

South Metro Fir Department
Clinical Policies and Procedures

Title: Medical Control
Effective Date: December 15, 2015
Authorized By: Keith Wesley, MD Medical Director
Standard: Patient Care and Transport
Policy: HEMT/SMFD providers will, at all times, have access to a physician who shall provide appropriate treatment orders.

I. Purpose

- A. To provide a procedure for HEMT/SMFD patient care providers to obtain specific patient care orders or operational decisions when guidelines require or recommend Medical Control involvement.

II. Definitions

1. Indirect Medical Control: Indirect or off-line Medical Control refers to providing written patient care guidelines, also known as “standing orders”. For HEMT/SMFD patient care providers, the Patient Care Guidelines serve this purpose and provide standardized order sets for specific patient presentations when appropriate. Patient Care Guidelines do not require patient-by-patient authorization. They are designed to expedite patient care and provide treatment standards that are acceptable and expected for patient presentations and situations as described.
2. Direct Medical Control: Direct or on-line Medical Control involves patient and incident specific orders obtained directly from a licensed practitioner, including physicians, nurse practitioners, or physician assistants who have been granted the authority to provide orders. Direct Medical Control may be accessed by telephone, radio, other electronic means, written orders, or by face-to-face contact with medical staff at sending and receiving facilities.
3. EMRCC: East Metro Medical Resource Control Center that is located within Regions Hospital and staffed with paramedic dispatchers and access to Regions Direct Medical Control if desired.

III. Procedure

- A. Direct Medical Control should be accessed from the following sources as dictated by the patient’s condition.
1. HEMT On-call Medical Director: HEMT On-Call Medical Control Contact is **REQUIRED** for the following conditions and is obtained by contacting HEMT dispatch and request phone patch to on-call Medical Director. In the event the on-call Medical Director is not readily available contact St. Joseph’s ED Medical Control.
 - a. To discontinue resuscitation efforts for an arrested patient in the absence of a do

not resuscitate order.

- b. When the patient's chief complaint (not reason for dispatch) is any of the following and the patient is refusing transport.
 - i. Chest pain consistent with Acute Coronary Syndrome.
 - ii. Acute altered mental status.
 - iii. Stroke symptoms.
 - iv. Respiratory distress.
 - v. Parental refusal to allow HEMT/SMFD providers to assess and/or treat a seriously ill or injured minor child.
 - c. Whenever a patient wishes to be released Against Medical Advice on the scene after receiving treatment and the HEMT/SMFD providers believe that transport by ambulance or further treatments are medically indicated or in the patient's best interest (See Non-transport Policy).
 - d. For administration of a medication or performing a treatment or intervention that is designated in these guidelines as requiring direct Medical Control order.
 - e. For administration of a medication other than as specified in the HEMT Patient Care Guidelines.
 - f. Whenever a conflict or disagreement arises with another health care professional, also responsible for the patient, related to the appropriate patient care or destination.
2. St. Joseph's ED Medical Control: When HEMT on-call Medical Director is not readily available.
 3. Receiving Hospital ED Medical Control: For any consultation and/or orders for a patient being transported to that facility. i.e. Patient being transported to St. Joseph's ED for whom a clinical question regarding care arises.
 4. EMRCC: EMRCC will be contacted at the earliest possible moment for patients with time-sensitive conditions such as Stroke, STEMI, and Level One Trauma.

IV. **SPECIAL NOTES**

- A. For Medical Control contact and treatment authorization, document it in patient care report to include the name and specific treatment orders obtained.
- B. Document supporting details for all incidents and interventions provided that result in deviations from these guidelines. Do not state that this care was a deviation from protocol but instead simply document the intervention accurately.
- C. Whenever a resuscitation attempt is discontinued, document the Medical Control point contacted, the on scene practitioner, or the existence of a practitioner's do not resuscitate (DNR/DNI) order used for the authorization to discontinue.

Previous Versions: