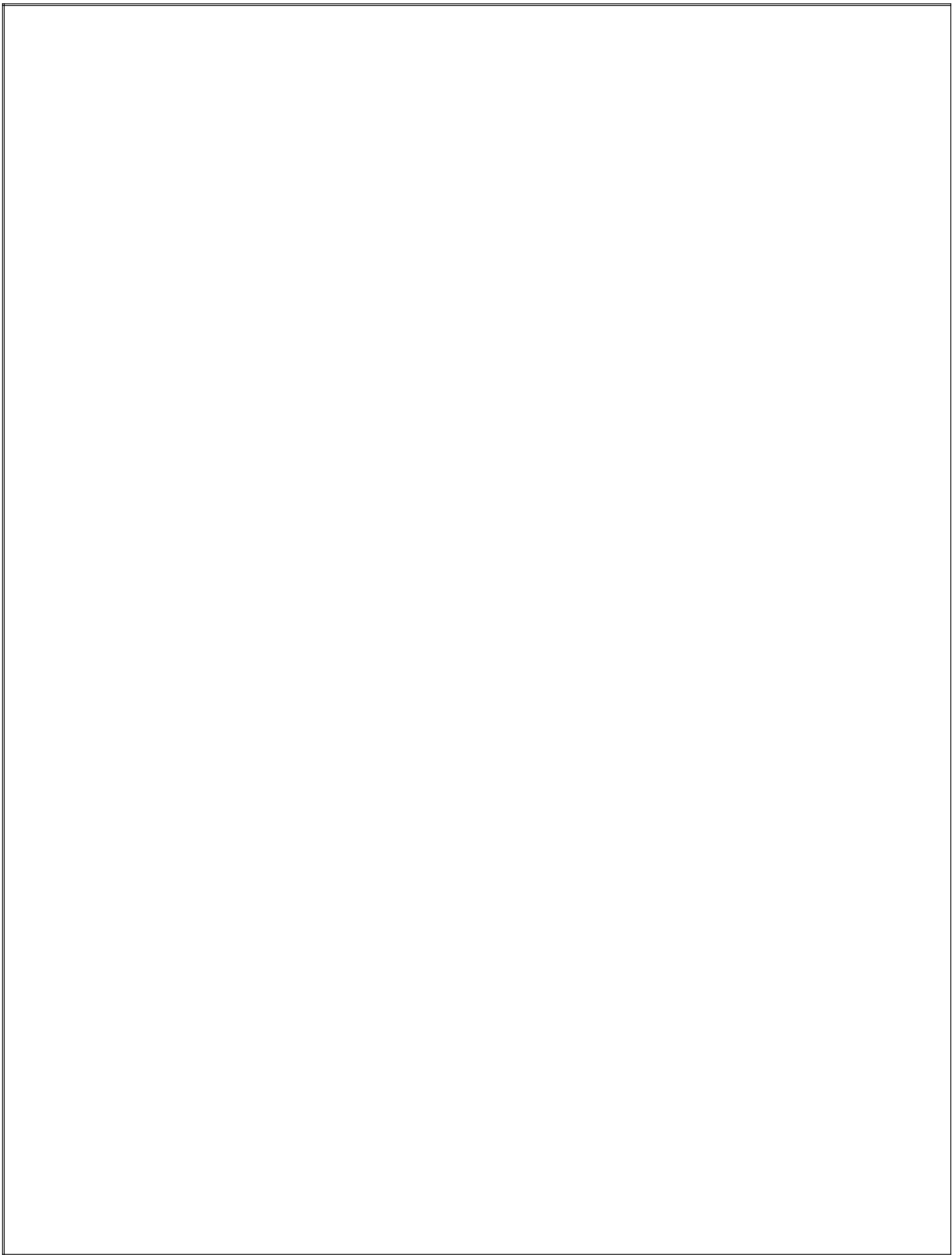


**TUOLUMNE COUNTY
EMERGENCY MEDICAL SERVICES AGENCY**

**PREHOSPITAL
TREATMENT GUIDELINES**

EFFECTIVE
April 1, 2021



Tuolumne County Emergency Medical Services Agency

Prehospital Treatment Guidelines

Effective April 1, 2021



Kimberly Freeman, M.D., NREMT-P
EMS Medical Director

Clarence I. Teem, MS, EMT-P
EMS Coordinator

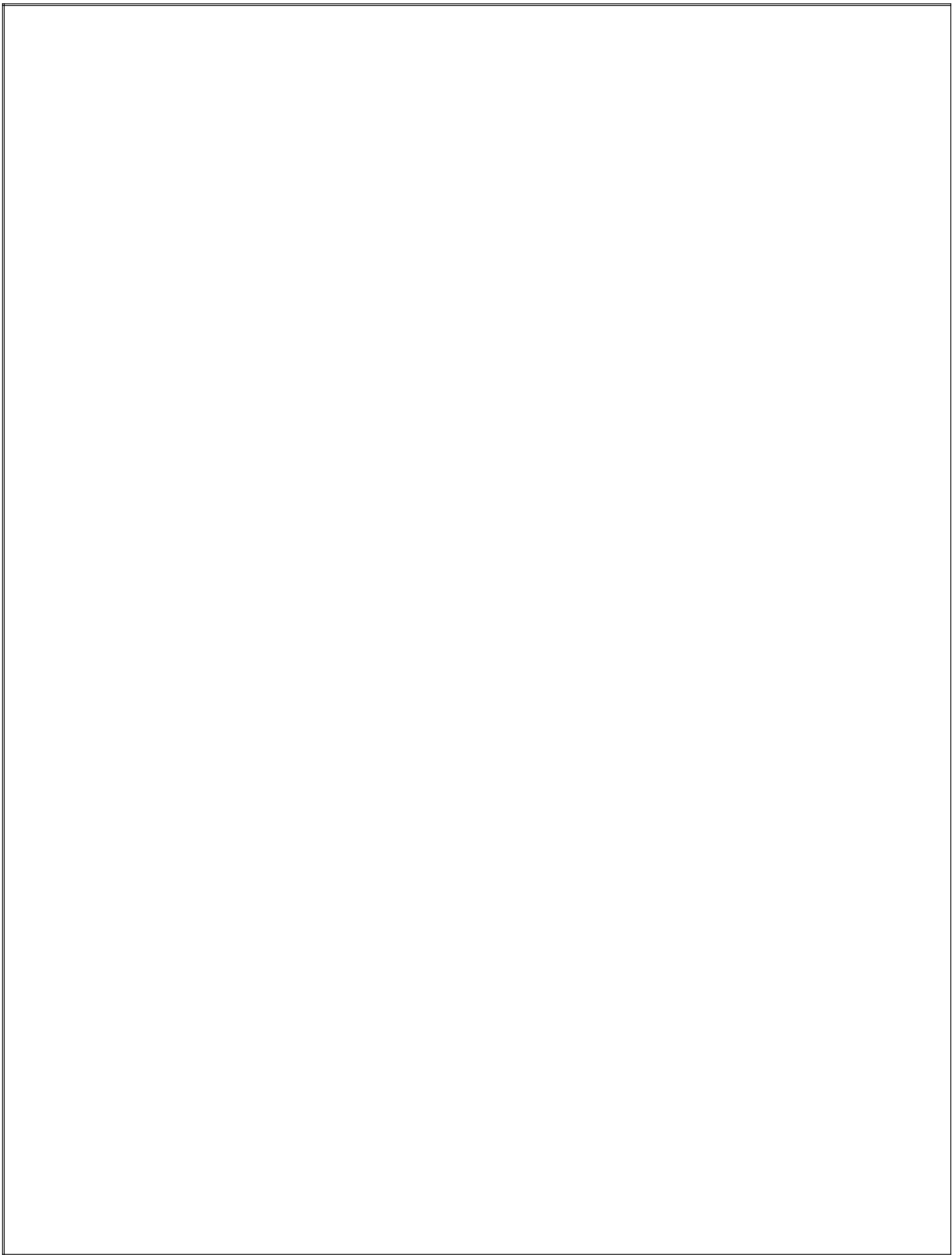


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INTRODUCTION

These Guidelines define the prehospital treatment standards for the Tuolumne County Emergency Medical Services System. This document is divided into four major sections: Skills Guidelines, Adult Treatment Guidelines, Pediatric Treatment Guidelines & an Appendix containing a medication & procedure index, adult & pediatric medication drip charts & policies specific to patient care.

The Skills Guidelines section consists of steps to be followed & information regarding High Acuity-Low Occurrence (HALO) procedures included in the Adult & Pediatric Treatment Guidelines. Included in this section are standard procedures for managing a Ventricular Assist Device (VAD) patient, performing Spinal Motion Restriction (SMR), utilization of pre-existing vascular access, needle cricothyrotomy utilizing the QuickTrach Device, tourniquet application, needle thoracostomy, nasogastric tube placement, advanced airway management & EZ-IO insertion.

The Adult & Pediatric Treatment Guidelines outline the specific treatment procedures for adult & pediatric patients. The Pediatric Treatment Guidelines are written for patients newborn to age 14 years & the Adult Treatment Guidelines are written for patients 15 years of age & older.

