



Curbside Critical Care

What Are Some Clinical Enhancements
That Supervisors Can Bring to the Scene?

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Questions

- **Why train field supervisors at the critical care level in a fire-based EMS system?**
- **What additional skills can field supervisors provide?**

Prior State

- Paramedic Credential Level
- Primarily administrative
- Response for multi-patient/major incidents
- Ad hoc field response
- 1-2 CCPs in system for mostly SCT/IFTs



The Big Change



New State

- CCP Credentialed
- Clinical 1st, Admin 2nd
- Dispatch to cardiac arrests, potential blood calls, high-acuity incidents
- 9 on-duty EMS Supervisors
- ~40 Credentialed

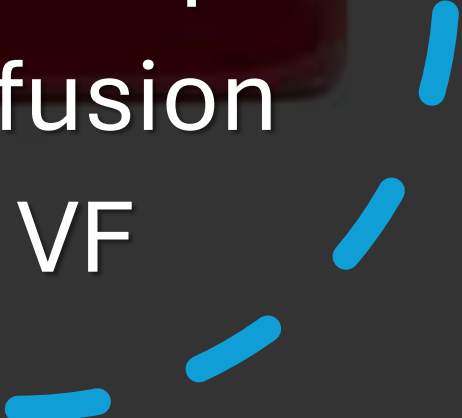


Road to CCP Credentialing





CCP Toolbox

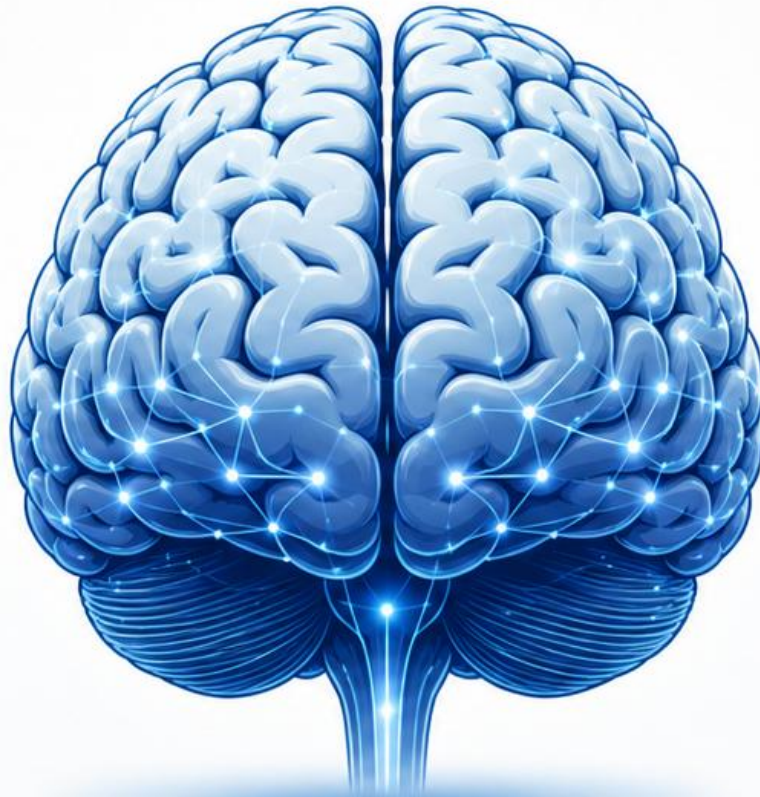
- Vent/BiPAP/CPAP
 - Paralytics for DSI/RSA
 - Finger Thoracostomy
 - Pericardiocentesis for TCA
 - 2nd Pressor (Phenyl/Vaso)
 - Labetalol for Pre-E/Eclampsia
 - Nitroglycerin bolus/infusion
 - Esmolol for refractory VF
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The Most Important Tool

