McLean County Area EMS System

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MEMORANDUM

TO: McLean County Area EMS Providers

FROM: Jeannie Mekley
              EMS Quality Assurance Coordinator

DATE: September 9, 2008

SUBJECT: Quality Issues

I have received multiple "Improvement Opportunity Report" forms (I.O.R's) from the receiving hospitals in regards to vital signs not being taken on pediatric and refusal patients. I've also received multiple I.O.R forms in regards to missed ALS intercepts.

Pediatric patients can be difficult to get vital signs on due to their fear of pre-hospital providers and the fact that you are a stranger to them. Blood pressures are especially difficult to obtain in a pediatric patient. You should minimally still be able to obtain pulse and respirations. In cases of a possible foreign body airway obstruction it is important to assess lung sounds. Some suggestions on how to gain the cooperation/trust of a pediatric patient would be to lower yourself down to their eye level, speak at their level of understanding and keep the child's caretaker within sight. Also, distractions are great for pediatric patients, bring their favorite toy or blanket along.

In regards to vital signs not being taken on refusal patients, unless the patient refuses to allow you, it is very important to obtain a set of vital signs as part of your patient assessment, especially if the patient falls under the "high risk" refusal category. If the patient refuses to allow you to take a set of vitals, be sure to document that information within the refusal form and patient care report.

Rural providers must specify the route of travel when requesting an in-field upgrade so that the responding intercept agency will know where to meet. Also, it is required to establish radio contact between the two agencies. Make sure the rural EMS channel is being monitored so that communications with the intercept agency can still be heard.

If you have any concerns or questions, please let me know.