



MEDICAL CONTROL POLICY STATEMENT/ADVISORY

No. 2017-02
Date: May 15, 2017

SVMCA PRE-HOSPITAL GENERAL PRACTICES

Office of the Medical Director

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May 8, 2017

To: All medical Providers

From: SVMCA Office of the Medical Director

Several points have come to our attention that need to be addressed.

1. **Cardiac Monitors.** Patients transported on a monitor should remain on it until care is transferred in the emergency department. Monitors should NOT be removed in the ambulance.
2. **Vital Signs.** "Vitals within normal limits", "Vital signs are normal" or anything similar is no longer acceptable. We have had medical care issues due to lack of providing actual vital signs. Every patient radio report should have the most recent vital signs given. Additional vital signs should be provided as indicated.
3. **Bicarb.** Do not use sodium bicarbonate routinely during cardiac arrests. There is disagreement in the literature, with most experts believing that it is not beneficial and potentially harmful. It should only be given when it is an antidote for something specific (TCA overdose, hyperkalemia, etc.) ACLS says to consider it in prolonged arrests so feel free to consider it, and then don't give it.
4. **STEMIs.** The new Zoll cardiac monitors have different interpretation software than the prior monitors. There are now numerous *** ** interpretations when in the past there was only one. To activate a STEMI alert, only two criteria should be used:
 - i. The paramedic sees ST segment elevation that is consistent with a ST elevation MI, or;
 - ii. The Zoll cardiac monitor reads ***STEMI***
 - ***ACUTE MI*** is **NOT** necessarily a reading of a STEMI. Do not use this, or any other *** ** interpretation to activate a STEMI alert based on this interpretation alone.

Please let me know if you have any questions or concerns.

A handwritten signature in black ink, appearing to read 'Noel Wagner'.

Noel Wagner, MD, NRP
Medical Director, SVMCA