**Clinical
Judgement**

Experience

Mentorship



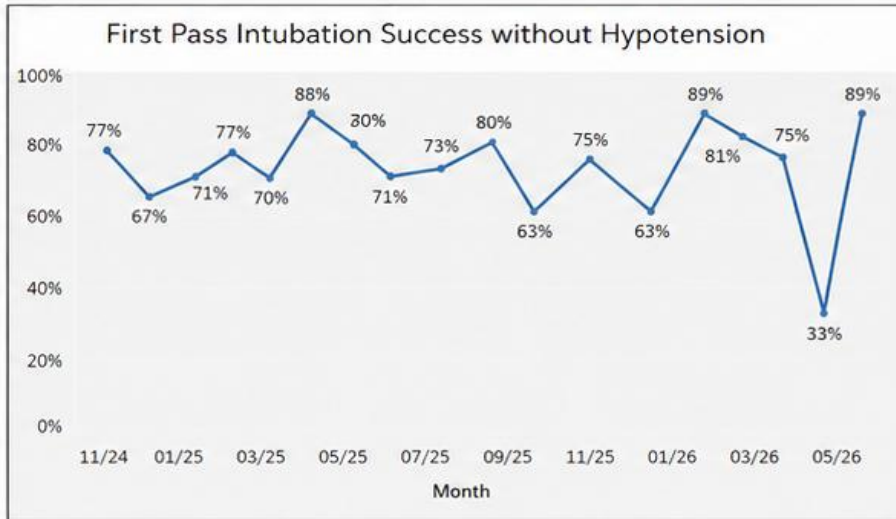
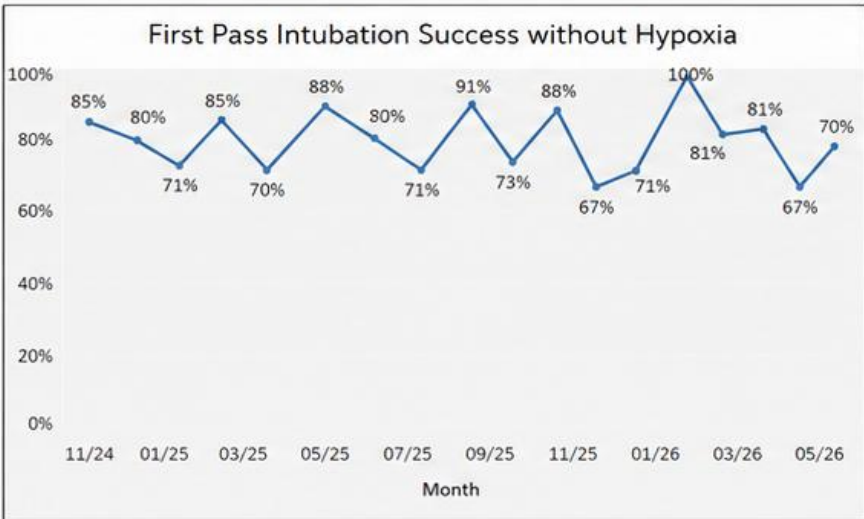
