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STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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Special Circumstances Protocols

Maine EMS has standardized statewide treatment protocols that address most of the emergencies encountered by EMS personnel. These protocols are updated periodically and are available for download at the Maine EMS web site.

There are situations when a patient has a specific medical condition that requires emergency medical treatment, which may not be part of the Maine EMS Prehospital Treatment Protocols. In these situations, patients, parents, and legal guardians may request a Special Circumstances Protocol that would identify the patient's special medical condition and the treatment(s) required in the event of an emergency.

In order to request a Special Circumstances Protocol, please contact Maine EMS with the following information:

- The patient's medical condition
- The requested emergency medical treatment (NOTE: Special Circumstances Protocols must be written in a manner that includes treatment orders that are consistent with the license level of EMS providers. Maine EMS is available to assist with information about these levels and in drafting the protocols.)
- The patient's residence (including cities/towns where the patient may frequently visit)

With this information, Maine EMS will send a form that can be completed by the patient's physician. Maine EMS will also provide the contact information for the local EMS service(s) so that the person making the request is able make the service aware of this special needs situation. Maine EMS will also provide contact information for the Regional EMS Office and the Regional EMS Medical Director who can assist with this process. The primary service chief and regional EMS medical director will also sign the form.

The form is then submitted to Maine EMS for approval by the Medical Directions and Practice Board (MDPB). After approval by MDPB, the state EMS medical director will sign the form and it will be returned to the patient, parent, or legal guardian. The Special Circumstances Protocol should be carried by the patient along with any medications and devices that may be necessary. The completed form may be photocopied as needed.

Maine EMS providers are authorized to follow Special Circumstances Protocols that have been approved by Maine EMS.

PHONE: (207) 626-3860

FAX: (207) 287-6251

TDD: (207) 287-3659

With offices located at: Central Maine Commerce Center, 45 Commerce Drive – Suite 1, Augusta, ME 04330

**Maine Emergency Medical Services
Special Circumstances Protocol Request
[date]**

Patient Identifier and Reason for Special Circumstance Section

This personal care plan has been developed for *[insert patient's name, address, and date of birth]*. This personal care plan is to be used exclusively for *[insert patient's name]* in the circumstances of illness or injury requiring the administration of [medication or device] for the treatment of

Should *[insert patient's name]* need an emergent transport to the hospital, the hospital of preference is *[insert name of preferred hospital]*.

Signs and symptoms that necessitate using the medication and/or device are:

This plan is developed using Maine EMS Protocols and EMS Scope of practice, the recommendations of *[insert patient's name]* personal physician *[insert name of patient's doctor]* and the standard of care processes in emergency departments in the treatment of the above condition.

Protocol Section:

These are to be considered standing orders. If any questions, personnel should contact on line medical control or their service medical director.

The following medical intervention is exclusive to the special circumstance and medical condition of *[insert patient's name]*. The [medication] and/or device will be supplied by and kept with *[insert patient's name]*.

EMT-Basic: [examples only, may be modified within scope of practice for EMT-Basic]

1. Assess patient and follow appropriate MEMS protocol for the condition that prompted the 911 call. (i.e., Chest Pain, follow chest pain protocol)
2. Call ALS
3. Continue to care for patient until ALS arrives.
4. Remind ALS of the need for [medication]
5. Assist ALS as needed

EMT – Intermediate and/or Paramedic [examples only, may be modified within scope of practice for EMT-Intermediate and Paramedic]

1. Assess patient and follow appropriate MEMS protocol for the condition that prompted the 911 call. (i.e., Chest Pain, follow chest pain protocol)
2. Administer [medication name, dose, and route]
3. Continue to care for patient as needed.
4. Contact on line medical control and report the use of [medication]
5. Transport patient to hospital
6. Document the use of [medication/device] on the patient care report.

The above treatment must be within the scope of practice, training, and skill of the EMS Provider.

Signature Section:

I have reviewed the personal care plan for *[insert patient's name]*. I concur with all the treatments listed herein.

Regional EMS Medical Director

Date

Primary Care/or Attending Physician

Date

Service Chief (primary local service)

Date

Patient, or parent if patient is a minor

Date

Approved by Maine EMS Medical Direction and Practice Board: _____
Date

Must be ratified through the Maine EMS Medical Direction and Practice Board and then filed with the Maine EMS Office.