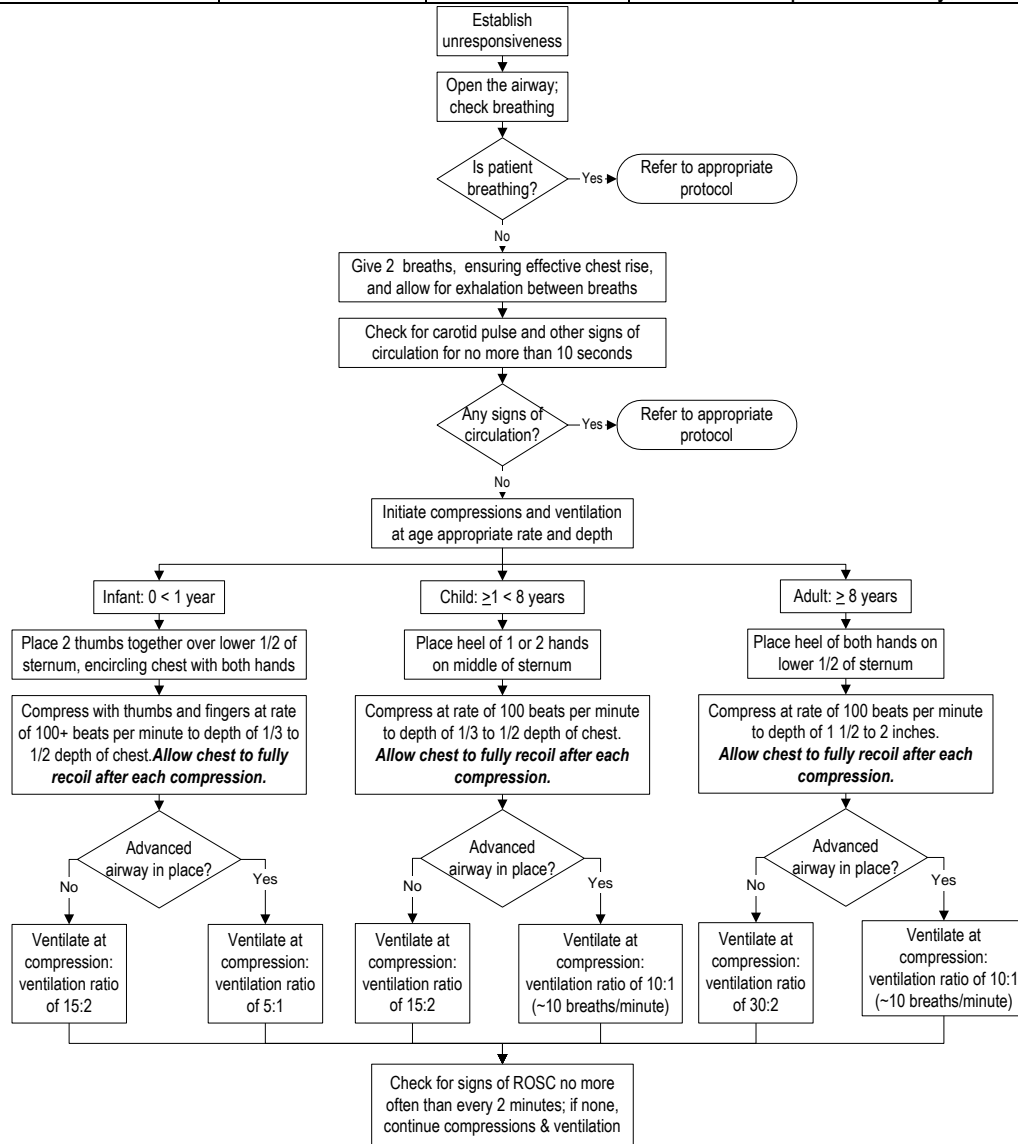


Initial: 12/11/02
Reviewed/revised: 2/6/06
Revision: 1

**MILWAUKEE COUNTY EMS
PRACTICAL SKILL
CARDIOPULMONARY
RESUSCITATION**

Approved by: Ronald Pirralo, MD, MHSA
Signature:
Page 1 of 1

Purpose: To attempt to establish return of spontaneous circulation and respiration in a patient in cardiorespiratory arrest.	Indications: Patient is in cardiorespiratory arrest.
Advantages: Provides circulation and respiration during cardiorespiratory arrest	Disadvantages: None
Complications: Possible chest trauma	Contraindications: Patient has pulse and respiration Patient meets any of the following criteria: valid DNR order, decapitation, rigor mortis, extreme dependent lividity, tissue decomposition



NOTES:

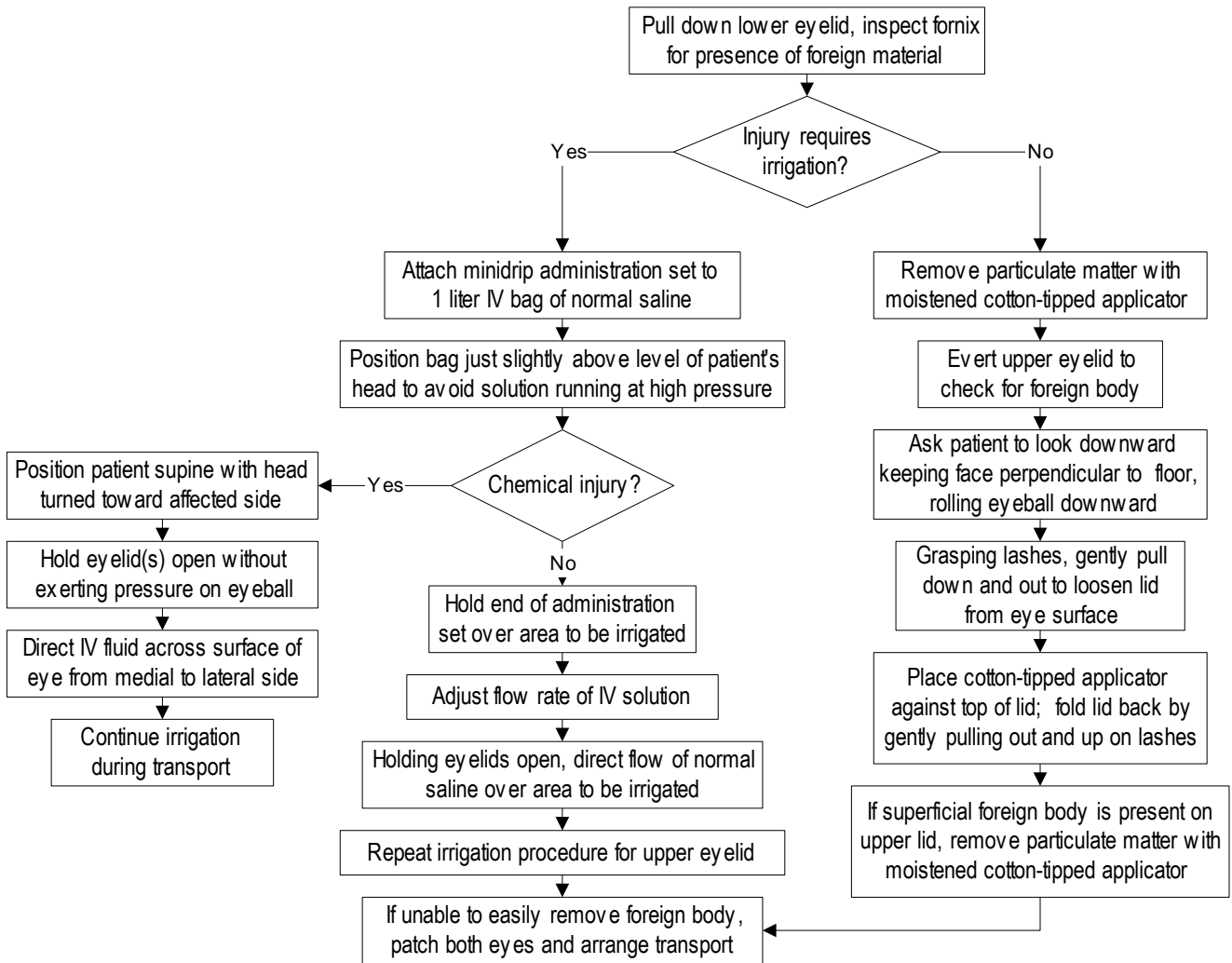
- Use of a barrier device to provide mouth-to-mouth ventilation is **strongly recommended** to prevent direct contact with secretions, reducing the risk of significant exposure.
- The rescuer performing chest compressions should switch at least every 2 minutes.
- All ventilations should be 1 second in duration.
- When an advanced airway is in place, continue compressions non-stop **without** pausing for ventilation.
- Chest compressions should be done as follows: **push hard and fast, releasing completely.**

Initial: 9/92
Reviewed/revised: 5/10/00
Revision: 2

**MILWAUKEE COUNTY EMS
PRACTICAL SKILL
FOREIGN MATERIAL IN EYE**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Purpose: To evaluate and remove foreign body or chemical from the anterior surface of the eye		Indications: Patient presents with foreign material on the anterior surface of the eye	
Advantages: Decreases discomfort of foreign body in the eye Prevent further injury	Disadvantages: May intensify injury if not easily removed	Complications: Ocular injury from tip of the irrigating line or from pressure from the fluid stream Vagal stimulation due to ocular pressure	Contraindications: Ruptured globe



