



PARAMEDIC

Essential tool for the student, national and state exams & the practicing field provider



Essential Concepts

- **Safety of the field provider is of utmost concern.**
- Always use **personal protective equipment (PPE)** suitable to the incident.
 - At minimum, wear protective gloves during all patient contact.
 - PPE may include face masks and even full body hazard suits with respirators.
- Paramedics respond to incidents at routine locations (hospitals) and extreme locations (e.g., mountains and industrial plants). The steps needed to ensure paramedics remain injury free may run from requesting lifting assistance to acquiring complex rigging and equipment.

Injury Prevention

- Always ask for lifting assistance. Back injuries end careers.
- When lifting patients, bend at the knees, not at the waist.
- Maintain a good support base; space your feet widely enough to ensure stability.
- Never twist while lifting a patient.
- Always make sure that your lifting power is balanced. Never have more lifting power on one side of a patient than the other.
 - Employ multiple rescuers for steep inclines.
 - Use equipment such as powered stretchers for additional assistance.

Stress Reduction

- Stress is a hidden "injury" that ends careers.
- Over time, the continual bombardment of stressful situations takes its toll, resulting in a loss of sleep and appetite, increased heart rate and blood pressure, and increased irritability.
- Deal with stress by recognizing it and seeking help from stress counselors.

Death & Dying

Paramedics are called to scenes where loved ones have died and resuscitative efforts are (or become) fruitless.

- When talking to families:
 - Use direct words when appropriate (e.g., "I am very sorry for your loss. We've done all we could but we were unable to resuscitate him").
 - Always tell the truth.
- Remain with the family and assist as best you can.
- Responses can vary from thanks to anger. These are normal parts of the grief process.

Health & Nutrition

Maintain a healthy diet and lifestyle. This is key to remaining an active participant in this physically and mentally demanding field.

- Get regular weight training and cardiovascular exercise.
- Always eat and hydrate well.
 - Beware of defaulting to fast food during a busy shift, as it is packed with calories, salt, and unhealthy fats. Save fast food for emergencies.
 - Your diet should be low in fat and salt. Focus on fruits, vegetables, lean meats, and grains.
 - Snack on nuts and fruit between meals.

Ethics

- **Ethics** Standards that dictate how members of a professional group should conduct

themselves. They speak to honor, integrity, and diligence.

- The code of ethics adopted by physicians also applies to paramedics.
 - In 1948, the World Medical Association (WMA) adopted the "Oath of Geneva."
 - *Primum non nocere* (First, do no harm.)
 - Be truthful and honest with patients and coworkers.

Duty to Act

Standard of care: Any paramedic is expected to practice with the same level of training and competence as similar paramedics within similar EMS systems. Failure to perform according to the standard of care is considered negligence.

- In negligence cases, paramedics are usually subject to legal action under tort law (a civil suit brought on behalf of the patient) rather than criminal law.
 - Elements that must be proven for the plaintiff to prevail:
 - **Duty to act:** The plaintiff must establish that the paramedic had a legal duty to respond.
 - **Breach of duty:** The paramedic must be found to have violated the level of care. There are three types of breaches:
 - **Misfeasance:** Performing a wrongful act.
 - **Malfeasance:** Performing a legal act in a wrongful manner.
 - **Nonfeasance:** Failure to perform the correct action.
 - **A harm or loss has occurred.**
 - **Proximate cause:** Proof that the paramedic caused the harm or loss.

Medical Direction

All EMS systems have a physician medical director.

- **Retrospective direction:** Occurs after an EMS call when the medical director reviews and comments on the paramedic's performance on the call.
- **Prospective direction:** Occurs before or during the call. This direction usually takes one of two forms:
 - **Online medical control:** The physician and paramedic communicate during the call (by radio or phone) to decide a proper course of action.
 - **Offline medical control:** The physician takes an active role in developing paramedic protocols and **standing orders** (written medical guidelines for the paramedic to follow for common patient conditions).

Continuing Research

- Paramedics often take part in medical research.
- Continuing research is critical to advance the field of paramedicine. It:
 - Helps validate current **patient care standards (protocols)**
 - Helps validate new standards and medical devices
 - Allows for data collection to improve EMS systems nationally
- Before any research is undertaken, the medical director confers with a review body—often called an **Internal Review Board (IRB)**—to ensure that safety and data reporting requirements are met.

Medico-Legal Issues

Regional, State & Federal Agencies

- Regionally, paramedics may be licensed to local protocols.
- Statewide, services likely have licensing and certification requirements.
- Federally, insurance laws (Medicare/Medicaid) and HIPAA regulations apply.

