

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic, EMT – Paramedic**

SMO: Physician/ RN on Scene

Overview: When EMT's have established patient contact, "a caregiver/patient" relationship has been established between the patient and EMSMD or designee. If a physician in on-scene they MAY assume responsibility for this patient if the following criteria are satisfied and documented.

- Physician can show a State of Illinois Medical license
- Physician also produces a picture ID
- Physician agrees to accompany patient to the hospital in the transporting vehicle

If any of these criteria are not met and the physician on scene insists on taking control of the situation, contact Medical Control for physician-to-physician communication. The EMT should employ the following as guidelines in interacting with a physician on the scene:

PHYSICIAN ON SCENE

- ___ Contact the resource hospital as soon as possible. All treatment should be reported over the radio for purposes of documentation.
- ___ When, after consultation with the EMSMD or designee, it is determined that the physician's orders may be harmful to the patient, the EMT shall:
 - Explain to the physician on-scene the recognized deviation from SOPs and/or policies and procedures.
 - Immediately put the physician at the scene in contact with Medical Control.
 - The EMSMD or designee will explain system SOPs and policies and procedures and attempt to reach consensus on patient care. Patient management by the licensed physician to provide supervision and direction throughout the pre-hospital care and transport process will continue until responsibility for care of the patient can be turned over directly to a physician on duty at hospital emergency department.
 - In cases where disagreements cannot be resolved, the EMSMD or designee will assume responsibility for patient care.
- ___ In cases where the patient's personal physician is physically present, Medical Control should respect the previously established doctor/patient relationship as long as acceptable medical care is being provided.

RN or NON-AGENCY EMS PROVIDER ON SCENE

- ___ An RN or non-agency EMS provider on scene may assist to the level of First Aid. If additional skills are needed (e.g. IV initiation) Medical Control MUST be contacted for permission to utilize this person in an expanded role.
- ___ An RN or non-agency EMS provider on scene must provide proof of State of Illinois licensure and a picture ID.
- ___ He/she must agree to follow the directions of the EMSMD or his/her designee.

Documentation of adherence to protocol:

- Notification of Medical Control as outlined above.
- Any deviation from protocol as discussed with Medical Control.
- Documentation of name, State of Illinois license number, and picture ID produced as outlined above.

Medical Control Contact Criteria

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| <ul style="list-style-type: none"><input type="checkbox"/> Immediately upon scene physician's request to assume responsibility at the scene.<input type="checkbox"/> If any question exists as to best treatment option for the patient. |
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PRECAUTIONS AND COMMENTS

- The "caregiver/patient" relationship has been established between the patient and EMSMD when the EMT establishes patient contact.
- EMT's act under medical direction of Medical Control for the management of the patient.
- On-scene physician, RN, or non-agency EMS Provider involvement should be established with caution and with close Region 1 Medical Control guidance.

EMS REGION 1
ON-SITE PHYSICIAN RESPONSIBILITY ACKNOWLEDGMENT

Thank you for your offer of assistance. Be advised the attending EMS Region 1 personnel are operating under the authority of Illinois law. No physician or other person may intercede in patient care without the EMS Region 1 Medical Director, or his or her appropriate designee, relinquishing responsibility of the scene or otherwise giving approval in accordance with EMS Region 1 protocols.

IF YOU ARE A PHYSICIAN AND DESIRE TO ACCEPT RESPONSIBILITY FOR AND DIRECTION OF THE CARE OF THE PATIENT(S) AT THE SCENE:

1. You **MUST** show your medical license wallet card to the EMT and state your specialty.
2. You **MUST** accompany any patient whose care you direct to the medical facility in the ambulance or other attending medical vehicle.
3. Your direction of a case **MUST** be approved by the EMS Region 1 Medical Director or his or her appropriate designee.

Please print except for your signature:

I, _____ M.D. / D.O., assume full responsibility for the pre-hospital direction of medical care of the patient(s) identified below during this ambulance call, and I will accompany the patient(s) to the medical facility. I understand that the Region 1 EMS Medical Director, or his or her appropriate designee, retains the right to resume responsibility for the medical care of such patient(s) at his or her discretion in accordance with Region 1 EMS protocols at any time, and that the care of the patient(s) shall be relinquished to the appropriate Region 1 personnel upon arrival at the medical facility.

Patient Identification (*please initial and provide information as appropriate*):

_____ All patients at the scene, **OR**

_____ The following patients: _____

Physician Signature (M.D. / D.O.) _____/_____/_____
Date

Thank you for your interest.

Region 1 EMS Personnel to complete: Date ____/____/____ Run Identification _____ EMT Initials _____
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White: Chart
Yellow: EMS Office
Pink: Provider
Gold: Physician