

Michigan
System Protocols
WAIVER OF EMS PATIENT SIDE COMMUNICATION CAPABILITIES
MEDICAL CONTROL CHECKLIST

Date: Sept. 2004

Page 1 of 2

Waiver of EMS Patient Side Communication Capabilities
Medical Control Check List

The State of Michigan requires advanced life support (ALS) units to have the capability of communicating by radio with medical control when away from the ALS vehicle at the patient's side. This requirement may be waived when State-approved protocols permit certain time-dependent medical interventions to be performed without the need to obtain on-line permission from medical control. These interventions are listed below. The EMS Medical Director must indicate that local state approved protocols permit these interventions to be performed without online medical control authorization. Alternatively, the EMS Medical Director may indicate these interventions may be performed without on-line medical control authorization under a "Failure of Medical Control Communications" (or similar) State-approved protocol.

Minimum Required Off-Line ALS Interventions

1. Airway
 - A. Endotracheal Intubation, Oral
 - B. Endotracheal Intubation, Nasal
 - C. Laryngoscopy for Foreign Body Removal
 - D. Cricothyrotomy (or alternative procedure) for complete airway obstruction, if permitted by protocol
2. Breathing
 - A. Thoracostomy, Needle (for suspected tension pneumothorax), if permitted by protocol
3. Circulation
 - A. Defibrillation
 - B. Cardioversion, Synchronized (for unstable tachy dysrhythmias)
 - C. Transcutaneous Cardiac Pacemaker Use
 - D. Intravenous / Intraosseous Access
 - E. IV/IO Fluid Replacement (fluid challenge)
4. Medication Administration
 - A. All medications included in cardiac arrest protocols
 - B. Albuterol [or other approved nebulized bronchodilator] (for asthma / COPD)
 - C. Aspirin (for chest pain of possible cardiac origin)
 - D. Atropine (for symptomatic bradycardias)
 - E. Dextrose 50% [D25 for Peds] (for hypoglycemia)
 - F. Diphenhydramine (for anaphylactic shock)
 - G. Epinephrine 1:1000 (for anaphylactic shock)
 - H. Lidocaine [or other approved anti-dysrhythmic] (for ventricular tachycardia)
 - I. Midazolam [or other benzodiazepam] (for seizures / procedural sedation)
 - J. Morphine [or other approved analgesic] (for pain control) Nitroglycerine (for pulmonary edema/CHF and chest pain of suspected cardiac origin)

MCA Name Manistee County
MCA Board Approval Date March 2, 2011
MDCH Approval Date February 15, 2011
MCA Implementation Date April 30, 2011

Section 6-27

