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.

Care of the Mentally Ill or Emotionally Distressed Person Care Bundle

Metric	Goal
Medical Condition Assessed	Documented assessment to identify immediate life threats and medical or traumatic causes for presentation
Risk of Immediate Harm Assessed	Documented assessment of risks for immediate harm such as suicidal or homicidal ideation
De-Escalation	If used, documentation of de-escalation techniques and outcome
Type of Involuntary Transport	Should the patient be transported involuntarily, the type used by law enforcement (9.41, 9.45, or 22.09) is documented
Appropriate Destination Selection	The patient is transported to the facility most appropriate for their trauma/medical needs with the expectation that the patient is transported to a 9.39 Facility if under 9.41 or 9.45

Theory/Evidence

Medical Condition Assessed

- As there are a number of potential medical and traumatic causes for the patient's presentation, an assessment of life threats and potential causes is expected to be performed and documented. Any identified medical or traumatic conditions should result in care consistent with established Standards of Care.

Risk of Immediate Harm Assessed

- A mental health assessment should include risks for immediate harm such as suicidal or homicidal ideation.

De-escalation

- In some circumstances the patient will benefit by de-escalation techniques to include: Movement of the patient to a calmer environment such as the ambulance, limiting the number of personnel involved, speaking to the patient in a calm deliberate manor while using phrases like "slow down" in lieu of a commanding voice to "calm down", utilizing active listening, staying calm, and move slowly. EMS Providers should avoid challenging any psychotic thinking, or use an argumentative language, tone, sarcasm, or humor. Documentation should include the techniques used and their results

Type of Involuntary Transport

- If a law enforcement officer or designated clinician find the patient must be transported involuntarily, the type of transport (9.41, 9.45, or 22.09) should be documented as that information drives the selected destination

Appropriate Destination Selection

- The patient should always be transported to the facility that is most appropriate for their trauma or medical needs, particularly as it relates to specialty care (trauma, burn, stroke, STEMI, pediatrics, etc). If under a 9.41 or 9.45, the patient must be transported to a 9.39 facility that is most appropriate given their trauma or medical needs. If under a 22.09, the patient may be transported to any facility based upon their trauma or medical needs.