Age Statement

- Any person weighing greater than 40 kg or older than 12 years of age, adult protocols and medication dosages should be utilized.
- Any person less than 40 kg or younger than 12 years of age, pediatric protocols and medication dosages should be utilized.

Scene Size Up

- As you approach the scene, assure safety for yourself and the patient. Establish and follow Incident Management System.
- Evaluate hazards to EMS crew, patients, & bystanders
- Determine number of patients
- Request additional resources as needed.

Personal Protective Equipment

- Body Substance Isolation
- Prior to patient assessment, employ precautions to prevent contact with potentially infectious bodily fluids or materials
- High visibility reflective gear

Primary Survey

- Assess the patient’s mental status
  - Approach Patient Accordingly
  - Maintain C-Spine Stabilization as required
- Assess the patient’s airway
  - Responsive patient - Assess adequacy of breathing
  - Unresponsive Patient - Check for and maintain open airway
  - Position the patient according to age and size
  - In trauma patients or those with unknown nature of illness, the cervical spine should be immobilized, and the jaw thrust maneuver performed as indicated.
- Assess the patient’s breathing
  - Consider the use of End Tidal CO2 (ETC02) and pulse oximetry in patients with difficulty breathing
  - If the patient is unresponsive and breathing is adequate, provide oxygen per patient condition to maintain SpO2 93-96%
  - If the breathing is inadequate, assist the patient’s breathing, use ventilatory adjuncts as needed. Utilize oxygen to maintain SpO2 93-96%.
G29. Initial Protocol for All Patients

- 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.
- Consider:
  - Poor general impression.
  - Unresponsive patients - No gag or cough.
  - Difficulty Breathing.
  - Responsive, but 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 of Hospital Trauma Triage Designation 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 Jump START Triage criteria and conduct history and physical examination as appropriate.

Treatment

- Follow specific guideline (s) and standing orders approved by service medical director (s).
- Initial set of vital signs should be taken as soon as possible (Usually within 10 minutes) and re-assessed as patient condition warrants.
- Apply cardiac monitor as patient condition warrants and treat cardiac dysrhythmias per cardiac guidelines.
- Consider use of cardiac monitoring during controlled substance medication administration.
- Acquire 12 lead EKG as soon as possible when patient condition warrants.
- Initiate intravenous cannulation en route to the hospital, except where there is an unavoidable delay or as warranted in providing advanced level interventions, based on patient condition.
  - Intravenous cannulation consists of either a Saline Lock of Normal Saline Infusion.
G29. Initial Protocol for All Patients

- *When IV access is not obtained within two (2) attempts (or 90 seconds) and the patient is in need of rapid fluid bolus and/or medication intervention, providers should utilize the EZ IO procedure.*

**Medication Administration**

- Ensure the following prior to 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 during transport.
- If needed and a higher level of care or more rapid transport can be met timely through tiered response, consider tier with an appropriate service.

**Communications**

- Utilize Pulsara to complete a patient pre-arrival report to the receiving hospital
  - If receiving facility does not utilize Pulsara, a phone call at least 5 minutes before your arrival should occur.
- 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 provide a copy to the receiving facility to assure the continuity of care.

**Interfacility Transports**

- Receive report from sending staff (Registered Nurse, Nurse Practitioner, Physician Assistant or Physician.
  - This should include the following
    - Name of transferring and receiving physician.
    - Diagnosis (Working).
    - Reason for transfer.
    - History of present illness.
    - Interventions preformed prior to your arrival.
    - Pertinent physical findings.
    - Vitals.
    - Current medications infusing.
    - Anticipated problems during transport, if any.
G29. Initial Protocol for All Patients

- Confirm destination accommodations, such as specific destination at receiving facility.
- Perform assessment.
- Measure and record vital signs.
- Utilize appropriate time intervals depending on severity of patient illness.
- EKG monitoring as indicated.
- Transfer IV infusions to transport infusion pumps, if needed. See G35. Medication Infusion Guideline.
- Obtain Physician Certification Form (PCS) and written orders for any medications or treatments needed en route.
- Utilize appropriate guidelines and written orders for treatment of patient throughout transport.
- Detailed documentation of care rendered.

Interfacility transport special considerations

- If the patient is found to be unstable or unsuitable for transport or appears to require a higher level of care than was anticipated at time of transport arrangement, do not attempt transport. Contact shift supervisor for further guidance and/or assistance.
- If at any point prior to transport, you are uncomfortable with transport do not attempt. Contact shift supervisor as needed.
- In the event of a clinical emergency and a Specialty Transport Team Member (Pediatric, Neonatal or Adult Flight Crew) is present, assist with infusion management as requested.
- In the event of a clinical emergency and a Specialty Transport Team Member (Pediatric, Neonatal or Adult Flight Crew) is not present, adjust rate(s) of infusion as appropriate within either written or standings orders. Contact On-Line Medical Control as needed.