This study guide encompasses all the knowledge objectives for the Austin/Travis County EMS System Clinical Operating Guidelines (COG). Every exam question will reference one or several knowledge objectives found in this document. This study guide follows the COG released for February 4, 2015. In addition, some knowledge objectives covered here address basic EMT knowledge, as it is expected that the EMT will have a knowledge base appropriate for his or her certification level.

Review of this study guide will cover every point on the COG exam. More importantly, it is designed to prepare the provider to use the COG to provide patient care to the citizens of Austin/Travis County.

It is suggested that the provider first read the appropriate section of the COG then review the objectives.

As always if there are any questions please feel free to contact the OMD at www.atcomd/contact.htm or call the office at 978-0000.
Clinical Standard Documents

**Atypical Protocol Utilization and Online Medical Direction**
- Describe the purpose for the standard
- Describe the two types of clinical encounters requiring the use of this protocol
- Describe how you would utilize this protocol
- Identify who can provide medical direction

**Cancellation or Alteration of Response**
- Describe the purpose for the standard
- Describe how a provider may modify or cancel the response of another System Provider not already on scene
- Explain how a cancelled provider should respond to the cancellation or alteration of response

**Child Abuse (<18 Years Old) Recognition and Reporting**
- Describe the principles for the assessment of an abused child
- Describe the purpose of this protocol
- Describe the circumstances under which you are required to report
- Describe how you must report
- Identify steps in the application of this protocol
- Describe how and what you will document
- Explain information you will include in the hand-off of the patient

**System Performance Improvement**
- Describe the purpose of this standard
- Describe the functions of performance improvement
- Discuss what happens if an organization or provider refuses to participate in a performance improvement program

**Crime Scene Preservation Principles/Access to Patients in a Potential Crime Scene**
- Explain the first general principle of crime scene management
- Identify who will be notified should law enforcement prevent entrance to a scene
- Identify how a weapon will be handled if it is necessary
- Describe documentation required for a crime scene
- Explain what you would tell a patient who wants to take a shower/bath prior to transport
- Explain how you would handle bindings on a patient
- Describe how you would handle containers of a substance that may have been ingested in a suicide attempt
- Identify what you will do with disposable items used on scene
- Explain how to manage covering a body on scene
- Identify who takes responsibility of the body once a pronouncement time is obtained
- Explain whether or not it is acceptable to share patient care information with appropriate law enforcement officers if the patient has been pronounced dead
- Describe how the responder will make entry and exit from a crime scene where no resuscitation is initiated
- Explain how to document items left on scene
- Explain what the responder will do if law enforcement is not on scene prior to transport of the patient
- Explain what must be done with any unsuccessful intravenous or pleural attempts
- Describe what information must be passed to the receiving facility if the patient has been placed on a sheet
- Describe the different crime scene management scenarios

**Initiation and Termination of Cardiopulmonary Resuscitation (CPR)**

**Initiation of CPR**
- Explain when it is not appropriate to initiate CPR
- Identify reasons a provider may determine not to start CPR
- Discuss “signs of obvious death”

**What is the Definition of a “Patient”?**
- Explain why it is important to define a patient
- Define “patient”
- Explain what you will do if there are questions or doubts as to whether or not a person should be considered a patient
- Describe how you would handle an adult patient that does not fit the definition of a patient
- Define “adult”
- Define “minor”
- Explain the meaning of “emancipated”
- Define “pediatric patient”

**Discontinuation of Prehospital Resuscitation**
- Explain the purpose of the standard
- Describe who may discontinue resuscitation efforts without OLMC
- Describe the circumstances under which a provider may discontinue resuscitation efforts
- Discuss the criteria that must be met for a suspected medical cause of arrest
- Describe what will continue while on a call to the System Medical Director to acquire permission to terminate
- Describe what should be documented under these circumstances
DNR Advanced Directions
- Describe the purpose of the standard
- Define the standard
- Explain exceptions to this standard
- Describe the application of this standard
- Describe the conditions that must be present in order to honor a DNR
- Describe when a DNR may be overridden

Documentation of Patient Care Report
- Describe the purpose of a standard
- Explain the application of the standard as appropriate for your credentialing level

Documentation Vital Signs
- Describe the purpose of this standard
- Explain the standard
- Describe what an “initial complete set of vital signs” includes
- Explain when palpated blood pressures may be acceptable
- Discuss what other vital signs might be appropriate depending on patient condition and complaint
- Describe what to do if a patient refuses vital signs
- Describe what should be done if there is an abnormal vital sign
- Explain how often vital signs should be acquired

Domestic Violence (≥ 18 years old) (Partner and/or Elder Abuse) Recognition and Reporting
- Describe this standard
- Define the principles of this standard
- Explain the assessment of these patients
- Describe how you will report these circumstances

Emergency Medical Dispatch
- Describe the purpose of the standard
- Describe the circumstances under which an EMS unit or first responder dispatched for a Code 1 response can upgrade to a Code 3 response
- Explain when a responder might be diverted to another call
- Explain when a responder may bypass another call

BLS Transport Decision Process (Transport Only)
- Describe the application of this protocol
- Explain who is responsible for conducting an initial evaluation
- Explain who decides when a patient may be transported by a BLS provider
- Describe the conditions under which a patient CANNOT be transferred to a lower-level provider
- Explain the exceptions to the listed items
- Explain what should be documented
**Hospital Diversion (Transport Only)**
- Describe the purpose of this standard
- Explain a “Black-Internal Disaster”
- Describe a “Black-Trauma Priority”
- Describe how you would handle the situation if a hospital attempts to divert for other than the listed circumstances
- Describe how you will address a diversion situation with your patient
- Describe the circumstances under which a Supervisor could close a hospital to EMS transport

**Identification Badges**
- Explain the purpose of this standard
- Define this standard
- Explain how identification is required for TDSHS
- Explain how badges will be worn
- Explain what level a provider will participate in if the provider does not have a badge
- Explain what would happen if a provider performs outside his/her scope of practice

**Infant Abandonment**
- Describe the standard
- Explain the purpose of the standard
- Describe the application of this standard

