

## **I. GENERAL INFORMATION**

### **A. GENERAL PROVISIONS**

The goal of prehospital emergency medical services is to deliver a viable patient to appropriate definitive care as soon as possible. Optimal prehospital care results from a combination of careful patient assessment, essential prehospital emergency medical services, and appropriate medical consultation.

The Maryland Medical Protocols were developed to standardize the emergency patient care that EMS providers, through medical consultation, deliver at the scene of illness or injury and while transporting the patient to the closest appropriate hospital. These protocols will help EMS providers anticipate and be better prepared to give the emergency patient care ordered during the medical consultation.

Maryland has highly trained and dedicated basic and advanced life support personnel who may need on-line medical consultation only for complicated or extended resuscitative patient care. These protocols are a form of “standing orders” for emergency patient care intervention in a patient who has a life-threatening illness or injury. It remains the responsibility of the EMT, CRT-(I), or paramedic to obtain on-line medical consultation when appropriate. If it is genuinely impossible or inappropriate (i.e., when rendering emergency care to a patient who has a life-threatening injury or medical condition) to obtain on-line medical consultation, the EMT/CRT-(I)/paramedic may render emergency patient care in accordance with these protocols in an effort to save a patient’s life or limb. Whenever such emergency life-saving patient care is rendered, the EMT/CRT-(I)/paramedic must document the treatment rendered and the reason on-line medical consultation could not be obtained on the Patient Care Report (PCR) and on an additional narrative. In addition, the “exceptional call” area on the PCR must be marked, and the provider must immediately notify the EMS Jurisdiction. The EMS Jurisdiction must notify the State EMS Medical Director within 5 days of the incident. This general provision applies throughout these protocols.

Requests for additions, deletions, or exceptions must be submitted through the State EMS Medical Director’s Office of the Maryland Institute for Emergency Medical Services Systems.

Unless otherwise specified, a mandate with a stated year but no date shall be interpreted as taking effect on the protocol implementation date for that year.



THE GENERAL PATIENT CARE SECTION AND THE ALGORITHMS MUST BE FOLLOWED IN THE SPECIFIC SEQUENCE NOTED.

FOR ALL OTHER TREATMENT PROTOCOLS, THE LETTER AND NUMERICAL OUTLINE FORMAT IS STRICTLY FOR RAPID AND UNIFORM REFERENCE AND DOES NOT IMPLY OR DIRECT A MANDATORY SEQUENCE FOR PATIENT CARE.



IF AN EMERGENCY MEDICAL RESPONDER IS DISPATCHED AS AN EMS UNIT, OR FOR PURPOSES RELATED TO MEDICAL ASSISTANCE, OXYGEN AND AED TREATMENT MAY BE UTILIZED, WHEN APPROPRIATE AND APPLICABLE, PROVIDED THE EMERGENCY MEDICAL RESPONDER IS JURISDICTIONALLY AUTHORIZED TO USE AN AED AND/OR THE EMERGENCY MEDICAL RESPONDER HAS BEEN EDUCATED AND TRAINED TO PROVIDE OXYGEN AND/OR AED THERAPY.

THE EMERGENCY MEDICAL RESPONDER SHALL DOCUMENT ALL PATIENT CARE.