

Reference Documents

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INTRODUCTION TO THE PROTOCOLS

The following protocols are intended to give guidance to the Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), Advanced Emergency Medical Technicians (AEMTs), EMT Intermediates (EMT-I), Paramedics (EMT-P) & Registered Nurses (RNs) working under the auspices of North Central Oregon EMS Agencies (NoCEMS) including Dufur Ambulance, Mid-Columbia Fire & Rescue, Wamic Rural Fire Protection District, Sherman County Ambulance, Southern Wasco County Ambulance, Wasco County Search and Rescue and working under the auspices of Medcor at The Dalles jobsite. They are not intended to eliminate or discourage consultation with Medical Control, nor to give authority for patient care outside of the State of Oregon Emergency Medical Service Provider scope of practice. Each EMS provider is expected to know their legal and personal limits. The RN designation in the protocols indicates the minimum level of care that RNs working in EMS can perform, however those with additional training may function to the level of their training as licensed with the State of Oregon EMS and Trauma Systems.

While the protocols are separated into EMR, EMT, AEMT, EMT-I, RN and EMT-P levels of care, all EMS providers should follow the guidelines for basic care before proceeding onto a higher level of care. These protocols are not intended, nor can they be expected, to cover every conceivable patient condition or situation that the EMS provider may encounter. Individual judgment must be used and if there is a question of how to provide the best care, On-Line Medical Control should be consulted before treatment is initiated. If treatment is given (or withheld) not in accordance with these written guidelines, the exceptions shall be documented on the prehospital care report.

All patient care and prehospital care reports are subject to review by the Supervising Physician and others as may be designated by the Supervising Physician. This review process is not intended to be punitive, but to ensure continuing high-quality patient care.

Any off duty EMT is authorized to administer treatment as defined in these protocols as long as they remain within their scope of practice and follow the appropriate treatment protocol.

As Supervising Physician, I approve these protocols, and authorize the EMS providers affiliated with the above listed agencies to operate under them.

Finally, thanks to every one of you for your dedication and commitment every day to providing the best possible prehospital medical care to the citizens of our respective communities.



Erin Burnham, MD
Supervising Physician

1/1/2020

Date

As EMS Provider, I have read and understood these protocols and will operate within the scope of these protocols as a provider for the following agency:

Agency

EMS Provider

Date

POLST REGISTRY INFORMATION

NOTE: If POLST form not available on scene, you may be able to access information on POLST from POLST FORM REGISTRY at OHSU with the following phone number:

1-888-476-5787

When you call please have:

- Registry ID # (when available)
- Correct spelling on patient's first and last names
- Patient age and/or date of birth
- Gender of patient
- Home address of patient
- Name of care facility for patient (if applicable)
- City, zip code or county of residence
- Last 4 of patient social security number

BE SURE TO DOCUMENT ON PCF:

- Orders relayed for sections A & B
- Date form signed
- Registry ID #
- Health care signers name (if relayed)

GLOSSARY OF TERMS AND ABBREVIATIONS

1°	Primary, first degree
2°	Secondary, second degree
3°	Tertiary, third degree
<	Less than;
>	Greater than
=	equals
ABC	Airway, breathing and circulation
Abd.	Abdomen
a/c	antecubital
ACLS	Advanced Cardiac Life Support
ADD	Attention Deficit Disorder
AED	Automatic external defibrillator
AEMT	Advanced Emergency Medical Technician
AIDS	Acquired immune deficiency syndrome
Admin.	Administer(ed)
A fib	Atrial fibrillation
Alcohol	Alcohol
ALS	Advanced Life Support
AMI	Acute Myocardial Infarction
amp	Ampule
Amp.	Amputation
amt.	Amount
ant	Anterior
APAP	Acetaminophen (Tylenol)
APE	Acute pulmonary edema
ASA	Aspirin
ASAP	As soon as possible
ASRH	Acute Stroke Ready Hospital with CT and thrombolytic capability
ATAB	Area Trauma Advisory Board
ATF	Arrived To Find
AVPU	Alert, verbal, painful, unresponsive
BGL	Blood glucose level
Bilat, B.	Bilateral
BLS	Basic Life Support
B/P	Blood pressure
bpm	beats per minute
BSS	Balanced salt solution such as normosol, normal saline, etc.
C-1	Code 1

