



EMS Medicine within the Fire Service



*Partnership in Professionalism
...or Recipe for Mediocrity??*

Raymond L. Fowler, M.D., FACEP

Associate Professor of Emergency Medicine
The University of Texas Southwestern

Deputy EMS Medical Director
The Dallas Metropolitan BioTel System

Co Chief in the Section on
EMS, Disaster Medicine, and Homeland Security

Past President
National Association of EMS Physicians



www.uts.w.wa



The medical and
ethical performance
of EMS professionals
has never been
more important than
it is today

The emerging of a profession:





The End of the Beginning

4/3/2006

The End of the Beginning

- **Innocence is over**
- **You are COMPLETELY accountable for what you do**
- **Becoming a professional requires you to always be able to explain your actions**
- **EMS is ONLY and ALWAYS about patient care**



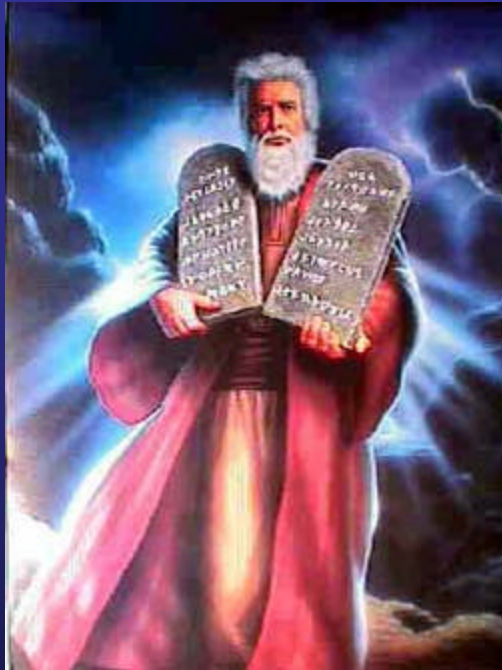
4/3/2006



2/

4/3/2006

9



The LAW

Moses, Moses

HEALTH & SAFETY CODE
CHAPTER 773. EMERGENCY MEDICAL SERVICES
SUBCHAPTER A. GENERAL PROVISIONS

§ 773.001. SHORT TITLE. This chapter may be cited as the Emergency Health Care Act.

Acts 1989, 71st Leg., ch. 678, § 1, eff. Sept. 1, 1989.

Amended by Acts 2005, 79th Leg., ch. 299, § 1, eff. Sept. 1, 2005.

§ 773.002. PURPOSE. The purpose of this chapter is to provide for the prompt and efficient transportation of sick and injured patients, after necessary stabilization, and to encourage public access to that transportation in each area of the state.

**HEALTH & SAFETY CODE
CHAPTER 773. EMERGENCY MEDICAL SERVICES
SUBCHAPTER A. GENERAL PROVISIONS**

§ 773.007. SUPERVISION OF EMERGENCY PREHOSPITAL CARE.

(a) The provision of advanced life support must be under medical supervision and a licensed physician's control.

(b) The provision of basic life support may be under medical supervision and a licensed physician's control.

Acts 1989, 71st Leg., ch. 678, § 1, eff. Sept. 1, 1989.

**HEALTH & SAFETY CODE
CHAPTER 773. EMERGENCY MEDICAL SERVICES
SUBCHAPTER A. GENERAL PROVISIONS**

§ 773.012. ADVISORY COUNCIL.

(a) The governor shall appoint an advisory council to advise the board regarding matters related to the responsibilities of the board, commissioner, and department under this chapter. In making appointments to the advisory council, the governor shall ensure that approximately one-half of the members of the advisory council are residents of rural areas of the state.

(b) The advisory council is composed of the following 15 members appointed by the governor:

**HEALTH & SAFETY CODE
CHAPTER 773. EMERGENCY MEDICAL SERVICES
SUBCHAPTER A. GENERAL PROVISIONS**

§ 773.042. BASIC LIFE-SUPPORT EMERGENCY MEDICAL SERVICES PROVIDER QUALIFICATIONS.

§ 773.043. ADVANCED LIFE-SUPPORT EMERGENCY MEDICAL SERVICES PROVIDER QUALIFICATIONS.

§ 773.044. MOBILE INTENSIVE-CARE PROVIDER QUALIFICATIONS

§ 773.045. SPECIALIZED EMERGENCY MEDICAL SERVICES PROVIDER QUALIFICATIONS.

**HEALTH & SAFETY CODE
CHAPTER 773. EMERGENCY MEDICAL SERVICES
SUBCHAPTER A. GENERAL PROVISIONS**

**§ 773.049. EMERGENCY MEDICAL TECHNICIAN—
PARAMEDIC QUALIFICATIONS.**

An individual qualifies as an emergency medical technician-paramedic if the individual is certified by the department as minimally proficient to provide advanced life support that includes initiation under medical supervision of certain procedures, including intravenous therapy, endotracheal or esophageal intubation, electrical cardiac defibrillation or cardioversion, and drug therapy.

**HEALTH & SAFETY CODE
CHAPTER 773. EMERGENCY MEDICAL SERVICES
SUBCHAPTER A. GENERAL PROVISIONS**

§ 773.061. DISCIPLINARY ACTIONS.

(a) For a violation of this chapter or a rule adopted under this chapter, the department shall revoke, suspend, or refuse to renew a license or certificate of or shall reprimand:

- (1) emergency medical services personnel;**
- (2) a program instructor, examiner, or course coordinator; and**
- (3) an emergency medical services provider license holder.**

**HEALTH & SAFETY CODE
CHAPTER 773. EMERGENCY MEDICAL SERVICES
SUBCHAPTER A. GENERAL PROVISIONS**

§ 773.062. EMERGENCY SUSPENSION.

(a) The bureau chief shall issue an emergency order to suspend a certificate or license issued under this chapter if the bureau chief has reasonable cause to believe that the conduct of any certificate or license holder creates an imminent danger to the public health or safety.

(b) An emergency suspension is effective immediately without a hearing on notice to the certificate or license holder.

(c) The holder may request in writing a hearing on the emergency suspension. The department shall conduct the hearing not earlier than the 10th day or later than the 30th day after the date on which the request is received...

EMS*Trauma Systems

[Contact us](#)

[Site map](#)

[Home](#)

[Search](#)

Links to Texas Administrative Codes

[All Texas Administrative Codes](#)

[Texas Administrative Code, Title 25, Part 1, Chapter 1, 1.151, 1.152, Medical Advisory Board](#)

[Texas Administrative Code, Title 37, Part 1, Chapter 6, 6.11, License to Carry a Concealed Handguns](#)

[Texas Administrative Code, Title 37, Part 1, Chapter 15, 15.58, Driver License Rules](#)

[Texas Administrative Code, Title 25, Part 1, Chapter 157](#)

[Texas Administrative Code 157.1, Purpose](#)

[Texas Administrative Code 157.2, Definitions](#)

[Texas Administrative Code 157.3, Processing EMS Provider Licenses and Applications](#)

[Texas Administrative Code 157.4, Audits](#)

[Texas Administrative Code 157.5, Rule Exemption Requests](#)

[Texas Administrative Code 157.11, Requirements for an EMS Provider License](#)

[Texas Administrative Code 157.12, Rotor-wing Air Ambulance Operations](#)

[Texas Administrative Code 157.13, Fixed-wing Air Ambulance Operations](#)

[Texas Administrative Code 157.14, Requirements for First Responder Organization Registration](#)

[Texas Administrative Code 157.16, Emergency Suspension, Suspension, Probation, Revocation or Denial of a Provider License](#)

[Texas Administrative Code 157.25, Out-of-Hospital Do Not Resuscitate \(DNR\)](#)

[Texas Administrative Code 157.31, Automated External Defibrillator Training Course](#)

[Texas Administrative Code 157.32, EMS Education and Course Approval](#)

[Texas Administrative Code 157.33, Certifications](#)

[Texas Administrative Code 157.34, Recertification](#)

[Texas Administrative Code 157.36, Criteria for Denial and Disciplinary Actions for EMS Personnel and Voluntary Surrender of a Certificate or License](#)

[Texas Administrative Code 157.37, Certification or Licensure of Persons with Criminal Backgrounds](#)

[Texas Administrative Code 157.38, Continuing Education](#)

[Texas Administrative Code 157.40, Paramedic Licensure](#)

[Texas Administrative Code 157.41, Automated External Defibrillators](#)

[Texas Administrative Code 157.43, Course Coordinator Certification](#)

[Texas Administrative Code 157.44, EMS Instructor Certification](#)

[Texas Administrative Code 157.49, EMS Operator and Operator Instructor Training and Certification](#)

[Texas Administrative Code 157.122, Trauma Service Areas](#)

[Texas Administrative Code 157.123, Regional EMS/Trauma Systems](#)

[Texas Administrative Code 157.125, Requirements for Trauma Facility Designation](#)

[Texas Administrative Code 157.128, Denial, Suspension, and Revocation of Trauma Facility Designation](#)

