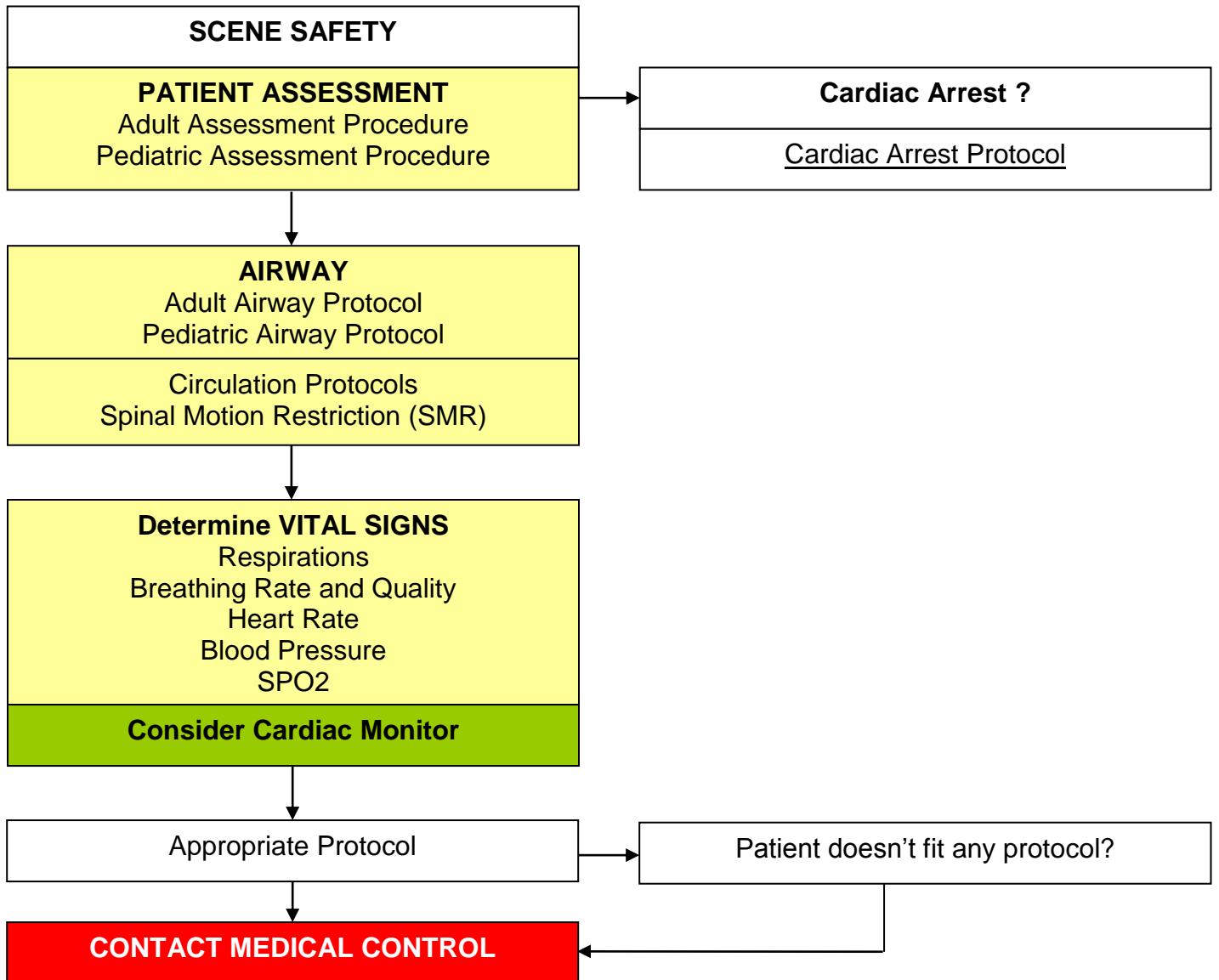


UNIVERSAL MEDICAL CARE PROTOCOL

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M



PEARLS and KEY POINTS

- **Any patient contact, which does not result in an EMS transport, must have a completed PCR/EPCR.**
- **Exam: Minimal exam if not noted on the specific protocol is vital signs, mental status, and location of injury or complaint.**
- **Required vital signs on every patient include blood pressure, pulse, respirations, pain / severity.**
- Timing of transport should be based on patient's clinical condition and the transport policy.

General

- All patient care and documentation **MUST** be appropriate for your scope of practice and within the current standard of care.
- Only functioning Paramedics can perform ALS procedures.
- Use the standard AHA guidelines for CPR and rescue breathing.
- Refer to the **Post Resuscitation Cardiac Care Protocol** for all successfully resuscitated cardiac arrest patients.
- One provider can begin resuscitation and treatment while the other performs the assessment.
- It may be necessary to reference several protocols while treating a patient
- Refer to the appropriate protocol and provide the required interventions as indicated.
- Additional focus may be needed in specific areas as indicated by the patient's chief complaint.
- Airway management and oxygen administration should be initiated based upon the results of the patient assessment and the protocols.
- Administer cardiac monitoring (3-Lead) and perform a 12-Lead EKG based upon the results of the patient assessment or the protocols.
- If indicated and possible, perform a 12-Lead EKG before moving the patient to the squad and prior to medication administration. The 12 Lead with 2 patient identifiers should be transmitted to the destination hospital as soon as possible.
- Check the patient's glucose based upon the patient's assessment and the protocols.
- When assessing for pain, use a 0-10 pain scale; 0 = no pain; 10 = worst pain ever experienced.
- Patients who are having a sickle cell attack may benefit from high flow oxygen and IV fluids.
- It is mandatory to document the reason why an intervention was not performed if it was indicated.
- If Medical Control requests that a functioning paramedic perform an intervention outside of the protocol; the functioning paramedic may follow the orders as long as **ALL** of the following applies:
 - Medical Control was notified that the intervention is not in the protocol.
 - The intervention is in the recognized scope of practice for paramedics in the state of Ohio.
 - The patient's condition could be severely affected if the intervention was not performed.
 - The paramedic has documented training in the intervention within the last 2 years.
 - The paramedic has received permission to perform the intervention from Medical Control.

Adult

- Patients who are taking beta-blockers may not have an elevated heart rate, but may still be in shock.
- General weakness can be a symptom of a life threatening illness.
- Hip fractures and dislocations in the elderly have a high mortality rate.
- What would be considered a minor or moderate injury in the adult patient can be life threatening in the elderly.
- Diabetic patients may have abnormal presentations of AMI and other conditions due to neuropathy.
- A medical cardiac arrest is not a “load and go” situation. It is in the best interest of the patient to perform all initial interventions (Defib, CPR, ETT, IV) and 1-2 rounds of medications prior to extrication.
- An adult patient is considered hypotensive if their systolic BP is 90 mmHg or less or loss of radial pulses.
- Assess the patient after every 300 ml of normal saline, and continue with fluid resuscitation until it is no longer indicated.

Pediatric

- Assess the pediatric patient after every 20 ml/kg fluid bolus of normal saline, and continue with fluid resuscitation until it is no longer indicated or signs of circulatory overload appear.
- Refer to the **Intraosseous Procedure**, if indicated.
- It may be necessary to alter the order of the assessment (except for the Initial Assessment) based upon the developmental stage of the patient.
- A pediatric trauma patient is defined as:
 - Less than or equal to 15 years of age.Refer to the **Pediatric Vital Signs Chart**, as needed.