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MEDICAL PROTOCOL # 2 - 01

ABDOMINAL PAIN

HISTORY
- Age
- Past medical /surgical history
- Medications
- Onset
- Palliation/Provocation
- Quality (crampy, dull, sharp, etc.)
- Region, Radiation, Referred
- Severity (1-10)
- Time (duration/repetition)
- Fever
- Last meal eaten
- Last bowel movement/emesis
- Menstrual history (pregnancy)

SIGNS AND SYMPTOMS
- Pain (location/migration)
- Tenderness
- Nausea
- Vomiting
- Diarrhea
- Dysuria
- Constipation
- Vaginal bleeding/discharge
- Pregnancy

ASSOCIATED SYMPTOMS
- Fever, headache, weakness, malaise, myalgias, mental status changes, rash

DIFFERENTIAL
- Liver (hepatitis, hemorrhage)
- Peptic ulcer disease/Gastritis
- Myocardial Infarction
- Pancreatitis
- Kidney Stones
- Abdominal Aneurysm
- Appendicitis
- Bladder/Prostate disorder
- Pelvic (PID, Ectopic pregnancy, ovarian cyst)
- Diverticulitis
- Bowel Obstruction
- Gastroenteritis (infectious)

PEARLS
- Recommended Exam: Mental Status, Skin, HEENT, Neck, Heart, Lung, Abdomen, Back, Extremities, Neuro
- Document the mental status and vital signs prior to administration of anti-emetic
- Abdominal pain in women of child-bearing age should be treated as ectopic pregnancy until proven otherwise
- Antacids should be avoided in patients with renal disease
- Abdominal aneurysm should be suspected in patients over the age of 50
- Repeat vital signs after any fluid bolus
- Appendicitis may present with vague, peri-umbilical pain which migrates to the RLQ over time
**HISTORY**
- Onset and location
- Insect sting or bite
- Food allergy/exposure
- Medication allergy/exposure
- New clothing, soap, detergent
- Past history of reactions
- Past medical history
- Medication history

**SIGNS AND SYMPTOMS**
- Itching or hives
- Coughing/wheezing or respiratory distress
- Chest or throat constriction
- Difficulty swallowing
- Hypotension or shock
- Edema

**DIFFERENTIAL**
- Urticaria (rash only)
- Anaphylaxis (systemic effect)
- Shock (vascular effect)
- Angioedema (drug induced)
- Aspiration/Airway obstruction
- Vasovagal event
- Asthma or COPD
- CHF

**Universal Patient Care Protocol**

**RASH ONLY/NO RESP SYMPTOMS**

**IMPELLING RESP DISTRESS OR SHOCK**

**FIRST RESPONDER**

**EMT-BASIC**

**EMT-INTERMEDIATE**

**PARAMEDIC**

**MEDICAL CONTROL**

**LEGEND**

**FIRST RESPONDER**

**EMT-BASIC**

**EMT-INTERMEDIATE**

**PARAMEDIC**

**MEDICAL CONTROL**

**PEARS**
- Recommended Exam: Mental Status, Skin, Heart, Lungs
- Contact Medical Control prior to administering epinephrine in patients > 50 years of age, who have a history of cardiac disease, or if the patient’s heart rate is >150. Epinephrine may precipitate cardiac ischemia. These patients should receive a 12 lead EKG.
- Any patient with respiratory symptoms or extensive reaction should receive IV or IM diphenhydramine
- The shorter the onset from symptoms to contact, the more severe the reaction
**ALERTED MENTAL STATUS**

**MEDICAL PROTOCOL # 2 - 03**

**HISTORY**
- Known diabetic, medic alert tag
- Drugs, drug paraphernalia
- Report of illicit drug use or toxic ingestion
- Past medical history
- Medications
- History of trauma
- Change in condition
- Changes in feeding or sleeping habits

**SIGNS AND SYMPTOMS**
- Decreased mental status or lethargy
- Change in baseline mental status
- Bizarre behavior
- Hypoglycemia (cool, diaphoretic skin)
- Hyperglycemia (warm, dry skin; fruity breath; Kussmaul respirations, signs of dehydration)
- Irritability

