

3340 Glenwood Street, Eureka, CA 95501 (707) 445-2081 (800) 282-0088 FAX (707) 445-0443

MEMORANDUM:

DATE: July 30, 2014

TO: Joint Powers Governing Board Members
County Health Officers
Lake County Administrative Officer
Prehospital Care Medical Directors
Prehospital Care Nurse Coordinators
Fire Chiefs' Associations/EMS Liaisons
EMCC Chairpersons
Interested Others

FROM: Rhiannon Potts, Administrative Assistant

RE: E-Informational Mailing

-
1. **For Your Information:**
 - a. **Change Notice # 104**
 - Draft- Policy # 6038 Tourniquets (Draft- Policy # 3001 Training Program Approval** (*Please email comments by August 15 to Louis Bruhnke Louis @northcoastems.com*)
 - Replace Policy #2220 Paramedic Blood/Blood Products Infusion during Interfacility Transfer Provider**
 - Replace- Policy # 3001 Training Program Approval**
 - Replace- Policy # 3004 AEMT/ALS Internship Procedure**
 - Replace- Policy # 3401 Student Eligibility for AEMT and Paramedic Training Program**
 - Replace- Policy # 3406 Expanded Scope of Practice- Training Structure Instructor Qualification**
 - Replace- Policy # 3410 Blood/Blood Products Infusion Training Structure & Instructor Qualifications**
 - Replace- Policy # 4606 Paramedic Blood/Blood Products IFT Accreditation**
 - Replace- Policy # 5304 Atropine Sulfate**
 - Replace- Policy # 5437 Blood/Blood Products Infusion during Interfacility Transfer**
 - Replace- Policy # 6013 Syncope/ Near Syncope**
 - Replace- Policy # 6015 Traumatic Cardiopulmonary Arrest**
 - Replace- Policy # 6021 Heat Illness/Hyperthermia**
 - Replace- Policy # 6024 Envenomation**
 - Replace- Policy # 6025 Burns**
 - Replace- Policy # 6026 Drowning/Near Drowning**
 - Replace- Policy # 6027 Scuba or Deep Water Diving**
 - Replace- Policy # 6028 Airway Adjunct Procedure**
 - Replace- Policy # 6029 Airway Obstruction/ Cardiopulmonary Resuscitation**
 - Replace- Policy # 6031 Prehospital Helmet Removal Procedure**
 - Replace- Policy # 6032 Oral Glucose Protocol**
 - Replace- Policy # 6033 Patient Administration of Medication**

Replace- Blood/Blood Products Infusion during Interfacility Transfer Training Program
Replace- Transfer Form Blood Products
Remove- Policy # 6556 Ativan

b. MCI Channel Test 7-8-14



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CHANGE NOTICE

CHANGE #104

DATE: 7/22/14

TO: ALL PREHOSPITAL CARE POLICY MANUAL HOLDERS

INSTRUCTIONS	POLICY #	POLICY DESCRIPTION	# OF PAGES
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REPLACE	2220	Paramedic Blood/Blood Products Infusion during Interfacility Transfer Provider	2
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REPLACE	3401	Student Eligibility for AEMT & Paramedic Training Programs	1
REPLACE	3406	Expanded Scope of Practice- Training Structure & Instructor Qualifications	2
REPLACE	3410	Blood/Blood Products Infusion Training Structure and Instructor Qualification	2
REPLACE	4606	Paramedic Blood/Blood Products (IFT) Accreditation	2
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REPLACE	6013	Syncope/Near Syncope	1
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REPLACE	6027	Scuba or Deep Water Diving	1

REPLACE	6028	Airway Adjunct Procedure	2
REPLACE	6029	Airway Obstruction/Cardiopulmonary Resuscitation	1
REPLACE	6031	Prehospital Helmet Removal Procedure	1
REPLACE	6032	Oral Glucose Protocol	1
REPLACE	6033	Patient Administration of Medications	1
REMOVE	6556	Ativan	

Subject: Tourniquets

Associated Policies:

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures

 - II. Purpose:

To describe the use of a tourniquet device when upper or lower extremity hemorrhage cannot be controlled by direct pressure or by a pressure dressing.

 - III. Policy:
 - A. Prehospital tourniquets are indicated if direct pressure or a pressure dressing fails to control hemorrhage.
 - B. The tourniquet should be placed prior to extrication and prior to transport. There is a clear survival advantage if placement is done prior to the onset of shock. Do not delay tourniquet use to establish IV's or other treatments.
 - C. The tourniquet is tightened to eliminate the distal pulse. An additional tourniquet can be placed next to the first tourniquet if bleeding control is inadequate following placement of the first tourniquet.
 - D. The patient should be transported to a hospital with immediate surgical capabilities whenever possible.
 - E. The time of tourniquet application should be documented and relayed to the trauma team upon arrival at the hospital.
 - F. There are few, if any, significant complications attributed to tourniquet use. It is a safe procedure, should be performed by all EMS personnel, and saves lives.

 - VI. Indications:
 - A. Uncontrollable bleeds to extremities that are not controlled with direct pressure or pressure dressings.
 - B. Traumatic amputations.

 - V. Contraindications:
 - A. None when used correctly and when indicated by clinical findings.

 - IV. Procedure:
 - A. Ensure that all of the Agency's providers are familiar with their specific tourniquet use.
 - B. Use the manufacturer's recommendation for application of the device.
 - C. Rapidly explain the procedure to the patient and reassure them that their extremity will not be amputated due the use of the tourniquet, if needed.
 - D. Advise the patient that after placement, they will experience pain to the extremity.
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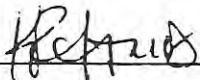
Subject: Tourniquets

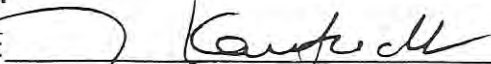
Associated Policies:

- E. Tourniquets should be placed as soon as possible after initial bleeding control measures have failed.
- F. Reinforcing dressing is no longer recommended as bleeding can continue disguised by layers of dressings.
- G. Tourniquets should be placed on the proximal thigh as the femoral artery runs in a bony groove over the distal femur and tourniquets placed just above the knee may not work.
- H. Tourniquets should also be placed on the upper arm to control upper extremity bleeds.
- I. Remove all clothing from the extremity and ensure that the tourniquet is not covered once in place. DO NOT PAD tourniquets.
- J. If bleeding persists, a second tourniquet can be placed next to the first.
- K. Tourniquets should be tightened not to just control the bleeding but to eliminate the distal pulse. Allowing arterial flow into the distal extremity can lead to compartmental syndrome of the extremity.
- L. Document the time that the tourniquet was placed and bleeding was controlled.
- M. Reevaluate for bleeding and effectiveness of the tourniquet frequently.
- N. Do not remove tourniquets in the field.
- O. Always apply a tourniquet to a traumatic amputation as even slow venous bleeding can lead to hemorrhagic shock and death.

