

# Verde Valley Medical Center Orientation Manual and Treatment Guidelines

## 2017 Changes

Description	Page	Change	Why
<b><u>Orientation Manual changes</u></b>			
Verde Valley Provider agencies	3	Added Phone numbers	
Application for Medical Direction	8	Changed 3 and 6 month references to 30 shifts. Added requirement for providers not meeting evaluation period	Standardize a timeline for all providers regardless of full time, reserve or volunteer.
ALS Performance contract	12	Added ALS/BLS in title; changed IEMT/CEP to EMT/AEMT; reworded certification requirements.	Standardize terminology
Base station Policy on continuing education	13	Changed policy to reflect skills labs only with no run review requirement.	Compliance to current practice.
Field Communication with base hospital	23	Changed phone number under Procedure (2)(a) from 639-6172 to 639-6174	Removes the menu system and calls direct to charge nurse area.
Back-up Medical Control with FMC	25	Removed provider requirement to notify VVMC of inability to contact via patch.	VVMC will know early when system is non-operational as crews arrive with patients unannounced. Secondary system is in place to contact charge nurse desk via landline in the event recorded patch is non-operational. Changed verbiage to match current practice.
Wildland Fire/Special Medical Assignment Procedure	38	Added bullet point to state medication restock must meet quantity and concentration consistent with DHS regulations	To ensure proper drug amounts and concentrations remain consistent.
<b><u>Prehospital treatment Guidelines</u></b>			

Trapped or impaled patients	15	Removed paragraph	Not applicable for current practice. Physicians do not go to Emergency scenes.
PSAG	18	Removed paragraph	Not used in current guidelines.
Treatment	19	Removed line 3 and 4 Removed recommendation of use of a bougie tube with intubation; removed reference of utilizing C-collar to secure potential tube dislodgement	Bougie can still be used; just not a first line recommendation; Post intubation does not require C collar, can utilize other methods to prevent tube dislodgement.
Adult Brady Cardia/ Unstable	27	Added if patient becomes responsive and BP is > 90; can consider Fentanyl pain management; Footnotes # 6 (Hyperkalemia may cause a brady-idoventricular rhythm; patch to consider use of Calcium and Sodium Bicarb.	Need some pain management guidelines in protocol;;  Treatment for hyperkalemia induced bradycardia per medical Direction.
Chest cardiac of origin	28	Verbiage change reflecting age limitation and pain management; Added footnote # 7 (Use only 1 ntg bottle per patient; dispose after use in approved sharps container)	NTG for single use only and not to be given to patient as EMS unable to prescribe medications.
Adult tachycardia with pulse	32	If Sync cardioversion; Midazolam dose changed to 2 mg slow IV push.	Removed variable dose
Musculoskeletal Injuries	35	Added open injury to amputation box; added utilization of quick clot combat gauze in control hemorrhage box.	Stop the bleed hemorrhage control practices
Trauma multisystem	37	Removed verbiage regarding taping an occlusive dressing on three sides. Added box to indicate reassessment of tension pneumothorax; Added Footnote #1 to reassess for developing tension pneumothorax.	Evidenced based practice and use of commercial chest tube devices and needle decompression capabilities.
Fall injury/Lift assist/ minor injury	38	New protocol.	

Obstetrics complication of pregnancy	46	Acute abdominal pain; early pregnancy time has been changed to < 20 weeks instead of < 16 weeks. Late pregnancy has been increased to > 20 instead of >16 weeks.	Current national guidelines.
Obstetric complications of pregnancy cont.	47	Vaginal Bleeding. Same gestational time as above.	Current national guidelines.
Obstetric delivery (1)	48	Added Apgar score	For quick reference with protocol.
Altered Level of Consciousness	49	Changed Narcan dose from 2 mg IV/Nasal to 0.4 mg IV/Nasal; Verbiage change to reflect dosing amount just to provide patient spontaneous respiration and prevent complete awakening	Medical direction preference.
Adult Violent/ agitated patient	50	Added Ketamine dosing 4 mg/kg IM only; must place patient on nasal cannula and monitor ETCO <sub>2</sub> ; use of medication for Excited delirium is one or the other; Ketamine or Versed. ; Added footnote # 7 (If ketamine is ineffective or patient experiences adverse effects such as increased agitation or hallucination, patch required)	Additional medication tool for effective sedation of combative patients.
Seizure	51	Moved check blood glucose box higher in algorithym.	To rule out Hypoglycemic cause of seizures.
Poisoning/ Overdose	57	Changed Narcan dose from 2 mg IV/Nasal to 0.4 mg IV/Nasal; Verbiage change to reflect dosing amount just to provide patient spontaneous respiration and prevent complete awakening	Medical Direction Preference.
Suspected Sepsis	58	Under fluid infusion. Changed to 1 liter fluid bolus.	To reflect an initial fluid infusion amount.




