

**4101****Introduction to  
Treatment Protocols****Treatment Protocol**Last Reviewed: **November 30, 2022**Last Revised: **December 2, 2022****PURPOSE**

To introduce the County of Riverside Emergency Medical Services (EMS) Agency (REMSA) treatment protocols, and the REMSA Approved Policies and Procedures Manual. These policies must be observed within the full context of the REMSA Policy Manual, which establishes the REMSA approved Public Safety Personnel, Emergency Medical Technician, Advanced Emergency Medical Technician, and paramedic scope of practice as specified in Title 22 of the California Code of Regulations.

**AUTHORITY**

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)

[California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services](#)

**APPLICATION**

The REMSA treatment protocols must be adhered to by each part of the EMS System including the following personnel:

- Public Safety Personnel (PSP)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (EMT-P)
- Mobile Intensive Care Nurse (MICN)
- Base Hospital Physician (BHP)

PSPs are non-EMT firefighters, peace officers and/or lifeguards functioning in the Riverside County EMS System. PSPs who have completed either Cal Fire's PSP First Aid and CPR Training Course, or a REMSA Approved PSP First Aid and CPR course, must follow the REMSA treatment protocols as they were trained at the PSP level and may not operate beyond the REMSA approved PSP scope of practice.

All REMSA treatment protocols were developed to be consistent with pre-hospital provider primary impressions, as approved by the California EMS Authority. The foundations for these treatment protocols are the EMT and EMT-P scope of practice, medical research, and community standards in medical practice.

Patients with the same disease may have differing symptoms and presentations, and conversely, patients with similar signs and symptoms may have very different diagnoses. As such, the treatment protocols contained in this series of the REMSA policy manual were created to provide treatment guidance of "classic" presentations based on the most common patient complaints, based on evidence-based practice.

These protocols were not developed with the intent that all therapies will be performed on scene, or that at any therapy contained in a specific treatment protocol will be performed simply because of a provided complaint. EMTs, EMT-Ps, MICNs and BHPs must utilize their medical knowledge, expertise, and critical thinking to determine appropriate treatment(s), if any, for each patient. Additionally, transport of patients with treatment(s) en route is left to the discretion of the provider and the base hospital.

REMSA treatment protocols, as approved, allow EMTs and EMT-Ps the latitude to provide treatments and perform procedures based on a thorough assessment of the patient's complaint as well as their clinical presentation. It is incumbent upon the individual provider to know and understand their scope of practice based on their level of certification.

## PRINTING, RETENTION AND DISPLAY

All REMSA Treatment protocols are intended for color printing and hard copy retention in a binder using top loading sheet protectors. These protocols are also intended for electronic display in Adobe Portable Document Format (PDF) or through the REMSA authorized web application (found here: <https://remsaapp.rivcoready.org/>). Distribution is provided by means of the EMS Agency's official website(s).

## Introduction to the Treatment Protocols

Each REMSA treatment protocol included in this series constitutes medical control by the REMSA Medical Director, as specified in Section 1798 of the California Health and Safety Code, so long as it bears the following:

- A "Last Reviewed" date, indicating the most recent date that the protocol was reviewed in its entirety **AND**
- A "Last Revised" date, indicating the most recent date that a change was made to the protocol. These changes may include but not be limited to grammar, syntax, spelling formatting and/or content.

These protocols must be observed within the full context of the REMSA Policy Manual, which establishes the REMSA approved PSP, EMT, AEMT, or EMT-P scope of practice as specified in Title 22 of the California Code of Regulations.

## Format of the Treatment Protocols

All REMSA treatment protocols follow a consistent format, where BLS patient management medications and procedures are contained in the first column (left) and ALS patient management medications and procedures are contained in the second column (right).

In general, most patients will be transported to the closest, most appropriate receiving center without issue. For all other patients, and if the section is present at the end of the individual treatment protocol, refer to "Patient Disposition" for specific instructions or suggestions regarding treatment and transport considerations.

## Understanding the Treatment Protocols

- Medical Direction

Medical direction is provided through standing orders written into the REMSA treatment protocols, and through base hospital orders given during online / verbal base hospital contact. At no time may any REMSA authorized personnel operate beyond, or direct another to operate beyond, their REMSA approved scope of practice as established by the REMSA Policy Manual.

- Standing orders

REMSA treatment protocols include standing orders for medications, procedures, and dosages and/or dosing formulas, which apply to both adult and pediatric patients. Medications, concentrations, dosages, volumes, energy settings and advanced airway sizes for pediatric patients can be found in the REMSA Pediatric Medication Dosing Resource, located here: <http://remsa.us/policy/PMDRCOMPLETE.pdf>. Adult medication dosing and energy settings are embedded in each associated treatment protocol.

Standing orders are to be utilized as clinically indicated. Not every standing order in a treatment protocol must be carried out on every patient treated under that treatment protocol. A thorough assessment of the patient's complaint, their clinical presentation, and sound judgment are required.

- Base hospital orders and contact

Base hospital contact is required when any clinically indicated medication or procedure is not included in the applicable standing orders, when directed by protocol, or when the EMT, AEMT, or EMT-P encounters any atypical presentation, circumstance, or is uncertain of any of the following:

1. The differential diagnosis and field impression
2. What therapeutic interventions are indicated
3. What patient disposition is indicated

Base hospital contact will be performed by the highest level of REMSA authorized provider at scene: EMT, AEMT, or paramedic. Orders issued by the base hospital may not exceed the scope of practice of the person making contact. BHOs are not provided to PSPs.

BHOs are given during base hospital contact: radio or phone voice communications with the MICN or BHP of a REMSA authorized base hospital. The MICN or BHP may also assume the base hospital role at any time while receiving notification.

## Using the Treatment protocols

Pre-hospital Providers: After completing a thorough assessment of the patient's complaint, condition and clinical presentation, the primary care provider at the scene will determine his / her primary impression. REMSA treatment protocols are categorized according to body systems, mechanisms of injury and natures of illness, with each impression corresponding to a specific treatment protocol in that category:

**4100 – Key Policies**

**4200 – General Medical**

**4300 – Trauma**

**4400 – Cardiovascular / Pulmonary**

**4500 – Neurological**

**4600 – Toxicological**

**4700 – Environmental**

**4800 – Pregnancy and Childbirth**

The primary care provider will determine the treatment protocol that most closely aligns with the patient's complaint, condition and clinical presentation and begin providing care as outlined in the BLS Patient Management column. After all BLS treatments have been rendered, and if the patient's condition warrants, continuation of treatment(s) as outlined in the ALS Patient Management column should be rendered. If a patient presents with multiple complaints and appropriate medications and/or procedures are contained in multiple treatment protocols, treatment of the most life-threatening conditions must occur first, before providing any other treatments.

EX:

*A patient complains of chest discomfort with associated nausea and vomiting. This patient should be treated utilizing BLS and ALS Patient Management strategies as outlined in REMSA Policy #4401 (Suspected Acute Coronary Syndrome) before administering Ondansetron / Zofran, as outlined in Policy #4203 (Nausea and/or Vomiting).*

Not all treatments, as outlined in each column, need to be provided to each patient. Additionally, treatments, as outlined in each column, do not need to be provided or performed in the order in which they are presented. A thorough assessment of the patient's complaint, their clinical presentation, and the providers sound judgment are required to determine clinical necessity and appropriateness as well as the order in which they are rendered.

**Should the patient require immediate intervention(s) due to life threatening conditions, ALS Patient Management should be provided before BLS Patient Management is provided.**

MICNs / BHPs: The MICN or BHP may provide orders for further assessment, clarification, monitoring, procedures, medications, patient disposition and destination. MICNs and/or BHPs may not order medications, routes or procedures that are outside the EMT, AEMT, or EMT-P scope of practice. **FURTHERMORE, PREHOSPITAL PERSONNEL ARE NOT PERMITTED TO FOLLOW ORDERS THAT ARE GIVEN OUTSIDE OF THEIR SCOPE OF PRACTICE.**