

Introduction

The Regional Unified Protocols of New York City include the Statewide Basic Life Support Adult and Pediatric Treatment Protocols as the current minimal standards for basic life support (BLS) delivered by Certified First Responders (CFR), and Emergency Medical Technicians (EMT) in New York State. Advanced Life Support (ALS) protocols have been included in the unified design to ensure a seamless transition from CFR through ALS care.

Advanced providers are also responsible for, and may implement, the Standing Orders indicated for BLS care. Protocols are listed for each provider level and STOP lines indicate the end of Standing Orders. Generally, BLS interventions should be completed before ALS interventions.

Numbered steps are used throughout this document. Protocols should be followed sequentially, using clinical judgement, and tasks should be performed as most appropriate for patient care.

The color-coded format of the protocols allows each level of EMS professional to easily follow the potential interventions that could be performed by level of certification.

CFR AND ALL PROVIDER LEVELS

1. Standing Order treatments start in this section, which applies to CFRs, and all higher levels of care.

● CFR STOP

EMT

2. EMTs and Paramedics Standing Orders continue in this section after performing the treatments in the CFR .

● EMT STOP

PARAMEDIC

3. This section of Standing Orders applies only to Paramedics, and should be performed after performing the CFR and EMT sections above it.

● Paramedic STOP

MEDICAL CONTROL OPTIONS

1. These orders are typically available only for Paramedics.
 - a. In some cases there will be orders for EMTs, these will be highlighted where they appear as applying to EMTs.

KEY POINTS / CONSIDERATIONS

1. This section applies to all providers, and may contain guidance, additional details, explanations, advisories, and appendices.
2. These protocols have been *Unified* to combine treatments for all Prehospital Emergency Medical Services provider levels in a single document.
 - a. Each level provider should start from the top of any given protocol, and complete the treatments in the order listed. EMTs and Paramedics should complete the treatments for the lower provider levels before proceeding to the section for their level of care.
 - b. Each provider level is formatted with a color-coded bar at the top, and a red ● STOP at the bottom indicating the end of Standing Orders for that provider level.

Pediatric Definition and Discussion

The period of human development from childhood to adulthood is a continuum with the transition occurring during puberty. Since the completion of this transition is not sharply demarcated and varies among individuals, it is difficult to set a precise age when childhood ends and adulthood begins. It follows that use of such a definition to determine when a pediatric or an adult protocol is to be used is also problematic.

The medical control agreement contained within these protocol document states, “providers are expected to utilize their best clinical judgment and deliver care and procedures according to what is reasonable and prudent for specific situations.” The determination of when to utilize an adult or pediatric protocol shall be no different and subject to the same Continuous Quality Improvement (CQI) review that is compulsory with any other aspect of prehospital emergency care.

As a general guideline for use with these protocols, the following definition has been established:

- **Pediatric protocols should be considered for patients who have not yet reached their 15th birthday**