**Inter-facility Transfers (Transport Only)**
- Explain the purpose for this standard
- Describe what must happen if the patient is on a medical device not used in the System
- Explain what patients are exempt from the usual documentation requirements for a transfer
- List the equipment required for transfers

**Memorandum of Transfer (MOT) (Transport Only)**
- Describe the purpose of this standard
- List the things that must be on the MOT
- Discuss what circumstances a medic can divert from the arranged destination
- Under what circumstances can a provider follow the orders of the transferring physician
- List the exceptions for the MOT requirements

**Minimal Equipment Patient Side**
- Explain the purpose of this standard
- List the items that you must have immediately available for patient care
On-Scene Authority Patient Care
- Explain the purpose of this standard
- Explain how you would handle any disagreement regarding circumstances relating to patient care
- Explain who has the final authority and responsibility for decisions regarding patient care
- Describe the seniority of credentials in order
- Explain how unresolved conflicts regarding on-scene management of patients will be handled

Patients with Special Healthcare Needs
- Explain the purpose of the standard
- Describe how you would problem-solve a situation where a patient has equipment that the provider is not familiar with

Physician on Scene
- Explain the standard
- Explain the purpose of the standard
- Describe the application of the standard
- Describe how you will handle a physician on-scene
- Describe how you would manage a patient's personal physician on-scene
- Explain how you would manage an intervener physician on-scene

Office of the Medical Director Credential Audit
- Explain the purpose of this standard
- Describe the application of this standard

Provider Credentialing
- Explain the difference between “Certification or Licensure” and “Credential to Practice”
- Explain the purpose of this standard
- List the levels of credentialing
- Describe what is required to obtain and maintain your credentials to practice at your level

Refusal of Treatment and/or Transport
- Explain this standard
- Describe the purpose of this standard
- Define Informed Consent/Refusal
- Define Implied Consent
- Define Substituted (surrogate) Consent
- Describe who may consent to, or refuse, the evaluation, treatment, and/or transportation of a minor
- Describe the application of this standard
- Describe what must be in place for all patients refusing treatment and/or transport
• An ATCEMS System Provider SHALL NOT discourage any patient (or legal patient representative) from seeking medical care from a physician or from accepting EMS transport to a hospital
• Describe your responsibilities if a patient with present mental capacity wants to refuse care
• Explain how you will document a refusal of treatment and/or transport

**Safe Transport of Patients**
• Describe the purpose of this standard
• Describe how you will apply this standard
• Describe how pediatric patients less than 40 kg should be restrained in a moving transport vehicle
• Identify when you can and cannot use a pediatric patient’s child seat for securing the patient during transport

**OMD Modification or Revocation of Credential to Practice**
• Describe this standard
• Explain the purpose for this standard
• Describe Unrestricted Status
• Describe OMD Administrative Hold
• Describe Suspended status
• Describe a Modified Credential Status
• Describe a Voluntary Surrender of a credential
• Describe Revocation of credential
• Explain reasons a Provider might be placed on Administrative Hold
• Describe what must happen if there is action taken against a provider’s certification/license by TDSHS
• Describe when a provider or sponsoring agency must report a crime to the OMD
• Describe the process for removing an OMD Administrative Hold
• Describe why a provider’s credential might be suspended
• Explain the process for suspension of a credential
• Define a modified credential status
• Explain when a provider’s credential may be modified
• Describe temporary assignment
• Describe the circumstances under which a provider may have their credentials revoked (be very familiar with these)
• Explain the process for revocation of credentials

**System Design**
• Explain the purpose of this standard
• Describe the application of this standard
• Describe the conditions under which a provider can, indeed, provide patient care
• Discuss the conditions under which a provider IS NOT covered by the ATCEMS Medical Director
Transport Destination Decision (Transport Only)

- Discuss the purpose of this standard
- Describe how a provider will determine where a patient will and should be transported
- Describe the steps a provider will take if a patient refuses transport to an appropriate facility

Transfer of Care to Provider of Lesser Credentials

- Describe the necessity for this standard
- Explain the purpose for this standard
- Describe the circumstances under which a patient’s care can be transferred to a provider of lesser credentials

STEMI Alert Criteria (ALS Only)

- Describe how a patient will meet criteria for a STEMI Alert
- Describe how a STEMI Alert should be called
- Describe ACS Consult Criteria
- Explain how a provider would decide between a STEMI Alert and an ACS Consult

Stroke Alert Criteria

- Describe the criteria for calling a Stroke Alert
- Describe how a Stroke Alert can be called
- Identify who can call a stroke alert

Request for Service by Individuals at a Hospital

- Describe the purpose of this standard
- Describe who this standard applies to
- Explain the responsibility of a responder who may make the first patient contact

Clinical Protocols

Universal Patient Care

- Describe the contents of a thorough patient history
- Describe the parts of a primary assessment
- Describe the contents of a secondary assessment
- List what is included in a complete set of vital signs
- Describe when it would be appropriate to check a patient’s glucose
- Discuss the minimum exam for every patient
- Describe when it is appropriate to acquire a 12-lead ECG/EKG as quickly as possible
**Patient Safety**
- Describe the responsibility a provider has regarding medical equipment
- Describe the responsibilities of a provider to check at the beginning of every shift
- Describe the responsibility of a provider if a piece of patient care equipment fails to function as it was intended while managing a patient
- Describe what a provider should do if involved in a medication error, clinical misadventure, or other adverse patient outcome
- Describe the notification sequence

**Deceased Person**
- Describe the history a provider should acquire
- Describe signs/symptoms consistent with a deceased person
- Discuss how a patient would meet criteria for Obvious Death or a DNR (CS-06)
- Explain how a provider should request Law Enforcement
- Explain when victim services should/could be utilized
- Describe criteria for withholding resuscitation

**Spinal Motion Restriction (SMR)**
- List conditions under which spinal motion restriction is required
- Describe the recommended exam in the Pearls
- Discuss other situations where the standard criteria for spinal motion restriction might not be sufficient and the patient should probably be placed in SMR
- Under what circumstances should a patient’s ROM NOT be checked
- Describe how ROM should be checked

