



## Reference 804: Core Principles: Invasive Procedures and Interventions

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Santa Cruz County believes that EMTs and Paramedics should wisely apply treatment procedure and intervention guidelines to most effectively manage their patient's clinical problems. Invasive procedures include all medical interventions: drug administration, airway management, defibrillation, even splinting: which can substantially alter the patient's outcome, and which carry both significant risks and benefits.

Rule #1 The clinical GOAL should influence the interventions chosen.

Rule #2 Always attempt to solve the patient's problem with the least invasive tool appropriate for the circumstance.

- Less invasive, simpler procedures often are more successful and carry a lower risk and smaller side effect profile.
- Graduate to more invasive and risky interventions as needed.

Rule #3 Always weigh the upside/downside of any intervention being considered.

- If the benefits do not outweigh the risks, the patient care plan should be re- evaluated.

Rule #4 When administering medications, give as much as necessary, as little as possible.

- Give enough medication to achieve the desired therapeutic effect, but always with the knowledge that a higher dose of a medication, by definition, carries a higher risk of adverse side effects.

Rule #5 You can always give more medication, but you can't give less.

- Titrating up on a medication dose is always wiser than scrambling to manage the problems created by overmedicating.
- The goal of medication therapy should also help to guide dosing.

Rule #6 Anticipate medication side effects.

Rule #7 When implementing an invasive procedure, always plan a few steps ahead, and always have a backup plan.



- When planning to intubate have the I-Gel handy, a BVM ready to go, suction at the ready. Be ready for the second seizure in patients whose seizure etiologies put them at risk for another convulsion (for example, alcohol withdrawal patients).

Rule #8 When performing an invasive procedure, take a 'time out' to confirm appropriate treatment.

- Is all equipment set up?
- Prepared for all possible patient responses to interventions?
- Plan adequately communicated to all crew members?

Rule #9 In general, vascular access should only be established when medications or fluids need to be administered, or when there is a relatively high likelihood that the patient will require medication or fluid therapy.