



Portage County EMS Patient Care Guidelines



Introduction

Guidelines Authority and Medical Control

- In accordance with Wisconsin Statute 256 and Chapter 110 of the Wisconsin Administrative Code, the following medical treatment guidelines are authorized by the Medical Director and considered patient care protocols as defined by Wisconsin DHS 110. They are approved for use by all levels of EMS provider credentialed by Portage County Ambulance – Stevens Point Fire Department or Portage County Ambulance – Amherst Fire District. Changes to these guidelines can be made only with authorization of the Medical Director.
- Once the provider has consulted online medical control (OLMC), the orders of the OLMC physician override these guidelines and are to be followed unless the provider feels the medical control order is inappropriate and dangerous for the patient or is outside of their scope of practice and training.
- In the event of a communication failure and a situation where the provider is unable to contact OLMC, the provider may provide interventions listed in the “Contact Medical Control” box if the provider feels the intervention is absolutely needed to manage a life-threatening condition. Do not do the intervention simply because it is listed in the guidelines.

Definition of a Patient

- A patient is any person who is requesting assistance and/or in need of medical attention or medical assistance of any kind.
- A patient care encounter shall be considered any event when subjective or objective signs or symptoms, or a patient complaint, results in evaluation or treatment.
- All patients in the care of EMS shall be offered transport by ambulance to the nearest appropriate hospital, regardless of the nature of the complaint. In the event a patient for whom EMS has responded refuses transport to the hospital, a properly executed refusal process must be completed.
- In accordance with system guidelines, the only appropriate transport destination for EMS patients transported by ambulance is an emergency department. Exceptions to this are outlined within the specific protocols. Additional details concerning hospital destination based on clinical criteria are outlined in specific guidelines.

Guidelines Use

- Each patient intervention begins with either the Routine Medical Care or Routine Trauma Care guidelines.
- It is expected that all patients will receive a primary and secondary assessment and full set of vital signs to rule out other conditions before or while managing the apparent condition(s).
 - Repeat assessments and vital signs should be obtained based on the patient's condition and interventions provided.
- Based on the findings of the primary and secondary assessments, proceed to the appropriate guidelines. It is acceptable to use multiple guidelines as the patient's condition requires or changes.

- Each set of guidelines lists interventions and assessments to be performed for a specific condition progressing from emergency medical responders through paramedics. Each level of provider is responsible for assessments and interventions listed in sections of the guidelines before their level. For example paramedics are authorized and responsible for providing oxygen and IV access even though they are not listed in the “Paramedic” section.
- Interventions and assessments are generally listed in the order they should be performed although a provider may alter the order based on their clinical judgment.
- The Priorities/Assessment Findings box is intended to remind providers of possible assessment and history findings, condition-specific focused assessment areas and pertinent negatives. The elements listed in the box should also be included in the patient care record documentation.
- A pediatric patient is defined as a patient that appears to be a child. This generally includes males that have not developed facial or armpit hair or females that have not yet developed breasts.
 - A weight should be obtained and documented on all pediatric patients. A length-based reference may be used.
- All medications and fluids that may be given via the intravenous route may also be given via the intraosseous route unless otherwise noted.
- Providers are ultimately responsible for providing care within their scope of practice and training.
- An EMS patient care report will be generated at the conclusion of each patient encounter. Patient care reports should be transmitted to the receiving hospital in accordance with state requirements.

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