Each treatment protocol consists of a table. On the right side of the table, there are five boxes any of which may be marked with an "X." The "X" indicates which certification/ licensure levels are required to perform the procedure or administer any medication. At the top of the four columns is a box with a letter corresponding to a certification/licensure level. At the bottom of each treatment guideline is a provider key identifying the certification/licensure levels. The sequence of procedures is a guide; if the prehospital care provider determines that it is the best interest of the patient, they may alter the sequence.

In the event that paramedics cannot make base hospital contact or if the clinical condition of the patient is such that a delay in treatment may jeopardize the patient, a paramedic may perform treatments listed in this section without a base hospital order or a base hospital physician order as an **ALS without Base Hospital Contact Procedure**. Paramedics must document on an **ALS without Base Hospital Contact Report Form** each instance where a procedure or medication requiring a **Base Hospital Order** or a **Base Hospital Physician Order** was performed or administered without an order.

Base Hospital Physicians may order any medication or procedure within the paramedic scope of practice for any patient condition regardless of the treatment Guidelines. These orders are known as "**Base Hospital Physician Orders**" & physicians must issue these orders directly to paramedics via radio or telephone communication. Each "**Base Hospital Physician Order**" must be documented on the Prehospital Care Report.

In order to facilitate the best possible delivery of prehospital medical care, paramedics have the right to speak directly to a Base Hospital Physician on any call.