[Texas Administrative Code 157.130, EMS and Trauma Care System Account](#)

[Texas Administrative Code 157.131, Designated Trauma Facility and Emergency Medical Services Account](#)

[Texas Administrative Code 1.151, Medical Advisory Board](#)

Texas Administrative Code

<u>TITLE 25</u>	HEALTH SERVICES
<u>PART 1</u>	DEPARTMENT OF STATE HEALTH SERVICES
<u>CHAPTER 157</u>	EMERGENCY MEDICAL CARE
<u>SUBCHAPTER B</u>	EMERGENCY MEDICAL SERVICES PROVIDER LICENSES
<u>RULE §157.16</u>	Emergency Suspension, Suspension, Probation, Revocation or Denial of a Provider License

(d) Nonemergency suspension or revocation. An EMS provider license may be suspended or revoked for, but not limited to, the following reasons:

(8) failing to maintain patient confidentiality according to standards and department regulations;

(14) failing to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel;

(15) operating, directing, or allowing staff to operate vehicle warning devices unnecessarily or inappropriately;

(17) having been found to have operated, directed, or allowed staff to operate any vehicle while on EMS business in a reckless or unsafe manner and/or in a manner that is dangerous to the health or safety of any person;

(18) operating, directing, or allowing staff to operate any vehicle that is not mechanically safe, clean and in good operating condition; and/or

TITLE 25

HEALTH SERVICES

PART 1

DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 157

EMERGENCY MEDICAL CARE

SUBCHAPTER C

EMERGENCY MEDICAL SERVICES TRAINING AND COURSE APPROVAL

RULE §157.36**Criteria for Denial and Disciplinary Actions for EMS Personnel and Voluntary Surrender of a Certificate or License**

(b) Nonemergency suspension, decertification and revocation of a certificant or paramedic licensee. The department may suspend or decertify an EMS certificant or suspend or revoke a licensed paramedic for, but not limited to, the following reasons:

(1) violating any provision of the Health and Safety Code, Chapter 773, and/or Title 25 of the Texas Administrative Code (TAC), as well as Federal, State, or local laws, rules or regulations affecting, but not limited to, the practice of EMS;

(3) failing to make accurate, complete and/or clearly written patient care reports documenting a patient's condition upon arrival at the scene, the prehospital care provided, and patient's status during transport, including signs, symptoms, and responses during duration of transport;

(4) falsifying any EMS record; patient record or report; or making false or misleading statements in a oral report; or destroying a patient care report;

TITLE 25

HEALTH SERVICES

PART 1

DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 157

EMERGENCY MEDICAL CARE

SUBCHAPTER C

EMERGENCY MEDICAL SERVICES TRAINING AND COURSE APPROVAL

RULE §157.36**Criteria for Denial and Disciplinary Actions for EMS Personnel and Voluntary Surrender of a Certificate or License**

(b) Nonemergency suspension, decertification and revocation of a certificant or paramedic licensee. The department may suspend or decertify an EMS certificant or suspend or revoke a licensed paramedic for, but not limited to, the following reasons:

(6) causing or permitting physical or emotional abuse or injury to a patient or the public, and/or failing to report such abuse or injury to the employer, appropriate legal authority and/or the department;

(8) failing to respond to a call while on duty and/or leaving duty assignment without proper authority;

(9) abandoning a patient, turning over the care of a patient or delegating EMS functions to a person who lacks the education, training, experience, knowledge to provide appropriate level of care for the patient;

Continuing Education Requirements under Texas Administrative Code Title 25, Part 1, Chapter 157

Figure: 25 TAC §157.38(c)

CONTENT AREAS	ECA	EMT-B	EMT-I	EMT-P
PREPARATORY	3	6	9	12
AIRWAY MANAGEMENT/VENTILATION	3	6	9	12
PATIENT ASSESSMENT	2	4	6	8
TRAUMA	3	6	9	12
MEDICAL	9	18	27	36
SPECIAL CONSIDERATIONS	3	6	9	12
CLINICALLY RELATED OPERATIONS	1	2	3	4
MINIMUM UNITS IN CONTENT AREAS	24	48	72	96
ADDITIONAL UNITS IN ANY APPROVED CATEGORY	12	24	36	48
TOTAL REQUIRED FOR RECERTIFICATION ELIGIBILITY	36	72	108	144

**EMS medicine is
“Delegated Practice”**

**The EMS physician,
who is “independently licensed”,
extends practice authorization
to a “dependently licensed”
individual, the EMS Provider**

OCCUPATIONS CODE

CHAPTER 157. AUTHORITY OF PHYSICIAN TO DELEGATE CERTAIN MEDICAL ACTS

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 157.001. GENERAL AUTHORITY OF PHYSICIAN TO DELEGATE.

(a) A physician may delegate to a qualified and properly trained person acting under the physician's supervision any medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician:

(1) the act:

(A) can be properly and safely performed by the person to whom the medical act is delegated;

(B) is performed in its customary manner; and

(C) is not in violation of any other statute; and

(2) the person to whom the delegation is made does not represent to the public that the person is authorized to practice medicine.

(b) The delegating physician remains responsible for the medical acts of the person performing the delegated medical acts.

(c) The board may determine whether:

(1) an act constitutes the practice of medicine, not inconsistent with this chapter; and

(2) a medical act may be properly or safely delegated by physicians.

OCCUPATIONS CODE

CHAPTER 157. AUTHORITY OF PHYSICIAN TO DELEGATE CERTAIN MEDICAL ACTS

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 157.003. EMERGENCY CARE.

The authority to delegate medical acts to a properly qualified person as provided by this subchapter applies to emergency care provided by emergency medical personnel certified by the Texas Department of Health.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

OCCUPATIONS CODE

CHAPTER 157. AUTHORITY OF PHYSICIAN TO DELEGATE CERTAIN MEDICAL ACTS

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 157.002. GENERAL DELEGATION OF ADMINISTRATION AND PROVISION OF DANGEROUS DRUGS.

(d) In the provision of services and the administration of therapy by public health departments, as officially prescribed by the Texas Department of Health for the prevention or treatment of specific communicable diseases or health conditions for which the Texas Department of Health is responsible for control under state law, **a physician may delegate to any qualified and properly trained person acting under the physician's supervision the act of administering or providing dangerous drugs, as ordered by the physician, that are used or required to meet the needs of the patients.**

The Three Great Risks of EMS

 *Airway Management*

 *Unsafe Driving Practices*

 *The Non-transported Patients*

Airway Management

*An unrecognized
esophageal placement
of an endotracheal tube
cannot be accepted
at any time*

Airway Management

*The standards for
endotracheal management
are the same in the field as
in the operating room,
the ICU, or
the emergency department*

Misplaced Endotracheal Tubes by Paramedics in an Urban EMS System



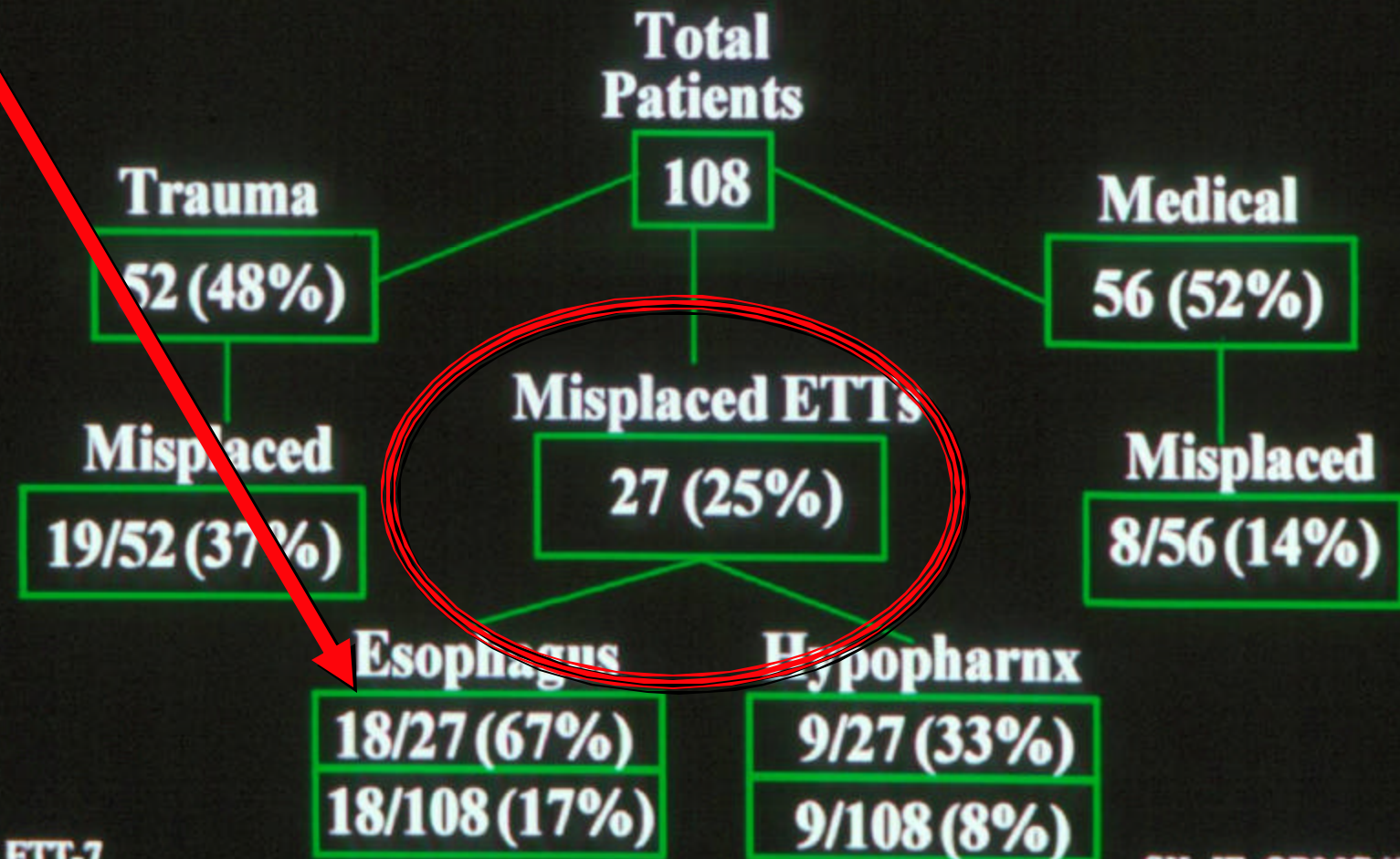
Steven H. Katz, M.D.