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### Adult Protocols

**Airway**
- Describe how a provider would determine how a provider would determine the appropriate oxygen therapy
- Describe when an advanced airway is not required
- Describe the only circumstances under which a patient would be hyperventilated
- Describe when a BIAD would be inserted at the BLS level

**Adult Failed Airway**
- Discuss when you would continue ventilation with a BVM and OPA/NPA

**Pulmonary Edema**
- Discuss contents of the patient’s history
- Describe the signs and symptoms consistent with Pulmonary Edema
- Discuss the differential for Pulmonary Edema

**Respiratory Distress**
- Discuss contents of the patient’s history that are appropriate for a patient with respiratory distress
- Describe signs and symptoms with a patient with respiratory distress
• Discuss differentials appropriate for a patient with respiratory distress
• Describe the concerns if your patient has a silent chest with respiratory distress signs and/or symptoms
• Describe the circumstances where a patient would receive a normal saline nebulized treatment
• Discuss the circumstances in which a patient would receive albuterol
• Discuss the circumstances in which a patient would receive CPAP

Cardiac Arrest
• Discuss appropriate history to ask when a patient is in cardiac arrest
• Discuss criteria for withholding resuscitation
• Discuss CPR/Pit Crew Procedure
• Describe the AED procedure
• Describe the keys to success for cardiac arrest
• Discuss when you should not interrupt compressions
• Describe utilization of the cardiac arrest checklist

Asystole/PEA
• Describe appropriate history to acquire for a patient with PEA/Asystole
• Discuss the differential for a patient in PEA/Asystole
• Discuss the CPR/Pit Crew Procedure

Pulseless Ventricular Tachycardia
• Discuss the appropriate history to acquire for a patient with pulseless ventricular tachycardia
• Discuss AED procedure
• Describe when a patient’s pulse will be checked

Induced Hypothermia
• Identify criteria for induced hypothermia
• Describe BLS cooling techniques

Post Resuscitation
• Discuss what the provider will do immediately post resuscitation
• Explain the parameters for ventilator support
• Explain why hyperventilation is bad
• Describe common causes of post-resuscitation hypotension

Persistent Ventricular Fibrillation & Pulseless Ventricular Tachycardia
• List the treatment priorities
• Explain the keys to successful resuscitation
**Chest Pain, Suspected Acute Coronary Syndrome**
- Describe appropriate history for a patient complaining of suspected cardiac chest pain
- Discuss signs and symptoms for a patient with acute coronary syndrome
- Discuss the differential list for a patient with chest pain
- Discuss contraindications to the administration of aspirin
- List the dose for aspirin
- Describe the parameters for oxygen administration
- List the criteria for early 12-lead ECG/EKG acquisition
- Discuss indications, contraindications, dosing and repeat dosing for nitroglycerin

**Bradycardia**
- Discuss appropriate history for a patient with bradycardia
- Discuss signs and symptoms related to bradycardia
- List differentials related to bradycardia
- Discuss the treatment plan if the patient is asymptomatic with bradycardia
- Discuss interventions for treatable causes

**Atrial Fibrillation with Rapid Ventricular Response**
- Discuss appropriate history for a patient with a-fib with RVR
- Discuss signs and symptoms for these patients
- List differentials for patients with a-fib with RVR
- Discuss the use of pulse oximetry

**Supraventricular Tachycardia**
- Describe appropriate history for a patient with SVT
- Discuss signs and symptoms related to SVT
- Discuss differentials for the patient with SVT
- Discuss the use of pulse oximetry
- **Note**: although BLS providers may not have a monitor to identify SVT by monitor they can certainly identify an extremely rapid pulse

**Abdominal Pain**
- Discuss appropriate history for a patient with abdominal pain
- Discuss signs and symptoms that may be associated in a patient with abdominal pain
- List appropriate differentials for a patient with abdominal pain
- Discuss when orthostatic vital signs are appropriate
- Discuss considerations for patients over 50 years old
- Discuss considerations for female patients of childbearing age
Allergic Reaction
- Discuss appropriate history for a patient with an allergic reaction
- Identify signs and symptoms associated with a patient with allergic reactions
- List appropriate differentials for a patient with allergic reactions
- Discuss the concerns with a very short onset from exposure to symptoms
- Describe, very specifically, the difference between a mild, moderate, or severe allergic reaction
- Describe when a patient should get epinephrine. Be able to recognize a scenario where a patient SHOULD NOT get epinephrine
- Discuss when to consider CPAP

Altered Mental Status
- Discuss appropriate history for a patient with altered mental status
- Discuss signs and symptoms associated with altered mental status patients
- List appropriate differentials for a patient with altered mental status
- Discuss when a patient might receive oral glucose
- Discuss contraindications to the administration of oral glucose
- Discuss concerns related to personal safety in relation to a patient with altered mental status
- Discuss treatment for patients who return to baseline after glucose administration and wishes to refuse

Back Pain
- Discuss appropriate history for a patient with back pain
- Discuss signs and symptoms associated with a patient having back pain
- Discuss appropriate differentials related to a patient having back pain
- Discuss concerns in patients over the age of 50 years old

Behavioral
- Discuss appropriate history for a patient with behavioral issues
- List signs and symptoms related to patients with behavioral issues
- List the differentials related to a patient with behavioral issues
- Explain when it may be appropriate to administer oral glucose
- Explain your first priority related to a patient with behavioral issues
- Identify other things to consider in relation to a patient with behavioral issues

Bites and Envenomations
- Discuss appropriate history related to a patient with a bite or envenomation
- Identify signs and symptoms related to a patient who has experienced a bite or envenomation
- List differentials related to patients with a bite or envenomation
- List your treatment plan for a patient with an insect bite/sting
- List your treatment plan for a patient with a snakebite
- Explain the use of ice for a snakebite
- Explain concerns related to human bites
- Discuss concerns related to carnivore bites
- Explain why cat bites rapidly progress to infection
• Discuss different types of snakes in our area
• Describe signs and symptoms related to a brown recluse bite
• Describe signs and symptoms related to a black widow bite
• Describe evidence of infection
• Describe how you would clean a wound if possible
• List types of immunocompromised patients
• Identify the number for the poison control center

