

Clackamas County EMS Operations

Universal Precautions:

- Use personal protective equipment. Gloves for all patient contact. Protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply.
- Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices. Do not recap used needles. Place used disposable syringes and needles, scalpel blades, and other sharp items in puncture-resistant containers for disposal.
- Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.

Respiratory Precautions:

For any patient with fever and respiratory symptoms or other symptoms suggesting potentially contagious respiratory disease:

- Use personal protective equipment including gown, gloves, and N95 or better mask. Use eye protection if any chance of splash.
- Consider limiting exposure by decreasing the number of people who enter the area until a mask is on the patient. Until a mask is on the patient, personnel should attempt to maintain a distance of 3 - 6 feet from the patient.
- Place a surgical mask on the patient.
- When transporting patient, provide receiving hospital early warning that you are transporting a patient with a potentially contagious respiratory illness.
- Remove gloves and clean hands between patients after removing personal protective equipment.
- Clean and disinfect equipment including personal equipment such as stethoscopes between patients.

Opioid Withdrawal: Adult Medical Treatment Guideline– 90.200

Purpose: Can be utilized for patients experiencing opioid withdrawal symptoms and for patients recently administered naloxone, to treat withdrawal with **Buprenorphine** (Bup).

Assess opioid withdrawal signs/symptoms (should have multiple)

Objective Signs

- Tachycardia
- Diaphoresis
- Vomiting/Diarrhea
- Dilated Pupils

- Restlessness/Agitation
- Runny nose/Tearing
- Yawning
- Gooseflesh

Subjective Symptoms

- Nausea
- Stomach cramps
- Body aches
- Achy bones/joints
- Restlessness
- Nasal congestion
- Hot and Cold

Assess for exclusion criteria

- **No opioid withdrawal signs/symptoms**
- **Severe medical illness (sepsis, respiratory distress, etc.)**
- **Altered mental status and unable to consent or comprehend risks/benefits**
- **Under 18 years of age**
- **Any methadone within last 7 days**

Exclusion criteria present?

No

Yes

Check for COWS Score ≥ 8



No

Not eligible for EMS Bup

Yes

Offer Bup to treat withdrawal symptoms
(May contact Oregon Poison Center Bup physician for clinical support, if needed)

Declines

1. Offer **Project Hope** Referral
2. Provide naloxone (if available)
3. Offer transport

Patient Agrees

Project Hope Referral



1. Give water to moisten mucous membranes
2. Administer 16mg Buprenorphine SL
3. Give 4-8mg ondansetron IV/PO PRN
4. Reassess COWS after 15 minutes

Symptoms improve

If mod/severe symptoms persist/worsen

Redose with 8 mg of Buprenorphine SL
Total maximum dose 24mg SL during encounter

1. Complete **Project Hope** Referral
2. Verify contact information for follow-up, two phone numbers are best
3. Repeat and document 2nd COWS score.
4. Recommend transport to ED for additional care and bridge prescription of buprenorphine
5. Inform the patient that a navigator will initiate contact within 72 hours.

Clinical Opioid Withdrawal Scale (COWS)

Patient name: _____	Date:	Date:	Date:	Date:
Opioid(s) last used: _____ Date & time opioid(s) last used: _____	Time:	Time:	Time:	Time:
Resting Pulse Rate (bpm): <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 2 pulse rate 101-120 1 pulse rate 81-100 4 pulse rate greater than 120				
Sweating: <i>Over past ½ hour not accounted for by room temperature or patient activity.</i> 0 no report of chills or flushing 3 beads of sweat on brow or face 1 subjective report of chills or flushing 4 sweat streaming off face 2 flushed or observable moistness on face				
Restlessness: <i>Observation during assessment</i> 0 able to sit still 5 Unable to sit still for more than a few 1 reports difficulty sitting still, but is able to do so seconds 3 frequent shifting or extraneous movements of legs/arm				
Pupil size: 0 pupils pinned or normal size for room light 2 pupils moderately dilated 1 pupils possibly larger than normal for room light 5 pupils dilated, only the rim of iris visible				
Bone or Joint aches: <i>If patient was having pain previously, only the additional component is scored</i> 0 not present 4 patient is rubbing joints or muscles and is 1 mild diffuse discomfort unable to sit still because of discomfort 2 patient reports severe diffuse aching of joints/ muscles				
Runny nose or tearing: <i>Not accounted for by cold symptoms or allergies</i> 0 not present 4 nose constantly running or tears 1 nasal stuffiness or unusually moist eyes streaming down cheeks 2 nose running or tearing				
GI Upset: <i>Over last ½ hour</i> 0 no GI symptoms 3 vomiting or diarrhea 1 stomach cramps 5 Multiple episodes of diarrhea or vomiting 2 nausea or loose stool				
Tremor: <i>Observation of outstretched hands</i> 0 No tremor 2 slight tremor observable 1 tremor can be felt, but not observed 4 gross tremor or muscle twitching				
Yawning: <i>Observation during assessment</i> 0 no yawning 2 yawning ≥ 3 times during assessment 1 yawning once or twice during assessment 4 yawning several times/minute				
Anxiety or irritability: 0 none 4 patient so irritable or anxious that 1 patient reports increasing irritability or anxiousness participation in the assessment is difficult 2 patient obviously irritable anxious				
Gooseflesh skin: 0 skin is smooth 5 prominent piloerection 3 piloerection of skin can be felt, arm hairs standing up				
Total score (Please chart in nursing notes): Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; greater than 36 = severe				
Initials: _____				

PURPOSE:

Fire Medic Units licensed as ambulances by the state may transport patients in Clackamas County when:

- Providing service within their assigned ambulance service area
- Providing mutual aid
- Directed to transport during mass casualty incidents by incident command
- Requested by the County in the event of a sudden or anticipated loss of ambulance service caused by natural or man-made disaster or a work stoppage
- Requested by a transporting agency during inclement weather
- Criteria for the Fire Medic Unit Emergency Transport protocol are met

FIRE MEDIC UNIT EMERGENCY TRANSPORT PROTOCOL

After assessment, Fire Medic Units licensed as ambulances by the state may transport patients if **all** the following conditions are met:

1. The patient is ready to be transported, and
2. A Fire Medic Unit is on scene or can arrive more quickly than the responding ambulance as determined by the PSAP, and
3. In the best judgment of the paramedic, the patient needs **immediate** transport because of life threatening illness or injury requiring a critical hospital intervention. These include:
 - Inability to secure an adequate airway
 - Shock
 - Abnormal childbirth
 - Trauma system entry
 - Cardiac or respiratory arrest
 - Seizures unresponsive to treatment
 - Severe respiratory distress unresponsive to treatment

DOCUMENTATION AND COMMUNICATION

1. The PSAP will be notified of the transport.
2. A hard copy of the Patient Care Report will be left at the hospital.
3. The County EMS medical director and administrator will be notified of transports resulting from following the Emergency Transport protocol the next business day.