

	Procedures	Release for Public Comment	Due			
7.1	12-Lead ECG	6/28/2022	8/29/2022			
7.2A	Child Abuse and Neglect	11-Jul	9-Sep	REVISED	link only changed	
7.2B	Vulnerable Adult Abuse, Neglect or Exploitation	11-Jul	9-Sep	NEW.revised		
7.3	Crime Scene Mangement	6/28/2022	8/29/2022			
7.4	Contaminated Patient	TBD				
7.5	CPAP/BiPAP Administration (Optional)	6/28/2022	8/29/2022			
7.6	Dead on Scene/Termination of Resuscitation	6/28/2022	8/29/2022			
7.7	DNR	11-Jul	9-Sep	REVISED		
7.8	Electrical Therapy	6/28/2022	8/29/2022			
7.9	Emergency Airway	TBD				
7.9s	Nasal Intubation Procedure Supplement (Optional)	***ELIMINATED				
7.10	Injured Athlete & Helmet Removal	6/28/2022	8/29/2022			
7.11	Impedence Threshold Device (ITD) (Optional)	6/28/2022	8/29/2022			
7.12	Oxygen Administration	11-Jul	9-Sep	REVISED		
7.13	Pain Management	6/28/2022	8/29/2022			
7.14	Patient Assessment	6/28/2022	8/29/2022			
7.15	Documentation and Patient Care Records	6/28/2022	8/29/2022			
7.16	Patient Restraint	11-Jul	9-Sep	REVISED		
7.17	Patient Procedural Sedation	6/28/2022	8/29/2022			
7.18	Pleural Decompression	11-Jul	9-Sep	REVISED		
7.19	Refusal of Care; Adult and Minor	6/28/2022	8/29/2022			
7.20	Spinal Precautions	6/28/2022	8/29/2022			
7.21	Termination of Resuscitation	Merged into new 7.6				
7.22	Tourniquet Application	11-Jul	9-Sep	REVISED		
7.23	Vascular access & IV Fluid Therapy	6/28/2022	8/29/2022	Revised		
7.24	End Tidal Carbon Dioxide Monitoring (Capnometry & Capnography)	6/28/2022	8/29/2022	Revised		
7.25	MI POST	11-Jul	9-Sep	NO CHANGE		
7.26	Inter-Facility High Flow Nasal Oxygen	11-Jul	9-Sep	NEW		

Abuse & Neglect (Suspected)

Aliases: Child abuse, elder abuse, 3200 form, mandatory reporting

Purpose: To provide the process for assessment and management for patients of suspected child abuse and elder abuse.

When emergency personnel suspect that a patient has been abused (physically and/or sexually), neglected, or exploited, **a verbal and written report must be made to the emergency physician on arrival at the hospital and to the Protective Services Agency (child or adult)**. The primary purpose is protection of the patient from further harm. Do not confront the patient or family members with such suspicions at the scene.

Michigan law (MCL 722.623) requires that licensed EMS providers who have “reasonable cause to suspect child abuse or neglect” shall report “immediately, by telephone or otherwise” their suspicions to the Protective Services Agency for the County involved. In cases of suspected child abuse, this oral report shall also be followed with a written report on the Department of Human Services forms available in every hospital emergency department.

Michigan law (MCL 400.11a) also requires this same oral report for suspected cases of abuse or neglect of an adult.

Licensed providers are required to make an immediate verbal report and a written report within 72 hours when they suspect child abuse or neglect. Mandated reporters must also notify the head of their organization of the report. Reporting the suspected allegations of child abuse and/or neglect to the head of the organization does not fulfill the requirement to report directly to MDHHS.

The verbal report can be completed by calling 855-444-3911. The form is found here [DHS3200_report.dot \(live.com\)](https://dhs3200-report.dot.live.com)pdf and is included in the protocol for reference.

1. Definitions

“Child Abuse” means harm or threatened harm to a child’s health or welfare by a parent, legal guardian, or any other person responsible for the child’s health or welfare...that occurs through non-accidental physical or mental injury; sexual abuse; sexual exploitation, or maltreatment.

“Child Neglect” means harm or threatened harm to a child’s health or welfare by a parent, legal guardian, or any other person responsible for the child health or welfare that occurs through either of the following: 1) Negligent treatment, including the failure to provide adequate food, shelter, or medical care; 2) Placing a child at an unreasonable risk to the child’s health or welfare by failure of the parent, legal guardian, or any other person responsible for the child’s health or welfare to intervene

to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

“Abuse” means harm or threatened harm to an adult’s health or welfare caused by another person. Abuse includes, but is not limited to, non-accidental physical or mental injury, sexual abuse, or maltreatment.

“Exploitation” means an action that involves the misuse of an adult’s funds, property, or personal dignity by another person.

“Neglect” means harm to an adult’s health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult’s health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care.

2. Indicators of Possible Abuse

- Unsolicited history provided by the patient
- Delay in seeking care for injury
- Injury inconsistent with history provided
- Conflicting reports of injury from patient and care-giver
- Patient unable, or unwilling, to describe mechanism of injury
- Lacerations, bruises, ecchymosis in various stages of healing
- Multiple fractures in various stages of healing
- Scald burns with demarcated immersion lines without splash marks
- Scald burns involving anterior or posterior half of extremity
- Scald burns involving buttocks or genitalia
- Cigarette burns
- Rope burns or marks
- Patient confined to restricted space or position
- Pregnancy or presence of venereal disease in a child less than 12 years

3. Physical Assessment

- A. Treat and document physical injury per the appropriate medical treatment protocol.
- B. Observe for:
 - Potential over-sedation
 - Inappropriate fear
 - Avoidance behavior
 - Poor parent-child bonding
 - Inappropriate interaction with care giver

4. Evaluation and Documentation

**Michigan
PROCEDURES
ABUSE AND NEGLECT (SUSPECTED)**

Initial Date: 5/31/2012

Revised Date: 10/25/2017

2022 REVISIONS-PUBLIC COMMENT READY

Section: 7-2A

- Focus the interview on the patient's physical injury. Do not address the specifics of abuse or neglect at this point.
- Obtain and record pertinent history related to the presenting problems.
- Determine and chart past medical history, and any cognitive or physical impairment.
- Note signs of inadequate housing or lack of facilities such as heat or water.
- Carefully and specifically document the patient's statement of instances of rough handling, sexual abuse, alcohol or drug abuse by family members, verbal or emotional abuse, isolation or confinement, misuse of property or theft, threats, gross neglect such as restriction of fluids, food or hygiene.
- Attempt to record, verbatim (word for word), any excited utterances (spontaneous comments).
- If necessary, ask the care-giver for information regarding the patient's medical condition. Observe mental health of care-giver.
- Request police assistance if there is any history of threatening, abusive, or violent acts. Protect yourself while obtaining a safe environment for the patient.

5. Special Considerations

- If the patient is not transported, the suspected abuse must still be reported. Law enforcement may also be contacted, at the discretion of EMS providers.
- Careful and specific documentation is vital because the "story" often changes as the investigation proceeds.
- Contact the Department of Health and Human Services Hotline at 1-855-444-3911.

Michigan PROCEDURES ABUSE AND NEGLECT (SUSPECTED)

Initial Date: 5/31/2012

Revised Date: 10/25/2017

2022 REVISIONS-PUBLIC COMMENT READY

Section: 7-2A

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT Michigan Department of Health and Human Services

Was complaint phoned to MDHHS?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Log # _____		If no, contact Centralized Intake (855-444-3911) immediately	
INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address list on page 2.					1. Date
2. List of child(ren) suspected of being abused or neglected (Attach additional sheets if necessary)					
NAME		BIRTH DATE	SOCIAL SECURITY #	SEX	RACE
3. Mother's name					
4. Father's name					
5. Child(ren)'s address (No. & Street)		6. City	7. County	8. Phone No.	
9. Name of alleged perpetrator of abuse or neglect		10. Relationship to child(ren)			
11. Person(s) the child(ren) living with when abuse/neglect occurred		12. Address, City & Zip Code where abuse/neglect occurred			
13. Describe injury or conditions and reason for suspicion of abuse or neglect					
14. Source of Complaint (Add reporter code below)					
01 Private Physician/Physician's Assistant		11 School Nurse		42 MDHHS Facility Social Worker	
02 Hosp/Clinic Physician/Physician's Assistant		12 Teacher		43 DMH Facility Social Worker	
03 Coroner/Medical Examiner		13 School Administrator		44 Other Public Social Worker	
04 Dentist/Register Dental Hygienist		14 School Counselor		45 Private Agency Social Worker	
05 Audiologist		21 Law Enforcement		46 Court Social Worker	
06 Nurse (Not School)		22 Domestic Violence Providers		47 Other Social Worker	
07 Paramedic/EMT		23 Friend of the Court		48 FIS/ES Worker/Supervisor	
08 Psychologist		25 Clergy		49 Social Services Specialist/Manager (CPS, FC, etc.)	
09 Marriage/Family Therapist		31 Child Care Provider		56 Court Personnel	
10 Licensed Counselor		41 Hospital/Clinic Social Worker			
15. Reporting person's name		Report Code (see above)		15a. Name of reporting organization (school, hospital, etc.)	
15b. Address (No. & Street)		15c. City	15d. State	15e. Zip Code	15f. Phone No.
16. Reporting person's name		Report Code (see above)		16a. Name of reporting organization (school, hospital, etc.)	
16b. Address (No. & Street)		16c. City	16d. State	16e. Zip Code	16f. Phone No.
17. Reporting person's name		Report Code (see above)		17a. Name of reporting organization (school, hospital, etc.)	
17b. Address (No. & Street)		17c. City	17d. State	17e. Zip Code	17f. Phone No.
18. Reporting person's name		Report Code (see above)		18a. Name of reporting organization (school, hospital, etc.)	
18b. Address (No. & Street)		18c. City	18d. State	18e. Zip Code	18f. Phone No.
19. Reporting person's name		Report Code (see above)		19a. Name of reporting organization (school, hospital, etc.)	
19b. Address (No. & Street)		19c. City	19d. State	19e. Zip Code	19f. Phone No.

MCA Name: [Click here to enter text.](#)

MCA Board Approval Date: [Click here to enter text.](#)

MCA Implementation Date: [Click here to enter text.](#)

Protocol Source/References:

Michigan PROCEDURES ABUSE AND NEGLECT (SUSPECTED)

Initial Date: 5/31/2012

Revised Date: 10/25/2017

2022 REVISIONS-PUBLIC COMMENT READY

Section: 7-2A

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

20. Summary report and conclusions of physical examination (Attach Medical Documentation)		
21. Laboratory report	22. X-Ray	
23. Other (specify)	24. History or physical signs of previous abuse/neglect <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Prior hospitalization or medical examination for this child		
DATES	PLACES	
26. Physician's Signature	27. Date	28. Hospital (if applicable)
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.		
		AUTHORITY: P.A. 238 of 1975. COMPLETION: Mandatory. PENALTY: None.

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into MDHHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:

Centralized Intake for Abuse & Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 616-977-1158 or 616-977-1154

OR

email this form to MDHHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
- 5.-7. Child(ren)'s address – Enter the address of the child(ren).
8. Phone – Enter phone number of the household where child(ren) resides.
9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
12. Address where abuse / neglect occurred.
13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of complaint – Check appropriate box noting professional group or appropriate category.

Note: If abuse or neglect is suspected in a hospital, also check hospital.

MDHHS Facility – Refers to any group home, shelter home, halfway house or institution operated by the Department of Health and Human Services. Refers to any institution or facility operated by the Department of Health and Human Services.

15.-19 - Reporting person's name - Enter the name and address of person(s) reporting this matter.

Initial Date: 5/31/2012

Revised Date: 10/25/2017

2022 REVISIONS-PUBLIC COMMENT READY

Section: 7-2A

Abuse & Neglect (Suspected)

Aliases: Child abuse, elder abuse, 3200 form, mandatory reporting

Purpose: To provide the process for assessment and management for patients of suspected child abuse and elder abuse.

When emergency personnel suspect that a patient has been abused (physically and/or sexually), neglected, or exploited, **a verbal and written report must be made to the emergency physician on arrival at the hospital and to the Protective Services Agency (child or adult)**. The primary purpose is protection of the patient from further harm. Do not confront the patient or family members with such suspicions at the scene.

Michigan law (MCL 722.623) requires that licensed EMS providers who have “reasonable cause to suspect child abuse or neglect” shall report “immediately, by telephone or otherwise” their suspicions to the Protective Services Agency for the County involved. In cases of suspected child abuse, this oral report shall also be followed with a written report on the Department of Human Services forms available in every hospital emergency department.

Michigan law (MCL 400.11a) also requires this same oral report for suspected cases of abuse or neglect of an adult.

Licensed providers are required to make an immediate verbal report and a written report within 72 hours when they suspect child abuse or neglect. Mandated reporters must also notify the head of their organization of the report. Reporting the suspected allegations of child abuse and/or neglect to the head of the organization does not fulfill the requirement to report directly to MDHHS.

The verbal report can be completed by calling 855-444-3911. The form is found here [http://www.michigan.gov/documents/FIA3200_11924_7_DHS3200_report.dot_\(live.com\)](http://www.michigan.gov/documents/FIA3200_11924_7_DHS3200_report.dot_(live.com))pdf and is included in the protocol for reference.

1. Definitions

“Child Abuse” means harm or threatened harm to a child’s health or welfare by a parent, legal guardian, or any other person responsible for the child’s health or welfare...that occurs through non-accidental physical or mental injury; sexual abuse; sexual exploitation, or maltreatment.

“Child Neglect” means harm or threatened harm to a child’s health or welfare by a parent, legal guardian, or any other person responsible for the child health or welfare that occurs through either of the following: 1) Negligent treatment, including the failure to provide adequate food, shelter, or medical care; 2) Placing a child at an unreasonable risk to the child’s health or welfare by failure of the parent, legal

guardian, or any other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

"Abuse" means harm or threatened harm to an adult's health or welfare caused by another person. Abuse includes, but is not limited to, non-accidental physical or mental injury, sexual abuse, or maltreatment.

"Exploitation" means an action that involves the misuse of an adult's funds, property, or personal dignity by another person.

"Neglect" means harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care.

2. Indicators of Possible Abuse

- Unsolicited history provided by the patient
- Delay in seeking care for injury
- Injury inconsistent with history provided
- Conflicting reports of injury from patient and care-giver
- Patient unable, or unwilling, to describe mechanism of injury
- Lacerations, bruises, ecchymosis in various stages of healing
- Multiple fractures in various stages of healing
- Scald burns with demarcated immersion lines without splash marks
- Scald burns involving anterior or posterior half of extremity
- Scald burns involving buttocks or genitalia
- Cigarette burns
- Rope burns or marks
- Patient confined to restricted space or position
- Pregnancy or presence of venereal disease in a child less than 12 years

3. Physical Assessment

- A. Treat and document physical injury per the appropriate medical treatment protocol.
- B. Observe for:
 - Potential over-sedation
 - Inappropriate fear
 - Avoidance behavior
 - Poor parent-child bonding
 - Inappropriate interaction with care giver

4. Evaluation and Documentation

- Focus the interview on the patient's physical injury. Do not address the specifics of abuse or neglect at this point.
- Obtain and record pertinent history related to the presenting problems.
- Determine and chart past medical history, and any cognitive or physical impairment.
- Note signs of inadequate housing or lack of facilities such as heat or water.
- Carefully and specifically document the patient's statement of instances of rough handling, sexual abuse, alcohol or drug abuse by family members, verbal or emotional abuse, isolation or confinement, misuse of property or theft, threats, gross neglect such as restriction of fluids, food or hygiene.
- Attempt to record, verbatim (word for word), any excited utterances (spontaneous comments).
- If necessary, ask the care-giver for information regarding the patient's medical condition. Observe mental health of care-giver.
- Request police assistance if there is any history of threatening, abusive, or violent acts. Protect yourself while obtaining a safe environment for the patient.

5. Special Considerations

- If the patient is not transported, the suspected abuse must still be reported. Law enforcement may also be contacted, at the discretion of EMS providers.
- Careful and specific documentation is vital because the "story" often changes as the investigation proceeds.
- Contact the Department of Health and Human Services Hotline at 1-855-444-3911.

