

TRAUMA TRIAGE TOOL

Patients 14yrs and older

Uncontrolled Airway- Transport to closest Emergency Department

Major Physiologic Factors?

- GCS ≤ 13 (attributed to traumatic head injury)
- SBP < 90 mmHg
- Respiratory rate < 10 or > 29 breaths per min
- Respiratory distress or need for respiratory support

Yes

Provide Trauma Notification and transport to closest trauma center: MarinHeath Medical Center (MHMC) by ground, or a Level II by air

No

Major Anatomic Factors?

- Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee
- Two or more proximal long bone fractures
- Crushed, degloved, mangled or amputated extremity proximal to wrist or ankle
- Active bleeding requiring tourniquet or wound packing with continuous pressure
- Open or depressed skull fracture
- Flail chest
- Paralysis (partial or complete)
- Burns with anatomic factors
- Pelvic fractures

Yes

No

Mechanism of Injury Factors?

- Falls > 10 ft
- High-risk auto crash and
 - Passenger space intrusion > 18 " (> 12 " occupant side)
 - Ejection (partial or complete) from vehicle
 - Death in same passenger compartment
- Rider separated from vehicle (motorcycle, ATV, horse, motorized bike/scooter/skateboard) with significant impact
- Pedestrian/bicyclist thrown, run over, or with significant impact
- Burns with MOI factors

Yes

Provide Trauma Notification and transport to MHMC Level III Trauma Center

No

Additional factors?

- Age > 65 with significant head impact
- Anticoagulant/anti-platelet use or bleeding disorders with significant head/torso injury
- Pregnancy > 20 wks, etc)
- Other complaints or exam findings that cause paramedic to be concerned about the patient

Yes

No

Transport to closest ED or ED of patient's choice

Trauma Notification

- Field personnel will advise the trauma center a minimum of 10 minutes prior to arrival (or as soon as possible if transport is <10min) by providing a Trauma Notification. This information will be used to activate the trauma team. Communication with the hospital via MERA is preferred. The notification must include at a minimum the following information:
 - Medic unit and transport code
 - Trauma Notification
 - Patient age and gender
 - **M**- Mechanism of injury
 - **I**- Injury and/or complaints; significant injuries and findings
 - **V**- Vital signs; blood pressure, pulse, respiratory rate, GCS
 - **T**- Treatment/interventions
 - ETA

SPECIAL CONSIDERATIONS

- The clinical findings, including past medical history, are critical to identifying the trauma patient, especially when assessing Mechanism of Injury (MOI) and additional factors
- A thorough clinical assessment is especially important in patients with:
 - Persistent and unexplained respiratory difficulty, tachycardia, or peripheral vasoconstriction
 - Inability to communicate (e.g. language barrier, substance abuse or psychiatric impairment)
- There are MOI not identified in the Trauma Triage Tool that may be associated with trauma. Any fall or impact with significant velocity is likely to produce a candidate for trauma activation

PHYSICIAN CONSULT

- Trauma Center consultation is recommended for questions about destinations for injured patients

PEDIATRIC TRAUMA TRIAGE TOOL

Pediatric Patients <14yrs

Uncontrolled Airway- Transport to closest Emergency Department

Major Physiologic Factors?

- GCS ≤ 13 (attributed to traumatic head injury)
- SBP <80mmHg age 7-14 or <70mmHg age <7
- Respiratory rate <20 in infant <1yr or requiring ventilatory support
- RA SpO₂ <90%

Yes

Transport to Oakland Children's Hospital if ETA 30min or less, otherwise transport to MarinHealth Medical Center Level III Trauma center and provide Trauma Notification

No

Major Anatomic Factors?

- Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee
- Two or more proximal long bone fractures
- Crushed, degloved, mangled or amputated extremity proximal to wrist or ankle
- Active bleeding requiring tourniquet or wound packing with continuous pressure
- Open or depressed skull fracture
- Flail chest
- Paralysis (partial or complete)
- Burns with anatomic factors
- Pelvic fractures

Yes

No

Mechanism of Injury Factors?

- Falls >10ft, or three times the height of the child
- High-risk auto crash and
 - Passenger space intrusion >18" (>12" occupant side)
 - Ejection (partial or complete) from vehicle
 - Death in same passenger compartment
- Child age 0-9 years unrestrained or in unsecured child restraint seat
- Rider separated from vehicle (motorcycle, ATV, horse, motorized bike/scooter/skateboard) with significant impact
- Pedestrian/bicyclist thrown, run over, or with significant impact
- Burns with MOI factors

Yes

Provide Trauma Notification and transport to MHMC Level III Trauma Center

No

Additional factors?

- Anticoagulant/anti-platelet use
- Bleeding disorders with head/torso injury
- Suspected child abuse
- Other complaints or exam findings that cause paramedic to be concerned about the patient

Yes

No

Transport to closest ED or ED of patient's choice

Trauma Notification

- Field personnel will advise the trauma center a minimum of 10 minutes prior to arrival (or as soon as possible if transport is <10min) by providing a Trauma Notification. This information will be used to activate the trauma team. Communication with the hospital via MERA is preferred. The notification must include at a minimum the following information:
 - Medic unit and transport code
 - Trauma Notification
 - Patient age and gender
 - **M**- Mechanism of injury
 - **I**- Injury and/or complaints; significant injuries and findings
 - **V**- Vital signs; blood pressure, pulse, respiratory rate, GCS
 - **T**- Treatment/interventions
 - ETA

SPECIAL CONSIDERATIONS

- The clinical findings, including past medical history, are critical to identifying the trauma patient, especially when assessing Mechanism of Injury (MOI) and additional factors
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 - Persistent and unexplained respiratory difficulty, tachycardia, or peripheral vasoconstriction
 - Inability to communicate (e.g. language barrier, substance abuse or psychiatric impairment)
- There are MOI not identified in the Trauma Triage Tool that may be associated with trauma. Any fall or impact with significant velocity is likely to produce a candidate for trauma activation

PHYSICIAN CONSULT

- Trauma Center consultation is recommended for questions about destinations for injured patients

EMS PROVIDER EQUIPMENT LIST

ALS First Responder

AIRWAY EQUIPMENT

Airways:

Nasopharyngeal: sizes 14, 18, 22, 26, 28, 30, 32, 34, 36 Fr.	1 each
Oropharyngeal: sizes 0-6	1 each
Supraglottic Airway- I-Gel or King: sizes 3-5	1 each
Atomizer for intranasal medication administration (MAD device)	2
Continuous Positive Pressure Airway Device	optional

End-Tidal CO2 Detectors:

Colormetric Adult	1
OR	
Capnograph or digital capnometer (optional)	1

Intubation Equipment:

Additional batteries	2
Blades, curved: sizes 1-4	1 each
Blades, straight: sizes 0-4	1 each
Bulbs (extra or disposable)	1
Endotracheal tubes, cuffed: sizes 6.0-8.0mm cuffed	1 each
Endotracheal tube holder: adult	1
Endotracheal Tube Introducer (ETTI)	1
Esophageal detector device (optional if capnometer is utilized)	1

ALS First Responder

Laryngoscope handle (battery powered)	1
Magill forceps: adult and pediatric	1 each
Stylets: disposable, adult	1
Videolaryngoscopy: adult	optional
Nebulizer:	
Hand-held OR Patient activated	1
In-line nebulizer equipment with T-piece	1
Oxygen Equipment and Supplies:	
Masks:	
Adult: non-rebreathing	1
Pediatric: simple or non-rebreathing	1
Nasal cannulas:	
Adult	1
Pediatric	1
Infant	1
Oxygen tank: fixed in vehicle with regulator; H-tank or M-tank	0
Oxygen tank: portable (minimum D-tank)	1
Portable Pulse Oximetry	1
Regulator	1
Pleural decompression kit: ≥14g needle, ≥3 inches long; Heimlich valve; occlusive dressing; 10ml syringe	1

ALS First Responder

Resuscitation Bag-Valve-Mask (BVM): adult, child, infant	1 each
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Suction Equipment and Supplies:

Pharyngeal tonsil tip (rigid)	equivalent
Suction apparatus: Portable/battery powered	1
Suction apparatus: Wall mount	0
Suction canister (extra)	0
Suction catheters: sizes 6, 8, 10, 14, 16, 18Fr.	0
Suction tubing	0

DRESSING MATERIALS

Bandages:

4x4" sterile gauze pads	12
10x30" universal dressings	0
ABD pads	0
Bulk non-sterile	0
Elastic bandage 3" (Ace wrap)	2
Hemostatic dressings (must be CA EMSA approved)	optional
Occlusive dressing	2
Roller bandages: 2", 3", 4", or 6"	3
Band-Aids (assorted)	1 box
Burn sheets (sterile) or commercial burn kit	2
Cold packs/Hot packs	2 each
Cryothermic ice packs	optional
Tape: 1" and 2"	1 each
Trauma shears	1

ALS First Responder

EQUIPMENT AND SUPPLIES

Alcohol swabs	12
Bedpan OR Fracture pan/Covered urinal	0
Betadine swabs or solution	4
Biohazard bags: large and small	2 each
Blanket: disposable	1
Blood pressure cuffs: adult, large arm, thigh, child, infant	1x adult, thigh, child
Bulb syringe	1
Company radio	optional
Drinking water: one gallon or saline solution 2 liters	1
Emesis basin/Disposable bag/Covered waste container	1
EMS Field Manual Patient Care (8000) Series	1
Face protection mask: N95 or P100	1 per
Fire extinguisher	optional
Flashlight	0
Gloves: disposable, S/M/L	1 box each
Glucometer	1
Irrigation equipment: Sterile saline 1000ml	1
Length based color-coded resuscitation tape (most current)	1
Lubricant: water soluble	4 packs
Marin County map	optional
Mechanical CPR device	0
MERA radio	optional

ALS First Responder

Monitor/defibrillator equipment:

Cardiac monitor: (portable) must have strip recorder, defibrillator/transcutaneous pacing ability for child/adult. May be biphasic or monophasic (biphasic preferred)	pacing optional
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ECG electrodes	0
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12-lead ECG capability	1
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AED	1
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OB delivery:

Separate and sterile kit includes: towels, 4x4" dressing, umbilical tape or clamp, sterile scissors or other cutting utensil, bulb suction, sterile gloves and blanket	1
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Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat-reflective material (enough to cover newborn)	1
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Appropriate heat source for ambulance compartment	0
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Newborn transport wrap	optional
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Pen light	1
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Pillow	0
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PPE kit: gloves, gown, booties, face shield, cap	1 per person
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Road flares or equivalent (30 min)	0
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Scoop stretcher, breakaway flat or equivalent	0
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Sharps container	1
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Sheet, pillow case, blanket, towel	0
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Spare tire	optional
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Stair chair or equivalent	0
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Stethoscope	1
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Thermometer (with core temp capability)	0
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ALS First Responder

Tourniquet (CAT) and/or SWAT	2
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Triage tags	20
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Vehicle emergency lights	optional
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IMMOBILIZATION AND RESTRAINT DEVICES

Cervical collars: adjustable sizes to fit all patients over 1 year old

Adult	2
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Pediatric	1
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Head immobilization device	2
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Pediatric ambulance transportation device	0
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Quick release soft restraints (synthetic or padded leather)	0
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Spinal immobilization backboard: (radiolucent)	1
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Strap system, adult	1
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KED or equivalent	0
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Splints: (vacuum/cardboard/moldable/equivalent) short, medium, long	1 each
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Traction splint: adult, pediatric	0
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IV EQUIPMENT / SYRINGES / NEEDLES

Arm board (short)	1
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Catheters: 1" long, sizes 14, 16, 18, 20, 22, 24g	2 each
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Constriction band (rubber tourniquet)	2
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Intraosseous equipment: adult and pediatric

Extra batteries of need by model	0
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IO needles and/or mechanical device	optional
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ALS First Responder

Intravenous solutions: 0.9% normal saline

100ml bag	1
1000ml bag	2
Pressure infusion bag	0
Saline lock (extension set)	2
Stop cock: 3-way	1

Syringes:

1ml TB with removable needle	2
3ml with 25g 5/8" needle	0
10ml without needle	1
30ml without needle	0
Filter needle	2

Tubing: with adjustable flow

Macro drip (10gtt/ml-15gtt/ml, adjustable)	2
Micro drip (60 gtt/ml)	1
Vented (for acetaminophen IV administration)	optional

MEDICATIONS AND SOLUTIONS

Acetaminophen (Tylenol/Ofirmev) 1000mg/100ml	optional
Adenosine 6mg/2ml	18mg
Albuterol unit dose	3
Amiodarone 150mg/3ml	4
Aspirin (chewable) 81mg	1 bottle
Atropine 1mg/10ml	3
Atropine 8mg/20ml (multi dose)	1

ALS First Responder

Calcium Chloride 10% 1gm/10ml	1
Check and Inject Kit (EMS Agency approved providers only)	0
CYANOKIT (or hydroxocobalamin equivalent)	0
Dextrose 10% 25mg/250ml	1
Diphenhydramine 50mg/ml	2
Duo-Dote (nerve gas auto-injector)	see policy
Epinephrine 1mg/ml (5mg min)	1
Epinephrine 1mg/10ml	3
Glucagon 1mg	optional
Glucose paste 15gm/tube	2
Ipratropium (Atrovent) unit dose	1
Lidocaine 2% 20mg/ml	0
Midazolam (Versed) 2mg/2ml	2
Midazolam (Versed) 5mg/ml	2
Morphine Sulfate 10mg/ml (may substitute with Sublimaze)	3
Naloxone (Narcan) 2mg/5ml	3
Naloxone (Narcan) Leave behind kit	2
Naloxone Spray (Narcan)	optional
Nitroglycerin 0.4mg tablet or spray	1 container
Normal Saline 3ml (for HHN)	optional
Ondansetron (Zofran) 4mg tablet	4
Ondansetron (Zofran) 4mg/2ml	1
Sodium Bicarbonate 50mEq/50ml	2
Sublimaze (Fentanyl) 100mcg/2ml (may substitute with Morphine)	3

ALS Transport Unit

AIRWAY EQUIPMENT

Airways:

Nasopharyngeal: sizes 14, 18, 22, 26, 28, 30, 32, 34, 36 Fr.	2 each
Oropharyngeal: sizes 0-6	2 each
Supraglottic Airway- I-Gel or King: sizes 3-5	2 each

