

PROTOCOL DEVELOPMENT

Protocols and the medications used are designed by the off-line medical control system to provide a standardized approach to each commonly encountered patient problem. This provides a consistently defined level of pre-hospital care. When treatment is based on such protocols, the on-line physician assists the pre-hospital personnel in their interpretation of the patient's complaint, the findings of their evaluation, and the application of the appropriate treatment protocol.

The development of protocols at LaSalle is consistent with the state's Basic Guidelines for Emergency Medical Services Protocols promulgated by the Bureau of EMS. They include the following steps:

1. Utilizing a team approach that leverages the various experiences and education of EMS groups, protocols can address both the clinical, theoretical, and practical needs of the patient, family, and EMS provider. These team members might include:
 - 1.1. Emergency Medicine Physicians
 - 1.2. Surgeons (preferably trauma trained)
 - 1.3. Paramedics
 - 1.4. EMTs
 - 1.5. RNs for critical care protocols
2. A systematic process for protocol development will include the following resources:
 - 2.1. Evidence-based medicine: well-documented research supporting protocol treatments and EMS practices
 - 2.2. Physician experience: informed decisions applicable to EMS assessment/resuscitation and treatment.
 - 2.3. EMS industry standards or best practices: national standard EMS curriculum, Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS), and protocols from other EMS agencies
3. Several areas should be covered in any EMS protocols. Below is a suggested list of these areas:
 - 3.1. General Assessment and Treatment guidelines, including a general patient assessment protocol
 - 3.2. Airway Protocols
 - 3.3. Cardiac Protocols
 - 3.4. General Medical Protocols, including stroke, seizure, breathing difficulty, allergic reactions/anaphylaxis, hypoglycemia, unresponsive, and behavioral emergencies
 - 3.5. Obstetrical Protocols
 - 3.6. Pediatric Protocols
 - 3.7. Trauma Protocols
 - 3.8. Medications
 - 3.9. Environmental Emergencies Protocols, including hyperthermia and hypothermia
 - 3.10. General Administrative, including diversion, physician on scene, breach of protocol
 - 3.11. End of Life Protocols, including Do Not Attempt Resuscitation, Dead on Arrival, and Termination of Resuscitation
 - 3.12. Mass Casualty Response Protocols, including triage, Weapons of Mass Destruction, and incident command
 - 3.13. Procedures

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- 3.14. Resources: Scales, Scores, Checklists, and forms, including Glasgow Coma Scale, Revised Trauma Score, Pediatric Trauma Score, Cincinnati Prehospital Stroke Scale, Thrombolytic checklist, and informed consents
- 3.15. Endnotes documenting sources and references
- 4. The protocols should clearly delineate interventions that can be performed by each level of training: EMT, AEMT, Paramedic, and RN.
- 5. Major “revisions” will occur every two years, including research, development, and protocol roll out (education).
- 6. “Updates” will be distributed on an as needed basis. These will include small-scale changes or corrections.