UnityPoint Health
EMS System

Universal Adult Patient Care

Scene Safety

ALL NECESSARY EQUIPMENT MUST BE BROUGHT TO THE PATIENT'S SIDE
Treat the patient upon assessment, unless it is a true load and go situation

PPE (Consider Airborne or Droplet if indicated)

Saline locks may be used as a drug administration route if fluid replacement is not indicated.

IV access should not significantly delay initiation of transport or be attempted on scene with a trauma patient. **No more than 2 attempts on scene**.

Legend
EMR
EMT
Intermediate
Paramedic
Medical Control

Initial Assessment
Pediatric Assessment Procedure
Adult Assessment Procedure
Consider Spinal Immobilization
(The Broselow-Lutne tape defines pediatric patients)

→ If in Cardiac Arrest

Unconscious, Not Breathing Adequately

→ Cardiac Arrest Protocol

EMR

1. Initial Assessment
   a. Airway, Breathing, Circulation (ABCs), Maintain open airway
   b. Level of Consciousness/AVPU scale
   c. SAMPLE history – check for medic alert tags
   d. Place patient in a position of comfort unless contraindicated
   e. Reassure/calm patient
   f. Call for ALS/Helicopter as soon as possible, if needed
   g. Obtain a room air SpO2 if equipment is available
   h. Obtain a blood glucose if equipment is available
2. Oxygen @ 4L/min via cannula if mild respiratory distress, titrate to 94-99% SpO2
3. Oxygen @ 15L/min via NRB if moderate to severe respiratory distress is noted.
4. If patient condition warrants, ventilate with BVM with 100% oxygen, 10-12 breaths per minute.
5. Notify EMS transport agency if not already done.
6. If indicated, insert Blind Insertion Airway Device (BIAD). Make sure size is appropriate for height.
7. If blood glucose is <60, administer 1 tube of **Glucose Gel** if patient responsive and is able to protect airway and swallow.
8. Continue physical exam
   a. Vitals signs – pulse, respiration, blood pressure, temperature if appropriate. **The first set of vital signs will be taken MANUALLY and a MINIMUM of 2 sets ARE REQUIRED on all patients** (one upon initial patient contact and one upon arrival at the destination.) Refusals are the exception to this rule.
   b. Reassess patient every 10 minutes if stable, 5 minutes if unstable.
9. **Treat according to appropriate protocol.**
10. Provide report to arriving Emergency Service Personnel.

EMR

EMT

1. Continue EMR
2. Apply cardiac monitor and obtain 12-lead EKG if indicated by chief complaint, transmit to receiving facility if equipped. (It is beyond the scope of the EMT to interpret 12-leads or cardiac rhythms.) Receiving facility must be notified immediately when 12- lead is transmitted.
3. Reassess vital signs **with your 1st set of vitals taken MANUALLY, and confirmation of rate vs. monitor rate when taking pulse (minimum of 2 sets of vital signs required as outlined above).**
4. Assess lung sounds on all patients. Apply CPAP if wet (crackles/rales) lung sounds are heard. (CPAP should not be used with facial trauma.)
5. Neurological assessment, including Glasgow Coma Scale and Revised Trauma Score.
6. If Oral Glucose was not given and blood sugar is < 60, give **Glucagon 1mg IM**
7. Contact Medical Control if orders are needed, otherwise contact receiving facility

EMT

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P

1. Continue EMT care.
2. **Reassess with your 1st set of vitals taken MANUALLY as well (minimum of 2 required as outlined above).**
3. Place patient on cardiac monitor. Initiate IV/IO normal saline.
   Be sure to document total amount of fluid given while enroute.

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