



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Guidelines for Limited Base Contact		Policy Number 720	
APPROVED Administrator:  Steven L. Carroll, Paramedic		Date: June 1, 2018	
APPROVED Medical Director:  Daniel Shepherd, MD		Date: June 1, 2018	
Origination Date: June 15, 1998 Date Revised: March 8, 2018 Date Last Reviewed: March 8, 2018 Review Date: March 31, 2021		Effective Date: June 1, 2018	

I. PURPOSE: To define patient conditions for which Paramedics shall make limited base contact (LBC).

II. AUTHORITY: Health and Safety Code 1797.220.

III. POLICY: Paramedics shall make LBC for uncomplicated cases, which respond positively to initial treatment and require no further intervention or where symptoms have resolved.

A. Patient criteria:

1. Hypoglycemia Blood Glucose less than 60 mg/dl
2. Narcotic Overdose.
3. Chest pain – Acute Coronary Syndrome no arrhythmia, or associated shortness of breath.
4. Shortness of Breath - Wheezes/Other
5. Seizure: No drug ingestion, no dysrhythmias, Chemstick less than 60 mg/dl (no longer seizing, not status epilepticus, not pregnant).
6. Syncope or near-syncope (stable vs. no dysrhythmia, Chemstick less than 60 mg/dl.)
7. Pain (Except for head/neck/chest/abdominal and/or pelvic pain due to trauma)
8. Nausea and vomiting
9. BRUE

B. Treatment to include:

1. Hypoglycemia: Prior to Contact procedure up to Dextrose
2. Narcotic Overdose: Prior to Contact procedure up to Naloxone
3. Chest Pain: Prior to Contact procedure up to three sublingual nitroglycerin or nitroglycerin spray (administered by paramedic) and Aspirin 324 mg po.
4. Shortness of Breath – Wheezes/Other: Prior to Contact procedure up to one nebulized breathing treatment only (administered by paramedic).
5. Seizure: Prior to contact procedure up to administration of Dextrose and/or Versed.
6. Syncope or near-syncope: Prior to Contact procedure up to IV Chemstick check.
7. Pain: Prior to Contact procedure, including administration of Morphine.

8. Nausea/Vomiting: Prior to Contact procedure, up to and including administration of Ondansetron.
 9. Supportive Care
- C. Communication
1. The limited BH contact call-in shall include the following information:
 - a. ALS unit number
 - b. "We have a LBC"
 - c. Age/Sex
 - d. Brief nature of call
 - e. ETA and destination
- D. Documentation
1. ALS Unit
 - a. Complete a VCePCR with "ALS (Limited Base Hospital Contact)" selected in the "Level of Service Provided" drop-down list.
 2. MICN
 - a. Complete log entry with "LBC" noted in the treatment section.
 - b. Call will be documented on digital audio recording.