EMS Initial Protocol

<table>
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<th>Protocol Title:</th>
<th>Initial Protocol for all Patients</th>
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<td>Original Adoption Date:</td>
<td>8/2000</td>
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<td>Date of Most Recent Update:</td>
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<td>Medical Director:</td>
<td>Chad Torstenson M.D.</td>
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At a minimum, all providers should do the following when dealing with a patient who is conscious and able to communicate:

- Obtain the patient’s verbal consent prior to patient contact, evaluation, or treatment.
  - For non-English speaking patients utilize the AT&T Language Line as outlined in SOP.
- Assess the patient’s ability to understand the medical condition and information communicated.
- Be courteous to any patient who refuses an offer of evaluation, treatment, or transportation.
- Evaluate the patient to determine the urgency of the condition.
- Determine if the patient is capable of seeking, assistance or taking actions for his/her own well-being. Refer to the “Restraint / Transport against patient will procedure for more guidelines when a patient’s competency to refuse care and evaluation is in question.
- If the patient refuses treatment and/or transportation, fully describe and document on the refusal form the potential consequences of their decision, any contact with medical control, and after care instructions given and encourage them, to immediately contact 911 if their condition worsens or further medical assistance is required.

**And for any patient**

- Refer to the State of Iowa basic care protocols for Basic Treatment Guidelines.
- Consider the State of Iowa Initial Treatment Protocol and this Initial Protocol for All Patients as one in the same.
- Follow Advanced Patient Care Protocols as outlined here for West Des Moines EMS, and Iowa EMS Alliance.

*Note* A managing conservator is an individual appointed by the court, usually during divorce proceedings, to have custody of a minor, to make decisions for the minor and to make a home for the minor. A managing conservator is responsible for caring for the minor.
Age Statement:  
Except where noted in specific protocols:  
- Any person weighing greater than 40 kg or older than 12 years of age should be administered adult medication doses.  
- Any person less than less than 40 kg or younger than 12 years of age should be administered pediatric medication doses.

Scene Size-up:  
As you approach the scene, assure safety for yourself and the patient. Establish and follow Incident Management System

BSI (Body Substance Isolation):  
Prior to patient assessment, employ precaution to prevent contact with potentially infectious body fluids or materials.

Initial Assessment:  
Perform initially on every patient to form a general impression of needs and priorities.

1. Assess mental status.  
   - Approach patient accordingly  
   - Maintain spinal immobilization as required

2. Assess the patient’s airway status.  
   - Responsive patient - assess adequacy of breathing  
   - Unresponsive patient - check for and maintain open airway  
   - Position the patient according to age and size  
   - Trauma patients or those with unknown nature of illness, the cervical spine should be immobilized and the jaw thrust maneuver performed as indicated

3. Assess the patient’s breathing.  
   - Consider the use of End Tidal CO2 and Pulse Oxymetry in patients with difficulty in breathing.  
   - If the patient is unresponsive and breathing is adequate, provide oxygen per patient condition.  
   - If the breathing is inadequate, assist the patient’s breathing, use ventilatory adjuncts as needed.  
     - If utilizing pulse oximetry – titrate, oxygen delivery, to keep SpO2 saturation greater than 90 percent

4. Assess the patient’s circulation.  
   - Check for pulse and signs of circulation, if circulation is absent begin CPR.  
   - Check for major bleeding, if present, control hemorrhage.  
   - Check perfusion by evaluating skin color, temperature, and condition.

   Assess nature of illness/injury or mechanism of injury:  
If life-threatening conditions are present, treat immediately.
- **Identify Priority Patients:**
  Treat patients according to medical priority in circumstances where more than one patient is present.

  1. **Consider:**
     - Poor general impression
     - Unresponsive patients - no gag or cough
     - Difficulty breathing
     - Responsive / with altered mental status.
     - Shock (hypoperfusion)
     - Complicated childbirth
     - Uncontrolled bleeding
     - Severe pain anywhere
     - Chest pain with BP<100 systolic or suspected AMI

- **Trauma Patients:**
  Follow the State of Iowa Out-Hospital Trauma Triage Destination Decision Protocol for the identification of time critical injuries, method of transport and trauma facility resources necessary for treatment of those injuries.

- **Multiple Casualty Incidents (MCI)**
  Refer to S.M.A.R.T. Triage or the Pediatric JumpSTART Triage criteria and conduct history and physical examination as appropriate.

- **Treatment:**
  1. Follow specific protocol(s) and standing orders approved by service medical director.
  2. Initial set of vital signs should be taken as soon as possible (usually within 10 minutes) and reassessed as patient condition warrants.
  3. Apply cardiac monitor as pt. condition warrants and treat cardiac dysrhythmias per American Heart Association – Advanced Cardiac Life Support guidelines.
  4. Consider the use of cardiac monitoring during controlled medication administration.
  5. Acquire **12 lead** EKG as soon as possible when pt. condition warrants.
  6. Initiate **intravenous Infusion** en route to the hospital, except where there is an unavoidable delay or as warranted in providing advanced level interventions, based on pt. condition. Intravenous cannulation consists of either a:
     - Saline lock
     - **NORMAL SALINE** IV infusion

*Note* When IV access is not obtained within 2 attempts (or 90 seconds) and the patient is in need of a rapid fluid bolus and/or medication intervention, providers should utilize the **EZ IO®** procedure.
IV fluid administration is at the following rates:
- TKO - slow drip for patients that may need IV medications or fluid bolus.
- Fluid Challenge - rapid 250-500 ml bolus
- Child fluid challenge- 20 ml/kg
- Neonate (1-28 days) fluid challenge- 10 ml/kg
  - Repeat bolus as needed

Ensure the following prior to the administration of any medication:
- Right patient
- Right medication
- Right dose
- Right route of administration

**Transporting / Tiers:**
- Transport patient in position of comfort or what is appropriate for patient condition
- Patients should be transported as soon as possible to appropriate medical facility
- Unstable patients should receive immediate transport with treatments provided en route
- If needed and a higher level of care or more rapid transport can be met timely through tiered response, consider a tier with an appropriate service.

**Communications:**
- At least 5 minutes prior to arriving at the hospital, deliver a brief radio report including type of patient and the protocol utilized
- At the transfer of patient care, a verbal report to the nurse who receives the patient should be given
- At the completion of the call, accurately document the call events on a written run report and provided a copy to the receiving facility to assure the continuity of patient care.