Routine Medical Care
Standing Medical Orders for Medical Patients

FR-AED

1. Initial Assessment
    a. Airway, Breathing, Circulation, Maintain open airway
    b. Level of Consciousness/AVPU scale
    c. **SAMPLE** history – check for medic alert tags
    d. **Oxygen 4-6 liters nasal cannula if pulse ox > 95% otherwise:**
    e. Oxygen 15 L/min by Non-rebreather mask (4-6 liters per cannula if mask not well tolerated)
    e. Never withhold oxygen from a COPD patient, observe for respiratory depression and be prepared to assist ventilations
    a. Place patient in position of comfort unless contraindicated
    b. Refer to appropriate Protocol as needed
    c. Reassure/calm patient
    d. Loosen tight clothing
2. Initiate EMS if not already done
3. Check Blood Glucose and treat according to Blood Glucose Guideline
4. Continue physical exam
    a. Vital signs
    b. Provide care as indicated
    c. Reassess patient every 5 minutes
5. Obtain pulse oximeter reading and document findings.

BLS

1. FR-AED Care
2. Apply cardiac monitor and print rhythm strip for ED chart
3. Neuro Assessment/Glasgow Coma Scale/ Revised Trauma Score
4. Contact Medical Control as soon as possible
5. Transport as soon as possible
6. Initiate ILS/ALS intercept
7. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
   OSF Saint Elizabeth Medical Center Emergency Department
   (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)

ILS

1. BLS Care
2. Initiate IV with Normal Saline at KVO (20ml/hr) or Saline Lock if appropriate
3. Evaluate pain level and follow Pain Control SMO
4. Refer to appropriate protocol for additional treatment

ALS

1. ILS care
2. Follow pain control SMO

Respiratory Distress

FR-AED

1. Routine Medical Care
2. Apply pulse oximeter/record patient's oxygen saturation.

BLS

1. FR care
2. Assist patient with prescribed inhaler or if patient wheezing and has a hx of asthma or COPD:
3. Assess for need to administer **Albuterol Nebulizer Treatment one dose of 2.5 mg in 3ml of Normal Saline** if patient wheezing and no cardiac history
4. **Repeat Albuterol** if no improvement for patient **– after *Contact with Medical Control.***
5. If history of asthma or COPD **give EPI-Pen** 0.3 mg SubQ or IM
   (contraindicated in patients > 40 yrs old or heart rate >160, irregular heart rate)
   Contact Medical Control for order if contraindications are present.
6. Initiate ILS/ALS intercept

ILS/ALS

1. BLS care
2. Initiate IV of Normal Saline at KVO rate (20mL/hr)
3. If history of asthma or COPD give **EPI-Pen 0.3 mg SubQ or IM**
   (contraindicated in patients > 40 yrs old or heart rate >160, irregular heart rate)
   Contact Medical Control for order if contraindications are present**.**
4. If patient has HX of CHF, Pul Edema, consider **CPAP after contact Medical Control**

Signs and Symptoms of Respiratory Distress

- **shortness of breath**
- **difficulty speaking**
- **altered mental status**
- **diaphoresis**
- **use of accessory muscles**
- **retractions**
- **respiratory rate < 8 or > 24**

Acute Pulmonary Edema

FR-AED

1. Routine Medical Care
2. Keep patient in upright position unless contraindicated
3. Apply pulse oximeter / record patient's oxygen saturation.

BLS

1. FR care
2. If patient has rales or crackles in lungs and no history of asthma or COPD:
3. Give **Nitroglycerin 0.4mg sublingual** if B/P is 100 mmHG or above systolic
   after *Contact with Medical Control.* May **repeat every 3 to 5 minutes** to a total of 3 doses.
4. Take B/P before each dose and 2-3 minutes after each dose.
5. Initiate ILS/ALS intercept
6. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
   OSF Saint Elizabeth Medical Center Emergency Department
   (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)

ILS

1. BLS Care
2. Initiate IV of Normal Saline at KVO (20 mL/hr)
3. **Give 2 mg Morphine Sulfate IV slowly**.
   (if no IV give Morphine Sulfate IM)
4. Transport asap
7. *Consider CPAP*- If systolic BP is between 90 and 100 mmHg,
   Contact Medical Control prior to initiating CPAP
8. **DO NOT initiate CPAP if systolic BP is < 90 mmHg**

