

# WEST MICHIGAN REGIONAL PROTOCOL

FORMAT  
PROTOCOL

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**Purpose:** All West Michigan Regional Protocols, Procedures or Policies will be formatted as close to this standardized format as possible.

**M B S P**      **I.      Assessment Information**

- A.      History:
  - 1.      Past Medical History:
  - 2.      Current History: (History related to present event)
- B.      Specific Objective Findings:

**M B S P**      **II.      Management**

- A.      Utilize universal precautions  
***This statement indicates that personal protective equipment will be utilized according to the medical control's infection control policy or procedure.***
- B.      Establish and maintain the airway, provide oxygenation and support ventilation as needed.  
***This statement indicates that necessary procedures will be performed according to the medical control's airway and oxygenation procedures.***
- C.      Obtain vascular access.  
***This statement indicates that necessary procedures will be performed according to the medical control's vascular access policy and/or procedure.***
- D.      Medications.  
***This statement and section indicate that medications will be administered per the notation in the protocol and provided in accordance with the medical control's medication administration policy and/or procedures.***
- E.      (Other therapy)  
***Other therapy may be listed such as defibrillation, pleural decompression, etc. These procedures will be indicated by protocol, and provided in accordance with the medical control's policy and/or procedure.***
- F.      Possible orders post radio contact:  
***This section offers potential orders that may be granted by the radio or telephone contact with medical control physician.***

**III.      Special Considerations**

- A.      Precautions
- B.      Documentation Information  
***This section offers notes of importance and educational points.***

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