NEWBORN

Estimated Time: 30 minutes • Debriefing Time: 15 minutes

Scan to Begin

Patient Name: Olivia Brooks & Baby

SCENARIO OVERVIEW

Olivia Brooks is a 22-year-old female who was found in a public restroom at a local college after bystanders heard her yelling for help. She gave birth in with the help of a bystander.

Level 4 requires a “Scene Size-Up,” “Primary Survey/Resuscitation,” “Secondary Assessment,” and “Reassessment” based on the National Registry of Emergency Technicians Psychomotor Exam.

Note: To emphasize the clinical criteria of a 15-minute time limit, timers are in place so that if a student does not make a Transport decision within 10 minutes, they receive a warning. If they do not make a Transport decision within 15 minutes, they will automatically be exited from the scenario.

LEARNING OBJECTIVES

1. Gather information related to dispatch
2. Perform a “Scene Size-up”
3. Perform a “Primary Survey/Resuscitation” and “History Taking”
4. Make Transport Decision
5. Perform a “Secondary Assessment”
6. Interpret vital signs
7. Verbalize proper interventions/treatment
8. Perform a “Reassessment”
9. Provide an accurate verbal report to arriving ALS unit

CURRICULUM MAPPING

WTCS EMT-P PROGRAM OUTCOMES

- Prepare for incident response and EMS operations
- Integrate pathophysiological principles and assessment findings to provide appropriate patient care.
- Communicate effectively with others
- Demonstrate professional behavior
- Meet state and national competencies listed for EMT- paramedic certification(s)

SIMULATION LEARNING ENVIRONMENT & SET-UP

PATIENT PROFILE

Patient: Olivia Brooks

DOB: 01/29/XX

Age: 22

Gender: Female

Height: 162.5 cm (5 ft 5 in)

Weight: 70.9 kg (156 lbs)

Patient: Nova Brooks

DOB: Today

Gender: Female

Height: Unknown

Weight: Unknown

EQUIPMENT/SUPPLIES/SETTINGS

Patient

- Street clothes, she is holding her newly born infant
- Bathroom is littered with bloody blankets and towels. There is blood on and around the toilet. Backpacks and books are present as she was at school when this occurred.

Monitor Settings

- None

QR CODES

DISPATCH	SCENE	MOM	BYSTANDER
BABY	PLACENTA	NORMAL SALINE	

TEACHING PLAN

PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR code:** "**Scan to Begin**" while students are in Prebrief
- "Meet Your Patient" (on iPad) and explain how the iPad works in the simulated learning environment including:
    - Facilitator note: This scenario has been designed to flow without scanning additional QR codes for convenience in the classroom. For added flexibility, you may elect to use the QR codes provided above to design your own scenario flow.
- Discuss the simulation "Learning Objective(s)" (on iPad) as well as any other Prebrief materials

STATE 1

RECEIVE DISPATCH

- Play “Dispatch” (on iPad): “ARISE EMS: You’re dispatched for a 22-year-old who is about to give birth in the bathroom at ARISE University. Caller was not with the mom at the time of the 911 call and couldn’t give any other details. He was instructed to try to get mom to a cleaner area, if possible, and to find clean towels or blankets to keep mom, and possibly baby, warm until your arrival.”
- View the “En Route to the scene” message
- Preview the National Registry of EMT Psychomotor Examination form for Medical Assessment
- Possible Facilitator Question
    - What are your plans based on the dispatch you received?

STATE 2

SURVEY THE SCENE & PRIMARY ASSESSMENT/RESUSCITATION

- Play “Scene Survey” video
- View the “Scene Size-Up” plaque with the following questions:
    - Verbalize appropriate PPE precautions
    - Verbalize how you would perform a “scene size-up”
- View the plaque reminding students “Your transport decision must be made within 15 minutes.”
- Play “Bystander” video
    - Verbalize how you would respond to the bystander
- Play “Patient” video
    - Verbalize how you would respond to the patient
- View the plaque entitled “Primary Survey/Resuscitation and History Taking” with the following questions:
    - Verbalize how you perform a Primary Survey/Resuscitation for this patient.
    - What is your transport decision?
    - Verbalize the questions you would ask to obtain a “History of Present Illness”.
    - Verbalize the questions you would ask to obtain “Past Medical History”.
- View the plaque entitled “Indicate Transport Decision” with text stating “Indicate your transport decision by tapping the Transport tab.”
    - Students should then tap Transport Tab and indicate their decision (see instructions under the Transport Tab below.)
    - Students should tap the Menu icon on the top left corner of the screen, then tap on the Transport tab to indicate their transport decision
- View the plaque entitled “Prepare to transport”
- Tabbed iPad Content

EMERGENCY HOME SCREEN

This is the home screen. In the top left corner is the "menu" icon where the tabs described below can be accessed.