**Differential**
- Head trauma, CNS (stroke, tumor)
- Cardiac (MI, CHF)
- Hypothermia
- Infection (CNS and other)
- Shock (septic, metabolic, traumatic)
- Diabetes (hypo/hyperglycemia)
- Toxicologic or Ingestion
- Acidosis/Alkalosis/Hypoxia
- Electrolyte Abnormality
- Mental Health disorder

**Universal Patient Care Protocol**

- Consider Spinal Immobilization Procedure

**Blood Glucose**

**Oral Glucose**
1 - 2 tubes if patient is awake and NO risk of aspiration

**Glucagon 1 mg IM**
if no IV

**D50 IV/IO for Adults**
D25 IV/IO for Pediatrics

**IV Access Protocol**

**Return to baseline?**

**Is patient taking oral diabetic medications?**

**IF adult present with patient AND blood glucose >100 AND patient eats meal now and complaint free and refuses transport**

**First Responder**
- EMT-Basic
- EMT-Intermediate
- Paramedic

**Medical Control**
- Medical Control

**Legend**
- F: First Responder
- E: EMT-Basic
- B: EMT-Intermediate
- P: Paramedic

**Pearls**
- Recommended Exam: Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro. Pay careful attention to the head exam for signs of bruising or injury
- Be aware of altered mental status as presenting sign of environmental toxin or Haz-Mat exposure and protect personal safety
- It is safer to assume hypoglycemia than hyperglycemia if doubt exists. Recheck blood glucose after Dextrose or Glucagon
- Do not let alcohol confuse the clinical picture. Alcoholics frequently develop hypoglycemia and may have unrecognized injuries
- Low glucose (<60), normal glucose (60 – 120), high glucose (>250)
- Consider restraints if necessary for patient’s and/or personnel’s protection per the restraint procedure

**Contact Medical Control and Notify Destination**

**Complete Patient Disposition/ Refusal form/ Non-transport of patients policy**
DECEASED PERSON
MEDICAL PROTOCOL # 2 - 04

HISTORY
- Person encountered by EMS who meets criteria for obvious death
- Patient with DNR in place who is pulseless and apneic
- Patient for whom resuscitative efforts are ceased on scene

KEY INFORMATION:
- Name of primary care physician
- Known medical conditions
- Last time known to be alive

DIFFERENTIAL
- All deaths must be referred to law enforcement and/or coroner

PEARLS
- Contact of coroner is mandatory and must be done by either EMS or law enforcement.
- Medical control must be contacted because a 911 call is considered a call for help. Medical control must approve not initiating CPR or cessation of efforts.
- Body may be released to Deputy Coroner.
- All pre-hospital deaths must be reported to Coroner.

LEGEND
- F FIRST RESPONDER
- B EMT-BASIC
- I EMT-INTERMEDIATE
- P PARAMEDIC
- M MEDICAL CONTROL

Criteria for Discontinuation/Withholding Resuscitation:
- Valid DNR order
- Rigor Mortis and/or Dependent Lividity
- Decapitation
- Incineration

Appropriate resuscitation protocol

M Contact Medical Control to confirm discontinuation

B Patient Meets Criteria for Discontinuation/Withholding Resuscitation Policy?

B

M

Contact County Coroner
Contact Law Enforcement if not present

YES

EMS must stay with body unless turned over to Coroner or Law Enforcement

Leave all medical devices in place unless instructed to remove by Coroner
DENTAL PROBLEMS
MEDICAL PROTOCOL # 2 - 05

HISTORY
- Age
- Past medical history
- Medications
- Onset of pain/injury
- Trauma with "knocked out" tooth
- Location of tooth
- Whole vs. partial tooth injury

SIGNS AND SYMPTOMS
- Bleeding
- Pain
- Fever
- Swelling
- Tooth missing or fractured

DIFFERENTIAL
- Decay
- Infection
- Fracture
- Avulsion
- Abscess
- Facial cellulitis
- Impacted tooth (wisdom)
- TMJ syndrome
- Myocardial infarction

Universal Patient Care Protocol

Control bleeding with pressure

Tooth avulsion

YES

Place tooth in milk or Normal Saline

Pain Control Protocol (Adult or Pediatric)

