



PARAMEDIC

Essential tool for the student, national and state exams & the practicing field provider



Essential Concepts

- **Safety of the field provider is of utmost concern.**
- Always use **personal protective equipment (PPE)** suitable to the incident.
 - At minimum, wear protective gloves during all patient contact.
 - PPE may include face masks and even full body hazard suits with respirators.
- Paramedics respond to incidents at routine locations (hospitals) and extreme locations (e.g., mountains and industrial plants). The steps needed to ensure paramedics remain injury free may run from requesting lifting assistance to acquiring complex rigging and equipment.

Injury Prevention

- Always ask for lifting assistance. Back injuries end careers.
- When lifting patients, bend at the knees, not at the waist.
- Maintain a good support base; space your feet widely enough to ensure stability.
- Never twist while lifting a patient.
- Always make sure that your lifting power is balanced. Never have more lifting power on one side of a patient than the other.
 - Employ multiple rescuers for steep inclines.
 - Use equipment such as powered stretchers for additional assistance.

Stress Reduction

- Stress is a hidden "injury" that ends careers.
- Over time, the continual bombardment of stressful situations takes its toll, resulting in a loss of sleep and appetite, increased heart rate and blood pressure, and increased irritability.
- Deal with stress by recognizing it and seeking help from stress counselors.

Death & Dying

Paramedics are called to scenes where loved ones have died and resuscitative efforts are (or become) fruitless.

- When talking to families:
 - Use direct words when appropriate (e.g., "I am very sorry for your loss. We've done all we could but we were unable to resuscitate him").
 - Always tell the truth.
- Remain with the family and assist as best you can.
- Responses can vary from thanks to anger. These are normal parts of the grief process.

Health & Nutrition

Maintain a healthy diet and lifestyle. This is key to remaining an active participant in this physically and mentally demanding field.

- Get regular weight training and cardiovascular exercise.
- Always eat and hydrate well.
 - Beware of defaulting to fast food during a busy shift, as it is packed with calories, salt, and unhealthy fats. Save fast food for emergencies.
 - Your diet should be low in fat and salt. Focus on fruits, vegetables, lean meats, and grains.
 - Snack on nuts and fruit between meals.

Ethics

- **Ethics** Standards that dictate how members of a professional group should conduct

themselves. They speak to honor, integrity, and diligence.

- The code of ethics adopted by physicians also applies to paramedics.
 - In 1948, the World Medical Association (WMA) adopted the "Oath of Geneva."
 - *Primum non nocere* (First, do no harm.)
 - Be truthful and honest with patients and coworkers.

Duty to Act

Standard of care: Any paramedic is expected to practice with the same level of training and competence as similar paramedics within similar EMS systems. Failure to perform according to the standard of care is considered negligence.

- In negligence cases, paramedics are usually subject to legal action under tort law (a civil suit brought on behalf of the patient) rather than criminal law.
 - Elements that must be proven for the plaintiff to prevail:
 - **Duty to act:** The plaintiff must establish that the paramedic had a legal duty to respond.
 - **Breach of duty:** The paramedic must be found to have violated the level of care. There are three types of breaches:
 - **Misfeasance:** Performing a wrongful act.
 - **Malfeasance:** Performing a legal act in a wrongful manner.
 - **Nonfeasance:** Failure to perform the correct action.
 - **A harm or loss has occurred.**
 - **Proximate cause:** Proof that the paramedic caused the harm or loss.

Medical Direction

All EMS systems have a physician medical director.

- **Retrospective direction:** Occurs after an EMS call when the medical director reviews and comments on the paramedic's performance on the call.
- **Prospective direction:** Occurs before or during the call. This direction usually takes one of two forms:
 - **Online medical control:** The physician and paramedic communicate during the call (by radio or phone) to decide a proper course of action.
 - **Offline medical control:** The physician takes an active role in developing paramedic protocols and **standing orders** (written medical guidelines for the paramedic to follow for common patient conditions).

