

## E. PROTOCOL KEY



1. Basic Life Support Level Care



2. Advanced Life Support Level Care



3. Requires Medical Consultation



4. Pediatric Care

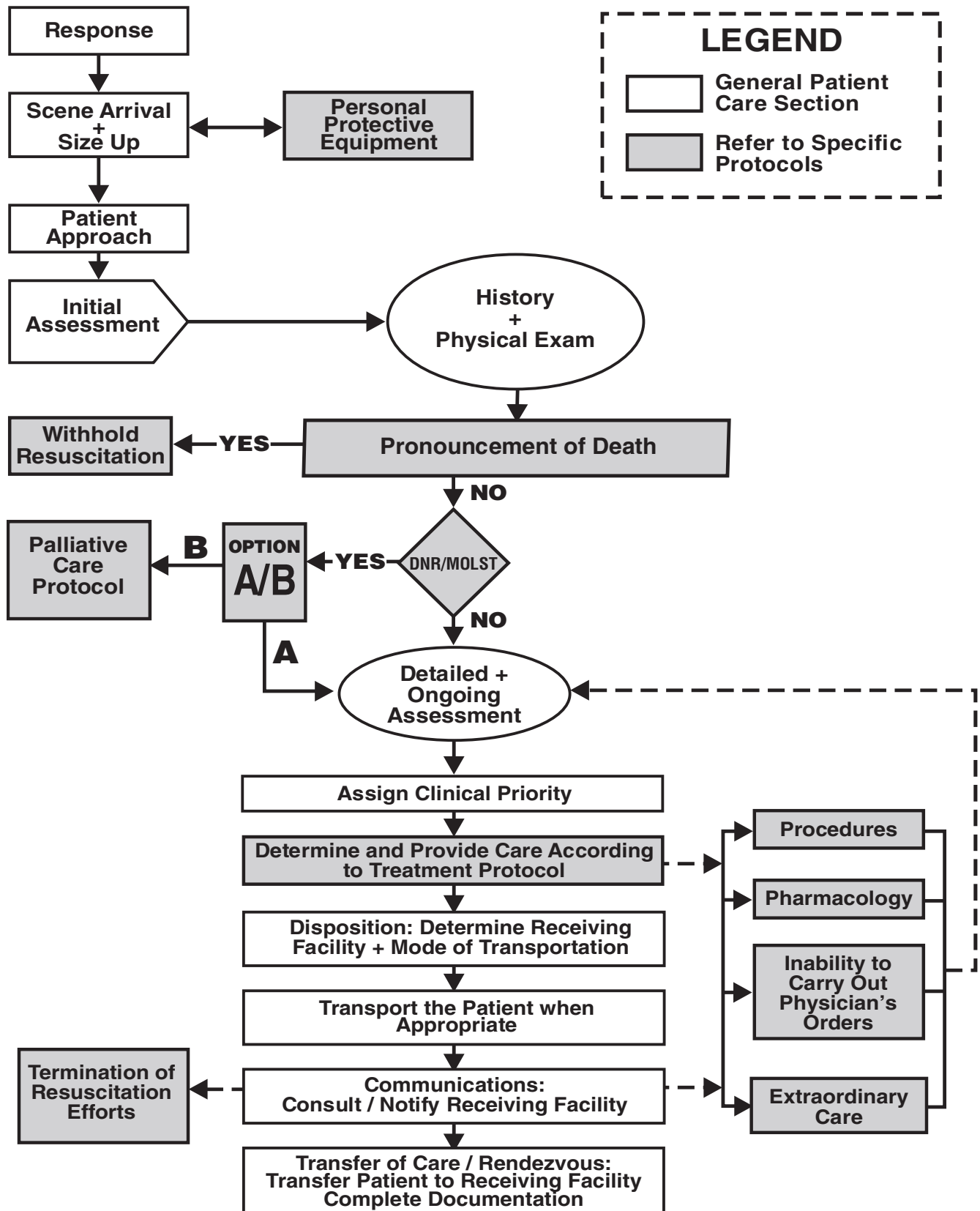
NOTE: ALL PROVIDERS (BLS and ALS) SHOULD CHECK ALL PEDIATRIC SECTIONS FOR NECESSARY CARE.

Description	Age
Newly Born	Up to 1 hour
Neonate	1 hour to 28 days
Infant	> 28 days to 1 year
Toddler	1 to < 2 years
Preschooler	2 to 4 years
School-Age	5 to 12 years
Adolescent	13 to 18th birthday



5. Caution/Warning/Alert

## F. PROTOCOL USAGE FLOW DIAGRAM



## G. PROTOCOL VARIATION PROCEDURE

If an error or variance occurs (i.e., any act or failure to act, in practice or judgment, involving patient care that is not consistent with established protocol, whether or not it results in any change in the patient's status or condition):

1. The EMS provider must:
  - a) Notify the consulting physician via radio as soon as the error or variance is discovered, if prior to arrival at the receiving hospital,
  - b) Monitor the patient's condition very closely for any changes,
  - c) Notify the receiving physician upon arrival, and
  - d) Notify the local EMS jurisdiction or licensed commercial ambulance service and Program Medical Director within 24 hours of the incident.
2. The EMS Operational Program **Quality Assurance Officer**, in accordance with COMAR 30.03.04.02 B(6), must:
  - a) Within **5 days** of being made aware of the incident, submit written notification of the incident to the:
    - (1) Local EMS jurisdiction,
    - (2) Program Medical Director,
    - (3) MIEMSS Compliance Office, and
    - (4) State EMS Medical Director.
  - b) Within **14 days** of the written notification of the incident, initiate a Medical Review Committee QA investigation.
  - c) Within **30 days** of the written notification of the incident, forward to MIEMSS' Compliance Office and State EMS Medical Director the written results of the Medical Review Committee QA investigation and recommendations.