IV. Documentation:

- A. Record time and initial placement on the patient if possible. Ensure this information is relayed to transporting agencies/hospital receiving staff.
- B. Monitor critical patients continuously for additional bleeding.

Approved: 

Approved as to Form: 

Date: 7/18/14

Subject: Administration - Provider
**Paramedic Blood/Blood Products Infusion during Interfacility Transfer
Provider**

Associated Policies: 3410, 4606, 5440 and Forms

I. Authority and Reference (incorporated herein by reference)

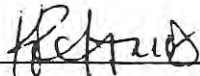
- A. Division 2.5 of the Health and Safety Code
- B. California Code of Regulations, Title 22
- C. North Coast Emergency Medical Services Policies and Procedures

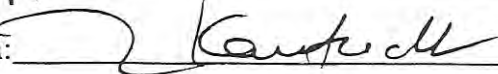
II. Purpose

To establish the procedure and requirements to authorize any North Coast EMS ALS service providers as a Paramedic Blood/Blood Product Infusion during Interfacility Transfer Provider. Authorization as a **Paramedic Blood/Blood Product Infusion during Interfacility Transfer Provider** by North Coast EMS is required for any provider to allow affiliated Blood/Blood Product Accredited Paramedics to continue pre-established blood/blood product infusions during interfacility transfers.

III. Procedures

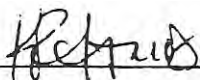
- A. Any currently authorized North Coast EMS ALS Provider licensed and permitted to transport patients from within the North Coast EMS region may request **Paramedic Blood/Blood Product Infusion during Interfacility Transfer Provider** Authorization.
- B. Authorization to provide such service within the North Coast EMS region is contingent upon executing and maintaining a participation agreement with North Coast EMS, which includes:
 - 1. Abiding by all state laws, regulations and North Coast EMS policies, procedures and protocols.
 - 2. Ensuring that only Blood/Blood Product Accredited Paramedics affiliated with the provider are allowed to continue pre-established blood/blood product infusions during interfacility transfers.
 - 3. Ensuring that each affiliated Blood/Blood Product Accredited Paramedic is oriented to and at all times proficient in the use of all infusion devices, pumps and accessories that could be utilized by the transferring base hospital.
 - 4. Ensuring that each Blood/Blood Product Accredited Paramedic utilizing these procedures completes the North Coast EMS Blood/Blood Product Infusion Ambulance transfer form, documents use on the North Coast EMS computerized PCR system, and faxes both the PCR and transfer form to North Coast EMS within 24 hours of delivering the patient to the receiving facility.
 - 5. Providing written verification submitted to North Coast EMS with the agreement of the participation of the assigned base hospital in the Paramedic Blood/Blood Product Infusion during Interfacility Transfer Program. Base hospital participation includes written assurance by the hospital Prehospital

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Date: 7/21/14

Care Medical Director that all emergency department physicians and MICNs are oriented to this program and prepared to provide medical direction and

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Date: 7/21/14

Subject: Administration - Provider
**Paramedic Blood/Blood Products Infusion during Interfacility Transfer
Provider**

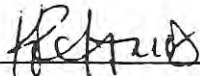
Associated Policies: 3410, 4606, 5440 and Forms


quality improvement review relative to the infusion of blood/blood products during interfacility transfer by Blood/Blood Product Accredited Paramedics.

C. Only North Coast EMS-authorized **Paramedic Blood/Blood Product Infusion during Interfacility Transfer Providers** are authorized to utilize paramedics for this purpose.

E. Both the Base Hospital and the **Paramedic Blood/Blood Product Infusion during Interfacility Transfer Provider** shall review each such utilization via its own Continuous Quality Improvement (CQI) process. Each provider transport during which blood/blood products are infused must be documented in the provider's quarterly QIP report.

PLEASE NOTE - A PUBLIC SAFETY AGENCY OR PRIVATE SECTOR AMBULANCE SERVICE IS NOT ALLOWED TO FUNCTION AS A PARAMEDIC BLOOD/BLOOD PRODUCT INFUSION DURING INTERFACILITY TRANSFER PROVIDER IN THE NORTH COAST EMS REGION UNLESS THAT AGENCY HAS BEEN APPROVED. FUNCTIONING WITHOUT A CURRENT AND VALID PARTICIPATION AGREEMENT WITH NORTH COAST EMS IS A VIOLATION OF CALIFORNIA LAWS.

Approved: 

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Date: 7/21/14

Subject: Training
Training Program Approval

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures

- II. Purpose
To establish the regional procedure for obtaining and maintaining Training Program Approval that ensures fairness and due process.

- III. Procedure for Training Program Approval
 - A. Eligible training institutions shall submit the appropriate North Coast EMS Program Approval Package within the following timelines:
 1. First Responder, Emergency Medical Technician-I (EMT-I), Advanced Emergency Medical Technician (AEMT), Automated External Defibrillation (AED), Mobile Intensive Care Nurse (MICN), Expanded Scope of Practice, Field Training Officer (FTO) Program Approval Packages must be received by North Coast EMS at least thirty (30) days before the first classroom session.
 2. AEMT and Paramedic Program Approval Packages must be received by North Coast EMS at least ninety (90) days before the first classroom session.
 - B. See appropriate program approval package (available at North Coast EMS office) and Title 22 for list of eligible training institutions and other requirements.
 - C. Program approval shall be for a period of four (4) years, unless withdrawn, suspended, or revoked by one of the parties, in accordance with agreements signed within the Program Approval Package.
 - D. The maintenance of program approval includes a detailed schedule of all future classes submitted to North Coast EMS, following the timeline above.
 - E. Program approval may be renewed by training institution every four (4) years by:
 1. Submitting a letter of request noting all changes from prior program approval and including any necessary documentation related to those changes; or
 2. Submitting the entire program approval package.

- IV. Procedure for Training Program Investigation
 - A. Written documentation with a detailed description of the problem or complaint (etc.) will be submitted to North Coast EMS and copied to all relevant individuals and Training Programs.