Michigan PROCEDURES ABUSE AND NEGLECT (SUSPECTED)

Initial Date: 5/31/2012

Revised Date: 10/25/2017

2022 REVISIONS-PUBLIC COMMENT READY

Section: 7-2A

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT Michigan Department of Health and Human Services

Was complaint phoned to MDHHS?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Log # _____		If no, contact Centralized Intake (855-444-3911) immediately	
INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address list on page 2.					1. Date
2. List of child(ren) suspected of being abused or neglected (Attach additional sheets if necessary)					
NAME		BIRTH DATE	SOCIAL SECURITY #	SEX	RACE
3. Mother's name					
4. Father's name					
5. Child(ren)'s address (No. & Street)		6. City	7. County	8. Phone No.	
9. Name of alleged perpetrator of abuse or neglect		10. Relationship to child(ren)			
11. Person(s) the child(ren) living with when abuse/neglect occurred		12. Address, City & Zip Code where abuse/neglect occurred			
13. Describe injury or conditions and reason for suspicion of abuse or neglect					
14. Source of Complaint (Add reporter code below)					
01 Private Physician/Physician's Assistant		11 School Nurse		42 MDHHS Facility Social Worker	
02 Hosp/Clinic Physician/Physician's Assistant		12 Teacher		43 DMH Facility Social Worker	
03 Coroner/Medical Examiner		13 School Administrator		44 Other Public Social Worker	
04 Dentist/Register Dental Hygienist		14 School Counselor		45 Private Agency Social Worker	
05 Audiologist		21 Law Enforcement		46 Court Social Worker	
06 Nurse (Not School)		22 Domestic Violence Providers		47 Other Social Worker	
07 Paramedic/EMT		23 Friend of the Court		48 FIS/ES Worker/Supervisor	
08 Psychologist		25 Clergy		49 Social Services Specialist/Manager (CPS, FC, etc.)	
09 Marriage/Family Therapist		31 Child Care Provider		56 Court Personnel	
10 Licensed Counselor		41 Hospital/Clinic Social Worker			
15. Reporting person's name		Report Code (see above)		15a. Name of reporting organization (school, hospital, etc.)	
15b. Address (No. & Street)		15c. City	15d. State	15e. Zip Code	15f. Phone No.
16. Reporting person's name		Report Code (see above)		16a. Name of reporting organization (school, hospital, etc.)	
16b. Address (No. & Street)		16c. City	16d. State	16e. Zip Code	16f. Phone No.
17. Reporting person's name		Report Code (see above)		17a. Name of reporting organization (school, hospital, etc.)	
17b. Address (No. & Street)		17c. City	17d. State	17e. Zip Code	17f. Phone No.
18. Reporting person's name		Report Code (see above)		18a. Name of reporting organization (school, hospital, etc.)	
18b. Address (No. & Street)		18c. City	18d. State	18e. Zip Code	18f. Phone No.
19. Reporting person's name		Report Code (see above)		19a. Name of reporting organization (school, hospital, etc.)	
19b. Address (No. & Street)		19c. City	19d. State	19e. Zip Code	19f. Phone No.

MCA Name: [Click here to enter text.](#)

MCA Board Approval Date: [Click here to enter text.](#)

MCA Implementation Date: [Click here to enter text.](#)

Protocol Source/References:

Michigan PROCEDURES ABUSE AND NEGLECT (SUSPECTED)

Initial Date: 5/31/2012

Revised Date: 10/25/2017

2022 REVISIONS-PUBLIC COMMENT READY

Section: 7-2A

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

20. Summary report and conclusions of physical examination (Attach Medical Documentation)		
21. Laboratory report	22. X-Ray	
23. Other (specify)	24. History or physical signs of previous abuse/neglect <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Prior hospitalization or medical examination for this child		
DATES	PLACES	
26. Physician's Signature	27. Date	28. Hospital (if applicable)
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.		
		AUTHORITY: P.A. 238 of 1975. COMPLETION: Mandatory. PENALTY: None.

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into MDHHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:

Centralized Intake for Abuse & Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 616-977-1158 or 616-977-1154

OR

email this form to MDHHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
- 5.-7. Child(ren)'s address – Enter the address of the child(ren).
8. Phone – Enter phone number of the household where child(ren) resides.
9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
12. Address where abuse / neglect occurred.
13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of complaint – Check appropriate box noting professional group or appropriate category.

Note: If abuse or neglect is suspected in a hospital, also check hospital.

MDHHS Facility – Refers to any group home, shelter home, halfway house or institution operated by the Department of Health and Human Services. Refers to any institution or facility operated by the Department of Health and Human Services.

15.-19 - Reporting person's name - Enter the name and address of person(s) reporting this matter.

Vulnerable Adult Abuse, Neglect, or Exploitation (Suspected)

Aliases: elder abuse, mandatory reporting

Purpose: To provide the process for assessment and management for vulnerable adult patients with suspicion of elder abuse.

I. Definitions

- a. Vulnerable adult – means an individual age 18 and older who is unable to protect himself or herself from abuse, neglect or exploitation because of a mental or physical impairment or because of advanced age.
- b. Abuse - means harm or threatened harm to an adult's health or welfare caused by another person. Abuse includes, but is not limited to, nonaccidental physical or mental injury, sexual abuse, or maltreatment.
- c. Exploitation - means an action that involves the misuse of an adult's funds, property, or personal dignity by another person.
- d. Neglect - means harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care. A person shall not be considered to be abused, neglected, or in need of emergency or protective services for the sole reason that the person is receiving or relying upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination, and this act shall not require any medical care or treatment in contravention of the stated or implied objection of that person.

II. Procedure

- a. Do not confront patient or suspected abuser with suspicions on scene. The primary goal, after treating life threatening injuries, is to protect the patient and personnel from harm.
- b. Request police assistance if there is any history of threatening, abusive, or violent acts. Protect yourself while obtaining a safe environment for the patient.
- c. Focus the interview on the patient's injury. Do not address the specifics of abuse or neglect at this point.
- d. Determine and chart past medical history, and any cognitive or physical impairment.
- e. During assessment, pay attention to signs and symptoms of abuse, neglect, or exploitation.
 - i. Physical
 - 1. Injury inconsistent with history provided
 - 2. Delay in seeking care for injury
 - 3. Lacerations, bruises, ecchymosis in various stages of healing

**Michigan
PROCEDURES
VULNERABLE ADULT**

ABUSE, NEGLECT, or EXPLOITATION (SUSPECTED)

Initial Date: NEW.REVISED

Revised Date:

2022 REVISIONS-PUBLIC COMMENT READY

Section: 7.2B

4. Multiple fractures in various stages of healing
 5. Scald burns with demarcated immersion lines without splash marks
 6. Scald burns involving anterior or posterior half of extremity
 7. Scald burns involving buttocks or genitalia
 8. Cigarette burns
 9. Rope burns or marks
 10. Potential over-sedation
 11. Appearance of malnourishment
 - ii. Environmental
 1. Patient confined to restricted space or position
 2. Inadequate housing
 - a. Hazardous situations
 - b. Hoarding
 - c. Squalor
 3. Lack of facilities such as heat or water
 4. Restricted access or lack of adequate food and fluids
 - iii. Psychosocial
 1. Unsolicited history provided by the patient
 2. Conflicting reports of injury from patient and caregiver
 3. Patient unable, or unwilling, to describe mechanism of injury
 4. Inappropriate fear
 5. Avoidance behavior
 6. Disappearing from contact with neighbors, friends, or family
 7. Inappropriate interaction with care giver
 - f. Treat patient according to appropriate protocol for their condition.
 - g. Transport patient according to MCA transportation protocol and transfer care to receiving facility. Discreetly notify the receiving health care provider.
 - h. Documentation of suspected abuse, neglect, or exploitation includes, but is not limited to:
 - i. Pertinent history related to the presenting problems.
 - ii. Any statements of the patient pertaining to instances of rough handling, sexual abuse, alcohol or drug abuse by family members, verbal or emotional abuse, isolation or confinement, misuse of property or theft, threats, gross neglect such as restriction of fluids, food or hygiene.
 - iii. Excited utterances (spontaneous comments) should be documented verbatim (word for word)
 - iv. Mental health of caregiver.
 - v. Any other suspicious findings.
- III. Other Indications of Exploitation**
- a. Oversight of finances surrendered to others without explanation or consent
 - b. Transferring assets to “new friends” assisting with finances
 - c. Unexplained or unauthorized changes to wills or other estate documents

**Michigan
PROCEDURES
VULNERABLE ADULT**

ABUSE, NEGLECT, or EXPLOITATION (SUSPECTED)

Initial Date: NEW.REVISED

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Section: 7.2B

- d. Advance directives or other decisions being made by those who appear to have a conflict of interest
- e. Patient does not understand current finances, offers improbable explanations
- f. Unexplained disappearances of cash, valuable objects, or financial statements

IV. Mandatory Reporting

- a. Michigan law (MCL 400.11a) requires a verbal report for suspected cases of abuse, neglect, or exploitation of a vulnerable adult to Michigan Department of Health and Human Services Centralize Intake for Abuse and Neglect at **855-444-3911**.
- b. Reporting the suspected allegations of abuse, neglect, or exploitation to an organization does not fulfill the requirement to report directly Michigan Department of Health and Human Services Centralize Intake for Abuse and Neglect.

V. Special Considerations

- a. If the patient is not transported, the suspected abuse must still be reported. Law enforcement may also be contacted, at the discretion of EMS providers.
- b. Do not rely on someone else on scene of the incident to report.

Vulnerable Adult Abuse, Neglect, or Exploitation (Suspected)

Aliases: elder abuse, mandatory reporting

Purpose: To provide the process for assessment and management for vulnerable adult patients with suspicion of elder abuse.