Jay L. Falk, M.D., FACEP, FCCM

Marybeth Wash, R.N.

**Department of Emergency Medicine
Orlando Regional Medical Center
Orlando, FL**

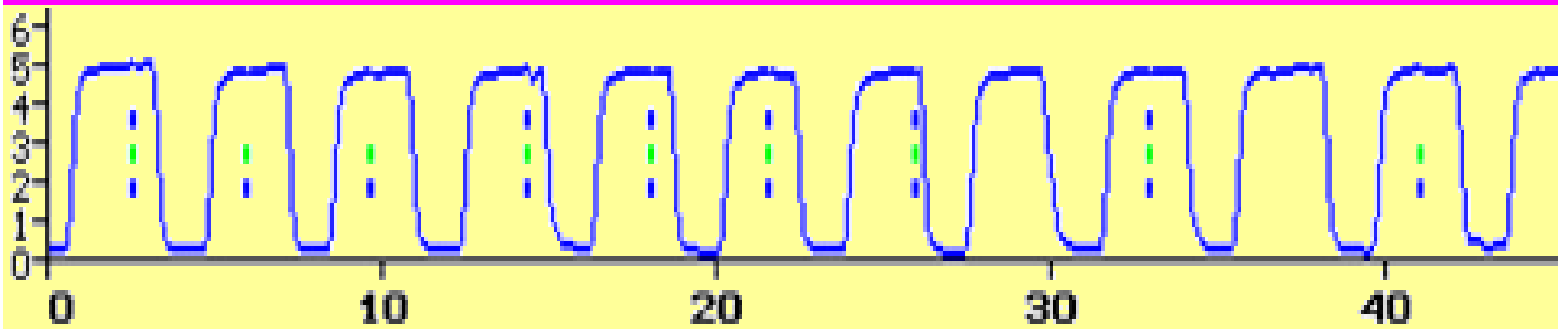
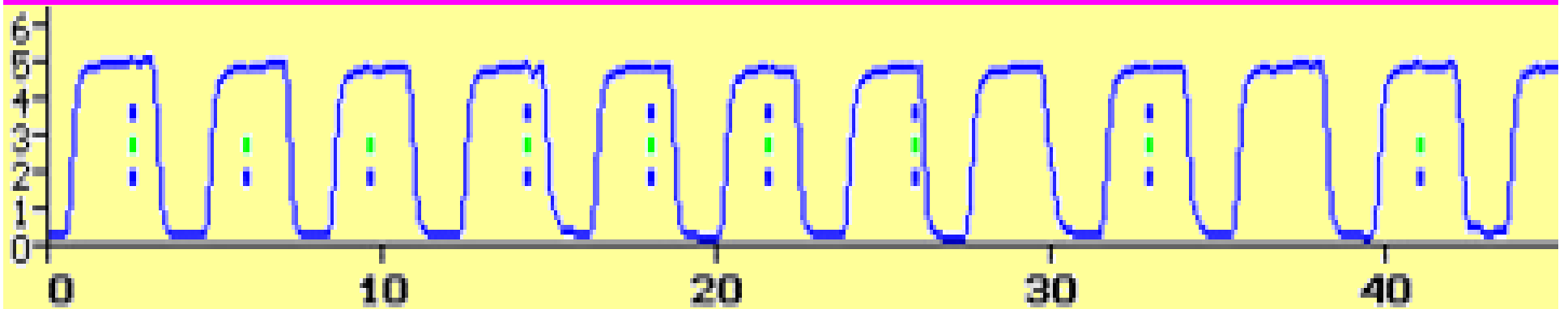
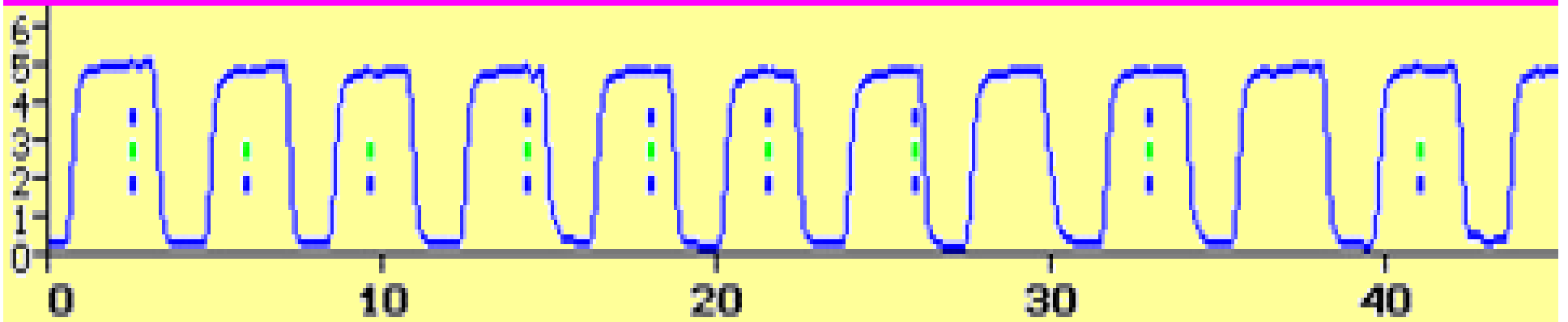
Misplaced Endotracheal Tubes by Paramedics in an Urban EMS System



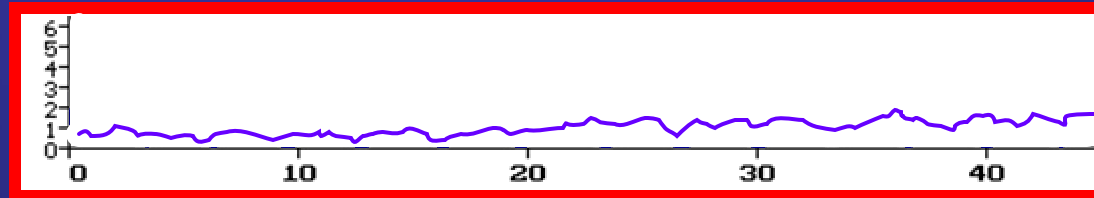
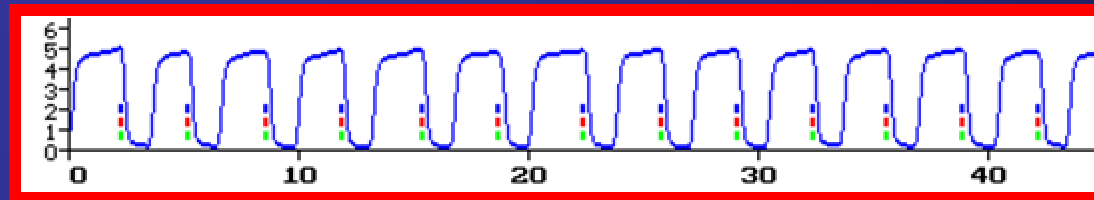
Airway Management

Rigorous adherence to a standard airway evaluation pathway will prevent airway accidents

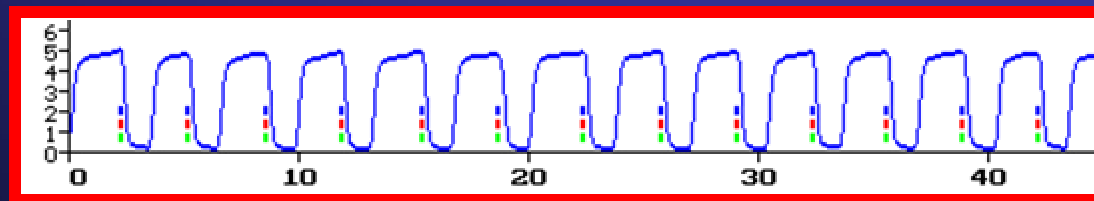
...and, if you don't know that the tube is in, bag the patient, and think about a Combitube



What Happened in Block 2?



