

District III EMS Quality & Improvement “Case of the Month – July ‘04”

This month's case was selected to review our intravenous protocol standing orders. Any questions, feel free to contact me at Daniel.Wolfson@vtmednet.org

Chief Complaint: Altered Mental Status

Pre-hospital course:

An EMT-I squad arrives at a local nursing home to find an elderly female with altered mental status. The pt was noted by staff to have increasing lethargy and poor oral intake. After discussion with the patient's PCP, it was decided to transport the patient to the ED to evaluate this change in mental status and rule out worsening renal failure. The pt has a history significant for renal insufficiency, a recent UTI for which she is on antibiotics, hypertension, and CHF.

Upon EMS arrival the patient's vital signs were as follows:
Pulse 80, BP 76/48, RR 32. EMS contacted the ED for permission to start a saline lock and was told to proceed.

Emergency Department Course:

In the ED the pt was noted to have worsening renal insufficiency with an elevated potassium of 6, and a BUN/Creatinine of 165 and 4.9. Her EKG showed some new ischemic changes in the lateral leads. The pt was given kayexolate to help eliminate the elevated potassium and admitted for work-up of the renal insufficiency and to rule out MI.

Quality Improvement:

Standing orders exist for the initiation of a saline lock and administration of fluids. This pt had altered mental status and was hypotensive. An IV could have been established in the pt without contacting medical control. As the pt was hypotensive, it would have been reasonable to obtain medical direction for a fluid bolus.

Take Home Message: Please review the Intravenous protocol. There have been a number of calls where IV access could have been established off line but was not.