STANDARD OF CARE

Clinical Statement: The Mission of the Three Rivers Ambulance Authority is to provide compassionate quality care and service built around the needs of the patient and communities we serve through effective partnerships. The Paramedic, Advanced EMT and EMT will work to provide care under the medical direction of the EMS Foundation and the Medical Director. Standing Orders and Protocols will serve as guidelines for prehospital medical care and will provide a consistent ALS and BLS Team Approach to patient care. All field clinicians are expected to use clinical knowledge and training to employ critical decision-making skills to deliver patient care. They are accountable to the System and the public through a continuous quality assurance and improvement process.

1. Ambulances within the System will be certified in the State of Indiana as either an Advance Life Support (ALS) unit or Basic Life Support (BLS) unit.

2. ALS units will be staffed with two Paramedics, or a Paramedic and an Advanced EMT or EMT.

3. BLS units will be staffed with an Advanced EMT and EMT, or two EMTs.

4. The on-scene EMS clinician with the highest level of certification is responsible for the initial assessment of all patients unless the number of patients or the severity of injuries makes this unmanageable.

5. In situations in which a higher level of care has been requested by the initial EMS provider, the EMS Clinician responding to the call will help throughout the transport regardless of impression of the patient.

6. When an ambulance is staffed with two different levels of EMS certification, it is understood that the primary caregiver may be determined based on the care needs of the patient. The following conditions are examples in which delegation of care may be considered:

a) The patient is stable and does not meet any of the criteria for advanced level care:

- Shortness of breath or acute dyspnea
- Chest pain or anginal equivalent
- New onset altered level of consciousness
- Uncontrollable bleeding
- Unconsciousness
- Seizures
- Patient meets Trauma Alert Criteria
- Patient meets Medical Alert Criteria
- Shock signs/symptoms (hemodynamically unstable patient)
- OB at >20 weeks with contractions and Evidence of meconium staining OR Vaginal bleeding
- Childbirth prior to 38 weeks gestation
- Syncope or near-syncope
- Uncertainty about the patient's status

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b) The initial assessment findings and anticipated patient needs have been provided to the EMS clinician assuming care.

c) The EMS clinician assuming care is comfortable with accepting responsibility for patient treatment and transport.

d) The patient has not received any ALS treatment requiring assessment or monitoring outside the scope of practice of the receiving EMS clinician.

e) Documentation of assessment findings and treatment up to the transfer of care will be fully documented by the initial care provider.

In the case of a BLS unit being the first-in resource for a patient meeting the criteria for advanced level care AND the BLS crew can transport the patient to an Emergency Department in less time than it would take for an ALS unit to make contact, the BLS crew should initiate transport. Waiting for an ALS unit to arrive should not cause a delay in transporting a patient to definitive care. If feasible, an ALS unit intercept may be considered.

EMS clinicians working within the System will function under Standing Orders and Protocols that apply to their respected certification level. It is understood that situations will arise where SOs and Protocols will not conform to the patient's needs. In these cases, EMS clinicians should consult with the base physician/Medical Control for direction.