Verde Valley Medical Center Orientation Manual and Treatment Guidelines

2015 Changes

Description	Page	Change	Why
Orientation Manual changes			
Verde Valley Provider Agencies	3	Corrected Addressing	
Prehospital Care/ CQI Committee Members	4	Added names for primary contact on standing committees	
Prehospital Continuous Quality Improvement committee	5	Removed review of all refusals and cardiac chest pain patients	Change to align with current practice
Application for Medical Direction	8	Removed requirements for clinical time. Changed orientation time from 4 hours to up to 6 hours with new requirement of an administrative meeting with Medical Direction.	Verbiage changed to reflect a process change where new medics are no longer required to complete 4 hours of clinical time in the Emergency Department. Process change includes removal of the requirements to obtain a badge.
New Medic Mentorship Form	9	Clarification of expectations regarding this form; added 6 month review period for reserve providers.	Changed wording to clarify expectation of the form.
Verde Valley Medical Center ALS Orientation checklist	11	Added (if applicable) in the event clinical time requirements must be met	For STR if they arise; for Medical direction options requiring clinical time.
Base Station Policy on Continuing Education	13	Added verbiage to clarify what to do with the attestation forms	Because SFD couldn't figure it out.
Clinical Time for EMS providers	17	Verbiage change to clarify dress code standards, immunization requirements and student processes.	Verbiage change to include VVMC Policy reference and clarify clinical time requirements

Rapid Sequence Intubation (RSI) USE by EMT-P's	23	Removed Clinical time requirement information and referenced the clinical time for ems providers policy	Removal of redundant information
Field Communication With Base Hospital	24	Changed grammatical error; removed reference to initial EMSCOM radio contact	To bring in-line with current practice.
Nurse Intermediary's Responsibility in providing medical direction.	27	Removed 12 hour ambulance ride time requirement.	To bring in-line with current practice.
Reporting of Certain Deaths(orientation manual)	35	Addendum to wording in point 9, added in point 10	As per ARS 11-593
Wildland Fire/special medical assignment procedure added	38		
Protocol changes			
Basic Communication Procdedures	11	Removed EMSCOM Reference as unit identifier	EMSCOM not utilized.
Communication Guidelines Utilizing EMSCOM Med Channel 11	12	Verbiage change to outline procedure if EMSCOM MED Channel 11 is utilized	To bring in-line with current practice.
At Scene Transfer of Care/ Multi Agency Documentation	14	Verbiage change to include reporting requirements for patient records	With the increased use of electronic patient care reports; requirements to ensure patient records for all patient care rendered should be sent to the pre-hospital office; And/ or measures taken to ensure documentation accurately reflects previous care, vital signs, time of patient care transfer, provider transfer and provider acceptance.
Adult Bradycardia, unstable	26	Reformatted to fall in-line with ACLS guidelines	Regardless of rhythm determination first line drug of atropine should be used. Do not delay TCP if patient condition warrants.

Chest Pain Suggestive of Cardiac Origin	27	Added clarity to patch for cath lab activation if noted ST elevation > 1mm in two or more contiguous leads or New LBB.	To clear up confusion in regards to expectations of cath lab activation.
Cardiac Arrest Post Resuscitation Induced Hypothermia	30	Added footnote (7) to clarify not delaying transport to initiate hypothermia protocol, and to consider with-holding initiation for transports < 30 min.	Evidenced based data has shown little benefit in pre-hospital initiation of cooling measures. Data indicates minimal cooling occurs in the pre-hospital environment and continuum of cooling in hospital lacks consistency. Accurate and measurable cooling occurs post catheterization and in ICU.
Trauma/ Burns	33	Changed IM Fentanyl dose repeat time to 5 min instead of 10	Change to dosing to improve pain management capabilities.
Musculoskelatal Injury	34	Changed IM Fentanyl dose repeat time	Changed to correct dosing mislabeled.
Trauma- Head Injury with ALOC	35	Added consideration of ETCO2 and changed footnote (1) to GCS less than or equal to 13 from 14.	To include an additional vital sign component with ETCO2 and GCS trauma criteria to coincide with trauma triage guidelines.
Trauma- Multi-System	36	Removed use of pneumatic anti-shock garment and added use of capnography	Use of PSAG currently indicated for suspected unstable pelvic fractures. With PSAG not being DHS required, many agencies are not carrying these on transport apparatus. Pelvic fractures should be bound with sheets.
Allergic Reaction/ Anaphylaxis	38	Combined Allergic Reaction and Analphylaxis protocols	Reduce redundancy.
Envenomation Arachnids	39	Retooled to include pain management for all types with bp inclusion criteria. Fentanyl IM repeat dose to 10 min for consistency	
Airway Compromise	41	Added ETCO2 with footnote	To promote greater use of capnography in respiratory compromised patients.
Respiratory Insufficiency-Bronchospasm	43	Added ETC02 with footnote	As above