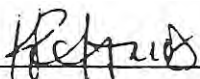
- B. After reviewing of the problem and/or complaint, North Coast EMS will take appropriate steps.
- V. Possible Training Program Approval Violations
North Coast EMS will investigate program complaints received, including, but not limited to:
- A. Holding an EMT-I, AED, ETAD, AEMT, EMT-P or MICN class prior to receiving program approval from North Coast EMS.
 - B. Classroom instruction outside the California scope of practice.
 - C. Classroom instruction outside 2.5 of the Health and Safety Code, Title 22 of the California Code of Regulations, California Highway Patrol Ambulance Driver's Handbook or North Coast EMS Policies and Procedures.
 - D. Non-compliance with required program approval documentation.
 - E. Loss of current prehospital or hospital care California license or certification by Program Director, Clinical Coordinator, Principal Instructor, or Teaching Assistants (Training Program Staff).
 - F. Training Program Staff's performance while certified, accredited, licensed or authorized.
 - G. Training Program Staff's record of remediation, suspension or decertifications.
 - H. Unfavorable evaluations from students.
 - I. Written complaints received by North Coast EMS concerning classroom instruction.
 - J. Non-compliance with North Coast EMS policies, procedures, rules and requirements by Training Program staff.
- VI. Consideration Factors When Reviewing Complaints or Incidences
When determining violations reported, the following factors may be considered:
- A. Nature and severity of the act(s), offenses(s) or crime(s) under consideration.
 - B. Prior disciplinary record of Training Program Staff.
 - C. Prior warning or remediation record specific to Program Approval.
 - D. Prior remediation of Training Program Staff.
 - E. Number and/or variety of violations.
 - F. Mitigating evidence.
 - G. Time elapsed since the act(s), offense(s), or crime(s).
- VII. Possible Violation Outcomes
- A. Disapprove a Training Program Approval request.
 - B. Continuing education coursework.
 - C. Quarterly report requirements.
 - D. Personal appearances.
 - E. Remediation.
 - F. Probation of Training Program or Training Program Staff.
 - G. Suspension of Training Program or Training Program Staff.

Subject: Training
Training Program Approval

H. Revocation of Training Program or Training Program Staff.

VIII. Reconsideration Process

- A. If Training Program or Training Program Staff approval is denied, probated, suspended, revoked or requirements are imposed by the North Coast EMS Medical Director for any reason, Training Program may request reconsideration of that decision, in writing, to the North Coast EMS Executive Director.
- B. If after the Executive Director makes a decision, further reconsideration is requested, the Training Program may appeal, in writing, to the North Coast EMS Joint Powers Governing Board.
- C. If necessary, Training Program Staff who requests reconsideration of a prior decision may need to appear and testify in person to either the Executive Director and/or the Joint Powers Governing Board.

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Date: 7/21/14

Subject: Training
AEMT/ALS Field Internship Procedure

Associated Policies: 4005

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures

- II. Purpose
To provide a system for allowing Advanced Emergency Medical Technician (AEMT) and Advanced Life Support (ALS) field internship within the North Coast EMS region.

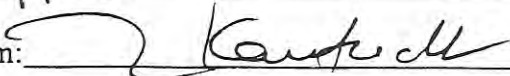
- III. Policy
 - A. If the individual is a student, the AEMT or paramedic training program must have a written agreement with the field service provider prior to allowing the evaluated field internship.
 - B. By law, all training programs, including those located outside the region, must notify North Coast EMS prior to their students beginning an evaluated field internship within the North Coast EMS region.
 - C. North Coast EMS, the California EMS Authority and/or the base hospital Prehospital Care Medical Director and Nurse Coordinator may require remedial training which might include an evaluated field internship with a regional AEMT/ALS service provider agency.

- IV. Procedure
 - A. It is the responsibility of the training institution to assign student interns to approved field service providers, and the responsibility of the intern to make arrangements for the evaluated field internship with approved field service providers.
 - B. North Coast EMS shall be notified, by the applicant, training institution or the ALS provider, of the following information prior to beginning the evaluated field internship:
 1. Name, address, phone number, and
 2. An introduction letter from applicant or student's AEMT or paramedic training institution announcing qualifications for beginning field internship, and
 3. Name of field service provider(s) where field internship will be completed.
 - C. Applicant must complete all evaluated field internship with a North Coast EMS approved Field Training Officer.

Subject: Training
AEMT/ALS Field Internship Procedure

- D. Evaluation of applicant's field internship must be on forms provided by the approved paramedic training program or North Coast EMS.
- E. No more than one AEMT and/or paramedic student, challenge applicant or, AEMT and paramedic required to complete a remedial pathway, shall be assigned to a response vehicle at any one time during the field internship.

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Date: 7/21/14

Subject: Training
Student Eligibility for AEMT & Paramedic Training Programs

Associated Policies:

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22, Division 9, Chapter 3
 - C. North Coast EMS Policies and Procedures

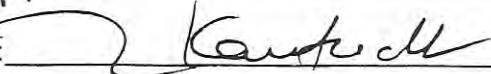
- II. Purpose
To establish regional policy for eligibility to enter North Coast EMS approved AEMT and EMT-P training courses.

- III. Policy
 - A. Advanced EMT student Eligibility:
 - 1. Possess a high school diploma or general education equivalent: and
 - 2. Possess a current EMT certificate in the State of California: and
 - 3. Possess a current Basic Life Support (CPR) card according to the American Heart Association healthcare guidelines.

 - B. Paramedic student eligibility:
 - 1. Possess a high school diploma or general education equivalent: and
 - 2. Possess current EMT-1 certificate, NREMT-Basic registration or California EMT-11 certificate.
 - 3. Current basic life support card according to the American Heart Association healthcare guidelines.

 - C. Documentation that verifies the above must be submitted when requesting North Coast EMS AEMT Certification or EMT-P Accreditation.

Approved: 

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Date: 7/21/14

Subject: Training
**Expanded Scope of Practice - Training Structure & Instructor
Qualification**

Associated Policies: 4603, 5402

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures

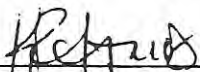
- II. Purpose
To establish qualifications for sponsoring an Expanded Scope of Practice training program, and to describe the teaching, management structure and instructor qualifications of a North Coast EMS approved training program. The Expanded Scope of Practice is defined as any medication and/or procedure approved for use by North Coast EMS beyond the Basic Scope of Practice as listed in the California Code of Regulations, Title 22.

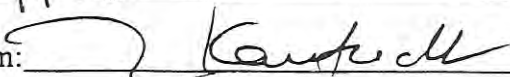
- III. Training Program Qualifications
 - A. Expanded Scope of Practice training programs may be sponsored by any of the following institutions:
 1. Accredited university or college, school district, regional occupational training program, or private post-secondary school.
 2. North Coast EMS approved base or alternate base hospital.
 3. North Coast EMS approved advanced life support (ALS) provider agency.
 4. Private organization with a recognized role in prehospital care training.
 5. Local EMS agency.

