

Emergency Medical Services Program Policies – Procedures – Protocols

All Provider Protocols 5000.00

GENERAL PROVISIONS

I. COMPLIANCE WITH STATE AND LOCAL REQUIREMENTS:

The public safety-first aid treatment protocols shall be utilized in direct compliance with the California Code of Regulations (CCR), Title 22, Division 9, Chapter 1.5 and as specified in County of Kern Policies and Procedures.

The Emergency Medical Technician treatment protocols shall be utilized in direct compliance with the California Code of Regulations (CCR), Title 22, Division 9, Chapter 2 and as specified in County of Kern Policies and Procedures.

The paramedic treatment protocols shall be utilized in direct compliance with the California Code of Regulations (CCR), Title 22, Division 9, Chapter 4 and as specified in County of Kern Policies and Procedures.

II. DOCUMENTATION REQUIREMENTS

All documentation will comply with the requirements set forth in the Patient Care Record Policy (1004.00).

III. PARAMEDIC SCOPE OF PRACTICE FOR INTERFACILITY PATIENT TRANSFERS

A paramedic may provide interfacility patient transfers upon patient physician or responsible party request. The paramedic is authorized to provide patient treatment within the paramedic scope of practice procedures and medications as listed in these protocols during interfacility patient transfer. These procedures and medications may be administered through written orders of the transferring physician, through communications with a Kern County designated paramedic Base Hospital, or through treatment protocol in the event Base Hospital communications cannot be established or maintained.

In addition to the advanced life procedures and medications listed by protocol within paramedic scope of practice, the paramedic is authorized during interfacility patient transfers to provide the following:

1. Monitor and administer paramedic scope of practice medications through pre-existing vascular access including and limited to peripheral venous and central venous IV access where no special procedures out of paramedic scope of practice are required. During an interfacility transfer, a locally accredited paramedic may give medications within the local scope of practice at doses greater than the max dose as long as there is a written physician order and the paramedic is comfortable with the orders. The written physician order must include the dosage drip rate, and clearly allow for the medication to be discontinued if the patient begins to deteriorate.
2. Monitor arterial vascular access lines, not for use in the administration of vascular fluids or medications.
3. Monitor pre-existing thoracostomy tubes.
4. Monitor vascular infusion of IV solution containing Potassium Chloride with concentration equal to or less than 40 mEq, per liter of IV solution.
5. Monitor naso-gastric infusions.

PARAMEDIC SCOPE OF PRACTICE FOR PATIENT WITH PRE-EXISTING MEDICATION INFUSIONS OR MEDICAL PROCEDURES IN THE PRE-HOSPITAL PHASE OF CARE:

The paramedic may transport a patient with pre-existing medication infusions or medical procedures outside of the paramedic scope of practice when such medication or medical procedures is self-monitored and administered by the patient or patient family members authorized by the patient physician and the transport originates within the pre-hospital phase of care.