General Medical

Protocol

Douglas County KS EMS System **November 2022**

Reference Procedures: Pulse Oximetry, Refusal of Care

Goals for patient care:

- Recognition of emergent conditions and initiation of treatment
- Care that is in the best interest of the patient
- Pain management and patient comfort
- Safe delivery of the patient to the most appropriate destination

On all EMS patient encounters the following principles shall apply:

- Do No Harm
  - Use clinical judgement and reasoning prior to every intervention to ensure potential benefit of intervention is greater than the potential risk.
- Recognize and Treat Emergencies
  - Rapidly identify and reverse emergency condition(s) that EMS is capable of identifying and reversing
  - If unable to reverse the emergency in the field environment, then providers are to focus on early notification and delivery of the patient to a destination where the issue can be addressed, while mitigating the emergency to the extent possible.
- Professionalism
  - To treat others like you would like to be treated
  - To conserve life, alleviate suffering, promote health, and encourage the quality and equal availability of emergency medical care.
  - To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
  - To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
  - To maintain professional competence, striving always for clinical excellence in the delivery of prehospital patient care.
  - To assume responsibility in upholding standards of professional practice and education in the state of Kansas.
  - To work cooperatively with healthcare professionals in the best interest of our patients.
  - To refuse participation in unethical procedures and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

PEDIATRICS

For all pediatric patients (ages 0-18), please refer to the HandTevy program (app and measuring tape). HandTevy includes age-appropriate vital signs, medication dosages, drips, equipment (ETT, NPA, OPA, etc.), and electrical doses.

PROCEDURES/INTERVENTIONS

Scene Size-up/BSI

- Assure that the scene is safe for you, other rescuers, and the patient. It may be appropriate to withdraw from the scene in some situations until a safe environment can be obtained. It may be appropriate to rapidly extricate the patient from a dangerous situation.
- Apply personal protective equipment (PPE) as appropriate.
- Identify the number of patients and other resources that may be needed.
    - Assume command, transmit size-up, identify strategy, and request additional resources as needed
    - Begin triage if appropriate

Primary Survey – search for immediate life threats by accessing the ABCDEs and treating the problems as they are found

A - Assess airway with simultaneous cervical spine stabilization. Note: Patient's ability to speak, and any evidence of actual or potential airway obstruction including vomitus, bleeding, dentures, loose teeth, or foreign bodies. Transport of the unstable trauma patient should not be delayed by attempts at intubation unless the patient cannot be adequately ventilated with BVM

- BLS Maneuvers
    - Jaw thrust, (head tilt- chin lift)
    - Oral or nasal airway
    - Suction
    - BVM
    - Supraglottic airway (i-gel) if indicated
- ALS Maneuvers
    - Oral endotracheal intubation- may be attempted if unable to adequately ventilate the patient with BVM because of severe facial trauma or excessive blood or secretions. Maintain inline cervical spine traction
    - Cricothyroidotomy

B - Assess Breathing: Note rate, depth and quality of ventilations, abnormal noises/stridor, retractions, accessory muscle use, nasal flaring or cyanosis

- Assist ventilation as required
- Apply Sp02 monitoring
- Administer oxygen to maintain oxygen saturation as follows:
    - 95-100%- Saturation considered adequate. Apply supplement oxygen only as indicated by clinical signs of hemodynamic compromise (ie: shock, altered LOC, etc.)
    - 90-94%- Supplement oxygen may be indicated depending upon clinical signs and symptoms.
    - <90%- High-flow oxygen indicated. Apply oxygen by non-rebreather mask, bag-valve ventilation and/or possible tracheal intubation to establish and maintain the Spo2 at or above 95%

WARNING: Oximetry readings may be inaccurate for numerous reasons including acid-base imbalances, CO poisoning, hypothermia, low perfusion states, nail polish, methemoglobinemia, sensor location or movement. If sensor readings are of question, oxygen application should be based on the patient's clinical presentation and/or chief compliant

COPD patients may have baseline saturations lower than the normal population. Oxygens should be applied if clinical signs and support oxygen administration.

C - Circulation: Assess circulation by noting pulses, level of consciousness, skin abnormalities (color, temperature, capillary refill and moisture), blood sweep. Assist circulation as required

- If major bleeding is present, control with sterile dressing, direct pressure, elevation, pressure point, or tourniquet use may be indicated
- If no pulse, follow DOA protocol if applicable
- Initiate CPR if indicated
- Initiate IVs with NS if indicated (hypovolemia, hypotension, etc.)
    - Fluid bolus if needed to maintain BP ≤ 90
- Transport of the unstable patient should not be delayed by initiating IV therapy
- Begin IV in route to the hospital

D - Disability: Assess Neurological function

- Note level of consciousness, Glasgow Coma Scale and AVPU scale, movement of each extremity, Cincinnati Pre Hospital Stroke Scale

E – Exposure

- Exposure of the patient may be critical in finding all injuries. Remove as much clothing as necessary to determine the presence or absence of a condition or injury
- Once the body has been examined the patient should be recovered to conserve body heat

Secondary Survey- A detailed systemic history and physical examination, focused on the patient's complaints, searching for problems that may not be immediate life or limb threatening

- Obtain chief complaint
- Obtain "SAMPLE" history
    - Symptoms (including Pertinent positives and negatives)
    - Allergies
    - Medications
    - Past Medical history
    - Last Meal
    - Events/Environment leading to this episode
- Obtain baseline vital signs every 5 or 15 minutes based on patients condition
- Perform focused physical examination
- Consider application of cardiac monitor
- Consider obtaining blood glucose
- Consider establishing IV access (and 2nd IV if clinical scenario warrants)
- Consider administering drug therapies (if indicated)
    - Right patient?
    - Right drug?
    - Right dose?
    - Right route?
    - Right time?
    - Right reason?
    - Right documentation?
    - Allergies?
    - Consider other therapeutic modalities (if indicated)

General Medical

Protocol

Douglas County KS EMS System **November 2022**

Triage Categories:

Category	Definition
Red	High acuity, but does not meet alert criteria
Yellow	Serious, but not critical
Green	Low acuity of illness
Blue	Cardiopulmonary Arrest
Black	No attempt and/or after orders received to discontinue resuscitation
STEMI Alert	Meets STEMI alert criteria
CVA Alert	Meets Stroke alert criteria

Transport Decisions-

- Transport while monitoring vital signs and patient condition
- LMH ED is 785.505.6161 or 785.505.6162 if Biocom does not work
- Emergent or Opticom transport to the hospital may be indicated if the patient is physiologically unstable:
  - Unable to establish or maintain an airway
  - Unable to ventilate
  - Unremitting shock (including cardiac arrest)
  - Provider discretion
- Patient destination as determined by appropriate protocol
  - Patient destination is determined by severity of illness or injury, out of town transports should be reserved for specialty needs such as trauma center, stroke centers, burn centers etc. When a patient is insistent on going to a hospital that is not the closest an Advanced Beneficiary Notice (ABN) must be completed.