

ROUTINE MEDICAL CARE (RMC) BLS

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- To define Routine Medical Care (RMC) in the pre-hospital setting

TREATMENT

- Assess Airway, Breathing and Circulation (ABC)
- Apneic and/ or pulseless:
 - Begin CPR in accordance with the standards established by the American Heart Association, including Early Defibrillation
- Patient breathing with pulse present:
 - Administer oxygen per the Airway/Oxygen protocol; using airway adjuncts indicated for signs and symptoms
 - Control significant external bleeding
- Check vital signs – repeat q 5 min. for emergent patients and q 15 min. for non-emergent patients.
- Obtain:
 - Chief complaint
 - History of current event
 - Past medical history
 - Medications
 - Allergies
- Perform full secondary patient exam.
- If indicated, apply immobilization and cervical collar.
- Place patient in position of comfort or in other positions as needed to maintain adequate breathing and/ or circulation.

CHEST PAIN/ ACUTE CORONARY SYNDROME BLS

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INDICATION

- Chest discomfort or pain, suggestive of cardiac origin or other symptoms of ACS (Acute Coronary Syndrome) which may include weakness, nausea, vomiting, diaphoresis, dyspnea, dizziness, palpitations, "indigestion"

TREATMENT

- BLS RMC
- Limit patient's physical activity
- Allow patient to self-administer own **aspirin** as directed by their own physician
- Allow patient to self-administer own **NTG** as directed by their own physician only if SBP > 100

SPECIAL CONSIDERTIONS

- Discomfort or pain: OPQRST, Previous episodes, 0-10 scale
- Suspicion of ACS is based upon patient history. Be alert to patients likely to present with atypical symptoms or "silent MI's" (women, elderly and diabetics).
- If patient is having an MI, **NTG** may cause significant hypotension.
- If the patient has taken erectile dysfunction (ED) medication within the last 24 hrs (Viagra/Levitra) or 36 hrs (Cialis) instruct patient not to take **NTG**.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Medical history (cardiac history; other medical problems including hypertension, diabetes or stroke)
- OPQRST information
- Vital signs before/after **NTG** administration
- Erectile dysfunction medications taken
- Level of pain

BRONCHOSPASM/ ASTHMA/ COPD

BLS

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INDICATION

- Acute or progressive shortness of breath, chest discomfort, wheezing, cyanosis

PHYSICIAN CONSULT

- **EpiPen** for severe asthma

TREATMENT

- BLS RMC
- Mild to moderate (alert, may be unable to speak full sentences, limited accessory muscle use)
 - Assist patient with own medication if available
-  Severe symptoms (altered mental status, minimal air movement, inability to speak, cyanosis)
 - **EpiPen**

SPECIAL CONSIDERATION

- Suspect carbon monoxide in cases of exposure to fire; do not rely on pulse oximetry in this setting

DOCUMENTATION - ESSENTIAL ELEMENTS

- Physical finding of wheezing, decreased lung sounds
- Administration of oxygen

RELATED POLICIES/ PROCEDURES

- Auto Injector EpiPen BLS PR 3

SEIZURE BLS

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INDICATION

- Patient with reported or continuing seizure activity

TREATMENT

- BLS RMC

SPECIAL CONSIDERATION

- Consider treatable etiologies (hypoglycemia, hypoxia, narcotic overdose, unusual odor of alcohol, signs of trauma, medic alert tag)
- Be attentive to excessive oral secretions, vomiting, and inadequate tidal volume
- Treatment should be based on the severity and length of the seizure activity

DOCUMENTATION- ESSENTIAL ELEMENTS

- Past medical history (i.e., seizures, diabetes)
- Number, description, duration of seizures

DETERMINATION OF DEATH FIRST RESPONDER BLS

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- Death may be declared when any of the following criteria are met:
 - When a DNR advance directive is present
 - The patient has been in a state of cardiac arrest for 15 minutes or longer
 - Decomposition of body tissue
 - Decapitation
 - Incineration
 - Separation of or massive destruction to heart and brain
 - Lividity and/ or rigor is present
 - MCI incidents (as defined in the MPMP) where death is determined according to S.T.A.R.T. triage

PHYSICIAN CONSULT

- In situations not meeting criteria for pre-hospital determination of death in the field where indications are present that resuscitative efforts are not wanted (terminal illness, family request, etc.) or appropriate.

PROCEDURE

- When patient meets criteria for declaration of death in the field:
 - Stop or do not initiate CPR
 - Hospital contact is not necessary
 - Notify the appropriate law enforcement agency
 - Remain on the scene until law enforcement or coroner arrive
 - Complete a Field Determination of Death Form at scene and leave one copy for coroner

RELATED POLICIES/ PROCEDURES

- DNR GPC 8
- Destination Guidelines GPC 4

EARLY TRANSPORT DECISIONS

BLS

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INDICATION

- Emergent patient with life or limb threatening conditions including:
 - Severe respiratory distress or respiratory arrest
 - Airway compromise or obstruction
 - Significant neurological decline from baseline evaluation
 - Anticipated or current shock
 - Uncontrolled bleeding
 - Open chest or abdomen
 - Tension pneumothorax
 - Pericardial tamponade
 - Prolapsed cord, impending breech delivery, abnormal presenting part
 - Multi-system trauma
 - Severe burns - Second or third degree burns (contact with caustic material, electricity or fire) involving 20% or more of body surface area (BSA) for adults or 10% BSA for pediatric patients or if associated with respiratory involvement
 - Isolated head injury with unconsciousness/ posturing

PROCEDURE

- BLS RMC
- Verify estimated time of arrival of ALS unit, or consider helicopter transport
- Update responding ALS unit on need for early transport to the closest, appropriate facility.
- If ALS arrival time is longer than time to transport to the closest facility, begin transport and consider rendezvous with ALS unit en route if appropriate.
- If transport time to the closest facility is > 10 minutes and ALS transport or rendezvous is not immediately available, begin transport and consider helicopter rendezvous if helicopter transport would result in reduced transport time to an emergency facility.

SPECIAL CONSIDERATION

- If patient is in extremis and transport unit is not available, transport in available vehicle.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Projected ETA of ALS unit if BLS transport undertaken
- Detailed description of life or limb threatening conditions
- Helicopter request and ETA

RELATED POLICIES/ PROCEDURES

- Destination Guidelines GPC 4