

Southeast Michigan Regional Protocol

Genesee, HEMS (Wayne), Lapeer, Macomb, Oakland, and Washtenaw/Livingston MCA's

Adult/Elder Abuse Or Neglect

It is the purpose of this policy to assist EMS personnel to identify, treat and report suspected cases of adult/elder abuse or neglect. It is not the role of the health care provider to make the determination whether or not abuse or neglect has occurred; therefore, be objective and non-judgmental in your evaluation, always keeping the patient's best interests in mind.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow the General Prehospital Care Protocol (look for dehydration, poor hygiene, unusual injuries, etc.).
2. Treat the patient medically, as indicated, and follow the appropriate treatment protocols.
3. Maintain respect and privacy for the patient.
4. If possible, assign one technician to support the patient.
5. Overview the scene with particular attention to objective evidence of abuse or neglect.
6. Contact Medical Control, if necessary.
7. Report findings promptly to local police, Family Independent Agency (FIA) and/or the emergency department. The following are FIA phone numbers for the respective counties:

Genesee County	(810) 760-2202
Lapeer	(810) 664-5968
Livingston County	(517) 546-8668
Macomb County	(586) 412-6100
N. Oakland County	(248) 975-5556
	(248) 975-5324
	(248) 669-7600
Washtenaw County	(734) 481-9110
Wayne County	(313) 396-6006

8. Cooperate with police agency or DSS in collection of history or evidence while at the scene as allowed by patient's condition.
9. Include names, address and telephone numbers of witnesses in your documentation.
10. DO NOT confront caregivers with your suspicions.

NOTE: EMS personnel in Macomb County must also complete the "Elder Abuse/Neglect/Physical Well Being Report Form," as part of the Gatekeeper Project that is specific to that county.

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Altered Level of Consciousness

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.

SPECIALIST/PARAMEDIC

2. Start an IV NS KVO.

PARAMEDIC

3. Check blood glucose level. If less than 80 mg/dl then administer Dextrose 50% (D50), 25 gm, IV.
4. If partial or transient response to Dextrose 50% (D50) repeat initial dose.

PARAMEDIC

5. Administer Naloxone (Narcan) 2 mg ET/IV/IM.
6. Repeat Dextrose (D50), as indicated.
7. Repeat Naloxone (Narcan), as indicated.

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Anaphylaxis/Acute Allergic Reaction

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. If insect sting, remove stinger by scraping and apply cold pack to area.
3. Elevate patient's legs.
4. Assist patient with administration of patient's own Epi-Pen/Epi-Pen Jr., in the patient's anterior thigh.

SPECIALIST/PARAMEDIC

5. Start IV NS KVO.
6. Hypotensive patients should receive a fluid bolus, as indicated by hemodynamic state, in 250 ml increments and reassess. Continue fluid bolus to a maximum of 2 liters.
7. Consider intubation if respiratory arrest is imminent.

PARAMEDIC

8. Patients with severe respiratory or hemodynamic compromise should receive Epinephrine .01 ml/kg of 1:1,000 to a max of 0.5 mg (0.5 ml) SQ. This may be performed prior to starting IV, if necessary.
9. Administer Diphenhydramine (Benadryl) 50-100 mg IM or IV depending upon severity of symptoms.

Post-Radio

PARAMEDIC

10. Administer Epinephrine 0.1 ml/kg of 1:10,000 to a maximum of 0.5 mg (5 ml) slow IV if severe respiratory distress or hypotension.
11. If no response, administer Dopamine Drip (Inotropin) 400 mg in 250 ml of NS and titrate to systolic BP above 90 mmHg.

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Asthma/Wheezing

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow the General Pre-Hospital Care Protocol.
2. Assist patient with the administration of the patient's own Albuterol inhaler.

