CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.06
Subject Paramedic Treatment Protocols **DYSRHYTHMIAS**	Page 1 of 2
References Title 22, Division 9, Chapter 3.3 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 EMS Division Manager	**Daniel J. Lynch** (Signature on File at EMS Agency)	Revision **04/19/2005**
EMS Medical Director	**Jim Andrews, M.D.** (Signature on File at EMS Agency)	

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.