NOTES:

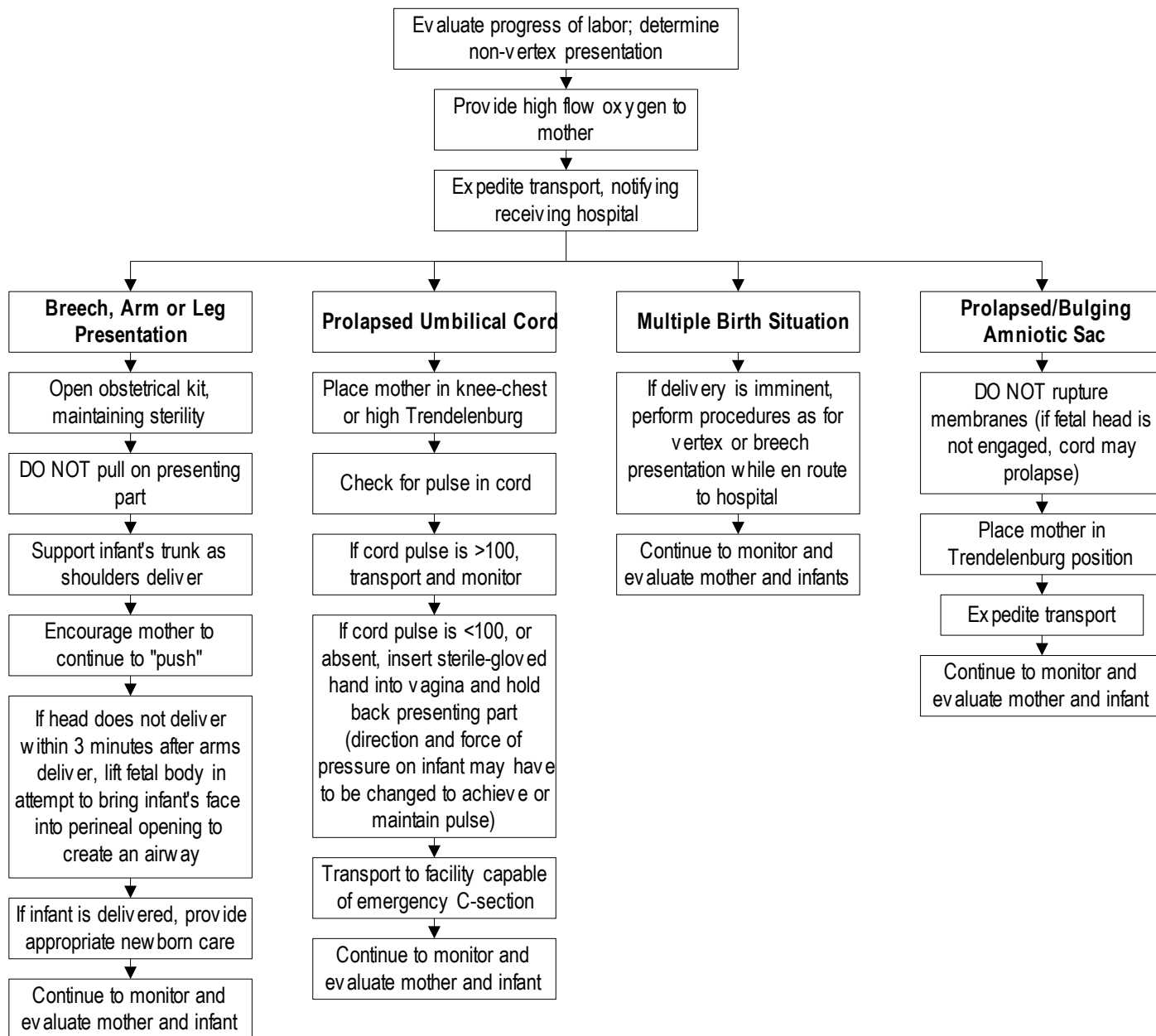
- Use at least one liter of normal saline to flush each eye.

Initial: 9/92
 Reviewed/revised: 5/10/00
 Revision: 2

**MILWAUKEE COUNTY EMS
 PRACTICAL SKILL
 LABOR/DELIVERY
 NON-VERTEX PRESENTATION**

Approved by: Ronald Pirrallo, MD, MHSA
 Signature:
 Page 1 of 1

Purpose:	Indications:
To evaluate and assist a woman in labor as necessary when the infant's position is not vertex	Patients in labor with imminent delivery and infant not in the vertex position



NOTES:

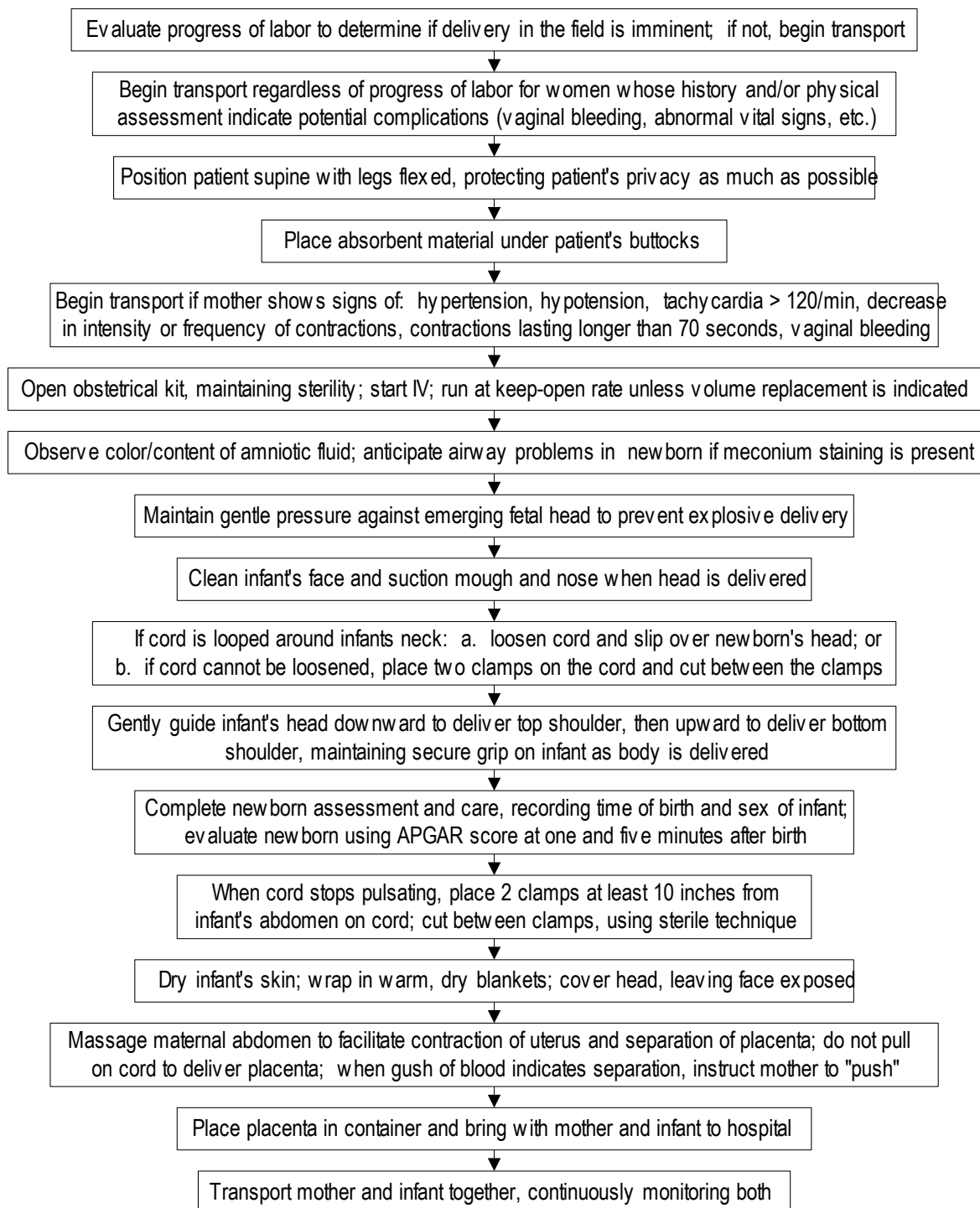
- IV lines should only be started when their need is critical and they will not delay transport.

Initial: 9/92
Reviewed/revised: 5/10/00
Revision: 2

MILWAUKEE COUNTY EMS
PRACTICAL SKILL
LABOR/DELIVERY
VERTEX PRESENTATION

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Purpose:	Indications:
To monitor and assist in the obstetrical delivery of an infant in the vertex position	Patients in labor with imminent delivery and infant in the vertex position