C-3	Code 3
CA	Cancer
CABG	Coronary artery bypass graft (“cabbage”)
CAD	Coronary Artery Disease
CAO	Conscious, Alert, Oriented
CBG	Capillary Blood Glucose
CC	Chief Complaint
CHF	Congestive heart failure
CO₂	Carbon Dioxide
c/o	Complains of
COPD	Chronic obstructive pulmonary disease or emphysema
CPR	Cardio-Pulmonary resuscitation
CSF	Cerebral spinal fluid
CVA	Cerebrovascular accident
CX	chest
CPAP	Continuous Positive Air Pressure
DCAP-BTLS	Deformities & Discolorations, Crepitus & Contusions, Abrasion & Avulsion, Penetration and Punctures, Burns, Tenderness, Lacerations, Swelling & Symmetry
D/C	Discontinue
Dig.	Digitalis
Disloc.	Dislocated
D5W	Dextrose 5% in water
dl	Deciliter (1/10 of a liter: 100ml)
DM	Diabetes Mellitus
DNR	Do not resuscitate
DT’s	Delirium tremens
Dx	Diagnosis
ECG	Electrocardiogram
ED	Emergency Department
EKG	Electrocardiogram
EMS	Emergency medical services
EMT	Emergency medical technician
EMT-I	Emergency medical technician - Intermediate
EMT-P	Emergency medical technician - Paramedic
Epi.	Epinephrine
EPS	Extrapyramidal effects - muscle stiffness, dystonia, parkinsonism, tardive dyskinesa
ET	Endotracheal

ETCO₂	End tidal carbon dioxide detector
Exam	Examination
F	Female
F°	Fahrenheit
Fx	fracture
GCS	Glasgow Coma Score
g, gm	gram
GI	gastrointestinal
gr	grain
gtt	drops
H/A	headache
HCTZ	hydrochlorothiazide
HIV	Human immunodeficiency virus
HRFD	Hood River Fire Department
HTN	Hypertension
Hx	History
ICP	Intracranial pressure
ICS	Incident command system
IM	Intra-muscular
IN	Inranasal
IO	Intraosseous
IV	Intra-venous
IVP	IV push
KCL	Potassium chloride
kg	kilogram
L	liter
LBB	Long back board
LUQ	Left upper quadrant
LLQ	Left lower quadrant
LMC	Last Menstrual Cycle
LOC	Level of consciousness
L/S	Lung sounds
LVAD	Left ventricular assist device
M	male
MAE	Moves all extremities
MAS	Movement and sensation
MCFR	Mid-Columbia Fire & Rescue
mcg	microgram
mEq	milliequivalent

mg	milligram (1/1,000 of 1 gram)
MCI	Multi-casualty incident
ME	Medical examiner
MI	Myocardial Infarction
min	Minute
ml	Milliliter – (1/1,000 of 1 liter)
mmHG	Millimeters of mercury
MS	Mental status
MSO4	Morphine Sulfate
MSDS	Material safety data sheets
N&V	Nausea and vomiting
NAD	No acute distress, no apparent distress
NC	Nasal canula
NG	nasogastric
NKMA	No known medical allergies
NMS	Neuroleptic Malignant Syndrome - potentially fatal reaction to neuroleptic medications causing altered mental status, rigidity, hyperthermia, and dysautonomia
NMT	Not More Than. Indicates maximum total dosage.
NPA	Nasopharyngeal airway
NPO	Nothing by mouth (per os)
NR	Normosol-R
NS	Normal saline
NSAIDS	Non-steroidal anti-inflammatory medications
NTG	nitroglycerin
N&V, N/V	nausea and vomiting
O2	Oxygen
OD	Overdose
OLMC	On-line medical control
OPA	Oropharyngeal airway
PASG	Pneumatic anti-shock trousers
PEAD	Pharyngeal esophageal airway device
PEARL	Pupils equal and reactive to light
PCR	Pre-hospital Care Report
PDW	Pink, Warm, Dry
RUQ	Right upper quadrant
RLQ	Right lower quadrant
PMHx	Past medical history
Pn.	Pain

