

**ROUTINE MEDICAL CARE – ADULT (# 7200)**

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**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 policy #10117)

**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 ASSESMENT:**

- ✓ Repeat initial vitals signs
- ✓ Repeat focused assessment
- ✓ Reassess vital signs
- ✓ 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**

- Oxygen Administration:
  - ✓ Administer O<sub>2</sub> 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, O<sub>2</sub> should be initiated at 15L/minute by non-rebreather mask.
- Assist ventilation.
- CPAP (see policy # 10100)
- Endotracheal intubation, ETDLA (see Advanced Airway Management policy #10102), or
- Cricothyrotomy (see policy #10101)

**7.3 Circulation**

- Initiate CPR, as needed.(see policy #7002)

**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 #10117). 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.