



EMS SPONSOR HOSPITAL POLICY **Equipment and Clinical Care on Scene**

Purpose:

Facilitate the timely assessment, medical care and stabilizing treatment of patients being cared for and/or transported by sponsored EMS providers.

Scope:

Any of the following calls to which a Hartford Hospital sponsored EMS provider responds:

- All 911 EMS calls, regardless of nature
- Any private facility or residential patient being transported to an emergency department
- Interfacility emergency or ALS transfers

Discussion:

Most EMS care thought to impact patient outcome is very time dependent. Seconds or minutes of delay in addressing inadequate oxygenation or tissue perfusion may adversely affect patient outcome. EMS providers receive level-appropriate education on how to recognize and treat immediate care concerns but care may only be delivered once:

- The necessary equipment is available at the patient's side
- The EMS provider initiates treatment

It has been observed that medical equipment may not always be brought to the patient when the reason for dispatch appears to be low-acuity. The concern with this practice is that information dispatch receives is often inaccurate or incomplete. The patient may present very differently from what was dispatched. Additionally, patients may deteriorate, necessitating care prior to reaching the ambulance.

Along similar lines is the old practice of "scoop and run" for all patients. With advances in prehospital care and EMS provider education, there is a greater expectation for providers to appropriately deliver initial stabilizing care to the patient prior to movement. The exact amount and complexity of care delivered on scene will vary based on the clinical condition, responsiveness to EMS treatment, logistics of patient movement, need for specialized hospital intervention and other factors. Critical thinking on the part of the EMS provider will always be required but the default position should not be to "scoop and run".

Policy:

Sponsored EMS providers are expected to bring to the patient all equipment necessary to provide initial care at their level of certification/licensure. For BLS providers this should include (at a minimum):

- BP cuff and stethoscope
- Oxygen with O2 delivery devices
- Basic airways and BVM
- Bleeding control/bandaging supplies
- Oral glucose
- SpO2 (if authorized and available)
- Epinephrine auto-injector (if authorized)
- AED (if available and appropriate based on call description)
- Suction unit (if available and appropriate based on call description)
- CPAP (if authorized and appropriate based on call description)

Paramedics should bring, in addition to BLS supplies, at least the following to every patient encounter:

- Monitor/defibrillator
- Advanced airway adjuncts/supplies
- Vascular access supplies and IV fluid
- Glucometer
- First line emergency medications
- Controlled substance kit

Specialty equipment should be brought to the patient based on need and provider judgment.

Medical assessment and care is to begin where the patient is found. All sponsored EMS providers are to perform an appropriate assessment including (but not limited to) assessing the patency of airway, oxygenation and circulation/perfusion status upon initial patient contact.

Sponsored EMS providers are expected to take necessary actions to address problems impairing any of the 'ABCs' (within the provider's applicable scope of practice) prior to moving the patient. For patients with adequate 'ABCs' but who are at risk of deterioration, paramedics should initiate monitoring and vascular access prior to movement. For patients with isolated, painful injuries who are otherwise stable, pain management should be considered / initiated prior to patient movement.

Some special circumstances regarding care on scene include:

- STEMI: Once STEMI is identified, then early ECG transmission, pre-notification and rapid-transport become priorities. On-scene BLS/ALS care should be limited to addressing issues with ABCs. Otherwise, vascular access and medications should be deferred till enroute to the hospital.
- Acute Stroke: Early pre-notification and rapid-transport are priorities. On-scene BLS/ALS care should be limited to obtaining the necessary history, checking blood glucose and addressing issues with ABCs. Otherwise, vascular access and medications should be deferred till enroute.
- Serious trauma or other active internal bleeding requiring immediate surgery: If vascular access would delay transport, paramedics should consider deferring until enroute to the hospital.
- On arrival, the patient is found walking to or in the immediate vicinity of the ambulance: Use appropriate judgment and document circumstances/medical decision making.
- Location of patient is impossible or unsafe to provide care: Use appropriate judgment and perform care as soon as possible/safe. Document circumstances/medical decision making.