

Poster Presentations

02.

Flight Paramedics Scope of Practice: Current Level and Breadth

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Objective: The scope of practice (SOP) for flight paramedics (FPs) remains a controversial issue for air medical directors. This study's objective was to determine the current level and breadth of FPs' SOP.

Methods: A 6-item survey of lead FPs in all 158 air medical programs throughout the U.S. The survey addressed five issues: 1) Certifications required of FPs above state certification; 2) Procedures included in SOP; 3) Medications FPs are allowed to administer; and 4) Requirements needed to expand FPs' SOP. Views on establishing a National FP certification (NFPC) to alter their current SOP.

Results: Survey response was 57% (90/158). Ten responding programs (11%) did not utilize FPs. Of the 80 programs (89%) that utilize FPs, 76 programs (95%) required certification in ACLS, 65 (81%) in PALS, and 50 (63%) in BCLS. Paramedics were allowed to perform cricothyroidotomy in 68 programs (85%), pericardiocentesis in 24 programs (30%), and tube thoracostomy in 23 programs (29%). A wide spectrum of medications were approved for administration by FPs, including streptokinase in 37 programs (46%), r-TPA in 51 (64%), and succinylcholine in 50 (63%). In 61 programs (76%), the SOP was determined solely by the air medical director. Eighteen respondents (23%) believed that the development of a NFPC program would alter their SOP.

Conclusions: This study confirms that FP SOP varies enormously. Since most medical directors have the authority to alter FPs' SOP and few programs support NFPC, medical directors should work directly with FPs to expand their SOP.

03.

How Are We Doing? A Survey of Private Internists

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Objective: In our community the majority of patients presenting to the ED with acute chest pain come by car and do not recall their MD suggesting EMS. How do private MD's (our customers) view EMS?

Methods: Single mailing survey to all 238 physicians with admitting privileges in Medicine at an urban, tertiary care hospital (722 beds). EMS services provided by 2 private ALS systems and 35 volunteer ALS services operating under one physician medical director and identical protocols. Survey consisted of a scenario with a cardiac patient in the home of the MD, followed by opinions regarding EMS.

Results: 50% return. Respondents were 79% male, mean age 44 ±14yr, 68% internal medicine, 11% cardiologists. Given a patient with acute chest pain at the MD's home, 90% would call EMS, 10% would drive patient. 16% chose to drive for safety concerns, 83% because it was faster. Of those who chose EMS, 10% made negative comments regarding paramedics "playing doctor". The following perceptions were noted: 3% of respondents indicated paramedics take "too long" to respond to calls, 26% indicated paramedics delay patient arrival to the hospital, and 6% indicated patients get too nervous if told to take an ambulance. On the other hand, 59% indicated EMS prevents cardiac arrests, 83% indicated paramedics can appropriately treat cardiac arrest, and 13% agreed paramedics can provide similar treatment for chest pain patients as hospitals.

Conclusion: Comments were generally supportive of EMS. There is a perception that EMS delays patient care.