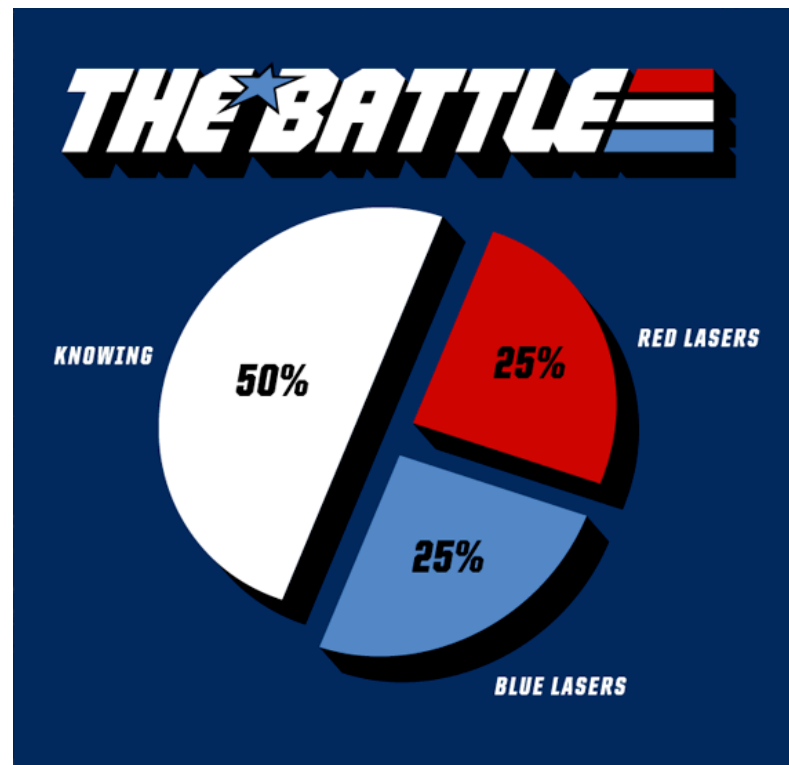


# And Knowing is Half the Battle



Presented by Mark Tornstrom BA, EMT-P, NYS CIC



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.



# A EMS Provider


- ...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.

