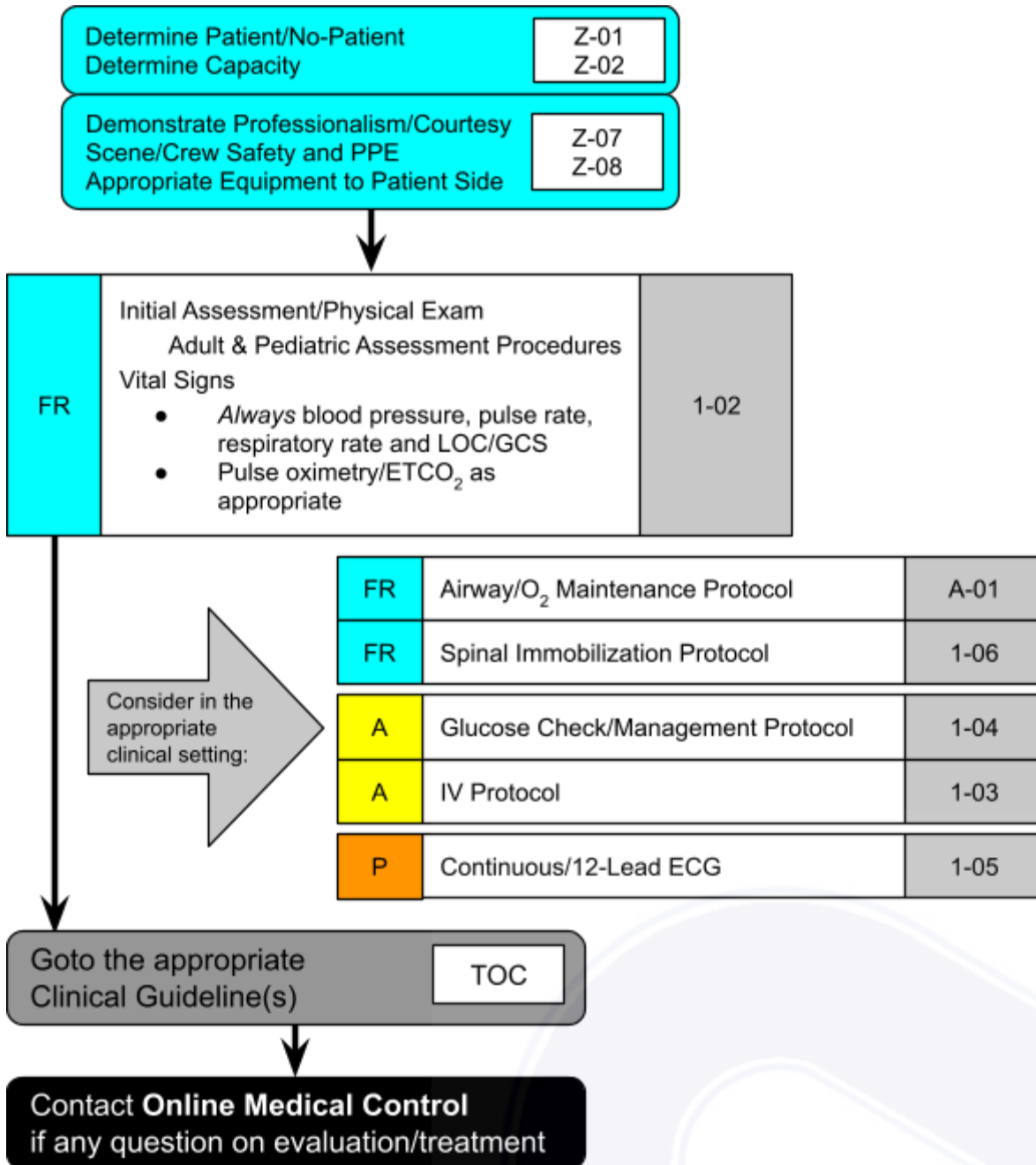


**STOP** Do NOT treat patients currently under the care of an acute care facility (ED, ICU, hospital floor, etc.). Provide immediate, life-saving interventions, but otherwise please contact the facility staff as needed.



