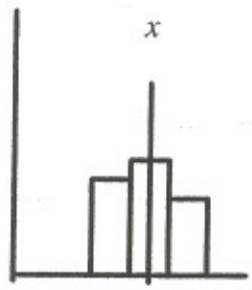

Solano County Quality Improvement Committee

PARAMETER: Patient Assessment

STANDARD: All persons with a health complaint shall receive a physical assessment that at a minimum evaluates the following:

- Chief Complaint
- Characteristics and onset of condition
- Medications
- Vital signs (P, BP, R)
- Primary Assessment
- Secondary Assessment

Assessment priorities should be consistent with the attached algorithm.

REFERENCE: Manual of Advanced Prehospital Care, 2nd. ed. (1984)
Mosby's Paramedic Textbook (1994)

Dr. Thomas L. Charron, Health Officer/EMS Agency Medical Director — 9-21-00 Effective Date

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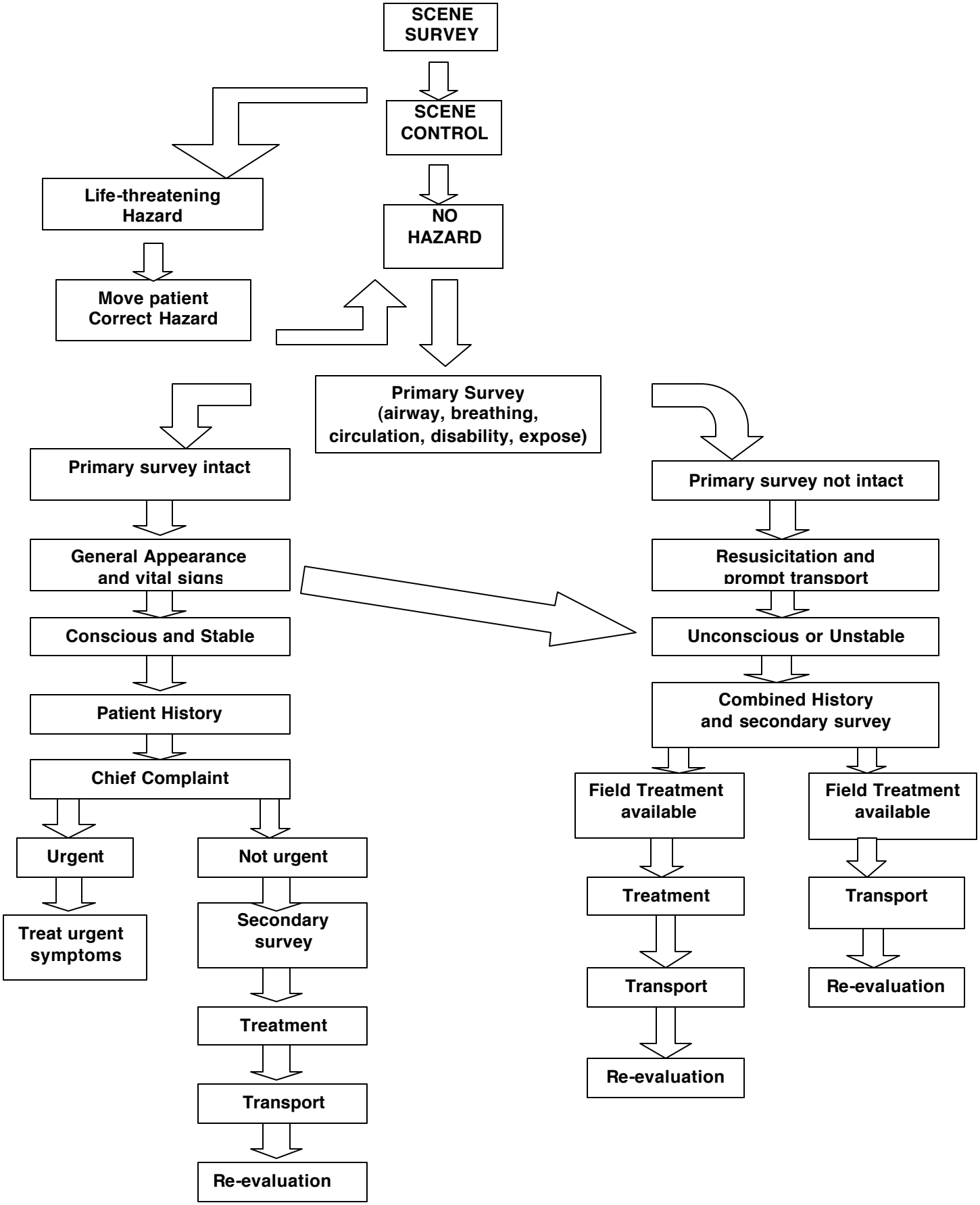
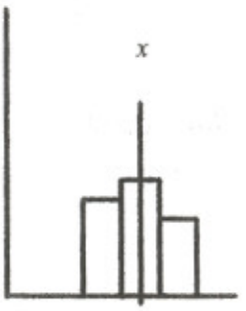
Fig 11-1. Components of Patient Assessment