ALS

1. ILS care

****NOTE: DO NOT ASSIST WITH OR ADMINISTER NITROGLYCERIN TO ANY PATIENT (MALE OR FEMALE) WHO HAS TAKEN VIAGRA OR VIAGRA LIKE DRUGS IN THE PAST 72 HOURS.****

Anaphylaxis

Signs/Symptoms: Cardiovascular – Hypoperfusion (decreased circulation)
Respiratory --- Acute respiratory distress, stridor, wheezing
CNS -- Headache, dizziness, seizure
GI --- Abdominal pain, nausea and vomiting, diarrhea
SKIN --- Rash, itching, welts and/or hives

FR-AED

1. Routine Medical Care
3. If patient has a history of allergic reactions and has in their possession a prescribed EPI-PEN, is suffering from hives, wheezing, hoarseness, hypotension, altered level of consciousness or indicates a history of anaphylaxis, assist patient with administering the **EPI-PEN** notify ***Medical Control*** and transporting agency of use of EPI-PEN
4. **May carry EPI PEN and administer as above**
3. Apply pulse oximeter /record patient's oxygen saturation.

BLS

1. FR care
2. Identify LOAD AND GO situation and transport ASAP
3. Administer **EPI-PEN 0.3mg 1:1000 into thigh:** if no improvement in patien**t *Contact Medical Control* for a repeat dose order.**
4. If respiratory distress not relieved by EPI-PEN, administer one dose of **Proventil (Albuterol) aerosol nebulizer 2.5 mg in 3mL normal saline**
5. May repeat EPI-PEN in 15 minutes if no improvement
5. Apply monitor and print rhythm strip for ED chart
6. Initiate ILS/ALS intercept

ILS/ALS

1. BLS Care
2. Consider intubation/BIAD if appropriate:
3. Initiate IV of Normal Saline at KVO (20 mL/hr) or to maintain B/P of 90 mmHg systolic
4. If B/P < 90 mmHg, give a 200 mL bolus of Normal Saline and re-assess
5. **Diphenhydramine (Benadryl) 50 mg IV slowly over 2-3 minutes. May be given IM** if unable to establish IV.
6. If broncho-spasm not relieved, repeat aerosol nebulizer
7. If no improvement in patient condition, **contact Medical Control for further orders**

COPD
Emphysema

FR-AED

1. Routine Medical Care
2. Apply pulse oximeter and record patient's oxygen saturation.

BLS

1. FR- care
2. If patient wheezing and has history of Asthma or COPD:
3. Assist patient with prescribed inhaler or administer Albuterol Nebulizer treatment 2.5mg in 3mL Normal Saline
4. ***Contact Medical Control*** **for orders to administer continuous Nebulizer Tx**
5. Administer EPI-PEN 0.3 mg SubQ or IM or assist patient if prescribed EPI-PEN with patient
6. Initiate ILS/ALS intercept
7. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
   OSF Saint Elizabeth Medical Center Emergency Department (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)

ILS/ALS

1. BLS Care
2. Initiate IV on Normal Saline @ KVO (20mL/hr)
3. Administer **Albuterol Nebulizer treatment 2.5mg in 3 mL NS if** not already done
4. If severe respiratory distress or status asthmaticus give continuous nebulizer therapy.
5. ***Consider CPAP – after Contact Medical Control***
6. **EPI-PEN 0.3mg SubQ or IM** (Contraindicated in patients > 40 yrs old, or heart rate > 160 or irregular, or history of hypertension or heart disease). ***Contact Medical Control***

Asthma

FR-AED

1. Routine Medical Care
2. Apply pulse oximeter and record patient's oxygen saturation.

BLS

1. FR- care
2. If patient wheezing and has history of Asthma or COPD:
3. Assist patient with prescribed inhaler or administer **Albuterol Nebulizer treatment 2.5mg in 3mL Normal Saline** or
4. ***Contact Medical Control*** for orders to administer continuous Nebulizer Tx
5. ***Contact Medical Control*** for order to **administer EPI-PEN .3 mg SubQ or IM**
6. Initiate ILS/ALS intercept
7. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
   OSF Saint Elizabeth Medical Center Emergency Department
   (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)