Atomizer for intranasal medication administration (MAD device)	3
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Continuous Positive Pressure Airway Device	1
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End-Tidal CO2 Detectors:

Colormetric Adult	2
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OR

Capnograph or digital capnometer (optional)	1
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Intubation Equipment:

Additional batteries	2
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Blades, curved: sizes 1-4	1 each
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Blades, straight: sizes 0-4	1 each
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Bulbs (extra or disposable)	1
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Endotracheal tubes, cuffed: sizes 6.0-8.0mm cuffed	2 each
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Endotracheal tube holder: adult	1
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Endotracheal Tube Introducer (ETTI)	2
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Esophageal detector device (optional if capnometer is utilized)	1
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Laryngoscope handle (battery powered)	1
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Magill forceps: adult and pediatric	1 each
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ALS Transport Unit

Stylets: disposable, adult	2
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Videolaryngoscopy: adult	optional
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Nebulizer:

Hand-held OR Patient activated	2
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In-line nebulizer equipment with T-piece	2
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Oxygen Equipment and Supplies:

Masks:

Adult: non-rebreathing	4
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Pediatric: simple or non-rebreathing	2
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Nasal cannulas:

Adult	4
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Pediatric	2
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Infant	2
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Oxygen tank: fixed in vehicle with regulator; H-tank or M-tank	1
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Oxygen tank: portable (minimum D-tank)	2
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Portable Pulse Oximetry	1
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Regulator	1
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Pleural decompression kit: ≥14g needle, ≥3 inches long; Heimlich valve; occlusive dressing; 10ml syringe	1
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Resuscitation Bag-Valve-Mask (BVM): adult, child, infant	2,1,1
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Suction Equipment and Supplies:

Pharyngeal tonsil tip (rigid)	2
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Suction apparatus: Portable/battery powered	1
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ALS Transport Unit

Suction apparatus: Wall mount	1
Suction canister (extra)	2
Suction catheters: sizes 6, 8, 10, 14, 16, 18Fr.	2 each
Suction tubing	2
DRESSING MATERIALS	
Bandages:	
4x4" sterile gauze pads	12
10x30" universal dressings	6
ABD pads	6
Bulk non-sterile	1 box/pkg
Elastic bandage 3" (Ace wrap)	2
Hemostatic dressings (must be CA EMSA approved)	optional
Occlusive dressing	4
Roller bandages: 2", 3", 4", or 6"	6
Band-Aids (assorted)	1 box
Burn sheets (sterile) or commercial burn kit	2
Cold packs/Hot packs	4 each
Cryothermic ice packs	optional
Tape: 1" and 2"	2 each
Trauma shears	1
EQUIPMENT AND SUPPLIES	
Alcohol swabs	12
Bedpan OR Fracture pan/Covered urinal	1
Betadine swabs or solution	8

ALS Transport Unit

Biohazard bags: large and small	1
Blanket: disposable	2
Blood pressure cuffs: adult, large arm, thigh, child, infant	1 each
Bulb syringe	2
Company radio	1
Drinking water: one gallon or saline solution 2 liters	1
Emesis basin/Disposable bag/Covered waste container	2
EMS Field Manual Patient Care (8000) Series	1
Face protection mask: N95 or P100	2 per person
Fire extinguisher	1
Flashlight	1
Gloves: disposable, S/M/L	1 box each
Glucometer	1
Irrigation equipment: Sterile saline 1000ml	2
Length based color-coded resuscitation tape (most current)	1
Lubricant: water soluble	4 packs
Marin County map	1
Mechanical CPR device	1
MERA radio	1
Monitor/defibrillator equipment:	
Cardiac monitor: (portable) must have strip recorder, defibrillator/transcutaneous pacing ability for child/adult. May be biphasic or monophasic (biphasic preferred)	1
ECG electrodes	1 box

ALS Transport Unit

12-lead ECG capability	1
AED	0
OB delivery:	
Separate and sterile kit includes: towels, 4x4" dressing, umbilical tape or clamp, sterile scissors or other cutting utensil, bulb suction, sterile gloves and blanket	1
Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat-reflective material (enough to cover newborn)	1
Appropriate heat source for ambulance compartment	1
Newborn transport wrap	1
Pen light	1
Pillow	2
PPE kit: gloves, gown, booties, face shield, cap	2 per person
Road flares or equivalent (30 min)	6
Scoop stretcher, breakaway flat, or equivalent	optional
Sharps container	2
Sheet, pillow case, blanket, towel	4 each
Spare tire	1
Stair chair or equivalent	1
Stethoscope	1
Thermometer (with core temp capability)	1
Tourniquet (CAT) and/or SWAT	2
Triage tags	20
Vehicle emergency lights	set

ALS Transport Unit

IMMOBILIZATION AND RESTRAINT DEVICES	
Cervical collars: adjustable sizes to fit all patients over 1 year old	
Adult	4
Pediatric	2
Head immobilization device	4
Pediatric ambulance transportation device	1
Quick release soft restraints (synthetic or padded leather)	1
Spinal immobilization backboard: (radiolucent)	2
Strap system, adult	2
KED or equivalent	1
Splints: (vacuum/cardboard/moldable/equivalent) short, medium, long	2 each
Traction splint: adult, pediatric	1 each
IV EQUIPMENT / SYRINGES / NEEDLES	
Arm board (short)	2
Catheters: 1" long, sizes 14, 16, 18, 20, 22, 24g	4 each
Constriction band (rubber tourniquet)	2
Intraosseous equipment: adult and pediatric	
Extra batteries of need by model	1
IO needles and/or mechanical device	1
Intravenous solutions: 0.9% normal saline	
100ml bag	2
1000ml bag	6

ALS Transport Unit

Pressure infusion bag	1
Saline lock (extension set)	4
Stop cock: 3-way	2
Syringes:	
1ml TB with removable needle	4
3ml with 25g 5/8" needle	4
10ml without needle	2
30ml without needle	2
Filter needle	2
Tubing: with adjustable flow	
Macro drip (10gtt/ml-15gtt/ml, adjustable)	4
Micro drip (60 gtt/ml)	2
Vented (for acetaminophen IV administration)	1
MEDICATIONS AND SOLUTIONS	
Acetaminophen (Tylenol/Ofirmev) 1000mg/100ml	1
Adenosine 6mg/2ml	36mg
Albuterol unit dose	6
Amiodarone 150mg/3ml	6
Aspirin (chewable) 81mg	1 bottle
Atropine 1mg/10ml	10
Atropine 8mg/20ml (multi dose)	1
Calcium Chloride 10% 1gm/10ml	2
Check and Inject Kit (EMS Agency approved providers only)	0

ALS Transport Unit

CYANOKIT (or hydroxocobalamin equivalent)	1
Dextrose 10% 25mg/250ml	2
Diphenhydramine 50mg/ml	4
Duo-Dote (nerve gas auto-injector)	see policy
Epinephrine 1mg/ml (5mg min)	2
Epinephrine 1mg/10ml	9
Glucagon 1mg	1
Glucose paste 15gm/tube	2
Ipratropium (Atrovent) unit dose	4
Lidocaine 2% 20mg/ml	2
Midazolam (Versed) 2mg/2ml	4
Midazolam (Versed) 5mg/ml	4
Morphine Sulfate 10mg/ml (may substitute with Sublimaze)	6
Naloxone (Narcan) 2mg/5ml	6
Naloxone (Narcan) Leave behind kit	2
Naloxone Spray (Narcan)	optional
Nitroglycerin 0.4mg tablet or spray	1 container
Normal Saline 3ml (for HHN)	optional
Ondansetron (Zofran) 4mg tablet	8
Ondansetron (Zofran) 4mg/2ml	4
Sodium Bicarbonate 50mEq/50ml	1
Sublimaze (Fentanyl) 100mcg/2ml (may substitute with Morphine)	6

ALS Fireline Tactical

AIRWAY EQUIPMENT

Airways:

Nasopharyngeal: sizes 14, 18, 22, 26, 28, 30, 32, 34, 36 Fr.	1 each
Oropharyngeal: sizes 0-6	1 each
Supraglottic Airway- I-Gel or King: sizes 3-5	1 x #4

Atomizer for intranasal medication administration (MAD device)	2
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Continuous Positive Pressure Airway Device	0
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End-Tidal CO2 Detectors:

Colormetric Adult	1
OR	
Capnograph or digital capnometer (optional)	0

Intubation Equipment:

Additional batteries	0
Blades, curved: sizes 1-4	1 x #4
Blades, straight: sizes 0-4	1 x #4
Bulbs (extra or disposable)	0
Endotracheal tubes, cuffed: sizes 6.0-8.0mm cuffed	1 x #7.5
Endotracheal tube holder: adult	0
Endotracheal Tube Introducer (ETTI)	1
Esophageal detector device (optional if capnometer is utilized)	1
Laryngoscope handle (battery powered)	1
Magill forceps: adult and pediatric	0

ALS Fireline Tactical

Stylets: disposable, adult	0
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Videolaryngoscopy: adult	0
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Nebulizer:

Hand-held OR Patient activated	0
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In-line nebulizer equipment with T-piece	0
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Oxygen Equipment and Supplies:

Masks:

Adult: non-rebreathing	0
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Pediatric: simple or non-rebreathing	0
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Nasal cannulas:

Adult	0
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Pediatric	0
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Infant	0
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Oxygen tank: fixed in vehicle with regulator; H-tank or M-tank	0
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Oxygen tank: portable (minimum D-tank)	0
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Portable Pulse Oximetry	0
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Regulator	0
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Pleural decompression kit: ≥14g needle, ≥3 inches long; Heimlich valve; occlusive dressing; 10ml syringe	1
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Resuscitation Bag-Valve-Mask (BVM): adult, child, infant	1 adult
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Suction Equipment and Supplies:

Pharyngeal tonsil tip (rigid)	equivalent
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Suction apparatus: Portable/battery powered	1
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ALS Fireline Tactical

Suction apparatus: Wall mount	0
Suction canister (extra)	0
Suction catheters: sizes 6, 8, 10, 14, 16, 18Fr.	0
Suction tubing	0

DRESSING MATERIALS

Bandages:

4x4" sterile gauze pads	6
10x30" universal dressings	0
ABD pads	0
Bulk non-sterile	0
Elastic bandage 3" (Ace wrap)	2
Hemostatic dressings (must be CA EMSA approved)	optional
Occlusive dressing	2
Roller bandages: 2", 3", 4", or 6"	2
Band-Aids (assorted)	0
Burn sheets (sterile) or commercial burn kit	2
Cold packs/Hot packs	2 each
Cryothermic ice packs	optional
Tape: 1" and 2"	2 x1"
Trauma shears	1

EQUIPMENT AND SUPPLIES

Alcohol swabs	6
Bedpan OR Fracture pan/Covered urinal	0
Betadine swabs or solution	4

ALS Fireline Tactical

Biohazard bags: large and small	2 small
Blanket: disposable	2
Blood pressure cuffs: adult, large arm, thigh, child, infant	1 adult
Bulb syringe	0
Company radio	optional
Drinking water: one gallon or saline solution 2 liters	0
Emesis basin/Disposable bag/Covered waste container	0
EMS Field Manual Patient Care (8000) Series	0
Face protection mask: N95 or P100	0
Fire extinguisher	0
Flashlight	0
Gloves: disposable, S/M/L	6 pair each
Glucometer	1
Irrigation equipment: Sterile saline 1000ml	0
Length based color-coded resuscitation tape (most current)	0
Lubricant: water soluble	0
Marin County map	0
Mechanical CPR device	0
MERA radio	optional

Monitor/defibrillator equipment:

Cardiac monitor: (portable) must have strip recorder, defibrillator/transcutaneous pacing ability for child/adult. May be biphasic or monophasic (biphasic preferred)	0
ECG electrodes	0

ALS Fireline Tactical

12-lead ECG capability	0
AED	1
OB delivery:	
Separate and sterile kit includes: towels, 4x4" dressing, umbilical tape or clamp, sterile scissors or other cutting utensil, bulb suction, sterile gloves and blanket	0
Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat-reflective material (enough to cover newborn)	0
Appropriate heat source for ambulance compartment	0
Newborn transport wrap	optional
Pen light	1
Pillow	0
PPE kit: gloves, gown, booties, face shield, cap	0
Road flares or equivalent (30 min)	0
Scoop stretcher, breakaway flat, or equivalent	0
Sharps container	1
Sheet, pillow case, blanket, towel	0
Spare tire	0
Stair chair or equivalent	0
Stethoscope	1
Thermometer (with core temp capability)	0
Tourniquet (CAT) and/or SWAT	2
Triage tags	6
Vehicle emergency lights	0

ALS Fireline Tactical

IMMOBILIZATION AND RESTRAIN DEVICES	
Cervical collars: adjustable sizes to fit all patients over 1 year old	
Adult	1
Pediatric	0
Head immobilization device	0
Pediatric ambulance transportation device	0
Quick release soft restraints (synthetic or padded leather)	0
Spinal immobilization backboard: (radiolucent)	0
Strap system, adult	0
KED or equivalent	0
Splints: (vacuum/cardboard/moldable/equivalent) short, medium, long	1 moldable
Traction splint: adult, pediatric	0
IV EQUIPMENT / SYRINGES / NEEDLES	
Arm board (short)	0
Catheters: 1" long, sizes 14, 16, 18, 20, 22, 24g	2 each
Constriction band (rubber tourniquet)	2
Intraosseous equipment: adult and pediatric	
Extra batteries of need by model	0
IO needles and/or mechanical device	0
Intravenous solutions: 0.9% normal saline	
100ml bag	0
1000ml bag	1

ALS Fireline Tactical

Pressure infusion bag	0
Saline lock (extension set)	0
Stop cock: 3-way	0
Syringes:	
1ml TB with removable needle	2
3ml with 25g 5/8" needle	0
10ml without needle	2
30ml without needle	0
Filter needle	2
Tubing: with adjustable flow	
Macro drip (10gtt/ml-15gtt/ml, adjustable)	2
Micro drip (60 gtt/ml)	0
Vented (for acetaminophen IV administration)	optional
MEDICATIONS AND SOLUTIONS	
Acetaminophen (Tylenol/Ofirmev) 1000mg/100ml	optional
Adenosine 6mg/2ml	0
Albuterol MDI with spacer	1
Amiodarone 150mg/3ml	4
Aspirin (chewable) 81mg	1 bottle
Atropine 1mg/10ml	2
Atropine 8mg/20ml (multi dose)	0
Calcium Chloride 10% 1gm/10ml	0
Check and Inject Kit (EMS Agency approved providers only)	0