**Excited Delirium**
• Discuss appropriate history related to excited delirium
• List signs and symptoms related to a patient with excited delirium
• Discuss appropriate differentials related to excited delirium
• Discuss when you would initiate cooling measures
• What is your number one priority when dealing with a patient with excited delirium?
• Discuss who must accompany a handcuffed patient
• Discuss positioning of a patient who must be restrained

**Eye Injury/Complaint**
• Discuss appropriate history related to an eye injury or complaint
• Discuss signs and symptoms related to a patient with an eye injury or complaint
• List appropriate differentials related to an eye injury or complaint
• Discuss treatment for a patient with a known or suspected injury
• Discuss how treatment differs whether the eye is in or out of the socket
• Discuss when a provider would irrigate with NS
• Discuss the evaluation plan specifically for a patient with an eye complaint but no suspected injury
• Discuss when you would remove contacted lenses and when you would not
• Describe when you would cover one vs. both eyes

**Fever/Infection Control**
• Discuss appropriate history related to a patient with fever or infection
• Discuss signs and symptoms related to a patient with fever or infection
• List differentials related to a patient complaining of fever or infection
• Discuss appropriate use of contact precautions
• Discuss appropriate use of droplet precautions
• Discuss appropriate use of all-hazards precautions

**Environmental Hyperthermia**
• Discuss appropriate history related to a patient with hyperthermia related to environmental causes
• Discuss signs and symptoms related to a patient with hyperthermia related to environmental causes
• List differentials related to environmental hyperthermia
• Discuss the treatment plan for a hyperthermic patient with altered mental status
• Discuss the treatment plan for a hyperthermic patient without altered mental status
• Discuss whether or not a patient should have a blood glucose checked
• Describe when you should/should not acquire a rectal temperature

**Hypotension (non-trauma)**
• Discuss appropriate history related to a patient suffering from hypotension
• List signs and symptoms related to a hypotensive patient
• List differentials related to the hypotensive patient
• Define hypotension
• Discuss different types of shock and signs and symptoms related to different types of shock
• Discuss appropriate positioning for the hypotensive patient

**Hypothermia Environmental**
• Discuss appropriate history related to a patient with hypothermia related to environmental causes
• Discuss signs and symptoms related to a patient with hypothermia related to environmental causes
• List differentials related to environmental hypothermia
• Discuss initial treatment of the hypothermic patient
• Discuss whether or not a patient should have a glucose assessment
• Identify mild, moderate, and severe hypothermia

**Nausea/Vomiting**
• Discuss appropriate history related to a patient complaining of nausea and/or vomiting
• List signs and symptoms related to nausea and/or vomiting
• List differentials related to a patient complaining of nausea and/or vomiting
• Discuss the importance of acquiring a description of the emesis

**Organophosphate Exposure**
• List appropriate history that should be acquired for a patient with organophosphate poisoning
• Discuss signs and symptoms related to an organophosphate poisoning
• List differentials related to a patient with suspected organophosphate poisoning
• Identify the most important thing related to a patient potentially suffering from organophosphate poisoning

**Overdose**
• Discuss history associated with a patient who has potentially overdosed
• List signs and symptoms related to a possible overdose
• List differentials related to a potential overdose
• Discuss the reliability of a patient’s history in a suicide attempts
• Identify the poison control center phone number
Pain Management
- List history considerations for a patient having pain
- Identify signs and symptoms related to a patient having pain
- List differentials related to patients experiencing pain

Seizure
- Identify history considerations related to a patient who has suffered a seizure
- Discuss signs and symptoms associated with patients who have experienced a seizure
- List differentials related to seizures
- Define status epilepticus
- Describe the difference between grand mal, focal, and Jacksonian seizures
- Discuss who can assist with a vagus nerve stimulator.
- Describe how one would utilize a vagus nerve stimulator

Suspected Stroke
- Describe the Cincinnati Pre-Hospital Stroke Screen (CPSS)
- Identify criteria for declaring a “Stroke Alert”
- Describe what “onset of symptoms” means
- Explain why it would be useful to take a family member to the hospital with the patient

Syncope
- Discuss history considerations for a patient who has experienced a syncopal episode
- Discuss signs and symptoms which might be associated with a patient who has had a syncopal episode
- List possible differentials related to a patient with a syncopal, or near syncopal, episode
- Discuss the importance of checking for trauma
- Recognize that a syncopal episode is often related to cardiac issues in the geriatric patient

Carbon Monoxide
- Discuss history that might be appropriate to ask for a patient with a suspected carbon monoxide exposure
- Discuss signs and symptoms related to a patient with a carbon monoxide exposure
- List possible differentials related to carbon monoxide exposure
- Describe how a provider would select oxygen administration related to different levels of carbon monoxide exposure
- Discuss considerations for an obtunded fire victim
- Discuss other correctable causes that might resemble a carbon monoxide exposure
Cyanide
- Discuss history considerations related to a patient with a suspected cyanide exposure
- List signs and symptoms related to possible cyanide exposure
- Discuss differentials that might resemble cyanide exposure
- Discuss when/how a patient can be removed from the source of exposure
- Discuss oxygen administration for the patient possibly exposed to cyanide
- Discuss the importance of decontamination of these patients
- Discuss exposure-related signs and symptoms
- Discuss why oxygen will be administered via NRB regardless of O2 saturation

Epistaxis
- Discuss patient history as related to epistaxis
- List signs and symptoms related to a patient with epistaxis
- List possible differentials related to epistaxis
- Discuss early interventions for a patient with epistaxis (i.e. “what would you do first?”)
- List different anticoagulants
- List anti-platelet agents

