


The Treatment Protocols were developed to be consistent with EMS Provider Impressions as approved by the California EMS Authority. The foundations for the revised guidelines are the EMT and paramedic scope of practice, medical research, and community standards in medical practice.

GENERAL INFORMATION

1. Patients with the same disease may have differing symptoms and presentations, and conversely, patients with similar signs and symptoms may have very different diagnoses.
2. The Treatment Protocols guide treatment of “classic” presentations based on evidence-based practice. EMTs, Paramedics, mobile intensive care nurses (MICNs) and Base hospital physicians must use their medical knowledge, expertise and critical thinking to determine appropriate treatment for each patient. At times, this may include the simultaneous use of multiple treatment protocols to manage a patient, or the provision of care within scope of practice that is not directly specified within the treatment protocols.
3. The protocols were not developed with the intent that all therapies be done on scene. Transport of patients with treatment en route is left to the discretion of the field unit and the Base hospital.
4. The protocols incorporate EMS policies that address EMT and Paramedic Scope of Practice, Procedures Prior to Base Contact, and Base Hospital Contact. Assessments and treatments recommended would be carried out by an EMT and/or a paramedic based on their scope of practice.
5. Treatments may be ordered by Mobile Intensive Care Nurses (MICNs) providing online medical direction as indicated in the protocols. In addition, MICNs may provide orders for pain management per their clinical judgment up to a maximum adult total dose of Fentanyl 250mcg or Morphine 20mg or, for pediatrics, Fentanyl or Morphine up to a maximum of 4 total doses per [MCG 1309](#).

PROTOCOL FORMAT

1. Pharmacologic agents are in **BOLD** typeface.
2. In general, each protocol will have a corresponding pediatric specific protocol. The pediatric protocols are identified with a letter “P” at the end of the protocol number and have the Los Angeles County teddy bear symbol. 
3. The protocols were developed to provide linkages to additional helpful information specific to the provider impression and/or specific patient population, such as the Medical Control Guidelines (MCG) and patient destination policies. These are indicated in **BLUE** in the protocols.

USING THE TREATMENT PROTOCOLS

1. Utilize Ref. No. 1201, Assessment as a starting point until a Provider Impression is established.
2. If more than one treatment protocol applies, begin by using the one most closely associated with the patient’s symptoms and prioritize interventions based on your judgment.

Based on the patient's presentation and the assessment, the EMT or Paramedic determines his/her Provider Impression. In general, Provider Impressions are categorized according to body systems. Each Provider Impression has a corresponding Treatment Protocol.

BODY SYSTEM

↳ Provider Impression/Protocol Name —————> Protocol Number

A Treatment Protocol may be applicable to more than one Provider Impression. Also, rarely, a Provider Impression may be further divided into more than one Treatment Protocol, e.g. management for the Provider Impression 'Cardiac Dysrhythmia' is guided by [TP 1212, Cardiac Dysrhythmia - Bradycardia](#) or [TP 1213, Cardiac Dysrhythmia - Tachycardia](#) depending on the dysrhythmia.

3. Refer to the appropriate Treatment Protocol(s) to guide patient treatment. The treatment protocol sequence is intended to guide the priority in which interventions are administered but not to imply a strict order as priorities in an individual patient may differ.
4. If the patient's status changes, a different treatment protocol might be needed. When using the new treatment protocol, take into account the treatments already performed.
5. These protocols are designed for the Paramedic however, the EMT provider may use these protocols based on their scope of practice and should contact ALS when indicated by their assessment as per [Ref. 802, Emergency Medical Technician \(EMT\) Scope of Practice](#) and [Ref 1200.4, BLS Upgrade to ALS Assessment](#).
6. All pediatric patients must be measured using a length-based resuscitation tape (e.g., Broselow™) and the identified color code and weight in kilograms must be reported when contacting the Base hospital. The color code and weight in kilograms must be documented for all pediatric patients in the patient weight section of the EMS Patient Care Record (ePCR or EMS Report Form). Medication dosages are determined by correlating the length-based resuscitation tape color code with the appropriate weight on the Medical Control Guideline ([MCG 1309](#)), [Color Code Drug Doses/L.A. County Kids](#) chart. If the child is longer than the length-based resuscitation tape, use adult dosing.
7. A full patient report must be given: 1) If Base hospital contact is made to obtain patient care orders or 2) if the patient meets trauma criteria or guidelines but is being transported to a non-trauma hospital. Once Base hospital contact is made for medical control the overall authority for the patient's medical care lies with the Base. The treatment plan should be developed collaboratively by EMS and Base personnel. Treatments outlined in the applicable protocol may be administered by EMS personnel and communicated to the Base.
8. Paramedic verbal report to the Base hospital and/or receiving hospital shall be in accordance with [Ref. 1340, Medical Control Guideline: Online Medical Control and Receiving Hospital Notification](#).

CONTACT THE BASE HOSPITAL as specified in Ref. 1200.2, Base Contact Requirements

TRANSPORT ALS when either of the following conditions apply:

Treatment Protocol: GENERAL INSTRUCTIONS

Ref. No. 1200.1

1. Need for immediate and ongoing ALS intervention (excluding need for a single administration of medication for symptomatic relief, i.e., morphine, fentanyl, ondansetron)
2. Potential for deterioration en route including but not limited to abnormal vital signs

NOTIFY THE RECEIVING HOSPITAL to expedite care of ALL ALS patients to ensure 9-1-1 receiving facilities are prepared with the appropriate resources to receive the patient and to reduce ambulance patient offload time (APOT).

1. When operating on treatment protocols without online medical control, paramedics will notify the receiving hospital directly.
2. When Base Contact is made, Base personnel will notify the receiving hospital.