- IV. Each Expanded Scope of Practice training program is required to provide administrative direction, medical quality assurance and actual program instruction. One or more individuals, as qualified and approved by North Coast EMS, are required as follows:
 - A. All Expanded Scope of Practice training programs shall have a:
 1. Program Director who is qualified by education and experience in methods, materials, and evaluation of instruction; and a
 2. Clinical Coordinator who shall be a physician or registered nurse licensed in the State of California, or a North Coast EMS accredited paramedic.
 - a. The Clinical Coordinator must have practiced as such for at least two (2) years and have two (2) years of academic or

Subject: Training
Expanded Scope of Practice - Training Structure & Instructor Qualification

- clinical experience in emergency medicine within the past five (5) years; and a
3. Principal Instructor who shall be a physician or registered nurse licensed in the State of California, or a North Coast EMS accredited paramedic.
 - a. The Principal Instructor must have practiced as such for two (2) years and have two (2) years of academic or clinical experience in emergency medicine within the past five (5) years.
 - b. If the Principal Instructor is a paramedic, applicant must be a North Coast EMS authorized Field Training Officer and is required to submit a letter of recommendation from his/her ALS provider and base hospital Prehospital Care Nurse Coordinator.
 - B. Expanded Scope of Practice training programs may have:
 1. Teaching Assistant(s) who shall be qualified by training and experience to assist with teaching the Expanded Scope of Practice, and shall be approved by the Program Director in coordination with the Clinical Coordinator and Principal Instructor. The Teaching Assistant(s) shall be directly supervised by the Program Director, Clinical Coordinator and/or Principal Instructor.
- V. Training Program Responsibilities
- A. Training programs will obtain and utilize North Coast EMS training outlines and examinations.
 - B. Training programs must submit completed written and skills examinations to North Coast EMS. North Coast EMS will grade written examinations and notify applicants, potential providers, potential base hospitals and training program regarding results.

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Approved as to Form: 

Date: 7/21/14

Subject: Training
**Blood/Blood Products Infusion Training Structure and Instructor
Qualifications**

Associated Policies: 2220, 4606, 5440 and Forms

I. Authority and Reference (incorporated herein by reference)

- A. Division 2.5 of the Health and Safety Code
- B. California Code of Regulations, Title 22
- C. North Coast Emergency Medical Services Policies and Procedures

II. Purpose

To establish regional time and content requirements for a North Coast EMS-approved training program in blood/blood product infusion during interfacility transport, including training program and personnel qualifications.

III. Training Program Qualifications

Training programs in blood/blood product infusion during interfacility transport may be sponsored by any of the following regional institutions:

- A. Accredited universities and colleges, school districts, regional occupational training programs, and private post-secondary schools.
- B. North Coast EMS designated base hospitals.
- C. North Coast EMS authorized ALS Providers.
- D. North Coast EMS.

IV. Training Program Personnel Qualifications

Each training program in blood/blood product infusion during interfacility transport is required to have:

- A. A Program Director who is qualified by education and experience in methods, materials, and evaluation of instruction.
- B. A Clinical Coordinator who shall be a physician, physician assistant, registered nurse, or paramedic licensed by the State of California with two (2) years experience in emergency medical care or prehospital care in the last five (5) years.
- C. A Principal Instructor who shall be a current California licensed physician, physician assistant, or registered nurse. The Principal Instructor shall have at least two (2) years academic or clinical experience in the practice of emergency medical care or prehospital care in the last five (5) years.
- D. The training program may have one or more teaching assistants, who are qualified by training and experience to assist with the teaching of the course.

V. Training Program Length

A North Coast EMS-approved training program in blood/blood product infusion during interfacility transport will be three (3) hours in length, at a minimum.

Subject: Training
**Blood/Blood Products Infusion Training Structure and Instructor
Qualifications**

Associated Policies: 2220, 4606, 5440 and Forms

VI. Course Content

A. The training program in blood/blood product infusion during interfacility transport shall include approximately one (1) hour of lecture, one and a half (1.5) hours of practical training and simulated scenarios wherein the ability to appropriately manage patients with such infusions will be reviewed. The training program will also include approximately one half (0.5) hour for a North Coast EMS-approved written examination, which must be passed (80% or above) by each student prior to accreditation in this procedure.

B. The minimum course content includes:

1. Lecture

- a) Program Overview: purpose, accreditation procedure, base hospital and provider role, etc.
- b) Blood and blood product (whole blood, packed red cells, platelets and plasma) description, actions, and indications.
- c) Blood type matching and compatibility.
- d) Transfusion reactions.
- e) General administration guidelines.
- f) Utilizing the "North Coast EMS Blood/Blood Products Infusion Ambulance Transfer Form

2. Skills demonstration and practice

- a) Blood/blood products packaging, storage and transport
- b) Blood tubing
- c) Adjunct equipment

3. Written examination

VII. Eligibility to Enter the Training Program

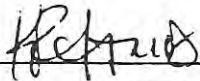
A. Any individual entering a North Coast EMT-approved training program in blood/blood products infusion during interfacility transport, at a minimum:

1. Be currently accredited in the North Coast EMS region as an EMT-P.
2. Be affiliated with a transporting North Coast EMS authorized ALS Provider that is approved by North Coast EMS as a "Paramedic Blood/Blood Products Infusion during Interfacility Transfer Provider." Each "Paramedic Blood/Blood Products Infusion during Interfacility Transfer Provider" must also be assigned to a North Coast EMS designated base hospital that is formally participating in this program.

B. Documentation of the above requirements must be submitted when requesting North Coast EMS accreditation in this procedure.

Subject: Training
**Blood/Blood Products Infusion Training Structure and Instructor
Qualifications**

Associated Policies: 2220, 4606, 5440 and Forms

Approved: 

Approved as to Form: 

Date: 7/21/14

Subject: Certification
Paramedic Blood/Blood Products (IFT) Accreditation

Associated Policies: 2220, 3410, 5440 and Form

I. Authority and Reference (incorporated herein by reference)

- A. Division 2.5 of the Health and Safety Code
- B. California Code of Regulations, Title 22
- C. North Coast Emergency Medical Services Policies and Procedures

II. Purpose

To allow North Coast EMS “Blood Product Accredited” Paramedics to infuse blood/blood products during inter-facility transfers from within the North Coast EMS region, consistent with California State laws, regulations and North Coast EMS policy and protocol.

III. Accreditation Procedure

A. General eligibility criteria:

- 1. Applicant must document current North Coast EMS-issued EMT-P accreditation.
- 2. Applicant must document current affiliation with a North Coast EMS approved “Paramedic Blood/Blood Product Infusion during Interfacility Transfer Provider”.
- 3. Applicant must document successful completion of a North Coast EMS-approved training program in infusing blood products during interfacility transfers, including a score of 80% or above on the written examination and successful demonstration of skills proficiency, within two (2) years prior to applying for accreditation.
- 4. Applicant must submit a North Coast EMS “Blood Product Infusion” accreditation application, including the signature of all North Coast EMS-approved Paramedic Blood Product Providers where applicant will use such accreditation.

