University Emergency Medical Services Administrative Guidelines

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Administrative Guidelines and Associated References

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University EMS Administrative Guidelines Contents

Introduction and Foundations of Practice

This document provides evidence-based guidelines and historically proven practices for common pre-hospital scenarios. Its goal is to aid pre-hospital providers in continuing to provide the highest quality patient care. While it is impossible to address every possible variation of disease or traumatic injury, these off-line policies, procedures, and protocols offer a foundation for treating most patients we encounter. Certainly, our education, experience, and clinical judgment will assist us as we strive to provide the highest quality pre-hospital patient care in the world. As always, on-line medical direction is available when patient presentations fall outside the scope of the document.

Guidelines for the Use of Administrative Guidelines

Individual protocols are organized into three sections, each describing an important element of patient care. The top section includes ‘History,’ ‘Signs and Symptoms,’ and ‘Differential,’ and guides us to obtain patient information and consider potential causes for each clinical scenario.

The middle section describes the essentials of patient care, presented in flow chart style. These guidelines represent proven practices that provide the foundation of our pre-hospital care. Nearly every patient should receive the care suggested in this section, usually in the order described. Certainly, exceptions will exist, but the rationale for any deviation from the recommended course should be clearly explained in the narrative of the patient care report. Such exceptions should be rare.

The last section is titled ‘Education and Pearls’ and is found on the second page or bottom of each guideline. This section provides further guidance and adjuncts for patient care based on experience and common medical knowledge. While it is impossible to condense emergency medicine to a single-page flow chart, these pearls allow for expanded medication advice, dosages, and description of special situations. The section should be studied along with the rest of the guidelines and followed if applicable.

Lastly, pediatric patients often require age-tailored care. The pediatric-specific protocol should be utilized (Age < 14) if one exists for the patient’s complaint. If a pediatric-specific protocol is unavailable, utilize the adult protocol for care guidance, but always use pediatric weight-based dosing for medications. Never exceed adult doses of medication for a pediatric patient.