Medical Directive

Directive Number	**18-12**
Publish Date	**13 December 2018**
Effective Date	**Listed Per Update**
Subject	**Update MPDS v13.1 (BVD), Patient Transfer to BLS TSP. and BS&WMC-Pflugerville**
Update to Clinical Operating Guidelines v 10.01.18	

Credentialed PL 1	**Action**
Credentialed PL 2	**Action**
Credentialed PL 3	**Action**
Credentialed PL 4	**Action**
Credentialed PL 5	**Action**
Credentialed PL 6	**Action**
Credentialed EMD	**Action**

MPDS v13.1: Breathing Verification Diagnostic (BVD):

On October 1st, 2018 ATCEMS Communications implemented MPDS v13.1. One of the changes in this update involved the Breathing Verification Diagnostic (BVD) and a "limitations Warning" issued by IAED.

Effective immediately, until an acceptable solution by IAED is presented, the Breathing Verification Diagnostic (BVD) will be used anytime the EMD is directed to by the protocol or deems it appropriate based on patient condition **regardless of patient age**.

A/TC EMS referring patient transport to a BLS Transport Unit:

In accordance with discussions with the Travis County EMS Medical Director Dr. James Kempema,
The Austin/Travis County EMS Medical Director authorizes A/TC EMS to refer patients to ESD 11 for patient transport. Each referral must be preceded by a PL5 level evaluation in accordance to Clinical Guideline **"Universal Patient Care Adult & Pediatric"**. The patient must meet all criteria indicated within the guideline for referral from a PL5 to a lesser credentialed level provider. Appropriate documentation of the PL5 evaluation and reason for the referral must be included in the EMS Department PCR. Should the patient choose to be transported by ESD 11; the PL5 must also obtain a refusal of A/TC EMS transport from the patient. If the referral occurs during an MCI event, no refusal is required. **This patient referral process becomes effective on 12.14.18 @ 0700.**

Opening of new Baylor Scott & White Medical Center-Pflugerville:

The OMD was advised by Baylor Scott & White Medical Center-Pflugerville that they were ready to receive System transported patients. The OMD is please to approve patient transport to this new facility, in accordance to their approved criterion as a **Basic Receiving Facility,** as listed in Clinical Reference CR-13 Transport Grid. **This patient transport approval becomes effective on 12.14.18 @ 0700.**

Additional COG updates and errata corrections are listed on the change table excerpt included with this directive. Also, attached for your convenience, are the Universal Patient Care Adult & Pediatric Guideline and the Transport Grid CR-13.

COG Change/Update	Affected Document (s)	Eff. Date/Reference
Define and approve Initial & Maintenance Of Credentials for A/TC EMS System Providers/Responders	Office of the Medical Director Reference OMDR - 09	12/14/18 – MD 18-12
Open Baylor Scott & White Medical Center – Pflugerville for System patient transports	Clinical Reference CR – 13 (Transport Grid)	12/14/18 – MD 18-12
Allow Patient referral to BLS Transport by ESD 11	Universal Patient Care, Adult & Pediatric	12/14/18 – MD 18-12
Corrected errata of unnecessary repeated word	Seizure, Adult & Pediatric	12/14/18 – MD 18-12

Thanks for all you do. Questions relating specifically to the COGs can be sent to cogs@austintexas.gov. All COG documents, including those on the phone APP, are available at http://www.austintexas.gov/page/clinical-operating-guidelines.

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ESV# 121318734

Universal Patient Care

COG Updated: 12.14.18
(MD 18 – 12)

Assessment:		
Pediatric Pearls: • **For the dosing of medications or electrical therapy a pediatric patient is < 37 Kg and also defined by the PEDIA Tape.** • **If the patient does not fit on the tape, they are considered an adult** • **Use the PEDIA Tape for ALL pediatric patients to estimate weight**	**Signs & Symptoms:** •	**Differential:** • **V**ascular • **I**nfectious/Inflammatory • **T**rauma/Toxins • **A**utoimmune • **M**etabolic • **I**diopathic • **N**eoplastic • **C**ongenital

Clinical Management Options:

PL1 PL2 PL3 PL4 PL5 PL6

- Demonstrate professionalism and courtesy; Scene/Crew Safety/PPE; with appropriate equipment/medications to patient side
- Use closed loop communications with all on scene providers
- Initial Assessment/Physical Exam
- **Vital Signs**
  - BP, pulse, resp. rate at every 5 → 15 minutes per patient condition
  - Temperature as needed
- Blood Glucose Level assessment as appropriate
- Orthostatic vital sign assessment if appropriate for patient condition
- **Oxygen:** Target SPO2 92% ↔ 96%
- **Use Medication Cross Check for all Medication Administrations**

- ETCO2 as appropriate if equipped
- 12 Lead, 3 lead, 4 lead ECG lead placement/acquisition (not interpretation)
- If the patient meets any Rapid 12 lead criteria: Providers attach ECG electrodes ASAP

- IV/IO access as appropriate for patient condition

- Monitoring & Interpretation of ECG
- If the patient meets any Rapid 12 lead criteria: Providers are to obtain a 12 lead ECG within 5 minutes of patient contact. Transmit 12 Lead ASAP

- Patients may be referred to a BLS Transport Agency in accordance with the Transport Decision Process listed on pages 4 & 5 of this COG.

