**Procedure Guidelines**

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<th>Protocol Title:</th>
<th>Advanced Patient Assessment</th>
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<td>9/2004</td>
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<td>9/2004</td>
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<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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**Purpose:**
To provide guidance for pre-hospital care providers when assessing patients encountered on an emergency response and to define those authorized to perform an advanced assessment and provide patient care to our patients.

**Protocol:**
When responding to a 9-1-1 call or its equivalent, it is critical that the Advanced Care Provider assess each patient to assure adequate/qualified personnel are assigned to patient care responsibilities.

On arrival at any scene, the Advanced Care Provider must perform an initial assessment on each patient who meets the following criteria to determine if any ALS level services are necessary in the provision of care. If after completing the assessment, the Advanced Care Provider determines that an ALS intervention is not indicated, s/he may turn over the primary care of the patient to a BLS provider.

The following patient conditions must have an ALS Assessment:

- **Abdominal pain** - with other signs or symptoms (nausea, vomiting, fainting, pulsatile mass, distention, etc)
- **Abnormal cardiac rhythm/cardiac dysrhythmia** - potentially life threatening (bradycardia, v-tach, v-fib, etc)
- **Abnormal skin signs** - diaphoresis. cyanosis. delayed capillary refill, poor turgor, mottled
- **Abnormal vital signs** - with or without symptoms
- **Allergic reaction** - potentially life threatening (wheezing, difficulty swallowing, rapid progression of symptoms)
- **Altered level of consciousness** - non-traumatic (acute condition with Glasgow Coma Scale < 15)
- Animal bites, stings, envenomation - significant face, neck, trunk and extremity involvement
- Back pain, non-traumatic, thoracic, and/or lumbar-sacral - suspect cardiac or vascular etiology
- Back pain, non-traumatic, thoracic, and/or lumbar-sacral - sudden onset new neurologic symptoms
- Blood glucose - abnormal <80 or >250 with symptoms (altered mental status, vomiting, signs of dehydration)
- Burns, major - partial thickness >10% total body surface area; face, hands, feet, genitalia, perineum; 3° burns, etc.
- Cardiac arrest - resuscitation in progress
- Cardiac symptoms - other than chest pain (palpitations, skipped beats, atypical pain, or other symptoms)
- Chest pain, non-traumatic - substernal, epigastric, left sided chest pain, nausea, vomiting, palpitations, etc
- Choking episode - airway obstructed or partially obstructed
- Cold exposure - potentially life or limb-threatening (temp < 95°F, deep frostbite and other emergency conditions.)
- Convulsions/seizures - seizing, immediate post seizure; postictal, or at risk of seizure and requires monitoring
- Dehydration Severe - nausea and vomiting, diarrhea, severe and incapacitating resulting in severe dehydration
- Difficulty breathing
- Electrocuton
- Headache, non-traumatic - with neurological distress conditions or sudden onset
- Heat exposure - potentially life threatening (hot/dry skin, temp > 105, neurologic distress, heat stroke, etc.)
- Hemorrhage - severe quantity and potentially life threatening (uncontrolled or signs of shock, etc.)
- Hazmat exposure - (toxic fume or liquid exposure via inhalation, absorption, oral, radiation, smoke inhalation)
- Lightning strike
- Medical device failure - life or limb threatening malfunction, failure or complication (ventilator, pacemaker, etc.)
- Near drowning
- Neurologic distress - facial drooping, loss of vision, aphasia, numbness, tingling, stupor, delirium, paralysis, etc
- Pain, severe, not otherwise specified - acute onset, unable to ambulate or sit due to intensity of pain (7 out of 10)
- Poisons ingested, injected, inhaled, absorbed - adverse drug reaction, poison exposure
- Respiratory arrest - apnea, hypoventilation requiring ventilatory assistance and airway management
- Severe alcohol intoxication - airway may or may not be at risk, pharm./cardiac intervention may be required etc
- Sexual assault - with major injuries
- Trauma, major - with one of the following: GCS <14, systolic BP <90, RR <10 or >29, penetrating injuries to head, neck, torso; flail chest; combination of trauma and burns; 2 or more long bone fractures; skull fracture, etc.
- Trauma, other - need to monitor or maintain airway (decreased LOC, bleeding into airway, head, face, neck trauma)
- Trauma, other - major bleeding (uncontrolled or significant bleeding)
- Trauma, other - amputation – arm, hand, leg, foot (partial or complete)
- Trauma, other - closed - suspected internal, head, chest or abdominal injuries
- **Trauma, other** - open - suspected internal, head, chest or abdominal injuries (open head injury, gunshot, stab, etc.)
- **Pregnancy complication/childbirth/labor**
- **Psychiatric/behavioral** - abnormal mental status, drug withdrawal (disoriented, DTs, withdrawal symptoms)
- **Unconscious, fainting, syncope, near syncope, weakness or dizziness**

Not intended to be all-inclusive; this list may be devoid of other situations that present where an advanced assessment is necessary. This guideline is presented to provide basic direction for an Advanced Provider to establish those patients who MUST have an ALS Assessment prior to care being turned over to a BLS Provider.