PURPOSE
To provide definitions for common terms used throughout the County of Riverside EMS Agency (REMSA) Policy Manual.

AUTHORITY
California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]4405

GUIDELINES
California EMS Authority’s Prehospital EMS Aircraft Guidelines

Definitions
These definitions are used throughout the REMSA Policy Manual:

1. Advanced Directive
An advanced directive may also be known as a living will, health care power of attorney or durable power of attorney (DPOA). Regardless of the term, an advanced directive is a legal document that tells who the patient wants making medical treatment decisions for them when they are unable to make them for themselves. It also gives general directions on treatments the patient does or does not want to help create a treatment plan. An advanced directive does NOT take the place of a Do Not Resuscitate (DNR) order or a Physician’s Order for Life Sustaining Treatment (POLST); rather, it is a complementary form

2. American College of Cardiology (ACC)
The ACC nonprofit medical society comprised of physicians, surgeons, nurses, physician assistants, pharmacists, and practice managers, and bestows credentials upon cardiovascular specialists who meet its stringent qualifications. The ACC is a leader in the formulation of health policy, standards and guidelines, and cardiovascular research. The ACC provides professional education and operates national registries for the measurement and improvement of quality care.

3. American Heart Association (AHA)
The AHA is a nonprofit organization that funds cardiovascular medical research, educates consumers on healthy living and fosters appropriate cardiac care in an effort to reduce disability and deaths caused by cardiovascular disease and stroke. They are known for publishing guidelines on cardiovascular disease and prevention, standards on basic life support, advanced cardiac life support (ACLS) and pediatric advanced life support (PALS).

4. Ambulance Arrival at ED
The time the ambulance stops (actual wheel stop) at the location outside the hospital ED where the patient is unloaded from the ambulance.

5. Ambulance Patient Offload Delay (APOD)
Any delay in ambulance patient offload time (APOT) that exceeds the local ambulance patient offload time standard of 25/30 minutes. This shall also be synonymous with “non-standard patient offload time” as referenced in the Health and Safety Code.

6. Anatomic Criteria
A standard based on the severity of bodily injury/injuries.
7. **Apparent Life-Threatening Event (ALTE – occurs in the infant and pediatric patient populations)**
   An episode that is frightening to the observer and is characterized by some combination of apnea (central or obstructive), color change (cyanotic, pallid, erythematous or plethoric), change in muscle tone (usually diminished) and choking or gagging. In some cases, the observer fears that the child has died.

8. **Base Hospital (BH)**
   A hospital that is approved by REMSA to give online medical direction (base hospital orders) to prehospital personnel.

9. **Base Hospital Order (BHO)**
   Verbal / online medical direction and/or consultation between a mobile intensive care nurse (MICN), and/or a base hospital physician (BHP), and prehospital personnel, in accordance with REMSA policies and protocols. Base hospital orders / medical direction shall include, but is not limited to, ordering interventions based upon patient presentation during online contact and medical consultation as requested by a prehospital provider.

10. **Base Hospital Physician (BHP)**
    A physician at a base hospital who is responsible for providing base hospital orders (BHOs) to prehospital personnel and medical direction to base hospital mobile intensive care nurses (MICNs).

11. **Base Hospital Physician Order (BHPO)**
    Verbal / online medical direction and/or consultation between a base hospital physician (BHP) and prehospital personnel, in accordance with REMSA policies and protocols. These orders are usually relayed to the prehospital provider by the mobile intensive care nurse (MICN) after speaking directly with the base hospital physician (BHP).

12. **Catastrophic Event**
    Any disaster, or other public health emergency, that overwhelms the standard response capabilities of the responding agencies in Riverside County.

13. **Centers for Medicare & Medicaid Services (CMS)**
    The federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program.

14. **Continuous Quality Improvement (CQI)**
    A formal approach to the analysis of system performance and efforts to improve it.

15. **DEA Registrant**
    An entity registered with the Drug Enforcement Administration (DEA) to dispense controlled substances such as a medical practitioner, hospital, pharmacy, or teaching institution.

