

**ALS / BLS PROTOCOLS—INTRODUCTION**

1. ALS and BLS protocols are to be utilized by EMS personnel and as a resource for Base Hospital physicians to become familiar with local EMS patient care. All procedures and/or medications must be within the scope of practice for field personnel and authorized in Solano EMS policies.
2. All ALS and BLS protocols are intended to be used as guidelines and are not a substitute for sound medical judgment. Unusual patient presentations make it impossible to develop a protocol for every possible patient situation.
3. Disrupted Communications: In the event that a Solano County paramedic is unable to make physician contact for orders, the paramedic may not utilize those areas of the protocols requiring physician direction and must transport immediately to the closest receiving facility.
4. Base Hospital Contact: Paramedics are expected to use sound medical judgment in caring for every patient. Solano County EMS Protocols give paramedics wide latitude in deciding when to make Base Contact. Base physician contact is always available and should be utilized in the following circumstances:
  - a. Any time Base Hospital contact is required in a protocol.
  - b. Unusual patient situations not covered in a protocol.
  - c. Situations where deviation from a protocol appears to be in the patient's best interest.
  - d. For any patient attended by a physician on the scene (see Policy 6510).
  - e. For any patient who is Refusing Medical Assistance that, in the judgment of the paramedic, should be treated and/or transported to a hospital.
  - f. Out-of-protocol medication administration. In some situations it may be appropriate to utilize medications carried by paramedics for indications not covered in one of the Solano EMS ALS Protocols. Examples include: sodium bicarbonate for tricyclic antidepressant overdose or renal failure patient with presumed hyperkalemia; glucagon for beta-blocker or calcium channel blocker overdose; calcium chloride for hydrofluoric acid exposure, calcium channel blocker overdose, or renal failure patient with presumed hyperkalemia; albuterol nebulizer for possible hyperkalemia; diphenhydramine for acute dystonic reaction; high-dose atropine for organophosphate exposure.
  - g. Paramedics may contact another Base Hospital if they are not able to contact the original Base Hospital physician for orders. This may occasionally occur due to hospital equipment failure or if the original Base Hospital is unable to handle the call.