Obstetrics Complications of Pregnancy	47	Moved Mag Sulfate up as first line seizure medication for gestational hypertensive patient with seizures. Valium added as second line med.	Medical Direction prefers mag as first line medication delivery in GH seizure patients. Valium as second line per Medical Direction
Seizure	53	Changed first line medication to Valium for Seizures. Retooled protocol; Footnote added to include Versed IN if unable to establish IV.	Medial Direction prefers Valium as the first line drug for seizure patients not related to gestational hypertension.
Nausea and Vomiting	55	Zofran 4mg ODT can be used if unable to establish an IV line	
Environmental- Heat Related	56	Removed monitoring of rectal temperature	Many agencies do not have the equipment required, treatments are centered around patient presentation and definitive care will monitor core temp for further treatments.
Environmental – Hypothermia	57	Removed monitoring of rectal temperature and associated temperature parameters	Tympanic temperatures are relatively inaccurate when registering hypothermic patients. If hypothermia is suspected treat based on patient presentation.
Suspected Sepsis	60	Added ETC02	To promote greater use of capnography and as a measuring device to determine sepsis criteria.
Pediatric Submersion Incident- Category 1	65	Added ETC02	
Pediatric Submersion Incident- Category 2	66	Added ETC02	
Pediatric Trauma- Burns	67	Changed Fentanyl IM repeat dose time from 10min to 5 min.	Improved pain management for burn patients.
Pediatric Trauma- Head Injury with ALOC	69	Changed footnote 1 to read GCS less than or equal to 13 for consideration of air transport.	To bring in-line with State trauma triage guidelines
Pediatric Allergic Reaction/ Anaphylaxis	71	Combined Allergic Reaction and Analphylaxis protocols	Reduce redundancy
Pediatric Envenomation Arachnids	72	Retooled to include pain management for all types with bp inclusion criteria.	

Pediatric Seizure	79	Changed first line medication to Valium for Seizures. Retooled protocol	Medial Direction prefers Valium as the first line drug for seizure
Pediatric Environmental –Heat related	82	Removed "monitor rectal tempreture"	
Pediatric Environmental – Hypothermia	83	Removed "Check rectal temp with hypothermia thermometer"	
Pediatrics Hypotension/shock, non-Traumatic	84	Changed Dopamine dose to 2-20mcg/kg/min instead of 5-20mcg/kg/min (5) Epinephrine dose change <50 kg 0.1-1mcg/kg/min >50kg 1-10mcg/min	To bring in-line with PALS and DHS. Epinephrine dose recommended by Maricopa Medical Cnt, Medical director approves
Pediatric drug administration&Precautions	87	IV Epinephrine 1:10,000 (anaphylaxis) changed to 0.1 -1mcg/kg/min	To reflect the Anaphylaxis flow chart and PALS
Pediatric drug administration&Precautions	88	Epinephrine drip dose change <50 kg 0.1-1mcg/kg/min >50kg 1-10mcg/min	To bring in-line with PALS and DHS. Epinephrine dose recommended by Maricopa Medical Cnt, Medical director approves
VVMC Prehospital Care Sedona Fire Department Transport Guidelines	102	Changed SEC to VVMC-SC	As per Sherry's request