MEDICAL ASSESSMENT FORM

The National Registry of Emergency Medical Technicians, EMT Psychomotor Exam: Patient Assessment/Management – Medical form is displayed here. (It is also attached in Appendix A so that it can be printed out for the student if desired.)

PATIENT PROFILE

Demographic information about the patient is displayed under this tab.

SCENE SURVEY

Tap here to replay the video of the scene.

MOM

Tap here to replay the video of the mom.

BYSTANDER

Tap here to replay the video of the bystander.

TRANSPORT

Tap here to indicate transport decision. The following text appears:

- "Have you made your transport decision? Yes/No"
    - If student selects "No": a 15-minute timer appears with reminder "Your transport decision must be made within 15 minutes."
    - If student selects "Yes": Another question appears: "Will you transport?"
        - If student selects "Yes": Student will see "Prepare to Transport"

- If student selects No: Student will see “Communicate your decision to dispatch”

Note: Students have 15 minutes to indicate a Transport decision or they are automatically exited from the scenario. Students will receive a 10-minute warning.

LEVEL

Level 2 is displayed. In order to progress to State 3, students must indicate their transport decision using the Transport tab.

SCANNER

Use this to scan optional QR Codes.

EXIT

If the objectives of the program have not been met, the iPad reads, “Are you sure you want to exit? All data will be lost.”

- If “No” is selected, the iPad will return to the tabbed content.
- If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

STATE 3

SECONDARY ASSESSMENT: BABY

- Play “Baby & Cord” video
    - Verbalize the equipment and procedure used for cutting the umbilicus
- View the plaque entitled “Secondary Assessment: Baby” with the following questions:
    - Verbalize how you would assess the affected body part(s)
- View the plaque entitled “Pulmonary Assessment: Anterior - Baby” with instructions to “Tap on anatomical location(s) to listen to lung sounds.”
    - An image a newborn chest appears with “hot spots” located over each anatomical location of the chest. When a “hot spot” is tapped, lung sounds can be heard (with best audio using ear buds or headphones).
- View the plaque entitled “Pulmonary Assessment: Posterior - Baby” with instructions to “Tap on anatomical location(s) to listen to lung sounds.”
- View the plaque entitled “Vital Signs”
    - Interpret Nova’s vital signs:
        - Pulse 136, RR 42, O2 Saturation 85%
- View the plaque entitled “Verbalize Interventions” with the following questions:
    - Verbalize field impression of patient and assess 5 minute APGAR score
    - Verbalize interventions/proper treatment based on the Protocol provided
        - Student should tap the Protocol: Baby tab as described below for access to the Neonatal Resuscitation Protocol.
            - The iPad automatically advances to State 4 after the protocol is viewed.
- Tabbed iPad Content

BABY

Tap here to replay the video of the baby & cord.

VITAL SIGNS: BABY

This form is open for entry and displays Nova's last vitals: Pulse 136, RR 42, O2 Saturation 85%

PROTOCOL: BABY

The iPad displays the Neonatal Resuscitation Protocol. A printable version is available in Appendix B.

STATE 4

SECONDARY ASSESSMENT: MOM

- View image of placenta
    - Verbalize the procedure for the handling the placenta
- View the plaque entitled “Secondary Assessment: Mom” with the following questions:
    - Verbalize how you would assess the affected body part(s)
- View the plaque entitled “Pulmonary Assessment: Anterior - Mom” with instructions to “Tap on anatomical location(s) to listen to lung sounds.”
    - An image a chest appears with “hot spots” located over each anatomical location of the chest. When a “hot spot” is tapped, lung sounds can be heard (with best audio using ear buds or headphones).
- View the plaque entitled “Pulmonary Assessment: Posterior - Mom” with instructions to “Tap on anatomical location(s) to listen to lung sounds.”
- View the plaque entitled “Vital Signs”
    - Interpret Olivia’s vital signs:
        - Pulse 84, RR 22, BP 108/62, O2 Saturation 96%
- View the plaque entitled “Verbalize Interventions: Mom” with the following questions:
    - Verbalize field impression of patient
    - Verbalize interventions/proper treatment based on the Protocol provided
        - Student should tap the Protocol: Mom tab as described below for access to OB, Seizure and Shock Protocols.
- Tabbed iPad Content
    - The iPad content will advance to State 5 after at least one protocol is viewed.