B. The effective date of accreditation for infusing blood products during interfacility transfers shall be the date applicant satisfactorily completes all the accreditation requirements and has applied for accreditation. The accreditation expiration date will be the same expiration date as the current EMT-P accreditation card.

C. Accreditation shall be valid as long as the following criteria are met:

- 1. Current North Coast EMS EMT-P accreditation is maintained; **AND**
- 2. Current affiliation with a North Coast EMS Paramedic Blood/Blood Products Infusion during Interfacility Transfer Provider is maintained.

IV. Reinstatement Procedure

Accreditation for infusing blood products may be reactivated by fulfilling the following requirements:

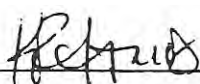
- A. Inactive status due to failure to maintain current EMT-P licensure or North Coast EMS accreditation shall be resolved by submitting proof of current EMT-P licensure or accreditation to North Coast EMS.

Subject: Certification
Paramedic Blood Products (IFT) Accreditation

Associated Policies: : 2220, 3410, 5440 and Form

B. Inactive status due to failure to maintain employment or active volunteer status with a North Coast EMS-approved Paramedic Blood Product Provider shall be resolved by submitting a North Coast EMS Paramedic Accreditation including the signature of all North Coast EMS-approved service providers of such skill where applicant will use such accreditation.

PLEASE NOTE - AN INDIVIDUAL IS NOT ALLOWED TO FUNCTION AS A BLOOD PRODUCT ACCREDITED PARAMEDIC WITHIN THE NORTH COAST EMS REGION UNLESS (S)HE HOLDS A CURRENT AND VALID NORTH COAST EMS-ISSUED ACCREDITATION IN SUCH PROCEDURE. AN EXPIRED ACCREDITATION IS NOT CURRENT NOR VALID. FUNCTIONING WITHOUT A CURRENT AND VALID ACCREDITATION IS GROUNDS FOR DISCIPLINARY ACTION AND IS A VIOLATION OF 1797.177 OF THE CALIFORNIA HEALTH AND SAFETY CODE.

Approved: 

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Subject: Scope of Practice/Procedure - Paramedic
Atropine Sulfate

Associated Policies:

- I. Class
 - A. Parasympathetic blocker (anticholinergic). Blocks vagal effects.

- II. Indications
 - A. Symptomatic bradycardia
 - B. Second or third degree atrioventricular (AV) block when Transcutaneous Pacing is not available or delayed.
 - C. Symptomatic organophosphate poisoning.

- III. Therapeutic Effects
 - A. Blocks parasympathetic action on the heart.
 - B. Enhances conduction through the AV junction.
 - C. Accelerates heart rate thereby improving cardiac output.
 - D. Suppresses hypercholinergic effects of organophosphate poisoning.

- IV. Contraindications
 - A. Absolute:
 - 1. Tachycardia.
 - 2. Hypersensitivity.
 - B. Relative:
 - 1. Narrow-angle glaucoma.
 - 2. Wide complex Third Degree AV block.

- V. Adverse Effects
 - A. Blurred vision.
 - B. Dryness of the mouth.
 - C. Flushing of the skin.
 - D. Urinary retention.
 - E. Headache.
 - F. Tachycardia.
 - G. Palpitations.

- VI. Administration and Dosage
 - A. Bradycardia with pulses:
 - 1. Adult: 0.5 mg IV (minimum single dose 0.5 mg) every 5 minutes to a maximum of 0.04 mg/kg.
 - 2. Pediatric: 0.02 mg/kg (minimum single dose 0.1 mg and a maximum single dose 0.5 mg), which may be repeated every 5

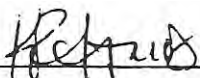
Subject: Scope of Practice/Procedure - Paramedic
Atropine Sulfate


minutes as needed to a maximum total dose of 1 mg in a child and 2.0 mg in an adolescent.

- D. Organophosphate:
1. Adult: 2 mg IV or IM every 5 to 15 minutes as needed.
 2. Pediatric: 0.05 mg/kg, IV, IO or IM every 15 minutes as needed.

VII. Special Information

- A. Doses smaller than 0.5 mg in an adult can cause paradoxical bradycardia.
- B. Doses smaller than 0.1 mg in a child or infant can cause paradoxical bradycardia.
- C. Need for atropine should be weighed against exacerbation of possible ischemic heart disease or AMI. Use with caution in the presence of chest pain.
- D. Can cause ventricular fibrillation in the presence of hypoxia or acidosis.

Approved: 

Approved as to Form: 

Subject: Scope of Practice/Procedure - Paramedic
Blood/Blood Product Infusion during Interfacility Transfer

Associated Policies:

I. Policy

- A. This procedure shall be preformed exclusively by paramedics authorized by North Coast EMS as “Blood Product Accredited.”
- B. Blood Product Accredited Paramedics may not initiate blood/blood product infusions.
- C. Only those ALS ambulance providers approved by the North Coast EMS Medical Director will be permitted to provide the service of monitoring pre-existing blood transfusions during interfacility transports.
- D. Transferring physicians must be aware of the general scope of practice of paramedics and the transport protocol parameters outlined in this policy.
- E. Patients who are candidates for paramedic transport will have pre-existing blood transfusions in peripheral or central IV lines.
- F. Paramedic personnel must be knowledgeable in the operation of the specific Blood delivery/warming device(s) to be employed during transport.

II. Procedure

- A. **Identify the patient and blood by checking the patient ID band against the blood label and blood order for name, blood type and unit identifying number.**
- B. The paramedic shall receive the transferring orders from the transferring physician prior to leaving the sending hospital, including a telephone number where the transferring physician can be reached during the patient transport.
- C. The transporting paramedic must, along with the sending hospital, complete the North Coast EMS Blood/Blood Product Infusion Ambulance Transfer Form, including the sending physician’s signature.
- D. All patients will be maintained on a cardiac monitor and a non-invasive blood pressure monitor.

Subject: Scope of Practice/Procedure - Paramedic
Blood/Blood Product Infusion during Interfacility Transfer

Associated Policies:

- E. Regulation of the transfusion rate will be within the parameters defined by the transferring physician. The transporting paramedic shall obtain a written order from the transferring nurse or physician as to the rate of infusion, and the total amount to be infused during transport of the patient.

Expected rates of transfusions are as follows:

- Initial rate is slow for first 15 minutes of transfusion. (Adults: 2-3ml/min; Pediatrics: 1/10 of the volume to be transfused.)
- Subsequent rates are dependent on physician order and may range from wide open to 4 hours. Due to potential bacterial growth, a blood transfusion must be completed within 4 hours of issuance.

