

# Yakima County Prehospital Care Protocols



Version #2018 – 1  
June 2018

The Yakima County Protocols are regularly reviewed, updated, and compared to the latest best practice models and EMS research by the Yakima County Medical Program Director and Yakima County Protocol Committee. Yakima County Department of Emergency Medical Services would like to thank the following individuals for their contribution, as their talent and expertise while serving on the committee was invaluable:

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### **PROTOCOL AUTHORIZATION**

The Yakima County Department of Emergency Medical Services has developed the following set of protocols. These protocols have been reviewed and approved for use by Juan Acosta, DO, FACEP, Yakima County Medical Program Director and Washington State Department of Health.

Approval Date: June 2018

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## Professionalism

EMS is really all about service. People like us, who have chosen to serve in EMS, have a moral and ethical obligation to behave in ways that serve the needs of others and reflect positively upon you, your organization, the community and the whole discipline of EMS. This is not easy. In fact, it's a constant struggle that takes significant time, concentration and effort. The choices we make and the manner in which we behave are a constant reflection of our professionalism. The following paragraphs were taken from Bledsoe's "Paramedic Emergency Care Section Edition", and establish the foundation that all providers, volunteer or career, EMR through Paramedic, should strive for and maintain.

**“Professionalism describes the conduct or qualities that characterize a practitioner in a particular field or occupation. Health care professionals promote quality patient care and take pride in their profession. They earn the respect and confidence of team members by performing their duties to the best of their abilities and by exhibiting a high level of respect for their profession. Attaining professionalism is not easy. It requires an understanding of what distinguishes the professional from the non-professional. To develop this skill, keep the following points in mind. Professionals place the patient first; non-professionals place their egos first. Professionals practice their skills to the point of mastery, and then keep practicing them to improve and remain sharp. Non-professionals do not believe their skills will fade and see no reason to constantly strive for improvement. Professionals understand the importance of response times; non-professionals get to an accident when it's convenient. Professionals take refreshers courses seriously, because they know they have forgotten a lot and because they are eager for new information. Non-professionals believe they don't need training sessions and dislike being required to attend them. Professionals critically review their performance, always seeking a way to improve. Non-professionals look to protect themselves, to hide inadequacies, and to place blame on others. Professionals check out their equipment prior to the emergency response. Non-professionals hope that everything will work, supplies will be in place, batteries will be charged, and oxygen levels will be adequate. Maintaining professionalism requires effort. But, the result of that effort – the admiration and respect of one's peers – is the highest compliment a person can receive.”**

The NHTSA's National Standard Curriculum lists the following as **professional behaviors**:

- **Integrity**
- **Empathy**
- **Self-motivation**
- **Appearance and personal hygiene**
- **Self-confidence**
- **Communications**
- **Time management**
- **Teamwork and diplomacy**
- **Respect**
- **Patient advocacy**
- **Careful delivery of services**

Being a professional has nothing to do with pay or rank or the level of certification that you hold. It is the goal that every member of our Practice, from Emergency Medical Responder (EMR) to the Medical Program Director, constantly strives for to remain a comprehensive, clinically sophisticated, and compassionate EMS system.

## **Introduction to the Protocols**

### **General**

- G1 Medical / Legal Consent
- G2 Refusal of Treatment and/or Transport
- G3 EMS Initiated Non-Transport
- G4 Abuse and Neglect
- G5 Behavioral Emergencies
- G6 Do Not Resuscitate
- G7 Taser Removal / Treatment

### **Medical Emergencies**

- M1 Medical Emergencies
- M2 Altered Mental Status / Unresponsive
- M3 Anaphylaxis
- M4 Cerebrovascular Accident
- M5 Suspected Hypoglycemia
- M6 Hypotension – Unknown Etiology
- M7 Nausea or Vomiting
- M8 Obstetrical Emergencies (Childbirth)
- M9 Seizures
- M10 Overdose
- M11 Narcotics Overdose
- M12 Insect (Snake) Bites / Stings
- M13 Poisoning
- M14 Ebola

### **Respiratory Emergencies**

- R1 Respiratory Distress
- R2 Asthma
- R3 Chronic Obstructive Pulmonary Disease
- R4 Upper Airway Obstruction

### **Cardiac Emergencies**

- C1 Chest Pain (STEMI/NSTEMI)
- C2 Congestive Heart Failure with Acute Pulmonary Edema
- C3.1 Cardiac Dysrhythmias
- C3.2 Adult Tachycardia with a Pulse
- C3.3 Adult Bradycardia with a Pulse
- C4 Cardiogenic Shock
- C5 Cardiopulmonary Arrest
- C6 Adult Cardiac Arrest Algorithm / Advanced Cardiovascular Life Support
- C7 Adult Immediate Post-Cardiac Arrest Care Algorithm

### **Trauma Emergencies**

- T1 Trauma Emergencies / Patient Assessment
- T2 General Trauma
- T3 Abdominal Trauma
- T4 Burns
- T5 Chest Trauma
- T6 Spinal Trauma
- T7 Head Trauma

- T8 Musculoskeletal Trauma
- T9 Soft Tissue Trauma

### **Environmental Emergencies**

- E1 Hypothermia
- E2 Hyperthermia
- E3 Near-Drowning / Drowning

### **Pediatric Emergencies**

- P1 Cardiopulmonary Arrest Initial Resuscitation
- P2 Bradyarrhythmias
- P3 Cardiopulmonary Arrest VF / Pulseless V-Tach / Asystole & PEA
- P4 Respiratory Emergencies / Asthma / Croup / Epiglottitis
- P5 Pediatric Seizures

### **Appendix A – Procedures**

- PCR-1 Supraglottic Airway – King Airway Device (King LTS-D)
- PCR-2 Advanced Airway – Endotracheal Intubation
- PCR-3 Continuous Positive Airway Pressure (C-PAP)
- PCR-4 Cricothyroidotomy
- PCR-5 Nasal Intubation
- PCR-6 Rapid Sequence Intubation (RSI) with Neuromuscular Blockade
- PCR-7 Suspected Tension Pneumothorax
- PCR-8 IV Therapy Introduction / Aseptic Technique / General Procedures
- PCR-9 Legal Blood Draws
- PCR-10 Interfacility Transport of Patients Just in Time Protocol
- PCR-11 Fluid Therapy
- PCR-12 IO Procedures
- PCR-13 Tourniquet Placement
- PCR-14 Intranasal Mucosal Atomization

**Appendix B – Washington State Prehospital Cardiac Triage Destination Procedure  
Washington State Prehospital Stroke Triage Destination Procedure  
Washington State Prehospital Trauma Triage Destination Procedures**

**Appendix C – Drip Chart & Conversions**

**Appendix D – Glasgow Coma Scale, APGAR, START (RPM), Rule of Nines**

**Appendix E – Blood Draw Form**

**Appendix F – Formulary**

**Appendix G – Common Abbreviations**