

SECTION: M-01

PROTOCOL TITLE: GENERAL MEDICAL CARE

REVISED: November 1, 2017

GENERAL COMMENTS: This is a general protocol for non-specific medical complaints, including SOB of non-specific etiology. When possible this protocol should supplement other, more specific, protocols based on clinical assessments and judgment.

BLS SPECIFIC CARE:

- Basic BLS care and assessments and V/S every 15 minutes, unless unstable, then reassess and V/S every 5 minutes
- Oxygen administration titrated for SpO₂ < 95% or for patients with cardiac, respiratory, neurologic, or as needed
- Assess blood glucose level as appropriate
- Position patient as appropriate and maintain airway patency
- Maintain body temperature to a goal of normothermia
- Keep patient in safe and calm environment

In addition to standard medical history, in case of ingestion/overdose obtain:

- Name of ingested substance
- Quantity ingested
- Time of ingestion
- Has vomiting occurred

AEMT/O.M. Specific Care

12 Leads: (if feasible, indicated and available.)

- The following patients should have a 12 lead ECG obtained.
 - Any non-trauma patient with primary complaint of chest pain
 - Any patient with concern for cardiac etiology for their complaint (not limited to AMI)
 - Any patient with syncope
 - Patients with primary complaint of Shortness of Breath with changes to any of the following factors:
 - Diabetic
 - Over the age of 50
 - Altered Mental Status or Dementia
 - History of Heart Disease
- 12-lead ECG's will only be transmitted for the following:
 - STEMI
 - On-line medical direction consult, regarding 12-lead ECG

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GENERAL MEDICAL CARE

Vascular Access

- IV access (to a max of 3 attempts) or IO access if needed due to severity of underlying injury or illness, otherwise consider deferring until arrival of ALS providers
 - IV: Crystalloid solution at a TKO rate. May administer 200-500 ml if S/S of dehydration are present, repeat as needed to a maximum of 2 liters
 - Withhold fluids and maintain IV at TKO rate if patient is hemodynamically stable or signs and symptoms of fluid overload are present

Respiratory Support (if appropriate and available)

- Consider Assisted/Intermittent Positive Pressure Ventilation
- Consider Placement of SGA
- CPAP: See also *Appendix 6*
 - **Medical Control Required if BP less than 90 systolic.**
 - Initial setting at 5 cmH₂O, **MAX: 10 cmH₂O**

ALS SPECIFIC CARE:

- *Airway Management:* Secure the airway using means best determined by good clinical decision making.
 - See "*Appendix 6: Medication Assisted Intubation*" for guidelines for current and anticipated clinical needs
- Apply cardiac monitor as necessary
- 12-lead ECG's will only be transmitted for the following:
 - STEMI
 - On-line medical direction consult, regarding 12-lead ECG