Solano County Quality Improvement Committee

PARAMETER: General Patient Assessment

STANDARD: All persons with a health complaint shall receive a physical assessment that at a minimum evaluates the following:

- Primary Assessment
  - Airway
  - Breathing
  - Circulation
  - LOC (Level of Consciousness)
  - Chief Complaint

- Secondary Assessment
  - Vital Signs (Pulse, BP, Respiratory Rate, Skin Signs)
  - History of Present Illness
  - Past Medical History
  - Medications
  - Allergies
  - Complete Problem-Oriented Physical Exam
  - Reassessment of Vital Signs

REFERENCE: Manual of Advanced Prehospital Care, 2nd. ed. (1984)

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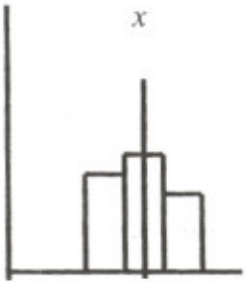

Solano County Quality Improvement Committee

PARAMETER: Pre Hospital use of Automatic External Defibrillation (AED)

STANDARD: All First Responder and EMT-1 personnel trained and authorized to treat patients using automatic defibrillation equipment shall adhere to the following standards:

- The EMT-D medical record was legible and complete.
- Treatment and/or care provided by the EMT-D was appropriately documented.
- Patient response to EMT-D treatment was appropriately documented.
- Defibrillator electronic analysis began within 90 seconds of arrival at patient.
- Time of collapse was recorded.
- Placement of Defibrillator pads was documented.
- Defibrillation was performed consistent with Solano EMS policy.
- Documentation of vital signs.
- Documentation of pulses checked during CPR chest compressions.
- EMT-D rescue crew responded within 2 minutes of receiving the call.
- Response time was within 5 minutes.
- Documentation of aid before arrival of EMT-D unit.
- Treatment outcome documented.

REFERENCE: SEMSC Agency Policy 3300 EMT-1 Defibrillation Authorization.
SEMSC Agency Policy 3301 Public Safety / First Responder Defibrillation Authorization.

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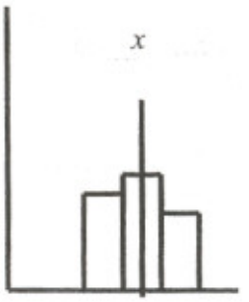

Solano County Quality Improvement Committee

PARAMETER: Chest Pain

STANDARD: All patients who present with the complaint of chest pain will have the following minimum documentation:

- Description of pain to include:
  - Provocation / Precipitating factors.
  - Quality.
  - Radiation.
  - Severity.
  - Time of pain.

- Past medical history.
- Cardiac risk factors.
- History of drug use related to chief complaint.
- ECG rhythm.
- Associated Shortness of Breath.
- Medications noted.
- Allergies noted.
- Selected and followed appropriate protocol.

REFERENCE: Bryan E. Bledsoe, Robert S. Porter, Bruce R. Shade, *Paramedic Emergency Care* 1991 Prentice-Hall.

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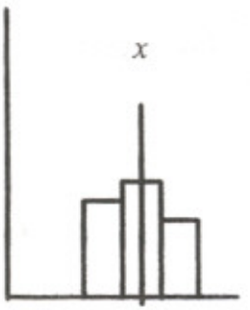

Solano County Quality Improvement Committee

PARAMETER: General Hospital Notification Report

STANDARD: The format for making this type of base contact should include, at a minimum, the following information:

- Name of person making contact
- Solano County identifier of field unit
- Purpose of the contact
- Transport destination
- Age, Sex, Chief Complaint of the patient
- Clinical Impression
- ETA

REFERENCE: Solano County CQI Committee, 9/18/97.