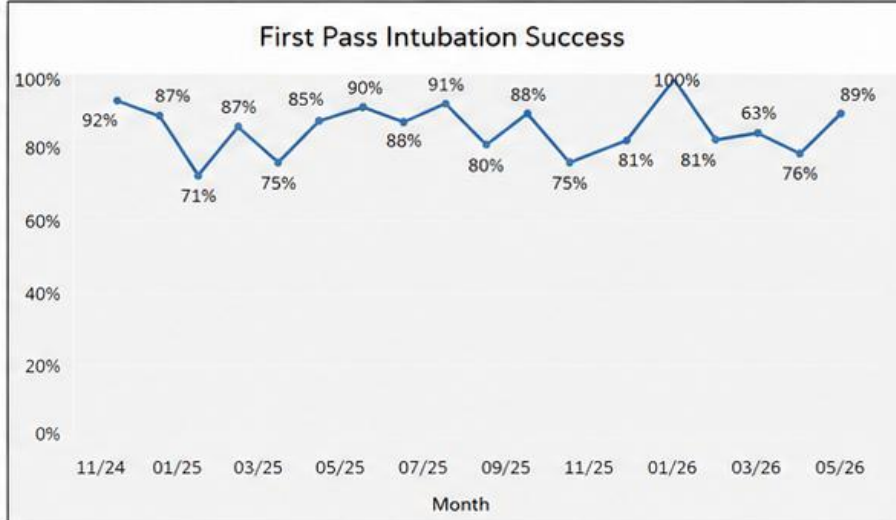
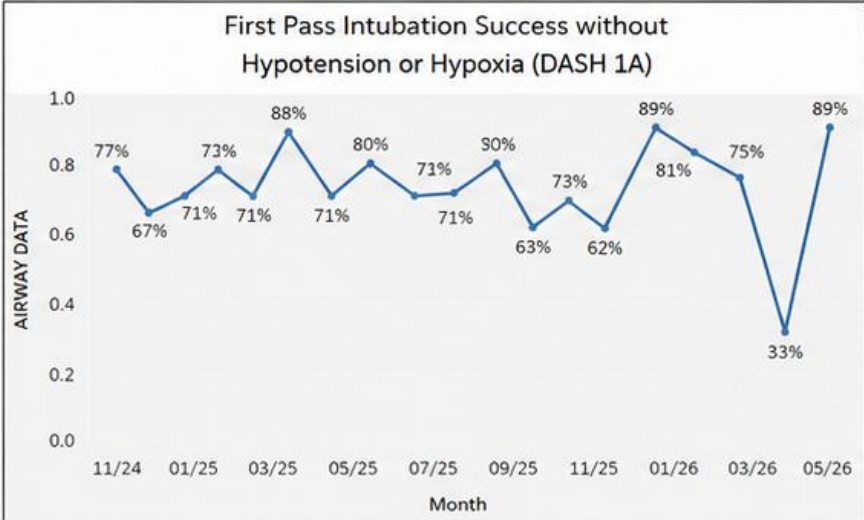
**Advanced
Knowledge**