Reassess and Monitor

Contact Medical Control and Notify Destination

Pearls
- Recommended Exam: Mental Status, HEENT, Neck, Chest, Lungs, Neuro
- Significant soft tissue swelling to the face or oral cavity can represent a cellulitis or abscess
- Scene and transport times should be minimized in complete tooth avulsions. Reimplantation is possible within 4 hours if the tooth is properly cared for
- All tooth disorders typically need antibiotic coverage in addition to pain control
- Occasionally cardiac chest pain can radiate to the jaw
- All pain associated with teeth should be associated with a tooth which is tender to tapping or touch (or sensitivity to cold or hot)
EPISTAXIS
MEDICAL PROTOCOL # 2 - 06

HISTORY
- Age
- Past medical history
- Medications (HTN, anticoagulants, aspirin, NSAIDS)
- Previous episodes of epistaxis
- Trauma
- Duration of bleeding
- Quantity of bleeding

SIGNS AND SYMPTOMS
- Bleeding from nasal passage
- Pain
- Nausea
- Vomiting

DIFFERENTIAL
- Trauma
- Infection (viral URI or sinusitis)
- Allergic rhinitis
- Lesion (polyps, ulcers)
- Hypertension

PEARLS
- Recommended Exam: Mental Status, HEENT, Heart, Lungs, Neuro
- It is very difficult to quantify the amount of blood loss with epistaxis
- Bleeding may also be occurring posteriorly. Evaluate the posterior blood loss by examining the posterior pharynx
- Anticoagulants include aspirin, Coumadin, Pradaxa, Plavix, Effient, non-steroidal inflammatory medications (NSAIDS) (ibuprofen), and many over the counter headache relief powders

UNIVERSAL PATIENT CARE PROTOCOL

FIRST RESPONDER
- Compress Nostrils
- Ice Packs (if available)
- Tilt head forward

EMT-BASIC
- Check Blood Pressure
- Vital Signs

EMT-INTERMEDIATE
- Use Protocols as needed:
  - Hypotension Protocol

PARAMEDIC
- SBP < 100
- IV Access Protocol
  - Normal Saline Bolus

MEDICAL CONTROL
- Contact Medical Control and Notify Destination

CONTACT MEDICAL CONTROL AND NOTIFY DESTINATION

ICE PACKS

FIRST RESPONDER

EMT-BASIC

EMT-INTERMEDIATE

PARAMEDIC

MEDICAL CONTROL

IV ACCESS PROTOCOL
**OVERDOSE/TOXICITY**

**MEDICAL PROTOCOL # 2 - 07**

### HISTORY
- Ingestion or suspected ingestion of a potentially toxic substance
- Substance ingested, route, quantity
- Time of ingestion
- Reason (suicidal, accidental, criminal)
- Available medications in home
  - Past medical history, medications

### SIGNS AND SYMPTOMS
- Mental Status Changes
- Hypotenison/ Hypertension
- Decreased Respiratory Rate
- Tachycardia, Dysrhythmia
- Seizures

### DIFFERENTIAL
- Tricyclic antidepressants (TCAs)
- Acetaminophen (Tylenol)
- Aspirin
- Depressants
- Stimulants
- Anticholinergic
- Cardiac Medications
- Solvents, Alcohols, Cleaning agents
- Insecticides (organophosphates)

---

**Universal Patient Care Protocol**

**12 Lead EKG**

**Cardiac Monitor**

**IV Access Protocol**

- Consider Calcium Chloride if a dialysis patient
- Sodium Bicarbonate if Tachycardia/QRS Widening