PO	“Per Os” = By mouth, orally
POLST	Physician Orders for Life-Sustaining Treatment
prn	As needed
PR	per rectum; rectally
ROSC	Return Of Spontaneous Circulation
RSI	Rapid Sequence Intubation
PAPR	Powered Air-Purifying Respirator
PPV	Positive Pressure Ventilation
PSVT	Paroxysmal supraventricular tachycardia
Pt.	patient
RL	Ringers Lactate
Rx	prescribed for, used for
SAO2	Oxygen saturation
SL	sublingual
SOB	Shortness of breath
SQ	subcutaneous
s/s	Signs & Symptoms
SW	Sterile water
sx	surgery
Sz	seizure
TB	tuberculosis
TCA	Tricyclic antidepressant
TIA	Transient ischemic attack
Torr	Millimeters mercury (mm/Hg)
TKO	To keep open IV fluid infusion
TSC	Thrombectomy capable Stroke Center
U	unit
UKA	Unknown allergies
URI	upper respiratory infection
UTI	urinary tract infection
VF	Ventricular Fibrillation
VT	Ventricular Tachycardia
w/	with
w/o	without
y/o	years old

GLASGOW COMA SCORE

Eye Opening		Best Verbal Response		Best Motor Response	
Spontaneously	4	Oriented	5	Obeys Commands	6
To Commands	3	Confused	4	Localizes Pain	5
To Pain	2	Inappropriate	3	Withdraws from Pain	4
No Response	1	Incomprehensible	2	Flexion (decorticate)	3
		No Response	1	Extension (decereb)	2
				No Response	1

GCS < 8

Intubate

Totals _____

IMPORTANT PHONE NUMBERS

Poison Control at OHSU: 1-800-222-1222

Oregon POLST Registry Hotline: 1-888-476-5787

Oregon LVAD Program Coordinator - St. Vincent's: 1-971-678-4042

Oregon LVAD Program Coordinator - OHSU: 1-503-494-900

SCOPE OF PRACTICE

Page	Medication	Pregnancy/ Lactation	EMR	EMT	AEMT	EMT-I	EMT-P	NOTES
7	Activated Charcoal <i>Call Drug</i>	NA/s		X	X	X	X	
8	Adenosine	C/?					X	
9	Albuterol	C/c		X	X	X	X	
10	Amiodarone	D/X				X	X	
11	Amyl Nitrite	C/?					X	
12	Aspirin	D/X	X	X	X	X	X	C in pregnancy if not near term or short term use
13	Ativan	D/X					X	
14	Atropine Sulfate	C/s		X	X	X	X	EMT & AEMT: SLUDGE Only
15	Atrovent	B/c		X	X	X	X	
16	Calcium Gluconate	C/s					X	
17	Captopril	D/s					X	
18	Dexamethasone	C/c					X	
19	Dextrose (IV)	NA/c			X	X	X	
19	Dextrose (Oral)	NA/c	X	X	X	X	X	
20	Diphenhydramine	B/c				X	X	
21	Dopamine	C/?					X	
22	Duoneb	C/c		X	X	X	X	
23	Ecallantide	C/c					X	
24	Epinephrine 1:1,000	C/?	X	X	X	X	X	EMR: EpiPen Only EMT: + IM for Anaphylaxis AEMT: + Nebulized for Respiratory Distress; +IV/IO/ET for ACLS
25	Epinephrine 1:10,000	C/?				X	X	
26	Etomidate	C/?					X	
27	Fentanyl	B/x				X	X	

