Scene safe? — Yes →

Bring all necessary equipment to patient
Demonstrate professionalism and courtesy
For mass assembly, consider WMD

Utilize appropriate PPE

Consider airborne or droplet isolation
if indicated

Initial assessment
BLS care
Initiate oxygen *if indicated*

Adult assessment procedure

Pediatric assessment procedure
Use length-based tape for measurement

Scene safe? — No →

Call for help/ additional resources. Stage until scene safe

Required Vital Signs:
Blood pressure
Palpated pulse rate
Respiratory rate
GCS
SpO_2 *or* $EtCO_2$
Weight

If indicated:
Blood glucose
12-Lead ECG
Lung sounds
Temperature
Pain scale

Trauma Patient

Evaluate mechanism of injury
Consider spinal motion restriction
if indicated

High Risk Mechanism

Primary, vital signs, and secondary trauma assessment

Low Risk Mechanism

Primary, vital signs, and secondary trauma assessment

Focused assessment on specific injury

Obtain SAMPLE

Exit to appropriate protocol

Trauma patient does not fit specific protocol

Medical Patient

Mental status

Unresponsive

Primary, vital signs, and secondary assessment

Obtain history of present illness from available sources/scene survey

Responsive

Chief complaint
Obtain SAMPLE

Primary, vital signs, and secondary assessment

Focused assessment on specific complaint

Exit to appropriate protocol

Medical patient does not fit specific protocol

Repeat assessment while preparing for transport
Continue on-going assessment
Repeat VS
Evaluate interventions / procedures
Patient transfer to hospital staff
Include summary of care and patient property

**Notify receiving facility.
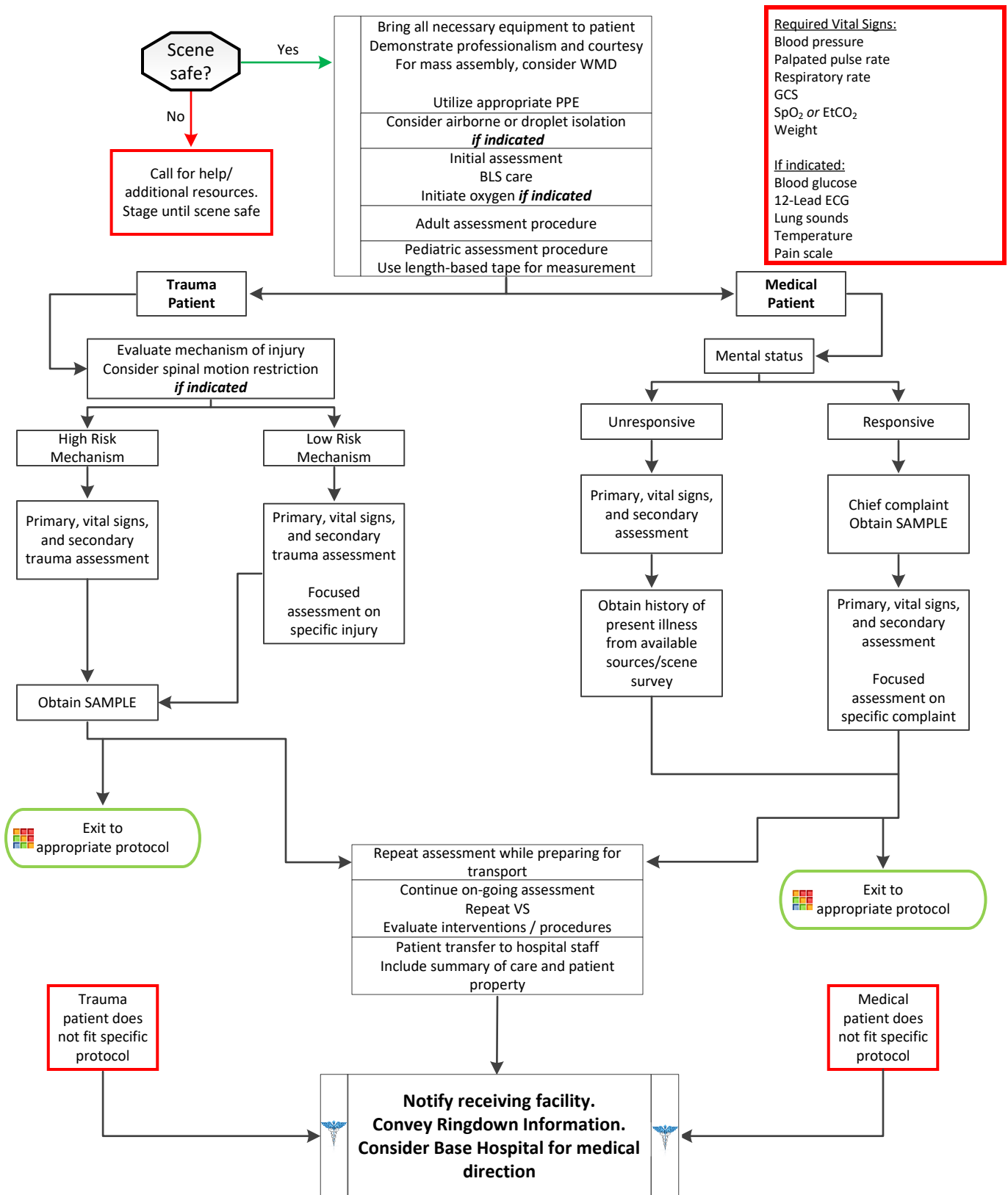Convey Ringdown Information.
Consider Base Hospital for medical direction**

General Treatment Protocol

Routine Medical Care

Scene Safety Evaluation: Identify potential hazards to prehospital providers, patient, and public. Identify the number of patients and utilize triage protocol if indicated. Observe patient position and surroundings.