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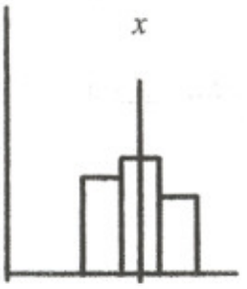

Solano County Quality Improvement Committee

PARAMETER: Base Contact for Medical Consultation

STANDARD: Contact with the base for medical consultation should include, at a minimum, the following information:

- Name of person making the contact
- Solano County identifier of field unit
- Whether MICN or Physician contact is desired
- Nature of the consultation (AMA, DNR, Treatment Orders, etc.)
- Transport destination
- Age, Sex, Chief Complaint of patient
- Clinical Impression
- Treatment rendered (BLS and ALS)
- Patient's response to treatment
- Requests for medical orders must also include:
    - Level of Consciousness (LOC)
    - Vital signs
    - Pertinent Medical History
    - Medications
    - Allergies
    - Pertinent Physical Exam findings (level of distress, lung sounds, skin signs)
- ETA

REFERENCE: Solano County CQI Committee, 9/18/97

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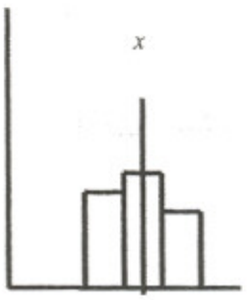

Solano County Quality Improvement Committee

PARAMETER: Documentation of the PCR. Subtopic: PCR legibility, spelling.

STANDARD: The following are minimum documentation standards when completing Patient Care Reports:

- Printed and/or blocked lettering.
- Accurate, complete documentation in all fields to include the MICN and EMS personnel participating in the call.
- Accuracy in spelling.

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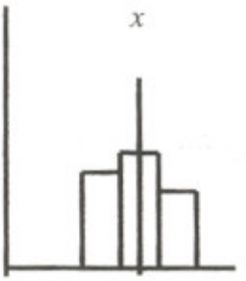

Solano County Quality Improvement Committee

PARAMETER: PCR Documentation.
Subtopic: Documenting the use of Mechanical Restraints.

STANDARD: Documenting the use of Mechanical Restraints will include:

- Rationale for use of mechanical restraints.
- Type of restraint used.
- Assessment pre and post application of circulation, sensory, and motor function distal to the restraint every 15 minutes.
- Documentation of report to the receiving hospital.

REFERENCES: **North Bay Medical Center Documentation Standard of Care: Use of Restraints.**

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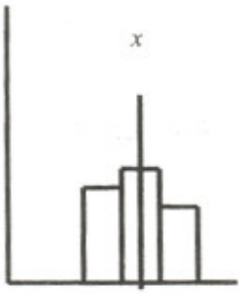

Solano County Quality Improvement Committee

PARAMETER: Documentation on the MICN form.

STANDARD: The following are minimum standards when documenting on the MICN form:

- Legibility.
- Date.
- Time.
- Unit #, Provider Agency.
- MICN authorization number.
- Narrative description of event.
- Base assessment.
- Signature of MICN, physician.
- Destination.
- Trauma score (if applicable).
- ER diagnosis and disposition if the Base is also the receiving facility.

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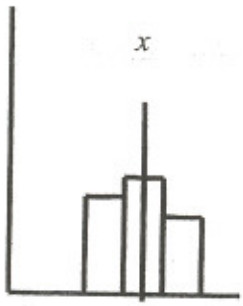

Solano County Quality Improvement Committee

PARAMETER: Respiratory Distress

STANDARD: All patients who present with the complaint of Respiratory Distress will have the following minimum documentation:

- Description of dyspnea to include:
  a. Time of onset.
  b. Type of onset.
  c. Associated cough
  d. Associated pain.

- Treatment prior to arrival.
- Vital signs to include respiratory pattern.
- Past medical history.
- Primary Medical Doctor.
- History of illegal drug use related to chief complaint.
- Medications noted.
- Allergies noted.
- Treatments given.
- Response to treatment given.

REFERENCE: Bryan E. Bledsoe, Robert S. Porter, Bruce R. Shade, *Paramedic Emergency Care* 1991 Prentice-Hall.

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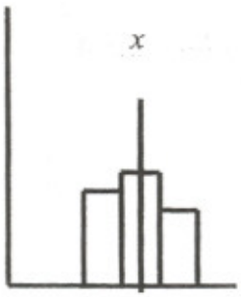

Solano County Quality Improvement Committee

PARAMETER: Altered Level of Consciousness

STANDARD: All patients who present with altered level of consciousness will have the following minimum documentation:

- Description of orientation of the patient to include:
  - Level of alertness.
  - Response to stimuli.

- Glasgow Coma Scale.
- Vital signs.
- Description of environment surrounding the patient to include traumatic causes.
- Baseline medical history.
- Past medical history.
- Primary Medical Doctor.
- History of ETOH use related to chief complaint.
- History of drug use related to chief complaint.
- Medications noted.
- Allergies noted.
- Selected and followed appropriate protocol.

REFERENCE: Bryan E. Bledsoe, Robert S. Porter, Bruce R. Shade, *Paramedic Emergency Care* 1991 Prentice-Hall.

