Paramedic Practice: Safety, Quality, Leadership and Communication

Unit and drug checks, errors and quality tools, EMS system roles, events and disasters, law in the field, communication barriers, delegation, and stopping resuscitation

Medic Basics
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UNIT AND DRUG BOX CHECKS

CHECK	RULE
Monitor-defibrillator	Battery, spare and self-test with shock test first; then pads, cables
Expired drug	Remove, replace, document; never give it
Heat	Log compartment temperatures; rotate exposed stock (succinylcholine, insulin, lorazepam, epinephrine)
Leftover controlled drug	Waste with a witness, both sign; two-person count each shift
Device failure, even no harm	Out of service, keep logs, report to QI, maker and FDA MedWatch

ERRORS AND UNSAFE CREW

- Wrong dose, no harm: tell the receiving team and medical direction, chart what was given, report through QI
- Just culture: human error and at-risk shortcuts are fixed by the system; reckless acts are disciplined
- Partner smells of alcohol or slurs: off patient care and driving; tell the supervisor now
- Harm about to happen (cuff on the fistula arm): stop it at once, calmly; teach in private later

QUALITY AND EVIDENCE

TOOL	WHAT IT DOES
PDSA cycle	Test one change small, study the data, adopt, adjust or drop
Root cause analysis	After serious harm: system causes, not blame
NEMSIS	National EMS data standard for benchmarking, QI, research
Evidence ladder	Systematic review of RCTs > RCT > cohort > case-control > case series > expert opinion

THE EMS SYSTEM

- Scope levels: EMR, EMT, AEMT, paramedic; only the paramedic intubates, reads the 12-lead and gives most IV drugs
- Dispatch: pre-arrival instructions such as telephone CPR; the crew still reassesses
- Diversion is a request: arrest or an unmanageable airway goes to the closest appropriate hospital
- Interfacility: drips or lines outside your scope travel with a nurse or critical care crew, or you decline
- Mobile integrated health: home visits, medication checks, chronic disease follow-up to cut repeat calls and readmissions
- Public health: injury prevention (car seats, helmets, falls), surveillance and reporting
- Helmets: motorcycle head injury down 69%; serious head injury odds in cyclists 0.31; no rise in neck injury

EVENTS, WEATHER AND DISASTER

SITUATION	ACTION
Mass gathering	Plan from crowd size, heat, alcohol and drugs, event length; treat on site
Thunder heard	Building or hard-topped vehicle now; out 30 min after last thunder
Firefighter rehab	After 2 cylinders: rest, cool, fluids, vitals, SpCO; back only when criteria met
Respiratory pandemic	Screen calls, mask the patient; N95, eyes, gown, gloves
Possible bioterror	Unusual severe cluster, odd age distribution, no natural source: tell public health
Child in decon	Stays with family; carried in a laundry basket; tepid water

LAW IN THE FIELD

SITUATION	RULE
TASER darts	Assess, monitor, treat the cause, transport; no dart removal from head, neck, hands, feet, genitals
Police ask for blood	Draw only for care; legal draws need consent, a warrant or statute
Patient wants her PCR	Records officer; answer within 30 days
Mandatory report	Abuse of a child or dependent adult; often gunshot, stab, animal bite (state law)
Minor parent	Consents for her own child
Stopped school bus	Stop; pass only with caution once children are clear
Religious or modesty request	Accommodate unless it delays life-saving care; document

COMMUNICATION BARRIERS

BARRIER	APPROACH
Limited English	Qualified phone or video interpreter; a child only briefly in an emergency
Hearing loss	Face the patient, quiet room, slow and clear, hearing aids in, write; then judge mental status
Expressive aphasia	Understands: yes-or-no questions, gestures, his own pill bottles, time
Autism	Less noise, caregiver's tips, short literal steps before touching, extra time
Frightened child	Eye level, parent close, honest about pain, small choices
Facility pickup	Medication record, code status, recent vitals, baseline, allergies

LEADING THE TEAM

- EMT partner: BVM with adjuncts, CPR, vitals, monitor placement, oral glucose, intranasal naloxone
- Paramedic keeps: IV access and IV drugs, advanced airway, 12-lead and rhythm decisions
- Bystander nurse: a defined task (compressions, bagging) under your direction; you stay responsible
- Police plan risks the patient (head injury, vomiting, intoxicated): state the risk, ask for evaluation, call medical control
- No capacity (advanced dementia): the health care agent consents; still explain each step gently

STOPPING RESUSCITATION

RULE	CRITERIA
ALS TOR rule (adult, cardiac)	Not witnessed, no bystander CPR, no shock, no ROSC: all four
BLS TOR rule	Not witnessed by EMS, no shock, no ROSC
NASEMSO medical	Asystole or slow wide PEA, no ROSC at 20 min, EtCO2 under 20, no neuro signs
Blunt trauma	Apneic, pulseless, asystolic on arrival: withhold if mechanism fits
Overdose, other noncardiac	Rules not validated: call medical direction

EXAM TIP Telling the family: sit down somewhere quiet, say "died", allow silence, answer questions.

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