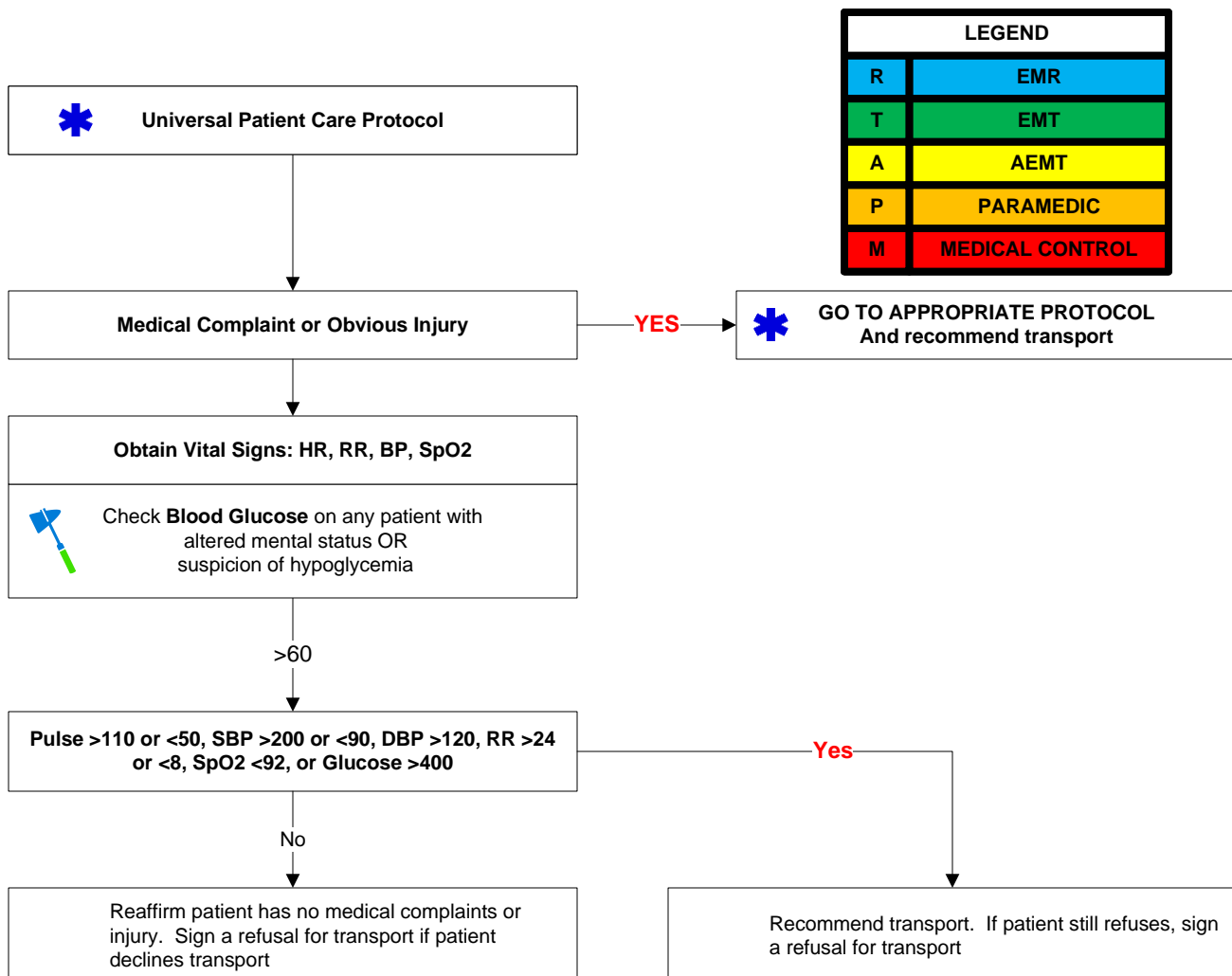
SIGNS AND SYMPTOMS

- ✓ Assess for medical complaints
- ✓ Patients with hypertension, assess for chest pain, dyspnea, or neurologic deficits
- ✓ For falls, assess for syncope, injury, mental status changes, or inability to ambulate

DIFFERENTIAL

- ✓ Hypertensive Emergency
- ✓ Unstable Angina
- ✓ Syncope
- ✓ Hypoglycemia
- ✓ Stroke
- ✓ Fracture
- ✓ Closed Head Injury

