

The COMPLETE Rules of EMS

01. Skin Signs tell all.
02. Sick people don't bitch.
03. Air goes in and out, blood goes round and round, any variation on this is a bad thing.
04. About 70% of assault patients more than likely deserved it.
05. The more equipment you see on the EMT's belt, the newer they are.
06. There is no rule 6.
07. When dealing with patients, supervisors, or citizens, if it felt good saying it, it was the **WRONG** thing to say.
08. All bleeding stops, eventually...
09. All people will eventually die, no matter what you do.
10. If the child is quiet, be scared.
11. EMS is extended periods of intense boredom, interrupted by occasional moments of sheer terror.
12. Always follow the rules but be wise enough to leave them sometimes.
13. If the patient vomits, try to hold the head to the side of the rig with the least difficult cleanable equipment.
14. If someone dies by chemical hazards, electrical shocks or other on-scene dangers it should be the patient, not you.
15. Any EMT, Firefighter, Law Enforcement Officer and/or scene chief who is drunker than the patient is the **REAL** problem.
16. There will be problems.
17. The severity of the injury is directly proportional to the difficulty in accessing, as well as the weight, of the patient.
18. Hand grenades and turret-mounted machine guns usually work better than lights and sirens.
19. Make sure the rookie EMT knows that a med patch is a radio term, and not a medicated bandage.
20. "Paramedics save lives; EMT's save Paramedics" (To quote a popular T-shirt and bumper sticker).
21. If the patient LOOKS sick, then the patient IS sick.

22. If the patient is sitting up and talking to you, the patient is not in V-Fib, no matter what the monitor says.
23. It **IS** that bad.
24. Full spinal precautions were custom made for obnoxious drunks. So were nasopharyngeal airways...
25. If you absolutely must vomit, it is probably best to turn your head away from the patient.
26. It is generally bad to use the words "holy shit" on scene, in reference to the patients' condition.
27. Patients that crash in separate vehicles should be transported in separate vehicles.
28. Just because someone's fully immobilized doesn't mean they can't be violent.
29. If I'm up, **EVERYONE** is up!
30. Better them (another unit) than me.
31. I saved the patient... from the fire department.
32. When responding to a call, always remember that your ambulance was built by the lowest bidder.
33. Never get into the front of the ambulance with someone that is braver than you are.
34. When in doubt use industrial strength therapy.
35. If it's stupid, but it works, then it isn't stupid.
36. Algorithms never survive the first thirty seconds of patient contact.
37. Always honor the threat.
38. Always know **WHEN** to get out of Dodge.
39. Always know **HOW** to get out of Dodge.
40. Don't go into Dodge without the Marshal.
41. The simple things are always hard.
42. If the patient is going to vomit (especially projectile) be sure to aim towards any bystanders that would **NOT** clear the scene.
43. Sometimes it's easier to beg forgiveness than get permission.
44. You can't please any of the people any of the time.

45. The important things are always simple.
46. They said, "Smile, things could be worse." So we smiled and sure enough, things got worse!
47. Always answer a probie's questions (You once asked them, too).
48. "When in trouble, when in doubt run in circles, scream and shout..."
49. EMT's are taught - "the man with the gun, is the man in charge" (i.e.: the police) **WRONG!** Real life (when the fire dept. is on scene) "The man with the **NOZZLE** (charged hose line) is the man in charge!!" Trust me, it's true. I've been there. That charged hose will send you farther down the block & hurt more before the cop begins to think about shooting you.
50. The number of drugs a patient has on board is directly proportional to the number of knuckles tattooed.
51. If you respond to an MVC after midnight and you don't find a drunk, keep looking - you've missed a patient.
52. PVC's can be eliminated by sending an EKG strip to the hospital.
53. The ultimate QA program in EMS is an autopsy.
54. Best time to work a code: overtime.
55. Pain never killed anyone.
56. All fevers eventually fall to room temperature.
57. The weight of your patient is directly proportional to the chances the elevator will be non-functioning.
58. Here is a simple ETOH test: Hold your hands about 6 inches apart with thumbs and forefingers touching and ask the patient what color is the string you are holding. If patient indicates a color, the test is positive.
59. A tourniquet around the neck solves all problems.
60. If you drop the baby, pick it up.
61. The dead never get better; on the other hand they never get worse.
62. O2 is good, blue is bad.
63. Never trust an ER doc with anything sharper than a tongue depressor.
64. Less than 8 = intubate (See Glasgow Coma Score).
65. Asystole is a VERY stable rhythm.
66. Patient weight is in direct proportion to their altitude in the building.