ILS

1. BLS Care
2. Initiate IV on Normal Saline @ KVO (20ml/hr)
3. Administer **Albuterol Nebulizer treatment 2.5mg in 3 mL NS** if not already done
4. If severe respiratory distress or status asthmaticus give continuous nebulizer therapy. **Contact Medical Control.**
5. **EPI-PEN 0.3mg SubQ or IM** (Contraindicated in patients > 40 yrs old, or heart rate > 160 or irregular, or history of hypertension or heart disease). **Contact Medical Control**
6. Consider CPAP for patients with continued acute asthmatic episode not relieved by two nebulizer treatments **after contact with Medical Control**

ALS

1. ILS care

Hyperventilation

NOTE: Many diseases cause patients to hyperventilate. DO NOT ASSUME that the hyperventilating patient simply has anxiety.

FR-AED

1. Routine Medical Care .
2. If chest pain – follow Chest Pain Protocol – contact Medical Control before giving any medications
3. If Altered LOC, follow Altered LOC Protocol.
4. Ask patient to try to control breathing. Suggest patient breathe only when instructed or have him/her count to five between breaths. DO NOT force patients if they have obvious respiratory difficulty.
5. DO NOT have patient breathe into a paper bag
6. DO NOT place oxygen mask over face that is not connected to flowing oxygen,
7. DO NOT use a blocked off mask
8. DO NOT assist with BVM
9. USE 3-4 liters oxygen per nasal cannula
10. Provide emotional/psychological support
11. Apply pulse oximeter/record patient's oxygen saturation.

BLS

1. FR care
2. Transport ASAP
3. Initiate ILS/ALS intercept

ILS/ALS

1. BLS care
2. IV of Normal Saline at KVO (20mL/hr)

ALS

1. For acute anxiety administer **Valium 2 mg IV slowly (may be given IM if no IV)**
2. **Repeat only with orders from Medical Control**

SMOKE INHALATION

FR/AED

1. Routine Medical Care or Routine Trauma Care
2. Oxygen 15 L/non-rebreather mask or 6 L by nasal cannula if patient cannot tolerate mask.
3. Apply pulse oximeter / record patient's oxygen saturation.

BLS

1. FR care
2. Initiate ILS/ALS intercept if appropriate
3. Administer **Albuterol Nebulized Inhalation 2.5 mg in 3 mL Normal Saline**. **May repeat every 15 minutes** with orders from Medical Control

ILS

1. BLS care
2. Initiate IV of 500 mL Normal Saline at KVO (20mL/hr) unless BP < 90mmHg then give 200mL bolus and re-assess.
3. Initiate intubation/BIAD if airway compromise noted.

ALS

1. ILS care

NOTE: Pulse oximetry readings may give falsely high readings as Carbon Monoxide has a strong affinity to hemoglobin. Do not base any care for the patient who has smoke on pulse oximeter readings.

Altered Level of Consciousness
Diabetes/Hypoglycemia

FR-AED

1. Routine medical care
2. Maintain C-spine control if indicated
3. Identify any Medic Alert tags
4. Check and record vital signs and GCS every 5 minutes
5. Check glucose (if <60, administer **ONE tube of glucose gel)** if patient able to protect airway
   Refer to Blood glucose guideline
6. Obtain and document pulse oximeter reading

BLS

1. FR-AED Care
2. Check and record vital signs and Glasgow Coma score every 5 minutes
3. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
   OSF Saint Elizabeth Medical Center Emergency Department
   (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)
4. Consider ILS intercept
5. Insert BIAD if breathless
6. Repeat Blood Glucose check. If < 60 and if gag reflex intact administer Oral glucose gel One tube
   If decreased level of consciousness: **Contact Medical Control** for orders to administer:
   Glucagon 1 mg IM or IntraNasal (1/2 dose each nostril)(if no facial trauma)
   repeat in 5 minutes if no improvement in level of consciousness. OR
7. Consider **Narcan 2mg/2mL IntraNasal** One mLper nostril (divided into ½ mL per nostril X 2 (if no facial trauma) May **repeat Narcan in 5 minutes** if no improvement in level of consciousness and **OVERDOSE SUSPECTED**
   DO NOT give Narcan to head injured patient without orders from Medical Control.
8. If trauma indicated, refer to appropriate protocol
   4. Transport ASAP
   5. Initiate ILS/ALS intercept

