Mercy EMS Education

Clinical Operations Team

Fine Tuning Our Practice

October14, 2025



We Do Not Walk Patients to the Ambulance

1. **Unless there is dangerous terrain for our cot, or the structure does not allow entry of our cot.**
2. **Patients may refuse but explain that we would "prefer" you allow us to move you on our cot.**

Patients that are intoxicated with altered mental status should be an ALS transport and chart when ALS is on scene.

- **Altered mental status can represent alcohol intoxication, but also can be a closed head injury or IC bleed, metabolic or other cause.**



Patients should have a perceived life threat to escalate to an I/O.

- **Patients with anxiety is typically not considered an immediate life threat and would not be an indication for I/O and administration of versed for "anxiety".**

Patients in their 60's y/o with hypotension, tachycardia, hypocapnia with possible history of a fever should be considered septic and IV fluids would be our best initial therapy.

- **These patients should be transported by ALS when ALS is available.**
- **IV fluid bolus should be our initial treatment unless the patient is significantly volume overloaded (such as a dialysis patient with dyspnea/hypoxia or a CHF patient with hypoxia and difficulty breathing).**
- **Having a history of dialysis treatment or CHF without clinical symptoms of volume overload should still receive fluids.**

Seizures should be an ALS transport when available and any PRC of a seizure should be an ALS chart.