The endotracheal tube became dislodged!



Airway Management

*Carbon dioxide assessment
in the airway
is **NOT** an option*

Airway Management

*Waveform capnography
is the preferred method,
but colorimetric is
acceptable*

Colorimetric method



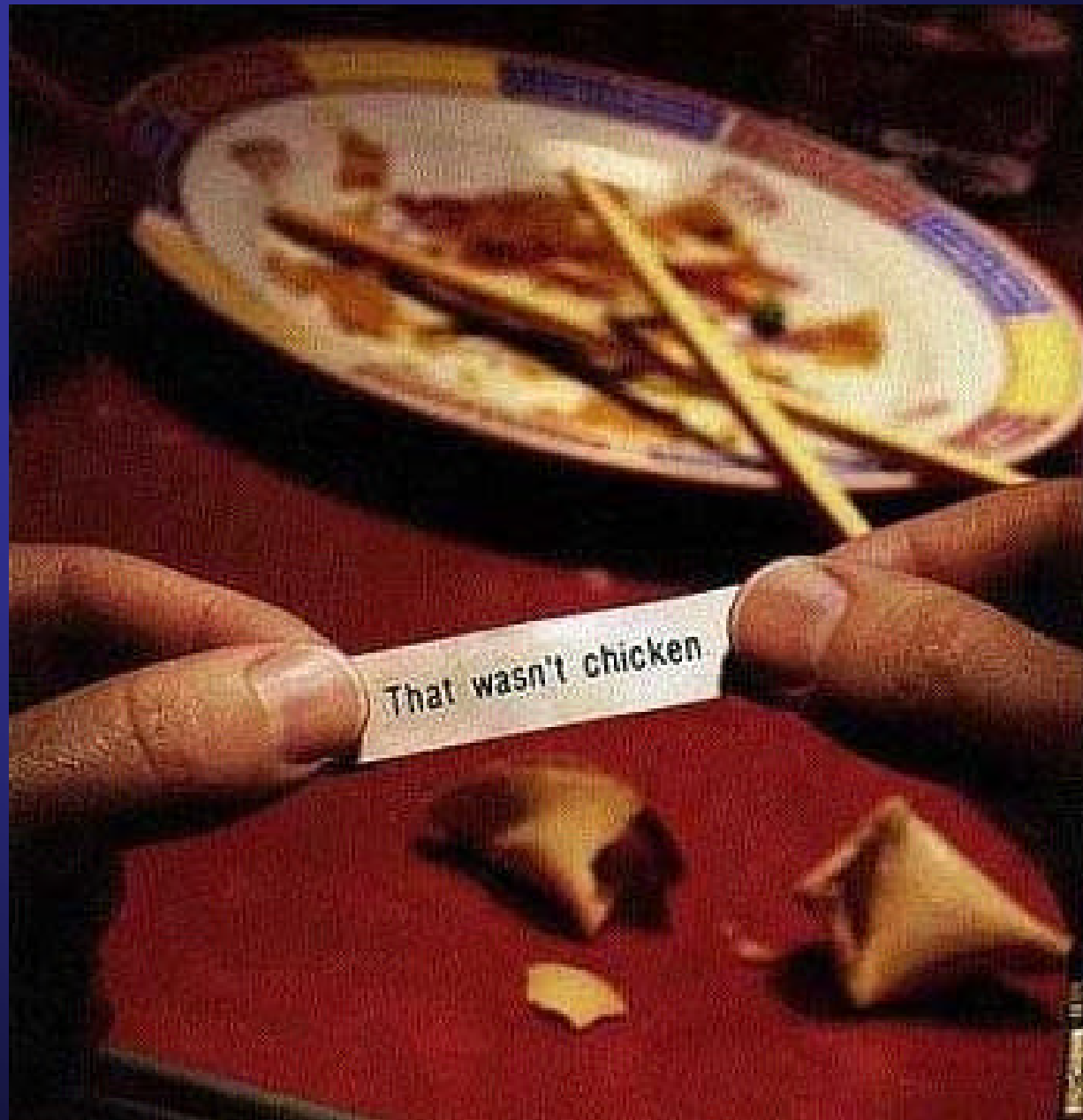
- A (purple) = $< 4 \text{ mm Hg}$
- B (tan) = $4\text{-}15 \text{ mm Hg}$
- C (yellow) = $> 15 \text{ mm Hg}$



**EMS is leading the
emergency medicine
industry in
critical care concepts**

*It's the most challenging time
in the history of EMS*





4/3/2006

40

Unsafe Driving Practices

*It has never been shown
that hurrying to or from the scene
of a clinical event has
ever improved hospital outcome*

Unsafe Driving Practices

*Medics often drive Rigs
the same way that they drive
their personal vehicles*

Unsafe Driving Practices

*EMS Systems,
and the Medical Directors,
and directly accountable
for taking action on providers
who do not drive according
to policy and state law*

Non-Transports

Talking patients out of going to the hospital to meet a personal need of a provider (sleep, hunger, laziness, indifference) is a sin, and it is illegal

Approaching the Patient



“See what you see!”



Alertness?

Level of distress?

Noises?

Respirations?

The pulse rate?

Skin?

Obvious things (bleeding)



**The “art” of medicine
is missing from
so many practitioners...**

**...are they not looking,
or have they lost interest?**

*Part of excellence
is performing
superior medical
histories and
physical exams*

History Taking:

**This seems to be a
“lost black art” for
so many medical providers**

What happened?

When?

LOC?

Major system symptoms?

Co-morbid conditions?

Above all: RISK???

Primary Survey

LOC/Airway/Cspine

Respiratory Rate and Labor

Pulses, Neck and Wrist

Skin CMT/CRT

Neck appearance, NVD, Trachea

Chest appearance

Breath sounds present and equal

Brief exam of abd, pelvis, LE, UE, Back

Blood pressure =



**((Cardiac output) x
(Volume) x
(Peripheral resistance))**

Signs of Shock

Early



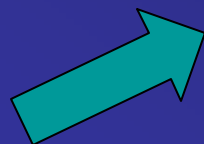
Weak, thirsty, lightheaded
Pale, then sweaty
Tachycardia
Tachypnea
Diminished urinary output