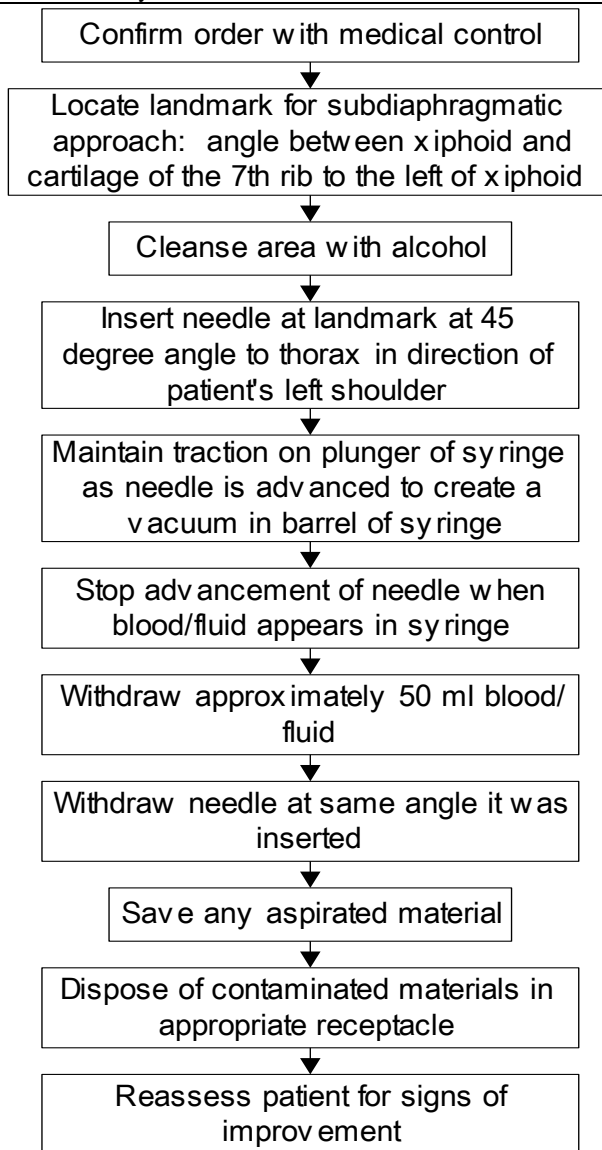


Initial: 9/92
Reviewed/revised: 5/21/08
Revision: 2

**MILWAUKEE COUNTY EMS
PRACTICAL SKILL
PERICARDIOCENTESIS**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Purpose: To remove blood or fluid from the pericardial sac		Indications: Pulseless, apneic patients with signs/symptoms of pericardial tamponade
Advantages: Removes blood or fluid from the pericardial sac	Complications: Damage to the left anterior descending coronary artery Pneumothorax Laceration of myocardium	Contraindications: Any patient with pulses



NOTES:

- Signs/symptoms of pericardial tamponade are: hypotension, tachycardia, distended neck veins, narrow pulse pressure, lack of pulses with CPR.

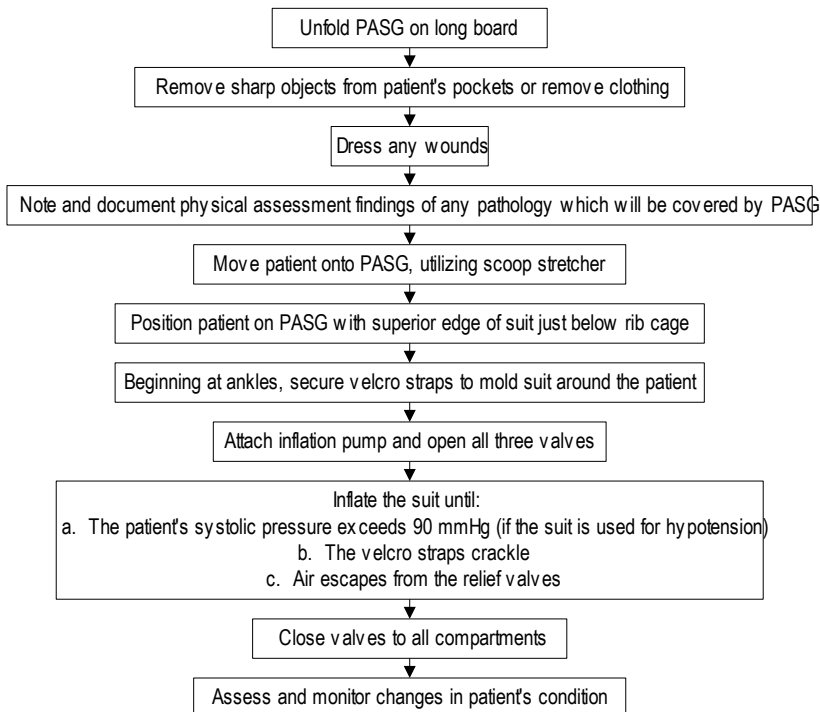
Initial: 9/92
Reviewed/revised: 5/12/04
Revision: 3

**MILWAUKEE COUNTY EMS
PRACTICAL SKILL
PNEUMATIC ANTI-SHOCK
GARMENT (PASG) (MAST)**

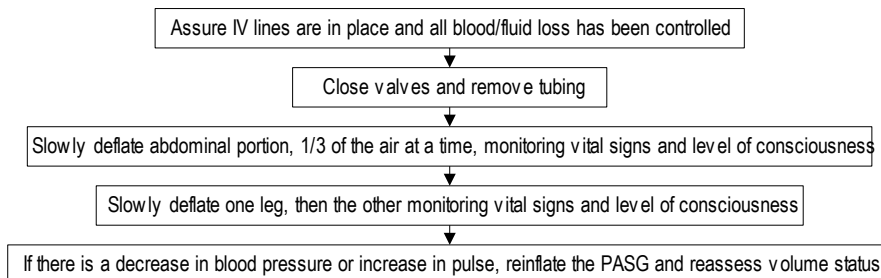
Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Purpose: To increase intra-abdominal/intra-pelvic pressure and peripheral vascular resistance To provide rigid stabilization for suspected pelvic and/or lower extremity fractures		Indications: Suspected abdominal aortic aneurysm Suspected pelvic and/or femur fracture Extensive soft tissue injuries to lower extremities	
Advantages: Increased arterial blood pressure Increased venous return to the heart Increased/stabilized cardiac output Decrease of hemorrhage under the garment Stabilization of fractures	Disadvantages: Covers abdomen, pelvis and lower extremities, obscuring visualization	Complications: Increase in hemorrhage in areas not covered by garment Application may delay transport	Contraindications: <u>Absolute Contraindications</u> Pulmonary edema/CHF Penetrating thoracic injury Thoracic aneurysm or dissection <u>Contraindications to abdominal inflation:</u> Abdominal evisceration Acute abdominal distention Impaled object in abdomen 3 rd trimester pregnancy

INFLATION



DEFLATION



NOTES:

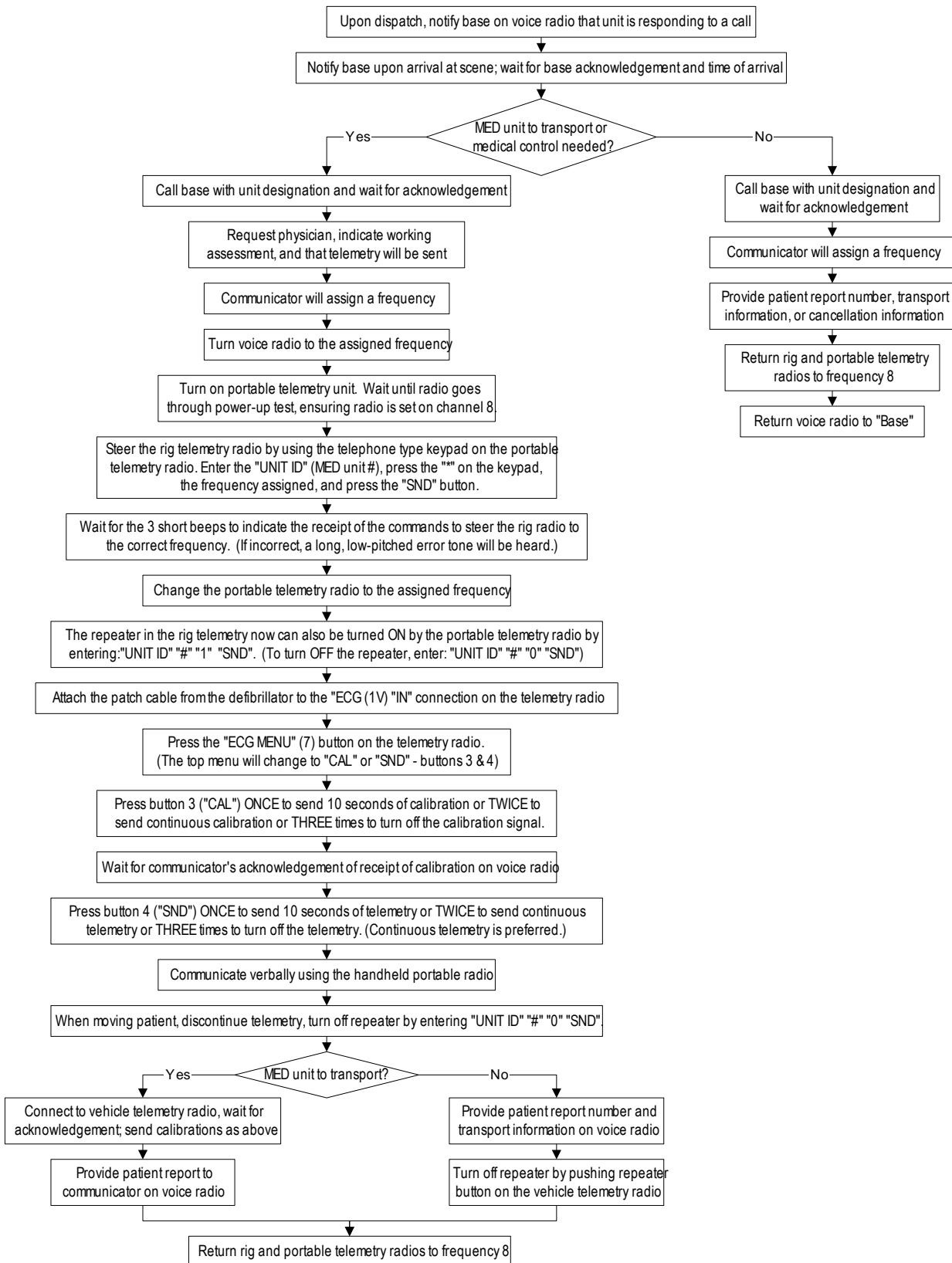
- Deflation should be stopped anytime the patient's systolic pressure falls more than 5 mmHg or pulse increases by more than 5 beats/minute or there is any change in level of consciousness.

