

**FORMAT
PROTOCOL**

Number: I.B.

Date: (effective date)

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Purpose: All West Michigan Regional Protocols, Procedures or Policies will be formatted as close to this standardized format as possible.

M B S P I. Assessment Information

- A. History:
 - 1. Past Medical History:
 - 2. Current History: (History related to present event)
- B. Specific Objective Findings:

M B S P II. Management

- A. Utilize universal precautions. *This statement indicates that personal protective equipment will be utilized according to the medical control's infection control policy or procedure.*
- B. Establish and maintain the airway, provide oxygenation and support ventilation as needed. *This statement indicates that necessary procedures will be performed according to the medical control's airway and oxygenation procedures.*
- C. Obtain vascular access. *This statement indicates that necessary procedures will be performed according to the medical control's vascular access policy and/or procedure.*
- D. **Medications.** *This statement and section indicate that medications will be administered per the notation in the protocol and provided in accordance with the medical control's medication administration policy and/or procedures.*
- E. (Other therapy)
Other therapy may be listed such as defibrillation, pleural decompression, etc. These procedures will be indicated by protocol, and provided in accordance with the medical control's policy and/or procedure.
- F. **Possible orders post radio contact:**
This section offers potential orders that may be granted by the radio or telephone contact with medical control physician.

III. Special Considerations

- A. Precautions
- B. Documentation Information
This section offers notes of importance and educational points.

date of last change