16. **Do Not Resuscitate (DNR) Order**
    A DNR order is a medical order that specifies the type of medical treatment a patient wishes to receive at the end of their life; specifically, whether CPR is performed or withheld in the event that they experience cardiac arrest. To be valid, the DNR order must be signed and dated by a physician, a nurse practitioner, or a physician assistant acting under the supervision of the physician, and the patient or legally recognized health care decisionmaker. A DNR does NOT take the place of an advanced directive; rather, it is a complementary form. A DNR differs from a Physician’s Order for Life Sustaining Treatment (POLST) in that, a DNR pertains to the performance of CPR only; a POLST provides further instruction, in addition to the performance of CPR, regarding the amount and types of care that the patient wishes to have rendered.

17. **Emergency Department (ED) Medical Personnel**
    An ED physician, mid-level practitioner (e.g., Physician Assistant, Nurse Practitioner) or Registered Nurse (RN).
18. **EMS Personnel**  
EMTs, AEMTs, EMT-II and/or EMT-Ps responsible for out of hospital patient care and transport consistent with the scope of practice as authorized by their level of credentialing.

19. **Emergency STEMI Patient Transport**  
A transport utilizing a Riverside County permitted ambulance to rapidly respond and transport a patient who has been identified by the STEMI Referral Hospital as experiencing a STEMI, whose condition may measurably deteriorate by delay in transport, as determined by the transferring physician.

20. **Hemodynamic instability**  
A patient exhibiting the following signs and symptoms of systemic poor perfusion:  
- Hypotension  
- Altered mental status  
- Chest pain  
- Dyspnea/tachypnea  
- Diaphoresis  
- Pale/cool skin

21. **Last Reviewed Date**  
*In reference to REMSA policies and protocols:* indicates the most recent date that the policy or protocol was reviewed in its entirety.

22. **Last Revised Date**  
*In reference to REMSA policies and protocols:* indicates the most recent date that a change was made to the policy or protocol. These changes may include but not be limited to grammar, syntax, spelling, formatting and/or content.

23. **Mass Casualty Incident / Mass Patient Incident (MCI / MPI)**  
An incident in which EMS resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties or patients

24. **Mechanism of Injury (MOI)**  
The event and kinetic force that caused an injury.

25. **Medical Triage**  
Medical sorting and prioritization of a patient by ED medical personnel. Medical triage includes acceptance of a verbal patient report from EMS personnel.

26. **Mobile Intensive Care Nurse (MICN)**  
A nurse in the ED at a base hospital who is assigned to provide BHOs, medical direction or consultation.

27. **“NSAID Criteria”**  
The assessment tool that is used to determine the necessity for cervical spine stabilization:  
- Neuro deficits  
- Spinal Tenderness  
- Altered Mental Status  
- Intoxication  
- Distracting Injury

28. **Online Contact / Direction**  
Direct verbal contact, direction or consultation provided to prehospital personnel by an MICN, or BHP, from a base hospital
29. **Patient**
   Any person that:
   i. Has experienced an event that could cause illness or injury; or
   ii. Is in a circumstance or situation that creates a suspicion of illness or injury; or
   iii. Makes a request for assistance, examination, or treatment; or
   iv. Has a chief complaint; or
   v. Has signs or symptoms of illness or injury; or
   vi. Has spoken of or acted toward suicide; or
   vii. Is dead

30. **Patient, Geriatric**
    A patient appearing or known to be 65 years of age or more.

31. **Patient, Adult**
    A patient appearing or known to be 15 years of age or more.

32. **Patient, Pediatric**
    A patient appearing or known to be older than 29 days but less than or equal to 14 years of age.

33. **Patient, Neonate**
    A patient appearing or known to be newborn, and up to 28 days old.

34. **Patient, Critical Trauma (CTP)**
    A patient who meets REMSA’s trauma triage criteria.

35. **Patient Preference**
    The patient’s spoken or written request, including an advance directive. In the absence of a direct request, the
    patient’s immediate family, physician, or health care organization may dictate the patient’s preference. In the minor
    patient, the patient’s parent or guardian may decide.