Late



Hypotension
Altered LOC
Cardiac arrest
Death

Shock



Cardiogenic

Rapid pulse
Distended neck veins
Cyanosis



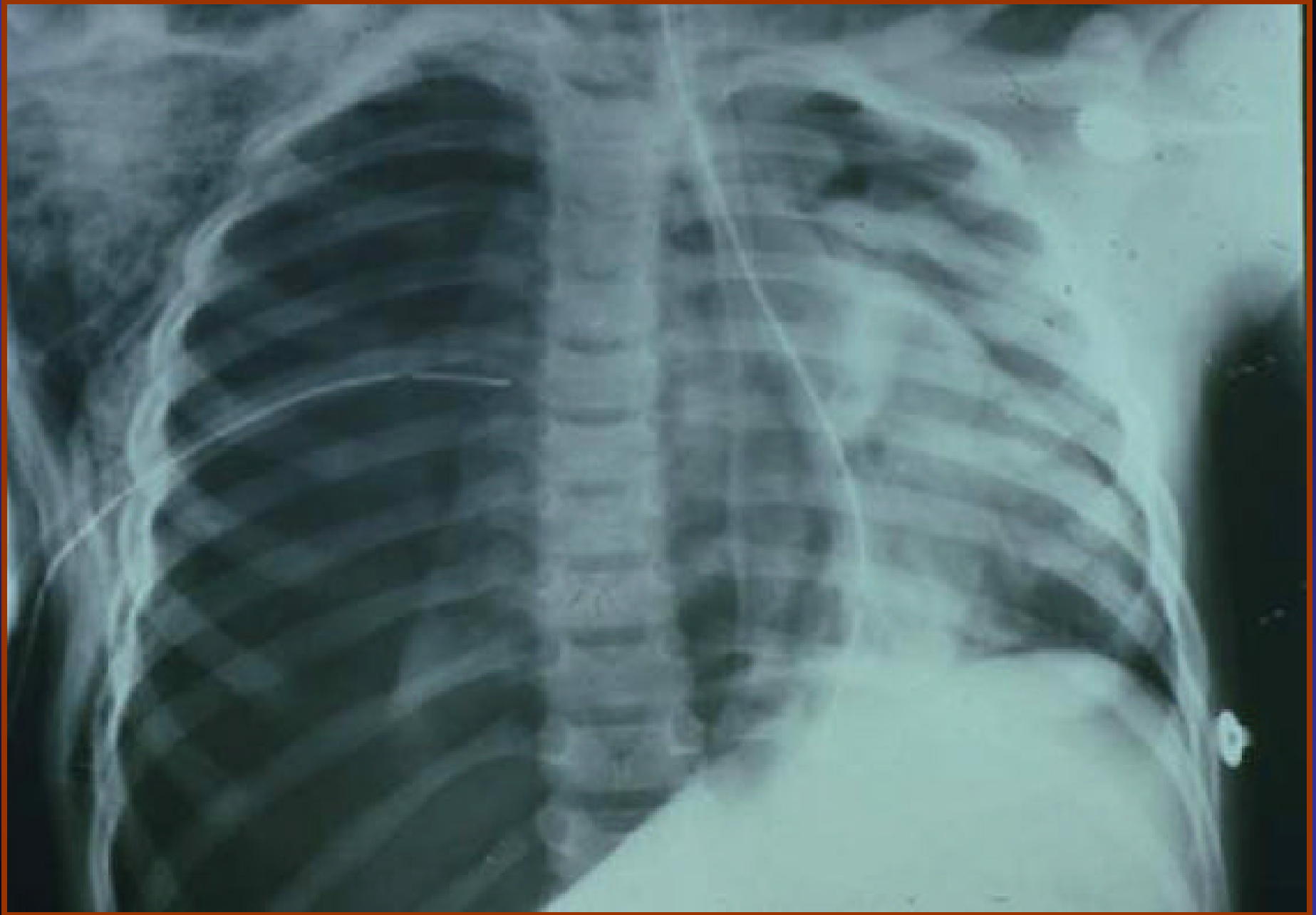
Volume Loss

Rapid pulse
Flat neck veins
Pale



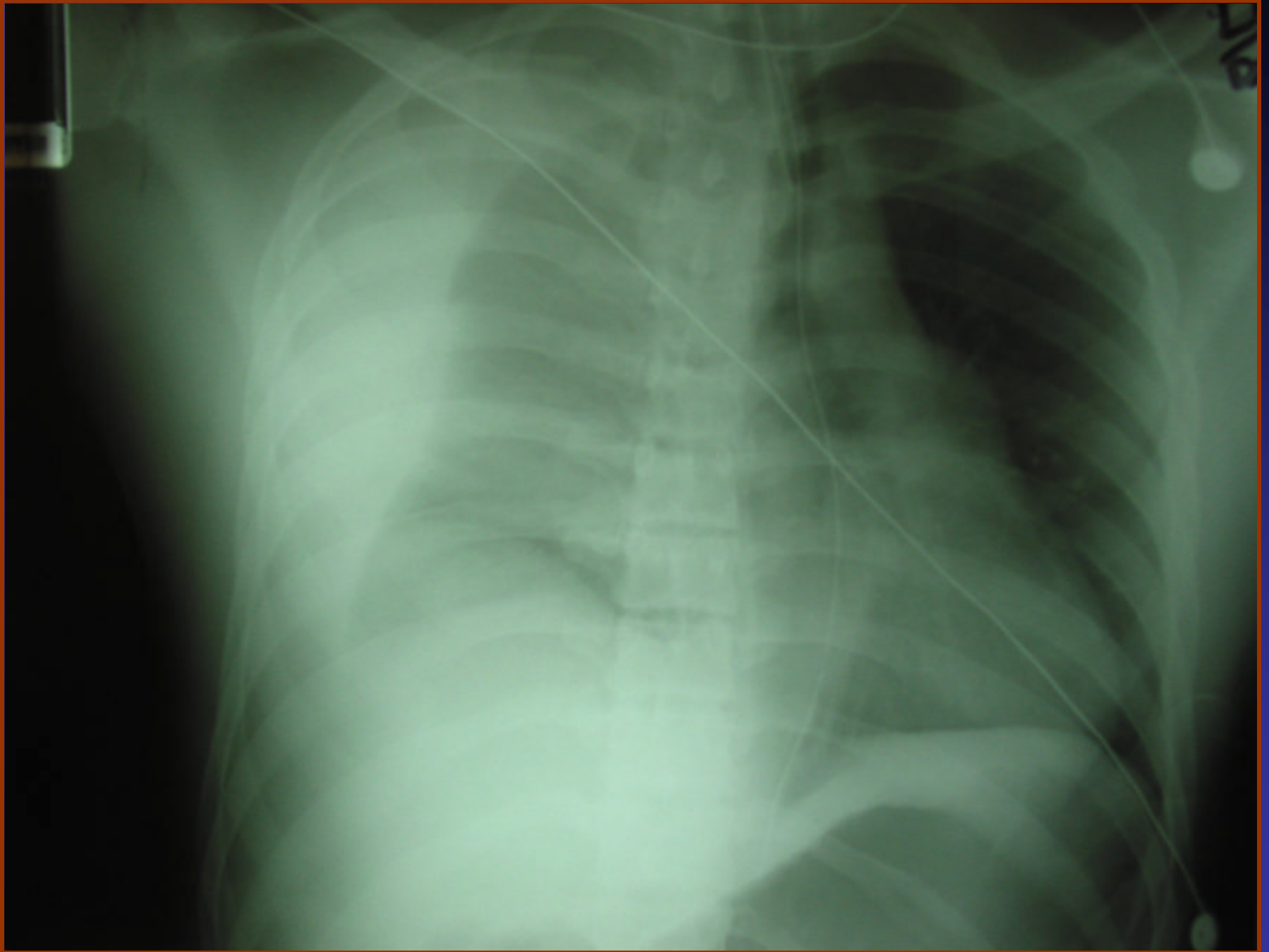
Vasodilatory

Variable pulse
Flat neck veins
Pale or pink



4/3/2006

55





4/3/2006

57



4/3/2006

**Only with excellence in
physical assessment,
commitment to patient service,
and strict audit procedures
can unwarranted non-transports
be avoided**

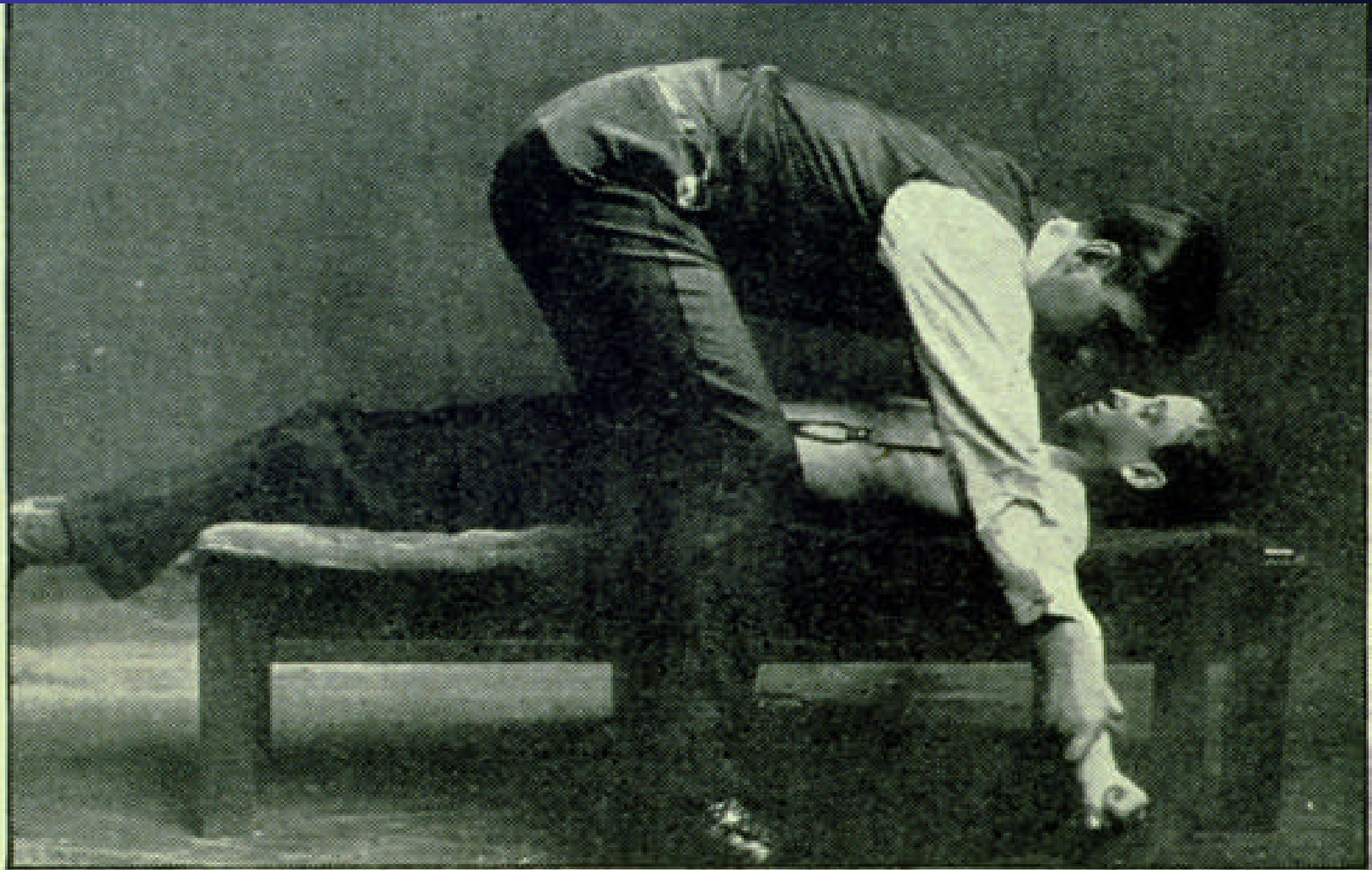


FIG. 105. ARTIFICIAL RESPIRATION.
Raising and lowering arms. Third Method.

