PARAMEDIC

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

Essential Concepts

- · Safety of the field provider is of utmost ACCRECATION.
- Abstracture personnal protective equipment. (PPE) multiple to the incident.
 - At minimum, wear protective gloves dursing all putternt constact.
 - PPE may include face marks and even full body hazznat suits with respirators.
- · Paramodics respond to incidents at routine locations (bodside) and extreme locations. feig., encontains 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 injurises send conserva-
- · When lifting patients, bend at the knees, most at the weater.
- Maintain a good support base; space your feet widely enough to ensure stability.
- Never twist while lifting a patient.
- · Alberta make sure that your lifting power is ballanced. Never have more lifting power on one side of a patient than the other.
 - · Employ multiple rescuers for steep Browlingers.
 - · Use equipment such as powered stortchern for additional assistance.

Stress Reduction Stopss in 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 beart rate and blood pressure, and increased
- Deal with stress by recognizing it and seeking help from steess counseloes.

invitability. Death & Dying

Paramodics are called to scenes where loved many have died and respectative 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 save him."). Alloratio tell the truth.
- · Remain with the family and assist as best
- Responses can wary from thanks to anger. These are normal parts of the grief process.

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

- Got regular weight training and cardiovas. cultur energine.
- · Always gat and hydrate well.
 - Beware of defaulting to fast food during a busy shift, as it is packed with calories, salt, and unfocultity fats. Save fast food flor entergent-class.
 - Your diet should be low in fat and salt. Focus on fruits, vegetables, lean meats,
 - Snack on nots and fruit between meals.

· Ethics: Standards that dictate how men bers of a professional group should conduct

- themselves. They speak to booos, 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 noocre. (First, do no harm.): - Be truthful and bonest with patients and

Duty to Act

generalization.

Standard of care: Any paramodic is expected to practice with the same level of training and competence as similar paramodics with in similar EMS systems. Failure to perform according to the standard of care is considered merchigemen.

- In negligence cases, paramedics are usually subject to legal action under toet law (a civil suit brought on behalf of the putient) nother than criminal law.
 - Elements that must be proven for the phalostiff to prevail:
 - . Duty to act: The plaintiff must establish that the paramedic had a logal duty
 - Broach of dutte: The paramedic must be found to have violated the level of care. There are three types of breaches:
 - Multiensamore Performing a verongful.
 - Minfeanance: Performing a legal act in a wrongful manner.
 - Nonfeasance Fallure to perform the contract actions.
 - A harm or loss has occurred.
 - Proximate cause: Proof that the paramedic graved the harm or loss.

cal Direction

All EMS systems have a physician medical

- Retrospective directions Occurs after an EMS call when the medical director reviews and comments on the paramodic's perforprocessor over they could.
- Prospective directions Occurs before or during the call. This direction usually takes ome 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.
 - Otilling medical control: The physician takes an active role in developing paramedic protocols and standing orders (veritten medical guidelines for the paramedic to follow for common patient conditions).

Continuing Research

- · Paramedics often take part in modical memorane by Continuing research is critical to advance
- the field of pursmodicine. It: - Heles validate current patient care stan-
- diands (genete-colis): - Helps validate new standards and med-
- head electricies. 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 bound to local protecols.
- Statewide, services likely have licensing and certification requirements.
- Federally, insurance laws (Medicare/ Medicaid) and HEPAA regulations apply.

Regulatory Agencies • I brown or County of Story Inc. medication

- Controlled substance love may include special reporting and inventory requirements.
- State or regional councils may regulate the review and promulgation of protocols (compliance investigations).

- Licensing & Certifications - Certification: Grants recognition after
- meeting predetermined qualifications.
- Licensing: State or federal granting of legal authority.
- Much confusion exists regarding the difference. States other refer to certifications in their licensure processes.
 - Most paramedics practice under strict. guidelines per their locality.
 - Some paramedics feel licensure is more providigious; this is subjective.

ood Samaritan Laws

- Good Samaritan laws; Laws that except individuals from legal liability following attempts to give resonable carefuld to a person in distress.
- Federal laws may exist.
- These laws do not protect against gross negligence, criminal misconduct, or issues whoreby the provider is flagrantly violating the rights of others. Check your local laws,
- On duty professionals may not be protexted under these lines.

Patient Restraint

- Restraints are reserved for violent patients who may do harm to you or themselves.
- Physical restraints: Extremity ties and straps. Use soft restealats with frequent portlanion assessments.
- Chemical restraints: Injectable pharmacologic agents.
- Restraints must be used cautionaly and with detailed descurrentation.
- It is very important to follow state and local guidelines when nestraining a putient. Restraint Lews vary widely between jurisdictions.

Patient Transport

- Patients generally have a right to safe transport. Patients must be fully secured to the ambufance got using state, regional, and/or municipations accommended methods.
- The cost must be safely secured in the ambulance.

Terminology & Documentation

- Proper use of medical terminology will:
- Second problemsonal
- Gammer respect
- Improve documentation Most medical terms derive from Latin or Goods.
- The list is too extensive to include every term. Secure Medical Terminology: The Basics and Medical Terminology: The Body QuickStudy guides.

- There may be no loose objects in the ambulance that our impact a patient or prevencember in the event of a collision.
- A patient's eight 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 year that could comorivably make their condition weene.
- The ability to deviate to a more serious call. may be determined by regional or state. greente-code.
- Patient destination is based our
- Pathout checker
- Local protocols (e.g., stroke centers, trauma centers, and necestal carely
- Severity of the condition
- Distance to the closest appropriate facility

Patient Refusal of Transport

- . In most systems, a patient has the right torefuse transport under certain criteria.
 - The patient must have the capacity to understand the nature of their condition. along with the risks and benefits of refusall versus transport. Patients with behavioral emergencies (e.g., suicidal idention and delusions) may lack the capacity to mediane care.
 - The patient must be legally competent to refuse care (e.g., adults and legally emanclousted minutes).
- A patient's refusal must be fully informed. The paramodic must provide the putient with facts concerning their condition and
- tible risks of actioning care. Document the interaction well. Refusals amount absorps be well documented.
- Paramedics should follow local protocols.
- A parent or legal guardian may refuse core for a mimor as king as these criteria are met.

insuscitation & Cossation of

- · States may have legal guidelines under which a paramodic may initiate remocitation and crase resuscitation once started.
 - States may provide guidance in the form of healthcare protector of MOLST (Medical) Orders for Life-Sustaining Treatment) forms or the equivalent.
 - States may have specific protocols for oraning resuscitation once started if various advanced measures have been suppression of the first
- Resuscitation is a state-specific area of paramanufacture.
- Refer carefully to state and regional guidelimes and protocols.
- Document in accordance with the defined muldelines.

· Abbreviations are helpful for charts and reports, budicious use of abbreviations makes perports easier to write and sounds more pro-

fewfored. See our Medical Abbreviations &

Acresment QuickStudy guide. Deciment at a firm

- All-documentation consists of nantatives of ervents and actions.
- It is critical that documentation be clear and: comments.

Essentials Of Paramedic Care Study Guide

Wolfgang Guggemos

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Fundamentals of Paramedic Practice Sam Willis,Roger Dalrymple,2019-08-27 Driven by changes to clinical practice new evidence based research and shifts in global economics and politics the field of paramedic science is rapidly evolving This new edition of Fundamentals of Paramedic Practice offers students and recently qualified practitioners an accessible and comprehensive introduction to paramedic science and pre hospital care providing expert and up to date guidance on the essential theories and real world practice of this dynamic area of emergency medicine Assuming no prior knowledge of the subject this user friendly textbook provides broad and inclusive coverage of topics including professionalism law and ethics assessment skills research methods pharmacology and more Contributions from experienced paramedics and clinicians contemporary case studies full colour illustrations and powerful pedagogical tools help students gain a thorough understanding of the essential components of paramedic practice Employs a comprehensive multidisciplinary approach to the study of paramedic practice presenting theoretical and clinical topics in a straightforward and student friendly manner New chapters on toxicology medical terminology and low acuity care in paramedicine with an increased focus on mental health Includes new end of chapter learning activities and quizzes case studies and references charts and diagrams Fundamentals of Paramedic Practice A Systems Approach is an invaluable resource for undergraduate paramedic and emergency care students as well as qualified paramedics clinicians and educators seeking an authoritative reference on current practice

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