**Calm in the
Storm**

**Communication
and Delegation**

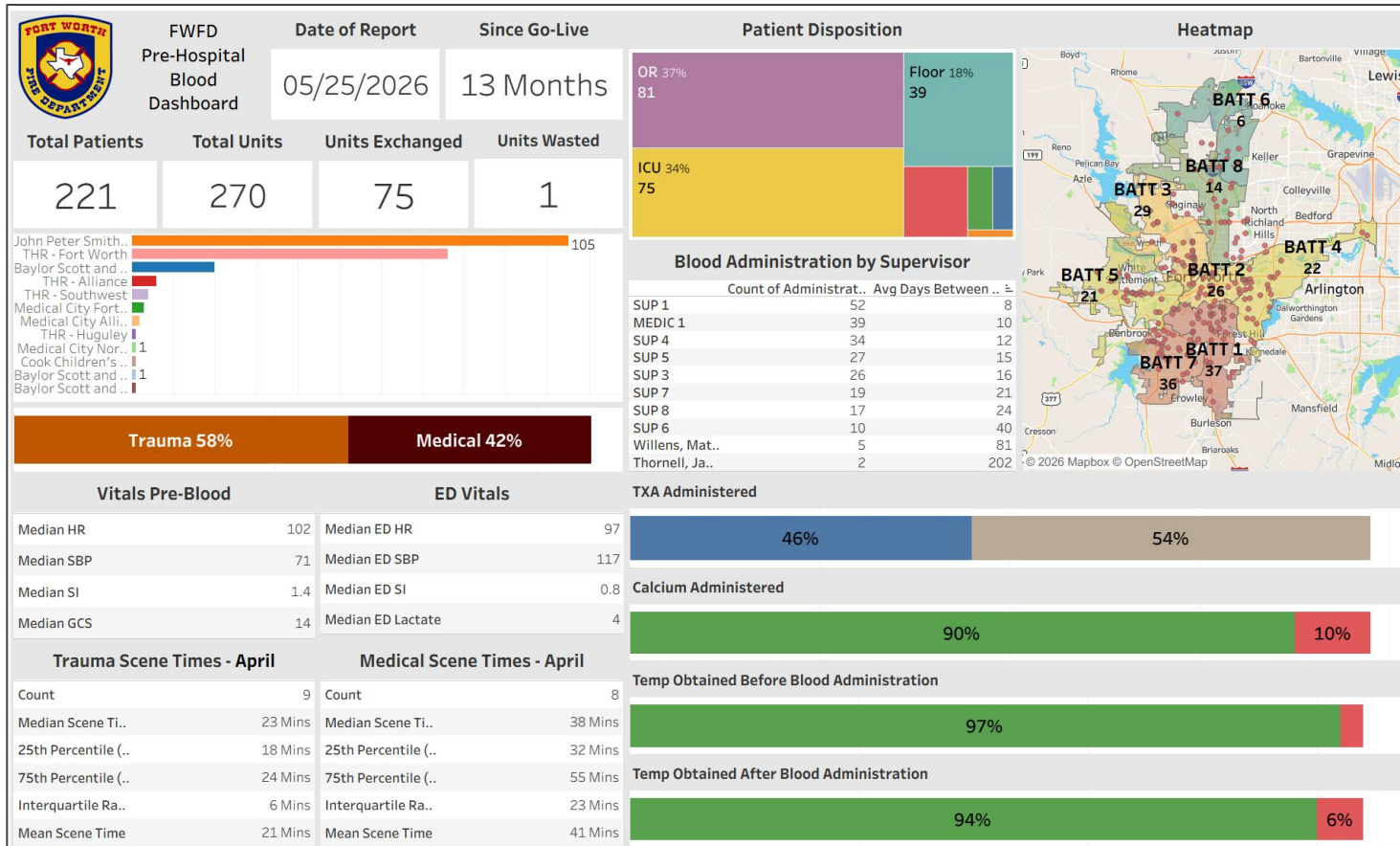
Airway Management

Airway Measures



DSI/Intubation Checklist		
PATIENT	PREP	PERFORM
<input type="checkbox"/> Plan Primary: ETT Backup: BVM, SGA COCV: Cric	<input type="checkbox"/> Kit Dump • Blades • ETT • Syringes • Tamer • Bougie curved • Backups • Suction tested • VL tested	<input type="checkbox"/> Push • Push paralytic • 90 sec count-down • Watch monitor • Trauma: Open c-collar
<input type="checkbox"/> Pre-Ox • HFNC @ max • ETSN • HOB 30 deg • PEEP • MAX BVM PRN	<input type="checkbox"/> Medications • Ketamine given • Paralytic ready	<input type="checkbox"/> Perform Intubation
<input type="checkbox"/> Monitor • ECG • BP q 2 min • SpO2 opposite BP cuff • EtCO2	<input type="checkbox"/> Goals • SpO2 ≥ 94 3 min • SBP ≥ 100	Bail Out Criteria: SpO2 ≤ 94%
	IF GOALS NOT MET, DO NOT DSI. Consider RSA.	<input type="checkbox"/> Post Intubation • EtCO2 ≥ 5 • Auscultate • Sedation