VITAL SIGNS: MOM

This form is open for entry and displays Olivia’s last vitals: Pulse 84, RR 22, BP 108/62, O2 Saturation 96%

PROTOCOL: MOM

The iPad reads, “Use these protocols to make decisions regarding patient interventions and treatment.”

Printable versions of OB, Seizure, and Shock protocols are available in Appendix C.

STATE 5

REASSESSMENT

- View video of mom and baby
- View the plaque entitled “Reassessment” with the following questions:
    - Verbalize how you would reassess to determine changes in patient condition.
    - Does this patient require an ALS intercept?
    - Indicate your decision by reviewing the provided protocol and tapping on the ALS intercept tab.
        - Student should tap the Intercept Protocol as described below for the ALS vs. BLS Transport Protocol.
        - Then, student should tap the ALS Intercept tab and indicate their decision as describe below.
        - Facilitator Note: the iPad will not advance until the student selects “Yes” and requests an ALS Intercept.
    - View plaque entitled “Verbal Report” with the following questions:
        - Provide an accurate verbal report to the arriving EMS
    - View plaque that reads, “You have been approved to proceed.” With the flowing text: You have completed the learning objectives for this scenario and may exit.
- Tabbed iPad Content

INTERCEPT PROTOCOL

The iPad displays the ALS vs. BLS Transport Protocol.

A printable version is located in Appendix D.

ALS INTERCEPT

Tap here to indicate your ALS Intercept decision. The following text appears:

- “Have you made your ALS Intercept decision? Yes/No”

- If student selects “No”: the iPad reads, “Return to tab once you have made an ALS Intercept decision.”
- If student selects “Yes”: another question appears: “Will you provide an ALS Intercept?”
    - If student selects “Yes”: Student will see “Prepare for Intercept”
    - If student selects No: Student will see “Communicate your decision to dispatch” and then a plaque that reads, “Discuss your transport decision with your facilitator.”

EXIT

When tapped, the iPad will read, “All objectives have been met. Would you like to exit the scenario?”

- If “No” is selected, the iPad will return to the tabbed content.
- If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

The Level tab disappears at this time as well.

DEBRIEF

Nothing needed from the iPad.

QUESTIONS

1. How did you feel this scenario went?
2. Review understanding of scenario learning objectives.
    a. What PPE precautions were appropriate and why?
    b. Was the scene/situation safe? Explain.
    c. What was the nature of the patient's condition?
    d. What was the number of patients and how did you prioritize your actions?
    e. Did you require additional EMS assistance? Why or why not?
    f. What did you discover during your Primary Survey/Resuscitation?
    g. What was your transport decision? Why?
    h. What information did you gather while performing History Taking?
    i. What information did you gather during your Secondary Assessment and Vital Signs interpretation?
    j. What treatments did you initiate per protocol?
    k. How and when did you reassess the patient to determine changes in condition?
    l. Describe the verbal report you gave to the ALS Intercept. Did you provide adequate information?
    m. How will you communicate with the mom before during and after the ALS Intercept?
    n. If you could "do over," would you do anything differently?
3. Summary/Take Away Points:
    a. "Today you analyzed the scene and performed a Scene Size-up, Primary Survey/Resuscitation, Secondary Assessment and Reassessment for a 22-year-old pregnant female who gave birth in a public restroom of a local college. What is one thing you learned from participating in this scenario that you will take with you into your EMS practice?" (Each student must share something different from what the others' share.)

NOTE: Debriefing technique is based on INASCL Standards for Debriefing

SURVEY

Print this page and provide to students.

Students, please complete a brief (2-3 minute) survey regarding your experience with this ARISE simulation. There are two options:

1. Use QR Code: Survey
    a. Note: You will need to download a QR Code reader/scanner onto your own device (smartphone or tablet). There are multiple free scanner apps available for both Android and Apple devices from the app store.
    b. This QR Code will not work in the ARIS app.

SURVEY

2. Copy and paste the following survey link into your browser.
    a. https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX

APPENDIX A

National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate:_____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5	
SECONDARY ASSESSMENT		
Assesses affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____ **TOTAL**	42	

CRITICALCRITERIA

____ Failure to initiate or call for transport of the patient within 15 minute time limit
____ Failure to take or verbalize appropriate PPE precautions
____ Failure to determine scene safety before approaching patient
____ Failure to voice and ultimately provide appropriate oxygen therapy
____ Failure to assess/provide adequate ventilation
____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
____ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
____ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
____ Orders a dangerous or inappropriate intervention
____ Failure to provide accurate report to arriving EMS unit
____ Failure to manage the patient as a competent EMT
____ Exhibits unacceptable affect with patient or other personnel
____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

e202/10-16

APPENDIX B

ARISE EMERGENCY MEDICAL PROTOCOLS

NEONATAL RESUSCITATION

(See OBSTETRICAL DELIVERY Procedure)

EMR

EMT

- **Initial Pediatric Care**
- After baby delivers, note the time of the delivery
- Warm and dry the infant
- Position and clear airway using bulb syringe, provide tactile stimulation
    - Suction mouth, oropharynx, and then nose
- Evaluate respirations, heart rate, color, and muscle tone:
    - **Pt. Breathing, HR >100, pink** – observational care
    - **Pt. Breathing, HR >100, cyanotic** – supplemental oxygen
    - **Pt. Apneic (or) HR <100 (or) persistent cyanosis**:
        - Positive pressure ventilation: **40-60 ventilations per minute**
    - **HR <60**
        - Chest compressions and ventilations – **3:1 ratio (120 events per minute)**

Use 21-30% oxygen with ventilations and titrate up if goal SpO2 levels based on age are not met (see table below). Avoid flow >10L/min.

Target SpO2 based on time after birth:

1 min	**60-65%**
2 min	**65-70%**
3 min	**70-75%**
4 min	**75-80%**
5 min	**80-85%**
10 min	**85-95%**

- Notify medical control ASAP
- Determine **APGAR** score at 1 and 5 minutes

APGAR SCORE			
SIGN	**0**	**1**	**2**
Appearance: (Skin Color)	**Blue / Pale**	**Pink body / Blue extremities**	**PINK**
Pulse: (Heart Rate)	**Absent**	**< 100**	**> 100**
Grimace: (Irritability)	**No response**	**Grimaces**	**Cries**
Activity: (Muscle Tone)	**Limp**	**Some flexion of extremities**	**Active motion**
Respiratory: (Effort)	**Absent**	**Slow and irregular**	**Strong cry**
Score (1 minute)			
Score (5 minutes)			

Advanced EMT

HR < 60 without response after 30 seconds of PPV and chest compressions

- Establish IV/IO
- Consider a fluid bolus: **10cc/kg**

Chippewa Valley Regional Emergency Medical Services Protocols (2016). Medical Protocol

APPENDIX C

ARISE EMERGENCY MEDICAL PROTOCOLS

OBSTETRICS & OBSTETRICAL EMERGENCIES

EMR | **EMT** | **AEMT**

- **Initial Medical Care**

- If delivery is not imminent**:**
    - Transport patient in left lateral recumbent or semi-fowlers for ease of breathing
    - Monitor contractions including duration and time between contractions

- **If any of the following are present, notify Medical Control immediately:**
    - Heavy bleeding
    - Limb presentation
    - Multiple fetus'
    - Trauma to abdomen
    - **Prolapsed cord**
        - Place patient in Trendelenburg or knee to chest position
        - Advise patient not to "bear down" or push
        - Insert two fingers into birth canal and hold the presenting part off the cord to relieve pressure on the cord
        - DO NOT remove hand/fingers until receiving facility directs you to

- **If delivery is imminent with a normal presentation (crowning noted):**
    - Refer to **Neonatal Resuscitation** protocol following delivery

- **Important documentation points:**
    - Frequency and strength of contractions
    - Rupture of membranes
    - Meconium staining
    - Fetal presentation
    - Onset of labor
    - Due date
    - Gravida (# of pregnancies)
    - Para (# of live births), any known anomalies
    - APGAR score at 1 and 5 minutes.

- Prenatal provider (physician or midwife name) if possible

Routine Delivery

A side view as the baby's head is born. The face is pointed posteriorly and to one side. Note the position of the hands for a right handed EMT. A left-handed EMT would have the hands reversed. The hands support and exert gentle pressure to prevent rapid delivery of baby.

