As an emergency medical service worker of eleven years, and a paramedic instructor and program director for the last five, I have had many opportunities to work with a wide variety of patients and patient conditions, not to mention hearing the countless stories discussed in the classroom about the proper management and care of patients from the perspectives of other EMT’s and Paramedics. And in all of those instances and classroom discussions, two common themes continuously arise: “how to treat the seriously ill or injured patient with an altered state of mind” and “how to provide better aid to those family members and bystanders present in the case of a medical or traumatic emergency.”

In order to address both of these issues, it is important for the public to first understand how paramedics and EMT’s function in our communities. First of all, EMT’s (Emergency Medical Technicians) are also referred to as “BLS” or Basic Life Support Providers. This means they are trained to handle and care for patients with minor illnesses and injuries, and maintain those critical patients until advanced help arrives. The paramedic who has the highest level of prehospital training is commonly referred to as an “ALS” or Advanced Life Support Provider. Many times we are defined as “The eyes and ears of the doctor in the field,” as we are trained to independently recognize and treat patients accurately under the direct supervision of the physician or Medical Director. The Medical Director along with other State and local officials create protocols – those policies and procedures for EMS providers to follow that give a standardized approach to common patient problems and a consistent level of medical care.

As all members in our society are taught from an early age, “when chaos ensues….call 911,” “because those ambulance drivers will come and help us.” As EMS providers, we rely on our training and the protocols to guide us in appropriate patient care; however, because of a lack in education provided to the community, we encounter many incidents involving a lot of emotional and behavioral issues not only on the part of the patient, but from the family and bystanders as well because those individuals just do not fully understand who we are, what we do, and why we do it. In these situations, persons unknowingly interfere with or become a complete distraction to the EMS personnel called upon to respond to their problem, leading to disastrous consequences in patient care.

One common problem involves those poor individuals who find themselves involved in a major traumatic incident – not a sprained ankle, or even a simple broken arm, but serious accidents such as a motor vehicle crash where someone is badly injured. In these cases, family, bystanders, and even patients want to know why we do not provide the patient with pain management medications. Here’s the problem – we are not always sure what is wrong with the patient on the inside. We don’t have the capabilities of carrying labs and x-ray machines on the ambulance. Therefore, if we give medications to lessen the pain, we make the receiving ER physician’s job much harder. If the patient cannot accurately tell the doctor about the pain and where it hurts, it can cause a devastating delay in the appropriate management of their injuries because the doctor would be forced to do additional testing to pinpoint important information about their injuries.

Another misunderstanding arises from those situations in which we must restrain patients. If a patient is combative whether it is due to a serious motor vehicle crash, or if he or she is suffering from an unknown medical condition, we must first protect ourselves. After all, if we become injured, who is
going to take care of the patient? But besides that, we also have to protect patients from unintentionally harming themselves further. There are written protocols dictating to us how to manage patients requiring the use of restraints, and how to appropriately treat and manage the cause of that altered state of mind based on clinical diagnosis.

Finally, whether the patient has suffered from a medical condition or from an injury, EMS commonly run into situations where the family or bystanders unknowingly complicate the patient’s problem or condition because they want to argue, fight with, or provide too much assistance to the EMS crew, hindering patient care. Although those of us in the EMS community understand and can empathize with the family and what they are going through, we still have a job to do and, in some situations, we become so involved in the care of the patient that we sometimes forget that the family also requires support. In these cases it is important to understand that your loved one is critically ill and he or she requires immediate intervention to prevent death or permanent disabilities. One way you can help your family member(s) and the EMS crew is to create a detailed list of information on the patient. Include name, address, social security number, and date of birth, medications he or she is currently taking, allergies, and insurance information.

What else can you do? Well, understand that we are there to provide top quality prehospital care and if you do not understand what we are doing, it is okay to ask, but be mindful that we may not be able to immediately give you the detailed explanation you need. If you feel that your loved one was not handled appropriately, it is your right to contact the supervisor of the EMS agency who transported the patient to the Emergency room and ask for a follow up to be done on the call. When you call, you will need to give the supervisor the name of the patient, the day and time they were transported as well as what hospital they were transported to. Then state your concern and they will critically review the emergency and respond to you with a resolution to the issue, or at least an explanation of what happened. After all, if the EMS service wants to keep your future business, they need to verify the quality of care given to every patient and every family member.

As EMS providers, we must maintain many hours of continuing education to stay abreast of new medical knowledge and insight as it becomes available, or we too, might lose our right to practice as prehospital emergency providers. So you can rest assured that you and your family are receiving the best in current emergency medical care.

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