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Consult:

On call **System Medical Director** as needed.

Pearls:

- **Refer to Drug Formulary Charts for ALL Medication Dosing for Adult and Pediatric patients.**
- Minimum exam for every patient is: V/S, mental status/GCS, location of injury or complaint and pain scale.
- Maintain all appropriate medications and procedures that have been initiated at the referral agency or institution

Pearls Continued:

Refusal of Care, Lift Assist & Capacity Checklists

Refusal of Care/Treatment Checklist:

- ❑ Pt is ≥ 18 or emancipated minor
- ❑ Pt is not suicidal/homicidal
- ❑ Pt demonstrates capacity
- ❑ Pt understands evaluation is incomplete
- ❑ Solutions to obstacles have been sought
- ❑ Pt instructed to seek medical attention
- ❑ Pt instructed to call back at any time
- ❑ Above documented fully in PCR
- ❑ The following are considered **high risk** patient/situations:

    - o *Age greater than 65 or Less than 3?*
    - o *Pulse greater than 110 or less than 60?*
    - o *Systolic BP greater than 200 or less than 90?*
    - o *Respirations greater than 30 or less than 12?*
    - o *Serious chief complaint (chest pain, SOB, syncope)*
    - o *Significant MOI or high suspicion of injury (Trauma General COG for CDC Steps 1, 2, 3)?*

Any "High Risk" patient as defined above **must** be assessed by a **PL5** Provider or Responder.

EXCEPTION: If a **PL5** or Responder has not been dispatched to the scene and the primary complaint is ambulatory dysfunction i.e. "lift assist," then there **must** be an offer for a **PL5** evaluation. If the patient subsequently refuses a **PL5** evaluation, the On-Call System Medical Director (OCSMD) **must** be contacted. Following contact with the OCSMD, a **PL1** or above may complete the refusal form based on OCSMD recommendations.

Even when a **PL5** Provider or Responder completes a full evaluation, consultation with the On Call System Medical Director is recommended for all "high risk" refusals.

Lift Assist History Checklist for BLS and ILS Providers/Responders:

- ❑ Have you had any recent falls or illness that include fever, chills, nausea, vomiting, diarrhea, shortness of breath, chest pain, dizziness or other illness?
- ❑ Did you faint or pass out?
- ❑ Have you had any new or worsening weakness?
- ❑ Is the reason you called us today a new problem for you?

In addition to the "high risk" criterion above: If **YES** to any of these 4 checklist questions; the patient is in the "high risk" category. The patient **must** be offered an evaluation as indicated above.

Pearls Continued:

Risk-Benefit Disclosure (Read to all "high risk" patients **refusing** PL5 evaluation):

There is the potential that you have a serious underlying medical condition that resulted in your fall or that occurred because of your fall. You have received a basic screening exam only and we are unable to fully evaluate for a large number of potential illnesses or injuries. Despite this, you are refusing a more advanced assessment by one of our advanced level providers.

Capacity Checklist:

- ❑ Patient is able to express in their own words:
  - **o** An understanding of the nature of their illness
  - **o** An understanding of the risks of refusal including death
  - **o** An understanding of alternatives to EMS treatment/transport
  - **o** Pt can provide rationale for refusal and debate this rationale
- ❑ A patient with any of the following **MAY** lack decision making capacity and should be carefully assessed for their ability to perform the above.
  - **o** Orientation to person, place or time that differs from baseline
  - **o** History of drug/alcohol ingestion with appreciable impairment such as slurred speech or unsteady gait
  - **o** Head injury with LOC, amnesia, repetitive questioning
  - **o** Medical condition such as hypovolemia, hypoxia, metabolic emergencies (e.g., diabetic issues); hypothermia, hyperthermia, etc.
- ❑ If any question exists about their capacity contact the On Call System Medical Director

Pearls Continued:

Transport Decision Process

Purpose: To define patients that cannot be transferred to a provider other than a Credentialed **PL5**.

Application:

For the purposes of this standard, "**PL5**" refers to an Austin/Travis County EMS System Credentialed **PL5** with no current restrictions on their credential to practice.

All providers on scene are expected to participate in patient care. Both providers are responsible for conducting an initial evaluation to determine a chief complaint, level of distress and initial treatment plan. Stable patients not in need of **PL5** level care may be attended by another provider. The Lead Transport **≥ PL5** is responsible for making the decision for which patients can be safely transported by a provider with lower credentials.