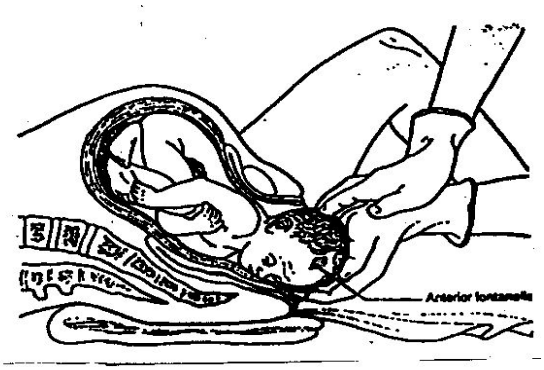

Figure 1

If the umbilical cord is wrapped tightly around the baby's neck, you must free, clamp, and cut it.

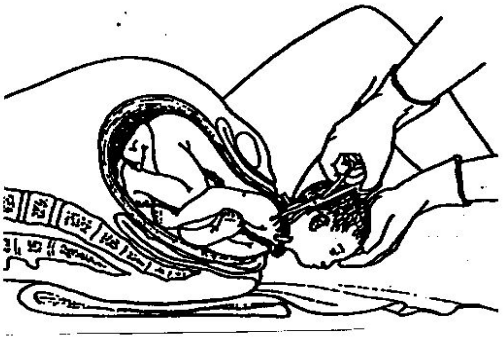

Figure 2

Once delivery of the head is complete, you should suction the baby's mouth and nostrils for the first time, using the bulb syringe.

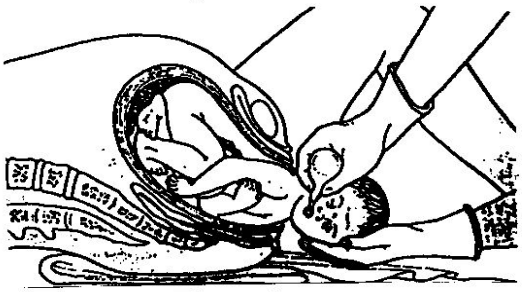

Figure 3

Support the baby's head with one hand, its trunk with your other hand. Remember that the baby is slippery, and you must hold it firmly but gently.

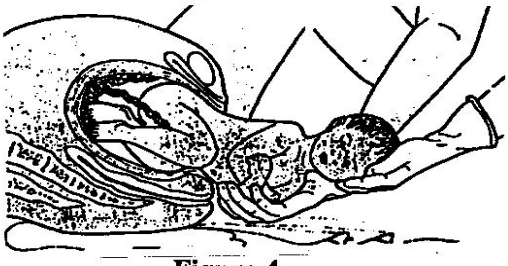

Figure 4

Figure 5

After delivery, place the baby at the level of the vagina, with its head lowered slightly. Clear the airway with the bulb syringe a second time.

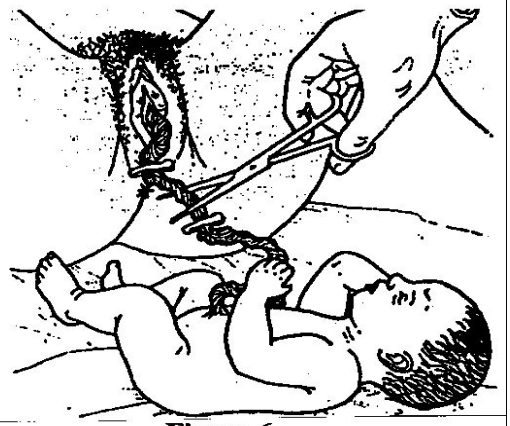

Figure 6

Clamp the umbilical cord with two sterile clamps, about 3 inches apart, placed halfway between the baby and the mother's vagina. Cut the cord between the 2 clamps. As an extra safeguard, tie the cord near the baby's navel with the special umbilical tape. Leave the clamps on the cord.

Vaginal Bleeding Pre-Delivery

EMR

EMT

- Initial Medical Care
- Place on left lateral side, recumbent, for transport.
- Treat for shock.
- Monitor vital signs frequently.

AEMT

Consider **Fluid Bolus** to maintain MAP > 65

Vaginal Bleeding Post-Delivery

Emergency Medical Responder

- Initial Medical Care
- Treat for shock.
- Monitor vital signs frequently.

