



Treatment Protocol		4101
Effective April 1, 2018	Expires March 31, 2019	
Policy: Introduction to Treatment Protocols	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

PURPOSE

To introduce the County of Riverside Emergency Medical Services (EMS) Agency (REMSA) Treatment Protocols, and the REMSA Approved Policies and Procedures Manual. These policies must be observed within the full context of the REMSA Policy Manual, which establishes the REMSA approved PSP, EMT, AEMT, or PM scope of practice as specified in Title 22 of the California Code of Regulations.

AUTHORITY

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)
[California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services](#)

APPLICATION

The REMSA Treatment Protocols must be adhered to by each part of the EMS System including the following personnel:

- Public Safety Personnel (PSP)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (PM)
- Mobile Intensive Care Nurse (MICN)
- Base Hospital Physician (BHP)

Public Safety Personnel are non-EMT firefighters, peace officers and/or lifeguards functioning in the Riverside County EMS System. Public Safety Personnel who have completed either Cal Fire’s Public Safety Personnel First Aid and CPR Training Course or a REMSA Approved Public Safety Personnel First Aid and CPR course, must follow the REMSA Treatment Protocols as they were trained at the PSP level, and may not operate beyond the REMSA approved PSP scope of practice.

PRINTING, RETENTION, AND DISPLAY

All REMSA Treatment Protocols are intended for color printing, and hard copy retention in a binder using top loading sheet protectors. These protocols are also intended for electronic display in Adobe Portable Document Format (PDF). Distribution is provided by means of the EMS Agency’s official websites.

Introduction to Treatment Protocols

Each REMSA policy (including each policy, protocol, or standard) that has been approved by the REMSA Director and the REMSA Medical Director, that bears an effective and expiration date making it current, and that bears a time stamp marking it as the latest version, constitutes medical control by the REMSA Medical Director as specified in Section 1798 of the California Health and Safety Code. These policies must be observed within the full context of the REMSA Policy Manual, which establishes the REMSA approved PSP, EMT, AEMT, or PM scope of practice as specified in Title 22 of the California Code of Regulations.

Key Treatment Protocols

The REMSA protocols are organized around the Universal Patient Treatment Protocol which must be followed for all patients. This universally applicable flowchart allows the REMSA authorized PSP, EMT, AEMT, or PM to integrate

additional REMSA treatment protocols into the Universal as required for specific scene management, emergency stabilization, patient disposition, and/or patient management.

Also key to the REMSA protocols is the Calculation Chart which provides REMSA authorized medication concentrations, and patient specific dosages and volumes. Dosages and volumes are provided for the adult patient and each Broselow® sized pediatric patient. The Calculation Chart is designed as a field reference and is to be used during every medication administration given by standing order.

Another key to the REMSA protocols are the Performance Standards which establish the standard of care for specific skill applications. These standards are designed to be used as performance benchmarks to standardize system-wide individual skills competency during training. The Performance Standards must be met during the execution of every included skill.

As an example, while caring for a specific patient with chest pain, shortness of breath, and nausea the paramedic would:

1. Follow the Universal Patient Treatment Protocol
2. Integrate and follow the Dyspnea with Suspected Congestive Heart Failure (CHF) Treatment Protocol
 - a. Utilize standing orders included in the Dyspnea with Suspected CHF
 - b. Refer to the Calculation Chart for patient specific medication concentrations, dosages, and volumes
 - c. Meet the Performance Standard for Continuous Positive Airway Pressure (CPAP)
3. Integrate and follow the Suspected Acute Coronary Syndrome (ACS) Treatment Protocol
 - a. Utilize standing orders included in the Suspected ACS
 - b. Refer to the Calculation Chart for patient specific medication concentrations, dosages, and volumes
4. Integrate and follow the Nausea and/or Vomiting Treatment Protocol
 - a. Utilize standing orders included in the Nausea and/or Vomiting
 - b. Refer to the Calculation Chart for patient specific medication concentrations, dosages, and volumes
5. Complete the Universal Patient Treatment Protocol

Treatment Flowcharts

All REMSA treatment flowcharts follow the conventional left-to-right and top-to-bottom pattern to indicate the general action sequence. Traditional flowchart shapes are used, although the conventional “decision” diamond is not used. Where discretionary judgment is required, wording such as “as clinically indicated” or “when clinically required” is used to emphasize the critical thinking process required. While presented sequentially, many of the elements in each section are expected to be completed simultaneously. The content of each section is to be performed by the REMSA authorized personnel signified by the colored tab attached to the right of that section: PSP, EMT, AEMT, or PM.