General: All patient care must be appropriate to the provider level of training and documented in the EHR. The EHR narrative should be considered a story of the circumstances, events, and care of the patient and should allow the reader to understand the complaint, assessment, treatment, why procedures were performed, and why indicated procedures were not performed as well as ongoing assessments and response to treatment and interventions.

Adult Patient: An adult should be suspected of being acutely hypotensive when systolic blood pressure is less than 90mmHg. Diabetic patients and women may have atypical presentations of cardiac-related problems such as MI. General weakness can be the symptom of a very serious underlying process. Beta blockers and other cardiac drugs may prevent a reflexive tachycardia in shock with low to normal pulse rates.

Geriatric Patient: Falls, car collisions, hip fractures, and dislocations have high mortality rates. Altered mental status is not always dementia. Always check BGL and assess for signs for stroke, trauma, etc. with any alteration in a patient's baseline mental status. Minor or moderate injury in the typical adult may be very serious in the elderly.

Pediatric Patient: A pediatric _medical_ patient is defined as any patient who can be measured on a length-based tape. A pediatric _trauma_ patient is defined as any patient < 15 years of age. Special needs children may require continued use of Pediatric based protocols regardless of age and weight. Initial assessment should utilize the Pediatric Assessment Triangle which encompasses appearance, work of breathing and circulation to skin. The order of assessment may require alteration dependent on the developmental state of the pediatric patient. Generally the child or infant should not be separated from the caregiver unless absolutely necessary during assessment and treatment.

Special note on oxygen administration and utilization: Oxygen in prehospital patient care is probably over utilized. Oxygen is a pharmaceutical drug with indications, contraindications as well as untoward side effects. Utilize oxygen when indicated, not because it is available. A reasonable target oxygen saturation for most patients is 92% regardless of delivery device.

General Treatment Protocols

Pearls
- Utilize body substance isolation for all patients.
  - **All-hazards precautions** include standard PPE plus airborne and contact precautions. This level of precaution is utilized during the initial phases of an outbreak when the etiology of the infection is unknown or when the causative agent is found to be highly contagious (e.g., Ebola, MERS, SARS).
  - **Airborne precautions** include standard PPE plus a N95 or P100 mask. This level of precaution is utilized for very small germs like tuberculosis, measles, and chicken pox.
  - **Droplet precautions** include standard PPE plus a standard surgical mask for providers who accompany patients in the back of the ambulance and a surgical mask or NRB O_2 mask for the patient. This level of precaution should be utilized when influenza, meningitis, mumps, streptococcal pharyngitis and other illnesses spread via large particle droplets are suspected. A patient with a potentially infectious rash should be treated with droplet precautions.
  - **Contact precautions** include standard PPE plus utilization of a gown, change of gloves after every patient contact and strict hand washing precautions. This level of precaution is utilized when multi-drug resistant organisms (e.g., MRSA and VRE), scabies, herpes zoster (shingles), or other illnesses spread by contact are suspected.
- Timing of transport should be based on the patient's condition and the destination policy.
- Never hesitate to contact the Base Hospital as a high risk refusal resource for any patient who refuses transport.
- SAMPLE: Signs/Symptoms; Allergies; Medications; PMH; Last oral intake; Events leading to injury/illness.
- For patients on whom a cardiac monitor has been placed, the standard of care and expectation is that they remain on the cardiac monitor until such time that transfer of care has occurred at the hospital.

Routine Medical Care

General Treatment Protocols

Trauma Ringdowns

- Unit ID (i.e. M107 or San Mateo Medic 42)
- Code 2 or Code 3 with **trauma activation**
- Age
- Gender
- Mechanism of Injury: Blunt vs. penetrating
  - MVA
    - Restrained vs. unrestrained
    - Location inside car
    - Speed
    - Type of MVA (e.g., head-on/rear-ended/t-bone/rollover)
    - Damage
    - Airbag deployment
  - FALL
    - Height
    - Surface
    - Taking blood thinners?
  - ASSAULT
    - Punched, kicked, struck by an object
  - GSW
    - Wound location(s)
    - Type of weapon (e.g., handgun/shotgun/rifle)
  - STABBING
    - Wound location(s)
    - Size of blade
    - Type of blade (e.g., serrated or smooth)
- Chief complaint
- Mental status and GCS
- Physical findings
- Vital signs (BP/HR/RR/O_2 sat/BGL)
- Treatment
- ETA
- How do you copy?

Stroke/ALOC Ringdowns

- Unit ID (i.e. M107 or San Mateo Medic 42)
- Code 2 or Code 3 with **stroke alert**
- Age
- Gender
- Time last known well
- Mental status and GCS
- Chief Complaint
- Physical findings
- Vital signs (BP/HR/RR/O_2 sat/BGL/Temp)
- Treatment
- Patient is positive/negative for blood thinners
- MR# or patient name and DOB
- ETA
- How do you copy?

STEMI/Medical Ringdowns

- Unit ID (i.e. M107 or San Mateo Medic 42)
- Code 2 or Code 3 with **STEMI alert**
- Age
- Gender
- Chief Complaint
- Physical findings
- Vital signs (BP/HR/RR/O_2 sat/BGL/Temp)
- Treatment
- 12-Lead ECG has been transmitted to your facility
- MR# or patient name and DOB
- ETA
- How do you copy?

Best family contact and phone number must be gathered on all patients and relayed to receiving hospital staff during transfer of care

SAN MATEO COUNTY HEALTH
EMERGENCY MEDICAL SERVICES

Treatment Protocol G01