

**§6037. Medical Protocol**

A. In those parishes where the parish or component medical society has established a written pre-hospital EMS protocol for use in the parish, the ambulance service must follow that protocol, and/or the protocols of the Louisiana Emergency Response Network as applicable.

B. In those parishes where the parish or component medical society have not established a written pre hospital EMS protocol for use in the parish, the EMS service must develop a protocol to be used by its personnel. The appropriate portions of this protocol must be approved by the parish or component medical society.

C. These protocols shall include protocols for the care of:

1. cardiac arrest;
2. ventricular tachycardia;
3. supraventricular tachycardia;
4. suspected cardiogenic chest pain or suspected myocardial infarction;
5. stroke or suspected stroke;
6. bradydysrhythmias;
7. hypoglycemia;
8. anaphylactic reactions;
9. hypovolemic shock;
10. unconsciousness or altered mental status;
11. suspected drug overdose;
12. treatment induced unconsciousness, altered mental status, hypotension, or respiratory depression from physician ordered or protocol appropriate paramedic administered narcotics;
13. respiratory failure or respiratory arrest;
14. active seizure;
15. hospital patient destination;
16. pre-hospital diversion;
17. patient with advanced directives;
18. mass casualty incidents;
19. injuries from weapons of mass destruction;
20. pediatric specific care; and
21. traumatic injuries.

D. The EMS service shall adopt the protocols established by the Louisiana Emergency Response Network or develop an agency-specific protocol with specific language related to the transportation of the following patients.

1. Acute stroke patients shall be transported to the closest appropriate comprehensive stroke center, primary stroke center, or acute stroke ready hospital, or to the closest appropriate hospital if the patient exhibits a compromise of airway, breathing, or circulatory function.

2. Patients suffering an acute ST elevation myocardial infarction (STEMI) shall be transported to the closest appropriate STEMI receiving center or, when appropriate, a STEMI referring center.

E. All protocols shall:

1. meet or exceed the requirements of these licensing standards and all applicable federal, state, and local laws;
2. be consistent with the January 2009 National EMS Education Standards scope of practice and the rulings of the Louisiana EMS Certification Commission;
3. be reviewed annually by the licensed agency's medical director, or the parish medical society; and
4. be submitted to the department no more than 30 days after the implementation of the protocol.

F. Ambulance services are accountable for assuring compliance with applicable protocols by their personnel. Exceptions to these protocols must be reviewed on a case-by-case basis by the physician medical director.

G. Ambulance services must produce, and provide to all personnel, a policy and procedures manual governing the service's operation.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 40:1234.E.1 and 40:1235.2.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:476 (March 2009), amended LR 41:2153 (October 2015).