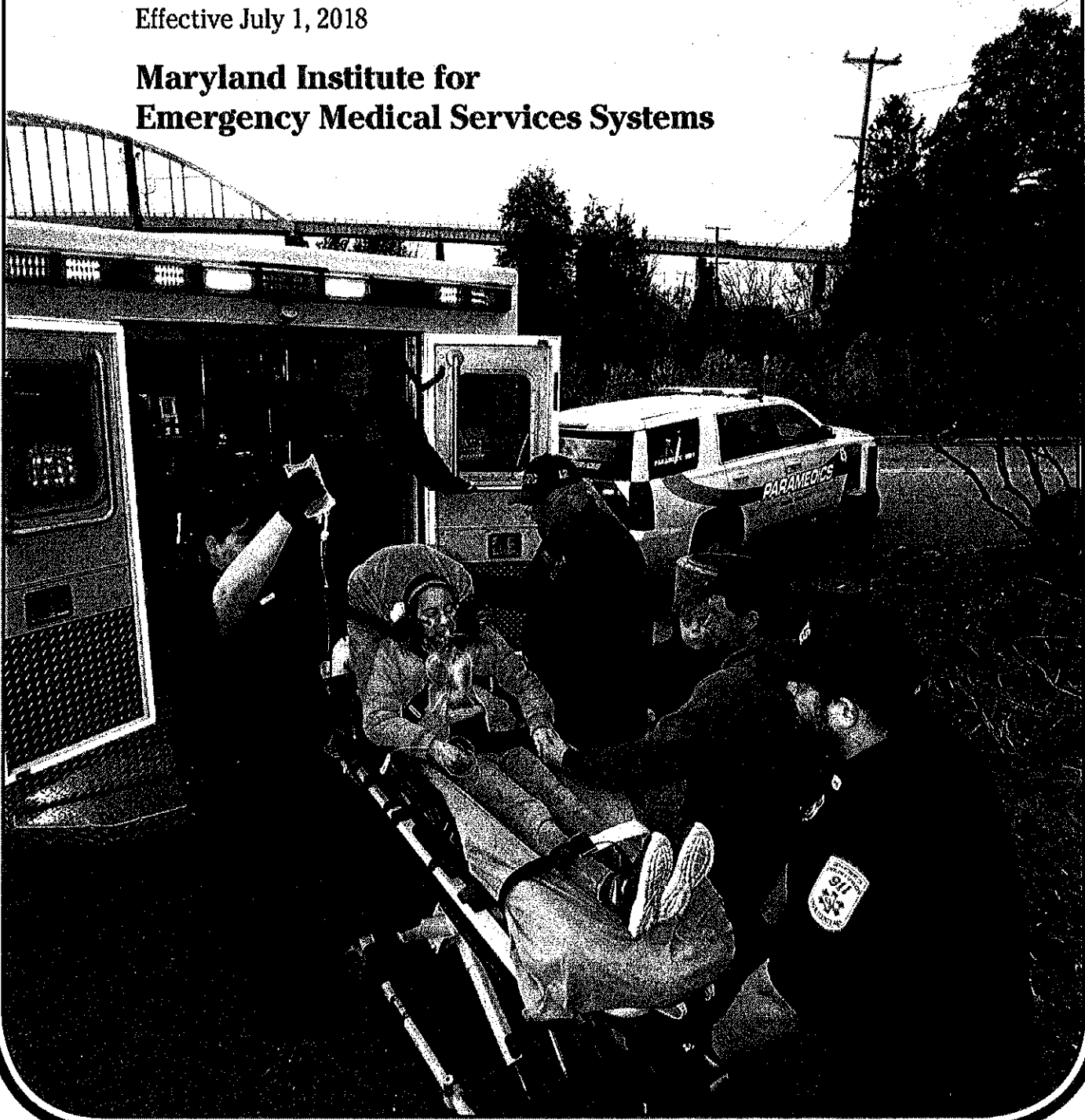





The Maryland  
**Medical Protocols**  
for Emergency Medical Services Providers

Effective July 1, 2018

**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/MOLST, or jurisdictional form).
3. Providers should obtain and document a contact telephone number for one or more individuals who have details about the patient's medical history so that the physician may obtain and validate additional patient information. **(NEW '18)**
4.  Obtain an EKG when appropriate.



ALL HEALTH CARE PROVIDERS ARE OBLIGATED BY LAW TO REPORT CASES OF SUSPECTED CHILD OR VULNERABLE ADULT ABUSE AND/OR NEGLECT TO EITHER THE LOCAL POLICE OR ADULT/CHILD PROTECTIVE SERVICE AGENCIES. DO NOT INITIATE REPORT IN FRONT OF THE PATIENT, PARENT, OR CAREGIVER (MD CODE, FAMILY LAW, § 5-704). UNDER MARYLAND LAW, EMS PROVIDERS ARE PROTECTED FROM LIABILITY IF THEY MAKE A REPORT OF CHILD/VULNERABLE ADULT ABUSE AND NEGLECT IN GOOD FAITH (COURTS AND JUDICIAL PROCEEDINGS ARTICLE § 5-620).

## 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). ANY conducted electrical weapon dart impalement to the head, neck, hands, feet, or genitalia must be stabilized in place and evaluated by a physician. An assessment must be conducted to determine if the patient meets Excited Delirium Syndrome.
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 reestablish 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., hydrocortisone (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.



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