I. Definitions

- a. Vulnerable adult – means an individual age 18 and older who is unable to protect himself or herself from abuse, neglect or exploitation because of a mental or physical impairment or because of advanced age.
- b. Abuse - means harm or threatened harm to an adult's health or welfare caused by another person. Abuse includes, but is not limited to, nonaccidental physical or mental injury, sexual abuse, or maltreatment.
- c. Exploitation - means an action that involves the misuse of an adult's funds, property, or personal dignity by another person.
- d. Neglect - means harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care. A person shall not be considered to be abused, neglected, or in need of emergency or protective services for the sole reason that the person is receiving or relying upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination, and this act shall not require any medical care or treatment in contravention of the stated or implied objection of that person.

II. Procedure

- a. Do not confront patient or suspected abuser with suspicions on scene. The primary goal, after treating life threatening injuries, is to protect the patient and personnel from harm.
- b. Request police assistance if there is any history of threatening, abusive, or violent acts. Protect yourself while obtaining a safe environment for the patient.
- c. Focus the interview on the patient's injury. Do not address the specifics of abuse or neglect at this point.
- d. Determine and chart past medical history, and any cognitive or physical impairment.
- e. During assessment, pay attention to signs and symptoms of abuse, neglect, or exploitation.
 - i. Physical
 1. Injury inconsistent with history provided
 2. Delay in seeking care for injury
 3. Lacerations, bruises, ecchymosis in various stages of healing

**Michigan
PROCEDURES
VULNERABLE ADULT**

ABUSE, NEGLECT, or EXPLOITATION (SUSPECTED)

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4. Multiple fractures in various stages of healing
 5. Scald burns with demarcated immersion lines without splash marks
 6. Scald burns involving anterior or posterior half of extremity
 7. Scald burns involving buttocks or genitalia
 8. Cigarette burns
 9. Rope burns or marks
 10. Potential over-sedation
 11. Appearance of malnourishment
 - ii. Environmental
 1. Patient confined to restricted space or position
 2. Inadequate housing
 - a. Hazardous situations
 - b. Hoarding
 - c. Squalor
 3. Lack of facilities such as heat or water
 4. Restricted access or lack of adequate food and fluids
 - iii. Psychosocial
 1. Unsolicited history provided by the patient
 2. Conflicting reports of injury from patient and caregiver
 3. Patient unable, or unwilling, to describe mechanism of injury
 4. Inappropriate fear
 5. Avoidance behavior
 6. Disappearing from contact with neighbors, friends, or family
 7. Inappropriate interaction with care giver
 - f. Treat patient according to appropriate protocol for their condition.
 - g. Transport patient according to MCA transportation protocol and transfer care to receiving facility. Discreetly notify the receiving health care provider.
 - h. Documentation of suspected abuse, neglect, or exploitation includes, but is not limited to:
 - i. Pertinent history related to the presenting problems.
 - ii. Any statements of the patient pertaining to instances of rough handling, sexual abuse, alcohol or drug abuse by family members, verbal or emotional abuse, isolation or confinement, misuse of property or theft, threats, gross neglect such as restriction of fluids, food or hygiene.
 - iii. Excited utterances (spontaneous comments) should be documented verbatim (word for word)
 - iv. Mental health of caregiver.
 - v. Any other suspicious findings.
- III. Other Indications of Exploitation**
- a. Oversight of finances surrendered to others without explanation or consent
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**Michigan
PROCEDURES
VULNERABLE ADULT**

ABUSE, NEGLECT, or EXPLOITATION (SUSPECTED)

Initial Date: NEW.REVISED

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2022 REVISIONS-PUBLIC COMMENT READY

Section: 7.2B

- d. Advance directives or other decisions being made by those who appear to have a conflict of interest
- e. Patient does not understand current finances, offers improbable explanations
- f. Unexplained disappearances of cash, valuable objects, or financial statements

IV. Mandatory Reporting

- a. Michigan law (MCL 400.11a) requires a verbal report for suspected cases of abuse, neglect, or exploitation of a vulnerable adult to Michigan Department of Health and Human Services Centralize Intake for Abuse and Neglect at **855-444-3911**.
- b. Reporting the suspected allegations of abuse, neglect, or exploitation to an organization does not fulfill the requirement to report directly Michigan Department of Health and Human Services Centralize Intake for Abuse and Neglect.

V. Special Considerations

- a. If the patient is not transported, the suspected abuse must still be reported. Law enforcement may also be contacted, at the discretion of EMS providers.
- b. Do not rely on someone else on scene of the incident to report.

Do-Not-Resuscitate

Aliases: DNR

Purpose: The purpose of this policy is to provide a guideline to prehospital providers, who under certain circumstances may accommodate patients who do not wish to receive and/or may not benefit from cardiopulmonary resuscitation. This policy is drafted in accordance with Public Act 368 of 1978, as amended, as well as Act 192 and 193 of the Public Acts of 1996. This policy is intended to facilitate kind, humane, and compassionate service for patients who have executed a valid "Do-not-resuscitate order" under the aforementioned Acts.

1. Definitions

- A. Attending Physician – means the physician who has primary responsibility for the treatment and care of a declarant.
- B. Declarant – means a person who has executed a do-not-resuscitate order, or on whose behalf a do-not-resuscitate order has been executed pursuant to applicable laws.
- C. Do-not-resuscitate order – means a document executive pursuant to Act 193, directing that in the event a patient suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, nursing home, or mental health facility owned or operated by the Department of Community Health, no resuscitation will be initiated.
- D. Do-not-resuscitate Identification Bracelet or Identification Bracelet – means a wrist bracelet that meets the requirements of Act 193 and worn by a declarant while a do-not-resuscitate order is in effect.
- E. Order – means a do-not-resuscitate order.
- F. Patient Advocate – means an individual designated to make medical treatment decisions for a patient under Section 496 of the revised probate code, Act No. 642 of the Public Acts of 1978, being section 700.496 of the Michigan Compiled Laws.
- G. Vital Sign – means a pulse or evidence of respiration.
- H. MI-POST Michigan Physician Order for Scope of Treatment see **MI POST Protocol**

2. Procedure

A do-not-resuscitate order is applicable to all prehospital life support agencies and personnel. A do-not-resuscitate order may be executed by an individual 18 years of age or older and of sound mind **OR** by an individual 18 years of age or older and of sound mind, and adherent of a church or religious denomination whose members depend upon spiritual means through prayer alone for healing **OR** by a patient advocate of an individual 18 years of age or older.

- A. EMS providers **shall not attempt** resuscitation of any individual who meets **ALL** of the following criteria:

- a. 18 years of age or older
- b. Patient has no vital signs. This means no pulse or evidence of respiration.
- c. Patient is wearing a do-not-resuscitate identification bracelet which is clearly imprinted with the words "Do-Not-Resuscitate Order", name and address of declarant, and the name and telephone number of declarant's attending physician, if any **OR**

The EMS provider is provided with a do-not-resuscitate order from the patient. Such an order form shall be in substantially the form outlined in Annex 1 or 2 and shall be dated and signed by all parties.

- B. A patient wearing a "do-not-resuscitate order" identification bracelet, or who has executed a valid "do-not-resuscitate order" form, **but who has vital signs,** **shall not be denied** any treatments or care otherwise specified in protocols.
- C. If a do-not-resuscitate order form is presented and is not substantially in the form as outlined in Annex 1 or 2, or is not complete and signed by all parties, **resuscitation will be initiated** while Medical Control is being contacted for direction.
- D. In the event care has been initiated on a patient, and subsequently a valid do-not-resuscitate order form is identified, and the patient meets the criteria in Item 1 above, discontinue resuscitation.
- E. A do-not-resuscitate order will not be followed if the declarant or patient advocate revokes the order. An order may be revoked at any time and in any manner by which the declarant or patient advocate is able to communicate this intent. **Resuscitation efforts will be initiated** and EMS personnel shall contact on-line Medical Control to advise them of the circumstances.
- F. A patient care record will be completed for runs handled within this protocol. The patient care record will clearly specify the circumstances and patient condition found by the EMS providers, and describe the do-not-resuscitate documents involved.



- 3. Honor DNR, terminate resuscitation or continue resuscitation and transport to the Hospital.

Note: The forms included in this protocol are samples, and examples of what a DNR may look like and should include. A valid DNR form does not need to look like this, but must contain fundamentally these items.