**Consider Chest Pain Protocol**

---

**PEARLS**
- Recommended Exam: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Extremities, Neuro
- Do not rely on patient history of ingestion, especially in suicide attempts. Make sure patient is still not carrying other medications or has any weapons. Bring bottles, contents, emesis to ED
- Tricyclic: 4 major areas of toxicity: seizures, dysrhythmia, hypotension, decreased mental status or coma; rapid progression from alert mental status to death
- Acetaminophen: initially normal or nausea/vomiting. If not detected and treated, causes irreversible liver failure
- Aspirin: Early signs consist of abdominal pain and vomiting. Tachypnea and altered mental status may occur later. Renal dysfunction, liver failure, and or cerebral edema among other things can take place later
- Depressants: Decreased HR, decreased BP, decreased temperature, decreased respirations, non-specific pupils
- Stimulants: Increased HR, increased BP, increased temperature, dilated pupils, seizures
- Anticholinergic: increased HR, increased temperature, dilated pupils, mental status changes
- Cardiac Medications: Dysrhythmia and mental status changes
- Solvents: nausea, coughing, vomiting, and mental status changes
- Insecticides: increased or decreased HR, increased secretions nausea, vomiting, diarrhea, pinpoint pupils
- Consider restraints if necessary for patient’s and/or personnel’s protection per the Restraint Procedure
- Nerve Agent Antidote Kits: Inhibit MABAS-kits are for responders only

---

**F** FIRST RESPONDER
**B** EMT-BASIC
**I** EMT-INTERMEDIATE
**P** PARAMEDIC
**M** MEDICAL CONTROL

---

**Legend**

- 12 Lead EKG
- Cardiac Monitor
- IV Access Protocol
- Consider Calcium Chloride
- Sodium Bicarbonate if Tachycardia/QRS Widening
- Consider Chest Pain Protocol
- Contact Medical Control and Notify Destination

---

**Other**

- Hypotension, Seizures, Ventricular dysrhythmias, or Mental Status Changes
  - Appropriate Protocol

---

**First Responder**

Contact Medical Control and Notify Destination

**12 Lead EKG**

**Cardiac Monitor**

**IV Access Protocol**

- Consider Calcium Chloride
- Sodium Bicarbonate if Tachycardia/QRS Widening

**Consider Chest Pain Protocol**

**Contact Medical Control and Notify Destination**

---

**Narcan 0.4-2 mg IV/IO/IM/IN**

**Atropine 1- 2 mg IV/IO**

**DuoDote®**

**Calcium Chloride** if a dialysis patient

**Cardiac Monitor**

**12 Lead EKG**

---

**Contact Medical Control and Notify Destination**

---

**Other**

- Hypotension, Seizures, Ventricular dysrhythmias, or Mental Status Changes
  - Appropriate Protocol

---

**Contact Medical Control and Notify Destination**

---

**Pearls**

- Recommended Exam: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Extremities, Neuro
- Do not rely on patient history of ingestion, especially in suicide attempts. Make sure patient is still not carrying other medications or has any weapons. Bring bottles, contents, emesis to ED
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- Depressants: Decreased HR, decreased BP, decreased temperature, decreased respirations, non-specific pupils
- Stimulants: Increased HR, increased BP, increased temperature, dilated pupils, seizures
- Anticholinergic: increased HR, increased temperature, dilated pupils, mental status changes
- Cardiac Medications: Dysrhythmia and mental status changes
- Solvents: nausea, coughing, vomiting, and mental status changes
- Insecticides: increased or decreased HR, increased secretions nausea, vomiting, diarrhea, pinpoint pupils
- Consider restraints if necessary for patient’s and/or personnel’s protection per the Restraint Procedure
- Nerve Agent Antidote Kits: Inhibit MABAS-kits are for responders only
PULMONARY EDEMA
MEDICAL PROTOCOL # 2 - 08

**HISTORY**
- Congestive Heart Failure
- Past medical history
- Medications (digoxin, Lasix)
- Viagra, Levitra, Cialis
- Cardiac history-past myocardial infarction

**SIGNS/SYMPTOMS**
- Respiratory distress, bilateral rales
- Apprehension, orthopnea
- Jugular vein distension
- Pink, frothy sputum
- Peripheral edema, diaphoresis
- Hypotension, shock
- Chest pain

**Differential**
- Myocardial infarction
- Congestive Heart Failure
- Asthma
- Anaphylaxis
- Aspiration
- COPD
- Pleural effusion
- Pulmonary embolus
- Pericardial tamponade
- Toxic exposure