Continuing Research

- Paramedics often take part in medical research.
- Continuing research is critical to advance the field of paramedicine. It:
 - Helps validate current **patient care standards (protocols)**
 - Helps validate new standards and medical devices
 - Allows for data collection to improve EMS systems nationally
- Before any research is undertaken, the medical director confers with a review body—often called an **Internal Review Board (IRB)**—to ensure that safety and data reporting requirements are met.

Medico-Legal Issues

Regional, State & Federal Agencies

- Regionally, paramedics may be licensed to local protocols.
- Statewide, services likely have licensing and certification requirements.
- Federally, insurance laws (Medicare/Medicaid) and HIPAA regulations apply.

Regulatory Agencies

- There are federal and state laws governing medication.
 - Controlled substance laws may include special reporting and inventory requirements.
- State or regional councils may regulate the review and promulgation of protocols (compliance investigations).

Licensing & Certifications

- Paramedics may be licensed or certified.
 - **Certification:** Grants recognition after meeting predetermined qualifications.
 - **Licensing:** State or federal granting of legal authority.
- Much confusion exists regarding the difference. States often refer to certifications in their licensure processes.
 - Most paramedics practice under strict guidelines per their locality.
 - Some paramedics feel licensure is more prestigious; this is subjective.

Good Samaritan Laws

- **Good Samaritan laws:** Laws that exempt individuals from legal liability following attempts to give reasonable care to a person in distress.
- Federal laws may exist.
- These laws do not protect against gross negligence, criminal misconduct, or issues whereby the provider is flagrantly violating the rights of others. Check your local laws.
- Out-duty professionals may not be protected under these laws.

Patient Restraint

- Restraints are reserved for violent patients who may do harm to you or themselves.
- **Physical restraints:** Extremity ties and straps. Use soft restraints with frequent perfusion assessments.
- **Chemical restraints:** Injectable pharmacologic agents.
- Restraints must be used cautiously and with detailed documentation.
- It is very important to follow state and local guidelines when restraining a patient. Restraint laws vary widely between jurisdictions.

Patient Transport

- Patients generally have a right to safe transport.
- Patients must be fully secured to the ambulance not using state, regional, and/or manufacturer-recommended methods.
- The cot must be safely secured in the ambulance.

Terminology & Documentation

- Proper use of medical terminology with:
 - Sound professional
 - Garner respect
 - Improve documentation
- Most medical terms derive from Latin or Greek.
- The list is too extensive to include every term. See our **Medical Terminology: The Basics** and **Medical Terminology: The Body** QuickStudy guides.

- There may be no loose objects in the ambulance that can impact a patient or crewmember in the event of a collision.
- A patient's right to safe transport exists regardless of the provider's assessment of what constitutes an emergency.
- Patients with medical conditions should not be allowed to walk or otherwise exert themselves in such a way that could conceivably make their condition worse.
- The ability to deviate to a more serious call may be determined by regional or state protocols.
- Patient destination is based on:
 - Patient choice
 - Local protocols (e.g., stroke centers, trauma centers, and neonatal care)
 - Severity of the condition
 - Distance to the closest appropriate facility

Patient Refusal of Transport

- In most systems, a patient has the right to refuse transport under certain criteria.
 - The patient must have the capacity to understand the nature of their condition along with the risks and benefits of refusal versus transport. Patients with behavioral emergencies (e.g., suicidal ideation and delusions) may lack the capacity to refuse care.
 - The patient must be legally competent to refuse care (e.g., adults and legally emancipated minors).
- A patient's refusal must be fully informed. The paramedic must provide the patient with facts concerning their condition and the risks of refusing care.
- Document the interaction well. Refusals must always be well documented.
- Paramedics should follow local protocols.
- A parent or legal guardian may refuse care for a minor as long as these criteria are met.

Resuscitation & Cessation of Resuscitation

- States may have legal guidelines under which a paramedic may initiate resuscitation and cease resuscitation once started.
 - States may provide guidance in the form of healthcare proxy or MOLST (Medical Orders for Life-Sustaining Treatment) forms or the equivalent.
 - States may have specific protocols for ceasing resuscitation once started if various advanced measures have been unsuccessful.
- Resuscitation is a state-specific area of paramedicine.
 - Refer carefully to state and regional guidelines and protocols.
 - Document in accordance with the defined guidelines.

- Abbreviations are helpful for charts and reports. Judicious use of abbreviations makes reports easier to write and sounds more professional. See our **Medical Abbreviations & Acronyms QuickStudy** guide.

Documentation

- All documentation consists of narratives of events and actions.
- It is critical that documentation be clear and concise.

Brady Paramedic Study Guide

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Brady Paramedic Study Guide:

Paramedic Care Bryan E. Bledsoe, Robert S. Porter, Richard A. Cherry, 2009 Completely updated in a new 3rd edition and written by the best selling author team of Bryan E Bledsoe D O F A C E P EMT P Robert S Porter M A NREMT P and Richard A Cherry M S NREMT P this student friendly easy to understand series covers the DOT National Standard Curriculum This book provides an overview of a Paramedic s role and Paramedic systems Also covered are illness and injury prevention medical legal aspects ethics pathophysiology pharmacology medication administration therapeutic communications life span development and airway management Paramedic National Standards Self Test Charly D. Miller, 2003-10 This extensively updated review is the highly motivated paramedic s ultimate tool for test preparation Expanding on three successful editions the fourth edition Is based on the 1999 EMT Paramedic National Standard Curriculum as well as the American Heart Association s 2000 Handbook of Emergency Cardiovascular Care for Healthcare Providers Uses the self test format to target the areas you need to study further Includes multiple choice as well as scenario based questions types utilized in national and state exams to sharpen your test taking skills References answers to the best selling Brady texts Paramedic Care Principles and Practice series Essentials of Paramedic Care Prehospital Emergency Pharmacology 5th Edition and Taigman s Advanced Cardiology In Plain English Contains a section on preparing for any practical exam **Brady Paramedic Emergency Care** Bryan E. Bledsoe, Robert S. Porter, Bruce R. Shade, 1994

Magill's Medical Guide Salem Press, Nancy A. Piotrowski, 1996 **Publications Combined: Pararescue Medication and Procedure Handbook 5th Edition - February 2011 & Second Edition - February 2001 Plus The Career Field Education And Training Plan** U.S. Air Force , INTRODUCTION This handbook is designed to provide concise information regarding management of patients in austere environments It is a quick reference and is not meant to provide detailed discussions of physiological events You are expected to provide the standard of care for your EMT certification including the unique skills native to Pararescue Note No handbook can anticipate every tactical and or medical situation that might occur in a rescue When faced with adverse situations a PJ and his team will have to improvise adapt and overcome Always keep in mind the mission your safety and your patient s safety CONTENTS 1 AIR FORCE SPECIALTY CODE 1T2XX PARARESCUE SPECIALTY CAREER FIELD EDUCATION AND TRAINING PLAN 1 January 2018 2 Pararescue Medication and Procedure Handbook 5th Edition February 2011 3 Pararescue Medication and Procedure Handbook 2nd Edition 28 February 2001

Magill's Medical Guide Karen E. Kalumuck, Nancy A. Piotrowski, Tracy Irons-Georges, Connie Rizzo, 2002 A comprehensive general encyclopedia of medical information for all users Although there are numerous encyclopedias for the professional and numerous consumer guides that offer brief information this edition of Magill s Medical Guide bridges the gap between the highly technical and the very general *Emergency Medical Services* David Cone, Jane H. Brice, Theodore R. Delbridge, J. Brent Myers, 2014-12-30 Emergency Medical Services Clinical Practice and Systems Oversight is the official

textbook of the National Association of EMS Physicians™ NAEMSPTM National EMS Medical Directors Course and Practicum™ Now paired with a companion website featuring self assessment exercises audio and video clips of EMS best practices in action and more this essential study aid guides students through the core knowledge they need to successfully complete their training and begin their careers as EMS physicians Emergency Medical Services Clinical Practice and Systems Oversight consists of Volume 1 Clinical Aspects of EMS Volume 2 Medical Oversight of EMS Companion website featuring supportive self assessment exercises audio and video clips *Florida Vocational Program Guide for Paramedic*, 1989 *Vocational and Technical Resources for Community College Libraries* Mary Ann Laun, 1995 Paramedic Principles and Practice in the UK - E-Book Aidan Ward, 2023-04-13 Paramedic Principles and Practice in the UK is a key textbook designed to support paramedicine students in this country throughout their studies The volume takes a practical approach with case histories covering a broad range of clinical presentations and treatments all incorporating a patient centric perspective that acknowledges the longer patient journey This must have textbook will not only arm readers with technical knowledge and expertise but also with the non technical principles of the profession developing future paramedics who are able to provide a safe and effective management plan in the out of hospital environment Aligned to UK paramedicine curricula More than 40 detailed case studies covering essential pathologies most commonly seen by UK paramedics as well as less typical scenarios Evidence based clinical decision making models to support paramedics in practice Essential physiological concepts to help readers bridge the gap from principles to practice Focus on the wellbeing of both the patient and the paramedic Useful appendices including medications commonly encountered in paramedic settings Medical 911, 1994 **Success! in Understanding EKGs** Brenda M. Beasley, Michael C. West, 2010 Success in Understanding EKG s was created to help students pass the EKG course This study guide emphasizes the practical hands on application of EKGs that will help students better prepare for their exam To aid student understanding of the material the authors include refresher material art to illustrate the important concepts 100 rhythm strips with scenarios and 400 rhythm strips for additional review The guide emphasizes keeping it simple and provides need to know information With its abundant practice strips and scenario based examples this workbook can be used to supplement any EKG text on the market This is a perfect resource for prehospital care providers medical students cardiac care monitor techs ACLS candidates nursing professionals physician assistants and respiratory therapists National Library of Medicine Current Catalog National Library of Medicine (U.S.), 1992 Paramedic Care: Patient assessment Bryan E. Bledsoe, Robert S. Porter, Richard A. Cherry, 2005 Written by the best selling author team of Bryan E Bledsoe D O F A C E P EMT P Robert S Porter M A NREMT P and Richard A Cherry M S NREMT P this student friendly easy to understand series covers the DOT National Standard Curriculum The second of 5 titles in the Brady Paramedic Care Principles and Practice series Volume 2 Patient Assessment covers history physical exam field assessment clinical decision making communications and documentation Paramedic Level Emergency

Responders or Intermediate level responders training to enter into Paramedic **Emergency Medical Services** ,2001
EMT-Paramedic (P) PreTest Self Assessment and Review Richard Westfal,John Filangeri,Gregory Santa Maria,2000-06-20
Effectively tests knowledge of the recently introduced and extensively revised paramedics curriculum Meets the new and more rigorous standards of paramedic certification now emphasizing basic science and pathophysiology Features 500 multiple choice questions accompanied by explanations and rationales for the correct answers Covers the roles and responsibilities of paramedics airway management and ventilation medical considerations for all body systems patient assessment trauma and special considerations such as neonatology geriatrics and abuse The Publishers' Trade List Annual ,1985 **Emergency** ,1996 Current Catalog National Library of Medicine (U.S.),1993 First multi year cumulation covers six years 1965 70 **Prehospital Medicine** Paul M. Paris,Ronald N. Roth,Vincent P. Verdile,1996
Provides a practical training tool and reference that focuses on on line medical command This book is aimed at anyone involved in on line and off line prehospital medical command The text covers information on the delivery of p m c as it relates to specific emergency situations

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