Initial Date: 5/31/2012

Revised Date: 10/25/2017

2022 REVISIONS-PUBLIC COMMENT READY

Section 7-7

“DO-NOT-RESUSCITATE ORDER”

I have discussed my health status with my physician _____. I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is in effect until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

(Declarant's signature) (Date)

(Type or print declarant's full name)

(Signature of person who signed for declarant, if applicable) (Date)

(Type or print full name)

(Physician's signature) (Date)

(Type or print physician's full name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

(Witness signature) (Date) (Witness signature) (Date)

(Type or print witness's name) (Type of print witness's name)

**This form was prepared pursuant to, and in compliance with,
The “Michigan do-not-resuscitate procedure act”.**

ANNEX 1

MCA Name: [Click here to enter text.](#)

MCA Board Approval Date: [Click here to enter text.](#)

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Protocol Source/References:

Initial Date: 5/31/2012

Revised Date: 10/25/2017

2022 REVISIONS-PUBLIC COMMENT READY

Section 7-7

**“DO-NOT-RESUSCITATE ORDER”
Adherent of Church or Religious Denomination**

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is in effect until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

(Declarant's signature) (Date)

(Type or print declarant's full name)

(Signature of person who signed for declarant, if applicable) (Date)

(Type or print full name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

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(Type or print witness's name) (Type or print witness's name)

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ANNEX 2

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Section 7-7

Do-Not-Resuscitate

Aliases: DNR

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1. Definitions

- A. Attending Physician – means the physician who has primary responsibility for the treatment and care of a declarant.
- B. Declarant – means a person who has executed a do-not-resuscitate order, or on whose behalf a do-not-resuscitate order has been executed pursuant to applicable laws.
- C. Do-not-resuscitate order – means a document executive pursuant to Act 193, directing that in the event a patient suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, nursing home, or mental health facility owned or operated by the Department of Community Health, no resuscitation will be initiated.
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- G. Vital Sign – means a pulse or evidence of respiration.
- G.H. ~~Insert MI-POST~~ Michigan Physician Order for Scope of Treatment see MI POST Protocol

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- a. 18 years of age or older
- b. Patient has no vital signs. This means no pulse or evidence of respiration.
- c. Patient is wearing a do-not-resuscitate identification bracelet which is clearly imprinted with the words "Do-Not-Resuscitate Order", name and address of declarant, and the name and telephone number of declarant's attending physician, if any **OR**

The EMS provider is provided with a do-not-resuscitate order from the patient. Such an order form shall be in substantially the form outlined in Annex 1 or 2 and shall be dated and signed by all parties.

- B. A patient wearing a "do-not-resuscitate order" identification bracelet, or who has executed a valid "do-not-resuscitate order" form, **but who has vital signs,** **shall not be denied** any treatments or care otherwise specified in protocols.
- C. If a do-not-resuscitate order form is presented and is not substantially in the form as outlined in Annex 1 or 2, or is not complete and signed by all parties, **resuscitation will be initiated** while Medical Control is being contacted for direction.
- D. In the event care has been initiated on a patient, and subsequently a valid do-not-resuscitate order form is identified, and the patient meets the criteria in Item 1 above, discontinue resuscitation.
- E. A do-not-resuscitate order will not be followed if the declarant or patient advocate revokes the order. An order may be revoked at any time and in any manner by which the declarant or patient advocate is able to communicate this intent. **Resuscitation efforts will be initiated** and EMS personnel shall contact on-line Medical Control to advise them of the circumstances.
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[2022 REVISIONS-PUBLIC COMMENT READY](#)

Section 7-7

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I have discussed my health status with my physician _____. I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is in effect until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

(Declarant's signature) (Date)

(Type or print declarant's full name)

(Signature of person who signed for declarant, if applicable) (Date)

(Type or print full name)

(Physician's signature) (Date)

(Type or print physician's full name)

ATTESTATION OF WITNESSES

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2022 REVISIONS-PUBLIC COMMENT READY

Section 7-7

**“DO-NOT-RESUSCITATE ORDER”
Adherent of Church or Religious Denomination**

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ANNEX 2

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MCA Implementation Date: [Click here to enter text.](#)

Protocol Source/References:

Oxygen Administration

Assuring adequate patient oxygenation is a fundamental responsibility of EMS providers at all levels. Supplemental oxygen when clinically indicated and through the proper delivery system can have an important impact on patient outcome.

Indications

1. Real or suspected hypoxia
2. Patients in respiratory or cardiac arrest
3. Respiratory distress
4. Chest pain, stroke, seizures, or altered mental status when pulse oximetry is unavailable or when oxygen saturation is less than 94%
5. General trauma (more than isolated trauma). Regardless of pulse oximeter reading, all patients with significant trauma should receive oxygen administration.
6. Shock
7. Suspected carbon monoxide and/or cyanide poisoning (including smoke inhalation) regardless of pulse oximetry value
8. Complicated childbirth
9. Patients who normally use supplemental oxygen as part of their routine care
10. Any condition in which pulse oximetry (when available) is <94%.

Contraindications

1. There are no absolute contraindications to oxygen administration.
2. In general, supplemental oxygen should be guided by pulse oximetry (when available) to maintain oxygen saturations $\geq 94\%$.
3. Patients with COPD may develop a hypoxic drive to breath. High concentrations of oxygen may suppress their respiratory drive. Oxygen should still be administered when clinically indicated. Providers should monitor for respiratory depression and assist ventilations when indicated.

Procedure

1. Assure the patient has an adequate airway or establish an airway in accordance with the **Emergency Airway Procedure**.
2. In spontaneously breathing patients administer supplemental oxygen by appropriate means.
 - A. Nasal cannula at 2-6 LPM (decrease for pediatric patients): This is appropriate for most patients with mild to moderate hypoxia and minimal or no respiratory distress. Most patients tolerate nasal cannulas.
 - B. Non-rebreather (NRB) mask at 8-12 LPM (adjust flow rate to keep reservoir bag inflated). A NRB should be used on all spontaneously breathing patients with moderate to severe respiratory distress and all patients with suspected carbon monoxide and/or cyanide poisoning (e.g., smoke inhalation).
 - C. Continuous positive airway pressure per **CPAP/BiPAP protocol**. Using a nasal cannula to supplement oxygenation while a patient is on CPAP/BiPAP is acceptable, if seal remains adequate.
3. In patients not breathing or breathing inadequately
 - A. Use a bag-valve-mask with two rescuers when available to provide ventilations with oxygen connected at 15 LPM (decrease in pediatric patients to assure reservoir bag inflated). See **Emergency Airway Procedure**.
 - i. Maintain face seal with one rescuer with two hand technique.

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Section 7-12

- ii. Utilize second rescuer to ventilate every six seconds.
- B. Passive oxygenation via nasal cannula may be used to augment bag-valve-mask ventilations, before advanced airway placement.
- 4. Augment rapid but ineffective respiration with BVM and/or CPAP as applicable.
- 5. Pediatric “blow-by” oxygen is an ineffective means of delivering supplemental oxygen to pediatric patients and should be avoided when possible. Pediatric nasal cannulas are well tolerated by most children. When using, blow-by technique, keep mask as close to face as possible and use high flow (e.g., ~15 LPM).
- 6. When caring for patients with stomas, use pediatric size masks.

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Section 7-12

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8. Complicated childbirth
9. Patients who normally use supplemental oxygen as part of their routine care
10. Any condition in which pulse oximetry (when available) is <94%.

Contraindications

1. There are no absolute contraindications to oxygen administration.
2. In general, supplemental oxygen should be guided by pulse oximetry (when available) to maintain oxygen saturations $\geq 94\%$.
3. Patients with COPD may develop a hypoxic drive to breath. High concentrations of oxygen may suppress their respiratory drive. Oxygen should still be administered when clinically indicated. Providers should monitor for respiratory depression and assist ventilations when indicated.

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 - B-C. Continuous positive airway pressure per CPAP/BiPAP protocol. Using a nasal cannula to supplement oxygenation while a patient is on CPAP/BiPAP is acceptable, if seal remains adequate.
3. In patients not breathing or breathing below their normal respiratory rate inadequately
 - A. Use a bag-valve-mask with two rescuers when available to provide ventilations with oxygen connected at 15 LPM (decrease in pediatric patients to assure reservoir bag inflated). See **Emergency Airway Procedure**.
 - i. Maintain face seal with one rescuer with two hand technique.

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Protocol Source/References:

Michigan
PROCEDURES
OXYGEN ADMINISTRATION

Initial Date: 5/31/2012

Revised Date: 10/25/2017

[2022 REVISIONS-PUBLIC COMMENT READY](#)

Section 7-12

ii. Utilize second rescuer to ventilate every six seconds.

B. Passive oxygenation via nasal cannula may be used to augment bag-valve-mask ventilations, before advanced airway placement.

3.4. Augment rapid but ineffective respiration with BVM Insert language for rapid and inadequate respirations—and/or CPAP as applicable. BVM[BE(C1)] as CPAP.

4.5. Pediatric “blow-by” oxygen is an ineffective means of delivering supplemental oxygen to pediatric patients and should be avoided when possible. Pediatric nasal cannulas are well tolerated by most children. When using, blow-by technique, keep mask as close to face as possible and use high flow (e.g., ~15 LPM).

5.6. When caring for patients with stomas, use pediatric size masks.

DRAFT

Patient Restraint

Purpose: To ensure appropriate and safe restraint of patients whose behavior is suggestive of an imminent physical threat to personnel and/or themselves.