Initial: 9/92
Reviewed/revised: 9/12/01
Revision: 3

**MILWAUKEE COUNTY EMS
PRACTICAL SKILL
RADIO COMMUNICATION**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Purpose: To establish contact with and communicate information to the paramedic Communications Center.



Initial:
Reviewed/revised:
Revision:

**MILWAUKEE COUNTY EMS
PRACTICAL SKILL
RADIO REPORT ELEMENTS
TO BASE/RECEIVING HOSPITAL**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Policy: Paramedics will provide a patient report to the base. The communicator will then forward the patient information to the receiving hospital. Some information collected is needed for all patients; some additional information is more helpful depending on the chief complaint and whether the patient is stable or not.

Necessary information on all patients given in the following order:

- Transporting unit
- Case number
- Receiving hospital
- Age and sex
- Chief complaint
- Most recent set of vitals
 - Complete BP is preferred; palpate if necessary
 - Pulse
 - Respiratory rate/ breath sounds
 - Mental status (AVPU) or GCS if trauma patient
 - Pupils
- ECG rhythm
- Skin temperature, color, moisture (if applicable)
- IV – yes or no; if patient is unstable with no IV, indicate why there is no IV established
- O2
- SPO2, ETCO2
- Working Assessment (protocol followed)
- Pertinent medical history related to patient’s present chief complaint (when relevant)
- Treatment/Interventions provided
 - Medications administered
 - Procedures initiated (c-spine precautions, etc.)
- Results of treatment/interventions
- Estimated time of arrival

“Nice to have” information:

- Patient’s cardiologist (if patient is having a cardiac event)
- If enrolled in research protocol

Information that can wait until hospital arrival:

- Patient’s medications – unless patient OD’d on one of them
- Patient’s allergies – unless it’s a medication the patient is likely to receive in the ED

Sample patient report to the base:

Med unit: MED (#) requesting channel for report

Communicator: MED (#) go to frequency # and stand by

When acknowledged, MED unit will provide report as follows:

MED unit: We are en route to (receiving hospital) with a ___-year-old (male/female) complaining of ____.

Patient has BP of ___/___, pulse of __, and respiratory rate of __ with __ (breath sounds). Mental status is __. ECG rhythm is __.

ALS interventions include __ (IV, ET, medications, etc.). Procedures performed include __ (C-spine precautions, O2, etc.).

Results __ (Patient has/has not improved). ETA is ___ minutes.

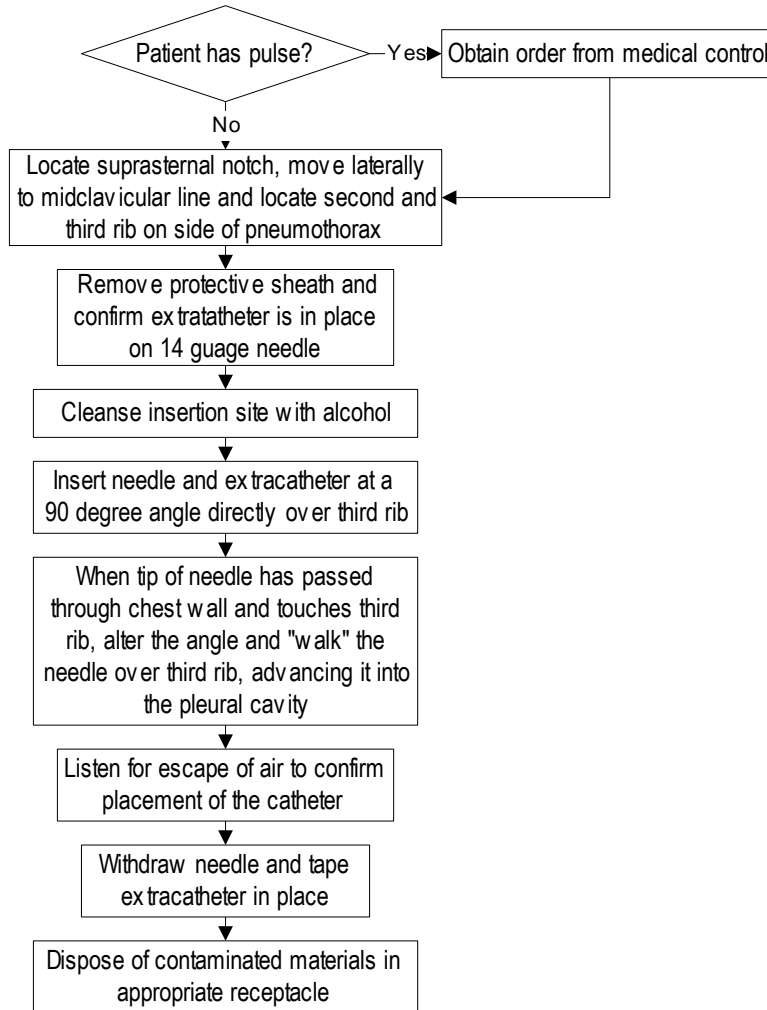
NOTE: This policy is also policy 10-2.4 in MCEMS Communications Manual.