The care of the following patients **cannot** be transferred to a lower level of Credential:

1. Any patient who requires additional or ongoing medications, intervention and/or monitoring beyond the scope of practice of the System Credentialed provider refer to OMD Reference OMDR – 03.
2. Any patient that receives medications beyond the scope of practice of the System Credentialed provider.
3. Postictal seizure patients who have not returned to baseline mental status.
4. Any patient with the following: Trauma Alert (steps 1 and/or 2) listed in the Trauma General COG, Stroke Alert, STEMI Alert, or Syncope.
5. Any patient for which the transporting providers **do not agree** can be safely transported without a **PL5** attending in the back of the ambulance.
6. Any "High Risk" patient as defined above must be assessed by a **PL5**.

Exceptions to the above listed items:

- Patients listed as "High Risk" may be transported by a **≥ PL2** provider if, the **PL5** provider completes an assessment and; the patient does not require any care/monitoring beyond the scope of practice of the **≥ PL2**.
- Patients who received a **single dose** of intranasal (IN) narcotic for the purpose of pain control in a traumatic injury **not involving** the head, chest, or abdomen.
- Patients having a Syncopal episode, who are < 50 yrs. old, have a normal blood sugar, and a normal ECG.
- Monitor IV Saline Lock.
- Monitor PO route medications administered by a **PL5**.

Pearls Continued:

Transport Decision Process Cont.

- Any hypoglycemic patient that returns to baseline mental status after treatment.
- A **≥ PL2** Transport Provider may call and obtain a Termination of Resuscitation (TOR) on behalf of a **PL5** Transport Provider post **PL5** assessment; for patients that meet the Criteria for Death or Withholding Resuscitation. Patients who fall under the Discontinuation of Prehospital Resuscitation and the decision for TOR must be discussed between the **PL5** and the Physician.
- Refer to OMDR-3 for additional Scope of Practice.

Any "High Risk" patient as defined above **must** be assessed by a **PL5** Provider or Responder.

EXCEPTION: If a **PL5** Provider or Responder has not been dispatched to the scene and the primary complaint is ambulatory dysfunction i.e. "lift assist," then there **must** be an offer for a **PL5** evaluation. If the patient subsequently refuses a **PL5** evaluation, the On-Call System Medical Director (OCSMD) **must** be contacted. Following contact with the OCSMD, a **PL1** or above may complete the refusal form based on OCSMD recommendations.

Even when a **PL5** Provider or Responder completes a full evaluation, consultation with the On Call System Medical Director is recommended for all "high risk" refusals.

The ePCR should reflect the decision making process to determine which provider attends in the back of the ambulance. As with all documentation, both providers are responsible for the content of the ePCR.

	Seton Medical Center Williamson	Round Rock Medical Center	Dell Seton Medical Center at UT	Seton Medical Center Austin	St. David's Medical Center	North Austin Medical Center	Heart Hospital of Austin	South Austin Medical Center	Westlake Medical Center	Seton Northwest Hospital	Baylor Scott & White Hospital Round Rock	Cedar Park Regional Medical Center	Seton Medical Center Hays	Baylor S&W Medical Center-Lakeway	Dell Children's Medical Center	North Austin Medical Center Hospital	Baylor S&W Medical Center Children's	Seton Southwest Hospital	Sobering Center	St. David's Cedar Park SED	St. David's Bee Cave SED	St. David's Pflugerville SED
Basic Receiving Facilities																						
All Ages Alpha - Charlie < 20 weeks OB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓	✓
All Ages Alpha - Charlie OPEN fractures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓				
Psychiatric ≥ 18 y/o NOT OB			✓																			
ETOH or Narcotic only ODs per COG																			✓			
Comprehensive Receiving Facilities If OB and STEMI, Stroke, Medical ROSC, or Sexual Assault - must go to a Perinatal Facility with those capabilities.																						
≥ 18 y/o Alpha - Echo NOT OB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								
STEMI Alert NOT OB	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓								
Resuscitation Alert NOT OB	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓	✓								
Stroke Alert < 3 hours, NOT OB, **and** TSP time > 15 min longer to Comp. **or** all T.I.A.	✓	✓	✓	✓	✓	✓		✓			✓	✓	✓	✓								
Stroke Alert ≤ 24 hours **and/or** NOT Stroke Alert **and** NOT OB (Comprehensive Ctrs.)			✓	✓	✓																	
Trauma Alert ≥ 15 y/o **OB is OK**	✓	✓	✓					✓					✓									
Sexual Assault ≥ 18 y/o NOT OB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓	✓
Burns to: Face, Hands/Feet, Genatalia, Inhalation, Chemical, Electrical and/or ≥ 10% BSA 2nd or 3rd degree ≥ 15 y/o OB is OK			✓																			
Perinatal Centers ≥ 20 weeks OB																						
Alpha - Charlie		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓								
Alpha - Echo		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓								
Pediatric Facilities																						
≤ 17 y/o Alpha-Echo < 20 weeks OB or STEMI, Resusciation Alerts or NOT OB														✓	✓							
≤ 17 y/o Injured **NO** Trauma Alert															✓							
≤ 14 y/o Injured **NO** Trauma Alert														✓	✓							
≤ 14 y/o Injured Trauma Alert														✓								
≤ 17 y/o Stroke Alert NOT OB														✓								
Sexual Assault ≤ 17 y/o NOT OB														✓								