

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic, EMT – Paramedic**

Use of Standard Medical Orders (SMOs)

I. PURPOSE

- A. To develop a standard approach of pre-hospital patient care in EMS Region 1. The following patient care protocols are established and approved by the EMS Region 1 Medical Directors for use by EMT's, Physicians, PHRN's and ECRN's operating within Region 1.
- B. Region 1 assumes certain common steps in a practical approach and response to emergency situations. These Standing Medical Orders outline current methods that have been well rewarded in terms of survival statistics.
- C. The SMO dosages and treatments are written in compliance with the standards set forth by the US Department of Transportation (DOT) Emergency Medical Technician (EMT) Basic/ Intermediate/ Paramedic Curriculum, The American Heart Association Advanced Cardiac Life Support (ACLS) Course Curriculum, Basic Trauma Life Support and Illinois Emergency Medical Services Act.
- D. The Standard Medical Orders will be utilized:
 - 1. As a written standard of care to be followed by all members of EMS Region 1 in the pre-hospital care of the acutely ill or injured patient.
 - 2. In disaster situations where immediate action to preserve and save lives supersedes the need to communicate with hospital-based personnel, or where such communication is not required by the Disaster Procedure.

II. MEDICAL CONTROL

- A. Throughout these SMOs are boxes set aside with Medical Control Contact Criteria. These boxes are placed to draw particular attention to treatments/ questions in which Medical Control needs to be contacted; however, always contact Medical Control if any question arises regarding the best treatment options for the patient.

Medical Control Contact Criteria

III. GENERAL GUIDELINES

1. Pre-hospital personnel shall initiate BLS measures, and then proceed to ALS measures as dictated by the patient assessment and scope of practice.
2. Pre-hospital personnel shall utilize good clinical judgment and consider additional resources as needed.
3. BLS personnel shall request an ALS response unit to the scene or rapidly transport the patient to the nearest hospital according to EMS Region 1 “Transport to Other Than the Closest Hospital Policy.”
4. Routine Medical Care should be provided to every patient as guided by assessment of the scene and the patient’s condition.
5. The Resource Hospital or Associate Hospital Physician or ECRN provides on-line medical control.
6. Optional Scope practices shall be identified in each EMS Systems specific protocols.

IV. DEFINITIONS

Advanced Life Support (ALS) Services – an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures as outlined in the Advanced Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Alternate EMS Medical Director or Alternate EMSMD – the physician who is designated by the Resource Hospital to direct the ALS/ILS/BLS operations in the absence of the EMS Medical Director.

Ambulance – any publicly or privately owned vehicle that is specifically designed, constructed or modified and equipped for, and is intended to be used for, and is maintained or operated for, the emergency transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or the non-emergency medical transportation of persons who require the presence of medical personnel to monitor the individual's condition or medical apparatus being used on such an individual. (Section 3.85 of the Act)

Ambulance Service Provider or Ambulance Provider – any individual, group of individuals, corporation, partnership, association, trust, joint venture, unit of local government or other public or private ownership entity that owns and operates a business or service using one or more ambulances or EMS vehicles for the transportation of emergency patients.

Associate Hospital – a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting training programs nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive Emergency Department with 24-hour physician coverage. It must have a functioning Intensive Care Unit and/or a Cardiac Care Unit.

Basic Life Support (BLS) Services – a basic level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in a Basic Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Dysrhythmia – a variation from the normal electrical rate and sequences of cardiac activity, also including abnormalities of impulse formation and conduction.

Emergency – a medical condition of recent onset and severity that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that urgent or unscheduled medical care is required. (Section 3.5 of the Act)

Emergency Medical Services (EMS) System or System – an organization of hospitals, vehicle service providers and personnel approved by the Department in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a BLS, ILS and/or ALS level pursuant to a System Program Plan submitted to and approved by the Department and pursuant to the EMS Regional Plan adopted for the EMS Region in which the System is located. (Section 3.20 of the Act)

Emergency Medical Technician-Basic or EMT-B – a person who has successfully completed a course of instruction in basic life support as prescribed by the Department, is currently licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an EMS System. (Section 3.50 of the Act)

Emergency Medical Technician-Intermediate or EMT-I – a person who has successfully completed a course of instruction in intermediate life support as prescribed by the Department, is currently licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an EMS System. (Section 3.50 of the Act)

Emergency Medical Technician-Paramedic or EMT-P – a person who has successfully completed a course of instruction in advanced life support care as prescribed by the Department, is licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an Advanced Life Support EMS System. (Section 3.50 of the Act)

EMS Medical Director or EMSMD – the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System.

First Responder – a person who has successfully completed a course of instruction in emergency first response as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the emergency first response course. (Section 3.60 of the Act)

Intermediate Life Support (ILS) Services – an intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures as outlined in the Intermediate Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

Pediatric Trauma Patient – trauma patient from birth to 17 years of age.

Pre-Hospital Care – those emergency medical services rendered to emergency patients for analytic, resuscitative, stabilizing, or preventive purposes, precedent to and during transportation of such patients to hospitals. (Section 3.10 of the Act)

Pre-Hospital Care Provider – a System Participant or any EMT-B, I, P, Ambulance, Ambulance Provider, EMS Vehicle, Associate Hospital, Participating Hospital, EMS System Coordinator, Associate Hospital EMS Coordinator, Associate Hospital EMS Medical Director, ECRN or Physician serving on an ambulance or giving voice orders over an EMS System and subject to suspension by the EMS Medical Director of that System in accordance with the policies of the EMS System Program Plan approved by the Department.

Sustained Hypotension – two systolic blood pressures of 90 mmHg five minutes apart or, in the case of a pediatric patient, two systolic blood pressures of 80 mmHg five minutes apart.

Trauma – any significant injury which involves single or multiple organ systems. (Section 3.5 of the Act)

Vehicle Service Provider – an entity licensed by the Department to provide emergency or non-emergency medical services in compliance with the Act and this Part and an operational plan approved by its EMS System(s), utilizing at least ambulances or specialized emergency medical service vehicles (SEMSV). (Section 3.85 of the Act)

(Source: Amended at 27 Ill. Reg. 13507, effective July 25, 2003)

V. AUTHORITY

- A. Illinois Department of Public Health Rules and Regulations, Subchapter f, Emergency Services and Highway Safety [\[Title 77 Index\]](#) 77 Ill. Adm. Code Part 515 Emergency Medical Services and Trauma Center Code