ILS/ALS

1. BLS Care
2. Initiate IV of Normal Saline @KVO (20mL/hr)
3. Repeat Blood Glucose check. If blood Glucose < 60 administer **Dextrose 50% IV**
   OR
   Glucagon 1 mg/mL IM, or IntraNasal (1/2 dose each nostril)
4. **Consider Narcan 2 mg/2mL IV, IM, IntraNasal** (1/2 dose each nostril)
   May **repeat Glucagon or Narcan in 5 minutes** if no improvement

Use IntraNasal route of administration if decreased level of consciousness and/or No IV access

DO NOT give Narcan to head injured patient without orders from Medical Control.

Suspected Stroke/CVA/Hypertensive Crisis

NOTE CHANGE IN OXYGEN ADMINISTATION FROM ROUTINE MEDICAL CARE

FR-AED

1. Routine Medical Care
2. Be prepared for nausea, vomiting, seizure activity
3. Anticipate airway problems and assist as necessary
4. Protect paralyzed limbs from injury
5. Check vital signs and Glasgow Coma Scale every 5 minutes and record
6. Check blood sugar. If blood glucose < 60 treat according to blood glucose protocol
7. Apply pulse oximeter / record patient's oxygen saturation.
8. **Oxygen 6L/min via nasal cannula if patient has a patent airway and Pulse Ox is > 95%.**
9. **If Pulse Ox is < 95%, administer oxygen at 15 L/Min via non-rebreather mask. Be prepared to support the patient's respirations with the BVM if necessary and have suction readily available**
10. **Initiate stroke screen checklist – hand off to transport agency**

BLS

1. FR-AED Care
2. Position patient with head elevated 20 to 30 degrees unless B/P <90 mmHG; then supine, if no trauma suspected. If trauma suspected, refer to appropriate trauma protocol.
3. Protect any paralyzed limbs from injury
4. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
   OSF Saint Elizabeth Medical Center Emergency Department
   (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)
5. Check blood sugar. If blood glucose < 60 treat according to blood glucose protocol
6. Observe patient for altered mental status, seizure activity – refer to appropriate protocol and treat accordingly
7. Complete stroke check list
8. Initiate ILS/ALS intercept
9. Notify receiving hospital of possible stroke patient

ILS

1. BLS Care
2. If necessary, intubate/BIAD patient and support ventilations with bag-valve mask and 100% O2. If seizure or teeth clenched, consider nasotracheal intubation.
3. Initiate IV of Normal Saline @ KVO (20ml/hr)
4. If patient unresponsive and drug overdose possible, **give NARCAN 2 mg IV or IM**, **may repeat in 5 minutes** if no response

ALS 1. ILS care

NOTE: If bradycardic, consider Increased Intracranial Pressure, **DO NOT** give **Atropine.**
NOTE: Patient with a diastolic B/P > 130mmHg with non-traumatic neurologic deficit and/or chest pain/pulmonary edema should be considered in hypertensive crisis
Cincinnati Pre-hospital Stroke Scale
Facial Droop
Arm Drift
Speech alteration
Time of Onset

Patient Name _____ Date_____

DOB _____ Age _____

Information received from: Patient_____ Family _____ Other _____

SCREENING CRITERIA

____ F (face) Facial Droop: Have patient smile or show teeth (look for asymmetry)
____ Normal: Both sides of face move equally or not at all
____*Abnormal: One side of patient's face drops

____A(arm) Motor Weakness: Arm drift (close eyes, extend arms palms up)
____Normal: Remain extended equally, or drifts equally, or does not move at all
____*Abnormal: One arm drifts down when compared with the other

____S(speech) Have the patient say: "you can't teach an old dog new tricks"
____ Normal: Phrase is repeated clearly and correctly
____ *Abnormal: Words are slurred, abnormal or no words spoken

____T(time of onset) Make note if onset of symptoms is less than 3 hours

Last seen normal _____ Date
_____ Time

If any of the top three boxes (F,A,S) are checked AND Time of onset(T) is less than 3 hours, receiving facility should be advised that the Stroke Screen is positive.