# Acuity

- 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



# Sick or Not Sick



# Sick or Not Sick





# Sick or Not Sick



# Sick or Not Sick



# Sick or Not Sick



# Sick or Not Sick



# 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

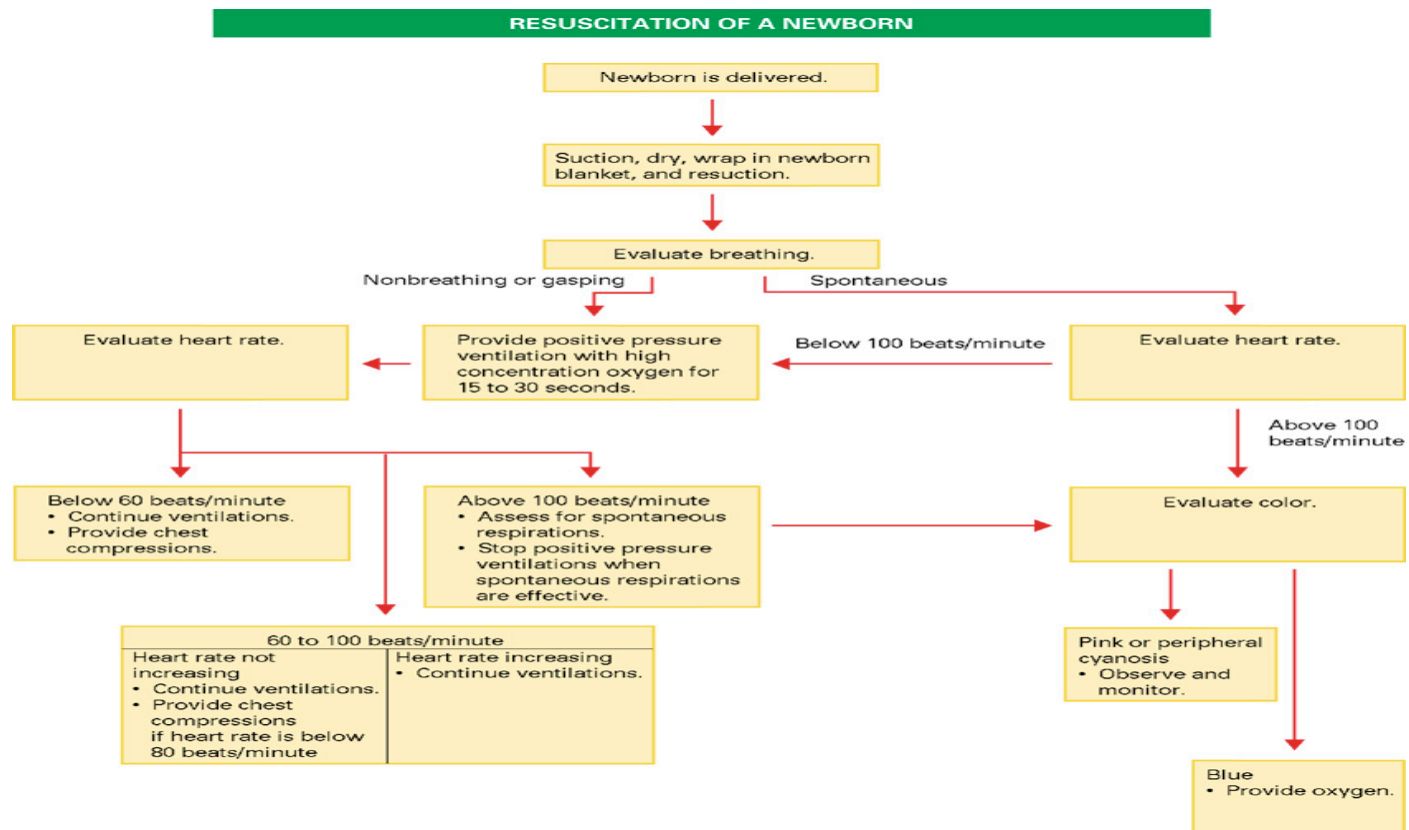





# Algorithm


- 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.

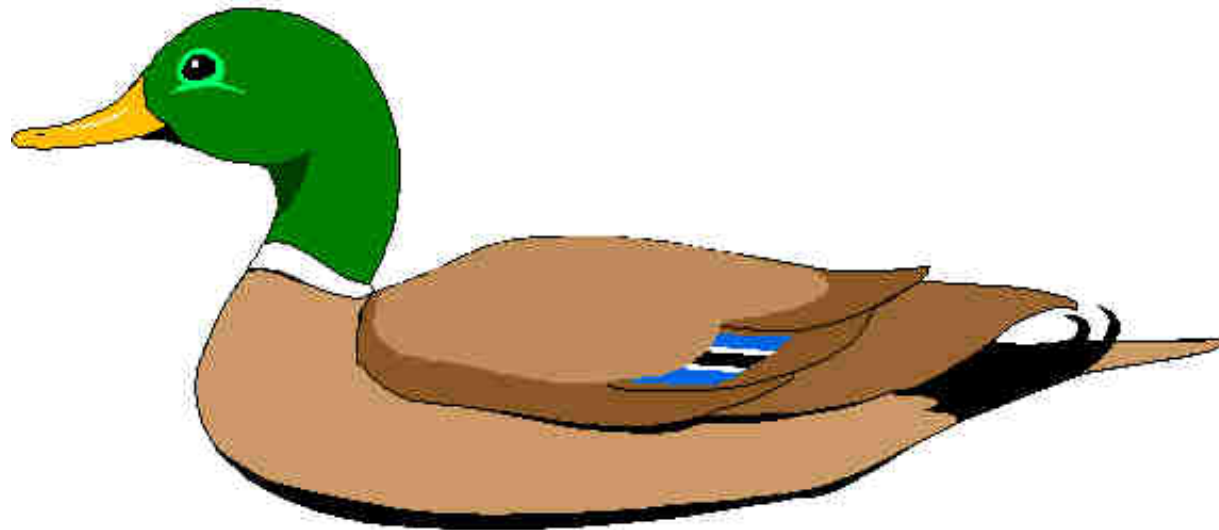
# Critical Thinking Skills (1 of 2)


- 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. b. c. d. e. Vital signs, Patient's ability to speak in complete sentences, Accessory muscle usage, Wheezing./ Patient self assessment of severity
- 4. Administer oxygen per protocol 1.03 Oxygen Therapy.
- 5. Rapid transport.

# Acute Respiratory Distress

- 6. Assess effectiveness of respirations.
  - If evidence of ineffective respirations (minimal airmovement, decreasing level of consciousness, falling respiratory rate, developing cyanosis, falling SpO<sub>2</sub>):
    - 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.

# Acute Respiratory Distress

- 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

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