

Salt River Fire Department EMS Policies and Procedures

Paramedic Follow-Up Guidelines/Requirements



06/2003

407.04

PURPOSE

The purpose of this document is to provide guidance in recognizing patient care situations that require follow-up with a patient by a SRFD ALS member and those that may require follow-up.

GUIDELINES

This document was developed after careful consideration of the following:

1. The patient's chief complaint and condition.
2. Patient situations that may require the presence of two ALS personnel during transport to a receiving facility.
3. Ensuring the availability of qualified personnel and sufficient apparatus to the residents, businesses, and visitors of the SRPMIC.
4. Location of receiving facilities.
5. Ambulance staffing requirements.

The EMS Quality Management (QM) Committee recognizes that it is ultimately the decision of the ALS members caring for our patients that will determine whether or not it is necessary to accompany the patient (and ambulance paramedic) to a receiving facility. The Committee also recognizes that the decision to accompany a patient should be guided by the patient's presentation including assessment of the patient's mental status, vital signs (including SpO₂), lung sounds, skin condition, cardiac rhythm, medical history, and medications.

An ALS member is required to follow-up with the patient to the receiving facility in the following situations:

1. Controlled substance administered (e.g., etomidate, diazepam, midazolam, or morphine). A controlled substance used by a SRFD ALS member may not be transferred to a non-SRFD member.

The EMS Battalion Chief will regularly monitor compliance with this policy.

The EMS Battalion Chief recommends SRFD ALS member follow-up with unstable patients to a receiving facility. Judgment will be necessary, while keeping the best interests of the patient in mind. If an ALS member chooses not

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to follow-up with the patient in any of the following situations, the member's rationale for that decision **must** be supported in his or her documentation.

Recognizing that it is impossible to produce a comprehensive list of all possible patient situations, the following are provided as *examples* of situations that may involve an unstable patient:

- Altered mental status (altered for patient)
- Cardiac arrest requiring transport
- Continuous IV medication infusion established (e.g., lidocaine, dopamine, or oxytocin)
- Eclampsia / preeclampsia
- Electrical therapy used (e.g., synchronized cardioversion, defibrillation, or transcutaneous pacing)
- Imminent delivery
- Medication given without improvement or relief of symptoms
- Restraints used. (If restrained by PD, request PD to accompany SRFD member in ambulance).
- Request of ambulance paramedic
- Seizures
 - Adult – active seizure or status epilepticus
 - Pediatric - first-time seizure, active seizure, unstable febrile seizure, or status epilepticus
- Trauma - all immediate (by injury) patients
- Vaginal bleeding in pregnant patient with fetus of viable age (24 weeks)