Emergency Medical Technician

- Massage the fundus vigorously. Place non-dominant hand at the base of the uterus prior to massaging the fundus. This will anchor the uterus in place and prevent uterine inversion.
- Place baby to breast and have mom encourage baby to breastfeed
- Loose bulky dressings (do not pack)

Advanced EMT

- Fluid Bolus to maintain MAP > 65

Pre – Eclampsia / Eclampsia

- Determine if patient is 20 WEEKS OR MORE pregnant or within four weeks post partum
- Clarify history of pre-eclampsia
- Patients with **SBP >180** or **DBP >100**
- Treat patients even if the seizure resolves

EMR

EMT

- Initial Medical Care
- Ensure patent airway.
- Provide a quiet non-stimulating environment.
- Place in left lateral recumbent position.
- Refer to ***SEIZURE*** protocol

Advanced EMT

- Refer to ***SEIZURE*** protocol

Chippewa Valley Regional Emergency Medical Services Protocols (2016). Medical Protocols.

ARISE EMERGENCY MEDICAL PROTOCOLS

SEIZURES

Emergency Medical Responder

Initial Medical Care

Place patient in left lateral recumbent position and protect from injury.

Assess blood glucose level and follow ***HYPOGLYCEMIA*** protocol if necessary.

Document the length and number of seizures and the type and dosage of seizure medications.

If seizures persist call for a paramedic intercept

Emergency Medical Technician

Advanced EMT

Consider fluid bolus.

Chippewa Valley Regional Emergency Medical Services Protocols (2016). Medical Protocols.

ARISE EMERGENCY MEDICAL PROTOCOLS

Medical 21-1

SHOCK

Advanced EMT

Hypovolemic / Neurogenic:

- **Fluid bolus**: (Maintain systolic BP at 90-100 mm hg)

  Initial **500 ml** NS bolus is appropriate for most

  - Consider starting at **250 cc** for elderly, pulmonary edema or history of renal failure patients.

  Reassess patient and repeat as needed based on clinical response and situation

Contact Medical Control for persistent Hypovolemic or Neurogenic shock despite 2 fluid boluses:

- **Possible Permissive Hypotension**

Septic:

- **Fluid bolus**: (Maintain systolic BP at 90-100 mm hg)

  Start with 1L NS fluid bolus

  Consider starting at **250 cc** for elderly, pulmonary edema or history of renal failure patients.

  Reassess patient and repeat as needed based on clinical response and situation.

Cardiogenic Shock: Assess rhythm and treat any abnormality first. Use ****caution**** with fluid.

Fluid bolus: 250 cc (re-evaluate patient)

May repeat to max of 500 cc NS

Per MCPO, may repeat NS fluid bolus

Chippewa Valley Regional Emergency Medical Services Protocols (2016). Medical Protocols.

APPENDIX D

ALS vs. BLS TRANSPORT

Purpose:
This guideline is intended to define which patients are appropriate for either ALS or BLS transport. For the purpose of the policy, ALS is defined as the minimal need for an IV, cardiac monitor, and/or endotracheal intubation as per Intermediate and Paramedic protocol.

Guideline (ALS transport):

- Significant MOI to include but not limited to:
  - Falls from a distance of >20 ft.
  - Ejection from a vehicle
  - Death in the same passenger compartment
  - Extrication time >20 min
  - Rollover
  - High speed auto crash with:
    - Initial speed >40 mph
    - Major auto deformity
    - Passenger compartment intrusion >12 in
    - Steering wheel deformity
  - Auto-pedestrian/auto-bicycle injury with >5 mph impact
  - Pedestrian thrown or run over
  - Motorcycle crash >20 mph or ejected rider

- Airway compromise

- Altered LOC: persistent, alternating, unknown etiology, or GCS<13

- Anaphylaxis

- Respiratory distress

- Burns:
  a. partial or full-thickness >20% BSA in adults, >10% BSA of (<12 y/o) or (>60 y/o)

  b. Respiratory or facial burns

  c. Pain control is indicated.