In a very few places the colored tab is faded. These faded tabs are used when providers are authorized to perform the elements in that section but would generally move past it; for example: the AEMT or PM assisting a patient with the patient’s own Nitroglycerin.

The following page includes an annotated sample treatment flowchart:

Phase of Response (Such as Arrive)

Scene Size-up / Primary Assessment / Pertinent Findings / Secondary / Re-Assess.

Includes the elements of: scene size-up, or the elements of assessment, or the pertinent findings typically of concern

Scene Management / Emergency Stabilization / Patient Disposition / Patient Management

*Includes the elements of:
Scene management, or emergency stabilization, or patient disposition, or patient management
This example applies to the FR, EMT, AEMT, and PM*

P S P	E M T	A E M T	P M
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An example standing order that applies only to the AEMT and PM:

Medication/Procedure and Route / Other Information
Specific parameters for which the medication/procedure is given/performed
Reference to the REMSA Calculation Chart for concentration, dosage, and volume
Specific parameters for repetition
References to limitations are in red underline

		A E M T	P M
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Insert Treatment Protocols / Enter from or Return to Universal / Perform Documentation

Includes instructions referencing another document, or instructions to perform documentation

P S P	E M T	A E M T	P M
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Phase of Response (e.g. Transport)

******* Base Hospital Orders *******

An example base hospital order that applies to the AEMT and PM:

Medication/Procedure and Applicable Route / Other Information
As ordered
Specific parameters for which the medication/procedure is given/performed
Note that routes available to the AEMT may be limited

		A E M T	P M
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An example base hospital order that applies only to the PM:

Medication/Procedure and Route / Other Information
As ordered
Specific parameters for which the medication/procedure is given/performed

			P M
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Medical Direction

Medical direction is provided through standing orders written into the REMSA Treatment Protocols, and through BH orders given during BH contact.

At no time may any REMSA authorized personnel operate beyond, or direct another to operate beyond, their REMSA approved scope of practice as established by the REMSA Policy Manual.

Standing Orders

REMSA Treatment Protocols include standing orders for medications and procedures using the format shown as “*an example standing order*” in the sample flowchart. Standing orders apply to both adult and pediatric patients with medication, concentration, dosage, and volume given by means of the REMSA Calculation Chart; as are energy settings and advanced airway sizes. Limitations are in red underline such as limitations on repetition, limitations for pediatric patients, the requirement of a base hospital order (BHO), the requirement of a base hospital physician order (BHPO), and other limitations.

Standing orders are to be utilized as clinically indicated. Not every standing order in a treatment protocol must be carried out on every patient treated under that treatment protocol. Discretionary judgment is required.

Base Hospital Contact and Orders

Base hospital contact is required when the clinically indicated medication or procedure is not included in the applicable standing orders, when directed by policy, and when the EMT, AEMT, or PM encounters any atypical presentation, circumstance, or is uncertain of any of the following:

1. The differential diagnosis and field impression
2. What therapeutic interventions are indicated
3. What patient disposition is indicated

Base hospital contact will be performed by the highest level of REMSA authorized provider at scene: EMT, AEMT, or PM. Orders issued by the base hospital may not exceed the scope of practice of the person making contact. Base hospital orders are not provided to PSP providers.

Base hospital orders are given during BH contact: radio or phone voice communications with the MICN or BHP of a REMSA authorized BH. The MICN or BHP may also assume the BH role at any time during receiving notification. The MICN or BHP may provide orders for further assessment, clarification, monitoring, procedures, medications, patient disposition, and destination.

The section in the Treatment Protocols titled “Base Hospital Orders” provides a list of additional medications and/or procedures which may be ordered during BH contact. This section may repeat medications and/or procedures given by standing order when including more extensive indications such as pediatric administration. This guides prehospital personnel when anticipating further treatment that requires BH contact. It also guides the MICN or BHP in determining which medications, routes, procedures, and indications are within the EMT, AEMT, or PM scope of practice. This section does not limit the written standing orders or the BH’s ability to give orders within the field personnel’s REMSA approved scope of practice.