CIVIL PRACTICE & REMEDIES CODE
CHAPTER 74. MEDICAL LIABILITY
SUBCHAPTER D. EMERGENCY CARE

Sec. 74.151. LIABILITY FOR EMERGENCY CARE.

(a) A person who in good faith administers emergency care, including using an automated external defibrillator, is not liable in civil damages for an act performed during the emergency unless the act is willfully or wantonly negligent.

(b) ~~This section does not apply to care administered:~~

(1) for or in expectation of remuneration, provided that being legally entitled to receive remuneration for the emergency care rendered shall not determine whether or not the care was administered for or in anticipation of remuneration; or

(2) by a person who was at the scene of the emergency because he or a person he represents as an agent was soliciting business or seeking to perform a service for remuneration.

(c), (d) Deleted by Acts 2003, 78th Leg., ch. 204, Sec. 10.01.

(e) This section does not apply to a person whose negligent act or omission was a producing cause of the emergency for which care is being administered.

CIVIL PRACTICE & REMEDIES CODE
CHAPTER 74. MEDICAL LIABILITY
SUBCHAPTER D. EMERGENCY CARE

Sec. 74.152. UNLICENSED MEDICAL PERSONNEL.

Persons not licensed or certified in the healing arts who in good faith administer emergency care as emergency medical service personnel are not liable in civil damages for an act performed in administering the care unless the act is wilfully or wantonly negligent.

This section applies without regard to whether the care is provided for or in expectation of remuneration.

*Is a provider
“willfully and wantonly
negligent” if the
medical protocol says
USE CAPNOGRAPHY
and the medic doesn’t?*

CIVIL PRACTICE & REMEDIES CODE

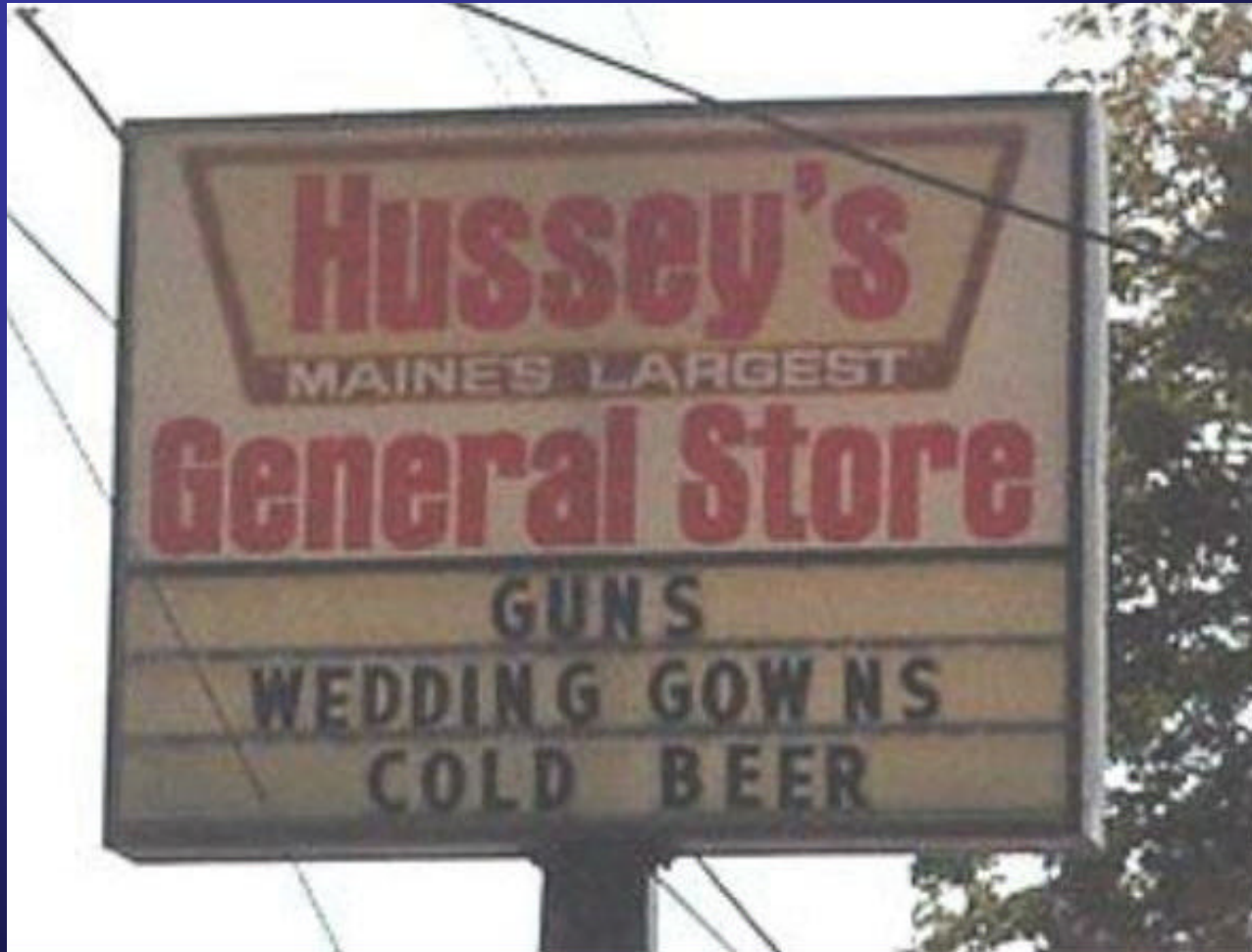
CHAPTER 74. MEDICAL LIABILITY

SUBCHAPTER F. STATUTE OF LIMITATIONS

Sec. 74.251. STATUTE OF LIMITATIONS ON HEALTH CARE LIABILITY CLAIMS.

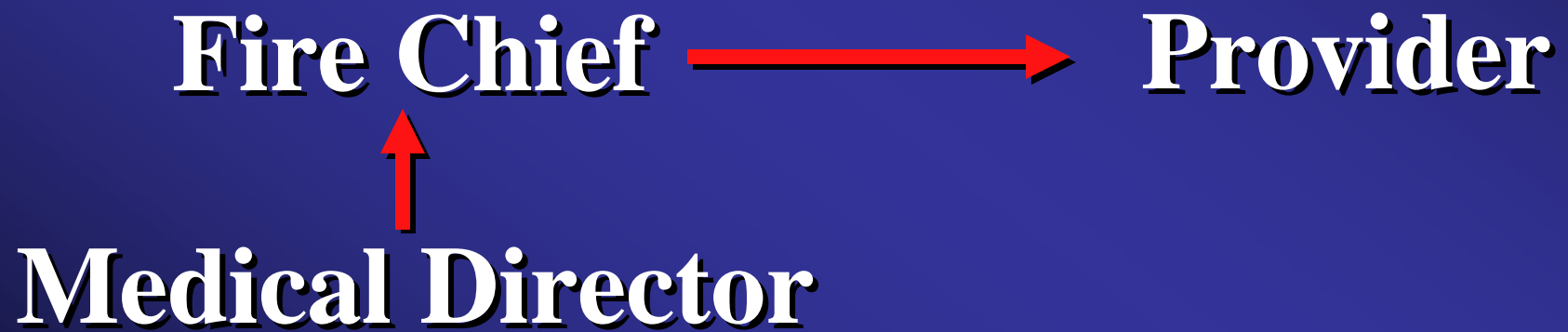
(a) Notwithstanding any other law and subject to Subsection (b), no health care liability claim may be commenced unless the action is filed within two years from the occurrence of the breach or tort or from the date the medical or health care treatment that is the subject of the claim or the hospitalization for which the claim is made is completed;

provided that, minors under the age of 12 years shall have until their 14th birthday in which to file, or have filed on their behalf, the claim. Except as herein provided this section applies to all persons regardless of minority or other legal disability.

