OFFICE OF THE MEDICAL DIRECTOR
CITY OF AUSTIN/TRAVIS COUNTY EMS SYSTEM

Medical Directive

Directive Number	**15-03**
Publish Date	**11 March 2015**
Effective Date	**11 March 2015**
Subject	**Mobile Crisis Outreach Team (MCOT) Referral CP-17 and Patient Safety U-03 update**
Update to Clinical Operating Guidelines v 02.04.15	

Credentialed System Responder	**Action**
Credentialed EMT	**Action**
Credentialed EMT-Intermediate	**Action**
Credentialed EMT-Paramedic	**Action**
Credentialed EMD	**Action**

During 2014 and 2015 the OMD, Community Resource Paramedic Providers (CPP) (a.k.a. Community Health Paramedics) and the Mobile Crisis Outreach Team (MCOT) have worked together to develop a safe and effective process for patient referrals. Over the past several months the CPPs have been training Paramedic Transport Qualified Providers within the System to use this process. It is now time to integrate the MCOT Referral Procedure into System Protocol: Behavioral M-05 and Clinical Procedure CP-17 into the COGs. The parameters and steps for this process are described in CP-17. At this time patient evaluation and potential use of this MCOT Referral Procedure is limited to System Credentialed Paramedic Providers who are currently Transport Qualified.

The System Infection Preventionist, based upon information received and recent incidents reviewed; has recommended an update to the Patient Safety Protocol U-03. This update reinforces the importance and need for appropriate cleaning and disinfection of durable medical equipment used for multiple patients. This Protocol update applies to all System Providers/Responders.

The attached documents reflect these changes. Effected Tables of Content will also be updated to add Mobile Crisis Outreach Team (MCOT) Referral Procedure CP - 17 into the COG document.

Thanks for all you do. As always, please let us know if you have any questions.

Larry Arms, LP
Clinical Operations, Practices and Standards Coordinator
Office of the Medical Director, Austin - Travis County EMS System

Paul R. Hinchey, MD
Austin-Travis County EMS System Medical Director
ESV# 031115748

OFFICE OF THE MEDICAL DIRECTOR
CITY OF AUSTIN/TRAVIS COUNTY EMS SYSTEM

Behavioral

History:	Signs & Symptoms:	Differential:
• Situational crisis • Psychiatric illness/medications • Injury to self or threats to others • Medic alert tag • Substance abuse / overdose • Diabetes • Past medical/Family	• Anxiety, agitation, confusion • Affect change, hallucinations • Delusional thoughts, bizarre behavior • Combative violent • Expression of suicidal/homicidal thoughts	• Altered Mental Status differential • Hypoxia • Alcohol Intoxication • Toxin / Substance abuse • Medication effect / overdose • Withdrawal syndromes • Depression • Bipolar (manic-depressive) • Schizophrenia, anxiety disorders, etc

Consider Protocols:
Overdose M-15
Head Trauma T-06
Excited Delirium M-07
Hyperthermia M-10
-OR-
Mobile Crisis Outreach Team (MCOT) Referral
Clinical Procedure CP-17

Legend

S	System Responder	S
B	EMT - B	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M

Scene Safety

Universal Patient Care Protocol U-01

Remove patient from stressful environment
Utilize verbal techniques (reassurance, calming)
GCS on ALL patients

Restraint Procedure CP-50 if needed

Blood Glucose < 50 → **Altered Mental Status Protocol M-03**

Suspected Substance Abuse?

NO → **Haloperidol** 5 mg IM, May repeat X 1 dose q10 min

YES → **Sedation:** Midazolam: 2.5 – 5.0 mg IV/IO **OR** 5 mg IM/IN May repeat PRN max total dose 10 mg with SBP > 100 mmHg

Dystonic Reaction
Diphenhydramine 50 mg IV/IM

Continuous $ETCO_2$, Pulse OX
Cardiac Monitor with restrained patients

Contact Destination or Medical Control

Pearls:

- **Consider your safety first. Physical restraint should be preformed/assisted by Law Enforcement when available.**
- Be sure to consider all possible medical/trauma causes for behavior (hypoglycemia, overdose, substance abuse, hypoxia, head injury, etc.)
- If patient is suspected of agitated delirium suffers cardiac arrest, consider a fluid bolus and sodium bicarbonate early.
- Do not overlook the possibility of associated domestic violence or child abuse.
- **All patients who receive either physical or chemical restraint must be continuously observed by ALS personnel on scene or immediately upon their arrival. If possible and when safe to do so apply ECG, ETCO2, Pulse Ox, Blood Glucose.**
- Any transported patient who is handcuffed or restrained by Law Enforcement should be accompanied by an officer whenever possible. If not possible law enforcement must be immediately available.
- Restrained patients should never be maintained or transported in a prone position.

Mobile Crisis Outreach Team (MCOT) Referral Procedure

P EMT-P Transport Qualified P

Purpose:

To establish criteria for A/TC EMS Transport Department referral of persons with acute mental health concerns to approved alternative healthcare resource(s) in order to facilitate more appropriate evaluation and care.

Contraindications:

1. Patients with unexplained persistent or recurring changes in mental status should be referred to the emergency department for evaluation in accordance with Clinical Reference CR-13;
2. Any patient with ongoing bleeding, wounds requiring repair, or suspected head injury should be transported to the emergency department for evaluation in accordance with Clinical Reference CR-13.

Procedure:

Patients with a primary mental health complaint are eligible for consideration for alternative evaluation/destination if the following criteria are met:

1. Patient has no acute medical or traumatic conditions **or** minor superficial abrasions that have been evaluated for underlying injury and addressed as needed by EMS.
2. Patient has not ingested medication (prescription or OTC) outside the normal dosing range.
3. Patient can take p.o. fluids.
4. Pulse is <120.
5. Patients have a blood glucose that is:
    a. >70;
    b. <200 with no history of diabetes;
    c. <300 in patients with a history of diabetes and no complains of abdominal pain, nausea or vomiting.
6. Patients have a blood pressure that is:
    a. SBP <200 and DBP <120; AND no associated symptoms such as headache, neurologic changes, chest pain, or shortness of breath;
    b. Regardless of a known history of hypertension if SBP >160 and/or DBP >100 patient should be advised to seek follow up evaluation of their hypertension by a community physician.
7. Patient should be able to perform activities of daily living (ADLs) independently.
8. Intoxicated patients that otherwise meet all of the other criteria must be able to demonstrate:
    a. The ability to participate in the evaluation process AND
    b. The ability to ambulate safely without assistance.

OFFICE OF THE MEDICAL DIRECTOR
CITY OF AUSTIN/TRAVIS COUNTY EMS SYSTEM

Patient Safety

Follow Universal Patient Care Protocol U-01

Refer To Minimal Equipment To Patient/Bedside Standard CS - 20

For All Weight-Based Drug Administration refer to Medication Dose Charts CR-35 or CR-36
Do Medication Administration Cross Check CP-02 for all medications

At the beginning of each shift document the presence of all equipment, medications, PPE and supplies. OMD credentials on your person.

If supplies fall below required levels, restock at the nearest appropriate location. If dispatched to a call that may require depleted supplies, contact communications or your Command Staff.

If massive depletion of supplies (e.g., post-cardiac arrest) and/or contamination, remain out-of-service until re-supplied and clean and contact communications or your Command Staff.

→ Medical Equipment that is System designated for multi-patient use, should be "cleaned & disinfected' according to manufacturers recommendations, with an EPA approved product after each use.

Any patient care equipment (including single patient use disposables) that fails to function as it was intended while managing a patient (**equipment that fails while on a call, either preventing its use on the patient or fails while attached to the patient**) will be safely secured, removed from service, and reported to the Office of the Medical Director (Clinical Procedure CP – 67). This does not include medications or equipment failures due to operator error.

→ Agencies should maintain all medical equipment in accordance with manufacturers recommendations including: periodic testing, calibrations and/or recertifying.

If medication error, clinical misadventure, or other adverse patient outcome, contact the on-call Medical Director or their designee.

Appropriate Protocol

→ M **Contact Destination or Medical Control if the patent does not fit a Protocol Clinical Standard CS-01** M

Transport Patient per Patient Transport Standard CS-28, CS-31, Appendix A-02, Reference CR-13

Legend		
S	System Responder	S
B	EMT - B	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M

Pearls:

Notification Sequence:

- If an event listed in the Clinical Event Review Process requires automatic Medical Director Notification, contact the on call Medical Director or their designee (DMO,FMO on call) immediately. These contacts should be made via Communications over a recorded line.
- If any other adverse clinical outcome, notify the Medical Director or their designee (DMO on call) as soon as possible via email and/or cell phone. The probability of disciplinary action is greatly diminished if the provider with a misadventure contacts the OMD/DMO directly.
- If an error occurs without adverse patient outcome and/or a "near miss" occurs, contact your DMO or FMO or Organization's PM/PI person.