GENERAL PROTOCOL # 1 - 14



PEARLS

- ✓ All patient contacts should have a PCR documented
- ✓ The PCR may be brief, but should document vital signs, lack of a medical complaint, or in cases of trauma, lack of injury
- ✓ The narrative is key to all refusals, and should thoroughly and accurately describe the patient encounter

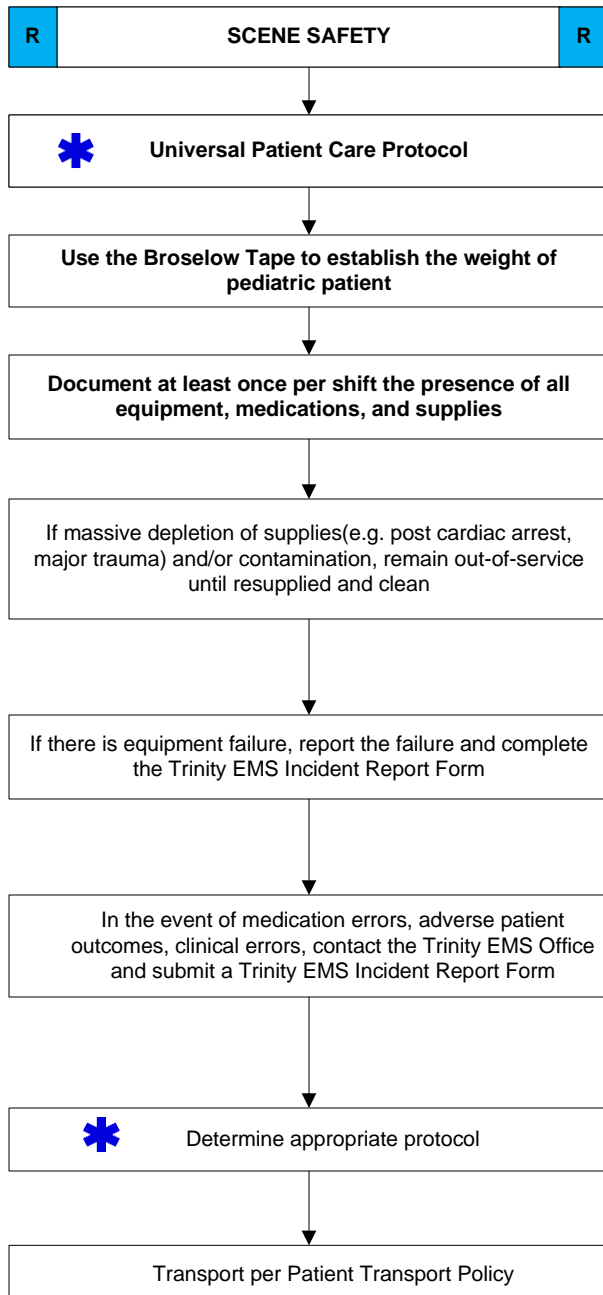
TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



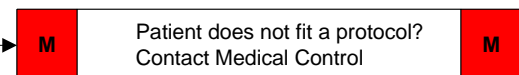
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PATIENT SAFETY GENERAL PROTOCOL # 1 - 15

GENERAL PROTOCOL # 1 - 15



LEGEND	
R	EMR
T	EMT
A	AEMT
P	PARAMEDIC
M	MEDICAL CONTROL



PEARLS

- ✓ All errors, clinical misadventures, errors without adverse patient outcomes("near miss") should be communicated to the Trinity EMS office as soon as possible and a Trinity EMS Incident Report Form completed expeditiously

