

BLS/ILS/ALS PROTOCOLS

CLARK COUNTY EMS SYSTEM



EFFECTIVE: SEPTEMBER 1, 2010
(Replaces January 1, 2010 Version)

P.O. BOX 3902 – SHADOW LANE – LAS VEGAS, NV 89127

FOREWORD

EMERGENCY MEDICAL SERVICES PROTOCOL MANUAL FOR THE CLARK COUNTY EMS SYSTEM

Optimal prehospital care results from a combination of careful patient assessment, essential prehospital emergency medical services, and appropriate medical consultation. The purpose of this manual is to provide guidance for **ALL** prehospital care providers and Emergency Department Physicians within the Clark County EMS System.

The **GOAL** of the manual is to **STANDARDIZE** prehospital patient care in Clark County. It is to be understood that these protocols are guidelines. Nothing contained in these protocols shall be construed to expand the Scope of Practice of any Emergency Medical Technician beyond that which is identified in the Clark County Emergency Medical Services Regulations and these protocols.

NOTHING contained within these protocols is meant to delay rapid patient transport to a receiving facility. Patient care should be rendered while en-route to a definitive treatment facility.

The [General Patient Care](#) and the [Spinal Immobilization](#) protocols must be followed in the specific sequence noted. For all other treatment protocols, the letter and numerical outline format is strictly for rapid and uniform reference and does not imply or direct a mandatory sequence for patient care.

To maintain the life of a specific patient, it may be necessary, in rare instances, for the physician providing on-line medical consultation, as part of the EMS consultation system, to direct a prehospital provider in rendering care that is not explicitly listed within these protocols, to include administering a patient's own medications which are not part of the approved formulary. To proceed with such an order both the telemetry physician and the provider must acknowledge and agree that the patient's condition and extraordinary care are not addressed elsewhere within these medical protocols, and that the order is in the best interest of patient care (**NOTE:** telemetry contact is **not** required for the administration of the patient's own Solu-Cortef in the treatment of suspected adrenal insufficiency). Additionally, the provider must feel capable, based on the instructions given by the telemetry physician, of correctly performing the directed care. Whenever such care is provided, the telemetry physician and the provider must immediately notify the Office of EMS & Trauma System (OEMSTS) of the extraordinary care situation. In addition, the provider must immediately, upon completion of the call, fax the prehospital care record to the OEMSTS. All such incidents will be entered into the [Quality Improvement Review](#) process.

Occasionally a situation may arise in which a physician's order cannot be carried out; e.g., the provider feels the administration of an ordered medication would endanger the patient, a medication is not available, or a physician's order is outside of protocol. If this occurs, the provider must immediately notify the telemetry physician as to the reason the order cannot be carried out, and indicate on the prehospital care record what was ordered, the time, and the reason the order could not be carried out. In addition, the provider must immediately notify the OEMSTS, and, upon completion of the call, fax the prehospital care record to the OEMSTS. All such incidents will be entered into the [Quality Improvement Review](#) process.