ALS Fireline Tactical

CYANOKIT (or hydroxocobalamin equivalent)	optional
Dextrose 10% 25mg/250ml	0
Diphenhydramine 50mg/ml	4
Duo-Dote (nerve gas auto-injector)	see policy
Epinephrine 1mg/ml (5mg min)	4
Epinephrine 1mg/10ml	4
Glucagon 1mg	1
Glucose paste 15gm/tube	2
Ipratropium (Atrovent) unit dose	0
Lidocaine 2% 20mg/ml	0
Midazolam (Versed) 2mg/2ml	0
Midazolam (Versed) 5mg/ml	2
Morphine Sulfate 10mg/ml (may substitute with Sublimaze)	2
Naloxone (Narcan) 2mg/5ml	2
Naloxone (Narcan) Leave behind kit	optional
Naloxone Spray (Narcan)	0
Nitroglycerin 0.4mg tablet or spray	1 container
Normal Saline 3ml (for HHN)	optional
Ondansetron (Zofran) 4mg tablet	6
Ondansetron (Zofran) 4mg/2ml	0
Sodium Bicarbonate 50mEq/50ml	0
Sublimaze (Fentanyl) 100mcg/2ml (may substitute with Morphine)	2

BLS Transport

AIRWAY EQUIPMENT

Airways:

Nasopharyngeal: sizes 14, 18, 22, 26, 28, 30, 32, 34, 36 Fr.	2 each
Oropharyngeal: sizes 0-6	2 each
Supraglottic Airway- I-Gel or King: sizes 3-5	0
Atomizer for intranasal medication administration (MAD device)	2
Continuous Positive Pressure Airway Device	0

End-Tidal CO2 Detectors:

Colormetric Adult	0
OR	
Capnograph or digital capnometer (optional)	Optional

Intubation Equipment:

Additional batteries	0
Blades, curved: sizes 1-4	0
Blades, straight: sizes 0-4	0
Bulbs (extra or disposable)	0
Endotracheal tubes, cuffed: sizes 6.0-8.0mm cuffed	0
Endotracheal tube holder: adult	0
Endotracheal Tube Introducer (ETTI)	0
Esophageal detector device (optional if capnometer is utilized)	0
Laryngoscope handle (battery powered)	0
Magill forceps: adult and pediatric	0

BLS Transport

Stylets: disposable, adult	0
Videolaryngoscopy: adult	0
Nebulizer:	
Hand-held OR Patient activated	1
In-line nebulizer equipment with T-piece	0
Oxygen Equipment and Supplies:	
Masks:	
Adult: non-rebreathing	4
Pediatric: simple or non-rebreathing	2
Nasal cannulas:	
Adult	4
Pediatric	2
Infant	2
Oxygen tank: fixed in vehicle with regulator; H-tank or M-tank	1
Oxygen tank: portable (minimum D-tank)	2
Portable Pulse Oximetry	1
Regulator	1
Pleural decompression kit: ≥14g needle, ≥3 inches long; Heimlich valve; occlusive dressing; 10ml syringe	0
Resuscitation Bag-Valve-Mask (BVM): adult, child, infant	1 each
Suction Equipment and Supplies:	
Pharyngeal tonsil tip (rigid)	2
Suction apparatus: Portable/battery powered	1

BLS Transport

Suction apparatus: Wall mount	1
Suction canister (extra)	2
Suction catheters: sizes 6, 8, 10, 14, 16, 18Fr.	2 each
Suction tubing	2

DRESSING MATERIALS**Bandages:**

4x4" sterile gauze pads	12
10x30" universal dressings	2
ABD pads	6
Bulk non-sterile	1 box/pkg
Elastic bandage 3" (Ace wrap)	2
Hemostatic dressings (must be CA EMSA approved)	optional
Occlusive dressing	4
Roller bandages: 2", 3", 4", or 6"	6
Band-Aids (assorted)	1 box
Burn sheets (sterile) or commercial burn kit	2
Cold packs/Hot packs	4 each
Cryothermic ice packs	optional
Tape: 1" and 2"	2 each
Trauma shears	1

EQUIPMENT AND SUPPLIES

Alcohol swabs	12
Bedpan OR Fracture pan/Covered urinal	1
Betadine swabs or solution	0

BLS Transport

Biohazard bags: large and small	4 each
Blanket: disposable	2
Blood pressure cuffs: adult, large arm, thigh, child, infant	1 each
Bulb syringe	1
Company radio	1
Drinking water: one gallon or saline solution 2 liters	1
Emesis basin/Disposable bag/Covered waste container	2
EMS Field Manual Patient Care (8000) Series	1
Face protection mask: N95 or P100	2 per person
Fire extinguisher	1
Flashlight	1
Gloves: disposable, S/M/L	1 box each
Glucometer	1
Irrigation equipment: Sterile saline 1000ml	2
Length based color-coded resuscitation tape (most current)	0
Lubricant: water soluble	4 packs
Marin County map	1
Mechanical CPR device	0
MERA radio	1

Monitor/defibrillator equipment:

Cardiac monitor: (portable) must have strip recorder, defibrillator/transcutaneous pacing ability for child/adult. May be biphasic or monophasic (biphasic preferred)	0
ECG electrodes	0

BLS Transport

12-lead ECG capability	0
AED	1
OB delivery:	
Separate and sterile kit includes: towels, 4x4" dressing, umbilical tape or clamp, sterile scissors or other cutting utensil, bulb suction, sterile gloves and blanket	1
Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat-reflective material (enough to cover newborn)	1
Appropriate heat source for ambulance compartment	1
Newborn transport wrap	0
Pen light	1
Pillow	2
PPE kit: gloves, gown, booties, face shield, cap	2 per person
Road flares or equivalent (30 min)	6
Scoop stretcher, breakaway flat, or equivalent	optional
Sharps container	1
Sheet, pillow case, blanket, towel	4 each
Spare tire	1
Stair chair or equivalent	1
Stethoscope	1
Thermometer (with core temp capability)	optional
Tourniquet (CAT) and/or SWAT	2
Triage tags	20
Vehicle emergency lights	set

BLS Transport

IMMOBILIZATION AND RESTRAIN DEVICES	
Cervical collars: adjustable sizes to fit all patients over 1 year old	
Adult	4
Pediatric	2
Head immobilization device	4
Pediatric ambulance transportation device	1
Quick release soft restraints (synthetic or padded leather)	1
Spinal immobilization backboard: (radiolucent)	2
Strap system, adult	2
KED or equivalent	1
Splints: (vacuum/cardboard/moldable/equivalent) short, medium, long	2 each
Traction splint: adult, pediatric	1 each
IV EQUIPMENT / SYRINGES / NEEDLES	
Arm board (short)	0
Catheters: 1" long, sizes 14, 16, 18, 20, 22, 24g	0
Constriction band (rubber tourniquet)	0
Intraosseous equipment: adult and pediatric	
Extra batteries of need by model	0
IO needles and/or mechanical device	0
Intravenous solutions: 0.9% normal saline	
100ml bag	0
1000ml bag	0

BLS Transport

Pressure infusion bag	0
Saline lock (extension set)	0
Stop cock: 3-way	0
Syringes:	
1ml TB with removable needle	0
3ml with 25g 5/8" needle	0
10ml without needle	0
30ml without needle	0
Filter needle	0
Tubing: with adjustable flow	
Macro drip (10gtt/ml-15gtt/ml, adjustable)	0
Micro drip (60 gtt/ml)	0
Vented (for acetaminophen IV administration)	0
MEDICATIONS AND SOLUTIONS	
Acetaminophen (Tylenol/Ofirmev) 1000mg/100ml	0
Adenosine 6mg/2ml	0
Albuterol MDI with spacer	0
Amiodarone 150mg/3ml	0
Aspirin (chewable) 81mg	1 bottle
Atropine 1mg/10ml	0
Atropine 8mg/20ml (multi dose)	0
Calcium Chloride 10% 1gm/10ml	0
Check and Inject Kit (EMS Agency approved providers only)	2

BLS Transport

CYANOKIT (or hydroxocobalamin equivalent)	0
Dextrose 10% 25mg/250ml	0
Diphenhydramine 50mg/ml	0
Duo-Dote (nerve gas auto-injector)	0
Epinephrine 1mg/ml (5mg min)	0
Epinephrine 1mg/10ml	0
Glucagon 1mg	0
Glucose paste 15gm/tube	2
Ipratropium (Atrovent) unit dose	0
Lidocaine 2% 20mg/ml	0
Midazolam (Versed) 2mg/2ml	0
Midazolam (Versed) 5mg/ml	0
Morphine Sulfate 10mg/ml (may substitute with Sublimaze)	0
Naloxone (Narcan) 2mg/5ml	0
Naloxone (Narcan) Leave behind kit	optional
Naloxone Spray (Narcan)	1 kit
Nitroglycerin 0.4mg tablet or spray	0
Normal Saline 3ml (for HHN)	2
Ondansetron (Zofran) 4mg tablet	0
Ondansetron (Zofran) 4mg/2ml	0
Sodium Bicarbonate 50mEq/50ml	0
Sublimaze (Fentanyl) 100mcg/2ml (may substitute with Morphine)	0

CCT Unit	
AIRWAY EQUIPMENT	
Airways:	
Nasopharyngeal: sizes 14, 18, 22, 26, 28, 30, 32, 34, 36 Fr.	2 each
Oropharyngeal: sizes 0-6	2 each
Supraglottic Airway- I-Gel or King: sizes 3-5	2 each
Atomizer for intranasal medication administration (MAD device)	3
Continuous Positive Pressure Airway Device	1
End-Tidal CO2 Detectors:	
Colormetric Adult	2
OR	
Capnograph or digital capnometer (optional)	1
Intubation Equipment:	
Additional batteries	2
Blades, curved: sizes 1-4	1 each
Blades, straight: sizes 0-4	1 each
Bulbs (extra or disposable)	1
Endotracheal tubes, cuffed: sizes 6.0-8.0mm cuffed	2 each
Endotracheal tube holder: adult	1
Endotracheal Tube Introducer (ETTI)	2
Esophageal detector device (optional if capnometer is utilized)	1
Laryngoscope handle (battery powered)	1
Magill forceps: adult and pediatric	1 each

CCT Unit	
Stylets: disposable, adult	2
Videolaryngoscopy: adult	optional
Nebulizer:	
Hand-held OR Patient activated	2
In-line nebulizer equipment with T-piece	2
Oxygen Equipment and Supplies:	
Masks:	
Adult: non-rebreathing	4
Pediatric: simple or non-rebreathing	2
Nasal cannulas:	
Adult	4
Pediatric	2
Infant	2
Oxygen tank: fixed in vehicle with regulator; H-tank or M-tank	1
Oxygen tank: portable (minimum D-tank)	2
Portable Pulse Oximetry	1
Regulator	1
Pleural decompression kit: ≥14g needle, ≥3 inches long; Heimlich valve; occlusive dressing; 10ml syringe	1
Resuscitation Bag-Valve-Mask (BVM): adult, child, infant	2,1,1
Suction Equipment and Supplies:	
Pharyngeal tonsil tip (rigid)	2
Suction apparatus: Portable/battery powered	1

CCT Unit	
Suction apparatus: Wall mount	1
Suction canister (extra)	2
Suction catheters: sizes 6, 8, 10, 14, 16, 18Fr.	2 each
Suction tubing	2
DRESSING MATERIALS	
Bandages:	
4x4" sterile gauze pads	12
10x30" universal dressings	6
ABD pads	6
Bulk non-sterile	1 box/pkg
Elastic bandage 3" (Ace wrap)	2
Hemostatic dressings (must be CA EMSA approved)	optional
Occlusive dressing	4
Roller bandages: 2", 3", 4", or 6"	6
Band-Aids (assorted)	1 box
Burn sheets (sterile) or commercial burn kit	2
Cold packs/Hot packs	4 each
Cryothermic ice packs	optional
Tape: 1" and 2"	2 each
Trauma shears	1
EQUIPMENT AND SUPPLIES	
Alcohol swabs	12
Bedpan OR Fracture pan/Covered urinal	1
Betadine swabs or solution	8

CCT Unit	
Biohazard bags: large and small	4 each
Blanket: disposable	2
Blood pressure cuffs: adult, large arm, thigh, child, infant	1 each
Bulb syringe	1
Company radio	1
Drinking water: one gallon or saline solution 2 liters	1
Emesis basin/Disposable bag/Covered waste container	2
EMS Field Manual Patient Care (8000) Series	1
Face protection mask: N95 or P100	2 per person
Fire extinguisher	1
Flashlight	1
Gloves: disposable, S/M/L	1 box each
Glucometer	1
Irrigation equipment: Sterile saline 1000ml	2
Length based color-coded resuscitation tape (most current)	1
Lubricant: water soluble	4 packs
Marin County map	1
Mechanical CPR device	1
MERA radio	1
Monitor/defibrillator equipment:	
Cardiac monitor: (portable) must have strip recorder, defibrillator/transcutaneous pacing ability for child/adult. May be biphasic or monophasic (biphasic preferred)	1
ECG electrodes	1 box

CCT Unit	
12-lead ECG capability	1
AED	0
OB delivery:	
Separate and sterile kit includes: towels, 4x4" dressing, umbilical tape or clamp, sterile scissors or other cutting utensil, bulb suction, sterile gloves and blanket	1
Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat-reflective material (enough to cover newborn)	1
Appropriate heat source for ambulance compartment	1
Newborn transport wrap	optional
Pen light	1
Pillow	2
PPE kit: gloves, gown, booties, face shield, cap	2 per person
Road flares or equivalent (30 min)	6
Scoop stretcher, breakaway flat, or equivalent	optional
Sharps container	2
Sheet, pillow case, blanket, towel	4 each
Spare tire	1
Stair chair or equivalent	1
Stethoscope	1
Thermometer (with core temp capability)	1
Tourniquet (CAT) and/or SWAT	2
Triage tags	20
Vehicle emergency lights	set

CCT Unit	
IMMOBILIZATION AND RESTRAIN DEVICES	
Cervical collars: adjustable sizes to fit all patients over 1 year old	
Adult	4
Pediatric	2
Head immobilization device	2
Pediatric ambulance transportation device	1
Quick release soft restraints (synthetic or padded leather)	1
Spinal immobilization backboard: (radiolucent)	2
Strap system, adult	2
KED or equivalent	1
Splints: (vacuum/cardboard/moldable/equivalent) short, medium, long	2 each
Traction splint: adult, pediatric	1 each
IV EQUIPMENT / SYRINGES / NEEDLES	
Arm board (short)	2
Catheters: 1" long, sizes 14, 16, 18, 20, 22, 24g	4 each
Constriction band (rubber tourniquet)	2
Intraosseous equipment: adult and pediatric	
Extra batteries of need by model	1
IO needles and/or mechanical device	1
Intravenous solutions: 0.9% normal saline	
100ml bag	2
1000ml bag	6

CCT Unit	
Pressure infusion bag	1
Saline lock (extension set)	4
Stop cock: 3-way	2
Syringes:	
1ml TB with removable needle	4
3ml with 25g 5/8" needle	4
10ml without needle	2
30ml without needle	2
Filter needle	2
Tubing: with adjustable flow	
Macro drip (10gtt/ml-15gtt/ml, adjustable)	4
Micro drip (60 gtt/ml)	2
Vented (for acetaminophen IV administration)	1
MEDICATIONS AND SOLUTIONS	
Acetaminophen (Tylenol/Ofirmev) 1000mg/100ml	1
Adenosine 6mg/2ml	36mg
Albuterol unit dose	1
Amiodarone 150mg/3ml	6
Aspirin (chewable) 81mg	1 bottle
Atropine 1mg/10ml	10
Atropine 8mg/20ml (multi dose)	1
Calcium Chloride 10% 1gm/10ml	2
Check and Inject Kit (EMS Agency approved providers only)	0

CCT Unit	
CYANOKIT (or hydroxocobalamin equivalent)	optional
Dextrose 10% 25mg/250ml	2
Diphenhydramine 50mg/ml	4
Duo-Dote (nerve gas auto-injector)	see policy
Epinephrine 1mg/ml (5mg min)	2
Epinephrine 1mg/10ml	9
Glucagon 1mg	2
Glucose paste 15gm/tube	2
Ipratropium (Atrovent) unit dose	4
Lidocaine 2% 20mg/ml	2
Midazolam (Versed) 2mg/2ml	4
Midazolam (Versed) 5mg/ml	optional
Morphine Sulfate 10mg/ml (may substitute with Sublimaze)	optional
Naloxone (Narcan) 2mg/5ml	6
Naloxone (Narcan) Leave behind kit	optional
Naloxone Spray (Narcan)	0
Nitroglycerin 0.4mg tablet or spray	1 container
Normal Saline 3ml (for HHN)	optional
Ondansetron (Zofran) 4mg tablet	8
Ondansetron (Zofran) 4mg/2ml	4
Sodium Bicarbonate 50mEq/50ml	2
Sublimaze (Fentanyl) 100mcg/2ml (may substitute with Morphine)	optional
ADDITIONAL REQUIRED EQUIPMENT	
Infant and pediatric ECG electrodes	

CCT Unit

Neonatal isolette	
Salem sump nasogastric tubes, assorted sizes	
Transport ventilator	
Airway equipment:	
50ml flex tube with patient adapter	
Booted hemostat	
Heimlich valve	
Infant medication concentration mask with tubing	
Positive end-expiratory pressure valve (PEEP)	
Pressure gauge with airway adapter tubing and test lung	
Scalpel with blade for cricothyrotomy	
IV supplies:	
Arterial line tubing and monitoring equipment	
Blood tubing	
Butterfly needles	
Infusion pump	
Irrigating syringes	
Pediatric drip sets	
IV solutions:	
D5W 250ml	
Lactated ringers 1000ml	
Medications:	
Dexamethasone	
Diazepam	

CCT Unit

Digoxin	
Heparin	
Magnesium	
Mannitol	
Metoprolol	
Nitroglycerine drip	
Phenytoin	
Procanamide	
Solumedrol	
Verapamil	

PATIENT CARE RECORD (PCR)

Purpose

- To establish requirements for completion, reporting, and submission of Marin County approved Patient Care Records

Related Policies

- ALS to BLS Transfer of Care, ATG 4
- Release at Scene (RAS), GPC 3
- Against Medical Advice (AMA), GPC 2
- Trauma Re-Triage, 4604 A & B

Definitions

- *Patient*- someone who meets any one of the following criteria:
 - I. Has a chief complaint or has made a request for medical assistance
 - II. Has obvious signs or symptoms of injury or illness
 - III. Has been involved in an event when mechanism of injury would cause the responder to reasonably believe that an injury may be present
 - IV. Appears to be disoriented or to have impaired psychiatric function
 - V. Has evidence of suicidal intent
 - VI. Is dead
- *Emergency Medical (EM) Number*- assigned by the Marin County Communication Center to identify each 9-1-1 call dispatched for medical assistance
- *Incident Number*- The "F" number assigned to an incident
- *Electronic Patient Care Record (ePCR)*- the permanent record of prehospital patient evaluation, care, and treatment
- *Field Transfer Form (FTF)*- a temporary paper record of patient care used only when ePCR is unavailable
- *Quicksheet*- a single section within Elite Field that streamlines data entry
- *Short Form*- a printed report, typically received via fax at the ED containing a minimum set of data elements from the ePCR
- *Posting*- the process of uploading the ePCR from Elite Field to the ImageTrend server. The first time a record is posted, a fax will be sent to the ED. Each post to an out of county facility will result in a fax
- *Completed PCR*- the PCR is considered complete when it has been posted and locked
- *Triage Tag*- a paper record for multi-casualty incidents involving 6 or more patients

Policy

- A. An ePCR shall be completed for every call for which an EM is issued
- B. For all transported patients:
 - To ensure an informed continuum of care for all patients transported to the hospital, field personnel will post the ePCR no later than 10 minutes prior to ED arrival. If short ETAs

preclude posting before arrival, the ePCR must be posted soon as possible upon arrival. Immediate patient care needs shall take precedence over posting

- Once posted, hospital personnel can retrieve ePCR information from the ImageTrend Elite Viewer or secure the short form that is automatically faxed to their facility. If this patient information is not available, hospital personnel will notify field personnel. In no event shall field personnel leave the ED if the short form or posted patient information or similar document (e.g., FTF or locally printed short form) is not available. The transfer of care will include a verbal report to hospital clinical staff
- When available, posted information shall contain at a minimum:
 - I. Patient name
 - II. Patient address
 - III. Patient phone number
 - IV. Date of birth
 - V. Chief Complaint
 - VI. Contact information of the best medical historian
 - VII. Medical decision maker (when not the patient)
 - VIII. Pertinent findings on exam
 - IX. Last known well (if applicable)
 - X. Vital signs
 - XI. Medications
 - XII. Allergies
 - XIII. Presence of advanced directive/DNR
 - XIV. Medications administered
 - XV. Procedures performed
 - XVI. Kaiser/insurance number
- A paper FTF shall only be used as a backup during system downtime, equipment failures, loss of internet connectivity, while on a fire line assignment, or any incident/situation where personnel do not have the ability to capture and post data via ImageTrend
- If the ePCR system precludes the transfer of information to the hospital and a compatible printer is available, the ePCR should be printed locally
- Data gathering and documentation responsibilities should never take precedence over hand-on rescue and patient care and therefore may not always be possible to complete during an incident. Nevertheless, prehospital information, particularly for critical patients, is essential for the emergency department and hospital course of care and every effort to obtain the information should be made
- A completed ePCR must be available to the receiving facility as soon as possible within 3 hours of transferring care. If this is not possible (e.g. unit must leave for another call), then a complete and legible short form or posted ePCR must be available to hospital staff prior to leaving the ED.
- Notification patients (e.g. sepsis, stroke, STEMI, trauma) or critical patients (e.g. cardiac arrest and/or airway emergency) require a completed ePCR before field personnel leave the hospital with the exception being for a rapid re-triage patient that utilizes the same transport unit
- For all patients transported, the ePCR will be completed by the personnel assigned to the transport unit

- C. For non-transported patients (e.g. AMA, RAS, Dead on Scene), the ePCR will be completed as soon as possible and no later than three hours by the paramedic or EMT most involved in patient care and responsible for the patient's disposition
- D. For calls where there is no medical merit, the unit that completes the ePCR will be determined according to provider agency policy
- E. The ePCR is the permanent PCR and will be filled out in a complete manner and will include all care provided in the prehospital setting. When possible, it shall include all 12 lead ECGs and any ECG other than normal sinus rhythm. When possible, pertinent photographs from the scene should be attached to the ePCR (e.g. vehicle damage).
- F. The completed PCR includes all care rendered by the transporting providers as well as any care given prior to arrival of the transporting unit by bystanders and/or first responders. Documentation of care provided by first responder (of a different agency than the transport unit) may be required by their department policy
- G. For air ambulance transportations, a FTF will be given to the receiving provider
- H. Personnel assigned outside of the county to provide medical mutual aid (e.g. fire-line EMT/ Paramedic, cover engine assignment), shall complete a FTF for each patient contact. The FTF will be created on site and retained by the provider agency
- I. Willful omission, misuse, tampering, or falsification of documentation of patient care records is a violation under Section 1978.200 of the California Health and Safety Code

General Instructions

- A. The patient care record is part of the patient's permanent medical record and is used for, but not limited to, the following purposes:
 - Transfer of information to other healthcare providers
 - Medical legal documentation
 - Billing for services
 - Development of aggregate data reports for Continuous Quality Improvement (CQI), including specific quality indicators and identification of educational needs
 - EMS Agency case investigation
- B. Reference to a Marin County EMS Event Form or similar record should not be included on the patient care record
- C. If ALS to BLS transfer of care is determined to be appropriate, documentation of assessments and all care rendered must be completed by both the ALS and the BLS units according to policy ATG 4
- D. Prior agencies are responsible for training their employees in the initiation, completion, distribution of patient care records, HIPAA and any accompanying forms based on the EMS Agency's currently approved training curriculum

Documentation Requirements

- A. When reasonably possible, complete demographic information should be included in the PCR
- B. A clear history of the present illness with chief complaint, onset time, associated complaints, pertinent negatives, mechanism of injury, etc. The information should accurately reflect the patient's chief complaint as stated by the patient and should be sufficient to refresh the clinical situation after it has faded from memory

- C. An appropriate physical assessment that includes all relevant portions of a head-to-toe physical exam
- D. Check and document at least two complete sets of vital signs (VS) for every transported patient including pulse, respirations, blood pressure and pulse oximetry. Repeat and document VS every 5 minutes for emergent patients, and every 15 minutes for non-emergency patients (e.g. BLS patients). When required by policy, a temperature should also be documented at least once in the VS section. For children ≤ 3 years of age, blood pressure does not need to be documented unless the child is critically ill in whom blood pressure measurement may guide treatment decisions
- E. A pain scale shall be documented for all patients ≥ 6 months who have a GCS >14
- F. All pediatric patients being treated and transported by ALS will be measured with a color-coded resuscitation tape. The corresponding color wrist band will be applied, and the patient treated according to the Pediatric Dosing Guide (PTG 2A)
- G. Only approved medical abbreviations may be used- see 7006b
- H. All pertinent medications taken by the patient prior to and/or administered by a first responder (e.g. erectile dysfunction medications, aspirin, medications used for OD, Narcan, etc.) should be documented if known
- I. The CAD to PCR interface should be used to populate all PCR data fields it supplies. Imported data may be manually corrected as needed
- J. When the cardiac monitor is applied, data will be transferred to the PCR from the device. If transferred automated VS do not correlate with manually obtained values, or are not consistent with the patient's clinical condition, providers should manually check VS and record manual results
- K. All 12-lead ECGs must be imported. Any significant rhythm changes should be documented. For cardiac arrests the initial strip, ending strip, pre and post defibrillation, and pacing attempts, should be attached
- L. For drug administrations, the drug dosages, route, administration time and response shall be documented
- M. Treatments should be documented in chronological order. Response to treatment shall also be documented
- N. For patients with extremity injury, neuromuscular status must be noted before and after immobilization
- O. For patient with spinal motion restriction, document motor function before and after motion restriction
- P. For IV administration, document catheter placement, catheter size, number of attempts, and flow rate if applicable
- Q. Any Physician Consult request and response will be documented
- R. All personnel information, including signatures, will be documented
- S. All crew members are responsible for accuracy of the content of the PCR

NEEDLE THORACOSTOMY/ PLEURAL DECOMPRESSION PROCEDURE

Indications

- To relieve tension pneumothorax as indicated by a combination of the following:
 - Severe dyspnea and/or difficulty with ventilation, especially with an intubated patient
 - ALOC and/or agitation
 - Absent or unequal breath sounds on affected side
 - Signs of shock, rapid deterioration of vital signs
 - Neck vein distention
 - Paradoxical movement of the chest
 - Hyper-resonance to percussion on the affected side
 - Tracheal shift away from the affected side

Procedure Preparation

- Choose appropriate site on the affected side:
 - If patient head is elevated, locate the second intercostal space, mid-clavicular line
 - If patient is flat, locate the 4th intercostal space, anterior-axillary line
- Prepare site with Betadine or chlorhexidine
- Attach the large gauge IV needle to a large syringe

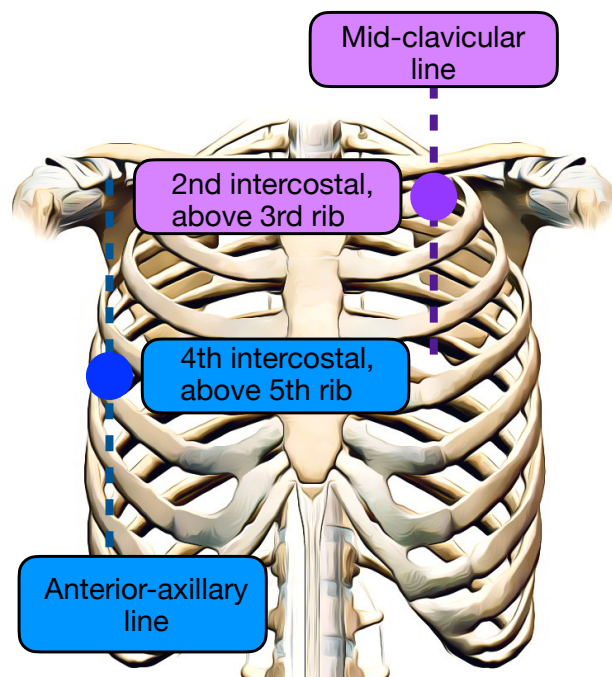
Equipment

- 14g or larger ≥ 3 inches
- Heimlich or other one-way valve
- 10ml syringe

Procedure

- With the patient exhaling, introduce the needle at a 90° angle, just over the rib at the selected site
- Advancing slightly superior to the rib, continue until lack of resistance or a “pop” is felt as the needle enters the pleural space

