Community Paramedic Treatment Capabilities

The Community Paramedic (CP) has treatment capabilities designed to meet a patient's episodic and non-emergent patient evaluation and treatment needs. The Community Paramedicine Program (CPP) staff have been trained to evaluate, treat, and facilitate continued care for stable patients. Patient treatment is provided through State of Michigan approved protocols and 24-hour on call physician medical direction.

If the patient's stability allows and treatment and continuity options are available as covered by the CP protocols, the CP will evaluate and treat referred patients. If the patient is outside of these criteria or is deemed to not have sufficient stability for CP evaluation and treatment the CP staff will either arrange transport of the patient as indicated or contact the Community Paramedicine Medical Director (CPMD) on-call physician to determine the most appropriate patient disposition.

MEDICATIONS
Medications available to the CP include those covered by standard EMS protocols and those carried in the CP Medication Pack: See CP Medication Pack Contents, Exchange Procedure and Use/Replacement List
CP PROGRAMS
911 Call Triage – Low acuity 911 patients may be referred to specially trained call center personnel who helps the patient find appropriate resources for their medical issue. Patients may be evaluated by CP personnel in order to help develop continuity plans and teach the patients to manage their health care needs.
Frequent EMS User Management – Patients who use 911frequently may be referred to program case managers for enrollment. Patients may be evaluated by CP personnel in order to help develop continuity plans and teach the patients to manage their health care needs.
Post Acute Care Transition – Patients at risk for hospital readmission after hospital discharge may be referred to the CPP by the patient's physician or case manager. The CP~~U~~ may make a series of home visits educate the patient and family on appropriate care management and provide a continuity plan. The CP may provide home treatment designed to reduce the need for hospital readmission. Conditions treated may include CHF, Asthma, COPD, and other conditions as designed by the CPMD.
After Hours Episodic Care – Patients may be referred to the CPP for after-hours episodic care management. In combination with 911 Call Triage, the CP may respond for patient evaluation, treatment, and continuity planning.

Hospice Patient Evaluation and Treatment – Hospice patients may be referred to the CPP for episodic care management with the goal of reducing hospitalizations. In combination with 911 Call Triage or direct call triage, the CP may respond for patient evaluation, treatment, and continuity planning.

Extended Care Facility Episodic Care – Patients may be referred to the CPP through agreement with a facility or referral by the patient's physician. In combination with 911 Call Triage or direct call triage, the CP may respond for patient evaluation, treatment, and continuity planning.

EMS Patient Management – EMS patients determined to be candidates for CP evaluation and treatment may be referred to the CPP by the EMS unit with agreement of the patient. The CP may respond for patient evaluation, treatment, and continuity planning.

Incapacitated Patient Assessment – EMS patients determined to be compromised by alcohol or mental health issues may have a CP response for patient evaluation, treatment, and continuity planning.

Home Safety Assessment – CP may perform home safety assessments as part of any home visit with recommendation made to the patient and primary care provider.

Other Programs - Other patient care programs may be developed and implemented as needed by the community under the direction of the EMS Medical Director and designated CPMD.

The following procedures are covered by CP protocols and are pre-approved for use by the CP: Urinary catheter placement, IV starts, Blood draws, Feeding tube maintenance and replacement facilitation and wound care evaluation and treatment.

PATIENT CONDITION AND STABILITY

The patient MUST be hemodynamically stable for CP evaluation and treatment.