



McLean County Area EMS System

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MEMORANDUM

To: MCAEMS System Providers (ALL LEVELS)
From: Michael Crabtree
Quality Assurance Coordinator
Re: 3rd Quarter 2012 QA Memo
Date: 9/7/2012

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

- **ESTABLISHING 2ND IV ON STEMI AND CVA PATIENTS** –It should be a priority to establish a second IV or IV lock on any suspected STEMI or CVA (positive FAST screen) patient. Do not delay transport to definitive care to complete this task. This should be done only after other life-saving and/or critical treatments are completed. [Reason: establishing a second IV prior to arrival helps decrease the time between patient arrival at the hospital to definitive intervention]
- **LABELING ECG STRIPS** – All ECG strips and 12-Leads need to have patient name and time/date of acquisition legibly printed on each individual strip. If the machine has printed any of this information for you, ensure that it is readable. [Reason: without properly labeled ECG strips, it is impossible to trace and attach strips to the appropriate patient care record]
- **VITAL SIGN ACQUISITION** – Vitals should be taken every 5 minutes on critical patients and every 15 minutes on non-critical patients throughout EMS contact. If vital signs are not acquired according to this requirement, document in the narrative the factors that barred you from taking vital signs.
- **AUTHORIZED ABBREVIATIONS** – Please utilize only the abbreviations that are approved for use within the system. A list can be found online in the medical protocols.
- **ALL PAGE-OUTS REQUIRE AN EMS CHART** – A chart must be completed for every activation of EMS regardless of whether patient contact is established.
- **MEDICAL CONTROL CONTACT ON CEASE EFFORTS AND “DOA”** – Document on all DOA/cease effort calls your interaction with medical control. Medical control contact is required on all DOA/cease effort calls.
- **TRANSPORT OF PATIENTS** – Patients must be transported on the stretcher with all safety devices attached. At no time should patients be transported on the bench seat in a seated position. All patients and passengers must be appropriately restrained.
- **HIGH RISK REFUSALS** – Medical Control must be contacted in all cases of high risk refusals. This interaction should be documented in your narrative. Keep in mind the overall situation in determining the overall degree of risk involved in the refusal. Do not just focus on how the patient is currently presenting and consider how patient presented prior to EMS contact. Remember, Medical Control neither approves nor denies refusals.