

Policy Title: <b>MD/PHYSICIAN BACK-UP FOR ECRN</b>		No. <b>M - 6</b>
Board approval: 1/12/23	Effective: 1/12/23	Supersedes: 12-1-16
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- I. An Emergency Communications Registered Nurse (ECRN) **MUST** request direct consultation with or transfer primary responsibility for on-line medical control (OLMC) to an approved physician under the following circumstances:
- A. Situations appearing to require deviation from EMS SOPs, policies, or procedures.
  - B. Patient care or scene management involves complex or sensitive ethical or medical-legal issues and/or interpretation of System standards of practice. Examples:
    1. Questionable or disputed DNR order/POLST form incompletely filled out
    2. Decision to begin resuscitation (traumatic arrest)/Termination of resuscitation (TOR)
    3. Decisional person dissents to treatment/transportation against medical advice
    4. Approval of a mature or emancipated minor's refusal of service
    5. Scene response involving appropriate interaction with law enforcement personnel
    6. Questionable decisional capacity, mental health safety risk, or suicide screen
    7. Self-neglect emergency with contested transport under the Adult Protective Services Act (320 ILCS 20/)
    8. An order is needed for physical restraints
    9. Appropriate interaction with an independent physician on the scene | an on-scene physician is giving orders or providing care inconsistent with SOPs or known guidelines/standards
    10. Any situation requiring ambulance diversion resulting from limitation of hospital resources or patient request where there is concern as to whether diversion is in the best interest of patient care.
    11. Complicated emergency childbirth with immediate high risk to mother and/or baby
    12. Whenever EMS personnel, a patient, or family member requests direct consultation with a physician.
  - C. If EMS personnel request direct consultation with a physician because they believe an ECRN was inappropriately managing a call, a Request for Clarification form shall be initiated by the EMS personnel so clarification and feedback can be facilitated.
- II. An ECRN **MAY** request direct consultation with or transfer primary responsibility for OLMC communications to an approved physician in situations covered by System policy or procedures where the ECRN desires medical consultation including, but not limited to the following:
- A. Treatment of minors without appropriate adult consent on scene
  - B. Question as to the best receiving facility (e.g., Level I v. II Trauma Center; Comprehensive v. Primary Stroke Center; replantation center, licensed mental healthcare or emergency care facility v. hospital)
  - C. Concern as to the indication of a potentially high risk procedure (e.g., S&S of a difficult intubation, cricothyrotomy; cardioverting a conscious patient; needle pleural decompression; accessing a central line). The ECRN is authorized to order any of these procedures within the context of the SOPs but may desire medical consultation.
  - D. Decision to authorize aeromedical scene response and transport
  - E. Any situation in which an ECRN does not agree to assume independent responsibility for the OLMC of a call and believes that medical consultation is necessary.
- III. It is the responsibility of the EMS MD, the Associate Hospital EMS MD or their designees to assure that there is immediate physician consultation and backup for direct OLMC upon request.