- F. The North Coast EMS Blood/Blood Product Infusion Ambulance Transfer Form form and a copy of the corresponding PCR must be faxed to North Coast EMS within 24 hours of completion of the transport.

- G. Vital signs will be monitored and documented every 15 minutes and immediately if there is any change in patient status or change in transfusion rate.

- H. The paramedic shall document on the patient care report (PCR) the total volume infused throughout the duration of the transport.

- I. Monitor the patient for any signs and symptoms of a transfusion reaction. Monitor temperature for adverse effects if transport time exceeds 15 minutes. The following are the most common types of transfusion reactions that may occur:

Hemolytic reactions: Hemolytic reactions are the most life-threatening. Clinical manifestations may vary considerably: fever, headache, chest or back pain, pain at infusion site, hypotension, nausea, generalized bleeding or oozing from surgical site, shock. The most common cause is from ABO incompatibility due to a clerical error or transfusion to the wrong patient. Chances of survival are dose dependent therefore it is important to stop the transfusion immediately if a hemolytic reaction is suspected. Give a fluid challenge of NS.

Subject: Scope of Practice/Procedure - Paramedic
Blood/Blood Product Infusion during Interfacility Transfer

Associated Policies:

Febrile non-hemolytic reaction: Chills and fever (rise from baseline temperature of 1°C or 1.8°F). Document and report to hospital on arrival. (As a practical matter, assessing small changes in patient temperature during transport may be difficult or impossible. If the patient develops a fever, chills, headache, nausea or vomiting, stop the transfusion.)

Allergic reaction: Characterized by appearance of hives and itching (urticaria or diffuse rash). Treat according to North Coast EMS allergic reaction/anaphylaxis protocol 6523.

Anaphylaxis: May occur after administration of less than 10 milliliters of a plasma containing component. Symptoms include coughing, bronchospasm, respiratory distress, vascular instability, nausea, abdominal cramps, vomiting, diarrhea, shock, and loss of consciousness. Treat according to North Coast EMS allergic reaction/anaphylaxis protocol 6523.

Volume overload: Characterized by dyspnea, headache, peripheral edema, coughing, frothy sputum or other signs of congestive heart failure occurring during or soon after transfusion. Restrict fluid.

If a transfusion reaction occurs:

- Stop the transfusion immediately.
- Contact transferring physician and base / modified base hospital.
- Consult appropriate treatment protocol.
- Leave the infusion tubing attached to the blood/blood product bag, place into another bag and deliver to the receiving hospital.
- Report to hospital immediately upon arrival.
- Document any transfusion reactions in your PCR.

III. Considerations:

Provisions for administering a 2nd unit of blood products.

- A. Upon receipt of blood product unit in patient care area:
1. Do not leave blood product unattended.
 2. Immediately inspect for the following:

Subject: Scope of Practice/Procedure - Paramedic
Blood/Blood Product Infusion during Interfacility Transfer

Associated Policies:

- Leakage.
 - Abnormal appearance.
 - Expiration date/time.
3. Confirm unit #, Donor ABO and Rh type on tag matches blood bag, and proceed with confirming patient and donor identity as outlined in the "Procedure" section of this policy.
 4. Recheck MD order to verify you have received the blood component ordered.
 5. Storage container must be provided by issuing facility with appropriate refrigeration capabilities. i.e. ice pack, insulating layers.

VI. North Coast EMS retrospective evaluation of paramedic interfacility transports of patients on blood/blood products infusions.

Blood Product approved ALS provider agencies must alert North Coast EMS via a faxed copy of the corresponding PCR and the North Coast EMS Blood/Blood Product Infusion Ambulance Transfer Form each time a patient is transported using the Blood Product Infusion during Interfacility Transfers policy. Blood Product approved ALS provider agencies must include an evaluation of each blood/blood products transport in their Quarterly QIP report.

Approved: 

Approved as to Form: 

Date: 7/18/14

Subject: Treatment Guidelines – BLS
Syncope/ Near Syncope

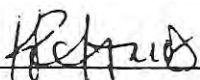
Associated Policies:

I. Priorities

- A. ABC's.
- B. Oxygen therapy per Oxygen Administration Policy # 6030.
- C. Positioning.
- D. Gather patient's history determine possible causes.
- E. Communicate with transporting ambulance or base hospital.

II. Syncope

- A. Ensure an open airway.
- B. Ensure adequate ventilations and assist ventilations if needed.
- C. Evaluate patient for traumatic injuries and assess for need for Spinal Motion Restriction evaluation.
- D. Position patient properly for comfort and protect.
- E. Administer oxygen per policy.
- F. Consider oral glucose per Oral Glucose Guideline.
- G. Communicate with transporting ambulance or base hospital.

Approved: 

Approved as to Form: 

Date: 7/18/14

Subject: Treatment Guidelines – BLS Personnel
Traumatic Cardiopulmonary Arrest

Associated Policies:


- I. Priorities
 - A. ABC's/CPR.
 - B. Protect C-spine. Provide Spinal Motion Restriction.
 - C. Control bleeding with the most rapid means. Consider tourniquet use for hemorrhaging from extremities.
 - D. Rapid transport with as minimal scene time as possible.
 - E. Further assessment en route to hospital.
 - F. Communicate with transporting ambulance or base hospital.
 - G. Transport Code 3.

- II. Traumatic Cardiopulmonary Arrest
 - A. Basic Therapy:
 1. All traumatically injured patients in cardiopulmonary arrest require rapid transport, second only to:
 - a. Airway management.
 - b. CPR.
 - c. Defibrillation.
 - d. Rapid Spinal Motion Restriction.
 - e. Control of significant hemorrhage.
 2. Delay detailed assessments and all other treatment until en route, unless transportation is not available.
 - B. At Scene:
 1. CPR according to current guideline - observing rapid Spinal Motion Restriction.
 2. If certified to do so, perform rhythm assessment and automatic defibrillation, if indicated.
 3. Secure airway with OPA, ventilate with bag valve mask and high concentrated oxygen. Use the simplest effective method of airway management with in-line cervical immobilization. Provide rapid Spinal Motion Restriction; secure the patient to a backboard or similar device.
 4. Assess carotid pulse during CPR (or age appropriate site for infants).
 5. Control obvious external hemorrhage.
 6. Communicate with transporting ambulance or Base Hospital.

