ROUTINE MEDICAL CARE – ADULT

1. DEFINITIONS:

Baseline vital signs: SAMPLE History:
- Pulse rate
- Blood pressure
- Respiratory rate
- Pulse Oximetry
- S = Signs & symptoms
- A = Allergies
- M = Medications
- P = Pertinent past history
- L = Last oral intake
- E = Events leading to the injury/illness

Adapted from Emergency Care and Transportation of the Sick and Injured, 8th Edition

2. SCENE SIZE-UP:

- Substance isolation
- Scene safety
- Determine mechanism of injury | nature of illness
- Determine number of patients
- Request additional assistance
- Consider spinal immobilization (see page 141)

3. INITIAL ASSESSMENT:

- Form general impression of the patient
- Assess mental status
- Assess the airway
- Assess breathing
- Assess circulation
- Identify priority patients

4. TRAUMA PATIENTS: Focused History and Physical Exam - Reconsider mechanism of injury

**Significant Mechanism of Injury:**
- Rapid trauma assessment
- Baseline vital
- SAMPLE History
- Transport
- Detailed physical exam

**No Significant Mechanism of Injury:**
- Focused assessment based on chief complaint
- Baseline vital signs
- SAMPLE History
- Transport
- Detailed physical exam

5. MEDICAL PATIENTS - Focused History and Physical Exam - Evaluate responsiveness

**Responsive:**
- History of illness
- SAMPLE history
- Focused physical exam based on
- Chief complaint
- Baseline vital signs
- Temperature (optional)
- Re-evaluate transport decision
- Detailed physical exam

**Unresponsive:**
- Rapid medical assessment
- Baseline vital signs
- SAMPLE history
- Re-evaluate transport decision
- Detailed physical exam

6. ONGOING ASSESSMENT

<table>
<thead>
<tr>
<th>Repeat initial vitals signs</th>
<th>Reassess vital signs</th>
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<tbody>
<tr>
<td>Repeat focused assessment</td>
<td>Check interventions</td>
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6. ROUTINE MEDICAL CARE – ADULT

7. TREAT AS APPROPRIATE, WITHIN SCOPE OF PRACTICE (See specific treatment protocols)

7.1 Airway:
► Open airway – suction, as needed
► Head tilt/Chin lift or jaw thrust without head extension if C-spine injury suspected
► Oropharyngeal | Nasopharyngeal airway

7.2 Breathing:
7.2.1 Oxygen Administration:
► Administer O2 appropriate to patient condition
► Oxygen administration is not to be excluded based on a saturation value obtained by pulse oximetry. Patients should receive appropriate concentrations of oxygen regardless of saturations. Pulse oximetry is used only as a guide in providing overall care to the patient
► If there is a history of COPD, observe for respiratory depression and support respirations as needed. Do not withhold oxygen from a patient in distress because of a history of COPD
► The patient presents with signs and symptoms of pulmonary edema or severe respiratory distress, O2 should be initiated at 15L/minute by non-rebreather mask

7.2.2 Assist ventilation.
7.2.3 CPAP (see page 123)
7.2.4 Endotracheal intubation, King-LTD (see Advanced Airway Management see page 116), or
7.2.5 Cricothyrotomy (see page 135)

7.3 Circulation:
► Initiate CPR, as needed. (see page 8)

7.4 Fluid Administration:
► Start an intravenous/intraosseous line as needed
► Insert a saline lock if appropriate
► When starting an IV/IO/saline lock, use chlorhexidine as a skin prep. Label insertion site with “PREHOSPITAL IV – DATE AND TIME

8. PATIENT POSITION

8.1 Conscious, no trauma, good gag reflex: Position of comfort

8.2 Depressed Level of Consciousness, no trauma, decreased gag reflex: Left lateral position

8.3 Trauma: Spinal immobilization, as needed. (see Spinal Immobilization Procedure see page 141). Make sure the patient can be rolled to the side in the event of vomiting

8.4 Pregnancy: Do not lay the patient flat if more than 20 weeks pregnant. Transport either in semi-fowlers position or left lateral decubitus position. If patient requires spinal immobilization, secure to a backboard first then tilt the board 20 – 30 degrees to the left

8.5 Respiratory distress: Fowler’s position or position of comfort

9. PATIENT MEDICATIONS

9.1 Field personnel must either bring all medication bottles with the patient to the hospital (preferred), or make a list of the medications, including the drug name, dose and frequency.

9.2 Field personnel may assist patients with the administration of physician prescribed devices, including but not limited to, patient operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices