MOC/OOC Comments on Policies/Protocols

March 12, 2020

Policy/Page	Provider/Agency	Comments/Suggested Edits	Response
4400-Paramedic Accreditation	Dr. Kevin Mackey	I think this phrase might be missing a word or two. Within "90 days" of what? "unless the Paramedic transfers from one (1) approved Sacramento County ALS provider to another, and the transfer is within the ninety (90) days. "	**Corrected**
2524-APOT	Dr. Kevin Mackey	Couple suggestions to add clarity: OLD 4. Receiving facility staff may perform, initial triage, basic vital signs, 12-lead ECGs, POCT blood glucose level, and protocol guided triage blood draws on ALL patients 5. Receiving facility staff may NOT initiate any medical treatment or patient care intervention which is not in the prehospital personnel SCEMSA scope of practice, while patients remain on EMS gurneys, with the exception of protocol driven Tylenol and Duoneb (Albuterol/Ipratropium). NEW 4. Receiving facility staff may perform initial triage, basic vital signs, 12-lead ECGs, POCT blood glucose level, and blood draws on ALL patients 5. Receiving facility staff may NOT initiate any medical treatment or patient care intervention which is not in the prehospital personnel SCEMSA scope of practice, while patients remain on EMS gurneys, with the exception of Acetaminophen and Duoneb (Albuterol/Ipratropium).	**Deleting "protocol guided triage"**
5010-Transfer of Care	Dr. Kevin Mackey	Please clarify who communicates to the hospital staff. Could be interpreted that the non-	

MOC/OOC Comments on Policies/Protocols

March 12, 2020

		transporting medic has to communicate to hospitals. "All assessment and care provided by the non-transporting Paramedic must be relayed to the transporting Paramedic, who will then communicate to the receiving hospital staff."	**See edit**
5050-Destination	Dr. Kevin Mackey	1. Any patient with an initial shockable rhythm (Ventricular Tachycardia or Ventricular Fibrillation) who has a Return of Spontaneous Circulation (ROSC) during any part of the resuscitation, and who is transported, shall be transported to a STEMI (PCI) center Suggested edit: 1. Any patient with an initial shockable rhythm (Ventricular Tachycardia, Ventricular Fibrillation OR SHOCKED BY AN AED) who has a Return of Spontaneous Circulation (ROSC) during any part of the resuscitation, and who is transported, shall be transported to a STEMI (PCI) center	**Agree with edit**
8007-ABD Pain	Dr. Kevin Mackey	Suggest removing the following. "Consider 12-Lead ECG for epigastric pain in patients over 40 years of age." It is covered in the EKG POLICY and there have been a multitude of false positive 12 leads done on lower abdominal pain patients.	**Agree with edit**
8015-Trauma	Dr. Kevin Mackey	"Next review date" is inaccurate	**Corrected**
8024-Cardiac Dysrhythmias	Dr. Kevin Mackey	**Three comments** 1. I believe we should remove the spelled out "H"s and "T"s from the policy. This is already taught in medic school, but 1/2 of them can not be tested for out of hospital in order to dictate	• **H's and T's was discussed and then added just a couple of months ago at recommendation of MAC/OAC**

		treatment, and the rest are extremely rare. 2. In bradycardia, atropine is called for in TCP "is not available". When will TCP not be available, but atropine will be available? Suggest dropping the second dose of atropine and stay focused on TCP. 3. Tachycardia: if you add up all the sync cardioversions, the medic could give up to 4, but the last line on the bottom box only allows for 3. Please change that number to 4	• **What if it is equipment failure or failure to capture? No Changes** • Corrected number of cardioversions to 4
8025-Burns	Dr. Kevin Mackey	Does the policy want "ANY" chemical or electrical burn to go to UCDMC? Seems like a lot of people will go there that are discharged from the ED and don't need a burn center. Are there any parameters that can be included?	**To discuss at MAC/OAC**