



## Introduction and Foundations of Practice

This document provides evidence-based guidelines and historically proven practices for common pre-hospital scenarios. They require that individual EMS providers use their education, experience & clinical judgement to perform an independent evaluation of every patient and apply each component of the guideline as needed to optimized patient care. While it is impossible to address every possible variation of disease or traumatic injury, these off-line policies, procedures, and protocols offer a foundation for treating most patients we encounter. Certainly, our education, experience, and clinical judgment will assist us as we strive to provide the highest quality pre-hospital patient care

These Administrative Guidelines have been developed and approved by the University Emergency Medical Services physicians and approved by the Office of the Medical Director for TFD, NWFD and GRFD. They are based on the National Association of State EMS Officials Model EMS Clinical Guidelines and modified to include other EMS best practices and statutory requirements specific to the state of Arizona

## Guidelines for the Use of Administrative Guidelines

Individual protocols are organized into three sections, each describing an important element of patient care. The top section includes 'History,' 'Signs and Symptoms,' and 'Differential,' and guides us to obtain patient information and consider potential causes for each clinical scenario.

The middle section describes the essentials of patient care, presented in flow chart style. These guidelines represent proven practices that provide the foundation of our pre-hospital care. Nearly every patient should receive the care suggested in this section, usually in the order described. Certainly, exceptions will exist, but the rationale for any deviation from the recommended course should be clearly explained in the narrative of the patient care report. Such exceptions should be rare.

The last section is titled 'Education and Pearls' and is found on the second page or bottom of each guideline. This section provides further guidance and adjuncts for patient care based on experience and common medical knowledge. While it is impossible to condense emergency medicine to a single-page flow chart, these pearls allow for expanded medication advice, dosages, and description of special situations. The section should be studied along with the rest of the guidelines and followed if applicable.

Lastly, pediatric patients often require age-tailored care. The pediatric-specific protocol should be utilized (Age < 14) if one exists for the patient's complaint. If a pediatric-specific protocol is unavailable, utilize the adult protocol for care guidance, but always use pediatric weight-based dosing for medications. Never exceed adult doses of medication for a pediatric patient.

## Definition of a Patient

A patient is any individual(s) who is sick, injured or wounded, and who is deemed by the officer or senior medic on scene to require medical evaluation, medical monitoring, medical treatment, or transport. (R9-25-101-33 as authorized by A.R.S 36-2201, 36-2202, 36-2204, 36-2205). A patient should meet one or more of the following criteria:

- Has an acute medical complaint or the potential for acute illness or injury (including lift assist, found down, MVA with injury, or otherwise involved in an event with a mechanism of injury that a similarly trained EMS professional would believe to have caused injury).
- Appears disoriented or to have impaired decisional capacity.
- Exhibits psychiatric illness with likely danger to self or others, including psychosis, suicidal ideation or homicidal intent.
- A witness or person with personal knowledge of the individual requesting assessment or treatment on their behalf.