Monterey County EMS System Policy

Protocol Number: M-3
Effective Date: 7/1/2022
Review Date: 6/30/2025

ROUTINE MEDICAL CARE

BLS CARE

Evaluate scene safety/Personal Protective Equipment

Assess, establish and maintain airway.

Apply 02 to maintain Sp02 of ≥94%

Suction as needed

Evaluate breathing and circulation – control life threatening bleeding

Assess chief complaint

Remove patient's clothing to expose and identify injuries

Ensure patient warmth – cover patient after clothing removal to maintain core body temperature

Spinal Motion Restriction (SMR) if indicated per Policy 4509 (Spinal Motion Restriction)

Focused physical exam and vital signs shall be taken minimum q15 minutes for stable patients and q 5 minutes for unstable patients:

Pulse

Blood pressure – First obtained blood pressure will be obtained manually by provider, and will include both a systolic and a diastolic reading, if possible. Subsequent blood pressures may then be obtained by non-invasive blood pressure (NIBP) if unit is equipped.

Respiratory rate

Skin signs

BLS Treatment protocols

Collect patient medications and bring them to the hospital. Document the patient's allergies on the PCR

Evaluate the scene to provide information to better understand the patient's condition (e.g., domestic violence, child or elder neglect/abuse, etc.)

ALS CARE

Routine Medical Care

First pulse rate will be obtained by palpation. Only after assuring the mechanical correlation of the ECG to the physical pulse will the rate on the cardiac monitor be acceptable for subsequent assessments.

Vascular access if indicated

Capnography, if available/applicable

Blood glucose measurement

12 Lead Electrocardiogram (ECG), if indicated

1. A 12-Lead ECG is indicated when the patient complains of any of the following:
    a. Chest pain, discomfort, pressure or tightness.
        1) Pain may radiate to the jaw, shoulders, or arms.
    b. New onset cardiac dysrhythmias (including adult cardiac arrest, if return of spontaneous circulation)
    c. Palpitations
    d. Unexplained diaphoresis
    e. Dyspnea
    f. Syncope, near syncope, or dizziness
    g. Known history of Acute Coronary Syndrome (ACS)
    h. Epigastric pain
    i. General weakness
    j. Congenital heart problems
    k. Any patient the paramedic feels would benefit from a 12-Lead ECG assessment.
2. Transmit ECGs when:
    a. The machine reads, **Acute MI Suspected** or equivalent
        1) "Infarct suspected, age indeterminate" usually indicates an MI in the patient's past, and is usually not considered to be an Acute MI.
    b. The paramedic interprets the ECG as STEMI, even if the machine does not read **Acute MI Suspected** or equivalent
        1) STEMI is defined as 1 mm ST elevation or greater in two or more contiguous precordial leads, or 2 mm ST elevation or greater in two or more contiguous limb leads, with reciprocal ST depressions.

Re-assess the patient.

Base Hospital contact as needed to manage patient care or hospital notification.

Document assessment findings and treatments rendered on the Patient Care Report. See Patient Care Report policy for more specific guidance.

NOTES:

Scene size-up for safety issues, need for additional resources, number of victims and mechanism of injury, and environmental hazards must be performed on all scenes.

Patient positioning is an important consideration for airway maintenance, circulatory support, patient comfort, and patient management.

Follow appropriate treatment protocols based on the patient's presentation. Use of more than one protocol may be required to manage the patient.

Transport of the patient should be as early as possible. The time on-scene for trauma patients should be 10 minutes or less and 15 minutes or less for STEMI and stroke patients.