8.01 General Principles for Guidelines / Standing Orders
(Applies to ALL Guideline/Standing Orders; Adult/Pediatric, Trauma/Medical)

A. BLS / ALS Level

1. The BLS portion of the following flowchart guidelines apply to all members assigned to emergency operations and special operations while on duty for the Houston Fire Department.
2. The ALS portion of the following guidelines apply only to those members credentialed to function as paramedics by the Physician Director of EMS for the City of Houston, while they are assigned to EMS duties and intended to function as a paramedic.
3. Upon arrival to scene, evaluate for personal safety (goggles, gloves, mask, etc.).
4. Perform Baseline Assessment (*Ref. definition 3.09 and Ref. 7.01 "Patient Assessment"*)
5. "First Do No Harm" (is the indication for what you are about to do still there?).
6. Never underestimate the importance of basics (ABC's). Whenever a patient deteriorates without apparent reason, re-evaluate per C-A-B or A-B-C if age < 8 years old.
7. When in doubt, shout (Contact EMS Supervisor, Base Station, on-call physician).

B. ALS Level

1. The standing orders allow paramedics to change between treatment guidelines. Paramedics are permitted to change the treatment plan from one standing order to another once prior to consulting with an on-line physician. Appropriate treatment of a patient may require the use of more than one guideline simultaneously. All members should employ their best clinical skills with complex medical patients and are encouraged to contact on-line medical control for further guidance.
2. Within each treatment guideline, ALS providers are responsible for any indicated treatments or evaluations which are listed under both the BLS and ALS sections of the flowchart.
3. If at any time a pulsing patient should unexpectedly deteriorate into cardiac arrest, HFD personnel are to immediately begin resuscitative measures in accordance with these guidelines and may continue to do so while making contact with the on-line physician.
4. Administration of medications via the IV route is often preferred over any other route (*See B.6.*). As an alternative to IV, intraosseous access (IO) can be initiated if available. Some drugs can be administered intranasally. Drugs shall not be administered via a supraglottic airway device or endotracheal tube.
5. Throughout the guidelines, medications specified as intravenously given may be given via the intraosseous route at the same dosage as the intravenous route.
6. Intranasal administration (IN) of medications is preferred if indicated for that specific medication. In cases of potential needle-stick hazards, IN administration may be preferred.
7. It is the responsibility of the paramedic to contact the Base Station in ample time so there is no delay in patient care waiting for an on-line physician. In other words, contact the Base Station prior to the last allowed steps of the standing orders.
8. The LifePak 15 and AED downloads are considered part of the quality improvement process and shall be down-loaded from each LifePak 15 and AED to HFD EMS headquarters for each case requiring CPR, electroshock therapy, 12 lead ECG, or intubation (*Ref 9.04 Procedure for Downloading AED and LifePak 15 Data*).
9. 12 Lead ECG's shall be downloaded into the patient care record whenever performed.