- Chest pain and/or cardiac problems

- Cardiac or respiratory arrest
- Cerebro-vascular accident or stroke symptoms
- Near drowning
- Electrical injury
- Fractures: bilateral femur, pelvis, or open fractures (suspected or known), or when pain control is indicated
- Heatstroke
- Hemorrhage: internal or external with evidence of shock

Policy 1 – 1

ALS vs. BLS TRANSPORT

Guideline (ALS transport) – continued:

- Obstetrical: known or suspected complications to include but not limited to breech, prematurity, multiple births, or pre-eclampsia
- Overdoses, drug reactions and poisonings associated with GCS<13
- Patients requiring pain medication
- Penetrating trauma to head, neck or torso
- Seizures: Status Epilepticus, unknown etiology
- Syncopal episode in any patient >35 y/o
- EMT, Paramedic or physician discretion
- Any patient declined by BLS or scheduled ALS transport service
- Any patient whose vital signs fall within these ranges:

Age	**Blood Pressure**	**Pulse**	**Respirations**
>11 yr.	<90 or >200 systolic or >120 diastolic	<50 or >150	<10 or >30
3-11 yr.	<80 systolic	<60 or >150	<15 or >30
3mo-2yr	<70 systolic	<80 or >160	<20 or >40
Birth-3mo	<50 systolic	<100 or >180	<30 or >50

Guideline (BLS transport):
Patients who may be transported by **BLS** unless extenuating circumstances are presented:

- Victims of minor trauma
- Altered LOC: brief and improving, GCS of 14 or 15
- Burns: minors (<20% BSA in adults, <10% BSA of <12y/o or >60y/o)
- Fractures: simple
- Lacerations: minor
- Obstetrical: uncomplicated
- Psychiatric or suicidal patients
- Seizure: febrile (generally occur at 5 yr. and under), or with known history and improving LOC.
- Syncopal episode in any patient < 35 without serious signs and symptoms of another presenting medical condition
- Uncomplicated diabetic emergencies responding rapidly to IV dextrose or oral glucose

AMBULANCE INTERCEPTS

Purpose:
Intercepts with either lower level of care or higher level of care are part of maintaining quality patient care with the most appropriate means available. This guideline outlines the procedures to perform an intercept with little interruption of patient care

Guideline:
When intercepting with lower level of care:

- Be familiar with which radio frequency the requesting agency operates on as well as what dispatch center handled the original call. This will be of great help when any communication difficulties may arise.
- Coordinate a safe location for the intercept, preferably away from the traffic or main roadways. Avoid hills and corners

- Depending on local custom or specifics of the situation, the patient may be transported in either ambulance. It is generally best patient care not to move the patient from one ambulance to the other.

- Bring appropriate equipment to the other ambulance with anticipation of a deteriorating patient.

- Be professional and courteous to the present caregiver and allow them to continue to participate in patient care as appropriate. Allow the EMT to give a report of what has been discovered up to this point about the patient's current condition

- After accepting transfer of the patient, care and treatment decisions are the responsibility of the attending paramedic unless another medical practitioner is onboard with the patient. An example would be a patient who came from an outlying clinic with an RN or MD assisting in transport

- Use of non-emergency driving is highly encouraged following the intercept. Follow the "Emergent Transport" protocol to determine the appropriate driving mode

- Depending on patient care needs, one paramedic may attend to the patient with the requesting agency's crew, while the other paramedic drives the ambulance. Any paramedic level care provided must have both paramedics on board the ambulance. Be sure the requesting agency's EMT is comfortable driving the ambulance.

- Be sure to communicate to the Communication Center when and where you intercept, when you transport, and when you arrive at the hospital. If unable to communicate on the Fire Main frequency, have the requesting agency do so on their frequency.

- After the intercept is complete, be sure to carefully complete any paperwork the requesting agency may have which generally includes why an ALS intercept was needed. This useful to both agencies for billing purposes.

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AMBULANCE INTERCEPTS

When intercepting with a higher level of care (air or ground ambulance):

- Be familiar with which radio frequency the requested agency operates on. This will be of great help when any communication difficulties may arise
- Coordinate a safe location for the intercept, preferably away from the traffic

or main roadways. Avoid hills and corners

- Depending on local custom or specifics of the situation, the patient may be transported in either ambulance. It is generally best patient care not to move the patient from one ambulance to the other unless intercepting with aero-medical.
- Provide intercepting crew with a thorough report
- Pass along any patient belongings if moving from one unit to another
- Communicate with dispatch as stated above

Documentation:

- Where intercept was made
- What was reported to you by the EMT, the patient and what you found
- Why the intercept was needed
- If one or both paramedics attended to the patient
- Any difficulties with radio communication
- Which agency you intercepted with
- Which vehicle was used to transport the patient

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