

Verde Valley Medical Center Orientation Manual and Treatment Guidelines

2014 Changes

Description	Page	Change	Why
Orientation Manual changes			
Verde Valley Provider Agencies	3	Added Camp Navajo Fire Department	Providing Medical Direction
Prehospital Care/ CQI Committee Members	4	Added names for primary contact on standing committees	
Conflict Resolution	5	Removed reference of Quality improvement referral form; Re-worded section 3 under procedure.	Quality improvement referral form is not in use and rewording clarifies the involvement of the peer review committee in conflict resolution specific to patient care concerns.
Application for Medical Direction	8	Added clarification for mentorship requirements based on full time, part time or reserve status. Added immunization requirements and additional student process requirements for the application process and clinical time.	Verbiage changed to the mentorship requirements to fall in-line with current practice and afford medical direction ample time to ensure new ALS providers are functioning to the expectation of medical direction based off established treatment guidelines. (2) Verbiage added to clarify immunization and student process requirements to complete the clinical portion for the initial ALS application for medical direction.
Verification of review and understanding of orientation manual	10	Added a print line for providers name	No explanation needed.
Verde Valley Medical Center ALS Orientation checklist	11	Reconfigured	Reconfigured to include current practice policies of Verde Valley Medical Center.

ALS Performance Contract Utilizing Verde Valley Medical Center As Base Station	12	Removed wording requiring a copy of the patient care record left for CQI. Added a statement requiring notice to the pre-hospital office regarding Flights. Added statement indicating adherence to the ALS drug box maintenance and control policy.	Verbiage change to reflect current practice.
Summary of EMS experience	Was page 14	Stricken from policy.	Document not needed.
Clinical Time for EMS providers	Was 18 now 16	Verbiage change to clarify dress code standards, immunization requirements and student processes.	Verbiage change to include VVMC Policy reference and clarify clinical time requirements
Patient Outcome Information	Was 19 now 17	Added information required to receive patient follow up.	To specify required information to ensure accurate patient access thereby reducing potential HIPPA violations.
Approved Use of Supraglottic Devices	Was 25 now 21	Updated referenced ADHS rule numbers	Updated rule numbers to be in compliance to last rule changes.
Rapid Sequence Intubation (RSI) USE by EMT-P's	Was 26 now 22	Added list item identifying OR clinical time requirements.	Addition of OR clinical time capability and the necessary provider requirements.
Back up Medical Control with Flagstaff Medical Center	Was 29 now 25	Added numbers to both Sedona Fire Dispatch and Cottonwood Dispatch. Added procedure for charge nurse or designee to notify dispatch centers. Changed the 72 hour prehospital notification to 24 hours.	With the addition of Cottonwood dispatch, added numbers for clarification and procedure to ensure all agencies become notified in the event of a communication failure.
Nurse Intermediary's Responsibility in providing medical direction.	Was 30 now 26	Verbiage change to line 6 in procedure to indicate a patient transported to SEC will receive information from the nurse intermediary where a patient transported to any other location may as necessary relay information.	To clarify responsibility for transmission of initial patch information to destination facilities.
Activity Levels for maintaining medical direction	Was 34	Stricken from Policy	Duplication regarding run review requirements. Non enforced policy.

Agency Responsibility For Provider Change Notification.	Was 35 now 32	Added requirement of all updated certifications to be sent to the pre-hospital department.	Continued process of updating personnel files, noted to have many lacking certifications. Form has not been used by all agencies and is required to ensure accuracy and security for personnel terminated/resignations.
Emergency Interfacility Transports	Was 37 Now 32	Combined with Interfacility transport Policy. Wording change to identify Non-emergency vs. Emergency.	
Interfacility Transports	Was 38 now 32	Combined with Interfacility transport Policy. Wording change to identify Non-emergency vs. Emergency.	
Vehicular Experience/Orientation For Nurses Intermediary	Was 23	Removed	Removed to reflect current practice
Pre-hospital Vehicular Experience	Was 24	Removed	Removed to reflect current practice
Emergency Physician's Responsibility in Providing Medical Direction	Was 31 now 27	Added line 6. The emergency physician will be required to review the current physician's orientation manual and checklist	To clarify the process of how physicians are oriented to pre-hospital and hospital protocols and procedures.
Protocol changes			
Adult Cardio Pulmonary Arrest (CCR alternative)	27	Changed dosage time for Epinepherine to read..... Repeat every 2 min during chest compressions.	Corrected to reflect guidelines for CCR.
Trauma Triage Designation	31	Changed GCS Scale identifier on Physiologic criteria to < or = to 13	Updated to reflect State Trauma Triage Guidelines.
Trauma- Burns	32	Increased Initial MS dose for IV/IO to 5 mg. Increased initial MS dose for IM to 10 mg.	Initial dose increased for pain management of significant burns.
Musculoskeletal Injury	33	Added to top box SMR (Spinal Motion Restriction) Protocol.	Reflecting current practice for spinal immobilization restriction.
Pediatric Trauma- Burns	67	Changed the IM dose for Burns from 0.1 mg/kg to 0.2 mg/ kg.	Increased Peds IM dose for better pain management of significant burns.

VVMC Prehospital care/ Sedona Fire District Transport Guidelines	103	Added current practice for CVA patients. CVA < 3 hours can be transported to SEC. Exceptions; CVA patients between the hours of 22:00 to 07:00; major holidays; and from the VOC should be transported to VVMC	To reflect current practice and the addition of Telestroke medicine capabilities at Sedona Emergency Center.
smr	101	Added	
sepsis	60	New Protocol	