

CHAPTER 524 TRANSPORTATION

## **Chapter 524**

### **Transportation**

## **APPENDIX 524B**

### **Treatment In Place Guidelines**

### Purpose

This program applies to patients that may be effectively treated and monitored on-scene for certain conditions without the need of an emergency room visit. Utilization of this protocol shall be limited to patient with the following conditions: Diabetes – Hypoglycemia, Asthma/COPD, Seizure Disorders, and patients meeting the requirements of the Cease Efforts protocol.

This protocol is only applicable to patients >12 years old and those 12 – 18 years of age (excluding emancipated minors) must be released with consent of their legal guardian.

<b>E A P</b>	Perform Initial Treatment/Universal Patient Care
	Follow the proper protocol for medical management based on clinical presentation.
	Completion of respective checklist with no exclusions shall be documented in the EPCR.
	Contact Medical Command once the respective checklist has been completed.
	NOTE: Medical Command may review and direct EMS to transport if patient presentation is questionable

### Diabetes - Hypoglycemia

<b>E A P</b>	Treat per Diabetic Emergencies Protocol.
	Following treatment and/or evaluation, the patient is alert and oriented and a candidate for treat and release; Complete the following checklist:

Diabetes – Hypoglycemia No Transport Checklist (Any <b>NO</b> answer excludes the use of this protocol)	YES	NO
Glucose > 70 mg/dl		
SpO2 > 94%		
Heart Rate: 50 – 100 bpm		
Respiratory Rate: 12 – 20/m		
Blood Pressure: 100/60 – 200/100		
Afebrile		
Patient can tolerate PO food/water		
No Nausea/Vomiting		
No Malaise/Chills		
Pt. has access to appropriate medications		
No history of inadvertent overdosing		
No history of Hypoglycemia requiring medical intervention within seven (7) days		
Responsible party available to stay with the patient		
Patient is agreeable to a follow up plan.		

### ASTHMA / COPD

<b>E A P</b>	Treat per Respiratory Distress Protocol.
	Following treatment and/or evaluation, the patient is alert and oriented and has symptomatic relief after 1 – 2 Albuterol/Atrovent treatment(s) and/or steroid administration and is a candidate for treat and release; Complete the following checklist:

<b>Asthma/COPD No Transport Checklist</b> <i>(Any NO answer excludes the use of this protocol)</i>	<b>YES</b>	<b>NO</b>
Lung Sounds – clear and equal bilaterally		
SpO2 > 94%		
EtCO2 - 35 – 45 with normal waveform		
Heart Rate: 50 – 100 bpm		
Respiratory Rate: 12 – 20/m		
Blood Pressure: 100/60 – 200/100		
Afebrile		
Minimal – no dyspnea		
No chest pain		
No Malaise/Chills		
Pt. has access to inhalers / appropriate medications		
No history of CHF		
No cough or mild non-productive cough		
Patient is agreeable to a follow up plan.		

**SEIZURE DISORDER**

**EAP** Treat per Seizure Protocol  
Following treatment and/or evaluation, the patient is alert and oriented post seizure that did not require Benzodiazepine administration and is a candidate for treat and release; Complete the following checklist:

<b>Seizure No Transport Checklist</b> <i>(Any NO answer excludes the use of this protocol)</i>	<b>YES</b>	<b>NO</b>
Prior History of Seizure – <i>(First time seizure patients require transport)</i>		
Glucose >60 mg/dl		
SpO2 ≥94%		
Heart Rate: 50 – 100 bpm		
Respiratory Rate: 12 – 20/m		
Blood Pressure: 100/60 – 200/100		
Afebrile		
No trauma to head, neck, or face noted or other traumatic injury that may require ED evaluation		
Normal neurological exam		
No history of ETOH or drug use		
No Nausea/Vomiting		
No Malaise/Chills		
Pt. has access to appropriate medications		
No history of other seizure activity within the past seven (7) days		
Responsible party available to stay with the patient		
Patient is agreeable to a follow up plan.		

### CEASE EFFORTS PATIENTS

- E** Treat per Cease Efforts Guideline  
**A** Following treatment and/or evaluation, the patient has met the requirements of the Cease  
**P** Efforts protocol and the MCP has issued a Time of Death; Complete the following checklist:

Cease Efforts No Transport Checklist (Any <b>NO</b> answer excludes the use of this protocol)	YES	NO
Resuscitation initially started by first responders, family members, etc.		
EtCO2 <10 mmHg with high quality CPR for >ten (10) minutes		
Patient has been confirmed pulseless and apneic for ≥twenty (20) minutes with NO shocks delivered from an AED at any time during the resuscitation effort		
EMS has contacted MCP and obtained a Time of Death		
EMS has initiated the Death in the Field protocol		
Patient is not hypothermic		
Patient was not removed from the scene		

### OVERDOSE PATIENTS

- E** Treat per Overdose/Toxic Ingestion/Poisoning protocol  
**A** Following treatment and/or evaluation, the patient is alert and oriented with a patent airway  
**P** with no signs of respiratory compromise; Complete the following checklist:

Overdose No Transport Checklist (Any <b>NO</b> answer excludes the use of this protocol)	YES	NO
Glucose >60 mg/dl		
Heart Rate: 50 – 100 bpm		
Respiratory Rate: 12 – 20/m		
Blood Pressure: 100/60 – 200/100		
SPO2 >94		
Patients' lung sounds are clear and equal bilaterally		
Afebrile		
Patient is alert and oriented X3		
Patient has not received more than a single treatment of agonist.		
No known additional toxic co-ingested agents such as aspirin, acetaminophen, tricyclics, beta blockers, etc.		
Naloxone left with patient prior to EMS departure.		
Responsible party available to stay with the patient		
Patient is agreeable to a follow up plan.		