

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol
CIP PATIENT GENERAL ASSESSMENT AND CARE

Initial Date: October 23, 2020

Revised Date:

Section 11-50

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for evaluation and care of patients under a CIP program.

- I. Prior to initiation of patient contact review the following when available:
 - a. Patient complaint/illness/reason for visit
 - b. Available previous pertinent patient care records
 - c. Physician's orders
 - d. Protocols pertinent to patient condition, patient complaint or physician's orders as these will contain additional requirements and suggestions for vital signs, history, diagnostics, and patient counseling/education.

- II. Evaluate for presence of potentially life-threatening medical needs upon arrival and monitor continuously throughout care.
 - a. Potentially life-threatening medical needs exist, initiate 9-1-1 response **see CIP Medical Direction protocol**
 - i. Suspend CIP call and utilized local MCA protocols as necessary

- III. Verify patient complaints and history with patient and other available sources.
 - a. Sources may include but are not limited to referring agency, referring physician, referring EMS unit or family

- IV. Perform a physical exam pertinent to patient's complaint or condition.
- V. Perform diagnostic studies as indicated by patient complaint/illness/reason for visit.
 - a. Diagnostics: blood glucose level, ECG, ETCO₂, I-STAT, other studies as available.

- VI. Determine patient disposition:
 - a. Transport to the emergency department
 - a. Conditions in which transport to the emergency department should be considered:
 1. Altered level of consciousness
 2. Potential sepsis
 3. Vital sign compromise or instability
 - b. Procedure
 1. Activate 9-1-1 response
 2. Remain with patient until transporting unit arrives
 3. Notify physician of transport **see CIP Medical Direction protocol**
 4. Document **see CIP Documentation protocol**

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- b. On-scene treatment indicated:
 - a. Initiate care: **see applicable Care (treatment) and/or Complaint (treatment) protocol(s)** seeking medical direction as indicated per protocol.
 - 1. All on-scene medical treatment must have standing orders from the referring physician or direct online medical control.
 - b. Evaluate patient response to treatment and determine patient disposition (go back to VI).
 - c. On-scene treatment not indicated or completed with desired results:
 - a. Fall Risk Reduction Assessment **see CIP Fall Risk Reduction Assessment protocol**
 - b. Social Determinants of Health Assessment **see CIP Social Determinants of Health protocol**
 - c. Medication Audit **see CIP Medication Audit protocol**
 - d. Patient's without a primary care provider and/or not enrolled in the CIP program **see CIP Program Enrollment protocol** and **see CIP Medical Direction protocol**
 - e. Counsel/educate patient:
 - 1. Pathophysiology of disease/complaint
 - 2. When to call a health care provider
 - 3. Condition/complaint specific education **see applicable Care (treatment) and/or Complaint (treatment) protocol(s)**
 - f. Develop a care plan/service plan for the patient **see CIP Patient Service Plan/Care Plan protocol**
- VII. Document **see CIP Documentation protocol.**

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol
DIABETIC CARE

Initial Date: November 19, 2020

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Section 11-51

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with Diabetes.

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician.
 - a. Vitals: BGL
 - b. History: Last oral intake, diet, medication changes and compliance
- III. On-scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
 - c. Use of patient's prescribed medications beyond the parameters of the prescription must have direct consultation with the referring physician prior to administration
 - d. Oral high caloric fluid
 - e. Oral glucose gel or tablets
 - f. IV Fluid bolus of 0.9% NS maximum dose 2L
- IV. On-scene education and suggested support sources may include:
 - i. Diabetes Self-Management Education

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol
ASTHMA CARE

Initial Date: November 19, 2020

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Section 11-52

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with Asthma.

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals: SpO₂, work of breathing
 - b. History:
 - i. Frequency, duration, and triggers of DIB
 - ii. Previous and recent episodes requiring treatment
 - iii. Use of medications (short acting and long acting corticosteroids, etc.)
 - iv. Spirometry, peak flow, capnography
- III. On-scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
- IV. On-scene education and suggested support sources may include
 - a. Review patient's current history including frequency of symptoms with rest, with activity and with sleep
 - b. Review exacerbating factors including viral exposure, allergen exposure, exercise, cold air, tobacco smoke, chemical irritants, etc.
 - c. Observe the home to identify exacerbating factors
 - d. Review devices used by the patient including short/long acting medications and MDI/continuous nebulizer devices
 - e. Review when to call health provider
 - f. National Certified Asthma Educator referral

CHRONIC OBSTRUCTIVE PULMONARY DISEASE CARE

Initial Date: November 19, 2020

Revised Date:

Section 11-53

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with COPD.

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals: SpO₂, work of breathing
 - b. History:
 - i. History of previous and recent episodes requiring treatment
 - ii. Use of medications (short acting and long acting corticosteroids, etc.)
 - c. Diagnostics:
 - i. Spirometry, peak flow, capnography
- III. On-scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
- IV. On-scene education and suggested support sources may include:
 - a. Review patient's current history including frequency of symptoms with rest, with activity and with sleep
 - b. Review exacerbating factors including viral exposure, allergen exposure, exercise, cold air, tobacco smoke, chemical irritants, etc.
 - c. Observe the home to identify exacerbating factors
 - d. Review devices used by the patient including short/long acting medications and MDI/continuous nebulizer devices

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
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CONGESTIVE HEART FAILURE CARE

Initial Date: November 19, 2020

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Section 11-54

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Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with CHF.

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals:
 - i. Weight
 - ii. Blood pressure with systolic and diastolic evaluation
 - iii. SpO2
 - b. History:
 - i. Weight and blood pressure history and trends
 - ii. Activity tolerance
 - iii. Sleeping position
 - iv. Recent DIB requiring treatment
 - v. Medication use (diuretics, respiratory)
 - vi. Spirometry, peak flow, capnography
- III. On-scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
- IV. On-scene education and suggested support sources may include:
 - a. Salt and fluid intake discussion/counseling
 - b. Review of proper device care and use: oxygen, diuretics, CPAP, and other medications being used for maintenance.

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COMMUNITY INTEGRATED PARAMEDICINE
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CHRONIC HYPERTENSION CARE

Initial Date: November 19, 2020

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Section 11-55

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Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with chronic hypertension.

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals:
 - i. Manual and automated blood pressure
 - b. History:
 - i. Diet
- III. On-scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
 - c. Use of patient's prescribed medications beyond the parameters of the prescription must have direct consultation with the referring physician prior to administration
- IV. On-scene education and suggested support sources may include:
 - a. Salt and fluid intake discussion/counseling

POST MYOCARDIAL INFARCTION OR CARDIAC INTERVENTION CARE

Initial Date: November 19, 2020

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Section 11-56

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Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with post MI or cardiac intervention care.

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals/physical examination
 - i. Evaluation of procedure specific incisions/wounds/dressings
 - b. History:
 - i. Enrollment and compliance with cardiac rehab services
- III. On-scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
- IV. On-scene education and suggested support sources may include:
 - a. Cardiac rehab services referrals

Michigan
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POST STROKE CARE

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Section 11-58

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Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with post stroke.

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals:
 - i. Blood pressure both automated and manual
 - ii. Stroke scale re-evaluation
 - b. History
 - i. Use of memory aids and activity of daily living aids
- III. On-scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
- IV. On-scene education and suggested support sources may include:
 - a. Support groups for both patient and family
 - b. Use of DME
 - c. Memory aids
 - d. ADL assistance