Trauma – Adult and Pediatric

Trauma Arrest Adult/Pedi
- Discuss signs and symptoms related to the trauma arrest
- List possible differentials related to trauma arrest
- Discuss the CPR/Pit Crew procedure
- Describe the spinal motion restriction protocol
- Describe the tourniquet procedure
- Describe indications and application for the pelvic binder
- Discuss conditions where the first responder may either discontinue or not initiate resuscitation
- Describe when you might consider medical arrest protocols

Adult Burns
- Discuss history considerations related to a patient with a burn
- Discuss signs and symptoms related to burns
- List differentials related to burns
- Explain why you would remove constricting items early in the process
- Discuss the difference between treatment for chemical burns vs. thermal burns
- Explain how you would address dry chemicals or powder
- Discuss when you would cool the wound with normal saline or sterile water
- Describe criteria for a critical burn
- Discuss concerns related to circumferential burns
**Drowning Adult/Pedi**
- Discuss history considerations related to a drowning patient
- List differentials related to a drowning victim
- Discuss criteria for resuscitation related to a drowning victim
- Explain why all victims should be transported (assuming resuscitation or non-arrest)
- Explain why a provider should wait for a trained rescuer to remove the patient from the water
- Discuss considerations related to pressure injuries
- Discuss the conditions under which a patient would receive albuterol
- Discuss the use of CPAP with a drowning patient

**Extremity Trauma Adult/Pedi**
- Discuss history related to a patient with extremity trauma
- List signs and symptoms related to extremity trauma
- Discuss differentials related to extremity trauma
- Explain how to address an amputation
- Describe documentation requirements for patients before and after splinting
- Explain possible complications related to hip dislocations, knee and elbow fractures/dislocations
- Explain treatment for a partial amputation

**Head Trauma**
- Discuss history related to head trauma
- List signs and symptoms related to head trauma
- Discuss possible differentials related to head trauma
- Describe the GCS scale
- Discuss how often a head-injured patient will be reassessed
- Explain the ONLY instance in which you will hyperventilate a patient
- Identify the most important item to monitor and document
- Discuss items that need to be documented

**Multiple Trauma**
- Discuss history related to multiple trauma
- List signs and symptoms related to multiple trauma
- List differentials related to multiple trauma
- Identify when to call a trauma activation
- Identify when a pelvic binder should be used
- Describe when a provider should consider splinting of fractures
- Discuss how treatment plans change once a trauma activation has been called
- Describe permissive hypotension
**Pediatric Burns**
- Discuss history considerations related to a patient with a burn
- Discuss signs and symptoms related to burns
- List differentials related to burns
- Explain why you would remove constricting items early in the process
- Discuss the difference between treatment for chemical burns vs. thermal burns
- Explain how you would address dry chemicals or powder
- Discuss when you would cool the wound with normal saline or sterile water
- Describe criteria for a critical burn
- Discuss concerns related to circumferential burns

**Pediatric Head Trauma**
- Discuss history related to head trauma
- List signs and symptoms related to head trauma
- Discuss possible differentials related to head trauma
- Describe the GCS scale
- Discuss how often a head-injured patient will be reassessed
- Explain the ONLY instance in which you will hyperventilate a patient
- Identify the most important item to monitor and document
- Discuss items that need to be documented

**Pediatric Multiple Trauma**
- Discuss history related to multiple trauma
- List signs and symptoms related to multiple trauma
- List differentials related to multiple trauma
- Identify when to call a trauma activation
- Identify when a pelvic binder should be used
- Describe when a provider should consider splinting of fractures
- Discuss how treatment plans change once a trauma activation has been called
- Describe permissive hypotension

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**Obstetrical and Pediatric (<37kg) Medical Protocols**

**Childbirth/Labor**
- Discuss history related to a patient who is experiencing labor or is about to deliver
- Discuss signs and symptoms of imminent delivery
- List differentials related to labor and delivery
- Discuss how treatment differs between a patient who is crowning, not crowning, or has priority symptoms
- Discuss when and how APGAR is scored
- Discuss the concern with an obstetrical patient seizes
- Describe postpartum hemorrhage
- Discuss how perineum tears with hemorrhage should be treated
- Explain the most common cause of postpartum hemorrhage
**Obstetrical Emergency**
- Discuss history considerations related to obstetrical emergencies
- List signs and symptoms related to an obstetrical emergency
- List differentials related to obstetrical emergencies
- Discuss management of postpartum hemorrhage
- Discuss concerns with obstetrical seizures
- Discuss positioning for patients >20 weeks gestation
- Describe treatment plans for a pregnant patient involved in an MVC
- Describe how you would quantify bleeding with a patient
- Discuss hypertension as it relates to the pregnant patient
- Identify signs and symptoms related to preeclampsia

**Newly Born**
- Discuss history considerations related to newly born patients
- List signs and symptoms to note in the newly born patient
- List differentials related to complications for the newly born patient
- Discuss how you would address meconium
- Discuss when and how to score APGAR
- Discuss the flowchart for neonatal resuscitation (note: different from traditional pediatric resuscitation)
- Discuss how treatment will different depending on the newborn’s heart rate
- Identify concerns related to suction of the newborn
- Describe a non-vigorous infant
- **Note:** It is extremely important to keep a newborn warm

**Pediatric Airway**
- Discuss the algorithm for managing a pediatric airway from least invasive to most invasive
- Discuss how Pulse Ox and EtCO2 relates to treatment
- Define “pediatric patient”
- Discuss how a majority of patients can be addressed
- **Note:** avoid hyperventilation

**Failed Pediatric Airway**
- Explain treatment plan if the SPO2 drops <90% or it becomes difficult to ventilate with a BVM
- Discuss how a majority of patients can be addressed
- Discuss how and when continuous pulse oximetry should be used

**Pediatric Respiratory Distress**
- List history considerations related to a pediatric respiratory distress patient
- List signs and symptoms related to a pediatric respiratory distress patient
- Discuss differentials related to a pediatric patient with respiratory distress
- Discuss concerns with a pediatric respiratory distress patient with a quiet chest
- Discuss indications, contraindications, dosing, and repeat dosing of albuterol
Pediatric Cardiac Arrest
- List history considerations related to a pediatric patient in cardiac arrest
- List signs and symptoms related to a pediatric patient in cardiac arrest
- Discuss differentials related to a pediatric patient in cardiac arrest
- Identify criteria for withholding resuscitation
- Describe CPR/Pit Crew procedure including the use of the AED
- Discuss keys to success
- Describe the cardiac arrest checklist

