



Prehospital Care Bundles

The MLREMS Prehospital Care Bundles have been created to provide a simple framework to help EMS providers identify the most critical elements when caring for a patient. These bundles do not replace protocol, but are designed to assist quality assurance and performance evaluations as we work collectively to optimize the delivery of prehospital medicine. As the science and evidence changes, so will these care bundles.

The New York State Collaborative Protocols and the MLREMS Care Bundles are intended to improve patient care by prehospital providers. They reflect current evidence and the consensus of content matter experts. The Collaborative Protocols and the MLREMS Care Bundles are intended to provide principles and direction for the management of patients that are sufficiently flexible to accommodate the complexity of care in the prehospital environment. No Protocol or Care Bundle can be written to cover every situation that a provider may encounter, nor are they substitutes for the judgement and experience of the provider. Providers are expected to utilize their best clinical judgement to deliver care and procedures according to what is reasonable and prudent for specific situations. However, it is expected that any deviations from protocol shall be documented along with the rationale for such deviation.

**NO PROTOCOL OR CARE BUNDLE IS A SUBSTITUTE FOR
SOUND CLINICAL JUDGEMENT.**



Suspected Mechanical Fall Care Bundle

Suspected Mechanical Fall

Metric	Goal
Spinal Motion Restriction (SMR)	Implement SMR if indicated based on the history, mechanism of injury, and physical examination
Assessment of Prodromal Symptoms	Assess for evidence of symptoms prior to the suspected mechanical fall which would indicate that the fall was not purely mechanical in etiology
Cincinnati Stroke Scale	Evaluated and documented
Blood Thinning and/or Anti-Platelet Medications	Documented use (or pertinent negative non-use) of blood thinning and/or anti-platelet medications

Theory/Evidence

Spinal Motion Restriction (SMR)

- Spinal motion restriction should be performed when indicated and documented when not. In the setting of syncope, SMR should be considered for any resultant trauma (falls, MVC's, etc).

Assessment of Prodromal Symptoms

- Symptoms prior to falling can indicate a medical etiology of a suspected mechanical fall. Palpitations, dizziness, light-headedness, chest pain, and dyspnea are all examples of prodromal symptoms which may necessitate workup or treatments (e.g. blood glucose, EKG, vascular access, etc). A description of the fall should also be included in prehospital documentation.

Cincinnati Stroke Scale

- A stroke may present as a suspected mechanical fall especially in a patient with a history of stroke, TIA, or with other vascular risk factors. Screening mechanical fall patients with the Cincinnati Stroke Scale aids in identifying these patients.

Blood Thinning Medications

- The use of blood thinning and/or anti-platelet medications increases the risk of internal and intracranial bleeding as a result of a mechanical fall. Patients taking blood thinning medications who experience a mechanical fall should be transported to the emergency department for more complete evaluation. Blood thinning medications include Coumadin (Warfarin); Apixaban (Eliquis), Dabigatran (Pradaxa) and Rivaroxaban (Xarelto). Anti-platelet medications include Aspirin, Clopidogrel (Plavix), Edoxaban (Savaysa) and Ticagrelor (Brilinta).