Indications:

1. When an ill or injured person who is behaving in such a manner as to interfere with their examination, care and treatment to the extent they endanger their life or the safety of others.
2. The patient has a clear or suspected inability to understand their medical situation and the need for treatment of a potentially life-threatening injury or illness.

Physical Restraint Procedure

1. Ensure that enough personnel are available to properly control the patient and establish the restraints.
2. Attempt verbal de-escalation
3. Explain the purpose of the restraints.
4. Physically control the patient and apply restraints.
 - ⓐ If patient continues to resist physical restraints, consider chemical restraint.
5. Complete Primary and Secondary Assessments.
 - A. Restrained extremities should be evaluated for pulse quality, capillary refill time, color, sensory and motor function continuously
 - a. Restraints must be adjusted if any of these functions are compromised.
 - b. Restraints must not interfere with medical treatment.
6. Attempt to identify common physical causes for patient's abnormal behavior.
 - Hypoxia
 - Hypoglycemia
 - Head Trauma
 - ETOH/ Substances use/ abuse
7. Patient should be secured to a backboard or stretcher only. Patients must never be secured directly to a vehicle or immovable object.
8. Transport patient.
9. Inform hospital that restraints are in place and assistance will be necessary to continue restraint of the patient.



Chemical Restraint Procedure

1. Administer Midazolam 5-10 mg IM or 5 mg IN.
2. Consider lower range of dosing for Geriatric patients. Monitor vital signs, ECG, pulse oximetry, and capnography.
3. If after 10 minutes additional medication is necessary, contact medical control for guidance.

Special Considerations

1. Physical restraints should be of a soft nature (e.g. hook and loop restraints, cravats, sheets, etc.) applied to the wrists and ankles. A restraint may also be needed across the

chest and/or pelvis.

2. Stay with a restrained patient at all times, be observant for possible vomiting and be prepared to turn the patient and suction if necessary.
3. Documentation should include:
 - A. A description of the circumstance / behavior which precipitated the use of restraints.
 - B. Time of application of the restraints.
 - C. Type of restraint used.
 - D. The positions in which the patient was restrained.
4. When restraint devices are applied by law enforcement officers:
 - A. An officer must be present with the patient at all times at the scene, as well as in the ambulance during transport.
 - B. The restraint and position must not be so restrictive that the patient is in a position that compromises patient care.
5. EMS Personnel may NOT use:
 - A. Hard plastic ties or any restraint devices that require a key to remove.
 - B. Backboards to "sandwich" the patient.
 - C. Restraints which secures the patient's hands and feet behind the back.
 - D. Restraints that "hog tie" the patient.
 - E. Any device that restricts normal breathing.
6. EMS personnel shall NOT transport a restrained patient in the prone position.
7. Ketamine is NOT to be used as part of this protocol without on-line medical direction.



Authority to Restrain - EMS personnel are able to restrain and treat and transport an individual under authority of Sec 20969 of Public Act 368 which states: *"This part and the rules promulgated under this part do not authorize medical treatment for or transportation to a hospital of an individual who objects to the treatment or transportation. However, if emergency medical services personnel, exercising professional judgment, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objections unless the objection is expressly based on the individual's religious beliefs."*

Patient Restraint

Purpose: To ensure appropriate and safe restraint of patients whose behavior is suggestive of and to assure patient, others and EMS safety. an imminent physical threat to personnel and/or themselves.

Indications:

1. When an ill or injured person who is behaving in such a manner as to interfere with their examination, care and treatment to the extent they endanger their life or the safety of others. When an ill or injured person who is behaving in such a manner as to interfere with their examination, care and treatment to the extent they endanger their life or the safety of others.
- 1.2. The patient has a clear or suspected inability to understand their medical situation and the need for treatment of a potentially life-threatening injury or illness.

Physical Restraint Procedure

1. Ensure that enough personnel are available to properly control the patient and establish the restraints.
- 1.2. Attempt verbal de-escalation
- 2.3. Explain the purpose of the restraints.
- 3.4. Physically control the patient and apply restraints.
 - A. If patient continues to resist physical restraints, consider chemical restraint.
- 4.5. Complete Primary and Secondary Assessments.
 - A. Restrained extremities should be evaluated for pulse quality, capillary refill time, color, sensory and motor function continuously
 - a. Restraints must be adjusted if any of these functions are compromised.
 - b. Restraints must not interfere with medical treatment.
- 5.6. Attempt to identify common physical causes for patient's abnormal behavior.
 - Hypoxia
 - Hypoglycemia
 - Head Trauma
 - ETOH/ Substances use/ abuse
- 6.7. Patient should be secured to a backboard or stretcher only. Patients must never be secured directly to a vehicle or immovable object.
- 7.8. Transport patient.
- 8.9. Inform hospital that restraints are in place and assistance will be necessary to continue restraint of the patient.



Chemical Restraint Procedure^[KK(C1)]

1. Administer Midazolam 5-10 mg IM or 5 mg IN.
 1. Consider lower range of dosing for Geriatric patients. Per MCA selection, administer Midazolam 10 mg IM or Ketamine 4 mg/kg IM (maximum dose 500 mg).

MCA Selection (Choose One) – DELETE BOX

☐ Midazolam 10 mg IM **OR** ☐ Ketamine 4 mg/kg IM

MCA
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MCA Implementation Date: [Click here to enter text.](#)

Protocol Source/References:

2. Monitor vital signs, ECG, pulse oximetry, and capnography.
3. If after 10 minutes additional medication is necessary, contact medical control for guidance.
- ~~2. Monitor capnography, if available.~~

Special Considerations

1. Physical restraints should be of a soft nature (e.g. hook and loop restraints, cravats, sheets, etc.) applied to the wrists and ankles. A restraint may also be needed across the chest and/or pelvis.
2. Stay with a restrained patient at all times, be observant for possible vomiting and be prepared to turn the patient and suction if necessary.
3. Documentation should include:
 - A. A description of the circumstance / behavior which precipitated the use of restraints.
 - B. Time of application of the restraints.
 - C. Type of restraint used.
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4. When restraint devices are applied by law enforcement officers:
 - A. An officer must be present with the patient at all times at the scene, as well as in the ambulance during transport.
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 - C. Restraints which secures the patient's hands and feet behind the back.
 - D. Restraints that "hog tie" the patient.
 - E. Any device that restricts normal breathing.

6. EMS personnel shall NOT transport a restrained patient in the prone position.

 E. 7. Ketamine is NOT to be used as part of this protocol without on-line medical direction.

Authority to Restrain - EMS personnel are able to restrain and treat and transport an individual under authority of Sec 20969 of Public Act 368 which states: *"This part and the rules promulgated under this part do not authorize medical treatment for or transportation to a hospital of an individual who objects to the treatment or transportation. However, if emergency medical services personnel, exercising professional judgment, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objections unless the objection is expressly based on the individual's religious beliefs."*

Initial Date: 5/31/2012

Revised Date: 9/20/2019

[2022 REVISIONS-PUBLIC COMMENT READY](#)

Section 7-16

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Protocol Source/References:



Pleural Decompression

Indications

1. Suspected Tension Pneumothorax (not simple pneumothorax) with hemodynamic compromise.
2. Considered for patients who remain in PEA after treatment of other reversible causes of PEA have been unsuccessful.
3. Traumatic arrest, refer to **Traumatic Arrest Protocol**

Presentation of Tension Pneumothorax

A tension pneumothorax will have at least one of the following:

1. Severe respiratory distress in the conscious/breathing patient with **hemodynamic compromise (hypotension)**.
2. Difficult ventilation in the hypotensive, unconscious/apneic patient in the presence of a confirmed, correctly positioned endotracheal tube.

Technique

1. Evaluate and maintain the airway, provide oxygenation and support ventilations.
 2. Decompression procedure:
 - A. Assemble equipment
 - a. Large bore IV catheter - 14 gauge or larger and at least 3" in length (catheter should not have any type of flow restricting valve); or other MCA approved commercial device.
- MCA Approved Commercial Device**

☐ Yes:

☐ No
- b. Antiseptic swabs
 - c. Dressing and tape
- B. Identify landmarks and insertion site
 - a. Anterior axillary line at the fourth intercostal space just above the fifth rib.. OR
 - b. mid-clavicular line at the second intercostal space just above the third rib
- C. Prep the area with antiseptic swab.
- D. Remove flash chamber cap from IV catheter.
- E. Insert the catheter over the top of the rib until air rushes out. Advance catheter over the needle. Remove needle leaving catheter in place.
- F. Reassess breath sounds and patient's condition (patient's condition should improve almost immediately).
- G. Secure catheter with tape.

NOTE:

***REMEMBER** to go just above the rib due to all of the major structures (arteries, veins, and nerves) which lie below the rib. The closer you stay to the top of the rib, the less chance of complication.

