**USE OF ON-LINE MEDICAL CONTROL**

**Purpose of On-line Medical Control**

1. By the Idaho EMS Act and its regulations, EMS personnel will provide care within their scope of practice and will follow Idaho EMS Commission approved off-line and on-line protocols and On-line Medical Control Orders when delivering EMS Care.
2. On-line Medical Control must order any ALS treatment (medication or procedure) that an EMS practitioner provides when that treatment is not included in or is a deviation from the BCEMS approved off-line ALS Patient Care Treatment Guidelines. All On-line Medical Control orders must be within the Idaho EMS Commission approved scope of practice for the EMS personnel, and the EMS personnel must be BCEMS certified to carry out any order or procedure given by the Medical Control Physician.
3. In certain circumstances, as defined by the BCEMS ALS Patient Care Treatment Guidelines, on-line medical control must be contacted by EMS (BLS or ALS) Personnel.
4. Protocols cannot adequately address every possible patient scenario. The Idaho EMS Act provides a formal on-line Medical Control so that EMS personnel can contact a On-line Medical Control Physician when the personnel are confronted with a situation that is not addressed by the protocols or when the EMS personnel have any doubt about the appropriate care for a patient.
5. The following red-shaded boxes with white asterisks in the protocols indicate that specific contact is required with the On-line Medical Control Physician in order to perform the treatments.

\*\*Print in this red section of guidelines requires direct contact with On-Line Medical Control\*\*

1. Contact with On-line Medical Control may be particularly helpful in the following situations:
2. Patients who are refusing treatment but meet transport criteria.
3. Patients with time-dependent illnesses or injuries such as acute stroke or acute ST-elevation MI, stroke, or severe trauma.
4. Patients with conditions that have not responded to the usual protocols.
5. Patients with unusual presentations that are not addressed in the protocols.
6. Patients with rare illness or injuries that are not frequently encountered by EMS personnel.
7. Patients who may benefit from uncommon treatments. (E.g. unusual overdoses with specific antidotes).
8. The BCEMS Medical Director may require more frequent contact with On-line Medical Control than required by protocol for ALS personnel who may have restrictions on their credentialing or scope of practice restrictions.

**METHODS FOR CONTACTING MEDICAL CONTROL**

A. There are three (3) general methods for contacting On-line Medical Control:

1. **UHF or VHF Radio:** Direct radio contact with On-line Medical Control may be the preferred method of contact while responding to a call, transporting a patient, or on the scene of an MVC or other non-residential incident. Depending on the area of the state, this can be accomplished by either UHF or VHF frequencies.
2. **Telephone (landline):** Could be used whenever radio contact fails and the patient’s location and condition permit. It offers the best quality communication available and keeps radio frequencies less congested. It also provides a greater amount of security for discussion of sensitive patient information. Providers may use the local phone number of BGH On-line Medical Control (208 265-1029).
3. **Cellular Phone:** Cell phone is an acceptable method of contact if landline is not available and sensitive information needs to be given, however, when in a mobile unit, it is not a substitute for radio contact if the coverage is available.

B. Inability to contact On-line Medical Control:

1. In some situations and geographic locations, it is not possible for an EMS practitioner to contact an on-line medical control physician. This protocol is applicable to those circumstances in which the pre-hospital care provider is unable to contact a medical command control physician in a timely fashion. If the provider is unable to make contact with On-line Medical Control by any of the above means, properly authorized EMS personnel may continue to follow the appropriate protocol(s) in the best interest of the patient. Procedures or treatments listed in the shaded medical command control box may be considered and performed at the discretion of the ALS practitioner if unable to contact On-line Medical Control if the ALS practitioner believes that these treatments are appropriate and necessary. However, the provider must then:

* 1. Carefully document events to include the time of the call, location of the scene, the clinical status of the patient, protocols used and the patient response to treatment. Document this information on the PCR. This information is important for quality improvement reviews.
  2. Transport the patient as quickly as possible to the nearest appropriate institution.
  3. If possible, make an additional attempt to contact an on-line medical control facility before proceeding to the shaded boxes.
  4. Provide care within your scope of practice as guided by the prehospital care protocols. NEVER EXCEED YOUR SCOPE OF PRACTICE.
  5. Immediately upon arrival at the receiving facility, contact On-line Medical Control and provide a full patient report to include the protocols used, the patient response to treatment as well as the method, time, and location of the unsuccessful efforts to reach On-line Medical Control.
  6. The provider must submit a report to the BCEMS Medical Director on the appropriate formwithin 48 hours.

**EMS NOTIFICATION**

1. If a patient’s condition has improved and the patient is stable, provide Emergency Department with “EMS Notification.”
2. When On-line Medical Control contact is not required or necessary, the receiving facility should still be notified if the patient is being transported to the Emergency Department. This “EMS Notification” should be provided to the facility by phone or radio, and may be delivered to an appropriated designated individual at the facility.
3. An “EMS Notification” should be a short message that includes the EMS service name or designation, the patient age/gender, the chief complaint or patient problem, vital signs, and treatment administered under appropriate protocols.
4. “EMS Notification” does not have to include a complete patient report when a patient is not being transported to the receiving facilities Emergency Department (e.g. Inter-facility transfer from an acute care hospital to an acute care hospital when the patient is a direct admission to an inpatient floor).
5. Providing “EMS Notification” to the ED may allow a facility to be better prepared for a patient arriving by ambulance and may decrease the amount of time needed to assign an ED bed to an arriving patient.

**Policy:** See accompanying algorithm.

QA Parameters:

* 1. 100% audit of cases where treatment beyond the “contact on-line medical control” were preformed after unsuccessful contact with medical command control.
  2. Documentation of medical control facility contacted, on-line medical control physician or designated contact and orders received in every case where medical command control is contacted.
  3. Review of cases for appropriate contact with medical command when required by certain protocols when patient’s condition does not improve with protocol treatment, and when patients are unstable.

**ON-LINE MEDICAL CONTROL ALOGORITHM**

**When “Contact On-line Medical Control” is reached,**

**has the patient’s condition improved,**

**symptoms significantly resolved,**

**AND**

**are the patient’s vital signs stable?**

**NO YES**

Attempt to contact On-line Medical Control

**Provide ED with EMS Notification**

**Successful Contact?**

**NO YES**

If the patient continues to have symptoms or is unstable

**AND**

If treatments listed below the Contact On-line Medical Control line are appropriate, EMS Personnel may proceed with these treatments, only WHEN they are within the provider’s scope of practice.

Follow orders from On-line Medical Control Physician

**Contact On-line Medical Control as soon as possible**