67. Patient weight is directly related to the number of stair flights between him/her and the rig.
68. Stupid People are Job Security...
69. **THE RULE OF THREES (as it relates to codes):** 300 pounds, <30 minutes to shift change, 3 stories up in the building.
70. The "Whoops" Rule: #1 – The monitor just fell down the stairs; #2 – The cold and flu patient just coded; #3 – You are at the wrong house (Hint: the one with the Meth Lab probably didn't call 911).
71. The Dirt Rule: #1 – Don't get dirty; #2 – Don't run, you may violate #1; #3 – If it looks like you might get dirty doing something, let the new guy do it.
72. For every ALS skill we learn, we forget one BLS one.
73. The fire tetrahedron consists of the following: heat, oxygen, fuel & chief officer. Take any away, and the fire goes out.
74. "Compassion Kills", don't dive into incidents.
75. When a call comes in 2 minutes before shift change you will always pass your relief one block from the station and they will be laughing and waving at you.
76. If there is little to be gained, there is little to be lost. If there is a lot to gain, there is a lot to be lost.
77. If you lift an inch, crib an inch.
78. What do you call a medical student who finishes last in their class? Doctor.
79. If you think the cost of education is expensive, check out the cost of ignorance.
80. **Universal Precautions:** Is it wet? Is it yours? If it is, and it isn't - then leave it alone.
81. Death is a stabilization of the patient's condition.
82. Every Emergency has three phases - PANIC, FEAR, and REMORSE.
83. You are bound to get a call either during dinner, while you are on the can, or at 02:00 in the middle of a great dream.
84. Training is learning the rules. Experience is learning the exceptions.
85. Rocket scientists that get into stupid car crashes are the first ones to complain how bumpy the ambulance ride is.
86. "Poke & Hope" = blind IV start attempts.

87. Why do fire chiefs wear white helmets? So you know where the Preparation H goes.
88. Never trust your rig, drug box, or airway bag to be fully stocked (In spite of the assurances of the off-going crew).
89. If you don't have it, don't give up. Adapt, improvise, overcome (Then call for a second unit).
90. There is no such thing as a "textbook case".
91. Probies always look for large things in the smallest compartments and vice versa.
92. There is no such thing as a bad call. Only calls that didn't go the way you planned.
93. Just because someone's original EMT or Paramedic license date is before yours doesn't mean they know what they're doing.
94. Truckies are people who are over 6 feet tall and their hands drag the ground while walking upright.
95. Probies have there own way of doing things.
96. When it comes to needles, 'tis better to give than to receive.
97. Listening to some EMT's talk on the radio makes you wonder why they don't become professional auctioneers.
98. For every 25 calls you run, only 1 will be exciting.
99. Take comfort in the fact that most of your patients survive no matter what you do to them.
100. The old EMS constant: no matter how bad the politics get, the doors go up and the trucks go out.
101. ALS really stands for "Absolute Loss of Sense".
102. Most of your patients are healthier than you are.
103. Being in emergency services means you get to celebrate your holidays with all your friends, while on-duty.
104. Being an EMT means you get to expose yourself to rare, exotic and exciting new diseases.
105. EMS does not save lives; EMS is meant to care for people. It is 95% of what we do.
106. You fall, you call, we haul, and that's all.

