



# McLean County Area EMS System

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## MEMORANDUM

**TO:** MCAEMS System Providers  
**FROM:** Michael Crabtree, Quality Assurance Coordinator  
**RE:** April 2015 QA Memo  
**DATE:** 5/4/2015

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Below are some recent common issues and requested guidance. Please review and incorporate the following into your patient care. Feel free to email me ([mcrabtree@mcleancountyems.org](mailto:mcrabtree@mcleancountyems.org)) should you have any questions or concerns.

- **Labeling of ECG and 12-lead strips/printouts** – Remember to label any EKG strips or 12-lead printouts with the patient's name. All ECG and 12-lead printouts left with a receiving facility **MUST** be labeled.
- **Field declaration of death and Medical Control** – All EMS calls with a field declaration of death (including, but not limited to cease efforts, efforts not initiated, valid Do Not Resuscitate/POLST orders, decapitation, etc.) must have online Medical Control consultation. This consultation must be recorded in the PCR with the physician's name and time of consultation documented. Medical Control must be contacted prior to notifying the coroner. Please see *Section V* of the Policy Manual for further information.
- **Field declaration of death scenes** – Providers must leave all interventions (airways, IVs, IOs, etc) in place. It is appropriate to remove packaging and wrappers from the scene if these items originated from EMS. For example, endotracheal tube wrappers and IV catheter caps should be removed from the scene.
- **POLST forms** – POLST (Physician Orders for Life-Sustaining Treatment) do not contain the same information as DNRs. Always review a POLST and DNR for validity and the specific information outlined on the form. Please see *Section V* of the Policy Manual for further information. To familiarize yourself with the components of a POLST form, POLST Illinois has a presentation available online at [www.polstil.org/ems](http://www.polstil.org/ems).
- **Requesting ALS intercepts** – When requesting an intercept, please specify the level of service desired. This will assist dispatch centers in requesting the appropriate resources.
- **Pediatric seizure documentation** – Any pediatric call with provider impression of seizure should explicitly document presence or absence of the following three components: recent trauma, fever history, and seizure history.
- **Trauma alert amendment** - Effective May 1<sup>st</sup>, 2015, the early trauma notification process shall be amended. Early trauma notifications shall occur only for trauma patients presenting to EMS with either hemodynamic instability and/or penetrating trauma to the head/neck/torso. Please see the *Trauma Early Notification* memo, dated 4/15/2015 for more information (available on the website under the "What's New" section).
- **Magnesium Sulfate Guidance for IV Pump (Asthma/COPD Protocol)**
  - If a pump is being utilized, please mix 2g in 100ml of normal saline and administer at 600 ml/hr. This will result in a delivery time of 10 minutes.
  - The protocol remains unchanged when administering Magnesium Sulfate by gravity and 60gtt tubing.
  - This guidance will be incorporated into the next protocol update.
- **Summary of Early Notifications and Phrasing:**
  - *Please see second page*

• **Summary of Early Notifications and Phrasing:**

<b>Phrase</b>	<b>Inclusion Criteria</b>	<b>Information Needed</b>
“Trauma Alert”	Trauma patients either hemodynamic instability and/or penetrating trauma to the head/neck/torso	Destination, ETA, presenting reason for activation
“Positive STEMI”	Patients meeting the criteria for a positive STEMI situation	Destination, ETA
“Positive FAST”	Patients meeting the criteria for a positive FAST exam	Destination, ETA, last seen normal time
“Positive Stroke Screen”	Patients not meeting the FAST criteria, but presenting with one or more of the following: <ul style="list-style-type: none"> <li>• Sudden numbness or weakness of face, arm, or leg</li> <li>• Sudden confusion, trouble speaking, or understanding</li> </ul>	Destination, ETA, onset of symptom(s)
“Sepsis Alert”	Patient over the age of 18 with suggestion of infection or being treated for infection AND at least two of the following: <ul style="list-style-type: none"> <li>• Heart rate &gt; 90</li> <li>• Respiratory rate &gt;22 or SpO<sub>2</sub> &lt;90% on room air</li> <li>• Hyperthermia (&gt;100.4°F) or hypothermia (&lt;96.8°F)</li> <li>• SBP ≤ 90mmHg</li> <li>• Altered mental status or decreased LOC</li> </ul>	Destination, ETA