**PEARLS**
- Recommended Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro
- AVOID NITROGLYCERIN IN ANY PATIENT WHO HAS USED VIAGRA OR LEVITRA IN THE PAST 24 HOURS OR CIALIS IN THE PAST 36 HOURS DUE TO POTENTIAL FOR SEVERE HYPOTENSION
- Furosemide and narcotics have **not** been shown to improve the outcomes of EMS patients with pulmonary edema. Even though this tradition has been a mainstay of EMS treatment, it is no longer recommended
- If the patient has taken nitroglycerin without relief, consider the potency of the medication
- Contraindications to narcotics include severe COPD and respiratory distress. Monitor the patient closely
- Consider myocardial infarction in all these patients. Diabetics and geriatric patients often have atypical pain, or only generalized complaints
- Carefully monitor the level of consciousness, BP, and respiratory status with the above interventions
- Allow the patient to be in their position of comfort to maximize their breathing effort
- Document CPAP application. Document 12 lead EKG
HISTORY
- Asthma/COPD – chronic bronchitis, emphysema, congestive heart failure
- Home treatment (oxygen, nebulizer)
- Medications (theophylline, steroids, inhalers)
- Toxic exposure, smoke inhalation

SIGNS AND SYMPTOMS
- Shortness of breath
- Pursed lip breathing
- Decreased ability to speak
- Increased respiratory rate and effort
- Wheezing, rhonchi
- Use of accessory muscles
- Fever, cough
- Tachycardia

DIFFERENTIAL
- Anaphylaxis
- Aspiration
- COPD (Asthma, Emphysema, Bronchitis)
- Pneumonia
- Pulmonary embolus
- Pneumothorax
- Cardiac (MI or CHF)
- Hyperventilation
- Inhaled toxin (carbon monoxide, etc.)

RESPIRATORY DISTRESS
MEDICAL PROTOCOL # 2 - 09

Universal Patient Care Protocol

Airway Protocol

YES
Respiratory/Ventilatory Insufficiency?
Measure Pulse Oximetry and EtCO2

NO

Pulmonary Edema Protocol

YES

NO

Position Patient for Comfort

NO

Wheezing

Stridor

IV Access Protocol

NO

YES

Supplemental Oxygen

F
FIRST RESPONDER

B
EMT-BASIC

I
EMT-INTERMEDIATE

P
PARAMEDIC

M
MEDICAL CONTROL

F
Methylprednisolone 125 mg IV/IO

P
Methylprednisolone 125 mg IV/IO

Contact Medical Control and Notify Destination
If No Improvement after 2 Nebulizers,

B
Consider Epinephrine Auto-Injector

I
Consider Epinephrine 0.3 – 0.5 mg IM

PEACEFUL 
- Recommended Exam: Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro
- Pulse oximetry must be monitored closely if initial saturation is ≤ 90%, or there is a decline in patient status despite normal pulse oximetry reading
- Contact Medical Control prior to administering epinephrine in patients over 50 years of age, have a history of cardiac disease, or if the patient’s heart rate is >150. Epinephrine may precipitate cardiac ischemia. These patients must be on a cardiac monitor. A 12-lead EKG is strongly recommended in these patients
- A silent chest in respiratory distress is a pre-respiratory arrest sign
- ETCO2 should be used when Respiratory Distress is significant and does not respond to initial Albuterol dose

MEDICAL PROTOCOL # 2 - 09

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES 2012

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES

Approved by EMS Medical Director 2012

2/2015
**MEDICAL PROTOCOL # 2 - 10**

**SEIZURE**

**HISTORY**
- Reported/witnessed seizure activity
- Previous seizure activity
- Medical alert tag information
- Seizure medications
- History of trauma
- History of diabetes
- History of pregnancy

**SIGNS AND SYMPTOMS**
- Decreased mental status
- Sleepiness
- Incontinence
- Observed seizure activity
- Evidence of trauma
- Unconscious

**DIFFERENTIAL**
- CNS (Head) trauma
- Metabolic, Hepatic, or Renal failure
- Hypoxia
- Electrolyte abnormality (Na, Ca, Mg)
- Drugs, Medications Non-compliance
- Infection/Fever
- Alcohol withdrawal
- Eclampsia
- Stroke
- Hypoglycemia

**Universal Patient Care Protocol**

**Spinal Immobilization Procedure**

**Airway Protocol**

**IV Access Protocol**
- Ativan 1-2 mg IV/IO/IM or Valium 5-10 mg IV/IO/PR or Versed 2-5 mg IV/IO/IM/IN
- Blood Glucose
- Glucose < 60, D50 slow IVP or Glucagon 1 mg IM if no IV
- May Repeat x 1 in 5 minutes