Subject: Treatment Guidelines – BLS Personnel
Traumatic Cardiopulmonary Arrest

7. If patient regains spontaneous circulation/breathing:
 - a. Ventilate Bag Valve Mask and oxygen per Oxygen Policy at age appropriate rate.
 - 1) Adults and children: 12-20 per minute.
 - 2) Infants: 20 times a minute.
 - b. Monitor vital signs frequently.
 - c. Treat for shock.
8. Consider need for possible aircraft transport.
9. Transport Code 3.
- C. En Route (Time Permitting):
 1. Continue with CPR.
 2. Continue secondary survey while maintaining spinal motion restriction.
 3. Treat for shock per protocol.
 4. Place splints, dressings, and bandages, if time permits.
 5. Communicate with base hospital, with updated information, as needed.
 6. If BLS transport, rendezvous with responding ALS personnel as soon as possible.

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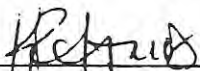
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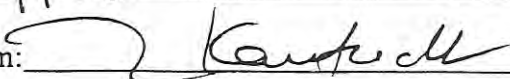
Subject: Treatment Guidelines – BLS
Heat Illness/Hyperthermia

Associated Policies:

- I. Priorities
 - A. ABC's.
 - B. Remove the patient from the source of heat.
 - C. Determine degree of physiologic distress.
 - D. Start cooling measures while completing secondary assessment.
 - E. Communicate with transporting ambulance or base hospital.
 - F. Transport.

- II. Heat Illness/Hyperthermia
 - A. Heat Cramps/Heat Exhaustion:
 - 1. Ensure a patent airway.
 - 2. Move patient to a cool environment.
 - 3. Assessing need for oxygen. Administer per Oxygen Administration policy.
 - 4. Use Pulse Oximetry when available.
 - 5. Contact transporting ambulance or base hospital.
 - 6. Transport.
 - B. Heat Stroke:
 - 1. Ensure a patent airway.
 - 2. Move to cool environment and begin aggressive cooling measures:
 - a. Remove clothing and splash/sponge with water, especially head.
 - b. Place cool packs on neck and in axilla and inguinal areas.
 - c. Promote cooling by fanning.
 - 3. Administer oxygen per policy.
 - 4. Monitor airway closely for vomiting and need for suctioning.
 - 5. Contact transporting ambulance or base hospital.
 - 6. Transport Code 3.

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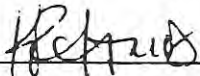
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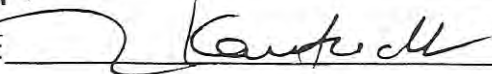
Subject: Treatment Guidelines – BLS
Envenomation

Associated Policies:

- I. Priorities
 - A. ABC's
 - B. Keep patient calm; determine degree of physiologic distress.
 - C. Obtain accurate description of snake, spider, insect, etc.
 - D. Transport.

- II. Envenomation
 - A. Follow basic therapy, and treat for specific envenomations.
 - 1. Basic Therapy:
 - a. Ensure a patent airway.
 - b. Administer oxygen per policy.
 - c. Immobilize affected area.
 - d. Identify causative agent. If it can be safely handled, consider bringing to hospital.
 - e. Contact transporting ambulance or base hospital.
 - f. Transport.
 - 2. Specific Envenomations:
 - a. Jelly Fish:
 - 1) Rinse site of sting with alcohol, ammonia or salt water without rubbing or applying pressure.
 - b. Sting Ray:
 - 1) Soak in hot water.
 - 2) Do not remove barb.
 - c. Bees/Wasps:
 - 1) Remove stinger by the quickest non-invasive means possible.
 - 2) Apply cold packs.
 - 3) Assess for signs of anaphylaxis. Treat per BLS Anaphylaxis Protocol.
 - d. Venomous Snake Bites:
 - 1) Immobilize the affected extremity, keeping it in neutral position relative to the heart.
 - 2) Do not incise skin.
 - 3) Do not apply ice.
 - e. Spider Bites/Scorpion Stings:
 - 1) Apply cold packs to affected area.
 - 2) Avoid excessive movement, keeping the affected extremity dependent.

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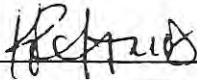
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Subject: Treatment Guidelines – BLS
Burns

Associated Policies:

- I. Priorities
 - A. ABC's.
 - B. Assume airway/respiratory involvement in chemical burns and fires in closed spaces.
 - C. Stop the burning process.
 - D. Search for associated injuries.
 - E. Communicate with transporting ambulance or base hospital.
 - F. Transport.

- II. Burns
 - A. Assure rescuer safety. Remove patient to a safe area.
 - B. Ensure patent airway.
 - C. Stop the burning process: Remove contact with agent unless adherent (e.g. hot tar, plastics, etc.).
 - D. Brush off chemical powders then flush copiously with cool water.
 - E. Apply cool soaks to the wounds.
Caution: Large surface areas covered with cool soaks may lead to hypothermia; in those situations, keep soaks on only long enough to stop the burning process. Watch closely for signs of hypothermia (shivering).
 - F. Assess for other injuries. Provide appropriate treatment to any injuries underlying the burns.
 - G. Administer oxygen per Oxygen Administration Policy. Be prepared to support ventilation with appropriate airway adjuncts.
 - H. Protect the burned area:
 - 1. Do not break blisters.
 - 2. Cover with sterile or clean dressings or sheets.
 - 3. Remove restrictive clothing/jewelry, if possible.
 - 4. Do not remove adherent materials; cool the material with water.
 - G. Communicate with transporting ambulance or base hospital.
 - H. Transport.

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Date: 7/18/17


Subject: Treatment Guidelines – BLS
Drowning/Near Drowning

Associated Policies:

- I. Priorities
 - A. Rescuer safety.
 - B. Protect C-Spine and assess for Spinal Motion Restriction.
 - C. Contact transporting ambulance or base hospital.
 - D. Transport.

- II. Drowning/Near Drowning
 - A. Drowning:
 - 1. Treat per Traumatic Cardiac Arrest Treatment Guidelines.
 - B. Near Drowning:
 - 1. Ensure a patent airway.
 - 2. Protect the cervical spine, if neck injury suspected or patient is altered level of consciousness.
 - 3. Adminster oxygen per oxygen policy. Be prepared to support ventilations.
 - 4. Anticipate vomiting and have suction ready.
 - 5. Remove wet clothing and dry patient.
 - 6. Take warming measures.
 - 7. Transport.

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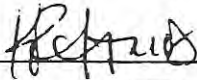
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Subject: Treatment Guidelines – BLS
SCUBA or Deep-Water Diving

Associated Policies:

- I. Priorities
 - A. ABC's.
 - B. High concentrated oxygen per Oxygen Administration Policy #6030..
 - C. CPR, if indicated.

