

Policy Title: MICP PHYSICIAN BACK-UP FOR ECRNs		No. M - 6
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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 to a telemetry-approved physician (MICP) under the following circumstances:
- A. Situations appearing to require deviation from the SOPs.
 - B. Patient care or scene management situations involving complex or sensitive medical-legal issues and/or interpretation of System policies. Examples:
 1. Questionable DNR order (not on the IDPH Uniform DNR Order Form) or form incompletely filled out;
 2. Patients requesting transport to other than the nearest hospital requiring physician certification of the risk/benefit;
 3. Refusal of treatment/transportation against medical advice;
 4. Crime scene response involving conflict with law enforcement personnel;
 5. Termination of resuscitation for persistent asystole;
 6. An order is needed for physical restraints;
 7. Approval of an adolescent's refusal of service;
 8. A physician is on the scene giving questionable instructions or is providing care contrary to SOPs; or.
 9. Any situation requiring ambulance diversion resulting from limitation of hospital resources where there is concern as to whether diversion is in the best interest of patient care.
 - C. Whenever EMS personnel, a patient, or family member requests direct consultation with a physician. 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 radio communications to a telemetry-approved physician (MICP) under the following circumstances:
- A. Situations covered by System policy or procedures where the ECRN desires medical consultation including, but not limited to the following: petitioning of incompetent patients and transportation against their will; treatment of minors without parental consent on scene.
 - B. Any situation in which there is a question as to the best receiving hospital for a trauma patient (e.g., deciding on a Level II versus a Level I trauma center).
 - C. Whenever there is concern as to the advisability of an invasive and potentially hazardous procedure (e.g., intubating, needle or surgical cricothyrotomy; cardioverting a conscious patient; needle pleural decompression; or intraosseous vascular access). The ECRN is authorized to order any of these procedures within the context of the SOPs but may desire medical consultation.
 - D. Any situation in which the ECRN does not agree to assume independent responsibility for the medical control of a run 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 MICP response with direct medical control whenever an ECRN requests backup.