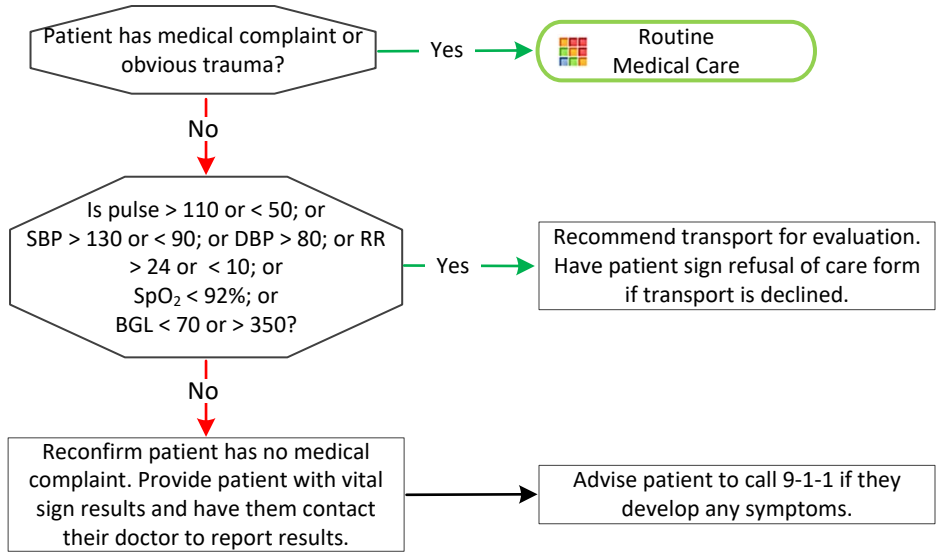


# No Medical Complaint

For patients without any medical, psychiatric or traumatic complaint and no signs of illness on assessment. Usually reserved for non-transport

<p><b>History</b></p> <ul style="list-style-type: none"> <li>Someone else called 911; patient did not request services</li> <li>EMS responds to "assist invalid"</li> <li>Patient presents requesting "blood pressure check"</li> <li>Other situation in which patient does not have a medical complaint or obvious injury</li> </ul>	<p><b>Signs and Symptoms</b></p> <ul style="list-style-type: none"> <li>Assess for medical complaint</li> <li>For patients with hypertension, particularly check for chest pain, shortness of breath, or neurological changes</li> <li>For assist invalid calls, particularly check for syncope, trauma from a fall, or inability to ambulate</li> </ul>	<p><b>Differential</b></p> <ul style="list-style-type: none"> <li>Hypertensive urgency</li> <li>Hypertensive emergency</li> <li>Syncope</li> <li>Cardiac ischemia</li> <li>Cardiac dysrhythmia</li> <li>Fracture</li> <li>Head trauma</li> </ul>
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Adult Medical Treatment Protocols

**Pearls**

- Patients who are denying more severe symptoms may initially present for a "routine check." Confirm with the patient at least twice that they have no medical complaint.
- All persons who request medical evaluation or treatment are considered patients and shall have a ePCR completed.
- Should a patient refuse evaluation or decline further evaluation once begun, document as much as you can. Even patients who refuse vital signs can be observed and respirations measured. The ePCR narrative in these cases is key and must accurately and thoroughly describe the patient encounter.