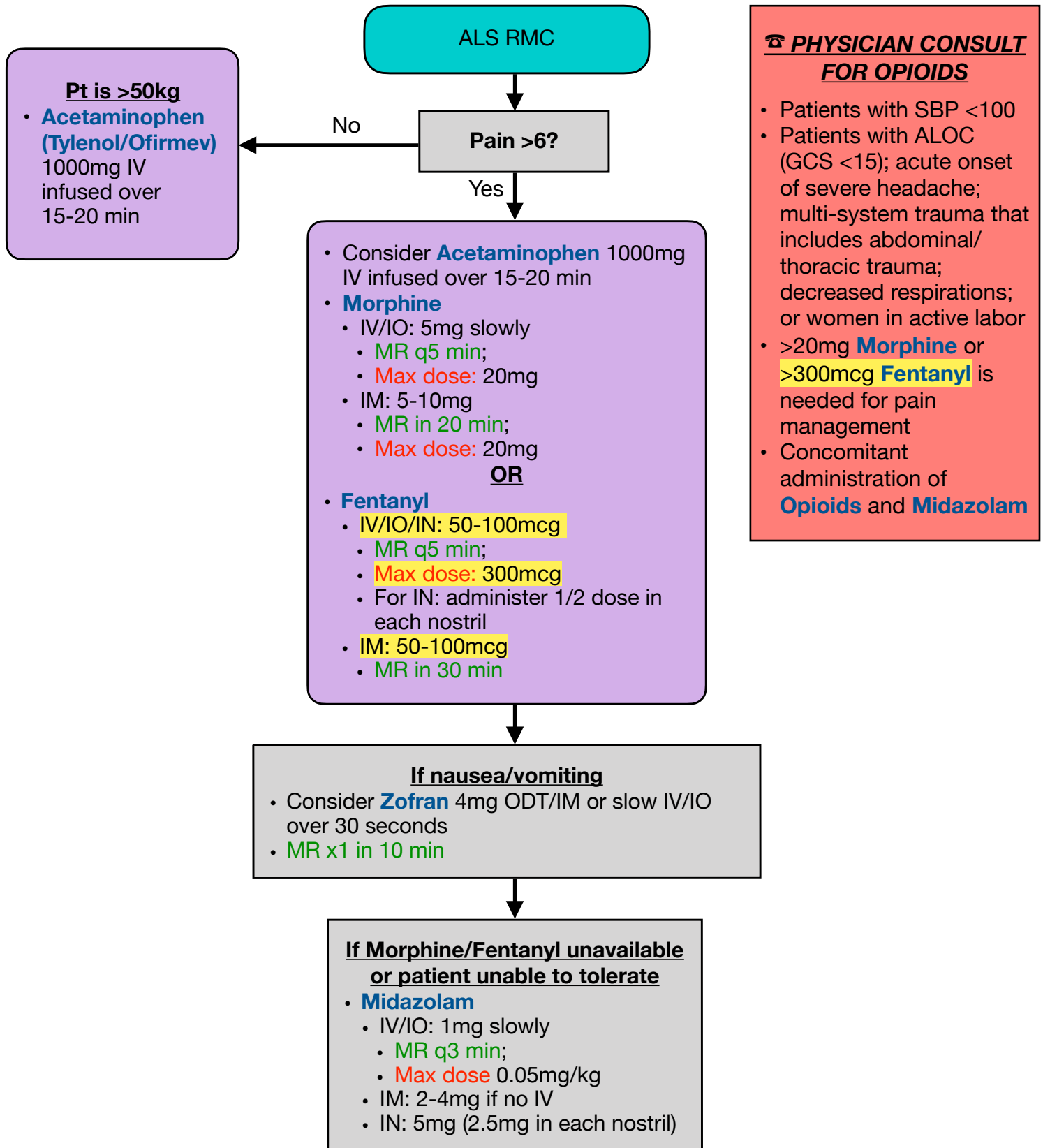
- If the air and/or blood returns under pressure or is easily aspirated, continue to advance the catheter superiorly and remove the needle
- When no further air escapes, attach a one-way valve
- Secure the catheter with the valve in a dependent position
- Reassess patient



ADULT PAIN MANAGEMENT

Indications

- Patient with apparent or reported pain



ALS DETERMINATION OF DEATH

Indications

- Patient in cardiac arrest who does not meet criteria for BLS determination of death (DOD) and does not have a valid DNR order. **Excludes MCI incidents where triage principles preclude the initiation of CPR and circumstances where scene or bystander safety is threatened.**

- Apply leads and document rhythm in two leads for minimum of 1 minute
- DOD can be made prior to, or immediately after initiating resuscitation when:

Medical- ALL must be present

- Presenting rhythm is asystole
- Event was NOT witnessed
- Effective bystander CPR was NOT initiated
- No evidence of potentially reversible cause of arrest
- No AED or manual shock delivered

If determination of death cannot be made

- Perform ALS resuscitation for 20 minutes on scene

If determination of death still cannot be made

- If ETCO₂ \geq 20 mmHg and the rhythm is asystole or PEA continue resuscitation for ten additional minutes (30 minutes total) at which point determination of death can be made
- 📞 **PHYSICIAN CONSULT** if ETCO₂ \geq 20mmHG after 30min of resuscitation

Trauma- ALL must be present

- Blunt, penetrating or profound multi-system trauma, or significant blood loss
- **Pulseless and Apneic**
- Absence of potentially reversible cause of arrest

Does patient meet all above criteria?

Yes

No

Do not initiate resuscitation

Initiate resuscitation

- 📞 **TRAUMA CENTER CONSULT** for further care and destination decision
- If consult is not available, transport patient to the closest facility if there is the following:
 - Unmanageable airway
 - Uncontrolled external hemorrhage
 - CPR in progress (unless transporting to SRC for refractory V-Fib)

When patient meets criteria for declaration of death in the field:

- Notify the appropriate law enforcement agency and remain on the scene until released by law enforcement
- Complete a Field Determination of Death Form at scene and leave a copy with law enforcement or coroner, if applicable

ADULT MEDICATION STANDARD DOSAGES

DRUG	CONCENTRATION	STANDARD DOSE
Acetaminophen (Tylenol/Ofirmev)	1000mg/100ml	IV/IO 1000mg over 15-20 min
Adenosine	6mg/2ml	IV/IO 6mg rapid push followed by 20ml NS flush <i>Repeat:</i> 12mg
Albuterol	2.5mg/3ml NS	Nebulized 5mg/6ml NS
Amiodarone	150mg/3ml	IV/IO VF/Pulseless VTach: 300mg push <i>Repeat:</i> 150mg push in 3-5min Perfusing/Recurrent VTach: 150mg over 10 min (15mg/min) <i>Repeat:</i> q10 min PRN
Aspirin (Chewable)	Variable	PO 324mg
Atropine	1mg/10ml	IV/IO Bradycardia: 1mg <i>Repeat:</i> q3-5 min <i>Max total:</i> 3mg Organophosphate Poisoning: 2mg slowly <i>Repeat:</i> q2-5 min until drying of secretions
Calcium chloride 10%	1gm/10ml	IV/IO Suspected Hyperkalemia in: Asystole/PEA: 1gm Crush Syndrome: 1gm over 5 min Flush with NS before and after
Cyanokit	5gm/vial	IV/IO 5 grams over 15min <i>Repeat:</i> x1 if severe signs <i>Max total dose:</i> 10 grams

DRUG	CONCENTRATION	STANDARD DOSE
Dextrose 10%	25gm/250ml	IV/IO 125ml bolus over 10 min; recheck BG <i>Repeat:</i> as needed
Diphenhydramine (Benadryl)	50mg/ml	IV/IO/IM 50mg
Epinephrine	1mg/ml EpiPen ® 0.3mg	IM Allergic reaction/Anaphylaxis: 0.3mg or EpiPen ® <i>Repeat:</i> x1 in 5 min
Epinephrine	0.1mg/ml	IV/IO 1mg (10ml) followed by 20ml NS flush <i>Repeat:</i> q3-5min
Epinephrine (Push-Dose)	0.01mg/ml	IV/IO ☎ SBP <80: Mix 1ml Epinephrine (0.1mg/ml) with 9ml NS in a 10ml syringe <i>Initial:</i> 1ml <i>Repeat:</i> q3-5 min, titrate to maintain SBP >80
Fentanyl (Sublimaze)	100mcg/2ml	IV/IO 50-100mcg slowly <i>Repeat:</i> q5 min <i>Max dose:</i> 300mcg IM 50-100mcg <i>Repeat:</i> in 30 min IN 50-100mcg; administer 1/2 dose in each nostril <i>Repeat:</i> q5 min <i>Max dose:</i> 300mcg

ADULT MEDICATION STANDARD DOSAGES

DRUG	CONCENTRATION	STANDARD DOSE
Glucose Paste	15 grams/tube	30 grams PO
Glucagon	1mg/ml	1mg IM
Ipratropium (Atrovent)	500mcg/2.5ml Unit dose	500mcg Nebulized
Lidocaine 2%	20mg/ml	IO 20-40mg over 30-60 seconds <i>Repeat:</i> q15 min
Midazolam (Versed)	2mg/2ml (IV/IO/IM) 5mg/1ml (IN)	IV/IO Cardioversion/Pacing/Seizure (after EMS arrival): 1-2mg slowly <i>Repeat:</i> q3 min Sedation: See specific policy IM Seizure (after EMS arrival): 5mg <i>Repeat:</i> x1 in 2 min if still seizing Cardioversion/Pacing: 2-4mg Sedation: See specific policy IN Cardioversion/Pacing/Seizure (after EMS arrival): 5mg (2.5mg in each nostril) Sedation: See specific policy
Morphine Sulfate	10mg/1ml	IV/IO 5mg slowly <i>Repeat:</i> q5 min if SBP >100 <i>Max dose:</i> 20mg IM 5-10mg <i>Repeat:</i> q20 min <i>Max dose:</i> 20mg

DRUG	CONCENTRATION	STANDARD DOSE
Naloxone (Narcan)	2mg/2ml	IV/IO, IM 0.4-4mg <i>Repeat:</i> q2-3 min until patient responds IN 2-4mg (split evenly between nostrils) <i>Repeat:</i> q2-3 min until patient responds
Nerve Gas Auto-Injector (Atropine, Pralidoxime Chloride [2-PAM])	2mg (0.7ml) 600mg (2ml)	IM Small Exposure to Vapors/Liquids: 1 dose of both medications <i>Repeat:</i> x1 in 10 minutes Larger Exposure to Vapors/Liquids: 3 doses initially of both medications
Nitroglycerine	0.4mg/tablet or spray	SL 1 tablet or spray <i>Repeat:</i> q5 min if SBP >100
Ondansetron (Zofran)	4mg	IV/IO 4mg slowly over 30 seconds <i>Repeat:</i> x1 in 10 min ODT/IM 4mg <i>Repeat:</i> x1 in 10 min
Sodium Bicarbonate	50mEq/50ml	50mEq IV/IO

PELVIC BINDER APPLICATION PROCEDURE

Indications

- High risk mechanism of injury (e.g. falls, crush, MVC, auto vs ped) AND one of the following:
 - Pelvic instability
 - Lower back, hip, or groin pain
- The intention of application is to reduce potential life-threatening bleeding and provide stability for a suspected pelvic fracture

Equipment

- Commercial pelvic binder
(e.g. SAM Pelvic Sling II, T-Pod)

Position patient in supine position



Slide pelvic binder under patient, positioning and applying device according to manufacturer's recommendations

Critical Information

- Contraindication: Pediatric patients

BLS DETERMINATION OF DEATH

Indications

- Patient in cardiac arrest where resuscitation may not be indicated

- Confirm pulseless and apneic
- CPR may be withheld and death declared if ANY of the following criteria below are met:

MCI Incident

- Death is determined according to S.T.A.R.T. triage

Submersion ≥1 hour

- Physical examination of body with accurate and reliable history of submersion time

Valid, Signed, and Dated Advance Directive or POLST

- Form indicates that resuscitation is not desired

Obvious Clinical Signs of Irreversible Death

- Rigor Mortis
- Dependent Lividity
- Decapitation
- Transection
- Decomposition
- Incineration

