

EL DORADO COUNTY EMS AGENCY FIELD POLICIES

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Revised: July 2017, 2019

ROUTINE MEDICAL CARE



EMS Agency Medical Director

PURPOSE:

The following guidelines are intended to clarify the appropriate examination and standard of care to be given to each pediatric and adult patient encountered in the prehospital care setting by both advanced life support and basic life support personnel. These guidelines are to be supplemented by medical care described in protocols which specifically relate to each patient's condition. The care described below is to be considered the minimum acceptable care for each patient.

DEFINITIONS:

Adult Patient- For purposes of the El Dorado County EMS Treatment Protocols, a patient will fall under the adult protocols when they can no longer be measured utilizing the weight based resuscitation tool or if they exceed 34 kilograms in body weight. If in doubt on whether to treat patient as an adult or pediatric (i.e., obese child or smaller adult) contact base station.

Pediatrics - Patients that fall within the limits of the weight based resuscitation tool shall be treated per the El Dorado County ALS Pediatric Protocols. The weight based resuscitation tool currently stocked on all apparatus is considered an accurate source of medical information and is in line with the El Dorado County ALS Pediatric Protocols. If in doubt on whether to treat patient as an adult or pediatric (i.e., obese child or smaller adult) contact base station.

- **Neonate/newborn:** Birth to one month of age
- **Infant:** One month to one year of age
- **Child:** One year to eight years of age

Standard Precautions - Although emergency response cannot be made completely risk free, it is possible to minimize the risk of communicable disease by following some common-sense guidelines. Treat all victims as potentially infectious, always use appropriate personal protection equipment when providing medical care, and always wash hands after contact with each patient. For situations where you are treating multiple patients, changing gloves between patients is expected.

POLICY:

- 1) Routine medical care will follow assessment of the scene for prehospital care personnel and patient safety.
- 2) Routine medical care shall consist of the following:
 - a. Standard precautions.
 - b. Airway management and respiratory support, including:
 - Opening and maintaining a patient's airway, whether manually or with the use of BLS/ALS devices
 - Providing ventilation to patients with inadequate or absent respiratory effort
 - Administration of oxygen via devices appropriate to patient distress level
 - Use Air-Q SP as first line BLS treatment if patient meets indications for use.
 - PEEP valve should be used with BVM on drowning patients and may need to be increased for pulmonary edema. Start patient at 10 and increase as needed up to 20.
 - c. Circulatory support, including:
 - External cardiac compressions* as indicated
 - Control of external hemorrhage
 - Positioning of patient to maximize blood flow to vital organs
 - Fluid administration in all suspected hypovolemic/compensating patients (ALS only) **Patients with tachycardia and/or delayed capillary refill shall be considered in compensatory shock**

and shall be treated as such. Fluid boluses should be given, even in the presence of “wet” lungs.

- d. Spinal precautions/Spinal Motion Restriction (SMR), when indicated.
 - e. Maintain patient's body temperature.
 - f. Oxygen administration, when indicated by low SPO2 (<94%) or for patients in severe respiratory distress.
 - g. Pain management, including treatment for nausea and vomiting as necessary. Unless contraindicated, moderate to severe pain from acute illness or injuries should be treated with analgesics until it has been reduced to a manageable level. Document any changes in pain levels using a numbered pain scale or other method such as the Wong-Baker faces scale on the PCR. If moderate-severe pain is not treated, the paramedic should document the reason(s) why on the PCR. (ALS only).
 - h. Splinting if indicated.
 - i. Complete primary and secondary examinations, including vital signs of pulse, blood pressure, respirations, and level of consciousness. Vital signs shall be taken at least every five minutes for critical patients and at least every fifteen minutes for stable patients. A temperature should be taken if the patient is showing signs of sepsis, ALOC, or is a pediatric patient.
 - A minimum of 2 sets of vitals shall be taken on all patients transported.
- If the patient is an AMA and has potential for deterioration a second set of vitals shall be taken.
- j. Obtaining pertinent patient medical and/or mechanism of injury history, including medications and allergies.
 - k. EKG monitoring/12 lead EKG with transmission to Base Station, if indicated. (ALS only)
Pediatric patients that present with cardiac symptoms need to have a 12 lead done.
 - l. Pulse oximetry, prior to and after oxygen is administered.
 - m. Blood glucose determination, if indicated.
 - n. Blood draw for lab should be obtained whenever possible. (ALS only)
 - Blood tubes should be filled in the following order: **BLUE, GREEN, RED, PURPLE.**
 - Labeled with:
 - Patient Name
 - Medic Unit Number
 - Date
 - Time
 - Medic's Initials
 - o. Transport, if indicated.
 - p. Complete and accurate documentation of the call.
 - q. Capnography, when equipped and indicated (intubated patients). (ALS only)
- 3) For pediatric trauma patients, the following shall apply:
- a. For trauma triage criteria all patients fourteen years or younger shall be considered pediatric patients. Pediatric major trauma victims shall be transported to the most appropriate medical care facility.

- b. Base station will usually approve transport mode (air vs. ground) and patient destination to ensure patient receives the most appropriate care.
- c. If the paramedic determines that making base station contact would compromise patient care, or if base station contact is impossible due to equipment failure or terrain, the paramedic will determine destination and mode of transport. The paramedic will complete a description of the circumstance and forward this written explanation, along with a copy of the Prehospital Patient Care Report (PCR), to the EMS Medical Director within 24 hours of the incident.

***Hypothermia patients with a viable cardiac rhythm, but no palpable pulses should not receive external cardiac compressions.**