And Knowing is Half the Battle
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GI Joe did not officially endorse the use of his logo but I did it anyways
Topics

- EMT’s as Practitioners
- Life-Threatening Conditions
- Protocols, Standing Orders, Algorithms
- Critical Thinking Process
- Six Rs of Putting It All Together
Introduction

- 21st century EMS providers are prehospital practitioners of emergency medicine—not field technicians.

- As an EMS provider, you inevitably will face your moment of truth—a critical decision that can mean the difference between life and death.
Making critical decisions requires critical judgment—
the use of knowledge and experience to diagnose patients and plan their treatment.
Critical Decision Making

- The ability to anticipate
- The ability to prioritize
- The ability to problem-solve
- Relies heavily on knowledge base
- An ability to learn from past mistakes
Critical thinking is not an action but a way of life.
...must gather, evaluate, and synthesize a lot of information in very little time.

...can then develop a field diagnosis—a prehospital evaluation of the patient’s condition and its causes.
The severity or acuteness of your patient’s condition
The spectrum of care in the prehospital setting includes three general classes of patient acuity.
Classes of Acuity

- Those with obvious life threats
- Those with potential life threats
- Those with non-life-threatening presentations
Obvious life threats include...

- Major multi-system trauma
- Devastating single-system trauma
- End-stage disease (e.g., renal failure)
Potential life threats include...

- Serious multi-system trauma
- Multiple disease etiology
Non-life threats include...

- Isolated minor illnesses and injuries
Sick or not Sick
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cant wurk 2day

i haz a bug
Sick or Not Sick
Protocols, standing orders, and patient-care algorithms provide a standardized approach to emergency patient care.
Protocol

- A standard that includes general and specific principles for managing certain patient conditions
Standing Orders

- Treatments you can perform before contacting the medical direction physician for permission
Schematic flow chart that outlines appropriate care for specific signs and symptoms
To use an algorithm, follow the arrows to your patient’s symptoms and provide care as indicated.
While algorithms, standing orders, and protocols provide EMS with guidance...
Do not allow the linear thinking or “cookbook medicine” that protocols promote to restrain you from consulting with your medical direction physician.
Knowing anatomy, physiology, and pathophysiology

Focusing on large amounts of data

Organizing information

Identifying and dealing with medical ambiguity
Critical Thinking Skills (2 of 2)

- Differentiating between relevant and irrelevant data
- Analyzing and comparing similar situations
- Explaining decisions and constructing logical arguments
Be like the duck—
cool and calm on the water’s surface, while paddling
feverishly underneath!
Except for safety concerns, never allow anything to distract you from your most important job: assessing and caring for your patient.
Use reflective, anticipatory thinking when assessing and treating patients.
Thinking under Pressure

- With experience, you will learn to manage nervousness and maintain a steadfast, controlled demeanor.

- Develop a routine mental checklist to stay focused and systematic.
Mental Checklist

- Scan the situation.
- Stop and think.
- Decide and act.
- Maintain control.
- Re-evaluate.
The Critical Decision Process

- Form a concept.
- Interpret the data.
- Apply the principles.
- Evaluate.
- Reflect.
Putting It All Together

The Six Rs

- Read the scene.
- Read the patient.
- React.
- Re-evaluate.
- Revise the management plan.
- Review your performance.
Acute Respiratory Distress

ALL LEVELS
- 1. Routine medical care (protocol 1.01)
- 2. Assess history
- 3. Assess signs/symptoms and hemodynamic status
  a. Vital signs
  b. Patient’s ability to speak in complete sentences
  c. Accessory muscle usage
  d. Wheezing
  e. Patient self-assessment of severity
- 4. Administer oxygen per protocol 1.03 Oxygen Therapy.
- 5. Rapid transport.
6. Assess effectiveness of respirations.

   If evidence of ineffective respirations (minimal airmovement, decreasing level of consciousness, falling respiratory rate, developing cyanosis, falling SpO2):

   a. Assist ventilations with bag valve mask.

   The remainder of this protocol is to be used only by providers at agencies specifically authorized for EMT-B/I usage of nebulized albuterol.
7. If patient meets the following criteria:
   A. Age between 1 and 65 years of age
   B. Experiencing exacerbation of previously diagnosed asthma
   C. Has no history/current symptoms of angina, myocardial infarction, arrhythmia, or CHF administer albuterol 2.5 mg by oxygen powered nebulizer. Do not delay transport to complete treatment

8. Albuterol 2.5 mg may be repeated once as needed.
Summary

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- Life-Threatening Conditions
- Protocols, Standing Orders, Algorithms
- Critical-Thinking Process
- Six Rs of Putting It All Together