## Use of Guidelines:

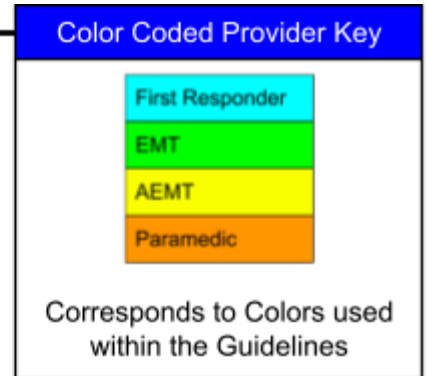
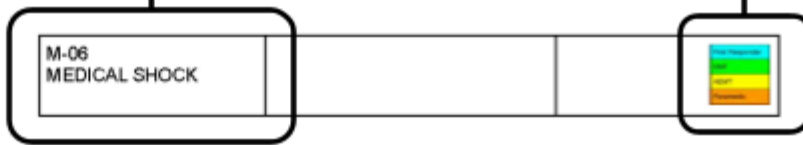
- Patient care is limited to acts within the provider’s scope of practice (as designated by the State of Tennessee) and those defined within these guidelines.
- These Guidelines generally should be followed in a top to bottom fashion, but it may be necessary to change the sequence or even omit a treatment due to patient condition, the availability of resources, medications or equipment, or other circumstances.
- Always document your reason for any deviations from these guidelines.
- When treating any patient in the pre-hospital setting use common sense, and always keep the best interest of your patient in mind.

## Medical Control:

- These guidelines provide standing orders for “**Offline**” **Medical Control**. They allow the EMS provider to utilize skills within their scope of practice to treat patients with medications, equipment, procedures, or other interventions to stabilize potentially life or limb-threatening illnesses and injuries.
- “Online” Medical Control consists of discussion with:
  - The Medical Director (or Assistant/Associate Medical Directors) representing the EMS providers immediate affiliated agency (i.e. whose truck you are on).
  - An Emergency Physician from either the Destination Facility of the transporting crew, or an otherwise predetermined central medical control facility.
  - A (verified) Physician On-Scene:
    - Who is accompanying the patient to the destination facility, or
    - Whose orders are verified by one of the two prior “Online” Physicians.
- If there is any question on patient evaluation, treatment or destination, please contact online medical control as soon as possible.
- For any drug administration, use of equipment or procedures outside these Guidelines, the EMS Provider must receive authorization from Online Medical Control.
- Whenever possible, any discussions with online medical control should be patched through dispatch so that they may be recorded.

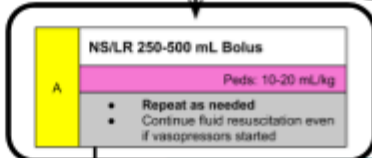
Layout of Guidelines:

Alphanumeric Reference/  
Title of Guideline

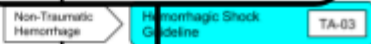


FR	Universal Care Protocol	1-01
FR	Airway/O <sub>2</sub> Maintenance	A-01
A	IV Protocol	1-03
P	Continuous ECG Monitoring & 12-Lead ECG	1-05

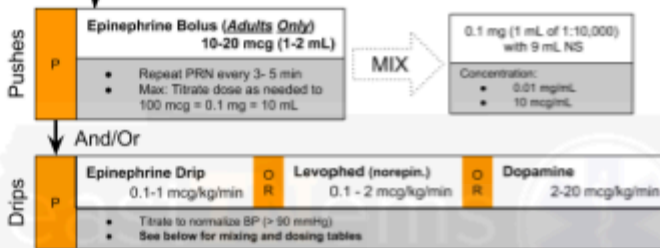
Obtain temperature if possible & Maintain >97 °F



Cross Reference to Other Guideline



Medication Administration Guidelines (see below)