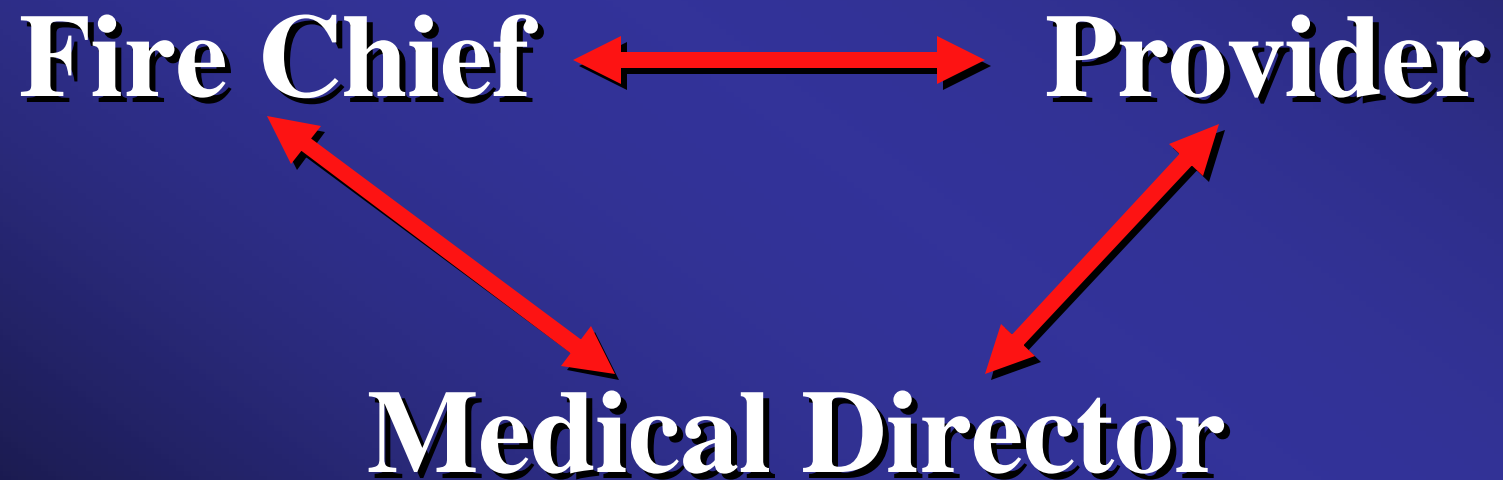


**Considerations on the
Relationship between
the Fire Chief,
the Provider, and
the Medical Director**

The relationship is not linear:



The relationship is triangular:



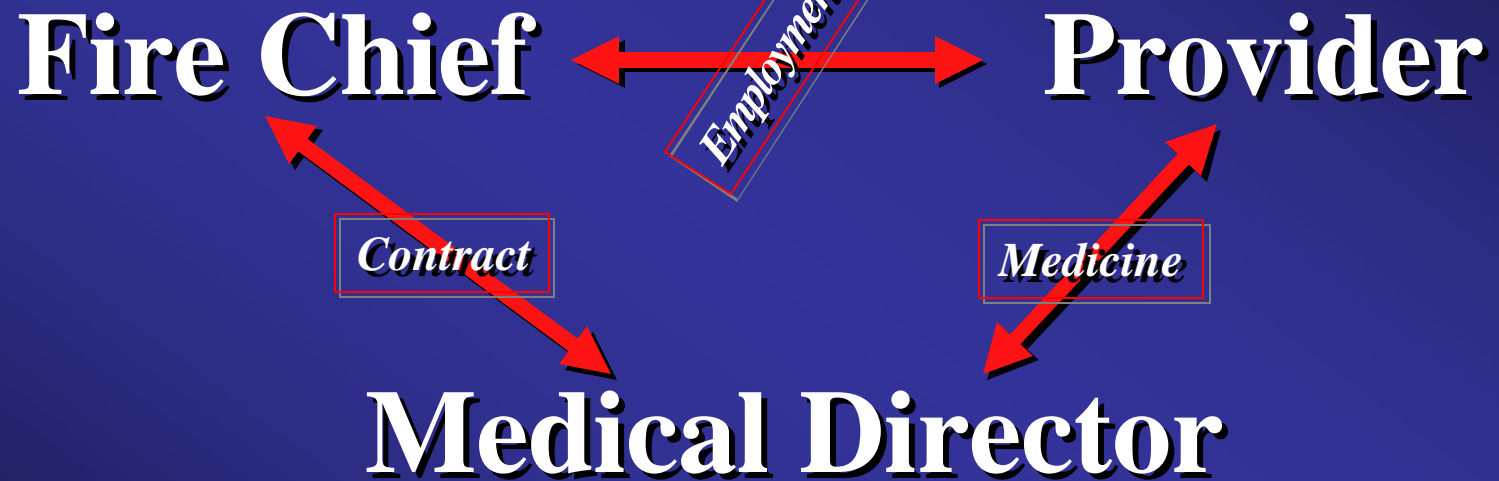
*Civil Service,
employment matters,
FD Policy and Procedure*

Fire Chief

Provider

Medical Director

*State Practice Statutes
and Rules*



**The medical protocol set
should be seen as a
contract between the
Medical Director
and the Provider**

**The Medical Director
cannot hire and fire**

*The Medical Director
extends practice authority*

Austin, Texas from Dr. Racht

System Credentialing (What level of care can an individual provide?)

Every Provider that delivers medical care within the System must be "Credentialed to Practice" in addition to holding a current State of Texas Certification or Licensure. Additionally, certain types of Providers may also be "Qualified" to perform medical care in unique or special circumstances or environments.

- **Credentials**

All Credentialed Providers within the City of Austin/Travis County EMS System are allowed to provide care under the direction of the Medical Director. The Medical Director delegates the authority to make medical decisions and provide clinical care. Delegated authority to provide medical care is a requirement of the Texas Department of State Health Services and the Texas State Board of Medical Examiners. Credentialing is the final approval of a System and the Medical Director that ensures an individual's competency to care for patients as part of the Emergency Medical Services System. An individual is "Credentialed to Practice" when he or she successfully meets and maintains the defined Credentialing requirements. The levels of Credentialing are:

- Emergency Medical Dispatch (EMD)
- Emergency Care Attendant (ECA)
- Emergency Medical Technician – Basic (EMT-B)
- Emergency Medical Technician – Intermediate (EMT-I)
- Emergency Medical Technician – Paramedic (EMT-P)
- Flight Nurse

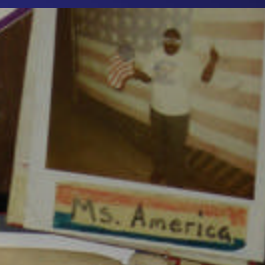
Ed's "Five Deadly Sins"

As in any practice of medicine, there are actions that are deemed unacceptable for any Provider involved in medical care of the patients. In the City of Austin/Travis County EMS System, these actions are known as the *Five Deadly Sins*. If substantiated through a process of appropriate investigation and peer review, any Provider found to be involved in any of these actions will be Decredentialed in the System. These actions are:

- Falsification of a patient care document
- Intentionally withholding care from a patient
- Intentionally harming a patient
- Providing care while impaired by alcohol or drugs
- Failure to remediate and/or participate in required education and/or review

h 7, 2078 • February 20, 2080
8, 2084 • February 27, 2085
15, 2089 • February 25, 2090
y 16, 2094 • March 8, 2095
24, 2099 • February 9, 2100

www.unplug



SPECIAL NOTICE!!

MEDICAL AUTHORITIES
HAVE ANNOUNCED THAT
AIDS CAN BE
CONTRACTED THROUGH
THE EARS BY
LISTENING TO
ASSHOLES.

USE EXTREME CAUTION
AROUND HERE!!

QUE'S
RIBUTORS

No Actual Event

A. Unsafe Conditions

Event, No Harm

B1. The event did not reach the individual because of chance alone (“Near-miss”)

B2. The event did not reach the individual because of active recovery efforts by caregivers (“Near-miss”)

C. The event reached the individual but did not cause harm

D. The event reached the individual and required additional monitoring or treatment to prevent harm

Event, Harm

E. The individual experienced temporary harm and required treatment or intervention

F. The individual experienced temporary harm and required initial or prolonged hospitalization

G. The individual experienced permanent harm

H. The individual experienced harm and required intervention necessary to sustain life (e.g., transfer to ICU)

Event, Death

I. The individual died

Harm Score

**Sadly,
“harm done”
often dictates disposition
of a disciplinary action**

*Some
General
Thoughts*

**Civil Service is a
“guaranteed set of benefits”
and a
“guaranteed due process”**

**Can Medical Director be
forced to return a medic
to clinical duties?**

**The biggest failure of many
EMS Medical Directors
today is in failing
to establish clear paths
of medical “due process”**

**What authority could
a “peer review board”
have on medic practice?**

**Does every provider
have to be a paramedic
in the entire department?**

It's NOT “stay and play”

It's NOT “load and go”