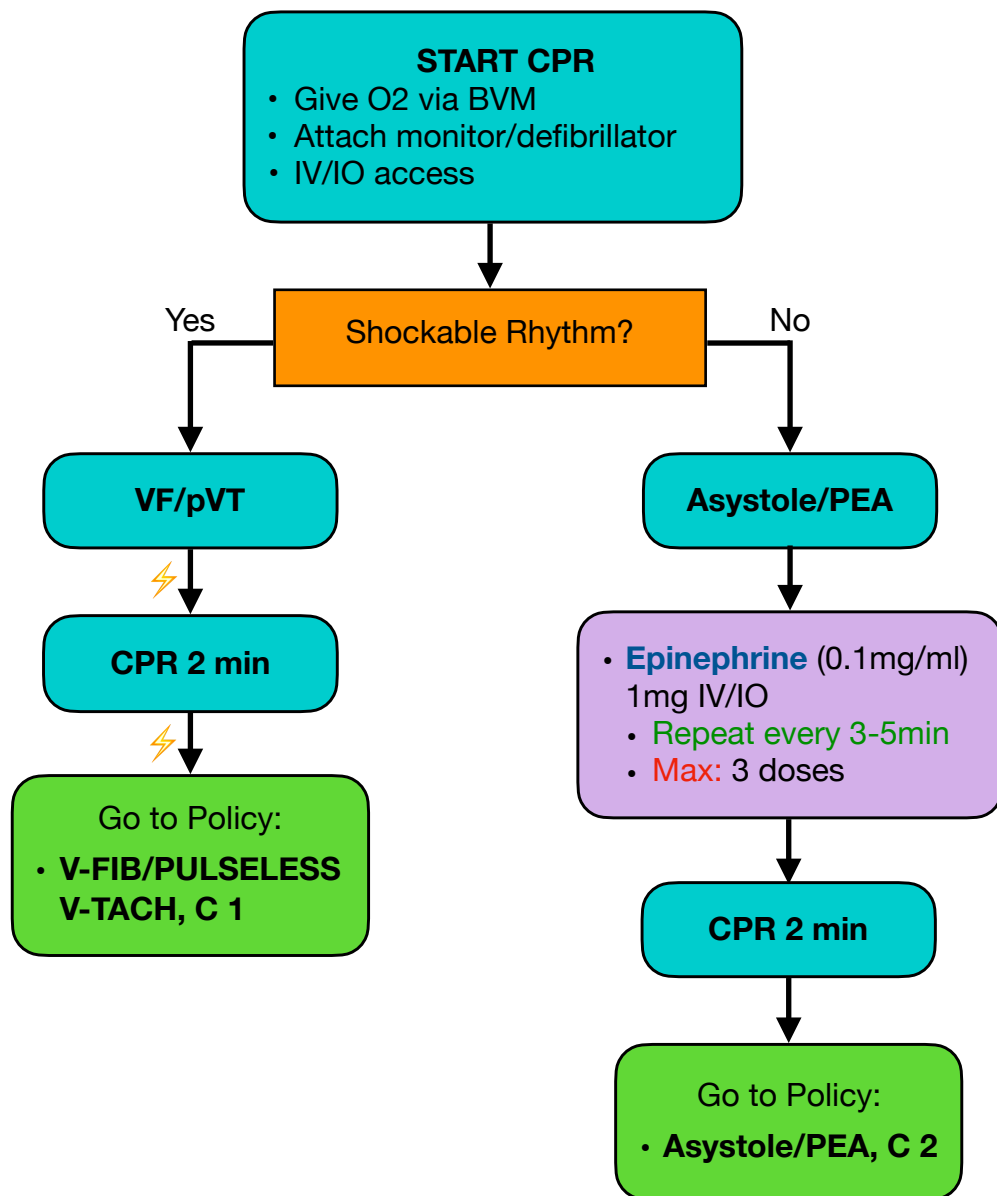
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Consideration for ALS Care (ATG 6)- Strong family insistence on resuscitation and/or circumstances where scene or bystander safety is threatened

When patient meets criteria for declaration of death in the field:

- Notify the appropriate law enforcement agency if applicable
- Remain on the scene until law enforcement or coroner arrive if applicable
- Complete a Field Determination of Death Form at scene and leave a copy with law enforcement or coroner, if applicable

ADULT CARDIAC ARREST



CRITICAL INFORMATION

- Witnessed vs Unwitnessed
- Consider pre-cordial thump if witnessed and defibrillator not immediately available
- Compress at 100-120/min, 2" depth with full recoil of chest
- Use metronome or similar device
- Mechanical CPR is mandatory during transportation
- Change compressors every 2 minutes
- Minimize interruptions
- Defibrillate at 200J, 300J, 360J, or at manufacturer's recommendation
- Do not stop compressions while defibrillator is charging
- Resume compressions immediately after shock

BLS Airway Management

- BLS airway preferred during first 5 minutes
- Use two-person BLS airway management whenever possible
- Avoid excessive ventilation
- 30:2 compression/ventilation ratio

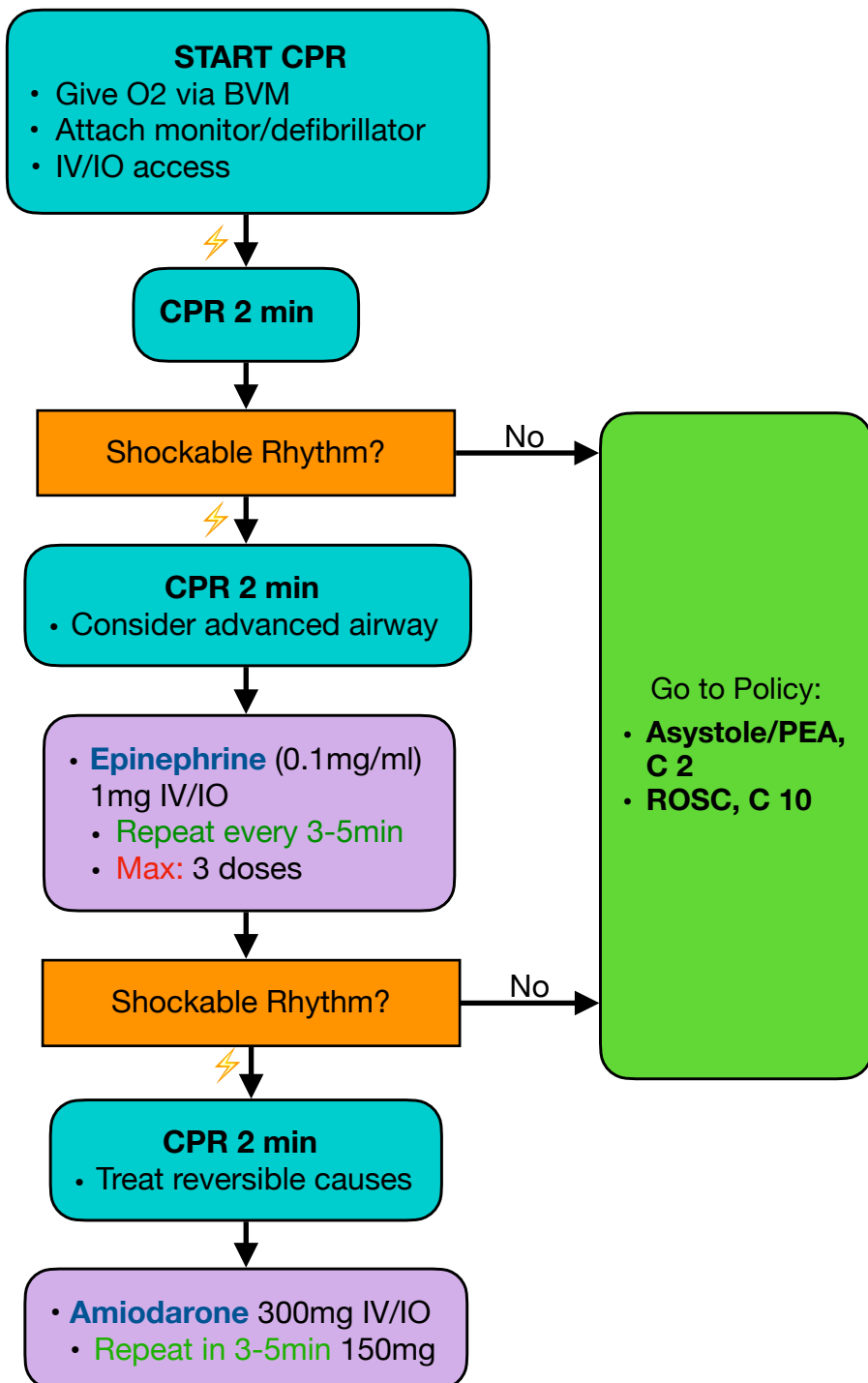
ALS Airway Management

- King Airway/iGel/Video laryngoscopy (VL)
- Laryngoscopy for ETT must occur with CPR in progress. Do not interrupt CPR for >10 seconds for tube placement
- Use continuous ETCO2 to monitor CPR effectiveness and advanced airway placement
- Maintain SpO2 94-99%
- 1 breath every 6 seconds

SPECIAL CONSIDERATIONS

- If patient is <75yrs and in refractory V-fib (3 unsuccessful shocks), transport to nearest available STEMI Receiving Center. Otherwise provide resuscitation on scene until ROSC or when patient meets Determination of Death criteria
- Regardless of the above, transportation is warranted in the following situations: unsafe scene conditions, unstable airway, hypothermia/hyperthermia as primary cause of arrest
- Consider transport of any patient pulled from a fire who does not meet BLS Determination of Death or received Cyanokit
- To assure ROSC continues, remain on scene for 5-10 minutes and then transport to a STEMI Receiving Center

V-FIB/PULSELESS V-TACH



CRITICAL INFORMATION

- Compress at 100-120/min, 2" depth with full recoil of chest
- Mechanical CPR for transport

Airway Management

- BLS airway preferred during first 5 minutes
- Do not interrupt CPR for >10 seconds for intubation
- Use continuous ETCO2

Drug Therapy.

- If ROSC after **Amiodarone**, consider **Amiodarone drip** 150mg in 100ml NS, 1mg/min = 40gtts/min with 60gtt/ml tubing
- If hyperkalemia is suspected in renal dialysis patients, give 1 gram of 10% **Calcium Chloride** IV/IO and 50mEq of **Sodium Bicarbonate** IV/IO

Reversible Causes

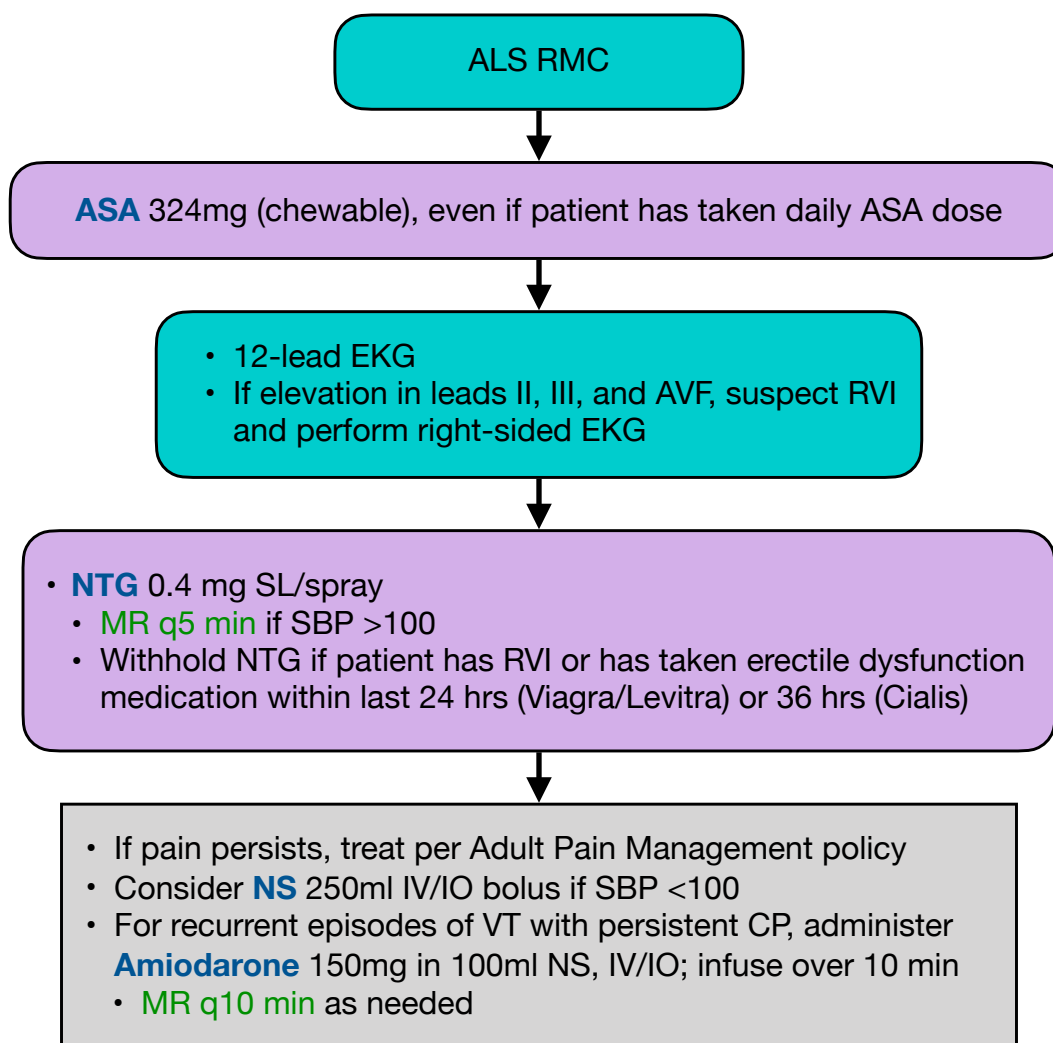
- Hypovolemia
- Hypoxia
- Hydrogen Ion (Acidosis)
- Hypo/Hyperkalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombus
- Trauma

- 📞 **PHYSICIAN CONSULT** to transport rVF patients with: unwitnessed arrest, >5min prior to resuscitation initiation (bystander or EMS personnel), non-cardiac etiology known or suspected, age >75yrs, hospice, advanced dementia, irreversible neurological injury, active malignancy

CHEST PAIN/ACUTE CORONARY SYNDROME

Indications

- Chest discomfort or pain, suggestive of cardiac origin.
- Other symptoms of Acute Coronary Syndrome (ACS) may include weakness, nausea, vomiting, diaphoresis, dyspnea, dizziness, palpitations, indigestion
- Atypical symptoms or “silent MIs” (women, elderly, and diabetics)