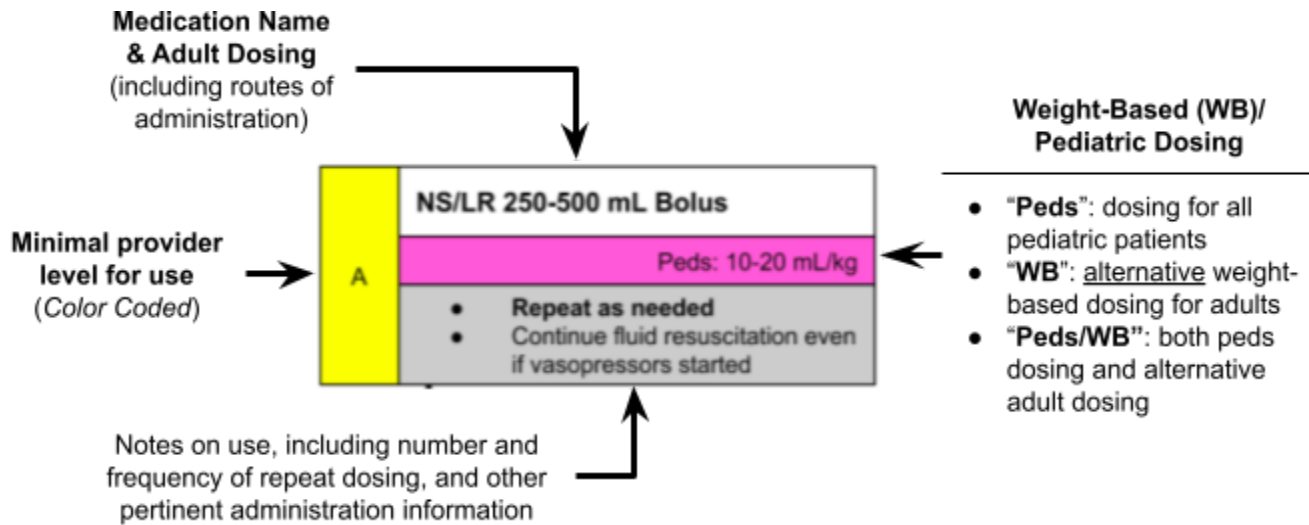
Reviewed 5/2018

MEDICAL SHOCK

M-06

Most Recent Review/Revision

(continued below)



## Pediatric Patients

- For the purposes of these Guidelines, “pediatric patients” are those who are < 37 kg or who fit on the Broselow Tape (or similar measuring device).
- The use of this length based assessment tape is **required** for all pediatric patients as a guide for medications and equipment sizes. This information (*length-based color code*) will be passed along to the receiving facility and documented in the PCR.
- In general, the indications and situations for the use of medications and procedures is similar between adults and children.
- Pediatric Drug Doses are indicated by a PINK BOX beneath the standard adult dose but should be verified by the Broselow Tape, Pedi-Sleeve, or other similar agency-approved tool.
- The EMS provider is encouraged to consult with On-Line medical control for the treatment of pediatric patients whenever possible.
- If in doubt about drug dosage in pediatric patients, contact On-Line Medical Control.

## Scene Safety/Management

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- For each and every call, the first priorities are provider scene safety and hazardous material/body substance isolation precautions.
- In potential crime scenes, any movement of the body, clothing, or immediate surroundings should be documented and the on scene law enforcement officer should be notified of such.
- Always perform the most appropriate treatment for the patient under the best condition possible. This may mean:
  - Performing most work on scene and then transporting, or
  - Moving quickly to the ambulance and transporting rapidly with care initiated in route.
- Any scene delays need to be documented in Patient Care Record (PCR) (i.e. extrications, arrest, carry outs, etc.)

## Provider Levels

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- The highest trained/licensed provider (generally the Paramedic) will be in charge and is responsible for all of the actions as it relates to care provided on-scene or in transport..
- The Emergency Medical Responder (EMR) or “Medical First Responder” (MFR) will function under the current guidelines as stated in the AHA-BLS Healthcare Provider text. They shall also be responsible for other duties as assigned within their Scope of Practice by the AEMT or the Paramedic.
- EMTs and AEMT’s are expected to perform their duties in accordance with the State of Tennessee statutes and rules of Tennessee Emergency Services, and will assist with any request for patient care or maintenance of the unit in their scope of practice as directed by a Paramedic.
- The Paramedic will work within their scope of practice and as defined by these Guidelines, dependent on available equipment and medications
- Paramedics en-route to the scene are not authorized to issue orders.

## Transport

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- All patients should be transported to:
  - a. The facility requested by the patient/surrogate if they maintain decision making capacity, regardless of the facility’s capabilities.

- b. The most appropriate facility that has a level of care commensurate with the patient's condition. Certain emergencies will require transport to a facility with specialized capability.
- Upon arrival at the receiving hospital, all treatment(s) initiated in the field will be continued until hospital personnel have fully assumed patient care.

### Transfer of Care/Encoding Report

- It is the responsibility of the most qualified provider caring for the patient to ensure transmission of all aspects of the patient assessment and care to the responding transport unit, to the receiving facility's personnel, or to Medical Control, including the following minimum information:
  - Patient's age and chief complaint or injuries
  - Is the patient stable or unstable, including complete vitals and LOC/GCS.
  - Interventions performed.
  - Provide other information as requested.
- For patients who may require an emergent stabilizing intervention upon arrival to the ED (STEMI, Stroke, etc), notify the receiving facility as soon as possible.
- If the attending provider is unable to call due to patient condition, their partner should make an initial call with as much information about the patient condition as possible.

### Patient Care Report (PCR)

- Each patient care contact will be recorded on the EMS patient care report (PCR) as completely and accurately as is practical.
- At minimum, an abbreviated copy of the patient out-of-hospital evaluation(s) and treatment(s) will be given to the emergency department personnel prior to departing from the health care facility.
- A complete copy of the PCR should be forwarded to the receiving facility within no more than 24 hours of patient arrival.
- All EMS Personnel involved in an event are responsible for reviewing all documentation related to patient care and signing the PCR in the required manner
- The highest trained/licensed provider has the ultimate responsibility to ensure that all records and reports are properly completed.