



**ON-LINE MEDICAL CONTROL
Operational Policy**

POLICY: On line medical control (OLMC) should be utilized for, but not limited to, the situations and circumstances listed below. **Providers should provide live streaming of ZOLL data for all OLMC consults.**

Milwaukee County EMS providers will establish on-line medical control (OLMC) whenever:

- Directed by the MC OEM-EMS Standards of Care Manual
- Special circumstances not specifically outlined in the MC OEM-EMS Standards of Care Manual arise, requiring emergent medical advice, opinion, or orders
- Deteriorating patient conditions do not improve with practice guidelines

Circumstances may arise where there is an inability to carry out an OLMC order, e.g. the provider feels the administration of an ordered medication would endanger the patient, a medication is not available, or a physician's order is outside the protocol:

- The prehospital provider must immediately notify the consulting physician why the order cannot be carried out
- The prehospital provider must initiate the MC OEM-EMS Quality Assurance process as soon as practical following the call (same shift) by sending an email to qualityems@milwaukeecountywi.gov AND their Fire Department EMS Liaison.

Circumstances may arise where the OLMC physician provides orders for extraordinary care. In rare cases, a physician providing on-line medical consultation may direct a prehospital provider to render care that is truly life-saving, not explicitly listed within the protocols, but within the Wisconsin EMS Scope of Practice guidelines for the provider's level of EMS licensure:

- During the consultation, the physician and prehospital provider must acknowledge and agree that the patient's condition and extraordinary care are not addressed elsewhere within these medical protocols and the order is absolutely necessary to maintain the life of the patient.
- The prehospital provider must feel capable of correctly performing the care directed by the consulting physician, based on the instructions given by the consulting physician.
- The prehospital provider must inform the consulting physician of the effect of the treatment and notify the receiving physician of the treatment upon arrival at the hospital.

The prehospital provider must initiate the MC OEM-EMS Quality Assurance process as soon as practical following the call (same shift) by sending an email to qualityems@milwaukeecountywi.gov AND their Fire Department EMS Liaison.

Circumstances may arise where the prehospital provider may not be able to contact an OLMC physician because of a radio or other communication failure:

- The prehospital provider must attempt to contact MC EMSCOM by direct telephone (414.278.4343)
- The prehospital provider must provide care as outlined in the MC OEM-EMS Standards of Care Manual
- The prehospital provider must not provide care exceeding the training certification or scope of care of the EMS provider as outlined by the MC OEM-EMS Operational Plan or State of Wisconsin EMS guidelines

Care under exceptional circumstances (mass casualty or other disaster) is addressed in separate policy/guidelines.

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MEDICAL ARREST SBAR			
I N T R O	Hello. This is MED () with a (AGE) (SEX) on scene of a MEDICAL cardiac arrest		Remember to LIVE STREAM ZOLL DATA
<i>Situation</i>			
S	Arrest witnessed Bystander CPR (and/or defib) LKW Time Initial Rhythm Current Rhythm	by was of was is	EMS, Bystander, Unwitnessed Performed, Not performed Military time, Unknown VF, VT, PEA +rate, Asystole VF, VT, PEA +rate, Asystole
<i>Background</i>			
B	Airway Initial EtCO2 Current EtCO2 Access IV Fluid Volume Epinephrine Amiodarone Other medications administered Defibrillation Glucose CPR Other interventions	is was is is totals times times include times reading type is include	BVM only, King airway, ET tube value value IV, IO, Not obtained x mLs 1, 2, 3, 4 ... 1, 2 D10, Naloxone, other 1,2,3,4 ... value Mechanical, Manual LSIs
<i>Significant details of the situation and PMHx</i>			
A	Past medical history Significant details of situation Minutes working this code	includes include is	MI, CABG, STENT, HTN, CHF, Diabetes, COPD, Asthma, current major illness any missing <i>pertinent</i> details x mins
<i>Requests & Recommendations</i>			
R	<ul style="list-style-type: none"> ❖ We are considering... ❖ We are looking for guidance on next steps ❖ We are requesting TOR 		



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TRAUMA ARREST SBAR

I
N
T
R
O

Hello. This is MED ()
with a (AGE) (SEX)
on scene of a **TRAUMA** cardiac arrest

Remember to
LIVE STREAM
ZOLL DATA

Situation

S

Arrest witnessed	by	EMS, Bystander, Unwitnessed
Bystander CPR (and/or defib)	was	Performed, Not performed
LKW Time	of	Military time, Unknown
Initial Rhythm	was	VF, VT, PEA +rate, Asystole
Current Rhythm	is	VF, VT, PEA +rate, Asystole

Background

B

Airway	is	BVM only, King airway, ET tube
Initial EtCO2	was	x
Current EtCO2	is	x
Access	is	IV, IO, Not obtained
IV Fluid Volume	totals	x mLs
Mechanism of injury	was	MVC, Ped Struck, Fall, GSW, Stabbing
Injury site(s)	is/are	Head, Neck, Chest, Back, Abdomen, Flank, Extremities
Life Saving interventions	include	Needle Decompression Pericardiocentesis Tourniquet Quick Clot Pelvic Binder
Estimated Blood Loss	is	x mLs

Significant details of the situation and PMHx

A

Past medical history	includes	MI, CABG, STENT, HTN, CHF, Diabetes, COPD, Asthma, current major illness
Significant details of situation	include	any missing <i>pertinent</i> details
Minutes working this code	is	x mins

Requests & Recommendations

R

- ❖ We are considering...
- ❖ We are looking for guidance on next steps
- ❖ We are requesting TOR

TRAUMA CARDIAC ARREST

TRAUMA CARDIAC ARREST