

## **PROSPECTIVE MEDICAL DIRECTION: PROTOCOLS, POLICIES AND PROCEDURES**

Prospective medical direction can be defined as the establishment of medical treatment protocols, procedures, and policies prior to the actual patient encounter. Important components of prospective medical direction include EMS system planning, training and certification of prehospital care providers and the development of EMS system operational guidelines. Prospective medical direction also includes public education concerning the role of EMS, when and how to access the EMS system, bystander CPR or the use of an AED through the Public Access Defibrillation (PAD) program.

System design and development is the initial step in prospective medical direction. Planning is essential to develop an efficient EMS system. This includes a thorough assessment of regional requirements, funding and resources, and the determination of what specific level of prehospital care would best fulfill these needs. EMS system design and planning should ensure that all system components are addressed. Consideration should be given to interaction of geographically adjacent EMS agencies to develop a regional plan for prehospital care and allow mutual cooperation.

**Protocols and Guidelines** are required to provide consistent, high-quality prehospital medical care and direction. They must be reviewed regularly and revised as necessary to keep up-to-date with new concepts in patient care and with system requirements. A standardization of protocols lends itself to training of prehospital care providers as well as creating criteria to allow for retrospective evaluation of the care provided.

There are four major types of protocols and/or guidelines:

- Treatment
- Triage
- Transfer
- Operational

All protocols should be medically sound and reviewed, approved and signed by the system/service medical director before being implemented.

**Treatment protocols** are standardized for patient evaluation and treatment depending on the patient's presenting complaint and condition. It is important to note that these are not diagnosis specific, but rather are based on presenting complaints (i.e., chest pain) and often on "worst case" scenarios. Treatment outlined in medical protocols must be consistent with the prehospital care provider's scope of practice, the system's configuration and design, and currently accepted standards of emergency care. These protocols should carefully define what care may be provided in the field prior to base contact, when to contact the base hospital, and what may additionally be done in the case of radio failure. The protocols will guide patient care in the majority of cases, but occasionally a patient's medical condition will require a different approach. Any deviation from the protocol must occur only under the direct order of a physician, and these actions must remain within the scope of an EMT's practice and be documented on the Patient Care Report (PCR).

The State of Wisconsin has formulated and developed sample protocols which can be adopted by services. These sample treatment protocols are found on the Wisconsin EMS website at

[http://dhs.wisconsin.gov/ems/EMSsection/Protocols/Treatment\\_protocols.htm](http://dhs.wisconsin.gov/ems/EMSsection/Protocols/Treatment_protocols.htm).

**Triage protocols** are used in the field to determine which hospital will be the destination for a particular patient (i.e., a trauma center for a multi-systems trauma patient). They are also used in multiple casualty incidents utilizing the Incident-Command System (ICS) model to determine who is in charge at the scene, specific tasks of individuals involved, and the distribution and transportation of casualties to various receiving hospitals.

**Transfer protocols** relating to the transfer of patients between facilities or between EMS regions need to be developed. Potential problem areas include transfer of a patient from one hospital to a second hospital. Protocols are needed to define clearly how these situations are to be handled and ensure adequate medical direction. Both the prehospital care providers and physicians using this service need to be aware of these protocols.

The state of Wisconsin has set forth requirements for interfacility transport. Contact your services' program coordinator for further information on these requirements or visit the Wisconsin EMS website at

[http://dhs.wisconsin.gov/ems/EMSsection/WI\\_Interfacility\\_Transport\\_Guidelines\\_2006.pdf](http://dhs.wisconsin.gov/ems/EMSsection/WI_Interfacility_Transport_Guidelines_2006.pdf).

**Operational guidelines** must be developed and may include plans for restocking equipment, control of restricted medications, communication protocols, medical record keeping guidelines, and data collection to evaluate the system. It is essential that the prehospital care providers have clear guidelines for initiation (and termination) of resuscitative efforts, standards for transporting patients, and protocols for dealing with patients who refuse emergency medical care and transportation. Similarly, clear guidelines are necessary to determine which patients do not require EMS transport to a medical facility.

A potential problem involving immediate medical direction occurs when a physician or nurse is present with EMTs at the scene of a prehospital emergency. The EMS system, in conjunction with the local medical society, must have clearly defined guidelines indicating who is responsible for the patient's care, what documentation needs to be carried out, and the mechanism for resolving differences of opinion.