**FIRST RESPONDER**

**EMT-BASIC**

**EMT-INTERMEDIATE**

**PARAMEDIC**

**MEDICAL CONTROL**

**Still seizing?**

**

**Assess Patient**

**Blood Glucose**

**Cardiac Monitor**

**Seizure Recurs**
- Ativan 1-2 mg IV/IO/IM or Valium 5-10 mg IV/IO/PR or Versed 2-5 mg IV/IO/IM/IN
- May Repeat x 1 in 5 minutes

**Contact Medical Control and Notify Destination**

**Blood Glucose**

**D50 slow IVP**

**Glucagon 1mg IM if no IV**

**LEGEND**

**F** FIRST RESPONDER

**B** EMT-BASIC

**I** EMT-INTERMEDIATE

**P** PARAMEDIC

**M** MEDICAL CONTROL

**PEARLS**
- Recommended Exam: Mental Status, HEENT, Heart, Lungs, Extremities, Neuro
- Status epilepticus is defined as two or more successive seizures without a period of consciousness or recovery
- Grand mal seizures (generalized) are associated with loss of consciousness, incontinence, and tongue trauma
- Focal seizures (petit mal) affect only a part of the body and are not usually associated with a loss of consciousness
- Jacksonian seizures are seizures which start as focal seizures and become generalized
- Be prepared for airway problems with continued seizures – ILS or ALS intercept is necessary
- Assess occult trauma and substance abuse
- Be prepared to assist with ventilations, especially if diazepam or midazolam is used
- For any seizure in a pregnant patient, follow OB emergencies protocol
- Diazepam (valium) is not effective when administered IM. It should only be given IV/IO or rectally. Midazolam is well absorbed when administered IM and nasal

**TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES 2012**

2/2015
VOMITING AND DIARRHEA
MEDICAL PROTOCOL # 2 - 11

HISTORY
- Age
- Time of last meal
- Last bowel movement/emesis
- Improvement or worsening with food or activity
- Duration of problem
- Other sick contacts
- Past medical history
- Past surgical history
- Medications
- Menstrual history
- Pregnancy
- Travel history
- Bloody emesis/diarrhea

SIGNS AND SYMPTOMS
- Pain
- Character of pain (constant, intermittent, dull, sharp, etc.)
- Distention
- Constipation
- Diarrhea
- Anorexia
- Radiation

ASSOCIATED SYMPTOMS
(Helpful to localize source)
- Fever, headache, blurred vision, weakness, malaise, myalgias, cough, dysuria, mental status changes, rash

DIFFERENTIAL
- CNS (increased pressure, headache, stroke, CNS lesions, trauma or hemorrhage, vestibular)
- Myocardial infarction
- Drugs (NSAIDs, antibiotics, narcotics, chemotherapy)
- GI or Renal disorders
- Diabetic ketoacidosis
- Gynecologic disease (ovarian cyst, PID)
- Infections (pneumonia, influenza)
- Electrolyte abnormalities
- Food or toxin induced
- Medication or substance abuse
- Pregnancy
- Psychological

LEGEND
- F FIRST RESPONDER
- B EMT-BASIC
- I EMT-INTERMEDIATE
- P PARAMEDIC
- M MEDICAL CONTROL

Universal Patient Care Protocol

Adult BP < 100 systolic? Pediatric BP < 80 systolic?

NO

Blood Glucose

<60

D50 slow IVP for Adult
D25 slow IVP for Pediatrics

>60

Glucagon 1 mg IM if no IV

IV Access Protocol

Blood Glucose

<60

Normal Saline Bolus

>60

NO

Vomiting?

YES

Zofran 2 - 4 mg IV (Age > 1 yr)

Contact Medical Control and Notify Destination

M

YES

Recommended Exam: Mental Status, Skin, HEENT, Neck, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- Beware of the children who are only vomiting. Pyloric stenosis, bowel obstruction, and CNS processes (bleeding, tumors, or increased CSF pressures) all may present with vomiting
- IV start is strongly recommended pre-hospital

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES 2012