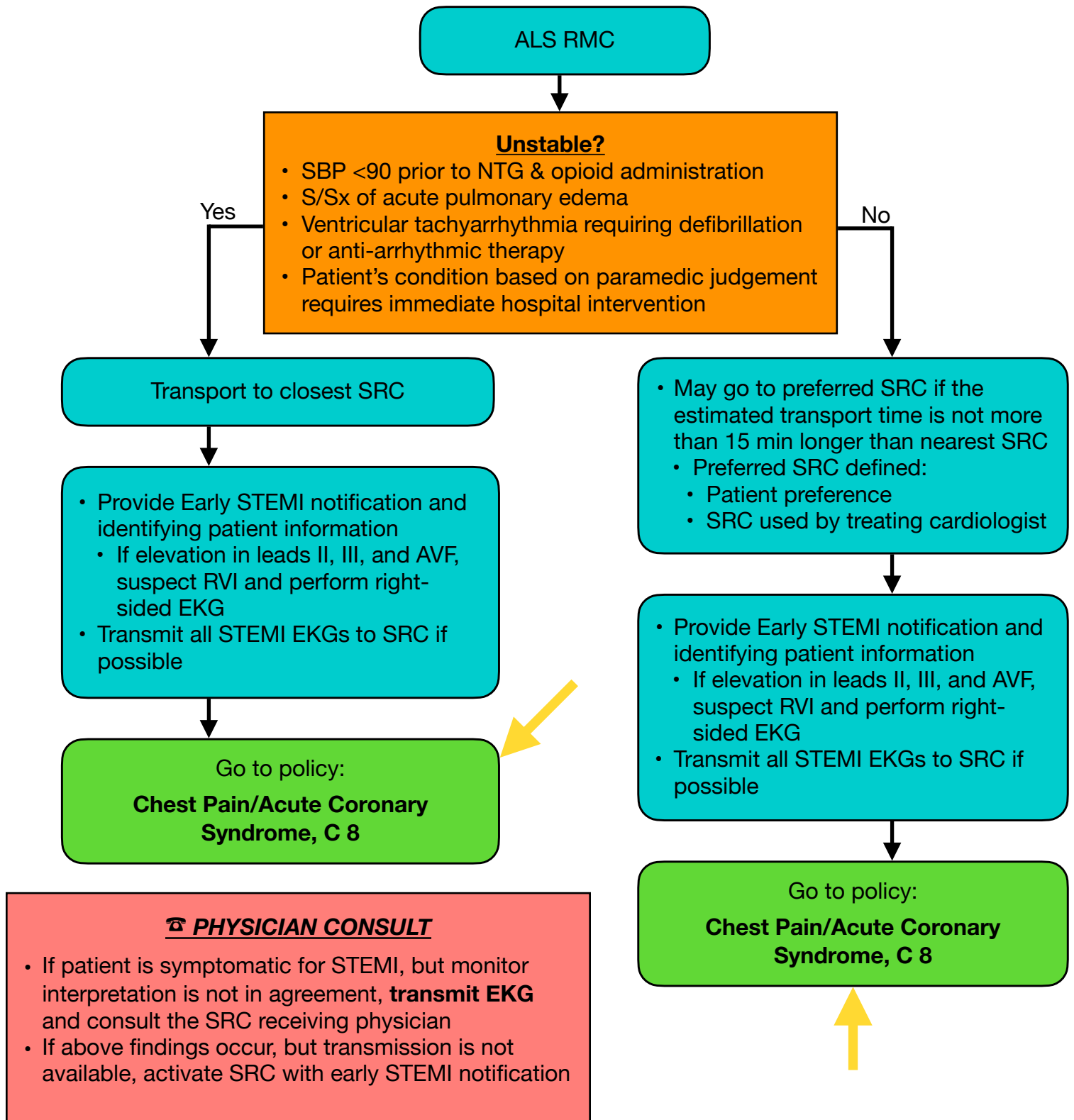
SPECIAL CONSIDERATIONS

- IV access before NTG if SBP <120 or Patient doesn't routinely take NTG
- Routine O2 administration unnecessary if SpO2 <94%
- Infarctions may be present with normal 12-leads
- Consider other potential causes of chest pain: pulmonary embolus, pneumonia, aortic aneurysm, and pneumothorax
- ☎ Physician consult if possible contraindication to aspirin (ie: head injury, GI bleed, etc.)

ST ELEVATION MYOCARDIAL INFARCTION (STEMI)

Indications

- Patients with acute ST Elevation Myocardial Infarction (STEMI) as identified by machine read



CANCELLATION OF ALS UNIT

Indication

- First Responders request to cancel an ALS unit

- First Responder personnel may cancel the response of ALS personnel under the following conditions:
 - Patient does not have a priority complaint or symptoms warranting an ALS response
 - Patient meets criteria for BLS Declaration of Death in the pre-hospital setting

AGAINST MEDICAL ADVICE (AMA)

Indication

- For patients or Designated Decision Maker (DDM) refusing medical care against the advice of the medical personnel on scene or of the receiving hospital

- All patients requesting medical attention will be offered treatment and/or transportation after a complete assessment
- Mentally competent patients/DDMs have the right to accept or refuse any or all pre-hospital care and transportation as long as EMS personnel have explained the care and the patient/DDM understands by restating the nature and implications of such decisions

- The following information must be provided to the patient or DDM by EMS personnel:
 - The recommended treatment and benefits for receiving care
 - The risks and possible complications involved
 - Reasonable consequences for not seeking care and treatment for the condition
 - Alternative care and transport options which may include private transport to a clinic, physician's office or an Emergency Department, or telephone consultation with a physician

- Have patient/DDM sign the AMA form
- If patient refuses to sign, document on PCR

📞 PHYSICIAN CONSULT- required

- Patient requests transport to a facility that is not the recommended destination, and that decision would create a life-threatening or high-risk situation
- Patient requests an out of county transport when informed of the recommended destination within Marin County
- Pediatric brief resolved unexplained event (BRUE)

📞 PHYSICIAN CONSULT- strongly recommended

- Patients ≥ 65 years requesting AMA with the complaint(s) of chest pain, SOB, syncope
- New onset of headache
- New onset of seizure
- TIA/resolving stroke symptoms
- Traumatic injuries (particularly head injury on anticoagulants)
- Pediatric complaints
- Pregnancy related issues

SPECIAL CONSIDERATIONS

- Consider early involvement of law enforcement if there is any threat to self, others or grave disability
- Treat as necessary to prevent death or serious disability
- If the patient cannot legally refuse care or is mentally incapable of refusing care, document on the PCR that the patient required immediate treatment and/or transport, and lacked the mental capacity to understand the risks/consequences of the refusal (implied consent)
- Do not request a 5150 hold unless the patient presents a danger to self or others as an apparent result of a psychiatric problem
- At no time are field personnel to put themselves in danger by attempting to transport or treat a patient who refuses. At all times, good judgment should be used, appropriate assistance obtained, and supporting documentations completed

CRITICAL INFORMATION

- Patients who may legally give consent or refuse medical treatment are as follows:
 - At least 18 years of age
 - A minor (<18 years) who is lawfully married/divorced, or on active duty with the armed forces
 - A minor who seeks prevention or treatment of pregnancy or sexual assault
 - A minor ≥ 12 years of age seeking treatment of rape, contagious diseases, alcohol or drug abuse
 - A self-sufficient minor, ≥ 15 years of age, caring for themselves
 - A legally emancipated minor
- DDM is an individual to whom the patient or a court has given legal authority to make medical decisions concerning the patient's healthcare (a parent or Durable Power of Attorney)
- An AMA may be obtained by telephone consent for patients who do not have a DDM physically present

RELEASE AT SCENE (RAS)

Indication

- EMS personnel and the patient or Designated Decision Maker (DDM) concur that the illness/injury does not require immediate treatment/transport via emergency/911 services

- All patients requesting medical attention will be offered treatment and/or transportation after a complete assessment
- Mentally competent patients/DDMs have the right to accept or refuse any or all pre-hospital care and transportation as long as EMS personnel have explained the care and the patient/DDM understands by restating the nature and implications of such decisions

- EMS personnel should advise the patient/DDM of alternative care and transport options which may include:
 - Private transport to a clinic, physician's office, or an Emergency Department
 - Telephone consultation with a physician

- Have patient/DDM sign the RAS form
- If patient refuses to sign, document on PCR

📞 PHYSICIAN CONSULT

- If there are any questions or concerns regarding the patient's disposition

SPECIAL CONSIDERATIONS

- Consider early involvement of law enforcement if there is any threat to self, others or grave disability

CRITICAL INFORMATION

- Patients who may legally give consent or refuse medical treatment are as follows:
 - At least 18 years of age
 - A minor (<18 years) who is lawfully married/divorced, or on active duty with the armed forces
 - A minor who seeks prevention or treatment of pregnancy or sexual assault
 - A minor ≥12 years of age seeking treatment of rape, contagious diseases, alcohol or drug abuse
 - A self-sufficient minor, ≥15 years of age, caring for themselves
 - A legally emancipated minor
- DDM is an individual to whom the patient or a court has given legal authority to make medical decisions concerning the patient's healthcare (a parent or Durable Power of Attorney)
- An RAS may be obtained by telephone consent for patients who do not have a DDM physically present

DESTINATION GUIDELINES

Indication

- To identify destination choices and appropriate facilities for patients in Marin County

Kaiser Permanente San Rafael Medical Center

Emergency Department
Approved for Trauma (EDAT) -
Terra Linda -

- STEMI receiving center (SRC)
- Primary Stroke Center
- General Pediatric Receiving Center (PedRC)
- Sexual Assault Exam**

MarinHealth Medical Center (MHMC)

Level III Trauma Center
- Greenbrae -

- Neurological Emergencies- sudden, witnessed onset of coma or rapidly deteriorating GCS with high likelihood of intracranial bleed
- Pregnant patients ≥ 20 wks with a complaint related to pregnancy
- Neonates (≤ 28 days) with signs of shock
- STEMI receiving center (SRC)
- Primary Stroke Center
- Advanced Pediatric Receiving Center (PedRC)

Novato Community Hospital

Basic level receiving facility
- Novato-

- Primary Stroke Center
- General Pediatric Receiving Center (PedRC)

PHYSICIAN CONSULT

- Patient requests transport to a facility not capable of providing specific care for their needs

CRITICAL INFORMATION

- The destination for patients shall be based upon several factors including, but not limited to the clinical capabilities of the receiving hospital, the patient's condition, and paramedic discretion
- When the patient is unstable or life threatening, the patient should be transported to the time closest receiving facility:
 - Patients with unmanageable airway
 - CPR in progress (unless transporting to SRC for rVF)
 - Uncontrolled external hemorrhage
 - Patient requiring ALS but having no paramedic in attendance
- The following factors will be considered in determining patient destination:
 - Patient condition
 - Patient/family request
 - Clinical capabilities of the receiving hospital
 - Patient's physician request or preference
 - Paramedic discretion
- Patients with return of spontaneous circulation (ROSC) post cardiac arrest will be transported to the nearest SRC
- Burn patients, without other trauma mechanism, shall be transported by ground ambulance to the time closest emergency department (ED)
- Neonates (≤ 28 days) with signs of shock shall be transported to MarinHealth Medical Center
- Patients with psychiatric complaints will be transported to their preferred facility or the closest ED unless specialty care (trauma, STEMI, stroke, pregnancy) is warranted
- Ventricular Assist Device (VAD) patients: If patient is stable and complaint is not related to VAD, transport per above guidelines. If VAD related, the patient may need to bypass local facilities and go to VAD center. If concerned about patient stability, refer to guidelines and request physician consult
- Prior to arrival, prehospital personnel must notify the receiving facility of any patient with a known history of violence or behavior which may pose a risk to staff (uncooperative, aggressive, disruptive)

SEXUAL ASSAULT/HUMAN TRAFFICKING

Indication

- Patients with complaints consistent with sexual assault or evidence of human trafficking
- Human trafficking involves labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage or slavery
- Commercial sex acts through the use of force, fraud or coercion
- Any commercial sex act, if the person is under 18 years of age, regardless of whether any form of coercion is involved

- BLS/ALS RMC
- Calm/reassure patient
- Assign responder of same gender as patient if possible

Treat medical conditions, traumatic injuries per protocol

- Transport to an appropriate Marin County hospital, following the Destination Guidelines Policy

If patient/Designated Decision Maker refuses transport

- Instruct patient not to bathe, shower, or change clothes until after contact with and advice by law enforcement. Advise patient of alternative care/transport options per AMA and RAS policy

SPECIAL CONSIDERATIONS

- If patient's clothing is removed and law enforcement is not at scene, place clothing in a paper bag and bring to the hospital. Do not use a plastic bag
- A patient who requires/requests a specialized evidentiary examination will first be transported to a Marin County hospital. Once medically cleared, the patient will be transported by the appropriate law enforcement agency to a Sexual Assault Exam Center

Critical Information

- Preserve possible evidence and advise patient not to clean, bathe or change clothes until examination by hospital personnel
- Notify police and dispatch of nature of call
- EMS personnel are encouraged to report to local law enforcement suspected human trafficking cases
 - Warning signs of human trafficking include:
 - Individuals who are segregated from contact with others, or don't have control of their own ID/documents
 - Locations with unsuitable living conditions or unreasonable security measures
 - Incidents where responders are approached and asked for protection/asylum from other individuals at a scene
- For suspected human trafficking, offer the patient the 24/7 National Human Trafficking hotline number: 1-888-373-7888 or they can text "HELP" or "INFO" to 233733

PATIENT RESTRAINT

Indication

- Violent or potentially violent patient capable of harming themselves or others

BLS/ALS RMC

Apply the minimum restraint necessary to accomplish patient care and safe transportation

- Restraints must not compromise airway, breathing or circulation
- Restraint equipment applied by law enforcement (i.e. handcuffs, plastic ties, hobble restraints, or WRAP) must not compromise airway, breathing or circulation

Evaluate restrained extremities for CSM every 15 min

Equipment

- Quick release synthetic, soft, or padded leather restraints

SPECIAL CONSIDERATIONS

- Aggressive or violent behavior may be indications of: head trauma, alcohol or drug ingestion, metabolic disorders, stress and psychiatric disorders which require ALS intervention
- Restraints applied by law enforcement require the officer's continued presence

Critical Information

- Patient may not be transported in the prone position
- Contraindications
 - The following devices and restraint techniques should NOT be applied by EMS personnel:
 - Hard plastic ties or any restraint device requiring a key to remove
 - Backboard, scoop-stretcher or flat as a "sandwich" restraint
 - Restraining of a patient's hands and feet behind the patient
 - Methods or materials that could cause vascular or neurological compromise

PEDIATRIC PATIENT TRANSPORT

Purpose

- To provide guidance regarding the safe transport of the pediatric patient in an ambulance

General Information

- Transportation of a child in any of the following ways is not permissible:
 - Unrestrained
 - On a parent/caregiver's lap or held in their arms
 - Using only horizontal stretcher straps if the child cannot be properly restrained according to the stretcher manufacturer's specifications for proper restraint of patients
 - On the bench seat or any seat perpendicular to the forward motion of the vehicle
- "Car seat" refers to a size appropriate car seat which has rear and/or forward facing belt paths and which have been secured appropriately
- "CRS" refers to a child restraint system designed specifically for ambulance stretcher use and which has been properly secured

- The child's age and weight shall be considered when utilizing an appropriate restraint system
- Use of child's own car seat is only permitted for one of the following (children <2 years must be rear facing):
 - The child is not a patient and is being transported with the parent or caregiver who is a patient
 - No other restraint systems are available
 - Minor vehicle crash (ie: "fender bender")
- The child shall be secured by harness at all times. Whenever possible, procedures should be performed around the harness straps
- A CRS is not required if the patient is longer than the length based tape

