San Mateo County Emergency Medical Services

Cold/Flu Symptoms

For minor respiratory illness in a patient without shortness of breath or wheezing; must have normal respiratory rate and O₂ sat.

**History**
- Recent travel
- Duration of symptoms
- Severity of symptoms
- Current influenza/pneumonia vaccination?
- Past medical history
- Medications
- Immunocompromised (e.g., transplant, HIV, diabetes, cancer)
- Sick contact exposure
- Last acetaminophen or ibuprofen

**Signs and Symptoms**
- Warm
- Flushed
- Sweaty
- Chills/rigors

**Associated Symptoms (helpful to localize source)**
- Malaise, cough, chest pain, headache, dysuria, abdominal pain, mental status changes, rash, tachycardia

**Differential**
- Infection/sepsis
- Cancer/tumors/lymphomas
- Medication or drug reaction
- Connective tissue disease (e.g., arthritis or vasculitis)
- Carbon monoxide poisoning
- Meningitis

**Temperature measurement**
- Blood glucose analysis

**Cardiac monitor**
- Consider 12-Lead ECG

**If systolic BP < 90**
- Normal Saline bolus 500ml IV/IO
- Maximum 2L

**Hyperglycemia**

**Sepsis**

**Hyperglycemia**

**Chest Pain: Suspected STEMI**

**Altered Level of Consciousness**

**Overdose/Poisoning/Ingestion**

**Nausea/Vomiting**

**Notify receiving facility. Consider Base Hospital for medical direction**
**Submersion/Drowning**

For any submersion injury, including drowning and dive (decompression) emergencies

### History
- Age
- Duration of submersion
- Water temperature
- Type of water (salt, fresh, pool, etc.)
- SCUBA Diving
- Trauma possible? (Diving into pool)

### Signs and Symptoms
- **Airway** – Clear vs. Foam vs. water/vomit
- Spontaneous Breathing
- AMS
- Cold/Shivering
- Motor neuro exam/priapism
- Bradycardia

### Differential
- Hypothermia
- Hypoglycemia
- CNS dysfunction
- Seizure
- Head injury
- Spinal cord injury

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### Pearls
- Divers Alert Network 24-hour emergency phone number is (919) 684-9111.
- Check for pulselessness for 30-45 seconds to avoid unnecessary chest compressions.
- Defer ACLS medications until patient is warmed. Patients with hypothermia may have good neurologic outcome despite prolonged resuscitation; resuscitative efforts should continue until the patient is rewarmed.
- If V-Fib or pulseless V-Tach is present, shock x1, and defer further shocks due to concerns for hypothermia.
- Extremes of age, malnutrition, alcohol, and other drug use are contributing factors to hypothermia.
- It is important to have baseline blood glucose. If the patient is or becomes altered, check blood glucose and treat accordingly.
- Patients with prolonged hypoglycemia often become hypothermic; blood glucose analysis is essential.
- If a temperature is unable to be measured, treat the patient based on the suspected temperature.
- Warm packs can be placed in the armpit and groin areas. Care should be taken not to place directly on skin.