Pediatric Post Resuscitation
- Discuss reasons for the initial arrest
- Describe continued ventilatory support
- **Note:** do not hyperventilate
- Discuss why hyperventilation should be avoided at all costs
- Identify reasons a patient post-resuscitation requires close monitoring
- List common causes of post-resuscitation hypotension

Pediatric Bradycardia
- Identify history related to pediatric bradycardia
- List signs and symptoms related to pediatric bradycardia
- Discuss differentials related to pediatric bradycardia
- Discuss when a provider would or would not begin CPR
- Discuss consideration and treatment of reversible causes

Pediatric Allergic Reaction
- Discuss history related to a pediatric allergic reaction
- List signs and symptoms related to a pediatric allergic reaction
- List differentials related to a pediatric allergic reaction
- Describe, specifically, the difference between a mild, moderate, and severe allergic reaction
- Describe indications, contraindications, dosing, and repeat dosing of epinephrine
- Recognize weight restrictions to the administration of epinephrine
- Discuss indications, contraindications, dosing, and repeat dosing for the use of albuterol

Pediatric Altered Mental Status
- Discuss history related to a pediatric altered mental status
- Discuss signs and symptoms related to altered mental status
- List possible differentials related a pediatric patient with altered mental status
- Discuss when a patient would receive oral glucose

Pediatric Fever/Infection Control
- Discuss history related to a pediatric patient with fever
- List signs and symptoms related to a pediatric fever
- List differentials related to a pediatric patient with a fever
- Describe passive cooling processes
- Explain when contact precautions would be appropriate
• Discuss when droplet precautions would be appropriate
• Describe all-hazards precautions

**Pediatric Hypotension (Non-Trauma)**
• Discuss history related to pediatric hypotension
• List signs and symptoms related to pediatric hypotension
• List differentials related to pediatric hypotension
• Explain how to determine pediatric hypotension

**Pediatric Nausea, Vomiting, and Diarrhea**
• List history considerations for a patient experiencing nausea, vomiting, and diarrhea
• List signs and symptoms related to nausea, vomiting, and diarrhea
• List differentials related to pediatric nausea, vomiting, and diarrhea
• Identify signs and symptoms of dehydration

**Pediatric Pain Management**
• List history considerations related to pediatric pain management
• List signs and symptoms related to pediatric pain management
• List differentials related to pediatric pain
• Identify when vital signs should be acquired related to pain medication administration
• Explain the Wong-Baker faces pain scale
• Describe how splinting will help with decreasing pain

**Pediatric Seizure**
• List history considerations related to pediatric seizures
• List signs and symptoms to consider related to pediatric seizures
• List differentials for pediatric patients having seizures
• Describe what is more important than stopping the seizure
• Explain what a seizure might indicate in an infant
• Define status epilepticus
• Explain the difference between grand mal seizures, focal seizures, and Jacksonian seizures
• Explain why it is important to look for trauma in patients with seizures

**Pediatric Environmental Hyperthermia**
• Discuss appropriate history related to a patient with hyperthermia related to environmental causes
• Discuss signs and symptoms related to a patient with hyperthermia related to environmental causes
• List differentials related to environmental hyperthermia
• Discuss the treatment plan for a hyperthermic patient with altered mental status
• Discuss the treatment plan for a hyperthermic patient without altered mental status
• Discuss when it would be appropriate to encourage PO fluids
• Discuss whether or not a patient should have a blood glucose checked
• Describe when you should/should not acquire a rectal temperature

**Pediatric Overdose**
• Discuss history associated with a patient who has potentially overdosed
• List signs and symptoms related to a possible overdose
• List differentials related to a potential overdose
• Discuss the reliability of a patient’s history in a suicide attempts
• Identify the poison control center phone number

**Pediatric Carbon Monoxide**
• Discuss history that might be appropriate to ask for a patient with a suspected carbon monoxide exposure
• Discuss signs and symptoms related to a patient with a carbon monoxide exposure
• List possible differentials related to carbon monoxide exposure
• Describe how a provider would select oxygen administration related to different levels of carbon monoxide exposure
• Discuss considerations for an obtunded fire victim
• Discuss other correctable causes that might resemble a carbon monoxide exposure

**Pediatric Cyanide**
• Discuss history considerations related to a patient with a suspected cyanide exposure
• List signs and symptoms related to possible cyanide exposure
• Discuss differentials that might resemble cyanide exposure
• Discuss when/how a patient can be removed from the source of exposure
• Discuss oxygen administration for the patient possibly exposed to cyanide
• Discuss the importance of decontamination of these patients
• Discuss exposure-related signs and symptoms
• Discuss why oxygen will be administered via NRB regardless of O2 saturation

### Clinical Procedures

**12 Lead ECG**
• List clinical indications for the acquisition of a 12 lead ECG/EKG
• Discuss the time frame in which the 12 lead should be acquired
• Discuss where the electrodes are placed for a 12 lead ECG
• Discuss documentation of the procedure

**Medication Cross Check**
• Discuss the “Six Rights” of medication administration
• Describe the procedure for the Medication Cross Check
• Explain how you would document medication administration
• **Note**: it is expected that the medication cross check procedure will be used on EVERY medication administration (except oxygen)

**AED**
• Discuss the clinical indications for the use of the AED
• List any precautions to the use of the AED
• Explain any notes/precautions related to the use of the AED
• Explain the procedure of the use of the AED

**Foreign Body Airway Obstruction (Conscious Patient)**
• Discuss the clinical indications for the use this procedure
• Describe the procedure
• Explain how the procedure differs for infants, children, and adults

**Foreign Body Airway Obstruction (Conscious Patient)**
• List the clinical indications for the use of this procedure
• Describe the procedure
• Explain what happens if the FBAO is removed and the patient has pulses
• Discuss what happens next when a patient becomes pulseless with the FBAO is still in place
• Describe what happens if the patient becomes pulseless and the FBAO has been removed or relieved

