

NORTHSTAR
2010
Protocols

NAME _____

INCLUDE THE PAGE COLOR AND NUMBER OF YOUR ANSWER

1. What two criteria must be met in the event a paramedic instructs an EMT-I to administer a drug? **BROWN 2**

10. If there is a paramedic on scene that is willing to:

a) Tech the call in the patient compartment of the ambulance.

b) Accept responsibility for the EMT-I's actions. Then paramedic may direct the EMT-I to administer medications that are within the EMT-I's scope of practice. This may be accomplished without contacting OLMC as long as the medication administration would not require OLMC for the paramedic. If the paramedic is unwilling to accept the above responsibilities, then the EMT-I's must contact OLMC before administering any medications.

Update 01/12/09

The following question has been asked to be addressed (by MDPB): "Was it the intent that the paramedic must be in the back of the ambulance on all cases where the EMT-I medication is administered without contacting OLMC?"

Answer: The paramedic must be in the ambulance, but does not have to be in the patient compartment.

2. What does MEMS require for prehospital intubation of the pediatric patient **BLUE 5**

• BVM IS THE PREFERRED METHOD OF AIRWAY SUPPORT IN THE PEDIATRIC PATIENT

• Consider needle cricothyrotomy in patients that have epiglottitis or unrelieved upper airway

If successful, confirm placement and continuous monitoring:

- Auscultation
- Chest wall movement
- Lack of air sounds over the epicastrum
- Continuous waveform capnography required end-tidal CO₂

3. What is the initial dose of Lopressor for a patient experiencing chest pain with a heart rate greater than 100? **RED 2**

If no CHF and BP greater than 140 systolic and HR greater than 100 beats/min, then Metoprolol (Lopressor) 5 mg IV over 5 minutes x1 for target HR 70-80 beats/min.

Call OLMC for option of repeating this once or twice more.

4. Under what circumstances would Narcan be administered? **GOLD 3**

Naloxone (Narcan) 0.1 – 2 mg IV, IO, IM or Intranasal (may opt to give 2 mg as starting dose if

using intranasal route) **only give if respirations less than 12 per minute and you suspect narcotic overdose**, titrate to improve respiratory drive; patients abruptly fully awakened may become combative, or suffer acute narcotic withdrawal symptoms. Some drugs such as Propoxyphene, Talwin, or Methadone may require high doses.

5. What are the steps of a Stroke Assessment? **GOLD 11**

Level of Consciousness: Assess

Abnormal = lethargic, stuporous, comatose

Speech: Have pt. state “You can’t teach an old dog new tricks”

Abnormal = wrong word, slurred, or absent speech

Facial droop: when asked to show teeth or smile

Abnormal = one side does not move as well as other

Motor: Have patient close eyes and hold out both arms

Abnormal = arm cannot move or drifts down when held out

6. For a pediatric pt with respiratory distress and wheezing, how many puffs from the pts inhaler does protocol allow? **PINK 6**

1. If the patient’s bronchodilator inhaler is Albuterol (Proventil or Ventolin) or Levalbuterol HCl (Xopenex) – assist the patient in self-administering 5 puffs.
2. If patient’s inhaler medication is not one listed in the above, contact OLMC for permission to assist patient with self-administered bronchodilator (using spacer if available*). Inform OLMC of the name of the inhaler. OLMC will prescribe the number of puffs.

7. What is the correct amount of fluid for a pediatric fluid bolus? **PINK 12**

20 ml/kg bolus of IV fluid – IV, IO

8. When is it appropriate for an EMS provider to NOT attempt resuscitation? **GRAY 1**

When NOT to Start Resuscitation (Assuming normothermic body):

- A. Any patient displaying obvious and accepted signs of irreversible death such as rigor mortis, dependent lividity, decapitation, decomposition, incineration, or other obvious lethal injury when the cardiac monitor - if available - shows asystole or agonal rhythm.
- B. Major blunt trauma victims who have no respiration and no pulse, no sign of life at the time of Maine EMS licensed crewmember arrival, **and whose cardiac monitor - if available - shows asystole or an agonal rhythm.**
- C. When a physician Do Not Resuscitate (DNR) order is presented in one of three forms

9. What is the role of the secondary triage officer at the scene of an MCI? **GRAY 8**

SECONDARY TRIAGE OFFICER – Rapidly tags all patients, or assigns personnel to do tagging with METTAGS, supervises immobilization after classification, and oversees transfer to collection/treatment area.

10. What possible crimes are MEMS providers REQUIRED to report to law enforcement? (This includes the latest law changes) **GRAY SECTION**

As an EMS provider, you must report immediately to Child Protective Services any child whom you have “reasonable cause to suspect” has been abused or will be abused. Failure to do so is punishable as a civil violation. It is not enough to tell someone else of your suspicions. If a child is abused and unreported, there is a 50% chance that the child will be abused again and a 10% chance that the child will die from future abuse. (Title 22, Subchapter II, subsection 4011)

Chapter 1-A, Subsection 3477)

“Reasonable cause to suspect When, while acting in a professional capacity, an...ambulance attendant, emergency medical technician...suspects that an adult has been abused, neglected or exploited, and has reasonable cause to suspect that the adult is incapacitated, then the professional shall immediately report or cause a report to be made to the department.”
Call the Adult’s and Children’s Emergency Services: 1-800-452-1999 (24 hours a day). Similar protection from liability for reporting exists.

Gray

INTOXICATED DRIVERS

(Title 29-A, Subchapter 1, Subsection 2405)

“Persons who may report If, while acting in a professional capacity a...emergency medical services person...knows or has reasonable cause to believe that a person has been operating a motor vehicle, hunting or operating a snowmobile, all-terrain vehicle or watercraft while under the influence of intoxicants and that motor vehicle, snowmobile, all-terrain vehicle or watercraft or a hunter has been involved in an accident, that person **may** report those facts to a law enforcement official.”

Immunity from civil liability for making such a report exists in Maine law.

NEW: An Act Regarding the Requirement That the Treatment of a Gunshot Wound Be Reported

Sec. 1. 17-A MRSA §512, sub-§1, as enacted by PL 1975, c. 499, §1, is amended to read:

1. A person is guilty of failure to report treatment of a gunshot wound if, being a health care practitioner or emergency medical services person, that person treats a human being for a wound apparently caused by the discharge of a firearm and knowingly fails to report the same to a law enforcement agency immediately by the quickest means of communication.

Sec. 2. 17-A MRSA §512, sub-§3 is enacted to read:

3. As used in this section, "health care practitioner" has the same meaning as in Title 24, section 2502, subsection 1-A, and "emergency medical services person" has the same meaning as in Title 32, section 83, subsection 12.

Effective September 12, 2009