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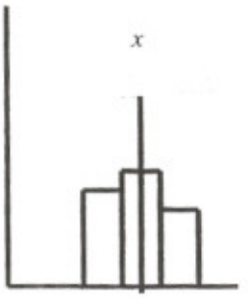

Solano County Quality Improvement Committee

PARAMETER: Cervical Spine Immobilization

STANDARD: In general, all patients with blunt trauma, head trauma or axial spine trauma who meet trauma triage criteria require Cervical Spine (C-Spine) precautions.

C-Spine precautions may be **omitted** when **all** of the following conditions apply:

- Normal neurological exam
  a. alert
  b. fully oriented to person, place, time and situation.
  c. normal sensory and motor function in all extremities.
- Absence of neck and/or spinal pain by patient report.
- Absence of neck and/or spinal tenderness elicited by palpation.
- No evidence of impairment by a drug or ETOH.
- Normal vital signs.
- Patient's age is greater than 14 years.
- No history of loss of consciousness.
- Absence of any painful injury that could distract the patient's ability to appreciate pain.

C-Spine stabilization when applied **must** include:

- Rigid spine board, or similar transporting device.
- Semi-rigid cervical collar.
- Lateral neck rolls or approved stabilization device such as the Headbed ®.
- Tape across the forehead and collar or equivalent.
- Straps across the patient's chest, abdomen, and legs to secure patient to device and prevent movement in any direction.

REFERENCES: **SPINE INJURY Clinical Criteria for Assessment and Management.**
Peter Goth, M.D. Revised May 1995

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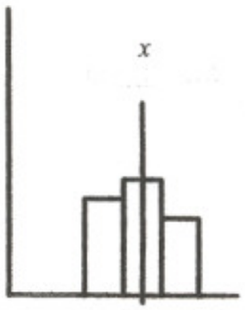

Solano County Quality Improvement Committee

PARAMETER: Airway/Respiratory Assessment and Treatment

STANDARD: All patients with a respiratory complaint or a *potential* airway problem (i.e., altered LOC, EtOH, burns) will at a minimum have the following assessments and/or treatments documented:

- Adequate airway patency and breathing
- Rate, quality and character of breath sounds
- Appropriate positioning of patient
- Use of proper BLS/ALS airway adjuncts
- Administration of oxygen in a timely fashion, if appropriate, using correct delivery device and flow rates
- Proper ventilation technique/equipment
- Suctioning, if needed
- Frequent reassessment/re-evaluation of the patient and interventions

REFERENCES: Solano County CQI

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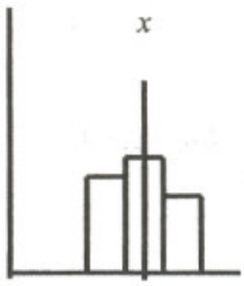

Solano County Quality Improvement Committee

PARAMETER: Verification of Out-of-Hospital Endotracheal Tube Placement

STANDARD:

1. Mandatory requirements for "Check and Chart":
   a. **Direct visualization of the chords**
   b. Chest movement
   c. Breath sounds
   d. Epigastric ausculation and observation
   e. Type of securing device
   f. Confirmatory maneuvers/devices (see #3 and 4 below)
   g. **Reassess** after initial intubation and **any time** patient is **moved** (i.e., floor to board, down stairs, into an ambulance, etc.)

2. Optional evaluation and charting items:
   a. End-tidal CO_2 measurement
   b. Tube condensation
   c. Reservoir bag compliance

3. All patients with a perfusing rhythm that are endotracheally intubated will have the following confirmatory maneuvers checked and charted:
   a. Pulse oximetry, if available
   b. End-tidal CO_2 measurement
   c. Esophageal detector device (EDD)

4. All patients in cardiac arrest that are endotracheally intubated will have the following confirmatory maneuvers checked and charted:
   a. Esophageal detector device (EDD)
   b. End-tidal CO_2 measurement may be used additionally, but may be unreliable

Note: Success is greatly affected by tube size; smaller tubes (6.5 - 7.0) are preferrable.

REFERENCE: Position Paper Forum, NAEMSP Standards & Clinical Practice Committee July 1997 (publication pending)

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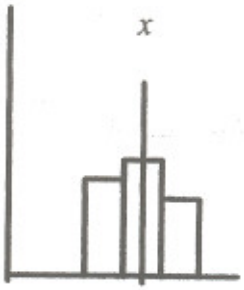

Solano County Quality Improvement Committee

Parameter: Pulse Oximetry

Standard: When available, the prehospital personnel should use the Pulse Oximeter device to assess any patient with a Respiratory / Cardiac / ALOC / or Trauma as a Chief complaint. The results, intervention and trending should be documented on the PCR. **Oxygen should not be withheld as a treatment based on the pulse oximetry reading.**

Reference: Bledsoe, B.; Porter, R.; Shade, B., *Paramedic Emergency Care,* 1991, Prentic-Hall.

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