Mercy EMS Education

Clinical Operations Team

Fine Tuning Our Practice

April 13, 2026

NUE Protocol

- **Non-shockable rhythm (at any time). Unwitnessed arrest. Eighty years of age or older.**
- **We will still work these codes as you would any other case (CPR, ventilations, epi, etc)**
- **If they continue to meet the NUE protocol after an appropriate time, resuscitation efforts, and asystole – the NUE protocol allows you to discontinue efforts and call the code without medical control contact.**



Tom Steele Emergency Conference

April 24, 2026

Featuring nationally known, Dr. Jeff Jarvis and the star of the EMS Lighthouse Project Podcast. Bringing the latest studies to life, educating EMS providers (located: Mercy Springfield) Contact the EMS office for free admission.

Patient, 30 y/o, called for racing heart, initial pulse of 160, no 12-lead obtained, no cardiac monitor and BLS completed the PRC.

- **Patients with complaints of palpitations should all have a 12-lead obtained as part of the initial evaluation.**
- **Tachycardia or abnormal vital signs should initiate an ALS evaluation and documentation.**

40's year old, with abdominal pain, vomiting, gastric ulcer being transferred from one emergency department to another should be transferred by ALS when available.

- **Patients with abdominal pain and vomiting could benefit from monitoring, IV fluids, antiemetic medications and would likely need ALS transport.**
- **Those with a gastric ulcer and concern for bleeding would typically need ALS transport.**

Abnormal vital signs and slow responses to our questions could represent diminished capacity and extensive evaluation and supervisor/medical control contact should be used prior to PRC.

- **Patients with tachycardia, hypotension, intoxication, abnormal mental status all can be signs of poor brain perfusion. ALS assessment, medical control or supervisor contact are all important aspects to similar cases.**

EMS WEEK™

May 17-23, 2026

Improving Outcomes, Together

EMS STRONG

Mercy