**Adult Assessment**
• Explain the clinical indications for a patient needing an adult assessment
• Discuss the first step in the procedure
• Describe on-going assessment throughout transport
• Explain the contents of an initial assessment
• Describe documentation of the adult assessment

**Pediatric Assessment**
• List the clinical indications for a pediatric assessment
• Describe the pediatric triangle of ABC’s
• Describe assessment of disability
• Explain why it is important to keep a pediatric patient warm
• Discuss what constitutes “hypotension” for a pediatric patient
• Discuss how to assess perfusion in a pediatric patient when you cannot obtain a blood pressure
• Describe what “extra” questions might be appropriate to ask about as far as history is concerned with a pediatric patient

**Blood Glucose Assessment**
• Discuss clinical indications for the use of this procedure
• Describe the steps for the procedure
• Explain where it would be appropriate to acquire blood samples
• Discuss “hypoglycemia” vs. “hyperglycemia”
**Childbirth**
- Explain clinical indications
- Discuss how you will follow the steps for the procedure
- Discuss what to do after the anterior should delivers
- Explain the process of suction
- Explain how to address an umbilical cord around the neck
- Discuss when and how to record APGAR scores
- Explain when the placenta will deliver
- Describe what to do after the baby delivers

**Cincinnati Pre-Hospital Stroke Screen**
- Recognize indications for the use of the CPSS
- List contraindications for this procedure
- Describe each part of the CPSS
- Describe pronator drift
- List the criteria for declaring a Stroke Alert
- Explain why it is important to perform a glucose check prior to calling a Stroke Alert

**Contact Precautions**
- List clinical indications to the use of this procedure
- List any contraindications to the use of this procedure
- List the steps of this procedure – include what constitutes “contact precautions”

**CPAP**
- List clinical indications for the use of CPAP
- List contraindications for the use of CPAP
- List notes/precautions for the use of CPAP
- Describe the procedure for the application of CPAP
- Discuss decompensation for the patient on CPAP

**CPR – Pit Crew**
- List the clinical indications for the use of Pit Crew CPR
- List contraindications to the use of this procedure
- Describe the focus for Pit Crew CPR
- Describe all the responsibilities of the person in Position 1
- List the responsibilities for the person in Position 2
- Describe the responsibilities for the person in Position 3 (patient’s head – also known as “the airway person”)
- Explain the importance of the use of the metronome in Pit Crew CPR

**CPR – Pit Crew – Modified Two (2) Person Version**
- Explain (specifically) how this procedure is different than the typical three-person CPR

**BURP Procedure**
- Describe the clinical indications to the use of this procedure
• Discuss contraindications to the use of this procedure
• Describe notes/precautions to the use of this procedure
• Describe the steps to this procedure

**Decontamination**
• List the clinical indications to the use of this procedure
• Discuss when initial triage of patients will occur
• Discuss when a high-volume water bath might or might not be used
• Explain what should happen to patient’s personnel effects

**Determination of Capacity**
• Explain the clinical indication to the use of this procedure
• Describe step three in detail
• Describe the parts of step four in detail
• Explain, very specifically, the information in step six

**End-Tidal CO2 Monitoring (EZ Cap)**
• List clinical indications to the use of the EZ Cap
• List contraindications for the use of the EZ Cap
• Discuss notes/precautions for the use of the EZ Cap
• Discuss the procedure for the use of the EZ Cap

**End-Tidal CO2 Monitoring (Wave Form)**
• List clinical indications to the use of ETCO2 monitoring
• List contraindications to the use of ETCO2 monitoring
• Discuss notes/precautions for the use of ETCO2 monitoring
• Discuss what three factors must be quickly evaluated if no CO2 is detected
• Discuss the “normal” ETCO2 range

**Eye Irrigation BLS Only**
• Discuss clinical indications for the use of this procedure
• List contraindications to eye irrigation
• Describe how to address contact lenses
• Discuss how to implement eye irrigation

**Impedance Threshold Device Res-Q-Pod**
• List clinical indications for the use of the ITD/Res-Q-Pod
• List contraindications to the use of the Res-Q-Pod
• Discuss the procedure for the use of the Res-Q-Pod when using a BLS airway

**Insulin Pump**
• List indications for addressing a patient’s insulin pump
• List notes/precautions included in this procedure
• Describe how to disconnect the pump from the patient
• Discuss how to address a patient refusing transport against medical advice (AMA)
Intramuscular Injections
- Discuss clinical indications for the use of an IM injection
- List contraindications for the use of an IM injection
- Discuss notes/precautions for IM injections
- Discuss appropriate injection sites for IM injections
- Discuss the IM injection procedure

i-Gel O2 Airway (BIAD)
- List the clinical indications to the use of this device
- List contraindications to the use of this device
- Explain size selection for the use of this device
- Explain how to prepare the device for use
- Explain the skill in detail
- Discuss the removal of dentures prior to the insertion of this device
- Discuss confirmation of placement

Kendrick Traction Device
- List the clinical indications to the use of this procedure
- Explain contraindications to the use of the KTD
- Identify notes or precautions to the use of the KTD
- Describe application of the KTD

LUCAS
- Discuss clinical indications to the use of the LUCAS device
- List contraindications to the use of the LUCAS device
- Discuss notes/precautions for the use of this device
- Describe the procedure in detail
- Note: application of the LUCAS SHOULD NOT interfere with continuous compressions

Nebulized Medication
- Discuss clinical indications to the use of this procedure
- List contraindications to the use of this procedure
- Describe the procedure for assembling the nebulizer kit
- Explain the use of the medication cross-check procedure

Orthostatic Blood Pressure Measurement
- List clinical indications for acquiring orthostatic blood pressures
- Explain how far apart a provider should check the blood pressure and pulse
- Define “orthostatic”
- Describe when a provider can omit a formal orthostatic examination
Pelvic Binder (SAM Sling®)
- List clinical indications for the use of this device
- Discuss contraindications for this device
- Describe the steps necessary to apply this device
- Discuss notes and precautions for the use of the device

