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**AN OVERVIEW OF PATIENT CARE PROTOCOLS (# 7000)**

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1. **Treatment algorithms should be used as a guideline and are not intended as a substitute for sound medical judgment. Unusual patient presentations make it impossible to develop a protocol for every possible patient situation.**
2. Patient care protocols are to be utilized by field personnel and Base Hospital Physicians. All procedures and/or medications must be within the scope of practice for field personnel and authorized in Alameda County policies.
3. Where scope of practice allows, cardiovascular protocols are consistent with current American Heart Association, Emergency Cardiovascular Care guidelines.
4. Medications/Procedures contained in **non-shaded boxes** may be performed without base contact, or may be called in to the base hospital for consultation with the Base Hospital Physician.
5. Medications/Procedures contained in **shaded boxes** require a Base Physician order.
6. **Base contact - Paramedics should contact the base physician for consultation:**
  - At any point in a policy or treatment algorithm where base hospital contact is required and/or any time consultation would be in the patient's best medical interest.
  - For complicated patient presentations or in situations where a deviation from the standard protocol seems indicated.
  - For any patient attended by a physician at the scene. (See "Medical Personnel on the Scene - policy # 8025)
  - For out-of-protocol medication administration. Unusual circumstances may indicate special applications of medications carried by paramedics that are not covered in the treatment algorithms (e.g. calcium chloride for renal failure).
  - An EMT may make base contact for consultation with a physician for destination decisions, unusual patient presentations, and/or procedures within the EMT scope of practice. **An EMT may not make base contact or accept orders for the patient on behalf of a paramedic.**
7. Cardiac Arrest - A **cardiac arrest form** should be completed anytime a cardiac arrest is suspected to be of primary cardiac origin, including DNR's and discontinuation of CPR. Cardiac arrest, not of primary cardiac origin (e.g. trauma, hanging, drug overdose, drowning etc.), does not require the completion of a cardiac arrest form. If in doubt, complete the form. If an AED was used on a patient, document on the PCR and send a copy to EMS.
8. If direct communication with the base physician cannot be made or maintained, consider immediate transport and attempt base contact enroute, if applicable.
9. If a difference between policies exists, the policy with the most recent date prevails.