



## **PARAMEDIC RELEASE TO EMT**

### **PURPOSE**

This policy applies to all patients where patient contact has been made and the Paramedic desires to release the patient to an EMT or the EMT feels a Paramedic is not indicated. Patient contact is defined by the provider's visual contact with the patient.

### **POLICY**

An ALS unit (i.e. an ambulance or first response unit staffed by a Paramedic and certified to operate at the ALS level) who makes patient contact may transfer care of a patient to a BLS unit according to the following procedure:

1. The Paramedic will complete a focused assessment on the patient. This will include:
  - a. Focused subjective assessment including the history of the problem.
  - b. Complete medical history including current medications, allergies, and recent hospitalizations.
  - c. Assessment of all pertinent systems.
  - d. A complete set of vital signs including blood pressure, pulse, respirations, level of consciousness, and skin color/temperature.
2. The Paramedic will assure that the patient's condition does not currently, and will likely not in the near future, warrant paramedic care (to include pain control).
3. The Paramedic will assure through verbal conference with the EMT that they are comfortable assuming care of the patient.
4. The Paramedic will complete a PCR which includes full documentation of the assessment performed, physical findings, pertinent negatives, and vital signs. In cases where both the EMT and Paramedic are from the same agency, it is acceptable for the ALS assessment to be completed as an addendum on the transporting provider's PCR.



## **CONSIDERATIONS**

1. The Paramedic must accompany the patient to the hospital if the EMT expresses any discomfort with assuming care for the patient. This is regardless of whether or not the Paramedic believes any ALS procedures are warranted. However, it is the obligation of the EMT to state if they are not comfortable with managing the patient.
2. The Paramedic may not use tests to exclude pathology. For example, a normal 3- or 12-lead EKG does not rule out the presence of a myocardial infarction or other cardiac emergency. Acquisition of an EKG should not be used as a determining factor for whether a patient may be released to BLS care. Similarly, a normal SPO<sub>2</sub> or EtCO<sub>2</sub> do not rule out respiratory disorders.
3. It is the responsibility of the Paramedic on scene to contact Medical Control if there is any debate as to the appropriateness of the release to BLS.

Approved by the Monroe-Livingston REMAC 9/30/2016