Pediatric Considerations



1. To perform needle decompression, use an 18 or 20 gauge over the needle catheter inserting the needle in the mid-clavicular line at the second intercostal space, just above the third rib.



Pleural Decompression

Indications

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2. Considered for patients who remain in PEA after treatment of other reversible causes of PEA have been unsuccessful.
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 - A. Assemble equipment
 - a. Large bore IV catheter - 14 gauge or larger and at least 3" in length (catheter should not have any type of flow restricting valve); or other MCA approved commercial device.

MCA Approved Commercial Device

- ☐ Yes:
☐ No

- b. Antiseptic swabs
- c. Dressing and tape
- B. Identify landmarks and insertion site
 - a. Anterior axillary line at the fourth intercostal space just above the fifth rib. Insertion site is the mid-clavicular line at the second intercostal space just above the third rib. OR
 - a-b. mid-clavicular line at the second intercostal space just above the third rib
Anterior axillary line at the fourth intercostal space just above the fifth rib.
- C. Prep the area with antiseptic swab.
- D. Remove flash chamber cap from IV catheter.
- E. Insert the catheter over the top of the rib until air rushes out. Advance catheter over the needle. Remove needle leaving catheter in place.
- F. Reassess breath sounds and patient's condition (patient's condition should improve almost immediately).
- G. Secure catheter with tape.

NOTE:

***REMEMBER** to go just above the rib due to all of the major structures (arteries, veins, and nerves) which lie below the rib. The closer you stay to the top of the rib, the less chance of complication.

Pediatric Considerations



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Protocol Source/References:

Michigan
PROCEDURES
PLEURAL DECOMPRESSION

Initial Date: 05/31/2012

Revised Date: 10/25/2017

[2022 REVISIONS-PUBLIC COMMENT READY](#)

Section 7-18

1. To perform needle ~~decompression~~decompression, use an 18 or 20 gauge over the needle catheter inserting the needle in the mid-clavicular line at the second intercostal space, just above the third rib.

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Protocol Source/References:

Tourniquet Application

Purpose: A tourniquet is a constricting or compressing device used to control venous and arterial circulation to an extremity for a period of time. Pressure is applied circumferentially to the skin and underlying tissues of a limb; this pressure is transferred to the vessel wall causing a temporary occlusion. There are a number of commercially available tourniquets available for pre-hospital and hospital patients of exsanguinating extremity trauma. While there are potential risks involved in the utilization of tourniquets (see “Notes” section), expeditious and clinically appropriate application in the presence of potentially life threatening hemorrhage is in keeping not only with the standards of medical professionals, but also with the best interests of the patient.

Indications:

1. Life threatening extremity hemorrhage. An amputation with hemorrhage does not necessitate the use of a tourniquet; most bleeding from these injuries is controllable through use of direct pressure and elevation.
2. Amputation with uncontrolled active bleeding.
3. A mass causality incident may be an indication for the use of tourniquets for temporary control of hemorrhage while the situation is brought under control.

Contraindications:

1. Never use a tourniquet for more than the recommended period of time (product-specific). With any extrication plus transport time of less than 180 minutes, there is minimal risk of developing an ischemic limb.
2. Never apply a tourniquet over an impaled object.

Procedure:

1. Check neurovascular status prior to tourniquet application (pulse, sensation, motor function distal to hemorrhage).
2. Apply tourniquet directly to the skin, proximal to the area of bleeding, at least 2-3 inches from the wound margins.
3. Secure the tourniquet in place; continue to tighten the tourniquet until hemorrhage is controlled – avoid “over-tightening” the tourniquet. Use only the minimal effective pressure required to reliably maintain arterial occlusion throughout the procedure.
4. Elevate the extremity if possible.
5. Note the time the tourniquet was applied. Reassess neurovascular status every five minutes post application.
6. Notify the receiving hospital that a tourniquet is in place. Once tourniquet is in place, do not remove prior to transferring patient to the emergency department staff.

Notes:

- Tourniquets should not be applied over joints. Application of the cuff over the peroneal nerve (knee or ankle) or ulnar nerve (the elbow) may result in nerve damage or paralysis.

**Michigan
PROCEDURES
TOURNIQUET APPLICATION**

Initial Date: 5/31/2012

Revised Date: 2/25/2022

2022 REVISIONS-PUBLIC COMMENT READY

Section 7-22

- Tourniquets should not be applied over clothing. Any limb with an applied tourniquet should be fully exposed with removal of all clothing, and the tourniquet should never be covered with any other bandage.
- Continued bleeding (other than medullary oozing from fractured bones) distal to the site of the tourniquet is a sign of insufficient pressure and a need to tighten the tourniquet further. A second tourniquet adjacent to the first may be necessary.
- **A tourniquet should not be loosened in any patient with obvious signs of shock or amputation that necessitated use of the device.**

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Protocol Source/References: <https://books.allogy.com/web/tenant/8/books/b729b76a-1a34-4bf7-b76b-66bb2072b2a7/#ida54cbed-5555-47f0-b791-2c86de208f76>

Initial Date: 5/31/2012

Revised Date: 2/25/2022

2022 REVISIONS-PUBLIC COMMENT READY 10/25/2017

Section 7-22

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Indications:

1. Life threatening extremity hemorrhage. An amputation with hemorrhage does not necessitate the use of a tourniquet; most bleeding from these injuries is controllable through use of direct pressure and elevation.
2. Amputation with uncontrolled active bleeding.
3. A mass causality incident may be an indication for the use of tourniquets for temporary control of hemorrhage while the situation is brought under control.

Contraindications:

1. Never use a tourniquet for more than the recommended period of time (product-specific). With any extrication plus transport time of less than 180 minutes, there is minimal risk of developing an ischemic limb.
2. Never apply a tourniquet over an impaled object.

Procedure:

1. Check neurovascular status prior to tourniquet application (pulse, sensation, motor function distal to hemorrhage).
2. Apply tourniquet directly to the skin, proximal to the area of bleeding, at least 3-5 centimeters 2-3 inches from the wound margins.
3. Secure the tourniquet in place; continue to tighten the tourniquet until hemorrhage is controlled – avoid “over-tightening” the tourniquet. Use only the minimal effective pressure required to reliably maintain arterial occlusion throughout the procedure.
4. Elevate the extremity if possible.
5. Note the time the tourniquet was applied. Reassess neurovascular status every five minutes post application.
6. Notify the receiving hospital that a tourniquet is in place. Once tourniquet is in place, do not remove prior to transferring patient to the emergency department staff.

Notes:

- Tourniquets should not be applied over joints. Application of the cuff over the peroneal nerve (knee or ankle) or ulnar nerve (the elbow) may result in nerve damage or paralysis.

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Michigan
PROCEDURES
TOURNIQUET APPLICATION

Initial Date: 5/31/2012

Revised Date: 2/25/2022

2022 REVISIONS-PUBLIC COMMENT READY 10/25/2017

Section 7-22

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**Michigan
PROCEDURES**
**MICHIGAN PHYSICIAN ORDERS
FOR SCOPE OF TREATMENT (MI-POST)**

Initial Date: 04/23/2021

Revised Date:

Section 7-25

Michigan Physician Orders for Scope of Treatment (MI-POST)

Aliases: POST

Purpose: The purpose of this policy is to provide a guideline to prehospital providers, who under certain circumstances may accommodate patients^[BE(C1)] who do not wish to receive and/or may not benefit from certain interventions. This protocol is drafted in accordance with Public Act 154 of 2017. This protocol is intended to facilitate kind, humane, and compassionate service for patients who have executed a valid MI-POST under the law.

I. Definitions

- A. Attending health professional – means a physician, physician’s assistant, or certified nurse practitioner, who has primary responsibility for the treatment of a patient and is authorized to issue the medical orders on a POST form.
- B. Patient – means an adult with an advanced illness or means an adult with another medical condition that, despite available curative therapies or modulation, compromises his or her health so as to make death within 1 year foreseeable though not a specific or predicted prognosis.
- C. Guardian – means a person with the powers and duties to make medical treatment decisions on behalf of a patient to the extent granted by court order under section 5314 of the Estates and Protected Individuals Code, 1998 PS 386, MCL 700.5314.
- D. Patient Advocate – means an individual designated to make medical treatment decisions for a patient under Section 496 of the revised Probate Code, Act No. 642 of the Public Acts of 1978, being section 700.496 of the Michigan Compiled Laws.

- II. Introduction** - EMS providers who encounter an approved MI-POST in the field should be aware of the different levels of care in Sections A and B of the form.

