

OLD DOMINION
EMERGENCY MEDICAL SERVICES
ALLIANCE



2018 REGIONAL PREHOSPITAL
PATIENT CARE PROTOCOLS

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2018 Regional Prehospital Patient Care Protocols

For Basic and Advanced Life Support Providers

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Revised July 2021

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SECTION: Introduction

PROTOCOL TITLE: Purpose and Use

REVISED: 5/2017

PURPOSE AND USE

The purpose of these protocols is to establish guidelines between EMS administration, the EMS provider and medical direction for the management, treatment and transport of specific medical emergencies.

These guidelines are intended to assist in achieving excellent, consistent prehospital care for patients. The following guidelines are not intended to provide a solution to every problem which may arise. The guidelines set forth are not designed nor intended to limit the EMS provider in the exercise of good judgment or initiative in taking reasonable action in extraordinary circumstances. If **MC** is listed in the grid for the intervention, the provider must call **medical control** to obtain permission for the intervention.

Prehospital care is a shared responsibility between the operational medical director, online medical control physician, and the EMS provider. The services which EMS providers are authorized to perform pursuant to the Virginia Emergency Medical Services Regulations shall be performed by the EMS provider only pursuant to the written or verbal authorization of the operational medical director or online physician medical control. If **MC** is listed in the grid for the intervention, the provider must call **medical control** to obtain permission for the intervention.

Our objective is not only to serve the citizens and residents of our region, but also to give them our best possible prehospital care. We will measure up to the high standard required of emergency medical services, only by coordinating our operations, working together, and maintaining a high degree of professionalism.

The following levels of EMS certification are recognized in ODEMSA. Both the traditional levels and the new scope of practice levels are listed. EMS provider levels are referenced in the protocols based on the associated level of certification recognized by the Virginia Office of Emergency Medical Services.

Level	Designation
First Responder / EMR	EMR
EMT - Basic / EMT	EMT
EMT - Enhanced / AEMT	A
EMT - Intermediate	I
EMT - Paramedic / Paramedic	P

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PURPOSE AND USE

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SECTION: Introduction

PROTOCOL TITLE: Acknowledgements

REVISED: 06/2017

ODEMSA is proud to continue our long history of providing progressive regional protocols which set the standard of care for our boundaries. As the regional council, established by law within the Code of Virginia, Section 32.1-111.11 to coordinate EMS, it is the mission of ODEMSA to assess, identify, coordinate and implement an effective regional EMS delivery system within the planning districts of 13, 14, 15, and 19.

The ODEMSA region has benefited from the resulting Standard of Care that has been maintained and frequently enhanced by the ODEMSA Medical Direction Committee. The Committee is comprised of physicians that represent hospital emergency departments, EMS agency Operational Medical Directors (OMDs), trauma surgeons, and other physicians with an interest in or specialty that involves emergency medicine. While the Virginia Office of EMS, Virginia Department of Health, sets the minimum patient care standards, the ODEMSA Medical Direction Committee, in concert with other standing ODEMSA Committees, establishes the region's Standard of Care and oversees its Prehospital Patient Care Protocols.

The area that encompasses the ODEMSA region includes Virginia Planning Districts 13, 14, 15, and 19 services, 17 acute care hospitals, 5 free standing emergency departments, 106 licensed EMS agencies, and at present time, 5,900 certified EMS providers. The vast majority of these providers have been trained within the ODEMSA service area.

The ODEMSA Board of Directors thanks each respective agency and individual who took the time to review and revise the existing set of protocols and to write new protocols that reflect the current, state of the art patient care.

We would like to recognize everyone who had a role in this life-saving project. No doubt with the volume of help that was received, we may have unintentionally missed some individuals. For any such oversight, we apologize. ODEMSA's goal is to review these protocols periodically and to update individual protocols whenever necessary. We invite EMS providers, out-of-hospital and in-hospital, to contact ODEMSA at any time with suggestions, questions, or comments.

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ACKNOWLEDGMENTS

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SECTION: Introduction

PROTOCOL TITLE: Academic Acknowledgements

REVISED: 06/2017

ODEMSA would like to acknowledge the authors and publishers of the following sources. These reference materials were utilized in multiple locations throughout these protocols.

Texts:

Paramedic Care: Principles and Practice Volumes 1 - 5: Trauma Emergencies, 3rd Edition

- By Bryan E. Bledsoe, Robert S. Porter, Richard A. Cherry
Published Mar 14, 2008; by Prentice Hall

OB Stat Course Reference Manual

- <http://www.obstat.org/>

Critical Care Paramedic

- By Bryan E. Bledsoe, Randall W. Benner
Published Dec 19, 2005; by Prentice Hall

Essentials of Prehospital Maternity Care

- By Bonnie Urquhart-Gruenberg
Published Sep 28, 2005; by Prentice Hall

Advanced Medical Life Support, 2nd Edition

Published 2016; by Jones and Bartlett

Manual of Emergency Airway Management

- By Ron M. Walls, Robert C. Luten, Michael F. Murphy, Robert E. Schneider
Published May 3, 2004; by Lippincott Williams & Wilkins

Flight and Ground Transport Nursing Core Curriculum; ISBN 0-9718090-4-6

- By Donna York Clark, Jacqueline Stocking, Jill Johnson
Published 2010; by Air and Surface Transport Nursing Association

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ACADEMIC ACKNOWLEDGMENTS

Pre-Hospital Trauma Life Support, 8th Edition

- By the National Association of Emergency Medical Technicians
Published 2016 by Jones and Bartlett

Pediatric Advanced Life Support Provider Manual

- By The American Heart Association
Published 2015; Distributed by Channing Bete Company

Advanced Cardiac Life Support Provider Manual

- By The American Heart Association
Published 2015; Distributed by Channing Bete Company

Basic Life Support for Healthcare Providers, Provider Manual

- By The American Heart Association
Published 2015; Distributed by Channing Bete Company

Papers and Articles:

Virginia Commonwealth University Ischemic Stroke and TIA Care Plan and Acute Hemorrhagic Stroke, Intracerebral Hemorrhage (ICH) and Subarachnoid Hemorrhage (SAH) Care Plan Booklet

- Revised June 1, 2008

Rhabdo and Acute Injury Review Article

- NEJM 2009

Websites:

The Brain Trauma Foundation

- <http://www.braintrauma.org>

The American Heart Association

- <http://www.heart.org/HEARTORG>

SECTION: Introduction

PROTOCOL TITLE: Board of Directors and Faculty

REVISED: 09/2017

**2017
Old Dominion EMS Alliance
Board of Directors and Council Officers**

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Al Thompson, Metro Richmond Council Healthcare Representative PD - 15
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Jessica Goodman, Crater Council President PD – 19
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Megan Young, NRP, Training Director
Jordan Rennie, NRP, Program Coordinator
Adam Alford, NRP, Special Project Coordinator
Annie Edwards, RN, NRP, Field Coordinator PD 15 - 19
Delbert Garrett Sr., NRP, Field Coordinator PD 13 - 14
JoAnn McCoy, EMT, Administrative Coordinator

Auxiliary Members

Catina Downey, CPA, Accountant

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DIRECTORS AND FACULTY

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SECTION: Introduction

PROTOCOL TITLE: Regional ALS Skills

REVISED: 09/2017

The following ALS skills have been approved, by the Old Dominion EMS Alliance (ODEMSA) Medical Control Committee, for ALS providers throughout the ODEMSA region. However, **the practice of any ALS skill by an individual Provider must be authorized in advance by the Provider's primary Operational Medical Director (OMD).** If there is ANY doubt, check with your agency OMD.

TD – Technician Discretion per ODEMSA Protocols

Medical Control – Physician Order Required

XXX – Procedure Prohibited

OMD Option – Provider's Agency OMD Determines "Who" Can and Cannot Perform the Procedure

AI - Autoinjector

	AIRWAY	EMT	AEMT	I	P
A.	Adult – Endotracheal Intubation	XXX	XXX	TD	TD
B.	Child < 8 - 12 – Endotracheal Intubation	XXX	XXX	XXX	TD
C.	Neonate ≤ 30 days – ET	XXX	XXX	XXX	TD
D.	Adult – Nasal Intubation	XXX	XXX	XXX	TD
E.	Multilumen or Supraglottic Airways	TD	TD	TD	TD
F.	Neuromuscular Blockade for Intubation	XXX	XXX	XXX	OMD Option
G.	Surgical Cricothyrotomy	XXX	XXX	XXX	TD
H.	Needle Cricothyrotomy	XXX	XXX	XXX	TD
I.	Mechanical Ventilation (Maintain Long Term/Established)	XXX	TD	TD	TD
J.	Needle Chest Decompression	XXX	XXX	TD	TD
K.	Suction Endotracheal	TD	TD	TD	TD
L.	Meconium Aspiration Neonate w/ET	XXX	XXX	XXX	TD
M.	Gastric Decompression	OMD Option	TD	TD	TD
N.	Continuous Positive Airway Pressure – Fixed Pressure	TD	TD	TD	TD
O.	Continuous Positive Airway Pressure – CPAP/BiPAP, PEEP adjustable	XXX	XXX	TD	TD

REGIONAL ALS SKILLS

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REGIONAL ALS SKILLS

	CIRCULATORY	EMT	AEMT	I	P
A.	Peripheral IV	XXX	TD	TD	TD
B.	IV Fluid Bolus w/o Meds	XXX	TD	TD	TD
C.	Manual Defibrillation	XXX	XXX	TD	TD
D.	Intraosseous / IV	XXX	TD	TD	TD
E.	IV Piggyback	XXX	XXX	TD	TD
F.	Synchronized Cardioversion	XXX	XXX	TD	TD
G.	Pacing	XXX	XXX	TD	TD
H.	External Jugular	XXX	XXX	TD	TD
I.	Access Permanent Indwelling IV	XXX	XXX	OMD Option	TD
J.	12 Lead ECG – Obtain	TD	TD	TD	TD
K.	12 Lead ECG – Interpret	XXX	XXX	TD	TD

	MEDICATION ROUTE	EMT	AEMT	I	P
A.	Inhaled – Nebulizer	TD	TD	TD	TD
B.	Inhaled – MDI	TD	TD	TD	TD
C.	Sublingual (SL)	TD	TD	TD	TD
D.	Transdermal	TD	TD	TD	TD
E.	Subcutaneous (SQ)	TD	TD	TD	TD
F.	Oral (PO)	TD	TD	TD	TD
G.	Intramuscular (IM)	TD	TD	TD	TD
H.	Intravenous (IV)	TD	TD	TD	TD
I.	Intranasal (IN)	TD	TD	TD	TD
J.	Endotracheal Tube	XXX	Medical Control	TD	TD
K.	Rectal (PR)	XXX	TD	TD	TD

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REGIONAL ALS SKILLS

	MEDICATIONS	EMT	AEMT	I	P
A.	Adenosine	XXX	XXX	TD	TD
B.	Albuterol	TD	TD	TD	TD
C.	Amiodarone	XXX	XXX	TD	TD
D.	Aspirin (ASA)	TD	TD	TD	TD
E.	Atropine Sulfate	AI	AI	TD	TD
F.	Atrovent	TD	TD	TD	TD
G.	Bumetanide (Bumex)	XXX	XXX	TD	TD
H.	Calcium Chloride	XXX	XXX	TD	TD
I.	Dexamethasone (Decadron)	XXX	TD	TD	TD
J.	D ₁₀	XXX	TD	TD	TD
K.	D ₂₅	XXX	TD	TD	TD
L.	D ₅₀	XXX	TD	TD	TD
M.	Diazepam (Valium)	XXX	XXX	TD	TD
N.	Diphenhydramine (Benadryl)	XXX	TD	TD	TD
O.	Dopamine (Intropin)	XXX	XXX	TD	TD
P.	Epinephrine 1 :1,000	TD	TD	TD	TD
Q.	Epinephrine 1 :10,000	XXX	XXX	TD	TD
R.	Fentanyl (IN/IV/IM)	XXX	TD	TD	TD
S.	Furosemide (Lasix)	XXX	XXX	TD	TD
T.	Glucagon (IN/IV/IM)	TD	TD	TD	TD
U.	Ketorolac (Toradol)	XXX	TD	TD	TD
V.	Lorazepam (Ativan)	XXX	XXX	TD	TD
W.	Magnesium Sulfate	XXX	XXX	TD	TD
X.	Metoprolol (Lopressor)	XXX	XXX	Medical Control	Medical Control
Y.	Midazolam (Versed) (IN/IV)	XXX	XXX	TD	TD
Z.	Naloxone (Narcan) (IN/IV)	TD (<i>IN only</i>)	TD	TD	TD
AA.	Nitroglycerin Tablets	TD	TD	TD	TD
BB.	Nitropaste	XXX	TD	TD	TD
CC.	Norepinephrine (Levophed)	XXX	XXX	TD	TD
DD.	Ondansetron (Zofran)	TD (<i>PO only</i>)	TD	TD	TD
EE.	Prednisone	TD	TD	TD	TD
FF.	Sodium Bicarbonate	XXX	XXX	TD	TD
GG.	Ziprasidone (Geodon)	XXX	XXX	Medical Control	TD

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REGIONAL ALS SKILLS

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