Restraints
- List clinical indications to the use of restraints
- Explain why it is critical to make sure the patient is under constant observation by a credentialed provider
- Explain documentation for the use of restraints
- Explain what needs to happen if a patient is restrained using handcuffs
- Explain how often circulation checks must be performed once a patient is restrained
- Explain where upper extremities should be restrained
- **Note**: the patient will NEVER be restrained in the prone position

Pain Assessment and Documentation
- List clinical indications for the use of this procedure
- Define “pain”
- Describe how the initial and ongoing assessment of pain would be accomplished
- Explain when vital signs should be taken during this procedure
- Describe the 0-10 scale for pain
- Describe the Wong-Baker “FACES” Scale
- Describe the FLACC Scale

SMART BAG MO
- List clinical indications for the use of this device
- Describe preparation for the use of the Smart Bag
- Describe proper hand placement for making a mask seal
- Describe when and how the pressure relief valve could be over-ridden

Pulse Oximetry
- Define the clinical indications for the use of pulse oximetry
- List notes/precautions to the use of pulse oximetry
- Describe the procedure for the use of pulse oximetry
- Define “normal” pulse oximetry readings
- **Note**: remember to treat the patient, not just the pulse oximeter reading

Respiratory Precautions
- Describe the clinical indications for the use of respiratory precautions
- Explain when the use of respiratory precautions should be considered
- Discuss notes and precautions for the use of this procedure
- Discuss what the term “high risk respiratory procedures” means
- Discuss when a fitted N95 mask is recommended

Droplet Precautions
• Discuss when droplet precautions should be used
• Describe how to use the procedure
• Discuss the importance of cautious removal of PPE
• Discuss the importance of decontamination of equipment

**Airborne Precautions**
• Discuss when it would be appropriate to use airborne precautions
• Discuss how the “view from the door” will affect your scene management

**Spinal Motion Restriction (SMR)**
• Discuss the clinical indications for the use of this procedure
• Define “who should be immobilized with a long spine board”
• Define who may not require immobilization via a long spine board
• Discuss the implementation of this procedure
• Explain the importance of checking peripheral motor/sensory function and distal pulses

**Splinting**
• Discuss the clinical indications for the use of this procedure
• Discuss when and why it is important to assess and document pulses, sensation, and motor function before AND after splinting
• Discuss what to do if there is no distal pulse and a fracture is suspected
• Explain the splinting procedure

**Standard Precautions**
• Discuss the clinical indications to the use of this procedure
• Define “Standard Precautions”
• Explain notes/precautions as related to this procedure
• Describe when you would wear gloves
• Discuss when it would be appropriate to wear a gown
• Explain when it would be appropriate to use mouth, nose, and eye protection
• Discuss how a provider would protect themselves during aerosol-generating procedures

**Taser Probe Removal**
• Discuss the clinical indications for the use of this procedure
• Discuss contraindications to removing a taser probe
• Explain the procedure for removing a taser probe

**Tourniquet**
• Discuss the clinical indications to the use of a tourniquet
• Describe contraindications to the use of this procedure
• Explain the application of the tourniquet
• Describe when a provider would stop tightening a tourniquet
• Explain the complication if the provider fails to tighten the tourniquet adequately
Vagus Nerve Stimulator
- Discuss the clinical indications for the use of this device
- Discuss contraindications to the use of this device
- List notes/precautions for the use of this device
- Describe the procedure for the use of this device

Wound Care
- Discuss the clinical indications for the use of this procedure
- Discuss when it would or would not be appropriate to irrigate contaminated wounds
- Discuss the importance of checking distal pulses, sensation, and motor function
- Explain how you would document the use of this procedure

Equipment Failure
- Explain the purpose of this procedure
- Explain the purpose of the “daily equipment check sheet”
- Describe what you would do if there is a failure of a piece of equipment during patient care which is deemed essential to the ongoing care of the patient
- Explain how and when you would notify about the failure of the piece of equipment
- Discuss under what conditions a piece of equipment might be returned to use
- Discuss how and when an Equipment Failure Report Form will be filled out

Appendices

Approved Abbreviations
- A provider should be able to identify/define Approved Abbreviations

Infection Prevention Exposure Management
- Discuss Infection prevention
- Discuss the “infection triad”
- Discuss recommended immunizations
- Discuss the importance of handwashing for infection prevention
- Discuss the use of Personal Protective Equipment (PPE)
- Explain when PPE should be considered standard practice
- Explain when it would be appropriate to use an N95 mask
- Describe when it would be appropriate to use a surgical mask and eye shield
- Explain when a provider should provide tissues and explain when to use them
- Explain sharps hazards
- Discuss cleaning and disinfection of equipment and work areas
- Discuss the importance of wearing PPE during decontamination of equipment
- Explain how a provider would follow-up on an exposure
- Discuss under what conditions a provider should immediately be transported to the closest appropriate facility for evaluation
Suspected Child Abuse and Reporting

- Discuss and describe “child abuse and neglect”
- Describe the State of Texas definitions of Abuse and Neglect
- Explain who MUST report child abuse and neglect and under what circumstances
- Describe what a provider would do if he or she suspected child abuse and/or neglect
- Discuss the only two methods to report suspected child abuse
- Discuss the patient or scene presentation
- Discuss procedures for dealing with suspected abuse patients
- Explain how you would document this

Vital Sign Parameters

- Define “tachycardia”
- Define “bradycardia”
- Discuss concerns associated with a bradycardic child
- Define “hypertension”
- Define “hypotension” for both children and adults
- Discuss “permissive hypotension”
- Describe Trauma Activation Criteria
- Define “hyperglycemic”
- Define “hypoglycemic”

Authorized Skills by Credential Level

- List the skills authorized for your credentialing level
- **Note:** regardless of a provider’s license or certification he or she may ONLY practice within their System Credentialed Scope of Practice
- **Note:** this is especially important for providers who may be certified at a higher level than they are credentialed