107. There are two kinds of EMS calls: "Oh-Shit!" and "Bull-Shit!"
108. Call 1st, call fast, got to make that V-Fib last, till we shock 'um, make 'um jump, get a rhythm, and a pump.
109. When rate is slow, when BP is low, we give atropine, so we can go, go, go!
110. When you join the kidney club, you usually cannot go.
111. Common sense isn't very common.
112. The more reflective stripping there is on your jumpsuit; the easier it is for the only drunk driver going by the MVC scene to find you.
113. If you have a ride-along you want to show the real world, nothing will happen during the shift.
114. EMS goes against the process of natural selection.
115. Just because you're paranoid doesn't mean your supervisor's not around the corner.
116. You can't cure stupid.
117. Severe Trauma can **ONLY** be fixed by bright lights & cold steel
118. If at all possible, avoid any edible item that firefighters prepare, especially the tuna casserole.
119. Heaven protects Fools and Drunks.
120. We are all slaves to the god "Motorola".
121. The only medical control option that can always be used is #48: "Administer bolus of Diesel Fuel, repeat as needed".
122. Murphy was an optimist.
123. The address is never clearly marked.
124. EMS doesn't save lives we only "postpone the inevitable".
125. Supervisors become that because they won't be missed in the field.
126. The god "Motorola" desires sacrifices of hot food at least once a shift.
127. Even sterile water tastes great on a hot day.
128. The stereo must always be louder than the siren.
129. At the beginning of your shift, your main O2 tank, fuel tank, and stomach will be empty... but the call volume will be full.

130. You know you are in trouble when the directions to a patient's house include the phrase: "Turn off the paved road..."
131. Anyone with a "T 2T Ratio" of less than 5:1 is guaranteed to be drunk, on drugs, or both. ("T2T" means teeth to tattoos).
132. All arrhythmias eventually straighten themselves out.
133. Dead is dead, leave it at that.
134. Your seriously ill patient will miraculously get better when you roll them into the ER.
135. Your patient will get new symptoms after you give radio report and after arriving at the ER.
136. Don't get excited about blood unless it's your own.
- 137 The pain will go away when it stops hurting.
138. If nothing has gone wrong, you obviously don't understand the situation.
139. You should always stop CPR after the second "OUCH!" from the patient.
140. People don't call an Ambulance because they did something right.
141. The quickest way to gather the relatives is to leave the primaries on while at the scene.
142. Every nurse is right as long as you are in THEIR Emergency Department.
143. When in doubt, always take another set of vital signs.
144. If your patient is violent you can always use O2 therapy (an O2 bottle across the head usually calms them down).
145. The larger the house, the further from a door the patient will be.
146. If the patient fell and was moved by the family, they will have moved them so that climbing stairs will be involved.
147. The furniture will always be arranged so that a stretcher or stair chair will never fit easily.
148. The problem won't be that bad until a major disaster strikes ("You've had chest pain for 3 days and waited 'til the middle of a blizzard to call?").
149. The patient will suddenly develop an extensive past medical history as soon as the ER nurse asks for one.

150. The same rule (#149) also applies for medications.
151. Whenever you have NO lights or sirens on, everyone on the road will pull over for you, whether you want them to or not.
152. The probability of getting a Code 3 call is directly proportional to how badly you need to go to the bathroom.
153. You've never been as sick as just before you stop breathing.
154. Dispatchers tell everyone where to go, inversely, everyone would like to tell the dispatcher where to go!
155. If you ever do tell the dispatcher where to go they will give you more places to go (so never piss-off the nice dispatcher).
156. A patient's weight will always be inversely proportional to the size of the vehicle they choose to wreck. (In other words, the fatter they are, the smaller their car).
157. It's THEIR emergency, not OURS!
158. If someone is pointing a gun at you, remember 2 things: #1 – You should have waited for PD; #2 – You shouldn't have just made that wise-ass comment.
159. Fellow paramedics always have a better story than you have.
160. Right about the time you make the statement: "I've never worked a hanging..." you will get one.
161. The only time you go out on a limb (as a Dispatcher), and not provide coverage so a crew can eat, a serious call will come in that area.
162. The only time you need to fart is when you have your patient loaded in the elevator.
163. The only time your pants will split is when there is a gorgeous Police Officer (or nurse) there to assist you.
164. You will get caught sleeping, eventually.
165. Never say the kind of call you are in the mood for in the beginning of the shift, you will get it in the worst way (i.e., an MVC in the pouring rain).
166. Make sure the Probie knows that the portable O2 is the one to bring to a code (not the main).
167. God made Paramedics and EMT's for those times when he changes his mind.
168. Beware when a firefighter says "Check this out..."

