



Portage County EMS Patient Care Guidelines



Routine Medical Care

Priorities	Assessment Findings
Chief Complaint	Refer to specific protocols for the kinds of chief complaints patients are likely to make.
LOPQRST	Location, Onset, Provocation/Palliation, Quality, Radiation, Severity, Time (duration, progression) As an alternative: Use "Onset, Duration, Progression and Severity"
AS/PN	Associated Symptoms/Pertinent Negatives
AMPL	Allergies, Medications, Pertinent Past Medical History, Last Meal
Initial Exam	Check ABCs and correct immediately life-threatening problems
Detailed Focused Exam	Vital Signs: BP, HR, RR, Temp, Weight or classification in pediatric length-based system (i.e. Broselow), pain assessment
Data	Follow specific protocol. Consider SpO ₂ , blood sugar, cardiac monitoring, 12 lead EKG, capnography, carbon monoxide monitoring, pain assessment
Goals of Therapy	Follow specific protocol; transport to an appropriate facility by the appropriate mode
Monitoring	Follow specific protocol

EMERGENCY MEDICAL RESPONDER

- Scene size-up (safety, resources needed, events, scene conditions)
- Body-Substance Isolation (BSI)
- Airway
 - Head tilt – chin lift
 - Oropharyngeal or nasopharyngeal airway
 - Obstructed airway maneuvers per *American Heart Association BLS Guidelines*
 - Suction the airway using soft or rigid suction devices as needed to remove secretions or foreign material
 - Consider non-visualized airway
- Breathing
 - Check pulse oximetry (SpO₂)
 - Administer oxygen 2 – 4 LPM per nasal cannula if SpO₂ < 94%. Increase flow and consider non-rebreather mask to keep SpO₂ > 94%
 - Ventilate or assist ventilations (6 – 8 breaths per minute) with a bag-valve-mask connected to high-flow oxygen
- Circulation
 - Cardiopulmonary resuscitation (CPR); see *Cardiac Arrest Guidelines*
 - Automated External Defibrillator (AED); see *Cardiac Arrest Guidelines*
 - May use **EpiPen** for anaphylaxis; see *Allergy & Anaphylaxis Guidelines*
- Obtain vital signs
 - Blood pressure (BP), heart rate (HR), respiratory rate (RR), temperature (Temp)* and pulse oximetry (SpO₂), pain scale
 - Temperature is optional. Use a digital thermometer, if available
 - Check blood glucose if there is an altered level of consciousness (ALOC); see *Altered Level of Consciousness Guidelines*
- Obtain history
- Perform a focused physical exam

- Initiate additional treatments as directed in specific guidelines.

Give a status report to the ambulance crew by radio ASAP.

EMERGENCY MEDICAL TECHNICIAN

- Airway
 - Non-visualized airway
- Breathing
 - May assist patient with prescribed **albuterol** and **ipratropium** (or Combivent®) inhalers; See *Asthma/COPD Guidelines* and *Allergy & Anaphylaxis Guidelines*
 - May administer albuterol and ipratropium unit doses; See *Asthma/COPD Guidelines* and *Allergy & Anaphylaxis Guidelines*
 - Consider Continuous Positive Airway Pressure (CPAP); See *Asthma/COPD Guidelines*
- Circulation
- After checking ABCs, correct any immediate life threats, if indicated:
 - Use a laryngoscope and Magill Forceps to remove an upper airway foreign body.
 - May use **epinephrine 1:1,000** drawn up from a vial for anaphylaxis; see *Allergy & Anaphylaxis Guidelines*
- Initiate additional treatments as directed in specific guidelines.

Give a status report to the ambulance crew by radio ASAP.

ADVANCED EMERGENCY MEDICAL TECHNICIAN

- Airway
- Breathing
- Circulation
 - IV normal saline @ KVO
 - If the patient is hypotensive, give a 500 ml normal saline bolus
 - Consider intraosseous (IO) access if a peripheral IV cannot be established.
 - Acquire and transmit 12-lead EKG
- After checking ABCs, correct any immediate life threats, if indicated:
 - **Dextrose** for hypoglycemia; see *Altered Level of Consciousness Guidelines*
- Initiate additional treatments as directed in specific guidelines.

Contact Medical Control for the following:

- Additional orders

INTERMEDIATE

- Airway
 - Endotracheal intubation
- Breathing
 - Needle decompression of a tension pneumothorax; see *Respiratory Distress Guidelines*
 - Capnography monitoring
- Circulation
 - Acquire, interpret and transmit 12-lead EKG to receiving facility

- Manual defibrillation; *See Cardiac Arrest Guidelines*
- After checking ABCs, correct any immediate life threats, if indicated:
 - Synchronized cardioversion in unstable patients; see *Tachycardia with a Pulse Guidelines*.
 - Transcutaneous pacing in unstable patients; see *Bradycardia Guidelines* and *Cardiac Arrest Guidelines*.
- Initiate additional treatments as directed in specific guidelines.

Contact Medical Control for the following:

- Additional orders

PARAMEDIC

- Airway
 - Perform a cricothyroidotomy (surgical/needle) if an upper airway obstruction cannot be relieved by non-invasive means
 - RSI/RSA(See *Respiratory Distress Guidelines*)[1]
- Breathing
- Circulation
 - Initiate an IV at a indwelling central line port
- Initiate additional treatments as directed in specific guidelines.

Contact Medical Control for the following:

- Additional orders
- Possible orders for hypertensive emergency

FOOTNOTES:

[1] RSI/RSA requires 2 paramedics at the patient's side

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