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CHAPTER	II	Operations
SUBJECT	4	Emergency Medical Services
TOPIC	11	Clinical Practice Standards

### Purpose

- A. To establish a systematic procedure for the handling of emergency medical calls to improve patient care.
- B. To ensure the proper and systematic documentation of EMS calls.

### Definitions

- A. Patient – a patient is defined as any person who identifies him/herself as requiring medical assistance or evaluation, or any person so identified by a third party, or any person for whom the 911 system has been activated.
- B. Intoxicated – the term intoxicated may be used to describe any person presenting diminished physical or mental control or diminished ability to make decisions by reason of the influence of alcohol liquor, drugs, or other substance.
- C. Protocol – the term protocol as used in this document refers to the Southwestern Ohio EMS Protocol, which includes both ALS and BLS protocols as well as Trauma Triage Guidelines, online at:

<http://www.academyofmedicine.org/webpages1/ems/eds.asp>

### Scope

- A. This policy shall apply to all CFD personnel rendering medical care.

### Policy

- A. **Responsibility:** It is the responsibility of the member with the highest level of medical training at the scene to guide the medical decisions regarding patient care and transportation, in accordance with Section 204.01F of the CFD Operations Manual.
- B. **Assessment:**
  - 1. All subjects identified as a patient as defined above will be assessed using criteria consistent with the provider's level of training. This will include but is not limited to the following:
    - a. Vital Signs – A complete set of Vital Signs will be assessed. This shall include evaluating Blood Pressure, Pulse Rate, Respiratory Rate, and Pulse Oximetry reading.
    - b. Mental Status – all patients will be evaluated to establish the patient's level of consciousness (alert and oriented to person, place, time and situation).

Patients presenting with an altered mental status or level of consciousness shall have their blood glucose evaluated.

- c. History of present illness/injury
- d. Medications – list all current medications as well as the patient’s allergies to medications.
- e. Focused assessment/physical examination as described by the standard national EMT/Paramedic curriculum to include all pertinent positive or pertinent negative symptoms.

C. **Treatment:** All patients assessed by CFD personnel will be treated as directed by the Southwestern Ohio EMS protocol (this includes both BLS and ALS protocols). Any deviation from these protocols shall be documented in the Patient Care Report (PCR) narrative section to include all relevant details necessitating the deviation from protocol.

D. **Patient Disposition:** All patients attended by the CFD will have one of the following dispositions:

1. Treatment and Transport by CFD unit:

- a. Emergent – immediate threat to life or limb
  - i. Patient shall be transported to the closest medical facility capable of handling the emergency as defined by the Southwestern Ohio (SWO) protocol and Trauma Triage Guidelines.
  - ii. Hospital capacity status does not affect hospital choice.
- b. Emergent – **NO** immediate threat to life or limb
  - i. Patient request shall be honored except as listed in CFD Operations Manual Section 204.01H
  - ii. Hospital capacity status should be discussed with the patient prior to patient or family departure to hospital of choice.
- c. Non-Emergent – chronic or minor illness or injury.
  - i. Patient request shall be honored except as listed in CFD Operations Manual Section 204.01H
  - ii. Hospital capacity status should be discussed with the patient prior to patient or family departure to hospital of choice.
- d. Special Cases:
  - i. Combative Patients – If the patient presents a significant threat to CFD staff, a police officer will accompany the patient during transport in the ambulance/medic unit.
  - ii. Toxic Ingestion – ALL patients with suspected or reported toxic ingestion shall be transported to the Emergency Department via CFD ambulance/medic unit.

2. Treatment and Released: only the following patients can be treated and released:

- a. Patients meeting the criteria listed in Section M406 of the SWO protocol, Non-Transport of Insulin Dependent Patients.
- b. Minor Injuries – patients with visible minor injuries that may require first aid such as band-aids, ice packs, etc. may be directed to seek alternate methods of transportation if they desire to visit a hospital.
- c. Refusing Further Treatment – in the event a patient refuses further treatment or transport once treatment has begun, document the treatment provided and continue as with any other Refusal of Medical Transport. (See 6 below)
3. Treated and Transferred to another level of medical care (i.e. mutual aid ambulance, Air Care, etc.)
4. Treated, Transported by Police – Patients treated and released with minor injuries may be transported by police when there is no indication of toxic ingestion.
5. Obvious Death – body left for funeral director or coroner.
6. Refused Medical Transport – only patients deemed capable of making rational decisions may be allowed to refuse transport.
  - a. Complete as thorough an assessment as possible – document aspects of the assessment not permitted by the patient.
  - b. Have subject sign refusal for transportation.
  - c. List all pertinent details of assessment and circumstances in PCR.
  - d. The answers from the General Screening Questionnaire below will be documented on the PCR.

**Must answer “YES” to the following:**

YES NO

Age greater than 18, or legal guardian present/making decisions?		
Is patient alert and oriented to person, place and time?		
Does the patient’s behavior appear normal to EMS provider and family?		
There is NO evidence that the patient is intoxicated (as defined above)?		
There must be NO signs or report of head injury?		

**E. Communication with the Emergency Department** – notification to the receiving hospital should be made only when it is deemed that the hospital staff will be required to assess/treat the patient IMMEDIATELY upon arrival at the ED, except as follows:

1. Where required by protocol.
2. For cases not covered by the protocol, Medical Control should be contacted for guidance.

**F. Documentation:** The patient Care Report (PCR) is a legal document of the medical assessment and treatment of the patient. All aspects of the patient's medical assessment, treatment and transportation will be documented in the PCR. Each company (including first responders) that interacts with the patient shall complete a PCR on that patient.

1. Member completing the PCR will sign the form as a medical document.
2. Activities performed by a member joining a transport unit will be documented on the transport unit PCR.
3. All patients will, as a minimum, have assessment criteria documented as in Section B-1 above. If assessment criteria are not obtained, documentation supporting the inability to gather an assessment will be included..
4. All records of cardiac rhythms (including heart monitor and AED tracings) will be uploaded after each call or before the end of the shift
5. All paper PCR's (F-33's) shall be entered into the PCR system at quarters as soon as possible upon return.
6. All PCR's will be uploaded to the server before the end of the shift.
7. Documentation requirements for all **first responder** companies
  - A PCR must be generated for **ALL** incidents where there is an interaction with a patient.
8. Documentation requirements for **Rescue 2**
  - All patient interactions (assessment/skills) performed by paramedics assigned to the Rescue 2 on patients that are transported will be documented on the transport company PCR
  - All patient interactions (assessment/skills) performed by paramedics assigned to Rescue 2 on patients that are not transported will be documented on the first responder company PCR
9. Documentation requirements for **transport** companies
  - All patient interactions (assessment/skills) will be documented on the transport company PCR. This includes the following:
    - upload all treatment and assessment data from the first responder PCR
    - all interactions (assessment/skills) performed enroute to the hospital by the transport company personnel.

#### **G. Responsibilities at the Emergency Department**

1. Provide verbal report to appropriate ED personnel
2. Provide a copy of the completed PCR.
3. Patients transported by the CFD will **ONLY** be delivered to the Emergency Department.

#### **H. Continuous Quality Improvement (CQI)**

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PCR's will be screened by the medical director's staff for the purpose of improving the quality of care rendered by the CFD. When requested and in accordance with GO 17, members must respond to queries from the Medical Director or his designee by the conclusion of that member's next shift.