- II. SCUBA/Deep-Water Diving
 - A. Air Embolism/Bends (Decompression Sickness):
 - 1. Administer high concentrated oxygen to all patients suspected of decompression sickness irregardless of their physiologic distress level or Pulse oximetry level. Maintain airway, assist ventilations as needed.
 - 2. If conscious, place patient left lateral with the body tilted approximately fifteen (15) degrees, and keep patients head and chest lower than his/her feet.
 - 3. Transport immediately, these patients may need recompression treatment.
 - B. Barotrauma (Injury to the Tissues of the Body's Air Cavities):
 - 1. Maintain airway. Suction, if needed.
 - 2. High concentrated oxygen.
 - 3. Transport left lateral recumbent position with head lower than hips.

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Date: 7/18/17

Subject: Treatment Guidelines – BLS
Airway Adjunct Procedure

Associated Policies:

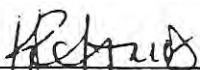
- I. Indication
 - A. Decreased level of consciousness with absent or suppressed gag reflex.
- II. Contraindication
 - A. Absolute:
 - 1. Oral Airway:
 - a. Presence of a gag reflex.
 - 2. Nasal Airway:
 - a. Any head or facial trauma.
 - b. Child less than one (1) year of age.
- III. Procedure
 - A. Assemble equipment near patient:
 - 1. OPA/NPA.
 - 2. Oxygen.
 - 3. Bag valve mask.
 - 4. Suction.
 - B. Determine proper size:
 - 1. OPA:
 - a. Measure from the ear lobe to the corner of the mouth, or from the angle of the jaw to midline of the lips.
 - b. Do not use an undersized OPA, as there is risk of aspirating the airway.
 - 2. NPA:
 - a. Measure from the tip of the nostril to the tragus (cartilaginous bump) of the ear.
 - C. Insertion:
 - 1. OPA:
 - a. Gently insert the OPA upside down into the mouth, and advance the airway until resistance is met at the pharynx. When resistance is met, rotate the OPA 180° (right side up) while inserting remainder of airway or insert directly using tongue depressor to compress tongue.
 - 2. NPA:
 - a. Lubricate NPA with water soluble lubricant, and push up the tip of the nose to widen the nostrils. Insert into the larger or right nostril with the beveled side towards the septum. Angle the tip of the NPA at 45° above the base. Gently guide the NPA through the nostril while bringing it

Subject: Treatment Guidelines – BLS
Airway Adjunct Procedure

to a 90° angle to the patient. Aim the tip of the NPA at C-1 and insert the remainder of the airway while rotating the airway back and forth between the fingertips. Do not attempt to force an NPA past resistance. Remove it and try the other nostril.

IV. Special Instructions

- A. Do not use an undersized OPA.
- B. Stimulation of an eyelash reflex is indicative of a gag reflex.
- C. Improper insertion of OPA's may push the tongue into the posterior pharynx and create an airway obstruction.
- D. Vigorous insertion of NPA's may cause severe nosebleeds.
- E. Never insert NPA's in each nostril.

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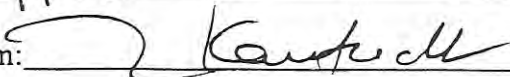
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Subject: Treatment Guidelines – BLS
Airway Obstruction/Cardiopulmonary Resuscitation

Associated Policies:

Refer to current American Heart Association Standards and Guidelines with regards to airway obstruction and Cardiopulmonary Resuscitation..

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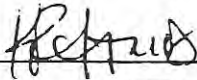
Subject: Treatment Guidelines – BLS
Prehospital Helmet Removal Procedure


Associated Policies:

- I. Indications
 - A. Patients wearing a helmet should have spinal motion restriction evaluation performed with the helmet in place.
 - B. Determine if patient has neck or back pain and meets the criteria to omit Spinal Motion Restriction. If patient meets criteria, allow the patient to remove the helmet.
 - C. Patients with airway compromised should have their helmet removed immediately.
 - D. Qualified prehospital personnel should remove all helmets prior to transport of their patients.

- II. Removal Procedure
 - A. One (1) rescuer at the patient's head directs the procedure.
 - B. Rescuer at the patient's head maintains spinal motion restriction. (cradle the helmet between the forearms while holding the neck) while another rescuer(s) removes the helmet.
 - C. Gently remove the helmet and reevaluate patient for need to maintain spinal motion restriction.

- III. Precaution
 - A. Securing a patient to a backboard with a helmet in place requires excessive time and does not adequately protect patients spine.

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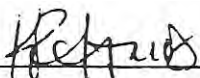
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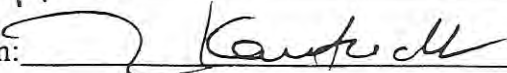
Date: 7/18/17

Subject: Treatment Guidelines – BLS
Oral Glucose Protocol

Associated Policies:

- I. Indications
 - A. Altered patient with intact gag reflex.
 - B. Known or suspected history of diabetes.
 - C. Signs and symptoms of hypoglycemia (insulin shock):
 - 1. Sudden onset.
 - 2. Pale/sweaty skin.
 - 3. May complain of hunger.
 - D. ETA of ALS personnel or arrival at emergency department exceeds fifteen (15) minutes.
- II. Contraindications
 - A. Patient is unconscious.
 - B. Patient unable to swallow on command.
- III. Procedure
 - A. Administer oxygen per Oxygen Policy. .
 - B. After patient has demonstrated ability to swallow on command administer one (1) tube of commercially prepared glucose paste.
 - C. If some improvement but patient remains altered, consider repeating oral glucose.
- IV. Precaution
 - A. If patient's level of consciousness becomes compromised during or after procedure, place in left lateral decubitus position.
 - B. Suction, as needed, and be prepared for vomiting.

Approved: 

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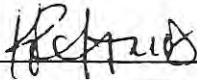
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Subject: Treatment Guidelines – BLS
Patient Administration of Medications

Associated Policies:

- I. Policy
 - A. BLS personnel are authorized to administer Oxygen, Aspirin and Oral Glucose according to regional protocol.
 - B. A patient, who has physician prescribed medication may self-administer his/her own medications such as nitroglycerin, epinephrine, glucagon, etc.

- II. Self-Administration of Medications
 - A. In the presence of Chest Pain patient make take their prescribed Nitroglycerin (NTG)/Sublingual Tablet or Spray:
Caution: NTG may have a hypotensive effect. Take BP before and after patient administers own prescribed NTG. If BP is less than 100 systolic, discourage patient use unless physician gives direct verbal orders to the patient knowing the BP is less than 100 systolic.
 - B. When patient has a history of Anaphylaxis the patient may take Epinephrine usually in the form of an EpiPen:
Allow patient to administer dose prescribed by physician.
 - C. When patient has a history of Diabetes the family may have been instructed in using Glucagon for Hypoglycemia.
Allow family to administer Glucagon.

Approved: 

Approved as to Form: 

Date: 7/18/14