PATIENTS WITH SPECIAL NEEDS

This protocol includes:

- Patient with tracheostomies
- Patient on ventilators
- Patients with indwelling catheters
- Patients with gastrostomy tubes
- Bariatric patients

GENERAL CONSIDERATIONS

A. Treat the ABC's first. Treat the patient, not the equipment. If the emergency is due to an equipment malfunction, manage the patient using your own equipment.

B. Parents and caretakers are usually trained in emergency management and can be of assistance to EMS personnel. Listen carefully to the caregiver and follow his/her guidance.

C. When moving a special needs patient, a slow, careful transfer with two or more people is preferable. (The bariatric population will require as many people as possible to safely move the patient.) Do not try to straighten or unnecessarily manipulate contracted extremities as it may cause injury or pain to the patient.

D. Caregivers may also carry a brief medical information card or form. The patient may be enrolled in a medical alert program where medical personnel can get quick access to the patient's medical history.

E. Knowing which patients in your response area have special needs and keeping a log book is encouraged.

F. Children with chronic illnesses often have different physical development from well children. Therefore, their baseline vitals may differ from normal standards. The size and developmental level may be different from age-based norms and length-based tapes used to calculate drug dosages. Ask the caregiver if the child typically has abnormal vital signs (i.e., tachycardia, low pulse oximeter reading, etc.)

TRACHEOSTOMIES and VENTILATORS

Basic EMT

A. The patient should be examined for other possible problems. Do not assume the problem is with the tracheostomy tube and/or the ventilator.

B. Examine the patient quickly for possible causes of distress which may be easily correctable, such as a detached oxygen source.

C. Patients on mechanical ventilation may exhibit sudden or gradual deterioration, cardiac arrest, increased oxygen demand, increased respiratory rate, retractions, and changes in mental status.

D. Try to establish the patient's baseline respiratory status.

E. If on a ventilator, remove the patient from the ventilator and ventilate with BVM and a secure oxygen source; there may be a problem with the ventilator or oxygen source.

F. Accumulation of debris may cause an obstruction. Suction the tracheostomy tube with a flexible suction catheter.

G. If still no improvements, transport immediately to the closest, most appropriate facility. Initiate resuscitation as needed.

Advanced EMT / Paramedic

A. If the tracheostomy tube has an inner cannula, remove it; if the cannula is the cause of obstruction, there should be immediate improvement.

B. If there is no improvement and the patient is in severe distress, the tube should be removed and attempt BVM ventilation. If another tube is available, insert into the stoma and resume ventilation. A standard endotracheal tube may be used or the used tracheostomy tube that was removed may be reinserted after being cleaned.

C. Refer to Respiratory Emergency Protocol as needed.

INDWELLING VENOUS ACCESS CATHETERS

GENERAL CONSIDERATIONS

A. Patients may have indwelling venous access catheters (central lines) in several locations. Some of the devices are located under the skin and can be felt but not seen.

B. Common emergencies involving these catheters include: blockage of the line, complete or partial accidental removal, complete or partial laceration of the line.

Basic and Advanced EMT

A. Always evaluate the patient for cardiovascular stability as some complications may be life-threatening.

B. Patients may be experiencing complications for their underlying medical condition; ask caregivers about the patient's condition. If the line is blocked, do not attempt to force the catheter open.

C. For partial or complete removal, do not attempt to reinsert. Apply dressing to the site and maintain pressure until bleeding has stopped. If the catheter was completely removed, bring it with the patient to the hospital.

D. For partial or complete laceration of the line, clamp proximally to the laceration with a padded clamp.

E. For patients with a sudden deterioration begin basic resuscitation and transport (the patient may have a pneumothorax or internal bleeding).

F. If there are fluids infusing through the central line, determine the nature of the fluid and the time that the fluid was started. EMTs are not to initiate, adjust, or discontinue the infusion. Per the State of Ohio EMS Board's Position Paper in January 2004, EMTs are allowed to transport a patient with a pre-existing medical device or drug administration (MDDA) not covered in the EMT's scope of practice. Contact Medical Control for any concerns or questions.

Paramedic

A. If the indwelling catheter is functional and not the cause of the emergency AND if unable to establish peripheral IV access for emergent medication / fluid administration, the paramedic who has been trained to use central lines and has the appropriate equipment may contact Medical Control and ask for permission to use the catheter.

GASTROSTOMY TUBES

GENERAL CONSIDERATIONS

A. Patients with gastrostomy tubes may have complications of obstruction or dislodgment. While these complications are not life-threatening, the patient may require non-emergency transport to the hospital. A dislodged tube needs to be replaced as soon as possible.

B. Patients with gastrostomy tubes frequently have problems with regurgitation and/or aspiration. Transport patient with head elevated when possible. Be prepared to suction as necessary.

Basic / Advanced EMT / Paramedic

A. Be aware of and address any other possible problems from their underlying medical condition.

B. Cover the site with a sterile dressing and control any bleeding with direct pressure.

BARIATRIC PATIENTS

GENERAL CONSIDERATIONS

A. Patients who weigh greater than 300 pounds are frequently classified as high risk because if the increased medical complications associated with their excess weight.

B. In EMS systems, they present the additional problem of movement and transportation.

C. These individuals have the right to expect prompt and expert emergency medical care. Therefore, in order to facilitate the care of these individuals without risking the health of EMS workers, the following protocol is established.

Basic / Advanced EMT / Paramedic

A. In managing a patient with a weight over 300 lbs., at no time should the patient be moved without adequate assistance. EMS personnel may be supplemented by law enforcement or other safety personnel as appropriate.

B. Consider utilization of specialized bariatric transfer services in your area.

C. It may be necessary to remove doors, walls, or windows. The situation is no different than extrication from a vehicle, although property damage may be higher. At all times the scene safety and the patient's life must be the priorities.

D. The patient is to be placed on an adequate transfer device designed for this population.

E. It is recommended that the patient be loaded onto a cot that is in the lowest position and keep the cot in the low position.

F. It is necessary to notify the hospital well in advance of your arrival so that preparations can be made in a timely fashion.

G. If individuals in the community are known to fall within this special category it is appropriate to inform them in advance of the type of assistance they can expect from the EMS system, and help them make plans well in advance to assist you. Ask the individual to identify themselves and their special needs when calling for EMS assistance.

SPECIAL SITUATIONS
TRACHEOSTOMIES AND VENTILATORS

KEY

- BASIC EMT
- ADVANCED EMT
- PARAMEDIC
- MED CONTROL

- ASSESS AND MANAGE AIRWAY
  - CHECK FOR DETACHED OXYGEN SOURCE, IF ON VENTILATOR REMOVE AND MANUALLY VENTILATE PATIENT
  - SUCTION PATIENT IF INDICATED
  - REMOVE CANNULA IF IT IS CAUSE OF OBSTRUCTION
- MAINTAIN O2 SATS >95%
- EVALUATE PATIENT CONDITION
- MONITOR VITAL SIGNS
- REASSURE PATIENT
- TRANSPORT

- REMOVE TUBE IF PATIENT REMAINS IN DISTRESS AND REPLACE WITH NEW TRACH TUBE OR ET TUBE
- IF NO IMPROVEMENT SEE RESPIRATORY DISTRESS PROTOCOLS

SPECIAL SITUATIONS
INDWELLING CATHETERS

KEY

- BASIC EMT
- ADVANCED EMT
- PARAMEDIC
- MED CONTROL

- ASSESS AND MANAGE AIRWAY
- MAINTAIN O2 SATS >95%
- EVALUATE PATIENT CONDITION
  - IDENTIFY ALL LOCATIONS OF CENTRAL LINES
  - CHECK LINES FOR BLOCKAGES, LACERATIONS, OR ACCIDENTAL REMOVAL.
    - IF LINE IS BLOCKED DO NOT ATTEMPT TO FORCE OPEN
    - IF LINE IS LACERATED CLAMP LINE CLOSE TO LACERATION
  - CHECK LINE AT INSERTION SITE
    - IF PARTIALLY REMOVED DO NOT ATTEMPT TO PUSH THE LINE BACK IN
    - IF COMPLETE REMOVED MAINTAIN PRESSURE TO STOP BLEEDING
- MONITOR VITAL SIGNS
- REASSURE PATIENT
- TRANSPORT

- MAY USE CENTRAL LINE FOR IV ACCESS WITH CLEARANCE FROM MEDICAL CONTROL IF PROPERLY TRAINED AND HAVE APPROPRIATE EQUIPMENT

SPECIAL SITUATIONS
GASTROSTOMY TUBES

KEY

BASIC EMT
ADVANCED EMT
PARAMEDIC
MED CONTROL

- ASSESS AND MANAGE AIRWAY
  - PROBLEM WITH TUBE MAY BE RESULT OF REGURGITATION OR ASPIRATION
- MAINTAIN O2 SATS >95%
- EVALUATE PATIENT CONDITION
- CHECK TUBE FOR DISLODGEMENT
  - IF TUBE IS REMOVED DO NOT ATTEMPT TO REPLACE THE TUBE
  - COVER SITE WITH STERILE DRESSING AND CONTROL BLEEDING WITH DIRECT PRESSURE
- MONITOR VITAL SIGNS
- REASSURE PATIENT
- TRANSPORT

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