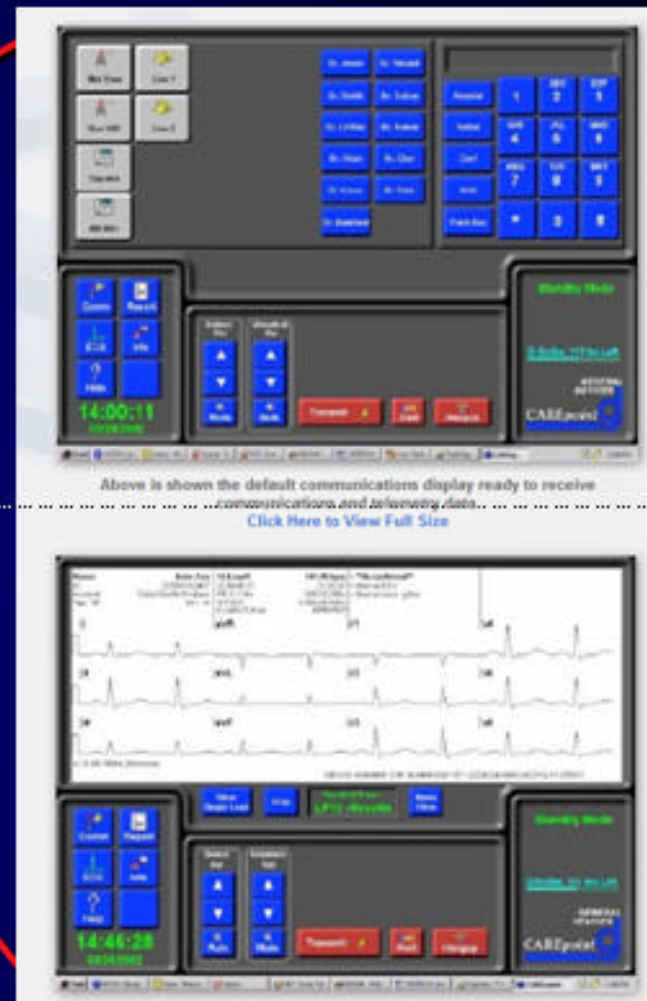
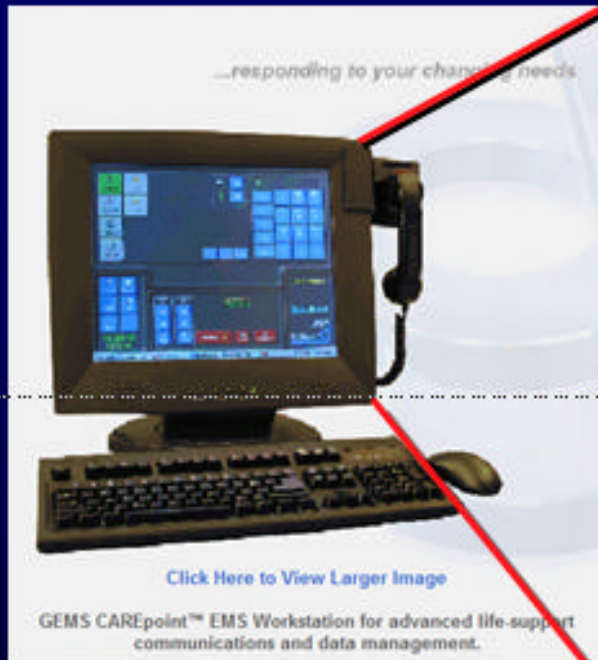
***It's “do the right thing
EVERY TIME”***

**The EMS Medical Director
MUST be held to
rigorous standards of
clinical practice,
just like the EMS Provider**

Medical Direction

*“You are the vehicle,
and you have the keys to it”*

Mike Gosselin, Assoc. FC



Care Point



**Call goes down:
Several people down
at AA Stadium
at the playoff game
tonight**

**LOC reported on many
Seizures present on a few**



**Mass panic is in effect
Hundreds have been trampled
as thousands storm out of
the building**



Many are lying on the ground, showing pinpoint pupils, extreme salivation, dyspnea, wheezing, and muscle fasciculations



Considerations:

Protect yourself...prepared???

Dead animals present?

Up hill, upwind

Avoid contamination

Red survey

**“Get ‘em in,
get ‘em out!”**



Constant Scene Assessment:

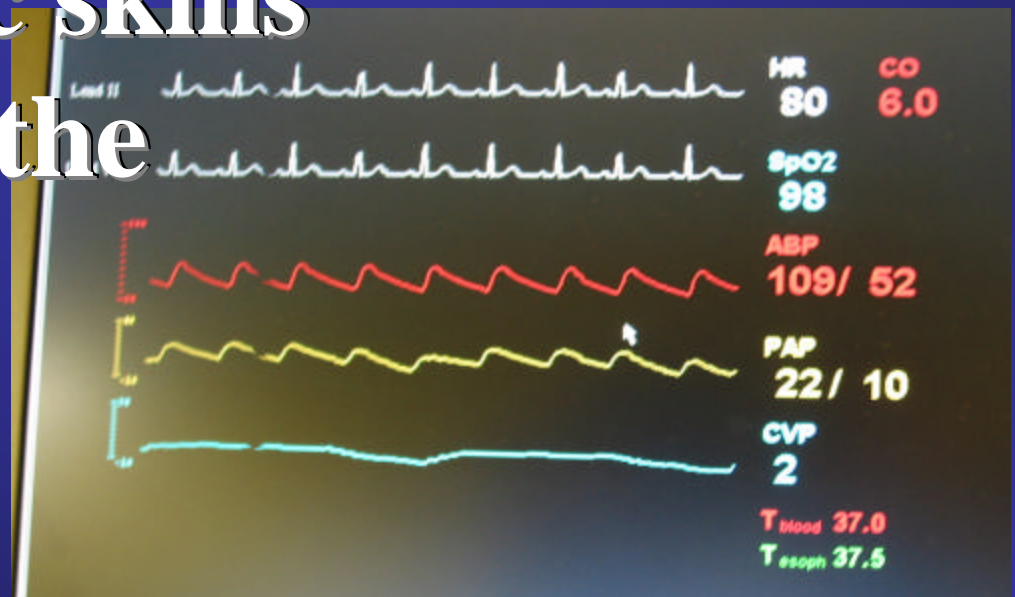
The new standard
for EMS

Even prior to the initiation
of incident command



Uphill and upwind isn't enough:

You have to apply your
same diagnostic skills
to “diagnosing the
environment”



Red Survey

Many Victims?

LOC

Position Airway

Not breathing? Move on

Pulseless? Move on



Nerve Gas:

How much atropine do you have?
Mark I kits available?

Give atropine until
secretions dry up,
not necessarily
pupils getting small



Chlorine/Mustard:

Coughing and airway stuff

Oxygen

Albuterol

Decontamination

Transfer



Cyanide:

Oxygen

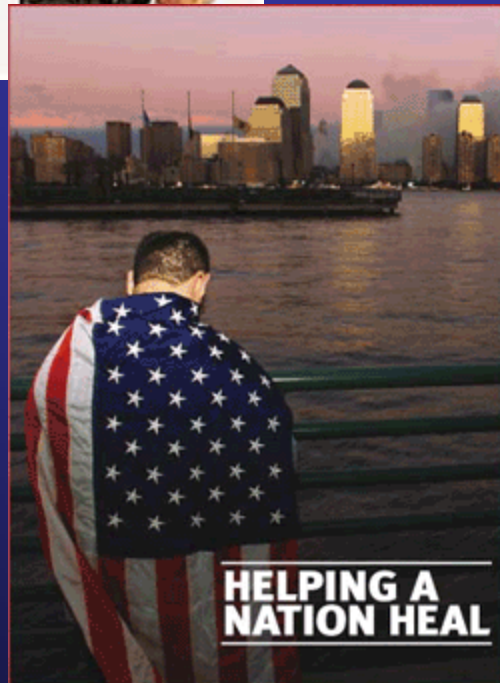
Ventilation support

Must have cyanide kit

Three drugs still IN (amyl nitrite,
Na⁺ nitrite, Na⁺ thiosulfate)

Transfer





4/3/2006



4/3/2006



4/3/2006

101

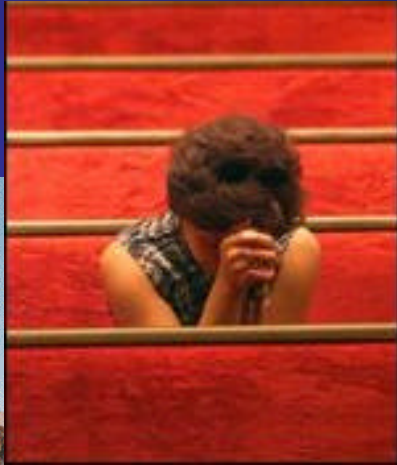
WE SHALL NEVER FORGET
WE WILL HEAL
WE MAY NEVER UNDERSTAND
EEC / AGE 13



4/3/2006



4/3/2006



4/3/2006





4/3/2006

© Cartoonbank.com



*"I thought I'd never laugh again.
Then I saw your jacket."*

Synthesis



**The professionalism of EMS
continues to grow**

**You, the heroes of the streets,
must concentrate harder
than ever to stay on top
of your job**

*Whoever you are,
wherever you work...*



**...only your best,
every time, is enough**

drray@doctorfowler.com



www.utsw.ws

“the EMS education website”

*Thank you for your
kind attention!*





4/3/2006

114