



Universal Patient Care/Initial Patient Contact

General

CRITERIA

- The Universal Patient Care/Initial Patient Contact protocol applies to all patients, and encompasses the basic foundation of initial treatment of any protocol. Utilizing a universal patient care statement allows each protocol's content to focus on the main goals of patient treatment in each specific protocol. It should be understood that the dynamics of an emergency scene may dictate that the items listed here are subject to a change in the order in which they may occur.



PROTOCOL

EMR	SCENE SAFETY/PPE/PATIENT CONTACT <ul style="list-style-type: none">Utilize appropriate agencies and resources as needed including lift assistance, personnel, ALS or law enforcementBring all necessary equipment to patient's side	EMR
EMR	INITIAL ASSESSMENT <ul style="list-style-type: none">Perform Primary and Secondary Survey as indicated by patient statusConsider spinal immobilization if indicated by mechanism of injury or history from patient or witnessesSee pediatric age guidelines chart	EMR
EMR	ENSURE ADEQUATE AIRWAY AND OXYGENATION <ul style="list-style-type: none">Use the appropriate method to ensure adequate airway if patient is unable to protect their own.Home oxygen should be maintained unless the patient's oxygen saturation and symptoms indicate an increase.Administer up to 15 LPM oxygen through appropriate delivery device for patient's condition. (<i>See Airway Management</i>)	EMR
EMR	VITAL SIGNS <ul style="list-style-type: none">Blood pressure, pulse rate, respirations, temperature, Glasgow Coma Scale and blood glucoseReassess the patient (stable- every 15 or unstable- every 5 minutes), paying special attention to immediately before or after an intervention.	EMR
EMT	CONSIDER PULSE OXIMETRY/ EtCO₂ / SpCO	EMT
EMT	CONSIDER CARDIAC MONITORING <ul style="list-style-type: none">12-Lead, Right-Sided, 15-LeadProper placement of 12 lead ECG within 5 minutes of patient contact and transmission/notification should be accomplished within 10 minutes of patient contactEMT can obtain, but not interpret	EMT
A	Establish IV {or IO access I/P skill only} where indicated	A
EMT	DRUG ADMINISTRATION <ul style="list-style-type: none">Check all medication administration "Rights"Confirm medication concentration and dosage	EMT



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	GO TO APPROPRIATE PROTOCOL <ul style="list-style-type: none"> If no protocol applies, consider contacting medical control 	
EMT	TRANSPORT PATIENT <ul style="list-style-type: none"> Transport should be based on patient's clinical condition 	EMT
EMT	<ul style="list-style-type: none"> Deliver your pre-arrival report as soon as practical Consult with Medical Control when necessary 	EMT

Glasgow Coma Scale						
	1	2	3	4	5	6
Eye Opening	Does Not Open	Opens to Pain	Opens to Voice	Spontaneous Eye opening		
Verbal	Makes no Sound	Incomprehensible sounds	Inappropriate words	Confused, disoriented	Oriented and converses normally	
Motor	Makes no movement	Extension on Pain (Decerebrate)	Abnormal Flexion to Pain (Decorticate)	Flexion or Withdrawal to Pain	Localizes Pain	Obeys Commands

Infant Age Guidelines	
Newborn	Up to 24 hours following birth
Neonates	Up to 28 days following birth