

## ROUTINE MEDICAL CARE – ADULT

### 1. DEFINITIONS:

#### Baseline vital signs:

- Pulse rate
- Blood pressure
- Respiratory rate
- Pulse Oximetry

#### SAMPLE History:

- 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

→ Repeat initial vitals signs	→ Reassess vital signs
→ Repeat focused assessment	→ Check interventions

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## 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](#)), or7.2.5 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 – 30degrees 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