36. **Percutaneous Coronary Intervention (PCI)**
    PCI, formerly known as angioplasty with stent, is a non-surgical procedure that uses a catheter to place a stent in
    cardiac blood vessels that have been narrowed by plaque buildup.

37. **Physician’s Order for Life Sustaining Treatment (POLST)**
    The POLST form is a medical order that specifies the type of medical treatment a patient wishes to receive at the
    end of their life. To be valid, the POLST form must be signed and dated by a physician, a nurse practitioner, or a
    physician assistant acting under the supervision of the physician, and the patient or legally recognized health care
    decisionmaker. A POLST does NOT take the place of an advanced directive; rather, it is a complementary form. A
    POLST differs from a DNR, in that, a DNR pertains to the performance of CPR only while a POLST provides further
    instruction, in addition to the performance of CPR, regarding the level of care that the patient wishes to have
    rendered.

38. **Physiologic Criteria**
    A standard based on the severity of shock, or inadequate tissue perfusion.

39. **Prehospital Receiving Center (PRC)**
    A hospital that has been approved by REMSA to receive patients via ambulance.

40. **Public Safety Personnel**
    Any individual who has received the minimum training standards for EMS personnel, which includes first aid, CPR
    and AED operation, and who also respond to tactical casualty care situations.
41. **Shock (signs and symptoms)**
   Greater than or equal to 15 years:
   - Systolic BP less than 80 mmHg OR
   - Systolic BP less than 90 mmHg **AND**
     - An altered mental status
     - Tachycardia
     - Pallor
     - Diaphoresis
   
   Less than 15 years:
   - Any of the following signs of inadequate perfusion
     - An altered mental status
     - Tachycardia
     - Pallor, mottling or cyanosis
     - Diaphoresis
     - Comparison of peripheral versus central pulses
     - Capillary refill of greater than two (2) seconds
     - Systolic BP less than \([70 + (age \times 2)]\)

42. **ST Elevation Myocardial Infarction (STEMI)**
   A specific heart attack that can be identified on 12-lead ECG by trained personnel. The ECG of a STEMI patient will show greater than 1 mm ST segment elevation in two (2) or more contiguous leads.

43. **Symptomatic hypoglycemia**
   Known, or suspected, diabetic patients who present with or complain of:
   - Fatigue
   - Pale skin
   - Shakiness
   - Anxiety
   - Sweating
   - Hunger
   - Irritability
   - Tingling or numbness of the lips, tongue, or cheek
   - Confusion, abnormal behavior or both, such as the inability to complete routine tasks
   - Visual disturbances, such as blurred vision
   - Seizures
   - Loss of consciousness

   **AND**

   - Have a blood glucose less than 80 mg/dl in adults
   - Have a blood glucose less than 70 mg/dl in pediatrics and neonates

44. **Transfer of Patient Care**
   The orderly transition of patient care duties from EMS personnel to receiving hospital ED medical personnel.
45. **Unstable bradycardia**

Patients experiencing symptomatic bradycardia who are exhibiting the following signs and symptoms of systemic poor perfusion:

- Hypotension
- Altered mental status
- Chest pain
- Dyspnea/tachypnea
- Diaphoresis
- Pale/cool skin

AND

- Have a heart rate less than 60 bpm in adults

46. **Unstable tachycardia**

Patients experiencing symptomatic supraventricular tachycardia (SVT) or VT with pulses who are exhibiting the following signs and symptoms of systemic poor perfusion:

- Hypotension
- Altered mental status
- Chest pain
- Dyspnea/tachypnea
- Diaphoresis
- Pale/cool skin

AND

- Have a heart rate greater than 150 bpm in adults
- Have a heart rate greater than 180 bpm in pediatrics
- Have a heart rate greater than 220 bpm in neonates

47. **Unusual Event**

An incident that significantly impacts or threatens public health, environmental health, or emergency medical services.

48. **Verbal Patient Report**

The face-to-face, or two-way radio, verbal exchange of key patient information between EMS personnel and ED medical personnel.

49. **Written EMS Report**

The written report supplied to ED medical personnel (either through the electronic patient care record- ePCR, or actual written report, if ePCR is not available) that details patient assessment and care that was provided by EMS personnel.