III. Procedure for Use of Form

- A. Section A – Applies to only individuals who do NOT have a pulse and are not breathing upon arrival of EMS personnel or become pulseless or apneic during treatment.
 - a. If *Attempt Resuscitation* is checked, provide treatment according to appropriate **Cardiac Arrest** protocol.
 - b. If *DO NOT attempt resuscitation* is checked, refer to **Dead on Scene** or **Determination of Death, Death in an Ambulance and Transport of Body** protocol as appropriate.
- B. Section B – For patients who have a pulse and/or are breathing
 - a. Comfort-Focused Treatment
 - 1. Patients should receive full palliative treatment for pain, dyspnea, hemorrhage, or other medical conditions (including medication by any route) according to applicable protocols.

**Michigan
PROCEDURES**
MICHIGAN PHYSICIAN ORDERS
FOR SCOPE OF TREATMENT (MI-POST)


Initial Date: 04/23/2021

Revised Date:

Section 7-25

2. Relief of choking caused by a foreign body is appropriate, but if breathing has stopped and the patient is unconscious, ventilation should not be assisted.
3. Follow appropriate transport and destination protocols as needed.
- b. Selective Treatment
 1. All patients receive comfort treatment plus:
 2. Treat medical conditions according to protocol including IV therapy, cardiac monitoring, medications, and non-invasive airway support.
 3. Do not use invasive airways (including supraglottic airways).
- c. Full Treatment
 1. All patients receive comfort treatment, plus:
 2. Full treatment should be provided. This includes, but is not limited to, intubation, other invasive airways, and mechanical ventilation.
- d. If no box is checked, Full Treatment is implied.

IV. MI POST Form

- A. An example form is contained in this protocol. The original form will generally be pink, but copies of the form are valid (paper or digital).
- B. The form must be dated within the last year. Note: reaffirmation dates should be counted as the most recent date, see Section G.
- C. The form must be signed by the attending health professional and the patient or the patient advocate/durable power of attorney for healthcare. A verbal order notation is valid for 72 hours.
- D. All previous versions of the form are valid, if all the above are true and there are no marks indicating a revocation on the form.
- E. The form is voluntary and may be revoked:
 - a. By the patient, at any time when the patient can communicate their wishes.
 - b. By the patient advocate/durable power of attorney for healthcare when it is considered to be consistent with the patient's wishes or in the patient's interest when the patient's wishes are unknown.
 - c. By the attending health professional when there is a condition change that makes the orders contained on the POST contrary to accepted healthcare standards.
-  F. If there are issues with the form or the orders contained therein, contact Medical Control for direction.

**Michigan
PROCEDURES**
**MICHIGAN PHYSICIAN ORDERS
FOR SCOPE OF TREATMENT (MI-POST)**

Initial Date: 04/23/2021

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MICHIGAN PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (MI-POST)

Michigan Department Health and Human Services

HIPAA permits disclosure of MI-POST to other Health Care Professionals as necessary.

This MI-POST form is void if Patient Information or Section D are blank. Leaving blank any section of the medical orders (Sections A or B) does not void the form and interpreted as full treatment for that section.

PATIENT INFORMATION

Patient Name (last, first, middle initial)	
Date of Birth (mm/dd/yyyy)	Date Form Prepared (mm/dd/yyyy)
Diagnosis supporting use of MI-POST	
This form is a Physician Order sheet based on the medical conditions and decisions of the person identified on this form. Paper copies, facsimiles and digital images are valid and should be followed as if an original copy. This form is for adults with an advanced illness. It is not for healthy adults.	

MEDICAL ORDERS

Section A – Cardiopulmonary Resuscitation (CPR).

Person has no pulse and is not breathing.

- ☐ Attempt Resuscitation/CPR (Must choose Full Treatment in Section B).
- ☐ DO NOT attempt Resuscitation/CPR (DNR/No CPR, allow Natural Death).
- Valid DNR on file?
- ☐ Yes, date of DNR _____
- ☐ No

Section B – Medical Interventions

Person has pulse and/or is breathing.

- ☐ **Comfort-Focused Treatment** – primary goal of maximizing comfort. See MDHHS-5837 for further details on medical interventions.
- ☐ **Selective Treatment** – primary goal of treating medical conditions while avoiding burdensome measures. See MDHHS-5837 for further details on medical interventions.
- ☐ **Full Treatment** – primary goal of prolonging life by all medically effective means. See MDHHS-5837 for further details on medical interventions.

Section C – Additional Orders (optional)

Medical orders for whether or when to start, withhold, or stop a specific treatment. Treatments may include but are not limited to dialysis, medically assisted provisions of nutrition, long-term life-support, medications, and blood products.

Section D – Signature of Attending Health Professional

My signature below indicated that these orders are medically appropriate given the patient's current medical condition, reflect to the best of my knowledge the patient's goals for care, and that the patient (or the patient representative) has received the information sheet.

Print Name	Date
Signature	Phone Number

Send form with patient whenever transferred or discharged.

**Michigan
PROCEDURES**
**MICHIGAN PHYSICIAN ORDERS
FOR SCOPE OF TREATMENT (MI-POST)**

Initial Date: 04/23/2021

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Patient Last Name	Patient First Name
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Print Name of Collaborating Physician	Phone Number
---------------------------------------	--------------

Section E – Signature of Patient or Patient Representative

My signature indicates I have discussed, understand and voluntarily consent to the medical orders on this MI-POST form. I acknowledge that if I am signing as the patient's representative, these decisions are consistent with the patient's wishes to the best of my knowledge.

☐ Patient
 ☐ Patient Advocate/Durable Power of Attorney of Health Care (DPOAHC)
 ☐ Court-Appointed Guardian

Print Name	
Signature	Date

Information of Legally Authorized Representative
Complete this section if this MI-POST form was signed by a Patient Advocate/DPOAH or Court-Appointed Guardian.

Address	Phone Number	Alternate Phone Number
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Section F – Individual Assisting with Completion of MI-POST Form

Print Preparer's Name	Title	Date
Preparer's Signature	Organization	Phone Number

Section G – To Reaffirm or Revoke This Form

This MI-POST form can be reaffirmed or revoked at any time, verbally or in writing. See MDHHS-5837 for further details on reaffirmation or revocation. **If a new form is not completed, full treatment and resuscitation will be provided.**

Reaffirmation 1

Healthcare Provider Name/Collaborative Physician (if applicable)		
Patient/Representative Name		
Healthcare Provider Signature	Patient/Representative Signature	Reaffirmation Date

Send form with Patient whenever transferred or discharged.

HIPAA permits disclosure of MI-POST to other Health Care Professionals as necessary.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

**Michigan
PROCEDURE**
INTERFACILITY HIGH FLOW NASAL OXYGEN (NFO)
(OPTIONAL)

Initial Date: NEW
Revised Date:

Section 7.26



Interfacility High Flow Nasal Oxygen (OPTIONAL)

This protocol is for paramedic use only

☒ Medical Control Authorities choosing to adopt this protocol may do so by selecting this check box. In conjunction the MCA must also select the option for Interfacility High Flow Nasal Oxygen on the **Interfacility Facility Patient Transfers Protocol**.

- I. Indications
 - A. Order from sending facility/physician
 - B. Hypoxic respiratory failure, from COVID-19 or other respiratory process
- II. Contraindications
 - A. Inability to provide continuous, heated humidification using an approved delivery device
 - B. Inability to provide therapy through appropriately sized nasal prongs
 - C. Insufficient supply of oxygen to complete the transport
- III. Procedure
 - A. Ensure that an adequate supply of oxygen is available for the transport.
 - i. Calculate the amount of oxygen needed prior to departure.
 - ii. Ensure that you have at least two times the amount of oxygen anticipated.
 - B. Perform appropriate patient assessment, including obtaining vital signs, pulse oximeter reading, cardiac rhythm, and current device settings
 - C. Set FiO₂ to maintain SpO₂ at or above 94% (or to patient's baseline oxygen saturation, if known). Utilize facility settings as starting point, if available.
 - D. Set flow rate in liters per minute (L/min) to decrease work of breathing.
 - i. Utilize facility settings as starting point, if available.
 - ii. Flow calculation: 2 L/kg/min up to the first 12 kg, plus 0.5 L/kg/min for each kg thereafter, up to a maximum flow rate of 60 L/min.
 - E. Reassess vitals, work of breathing, mental status, and breath sounds. Reassessment should be continuous, but documentation of vitals must occur at least every five minutes throughout patient contact.
 - F. Consider the need for escalation of respiratory support if patient remains in respiratory failure on more than 2 L/kg/min of flow or maximum settings for the delivery device.
 - G. If patient deterioration occurs, terminate HFNO and begin positive pressure respiratory support via CPAP, BIPAP, BVM, or intubation, if necessary.
- IV. Notes
 - A. Pediatric patients must be accompanied by a nurse, nurse practitioner, respiratory therapist, or physician, who is credentialed and competent in dealing with the equipment.
 - B. For suspected or confirmed COVID-19 patients, personnel must don respirators, eye protection, gowns, and gloves for transport.

MCA Name: [Click here to enter text.](#)

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Protocol Source/References: