

# CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.05
Subject	Paramedic Treatment Protocols  <b>DYSRHYTHMIAS</b>	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

## SPECIAL CONSIDERATIONS AND PRIORITIES

1. Assessment – Mental status, vital signs, lung sounds, neck vein distension, peripheral edema, pupils.
2. If unconscious or pulseless, proceed immediately to appropriate algorithms and stabilize before transport. In the setting of a life-threatening dysrhythmia with pulse, treat immediately and contact Base Hospital when indicated. Transport when indicated in algorithm. Consider early transport with treatment enroute.
3. Lights/siren transport is indicated for arrested or resuscitated patients. Non-lights/siren transport may be ordered when the risks of lights/siren outweigh the benefit to the patient.
4. Treat the patient and their signs/symptoms (e.g., level of consciousness, pulse, blood pressure), not the rhythm. The rhythm on the monitor must correlate with the presence or absence of a pulse.
5. Record a rhythm strip of patient’s cardiac activity and submit it with the Prehospital Care Report (attach to back of top copy using scotch tape):
  - a. One strip of baseline rhythm.
  - b. Additional strips if rhythm interpretation is difficult, the rhythm changes, and before and after interventions, such as valsalva maneuver or electric shock.
6. Further evaluation:
  - a. Expand on the history of the chief complaint – O, P, Q, R, S, T
    - O: Onset
    - P: Provoked
    - Q: Quality
    - R: Radiation
    - S: Severity
    - T: Time

Approved By	<b>Signatures on File at EMS Agency</b>	Revision
EMS Division Manager		<b>04/19/2005</b>
EMS Medical Director	<b>Signatures on File at EMS Agency</b>	

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- b. Medical history
- c. Medications
- d. Allergies
- e. Physical Exam

Emphasize: Symptomatic  
Breath sounds  
Skin color – temperature and moisture  
Peripheral edema

- 7. CPR is indicated only if the patient is unconscious and pulseless, no matter what rhythm. A conscious adult patient has a better cardiac output than what could be achieved with CPR, even if no pulse is felt.
- 8. In the presence of isolated hypothermia, CPR is indicated for situations without an organized EKG rhythm (e.g., V-fib and asystole). Contact the Base Hospital regarding CPR on isolated hypothermia patients in PEA. Resuscitate until rewarming has been implemented in the emergency department.
- 9. Drug use (e.g., for behavioral emergencies) and medical conditions (e.g., diabetes) which effect metabolism may cause hypothermia even when outside temperatures may be temperate.