Transportation of a child requiring monitoring or interventions

- Preferred: Transport using a CRS
- Alternative: With the child's head at the top of the stretcher, secure the child to the stretcher with three horizontal straps and one vertical strap across each shoulder

Transportation of a child requiring cervical spinal immobilization, spinal motion restriction, or lying flat

- Preferred: Use CRS. When appropriate, use cervical collar and secure child to stretcher

Transportation of a child who is not a patient

- Consider delaying transport until additional vehicles are available if it will not compromise other patient care or transport
- Preferred: Transport child in a vehicle other than an ambulance using a car seat
- Preferred alternative: Transport child using the rear-facing EMS provider captain's chair built-in child restraint
- Alternative: Transport child in a car seat in the front passenger seat of the ambulance with the airbags off

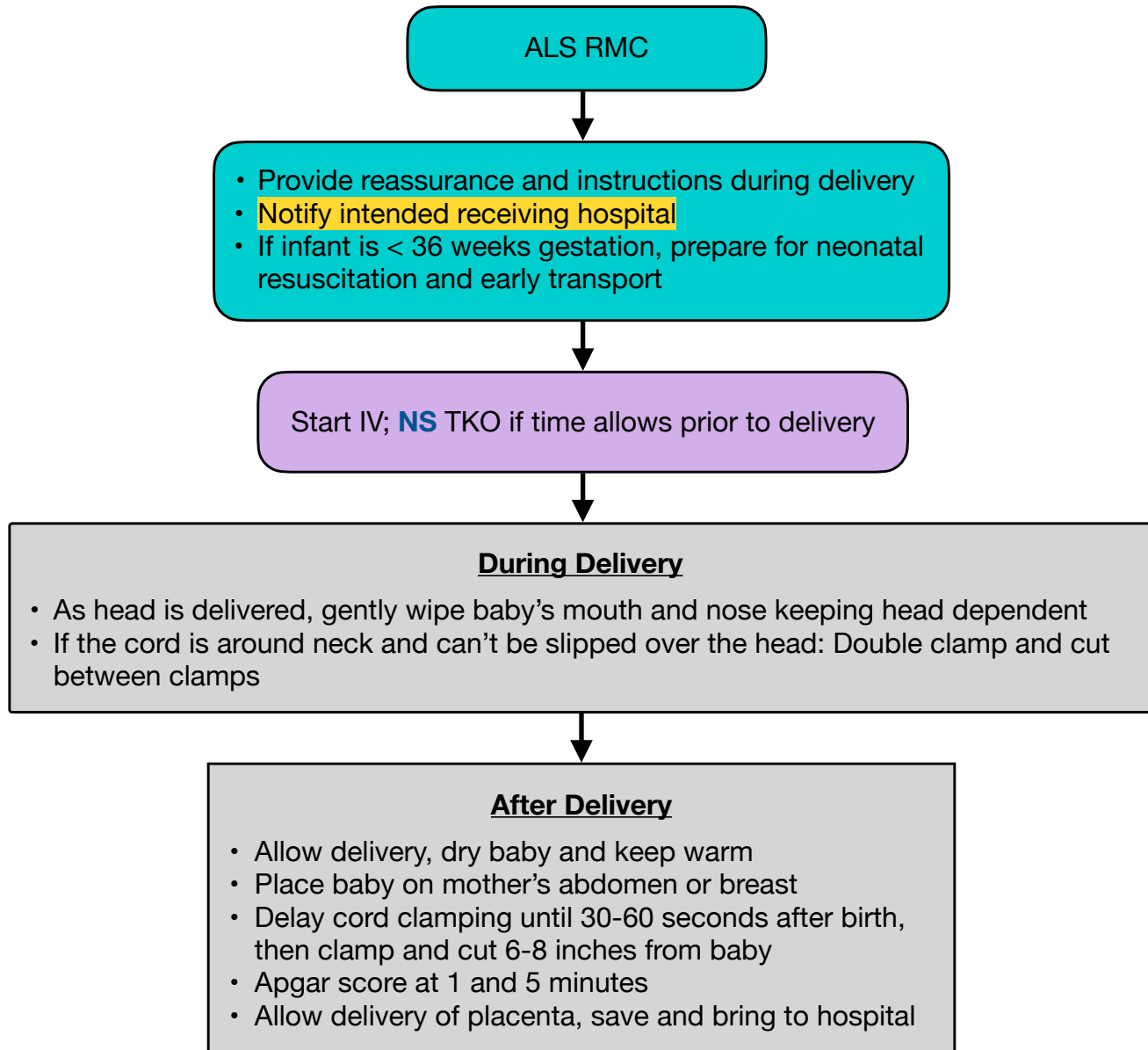
Transportation of a child or children requiring transport as part of a multiple patient transport (newborn with mother, multiple children, etc)

- Preferred: If possible, transport each as a single child according to guidance above. Additional resources may be necessary
- Preferred for mother and newborn: Transport the newborn in a newborn transport wrap (i.e., Aegis Neonate wrap)
- Alternative for mother and newborn: Transport the newborn in a CRS secured appropriately to stretcher. Transport mother in rear-facing EMS provider captain's chair if mother is medically stable. Consider the use of additional units to accomplish safe transport

IMMINENT DELIVERY (NORMAL)

Indications

- Anticipated delivery as indicated by regular contractions, bloody show, low back pain, feels like bearing down, crowning of infant head

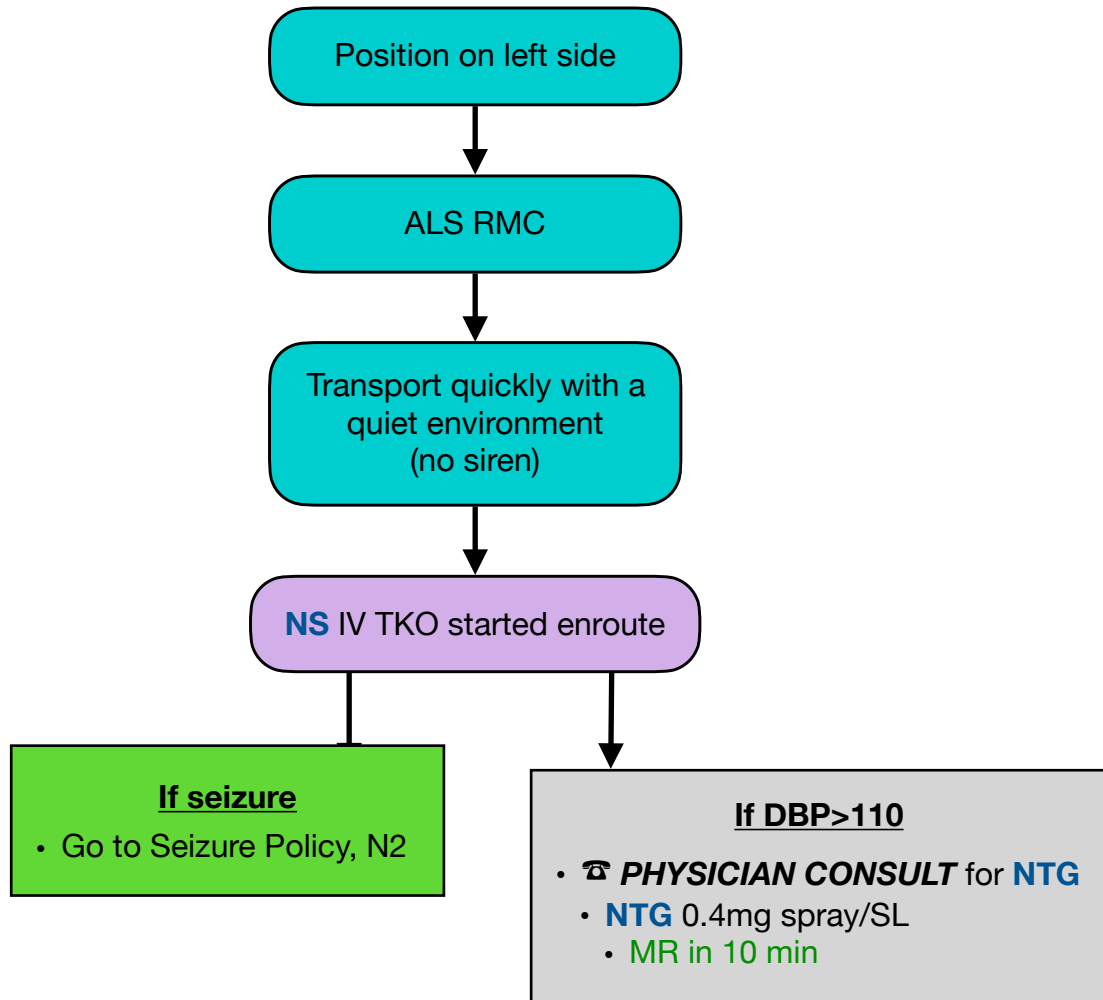


Sign	0	1	2
Heart Rate	Absent	Slow (<100)	≥100
Respirations	Absent	Slow, irregular	Good, crying
Muscle Tone	Limp	Some flexion	Active motion
Reflex Irritability	No response	Grimace	Cough, sneeze, cry
Color	Blue or pale	Pink body with blue extremities	Completely pink

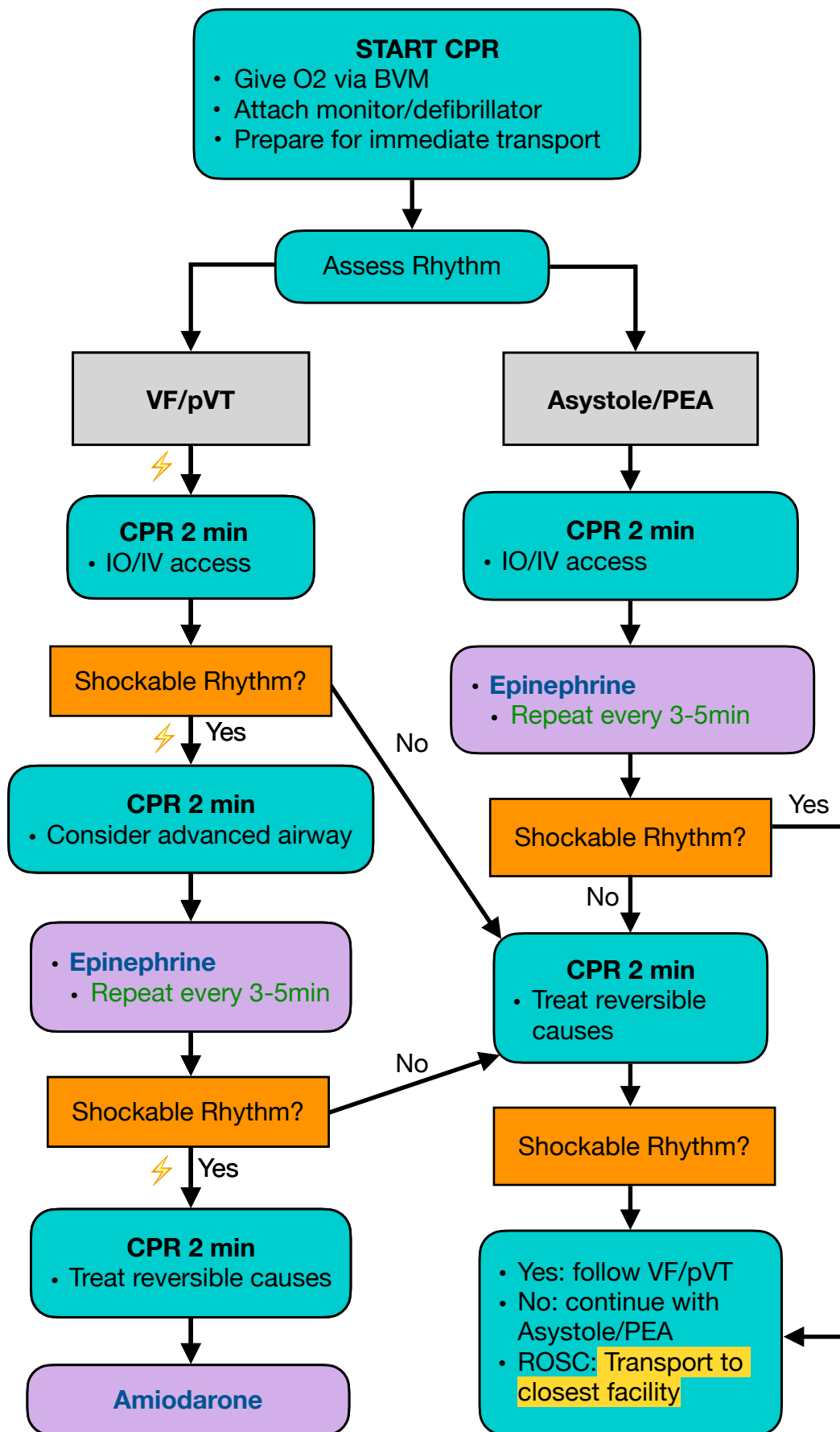
SEVERE PRE-ECLAMPISA/ ECLAMPSIA

Indications

- Pregnancy >20 weeks gestation or up to 6 weeks postpartum
 - Pre-eclampsia:
 - Hypertension (SBP ≥ 160 or DBP ≥ 110)
 - Mental status changes
 - Persistent headache
 - Visual disturbances
 - Peripheral edema
 - Eclampsia:
 - Pre-eclampsia symptoms and seizure



PEDIATRIC CARDIAC ARREST



CPR Ratios

- One rescuer: 30:2
- Two rescuer: 15:2

Defibrillation

- 2-4J/kg

Airway Management

- BLS airway is preferred
- Avoid excessive ventilation
- Place younger child in sniffing position for neutral airway positioning
- Consider advanced airway only if patient height > color coded resuscitation tape **and** unable to ventilate with BVM
- Laryngoscopy for ETT must occur with CPR in progress.
- **Do not interrupt CPR for >10 seconds for tube placement**
- Use ETCO2
- Maintain SpO2 94-99%
- 1 breath every 2-3 sec.

Drug Therapy

- **Epinephrine** 0.01mg/kg (0.1mg/ml) IV/IO
 - Repeat every 3-5 min
- **Amiodarone** 5mg/kg IV/IO followed by or diluted in 20ml NS after 3rd shock
 - **Max dose: 300mg**

Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen Ion (Acidosis)
- Hypo/Hyperkalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombus
- Trauma