169. Never let a probie drive the truck when they drive a tiny car. Bridges are scary as hell and curbs are rough.

170 Your driver will never hit a pothole or curb unless your patient has a bad fracture.

171. The worse their breath smells, the quieter they will talk. You will have to get closer to hear them.

172. No matter how many times and ways you ask the patient questions, the story will always change once they get into the ER, making you look like a total ass.

173. If ever in doubt which apartment you were called to, look for the stairs.

174. If there aren't nurses around when you get called to a nursing home, go to the last room on the hallway. That's always where the sickest patients are put.

175. Never start putting your stuff away before you are told to go home because you have just given yourself another call.

176. When in doubt let your partner handle it.

177. When getting a TMJ call on Sunday, never say it around your patient. It sucks when you have to tell them what it means (Too Much Jesus).

178. When giving a radio report NEVER tell the ER Nurse that your patient is stable - by the time you get there you'll be working a code!

179. If the patient pukes, it is not unprofessional to puke along with them, it is sympathetic puking. You have something in common with your patient and can relate to how they feel. That is why they made the big step well by the side door.

180. If the patient only moans when you listen to lung sounds... They aren't as sick as they want to be.

181. If a patient tells you he/she is going to die, believe them – they are probably right!

182. When in doubt remember the patient is sick, the ambulance has wheels, USE THEM!

183. **9-1-1**: The government's answer to dial a prayer.

184. The more addicted your patient is to Vicodin, Morphine, etc, the more they are allergic to Toradol.

185. You can have circulation with no breathing – but you **CANNOT** have breathing with no circulation.

186. On trauma calls - survivability is inversely proportionate to social worth!

187. How do you know an unconscious patient is a DOA? #1 – If it weighs over 300 pounds, it's a DOA; #2 – If it lives more than three flights up in a walkup apartment building, it's a DOA; #3 – If it's less than 30 minutes until shift change, it's a DOA.

188. EMS providers know how to ask: "You got any shoes?" in 7 different languages.

189. Cops make the best gas leak detectors during a **HAZMAT** incident. They approach the scene and pass out.

190. Poor planning on YOUR part does NOT constitute an emergency on MINE!

191. A fall victim at a nursing home will **NEVER** be in the position or location where they originally landed.

192. If EMT's and Paramedics **NEVER** ate, there would be NO calls.

193. Houses are not designed to be EMS friendly.

194. Never use the words "quiet, slow, or boring" as a description of your shift – it will cease to be so VERY shortly.

195. Twinkies, TV remote controls, and last night's supper will find the most amazing anatomical places in which to hide.

196. The Rules of School Kids: #1 – It takes 20 seconds to get a group of 3rd Graders into the back of your rig; #2 – As soon as they are all inside, you will get a call; #3 – it will take 5 minutes to get them all out again; #4 – Some crucial piece of equipment will be broken or missing.

197. The Darwin Theory Rule: If a person can think up a stunt, or incorrect manner in which to do a task that is bizarre, reckless, and/or idiotic, which will cause them to require the services of EMS, they will do so.

198. Hemorrhoids **ALWAYS** get worse at 3 AM.

199. The driver of the car ahead of you can be expected to react in one of five ways to your lights and sirens: #1 – Ignore you; #2 – Move to the right and stop (thank you!); #3 – pull to the LEFT and stop; #4 – speed up and race you; and #5 – Slam on their brakes (#@%\$&*!!!!)

200. **Message to Probies:** People are going to get sick, People are going to get hurt, and People are going to die. This is not a multiple-choice job. You must be able to handle **ALL OF THE ABOVE!**