Regulatory Agencies

- There are federal and state laws governing medication.
 - Controlled substance laws may include special reporting and inventory requirements.
- State or regional councils may regulate the review and promulgation of protocols (compliance investigations).

Licensing & Certifications

- Paramedics may be licensed or certified.
 - **Certification:** Grants recognition after meeting predetermined qualifications.
 - **Licensing:** State or federal granting of legal authority.
- Much confusion exists regarding the difference. States often refer to certifications in their licensure processes.
 - Most paramedics practice under strict guidelines per their locality.
 - Some paramedics feel licensure is more prestigious; this is subjective.

Good Samaritan Laws

- **Good Samaritan laws:** Laws that exempt individuals from legal liability following attempts to give reasonable care to a person in distress.
- Federal laws may exist.
- These laws do not protect against gross negligence, criminal misconduct, or issues whereby the provider is flagrantly violating the rights of others. Check your local laws.
- Out-duty professionals may not be protected under these laws.

Patient Restraint

- Restraints are reserved for violent patients who may do harm to you or themselves.
- **Physical restraints:** Extremity ties and straps. Use soft restraints with frequent perfusion assessments.
- **Chemical restraints:** Injectable pharmacologic agents.
- Restraints must be used cautiously and with detailed documentation.
- It is very important to follow state and local guidelines when restraining a patient. Restraint laws vary widely between jurisdictions.

Patient Transport

- Patients generally have a right to safe transport.
- Patients must be fully secured to the ambulance not using state, regional, and/or manufacturer-recommended methods.
- The cot must be safely secured in the ambulance.

Terminology & Documentation

- Proper use of medical terminology with:
 - Sound professional
 - Garner respect
 - Improve documentation
- Most medical terms derive from Latin or Greek.
 - The list is too extensive to include every term.
 - See our **Medical Terminology: The Basics** and **Medical Terminology: The Body** QuickStudy guides.

- There may be no loose objects in the ambulance that can impact a patient or crewmember in the event of a collision.
- A patient's right to safe transport exists regardless of the provider's assessment of what constitutes an emergency.
- Patients with medical conditions should not be allowed to walk or otherwise exert themselves in such a way that could conceivably make their condition worse.
- The ability to deviate to a more serious call may be determined by regional or state protocols.
- Patient destination is based on:
 - Patient choice
 - Local protocols (e.g., stroke centers, trauma centers, and neonatal care)
 - Severity of the condition
 - Distance to the closest appropriate facility

Patient Refusal of Transport

- In most systems, a patient has the right to refuse transport under certain criteria.
 - The patient must have the capacity to understand the nature of their condition along with the risks and benefits of refusal versus transport. Patients with behavioral emergencies (e.g., suicidal ideation and delusions) may lack the capacity to refuse care.
 - The patient must be legally competent to refuse care (e.g., adults and legally emancipated minors).
- A patient's refusal must be fully informed. The paramedic must provide the patient with facts concerning their condition and the risks of refusing care.
- Document the interaction well. Refusals must always be well documented.
- Paramedics should follow local protocols.
- A parent or legal guardian may refuse care for a minor as long as these criteria are met.

Resuscitation & Cessation of Resuscitation

- States may have legal guidelines under which a paramedic may initiate resuscitation and cease resuscitation once started.
 - States may provide guidance in the form of healthcare proxy or MOLST (Medical Orders for Life-Sustaining Treatment) forms or the equivalent.
 - States may have specific protocols for ceasing resuscitation once started if various advanced measures have been unsuccessful.
- Resuscitation is a state-specific area of paramedicine.
 - Refer carefully to state and regional guidelines and protocols.
 - Document in accordance with the defined guidelines.

- Abbreviations are helpful for charts and reports. Judicious use of abbreviations makes reports easier to write and sounds more professional. See our **Medical Abbreviations & Acronyms QuickStudy guide**.

Documentation

- All documentation consists of narratives of events and actions.
- It is critical that documentation be clear and concise.

Paramedic Refresher Study Guide

RC Schank



Paramedic Refresher Study Guide:

Paramedic Pearls of Wisdom Guy H. Haskell, 2005-11 *Paramedic Pearls of Wisdom* Second Edition is a collection of rapid fire questions and answers to help students prepare for paramedic state and national certification and refresher exams It consists of pearls succinct pieces of knowledge in a question and answer format Designed to maximize test scores *Paramedic Pearls of Wisdom* prunes complex concepts down to the simplest kernel *Paramedic Pearls of Wisdom* is written in direct correlation to the U S DOT 1998 EMT Paramedic National Standard Curriculum Objectives are covered in the order and manner in which they appear in the curriculum This is an excellent study guide for paramedic students going through initial or refresher paramedic training *Pediatric Advanced Life Support Study Guide* Barbara Aehlert, 2007 Updated to reflect the new 2005 emergency cardiovascular care guidelines Popular author Barbara Aehlert incorporates both prehospital and hospital management of pediatric emergencies In a concise easy to read outline format it provides the most essential information a provider needs It is also the approved text for the American Safety contact your sales representative for details An outline format featuring bulleted lists concise tables and a user friendly writing style makes this comprehensive text incredibly easy to read and understand A Pretest and a Posttest consisting of multiple choice true false fill in the blank and essay questions tests readers overall comprehension of the material Updated to reflect the new 2005 emergency cardiovascular care guidelines PALS Pearl Boxes help readers apply information covered in the text to real life clinical situations Sidebars contain additional information relevant to the topics covered in the chapter giving readers an opportunity for further learning A laminated quick reference card gives practitioners easy access to critical information in the field or hospital This convenient card includes essential information regarding respiratory and heart rates blood pressure basic life support interventions Glasgow Coma Scale airway size and equipment selection for intubation corresponding to the Broselow Resuscitation Tape several pediatric algorithms and pain assessment tools *EMT-basic Pearls of Wisdom* Guy H. Haskell, Robert C. Krause, 2006-07 *EMT Basic Pearls of Wisdom* is a collection of rapid fire questions and answers to help students prepare for EMT B state national certification and refresher exams Consisting of pearls succinct pieces of knowledge in a question and answer format Designed to maximize test scores this title prunes complex concepts down to the simplest kernel *EMT Basic Pearls of Wisdom* is an excellent study guide for EMT Basic students studying initial refresher training **Florida Vocational Program Guide for Paramedic**, 1989 *National Library of Medicine Current Catalog* National Library of Medicine (U.S.), 1992 **Manpower Development: Education and Training; [a Bibliography.]** William Eugene Tarrants, 1978 **A Subject Bibliography from Highway Safety Literature** United States. National Highway Traffic Safety Administration, 1978 *Current Catalog* National Library of Medicine (U.S.), 1993 First multi year cumulation covers six years 1965 70 *Paramedic Emergency Care Exam Review* Richard A. Cherry, 1995 **EMT-Emergency Medical Technician (Speedy Study Guides)** Speedy Publishing, 2015-04-28 Do you want to become an

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Paramedic Care Bryan E. Bledsoe,Robert S. Porter,Richard A. Cherry,2001 Self instructional workbook Provides initial or refresher training that follows the guidelines of the 1998 U S Department of Transportation EMT Paramedic National Standard Curriculum **Paramedic Care** Bledsoe,Porter,2005-02 *Workbook, Volume 3* Bryan E. Bledsoe,Robert S. Porter,2005-03 **Subject Guide to Books in Print** ,2001 The Paramedic Manual Jonathan Greenwald,1988

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Table of Contents Paramedic Refresher Study Guide

1. Understanding the eBook Paramedic Refresher Study Guide
 - The Rise of Digital Reading Paramedic Refresher Study Guide
 - Advantages of eBooks Over Traditional Books
2. Identifying Paramedic Refresher Study Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Paramedic Refresher Study Guide
 - User-Friendly Interface
4. Exploring eBook Recommendations from Paramedic Refresher Study Guide
 - Personalized Recommendations
 - Paramedic Refresher Study Guide User Reviews and Ratings
 - Paramedic Refresher Study Guide and Bestseller Lists

5. Accessing Paramedic Refresher Study Guide Free and Paid eBooks
 - Paramedic Refresher Study Guide Public Domain eBooks
 - Paramedic Refresher Study Guide eBook Subscription Services
 - Paramedic Refresher Study Guide Budget-Friendly Options
6. Navigating Paramedic Refresher Study Guide eBook Formats
 - ePub, PDF, MOBI, and More
 - Paramedic Refresher Study Guide Compatibility with Devices
 - Paramedic Refresher Study Guide Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Paramedic Refresher Study Guide
 - Highlighting and Note-Taking Paramedic Refresher Study Guide
 - Interactive Elements Paramedic Refresher Study Guide
8. Staying Engaged with Paramedic Refresher Study Guide
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Paramedic Refresher Study Guide
9. Balancing eBooks and Physical Books Paramedic Refresher Study Guide
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Paramedic Refresher Study Guide
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Paramedic Refresher Study Guide
 - Setting Reading Goals Paramedic Refresher Study Guide
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Paramedic Refresher Study Guide
 - Fact-Checking eBook Content of Paramedic Refresher Study Guide
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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