SPECIALIST/PARAMEDIC

3. Start IV NS KVO.

PARAMEDIC

4. Administer Albuterol (Proventil) 2.5 mg in 3 ml NS hand held nebulizer. Repeat as needed.
5. If a second Albuterol treatment is needed add Ipratopium (Atrovent) 0.5 mg in 3 ml NS to the second Albuterol treatment and administer prednisone 50 mg po.
6. If the patient is in severe distress, administer Epinephrine 1:1,000 0.3 mg (0.3 ml) SQ.

Post-Radio

PARAMEDIC

7. For extreme symptoms, if patient is less than 40 y/o and no cardiac history, administer Epinephrine 1:10,000 0.1 mg-0.5 mg (1 ml – 5 ml) IV.

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Cerebrovascular Accident (CVA)/Stroke

NOTE: Record and report time of onset of symptoms and notify the emergency department as soon as possible of a possible stroke patient.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care protocol.
2. Protect affected limbs from injury.
3. Allow patient to seek position of comfort.
4. Maintain appropriate body temperature.
5. Note time of onset of stroke if available.

SPECIALIST/PARAMEDIC

6. Start an IV NS KVO.
7. Follow protocols relevant to patient condition.

PARAMEDIC

8. Check blood glucose level. If less than 80 mg/dl then administer Dextrose 50% (D50), 25 gm, IV.
9. If partial or transient response to Dextrose 50% (D50) repeat initial dose.

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Diabetic Emergencies

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Obtain pertinent medical history, including:
 - a. Time and amount of last insulin dose
 - b. Time of patient's last meal
 - c. Recent or current illness, recent heavy exercise or stress
 - d. Pregnancy

EMT/SPECIALIST/PARAMEDIC

3. Obtain blood glucose level if equipment is available
4. Administer oral glucose agent if patient is awake and has an adequate gag reflex.

SPECIALIST/PARAMEDIC:

5. Start an IV NS KVO

PARAMEDIC (GENESEE-LAPEER SPECIALIST)

6. Check blood glucose level. If less than 80 mg/dl then administer Dextrose 50% (D50), 25 gm, IV, if symptomatic.
7. If partial or transient response to Dextrose 50% (D50) repeat initial dose.
8. Administer additional Dextrose 50% (D50), as indicated.

Note: If the patient is hyperglycemic do not administer glucose or insulin, but only provide support. If you are not sure, treat as hypoglycemic.

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Non-Traumatic Hypotension

Hypotension in an adult is defined as a systolic blood pressure less than 90 mmHg or evidence of hypoperfusion.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Place patient in supine position.

SPECIALIST/PARAMEDIC

3. Start an IV NS using the largest appropriate size IV catheter.
4. Administer a NS fluid bolus, as indicated, by hemodynamic state in 250 ml increments and reassess.
5. Start second IV using a large bore IV catheter, if time permits.

PARAMEDIC

6. Apply cardiac monitor and treat rhythm according to appropriate protocol.

Post-Radio

PARAMEDIC

7. Consider Dopamine Drip (Inotropin) 400 mg in 250 ml of NS. Titrate to maintain a systolic BP above 90 mmHg. Dopamine (Inotropin) is not indicated for hemorrhagic shock.

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Obstetrical/Childbirth

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Administer high flow oxygen.
3. If hypotensive, roll mother onto left hip.
4. If baby is delivering:
 - Do not hurry or slow delivery.
 - Suction infant with bulb syringe (mouth, then nose) as soon as head is delivered. Check to see if cord is wrapped around neck; if so, attempt to unwrap the cord. If this does not work, double clamp and cut the cord immediately.
 - Double clamp the cord at least 4" from baby and cut between the clamps.
 - Dry baby, examine and keep warm, particularly the head (may place baby next to the mother's skin).
 - Assess APGAR Score at 1 and 5 minutes after birth. Regardless of score, if infant is not breathing or has no pulse and can not be stimulated (rubbing/drying with towel, tapping feet) into breathing or a pulse does not begin, see the Pediatric Respiratory Arrest or Cardiac Arrest protocol.
 - Externally massage uterus en route until placenta is delivered.
 - Do not manually remove placenta.
 - Record time of birth.
5. For multiple births repeat step 4.
6. Complications:

Notify medical control immediately for these and any other complications that may occur.
Follow these guidelines for specific complications:

 - Breech
 1. Follow step 4 above. When legs and torso deliver, be sure to support them until the head delivers.
 2. If head does not deliver spontaneously, place a gloved middle and index finger along side the baby's face (palm toward face). Form a passage way between the baby's nose and outside air. Maintain this position until the head delivers or until relieved by hospital personnel. Transport ASAP.
 - Limb Presentation
 1. Place the patient in trendelenburg position/elevate hips and transport ASAP.
 2. Instruct the patient not to bear down, but pant through contractions.
 - Prolapsed Cord
 1. Place a gloved hand in the vagina and attempt to keep the baby and vagina from compressing the cord. Maintain this position until relieved by hospital personnel. Cover the cord with sterile dressing.
 2. Place the patient in trendelenburg position/elevate hips and transport ASAP.
 3. Instruct the patient not to bear down, but pant through contractions.
7. If necessary, treat mother for shock, see Traumatic Hypotension protocol.

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APGAR Score

Score baby at 1 and 5 minutes intervals after birth. A score of less than 7 suggests a need for resuscitation with suction, ventilation and ALS backup, and a need to be monitored extra closely. Remember to keep the infant warm and dry.

	0	1	2
A ppearance	Blue/Pale	Body pink, hands blue	Pink
P ulse	Absent	Below 100	Above 100
G rimace*	None	Grimace	Cough, sneeze, cry
A ctivity**	Flaccid	Some	Active motion
R espiration	Absent	Weak, slow	Good, crying

* Tested by a suction catheter (no suction) or bulb syringe tip gently placed in the nose or mouth.

** Amount of spontaneous flexion of extremities.

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Seizures

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Protect patient from injury during a seizure.
3. Do not insert anything in the patient's mouth during a seizure.
4. Obtain pertinent medical history, including:
 - a. Known seizure disorder
 - b. Medications, what and when
 - c. Check for medical alert tags
 - d. Suspected drug or alcohol abuse
 - e. Recent trauma

SPECIALIST/PARAMEDIC

5. Start an IV NS KVO.

PARAMEDIC

6. Check blood glucose level. If less than 80 mg/dl then administer Dextrose 50% (D50), 25 gm, IV.
7. If partial or transient response to Dextrose 50% (D50) repeat initial dose.

PARAMEDIC

8. If patient is actively seizing, administer 5 mg of Diazepam (Valium) slow IV.
9. If IV access is not available, 10 mg of Diazepam (Valium) ET or rectally, using a lubricated syringe without a needle.
10. If seizures persist more than 2 minutes after initial dose, repeat the Diazepam (Valium) 5 mg IV.
11. If patient is still seizing, consider administration of additional Diazepam (Valium).

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Sexual Assault

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol. Allow patient respect and privacy. Limit IPS to life-threatening injuries.
2. A gentle survey for injuries is recommended. Explain everything to the patient in advance.
3. Do not discard anything found on or near the patient, as it may be evidence.
4. Evaluate and treat patient according to appropriate protocols.
5. Cooperate with police on collection of clothing and accurate history. Be aware of the area and patient for signs of torn clothing, blood, body fluids or other potential pieces of evidence. Additionally, document incidental contusions, lacerations and abrasions for legal purposes.
6. Be receptive to and document psychological state of the patient (crying, hysterical or inappropriate behavior), and modify exam accordingly. Document voluntary (unsolicited) comments made by the patient (these may be used as evidence in court proceedings).
7. Be supportive, non-judgmental and never force patient to an exam or history against their will.
8. Verify that authorities are notified of the incident.
9. If possible, to protect patient's privacy and minimize further stress, assign one technician to be the primary care giver and to support the patient. If possible, the technician should be the same gender as the patient.

Post-Radio

PARAMEDIC

10. Start IV NS KVO, as indicated.