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES

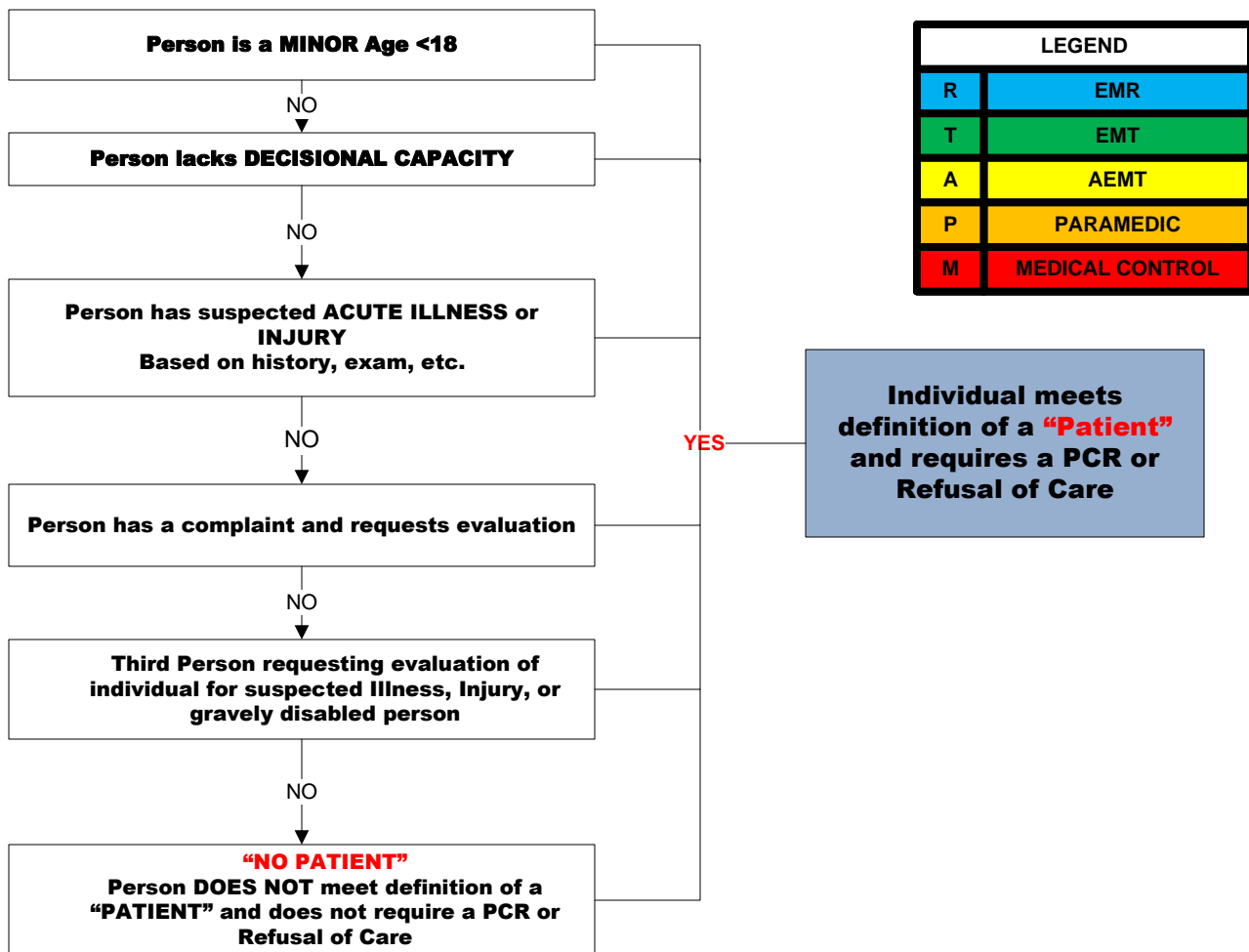


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PATIENT IDENTIFICATION GENERAL PROTOCOL # 1 - 16

GENERAL PROTOCOL # 1 - 16

Purpose: Define for EMS providers the definition of a patient. Identify encounters with individuals and determine if the patient meets criteria as a "Patient" or "No Patient". All reasonable attempts should be made to identify persons with acute illness or injury. Adult patients that do not seek treatment for themselves or dependent minors may not require documentation as patients. No protocol can predict every situation, but use best judgment and error on the side of caution and treat as a "Patient" when doubt. This protocol is intended to refer to individual patient contacts. In the event of a multiple party incident, such as a multi-vehicle collision, it is expected that a reasonable effort will be made to identify those parties with acute illness or injuries. Adult patients indicating that they do not wish assistance for themselves or dependent minors in such a multiple party incident do not necessarily require documentation as patients.



PEARLS

Decisional Capacity must meet all criteria

1. Understands the risks and benefits of refusal of care
2. Not intoxicated with drugs, medications, or alcohol
3. No criteria for mental health evaluation (Homicidal/Suicidal, Psychotic, or a Danger to Self or Others)
4. Understand the potential for illness or injury