

TREATMENT PROTOCOL

S-100

PROTOCOL STANDARDS

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This protocol defines the standards for prehospital treatments.

- 1. All treatments shall be administered per protocol unless the patient declines, there is a contraindication, such as an allergy, or a Base Hospital Physician Order to withhold a required treatment.
- 2. When clinically indicated, more than one protocol may be applied for patient treatment.
- 3. All protocol treatments may be performed by the Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and/or Paramedic via standing orders except for those stating Base Hospital Order (BHO) or Base Hospital Physician Order (BHPO). Standing orders may be continued after Base Hospital contact unless the Base Hospital directs otherwise.
- 4. Mobile Intensive Care Nurses (MICNs) may relay BHPOs.
- 5. These protocol standards do not apply when a physician on scene assumes responsibility for patient care (see S-403 Physician on Scene).
- 6. Base Hospital Physician¹ consultation is encouraged for unclear or complex situations.

Base Hospital Physicians are authorized to:

- Order additional doses or boluses of a protocolized treatment
- Order the withholding of a protocolized treatment

Base Hospital Physicians are not authorized to:

- Order medications, routes, or procedures that are outside EMT, AEMT, or Paramedic scopes of practice²
- Modify Local Optional Scope of Practice (LOSOP) protocols
- Order treatments specifically prohibited by local CoSD EMS protocols

Under extraordinary circumstances, Base Hospital Physicians may order an Emergency Protocol Exception (EPE) when the following conditions are met:

- Immediate/imminent risk of serious morbidity or mortality
- S-104 or P-115 do not explicitly prohibit use³
- Complies with the above criteria for non-authorized orders

The Base Hospital shall report every EPE to CoSD EMS as an "unusual event" within 24 hours.

¹ Refer to S-403 Physician on Scene when a physician on scene assumes patient care

² EMS clinicians are only permitted to follow orders within their respective local scopes of practice (B-450, B-451, P-401).

³ Per P-115, EPEs are not authorized for administration of ketamine in dissociative doses or naloxone in cardiac arrest.