

# Memo



**To: ALS Providers**

**From: Dr. Walters, Medical Director – MD 1**

**Date: 1/29/2018**

**Re: Routine Blood Draws**

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**\*\*Attention ALS Providers with ALS Agencies that receive Medical Direction from Dr. Walters\*\***

## Routine Blood Draws for EMS Patients

Over the last several years we have seen hospitals swing full circle in wanting EMS providers to draw blood tubes and utilizing this blood for results in the hospital labs. Over the last couple of years, some local hospital emergency departments (ED) have again begun utilizing blood drawn by EMS to expedite the turnaround of lab results to expedite patient care. This is especially important for time sensitive diagnoses such as STEMI's and strokes. Additionally, having blood drawn on arrival to the ED results in significantly decreased time to lab results for all patients resulting in the faster diagnosis and treatment of abnormal results, expediting CT scans which are dependent on kidney function results for the use of IV contrast, and quicker ED throughput resulting in getting patients home faster.

To this end, some local ED's have requested ALS services draw routine blood tubes when starting pre-hospital IV's when they are able to. There may be times it may not be feasible due to patient acuity or time constraints to obtain labs in the prehospital setting and providers should not be criticized for this by hospital staff. While this does benefit the ED and should not delay on scene times or detract from critical patient care interventions, it goes far beyond that and truly enhances patient care. Our role as EMS providers has evolved from simply taking patients to the closest hospital to providing emergency care in the field and transporting them to the appropriate facility for definitive care to streamline their treatment. Drawing labs in the field is one very tangible way we are able to provide better care to our patients by minimizing the number of needle sticks and unnecessary painful procedures and decreasing their time to the diagnosis and management of emergency conditions.

Therefore, ALS providers should attempt to draw blood tubes anytime they start an IV when transporting patients to a hospital that will use EMS blood in their lab, provided the acquisition of blood tubes does not delay transport of the patient or delay critical interventions.

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