Initial: 9/92
Reviewed/revised: 5/10/00
Revision: 2

**MILWAUKEE COUNTY EMS
PRACTICAL SKILL
THORACENTESIS**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Purpose: To provide an open vent into the pleural space to decompress suspected tension pneumothorax	Indications: Patients presenting with suspected tension pneumothorax
Advantages: Decompresses tension pneumothorax Facilitates ventilation	Complications: Intercostal artery injury iatrogenic pneumothorax if original diagnosis was incorrect
Contraindications: None if patient meets clinical criteria	



NOTES:

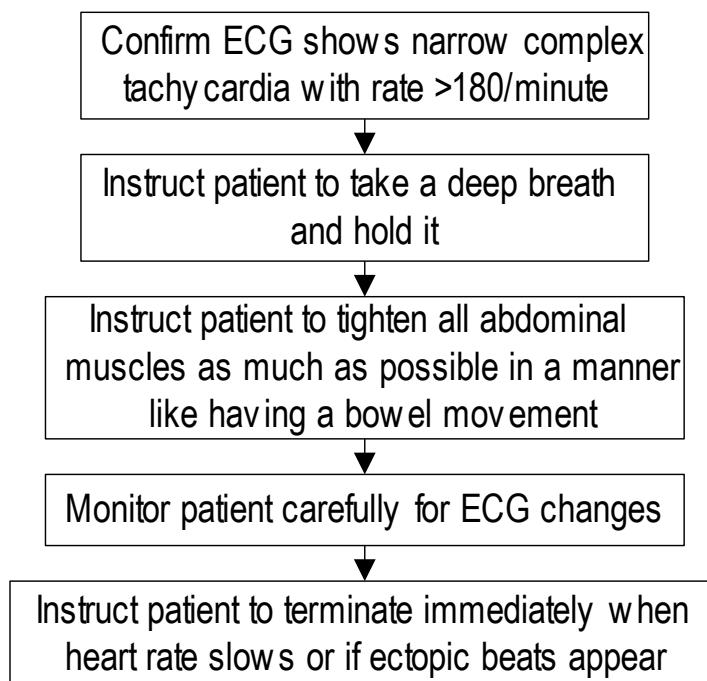
- *Signs/symptoms of a tension pneumothorax:* restless/agitated; increases resistance to ventilation; jugular vein distention; severe respiratory distress; decreased or absent breath sounds on the affected side; hypotension; cyanosis; tracheal deviation away from the affected side
- *Indications that procedure was successful:* increase in blood pressure; loss of jugular vein distention; decreased dyspnea; easier to ventilate patient; improved color

Initial: 5/10/00
Reviewed/revised:
Revision:

MILWAUKEE COUNTY EMS
PRACTICAL SKILL
VAL SALVA MANEUVER

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Purpose:		Indications:	
To terminate supraventricular tachyarrhythmia		Supraventricular tachyarrhythmia	
Advantages:	Disadvantages:	Complications:	Contraindications:
Slows the heart to allow for adequate refill time and greater cardiac output	None	Ectopic beats	Patient unable to follow instructions Patient is hemodynamically unstable



NOTES:

- The patient must be monitored during the procedure and the effort terminated immediately when the heart slows or if ectopic beats appear.
- The val salva maneuver is the only sanctioned vagal maneuver within the Milwaukee County EMS system.
- Patient's with unstable supraventricular tachycardias (patients who show signs of compromised cardiac output) should be treated with medication or synchronized cardioversion.