The Maryland

Medical Protocols

for Emergency Medical Services Providers

Effective July 1, 2014

Maryland Institute for
Emergency Medical Services Systems

E. HISTORY AND PHYSICAL EXAMINATION/ASSESSMENT

1. Conduct a Focused Examination/Detailed Examination/Ongoing Assessment.

2. Collect and transport documentation related to patient's history (example: Emergency Information Form, Medic Alert, EMS DNR, or jurisdictional form).

3. Obtain an EKG when appropriate.

F. TREATMENT PROTOCOLS

1. Refer to ALL appropriate protocols.

2. Patients who have had an impaled conducted electrical weapon used on them will be transported to the nearest appropriate facility without dart removal (Exception Tactical EMS).

3. Providers may assist the patient or primary caregiver in administering the patient's prescribed rescue medication.
   a) BLS providers may assist with the administration of the patient's fast-acting bronchodilator MDI and sublingual nitroglycerin.
   b) ALS providers may administer the patient's prescribed benzodiazepine for seizures, Factor VIII or IX for Hemophilia A or B, or re-establish IV access for continuation of an existing vasoactive medication.
   c) Providers should obtain on-line medical direction to administer other prescribed rescue medications not specifically mentioned in *The Maryland Medical Protocols for EMS Providers* (e.g., Solucortef for Adrenal Insufficiency). The rescue medication must be provided by the patient or caregiver and the label must have the patient's name and the amount of medication to be given.

ALERT DO NOT ADMINISTER ORAL MEDICATIONS (EXCEPT GLUCOSE PASTE) TO PATIENTS WITH AN ALTERED MENTAL STATUS.

4. For pediatric patients
   a) Pediatric section of the treatment protocol will be used for children who have <u>not</u> reached their 15th birthday (trauma and medical), except as otherwise stated in the treatment protocol.
   b) Medication dosing
      (1) Pediatric doses apply to patients weighing less than 50 kg
      (2) For pediatric patients equal to or greater than 50 kg, <u>utilize adult dosing</u>.
   c) The developmental age of the infant/child must be considered in the communication and evaluation for treatment.
   d) Destination consideration:
      For those patients who are 15 years of age or older who receive specialized care at a pediatric facility, consider medical consultation with a pediatric base station for patient destination.
   e) Infants and children must be properly restrained prior to and during transport.
   f) When appropriate, family members should remain with pediatric patients.