

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

**On-Line Medical Control
Policy**

On-Line Medical Control

Base Station Medical Control is designed to provide immediate medical direction and consultation to the Prehospital EMS provider in accordance with established patient treatment guidelines.

On-line Medical Control is utilized to involve the expertise of an Emergency Medical Physician in the treatment plans and decisions involving patient care in the Prehospital setting.

1. Voice communications shall be categorized as “**MERCI**” for calls that do not require medical orders and “**Telemetry**” for *medical or trauma calls* requiring medical orders or base station physician contact and/or consultation.
2. EMS communications requiring on-line contact with a base station physician shall be conducted using cellular telemetry (309)655-6770.
3. Use of **telemetry** is required for patient care requiring interventions beyond the *Routine BLS, ILS or ALS* standing medical orders. Situations requiring Medical Control contact include, but are not limited to:
 - Anytime an order is required for BLS, ILS or ALS medications.
 - Anytime orders are needed for *procedures*.
 - Any instance an EMS provider desires *physician involvement*.
 - Any situation that involves *bypassing* a closer hospital.
 - Anytime an EMS provider feels a *deferral* is warranted.
 - Anytime a Field Training Instructor (FTI) feels a student needs to further develop communication skills.

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- **Anytime a prehospital 12-Lead EKG is acquired.**
 - Suspected stroke patients.
 - Circumstances involving a Death at Scene (**DAS**) or cases involving advanced directives (**DNR** et al).
 - **High risk refusals** (*see next page*).
 - *First Responder low risk refusals* (*see item #10 of this policy*).
 - Use of **restraints** (including handcuffs).
 - **Trauma** cases or **potential trauma cases** (based on mechanism of injury).
4. **“Telemetry” calls** include all medical complaints requiring Medical Control contact, refusals, traumas and consultations.
 5. **“Trauma Traffic”** includes calls that are related to injuries or mechanisms of injury that meet (or potentially meet) *Minimum Trauma Field Triage Criteria* (*see Critical Trauma Procedure*). Trauma traffic **does not include refusals** (including accident refusals).
 6. **“MERCİ” calls** are made via MERCİ radio and called directly to the receiving hospital (or in cases where telemetry communication is not possible and consult with a physician is necessary). MERCİ communication is adequate for patient care that does not require interventions beyond *Routine BLS, ILS or ALS Care*. Specifically, patients that have received only oxygen, monitor, IV and/or medications without the need for additional orders or in cases where Medical Control contact is not required.

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- If MERCI traffic prevents contact with the receiving hospital, Medical Communications (MEDCOM) should be contacted at the Resource Hospital (OSF Saint Francis Medical Center) for assistance in proper routing of communications.
 - If the receiving hospital deems that further care is necessary or requests additional interventions be performed, the EMS provider should contact Medical Control.
 - If the receiving hospital requests discontinuation of treatment established by the prehospital provider, Medical Control contact should be established.
7. **High Risk Refusals** require Medical Control consultation prior to securing and accepting the refusal and terminating patient contact. High risk refusals involve cases where the patient's condition may warrant delivery of care in accordance with implied consent of the *Emergency Doctrine* or other statutory provision.

High risk refusals include, but are not limited to:

- ➡ Head injury (based on mechanism or signs & symptoms)
- ➡ Presence of alcohol and/or drugs
- ➡ Significant mechanism of injury (*e.g.* rollover MVA)
- ➡ Altered level of consciousness or impaired judgment
- ➡ Minors (17 years old or younger, regardless of injury)
- ➡ Situations that involve bypassing a closer hospital
- ➡ Paramedic initiated refusals (patient wants to be transported but the paramedic feels it is unnecessary).

8. **Low Risk Refusals** do not require Medical Control consultation (for BLS, ILS & ALS levels) if the prehospital provider determines that the patient meets the *Low Risk Criteria* and there is no doubt that the patient understands the risk of refusal. The patient cannot be impaired and must be able to consent to the refusal. Medical Control should be contacted if there are any concerns about the patient's ability to refuse.

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Low risk refusals may include:

- Slow speed auto accidents *without* injury
- Isolated injuries not related to an auto accident or other significant mechanism of injury
- False calls or “third party” calls where no illness, injury or mechanism of injury is apparent.
- Lifting assistance or “public assist” calls (for which EMS is called for assistance in moving a patient from chair to bed, floor to bed, car to home, etc.) **do not require a refusal form.** This assumes the EMS agency is routinely called to assist this patient, the patient is assessed to ensure there is no complaint or injury and there has been no significant change in the patient’s condition. EMS crews must complete a patient care report indicating all assessment findings and assistance rendered.

9. **If the EMS provider has not been able to contact Medical Control** via cellular telemetry, telephone or MERCI radio, the EMS provider will initiate the appropriate protocol(s). Upon arrival at the receiving hospital, an incident report must be completed and forwarded to the EMS Office within 24 hours of the occurrence. This report should document all aspects of the run with specific details of the radio/communications failure and initiation of the Peoria Area EMS System *Standing Medical Orders and Standard Operating Procedures.*
10. First Responders may handle **low risk** refusals only (as defined above). However, First Responders must contact Medical Control via cellular telemetry at (309)655-6770. **Under no circumstance should a First Responder take a high risk refusal.**