Universal Patient Care

Scene Safe

YES

NO

Call for help / additional resources
Stage until scene safe

Bring all necessary equipment to patient
Demonstrate professionalism and courtesy
Mass assembly consider WMD

Utilize appropriate PPE

Consider Airborne, Contact, or Droplet Isolation ***if indicated***

Initial assessment
BLS maneuvers
Initiate oxygen ***if indicated***

Adult Assessment Procedure

Pediatric Assessment Procedure
Use Broselow-Luten tape

Required VS:
Blood pressure
Palpated pulse rate
Respiratory rate
Pulse ox if available

If Indicated:
Glucose
12 Lead ECG
Temperature
Pain scale
CO Monitoring
EtCO2 Monitoring

Medical or Trauma

Trauma Patient

Medical Patient

Evaluate MOI

Mental Status Exam

Significant MOI

No Significant MOI

Unresponsive

Responsive

Primary and Secondary trauma assessment

Primary and Secondary trauma assessment

Focused assessment on specific injury

Primary and secondary assessment

Obtain history of present illness from available sources / scene survey

Obtain Chief Complaint

Primary and Secondary assessment
Focused assessment on specific complaint

Spinal Motion Restriction Procedure / Protocol TB 8 ***as indicated***

Obtain VS

Obtain SAMPLE

Repeat assessment while preparing for transport

Exit to
Age Appropriate Protocol(s)
as indicated

Continue on-going assessment
Repeat initial VS
Evaluate interventions / procedures

Transfer
Patient hand-off includes patient information, personal property and summary of care and response to care

Patient does not fit specific protocol

Notify Destination or Contact Medical Control

Universal Protocol Section

Universal Patient Care

Scene Safety Evaluation:
Identify potential hazards to rescuers, patient and public.
Identify number of patients and utilize START protocol if indicated.
Observe patient position and surroundings.

General:
All patient care must be appropriate to your level of training and documented in the PCR.
The PCR / EMR narrative should be considered a story of the circumstances, events and care of the patient and should allow a reader to understand the complaint, the assessment, the treatment, why procedures were performed and why indicated procedures were not performed as well as ongoing assessments and response to treatment and interventions.

Adult Patient:
An adult is considered hypotensive when Systolic Blood Pressure is less than 90 mmHg.
Diabetic patients and women may have atypical presentations of cardiac related problems such as MI.
General weakness can be the symptom of a very serious underlying problem.
Beta blockers and other cardiac drugs may prevent a reflexive tachycardia in shock with low to normal pulse rates.

Geriatric Patient:
Hip fractures and dislocations have high mortality.
Altered mental status is not always dementia. Always check Blood Sugar and assess signs of stroke, trauma, etc. with any alteration in a patient's baseline mental status.
Minor or moderate injury in the typical adult may be very serious in the elderly.

Pediatric Patient:
Pediatric patient is defined by those who fit on the Broselow-Luten Resuscitation Tape. Age 12 years or less and / or weight 36 kg or less. Patients off the Broselow-Luten tape should have weight based medications until weight is greater than or equal to 50 kg (NOT TO EXCEED ADULT DOSE).
Special needs children may require continued use of Pediatric based protocols regardless of age and weight.

Initial assessment should utilize the Pediatric Assessment Triangle which encompasses Appearance, Work of Breathing and Circulation to skin.
The order of assessment may require alteration dependent on the developmental state of the pediatric patient.
Generally the child or infant should not be separated from the caregiver unless absolutely necessary during assessment and treatment.

Patient Refusal:
Patient refusal is a high risk situation. Encourage patient to accept transport to medical facility. Encourage patient to allow an assessment, including vital signs. Documentation of the event is very important including a mental status assessment describing the patient's capacity to refuse care.

Guide to Assessing capacity:

Patient should be able to communicate a clear choice: This should remain stable over time. Inability to communicate a choice or an inability to express the choice consistently demonstrates incapacity.

Relevant information is understood: Patient should be able to display a factual understanding of the illness, the options and risks and benefits.

Appreciation of the situation: Ability to communicate an understanding of the facts of the situation. They should be able to recognize the significance of the outcome potentially from their decision.

Manipulation of information in a rational manner: Demonstrate a rational process to come to a decision. Should be able to describe the logic they are using to come to the decision, though you may not agree with decision.

Special note on oxygen administration and utilization:
Oxygen is ubiquitous in prehospital patient care and probably over utilized. Oxygen is a pharmaceutical with indications, contraindications as well as untoward side effects. Recent research demonstrates a clear link with increased mortality when given in overdose (hyperoxia / hyperventilation) in cardiac arrest.
Utilize oxygen when indicated and not because it is available. A reasonable target oxygen saturation in all treatment protocols is 94 % regardless of delivery device.

Initially and if any changes are noted, blood pressures should be taken manually.

- **Pearls**
- **Recommended Exam: Minimal exam if not noted on the specific protocol is vital signs, mental status with GCS, and location of injury or complaint.**
- **Any patient contact which does not result in an EMS transport must have a completed disposition form.**
- **Vital signs should be obtained before, 10 minutes after, and at patient hand off with all pain medications.**
- **Minimum of 2 complete sets of vital signs should be acquired when transporting a patient.**
- **Minimum of 1 complete set of vitals signs should be acquired on calls resulting in a "refusal" outcome.**
- **Pediatric Patient General Considerations:**
  A pediatric patient is defined by fitting a Length-based Resuscitation Tape, Age ≤ 12, weight ≤ 36 kg.
  Patients off the Broselow-Luten tape should have weight based medications until weight ≥ 50 kg.
  Special needs children may require continued use of Pediatric based protocols regardless of age and weight.
  Initial assessment should utilize the Pediatric Assessment Triangle which encompasses Appearance, Work of Breathing and Circulation to skin.
  The order of assessment may require alteration dependent on the developmental state of the pediatric patient.
  Generally the child or infant should not be separated from the caregiver unless absolutely necessary during assessment and treatment.
- Timing of transport should be based on patient's clinical condition and the transport policy.
- Never hesitate to contact medical control for patient who refuses transport.
- Blood Pressure is defined as a Systolic / Diastolic reading. A palpated Systolic reading may be necessary at times.
- SAMPLE: Signs / Symptoms; Allergies; Medications; PMH; Last oral intake; Events leading to illness / injury