Blood Program



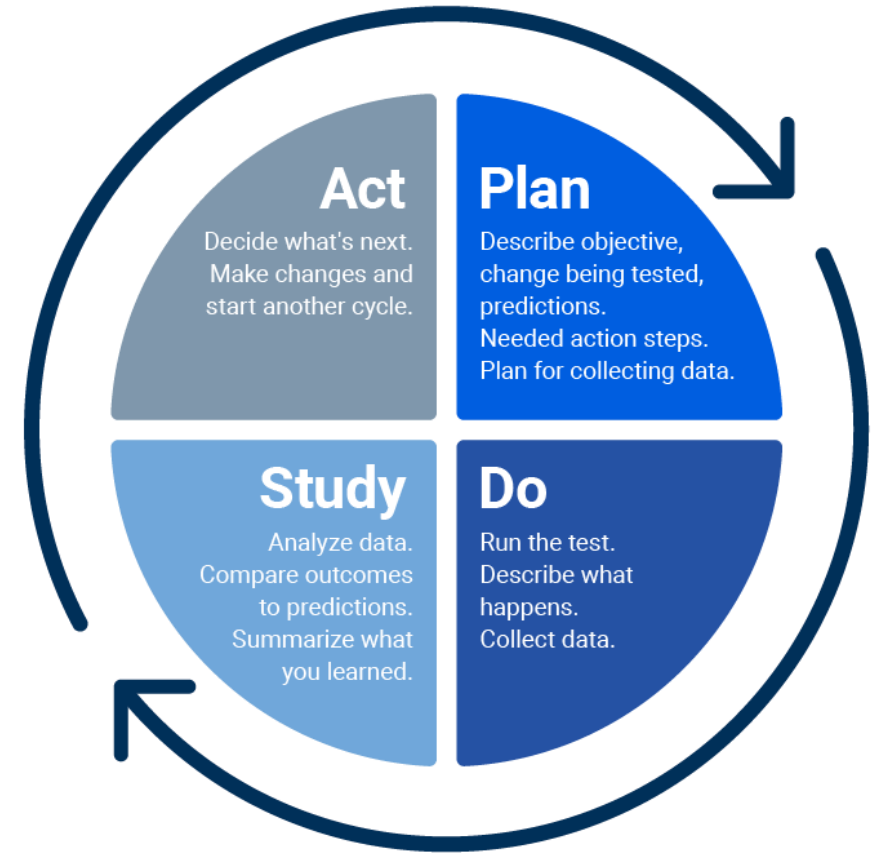
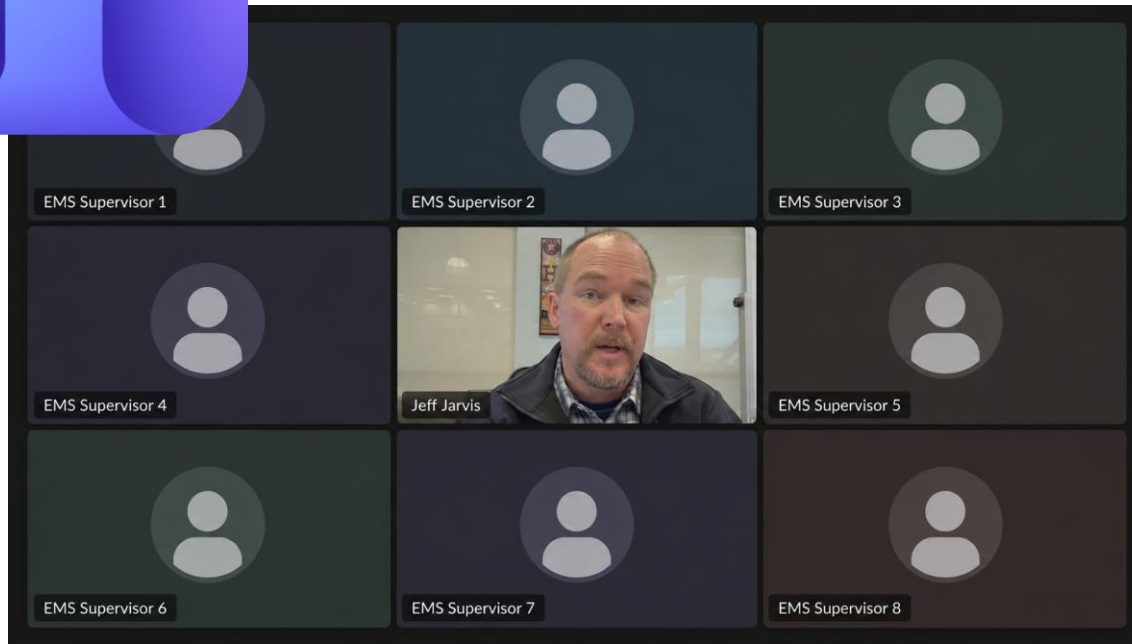
POCUS



Online Protocol Guidance



Rapid Bi-directional Knowledge Translation



Take Aways

- CCPs can play a key role in fire-based EMS systems
- Supports deployment of advanced clinical tools and capabilities
- Can improve performance in high-risk procedures
- Creates a pathway for professional & clinical growth
- Develops field champions for quality improvement efforts
- Strengthens medical oversight and rapid feedback loops





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