Page	Medication	Pregnancy/ Lactation	EMR	EMT	AEMT	EMT-I	EMT-P	NOTES
28	Furosemide	C/x				X	X	
29	Glucagon	B/?			X	X	X	
29	Haloperidol	C/x					X	
31	Hydrocobalamin	C/s					X	
32	IV Solutions (BSS)	A/s			X	X	X	
33	Ketamine	C/?					X	
35	Ketorolac	C/?				X	X	
37	Lidocaine	B/c			X	X	X	AEMT - anesthetic for IO only
37	Lidocaine Pre-Mix	B/c				X	X	
39	Magnesium Sulfate	D/s					X	(Despite being drug of choice for Eclampsia)
40	Midazolam	D/c					X	
41	Morphine Sulfate	C/s				X	X	
42	Naloxone	C/?	X	X	X	X	X	EMR - MAD and Auto injector only
43	Nitroglycerine	C/?		X	X	X	X	EMT-Assist w/ Pt NTG only
44	Norepinphrine	C/?					X	
45	Olanzapine	C/c					X	
46	Oxygen	A/s	X	X	X	X	X	
48	Oxymetazoline	C/?					X	
49	Oxytocin CALL DRUG	X/x					X	If given, delay breastfeeding 24H
50	Phenergan	C/?					X	
51	Rocuronium	B/?					X	
52	Sodium Bicarbonate	C/?					X	
53	Succinylcholine	C/?					X	
54	Thiamine	A/s					X	
55	Vecuronium	C/?					X	

Page	Medication	Pregnancy/ Lactation	EMR	EMT	AEMT	EMT-I	EMT-P	NOTES
56	Zofran	B/c				X	X	

PREGNANCY/LACTATION CATEGORIES

Pregnancy Category	Interpretation
A	Generally Acceptable. Controlled studies in pregnant women show no evidence of fetal risk
B	May be acceptable. Either animal studies show no risk but human studies not available or animal studies showed minor risks and human studies done and showed no risk.
C	Use with caution if benefits outweigh risks. Animal studies show risk and human studies not available or neither animal nor human studies done.
D	Use in LIFE-THREATENING Emergencies when no safer drug available. Positive evidence of human fetal risk.
X	Do not use in pregnancy. Risk involved outweigh potential benefits.
NA	Information not available.

2020 NOCEMS PROTOCOLS REVISIONS

Protocol	Changes	Page #	Date of Change
Introduction to the Protocols	Added in Medcor and updated.	4	1/1/20
Cardiac arrest	Cardiac arrest in pregnancy - displace uterus	12	1/1/20
Epistaxis (Nosebleeds)	New epistaxis protocol	49	1/1/20
N/V	Added Haldol	57	1/1/20
Pain Control	Added ketamine	66	1/1/20
Patient Restraint	For Safety of EMS and patients with agitated patients. Added Broset and RASS scores, Haldol & Olanzapine.	67 - 68	1/1/20
Behavioral/ Psychiatric	Combined into patient restraint Protocol	67 - 68	1/1/20
Amputations	Moved into Trauma section of protocols	89	1/1/20
Fractures and Dislocations	Moved into Trauma section of protocols	91	1/1/20
Neurologic Trauma	Moved into Trauma section of protocols	93	1/1/20
Trauma Pain Control	Removed specific pain medications from protocols and changed to "per Pain Control Protocol"	86 - 94	1/1/20
Suspension Trauma	Moved Albuterol for treatment of crush injury up to EMT level	95	1/1/20
Trauma Crush Injury	Moved Albuterol for treatment of crush injury up to EMT level	93	1/1/20

Drug	Changes	Page #	Date of Change
Haldol	New medication for N&V and for agitation	30	1/1/20
Ketamine	Added indications for pain and agitated delirium.	33	1/1/20
Ketorolac	Lower age to 2 years old and weight based dosage	35	1/1/20
Olanzapine	New medication for agitation	45	1/1/20
Oxymetazoline	New medication for epistaxis	48	1/1/20

Procedure	Changes:	Page #	Date of change
Intraosseus Infusion	Added Distal Femur	35	1/1/20
Refusal of Care	Added minor consent/refusal	59	1/1/20

Reference Documents	Changes	Page #	Date of change
Glossary of Terms	Move from Protocols to Reference Documents	5	1/1/20
NMS	Added to glossary of terms	5	1/1/20
EPS	Added to glossary of terms	5	1/1/20
Important Phone Numbers	Move from Protocols to Reference Documents	11	1/1/20
Protocol Revisions	Combined Protocols, Meds and Procedure Revisions and added to Reference Documents	12	1/1/20
Scope of Practice	Add to Reference Documents and kept in meds	12	1/1/20
Scope of Practice	Haldol and Olanzapine added in	12	1/1/20
Pregnancy/ Lactation Categories	Add to Reference Documents and kept in meds	15	1/1/20