



Barre City Ambulance – Barre Town EMS – Berlin Fast Squad – Cabot Ambulance – Corinth-Topsham Fast – East Montpelier Ambulance – Mad River Valley Ambulance – Middlesex Fast – Montpelier Ambulance – Northfield Ambulance – Plainfield Fast – Waterbury Ambulance – Washington Fast – Williamstown Ambulance – Worcester Fast – Central Vermont Medical Center

June 14, 2016

PARAMEDIC INTERCEPT PLAN WITHIN EMS DISTRICT SIX:

1. The following plan will determine during which occurrences a paramedic will be dispatched for intercept for any patients involving District Six services.
2. A paramedic should be requested as soon as possible, either upon dispatch or upon assessment, as outlined below. Patient transport should not be delayed due to responding paramedic intercept.
3. Any EMT or AEMT may request a paramedic intercept at any time when they feel that added resources, treatments, or support is needed for their patients.
4. AEMT's are allowed to cancel a paramedic intercept when they arrive on scene and determine that the paramedic resources or treatments are not needed and/or will not be beneficial. The basis for this decision should be outlined in their treatment narrative.
5. Nothing in this plan dictates which paramedic service should be requested. An individual ambulance service will determine which paramedic service will be requested based on call location, transport destination, and/or closest availability of the paramedic service.

SECTION ONE: CALL A PARAMEDIC ON DISPATCH:

Patients with the following complaints will have a paramedic dispatched immediately at the time of dispatch. This may be automatically done by the dispatcher or the responding crew, but the responsibility for request rests with the crew chief. Any AEMT may cancel the paramedic intercept upon arriving on scene and determining it is not needed.

1. Cardiac or Respiratory Arrest
2. Unresponsive Patient (for any reason or etiology)
3. Pregnant patient with seizures
4. Drowning or submersion
5. Burns with respiratory involvement
6. Airway Obstruction



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SECTION TWO: RECOMMEND TO CALL PARAMEDIC ON ASSESSMENT:

Patients with the following assessments MAY need a paramedic dispatched as soon as possible. This will be requested by the responding crew. The basis for the decision to request or not request a paramedic should be outlined in the narrative.

2015 EMS Protocol #: Patient Complaint and Assessment

- 2.0 “Acute” abdomen (rigid with guarding, distension, and/or diffuse tenderness) with or without abnormal vital signs
- 2.2 Allergic Reaction with administration of multiple doses of Epinephrine
- 2.5 Severe Difficulty Breathing with patient that is
 - A. Unresponsive to initial nebulized medications
 - B. Has a CPAP applied by crew
- 2.9 Hyperthermia with decreased level of consciousness
- 2.13 Precipitous field delivery of multigravida or premature newborn
- 2.16 Abnormal peripartum presentation
- 2.17 Severe pain management
- 2.18 Overdose or Poisoning with decreased level of consciousness
- 2.19 EMS witnessed seizures or status epilepticus or seizures with a head injury
- 2.20 Septic shock unresponsive to initial IV fluids
- 2.21 Distributive or Cardiogenic Shock
- 3.0 Confirmed STEMI; Severe cardiac or ACS pain unrelieved with nitroglycerin
- 3.1 Bradycardia with serious signs/symptoms
- 3.3 Severe Dyspnea from Heart Failure and/or CPAP application
- 3.6 Severe Tachycardia with serious signs/symptoms
- 4.0 Partial or Full Thickness Burns;
- 4.3 Severe, uncontrolled pain due to musculoskeletal injuries
- 4.6 Thoracic / Abdominal penetrating trauma w/ respiratory distress or decreased level of consciousness; severe, uncontrolled pain due to any Thoracic / Abdominal injuries
- 4.7 Traumatic Brain Injury patients seizing, combative, hypoventilating, or diminished GCS (<12)
- 5.0 Any patient tolerating an oral pharyngeal airway
- 5.14 Tracheostomy with difficulty breathing
- 6.4 Any physically restrained patient

Dr. Jared Blum
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Vermont EMS District Six

Date