Module Seven
Special Issues: Writing Protocols

Wisconsin EMS Medical Director’s Course
Module Overview

• Purpose of protocols
• Who authors protocols?
• Protocol style and content
• Protocol authorization
• CQI
• Resources
Purpose of Protocols

- Preauthorized course of care
- Rules that run the system
  - Direct and Indirect medical control
  - Administrative and Clinical operations
- A legal document
  - Treat as an order or prescription
  - Expect it to appear in court for any suit

_The primary weakness of protocols is the inability to write a protocol for good judgment._
Questions to Consider

1) Is it in the State approved scope of practice?
2) Are training options available?
3) What is the mechanism for implementing protocol changes?
4) How will these changes be used?
5) How will these changes affect the system?
6) Will there be sufficient field experience to maintain skills?
7) Is a quality improvement system in place?
Who is the author?

- Medical Director is responsible for the content, appropriateness, associated education and review system of protocols
- Agency training officer should not be writing protocols *carte blanche*, with your signature as your only input
Who is the author?

• Input resources:
  - Policy & Practice Committee
  - Oversight Board
  - Specialists [Cardiology, Pediatrics]
  - Field personnel & medical control
  - Examples from other systems
  - National standards [ACLS, CPR, PALS]

• National or statewide protocols usually cannot be applied to a system without review, modification and local approval
Who is the author?

- Provider involvement in the development of protocols is essential
- Protocols are best followed when they are well-understood
- One of the best ways to understand them is to participate in their creation
Protocol Style & Content

- Assessment-based protocols are preferred to diagnosis-based protocols
  - “Respiratory Distress” instead of “CHF”
- Line-by-line progression or Flow chart
- Orders requiring medical control contact should be set in bold or otherwise identified
Protocol Style & Content

- Each protocol should have dates of initiation and revision, and the medical director’s signature.
- Attempting to account for every variable results in essentially incomprehensible documents, due to length and detail.
Protocol Style & Content

- “PROTOCOL”
  - Medical orders
  - Detailed
  - Precise

Examples:
- Chest pain
- Childbirth

- “GUIDELINES”
  - Flexible
  - Allows for interpretation

Examples:
- Destinations
- Multiple Casualties
Protocol Style & Content

• Write steps as if you were giving orders
• Be realistic in regards to
  o Limited manpower
  o Scene safety
  o Diagnostic capabilities
  o Time
Protocol Style & Content

Several studies demonstrate:

1) No difference in survival with or without direct (on-line) medical control

2) Less time spent in the field if not required to call

3) Providers do not feel threatened by making these decisions

*However, these studies were done in systems with tight indirect medical control, including complete review of all reports.
Protocol Style & Content

- Suggested instances requiring medical control communication:
  - ECG transmission to interpret a difficult rhythm
  - When some component of the patient evaluation, treatment or response is not following the expected course
Protocol Style & Content

• Changes in protocols should be driven by scientific research and guided by the local practice of medicine

• Good strategy is to write the protocol or revision and put it away for 30 days
  o If still makes sense when revisited, move towards implementation
Protocol Style & Content

- Areas requiring extra attention:
  - Triage/Destination policies
    - Specialty Centers
    - Hospital Bypass
  - Tiered levels of transport
    - BLS
    - ALS
    - Aeromedical
  - Interfacility transport
Protocol Style & Content

• Areas requiring extra attention:
  o Diversion
  o On-scene physicians or non-system providers
  o Deviation from Standards
    ▪ Medical Control authority
    ▪ Unusual circumstances
    ▪ Disciplinary procedures
  o Nontransport
    ▪ Assessing competency, minors
Protocol Style & Content

• Areas requiring extra attention:
  o Field pronouncement or termination
  o Do Not Resuscitate
  o Infection control/Exposure
  o Disaster/Mass Casualty Incidents
    ▪ Identify sources of mutual aid
    ▪ Field triage
Protocol Style & Content

Interventions with possible significant consequences [i.e. needle cric, IV epi for anaphylaxis] should be readily identified and detailed in the decision tree, require medical control contact or be deferred to the hospital for short transport distances.
Protocol Style & Content

- Recognize differences in rural versus urban systems
  - For transport times less than 15 minutes, infusions can often be deferred

- Provide instructions for circumstances when communication with medical control is lost or disrupted
  - Allow for next step in protocol or immediate transport
Protocol Style & Content

• When providers are forced to remain on scene for an extended extrication time, the medical director must decide whether *ad hoc* deviations in the protocols are allowed.

• Thus far, this has been met with significant legal consequences, despite attempts to improve the patient’s outcome:
  - i.e. field C-section or amputation
Authorization

- Medical Director should make use of multiple resources, but the final authority and responsibility rests with him or her
- National guidelines should be evaluated in terms of local practice, and strict adherence is not imperative given community considerations [i.e. lidocaine or amiodarone]
Authorization

Local approval of protocols is necessary to:

1) Assure community agreement on level of care
2) Assure the standards of care
3) Provide the medical basis for community wide prehospital care that addresses the needs of patients in concert with all physicians and all hospitals

Recognize the essentials of negotiation
Authorization

- New/revised protocols are submitted to DHS EMS Program Coordinator who reviews:
  - Scope of practice
  - Standard of care
  - Supported by adequate education and training
  - Gross errors
  - Typographical errors
    - MEDICATION DOSES
  - Medical Director authorship
Authorization

- Questions regarding medical treatment or procedures on the edge of usual and customary standards are reviewed by
  - State Medical Director
  - EMS Physician Advisory Committee
- Legal questions are referred to the Office of Legal Counsel
CQI

Just do it!
Resources

Wisconsin DHS Sample Protocols

http://dhs.wisconsin.gov/ems
  - Select “Info for Managers”
  - Select “Sample Protocols”

As of October 2008
Resources

Maryland Medical Protocols
http://MIEMSS.umaryland.edu

Austin/Travis County EMS Protocols
http://www.ci.austin.tx.us/ems
Resources

Pediatric Protocols

Wisconsin Sample Protocols include pediatric protocols that have been reviewed by the Wisconsin EMS for Children program.

Collaboration between EMS for Children and the National Association of EMS Physicians

http://www.ems-c.org - Search site for “protocols”
Resources

National Association of EMS Physicians Homepage

Position Papers

Prehospital Systems and Medical Oversight by Alexander Kuehl

American College of Emergency Physicians Homepage

Medical Direction of Emergency Medical Services
References