Pertinent History/Symptoms

____ Fall/Head Trauma at onset

____ Seizures at onset

____ Headache, Nausea, Vomiting

____On Coumadin, Warfarin, Lovenox, Plavix

EMS Agency _____

Crew Member completing the screen _____

Time of EMS Assessment _____

Seizure/Status Epilepticus

FR-AED

1. Routine Medical Care
2. Remove objects from seizing patient to help prevent injury
3. Maintain airway
   - O2 at 15L/NRB Mask, 4-6 L/Cannula if NRB is not tolerated
   - Support respirations if necessary with Bag-valve-mask
   - do not force anything between teeth

4. Check blood sugar. If blood glucose < 60 treat according to blood glucose guidelines
5. Protect patient if actively seizing **(Do Not Restrain)**
   - Position on side (if no C-Spine indications) to support drainage of secretions

6. Apply pulse oximeter and record patient's oxygen saturation.

BLS

1. FR-AED care
2. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
   OSF Saint Elizabeth Medical Center Emergency Department
   (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)
3. Initiate ILS/ALS intercept
5. Insert BIAD if breathless
6. Repeat Blood Glucose check. If Blood Glucose < 60 and decreased level of consciousness with intact gag reflex, administer **Glucagon *IntraNasal* 2mg/2ml.** One mL in each nostril (if no facial trauma or bleeding) repeat in 5 minutes if no improvement in level of consciousness. May give **Glucagon IM**
7. Consider **Narcan 2mg/2mL IN.** One mL/nostril (*IntraNasal* if no facial trauma or bleeding)**C*ontact with Medical Control*** May **repeat Narcan in 5 minutes** in no improvement in level of consciousness
8. Document type and duration of seizure
9. Transport ASAP

ILS

1. BLS Care
2. If necessary, intubate/BIAD and support respirations (nasotracheal intubation if teeth clenched)
   BVM 100%
3. Initiate IV of Normal Saline @ KVO (20 ml/hr)
4. ***Ativan 2 mg IV/IO/IN or IM – ADULTS ONLY*** **and** if seizure activity witnessed and lasting 5 minutes or more or if 2 or more seizures without return of consciousness. ***May repeat to total of 4 mg IV/IO/IN or IM.*** **Valium 5 mg rectally if IV/IO/IN and IM routes are not accessible.**
5. ***If Ativan unavailable administer Valium 5 mg IV/IO/IN or IM – may repeat X 1or Versed 2mg IV/IO, IM or IN-repeat x 1 (one mL each nostril)*** **May repeat with Medical Control Orders**
6. Repeat Blood Glucose check. If blood Glucose < 60 administer **Dextrose 50% IV.**
7. If no IV access consider the following:
   If Blood Glucose < 60 and decreased level of consciousness with intact gag reflex, administer **Glucagon *IntraNasal* 2mg/2ml**. One mL in each nostril (if no facial trauma or bleeding)
   repeat in 5 minutes if no improvement in level of consciousness. May give **Glucagon IM.**
8. If still no improvement in level of consciousness wait 2 min-Consider **Narcan 2mg/2mL IntraNasal**. One mL each nostril(if no facial trauma or bleeding) after ***Contact with Medical Control*****.** May give **Narcan IV or IM. May repeat Narcan in 5 minutes** if no improvement in level of consciousness and overdose suspected. DO NOT give Narcan to head injured patient without orders from Medical Control.

ALS 1. ILS care

- ***Note: Monitor the patient closely for respiratory depression when giving benzodiazepines ****
  If seizure activity has stopped, refer to Altered Level of Consciousness Protocol

Non-Traumatic Abdominal Pain

FR-AED

1. Routine Medical Care
2. Apply pulse oximeter/record patient's oxygen saturation.
3. Females of Childbearing age should be asked a detailed history about their menstrual cycle to help R/O Ectopic Pregnancy and/or Miscarriage

BLS

1. First Responder Care
2. Transport ASAP
3. Initiate ILS/ALS intercept
4. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
   OSF Saint Elizabeth Medical Center Emergency Department
   (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)

ILS

1. BLS Care
2. Initiate large bore IV of Normal Saline (two if possible) and run to maintain B/P of 90mmHg
3. **Contact MEDICAL CONTROL** to consider pain medication administration refer to pain control SMO
4. If patient c/o nausea and vomiting, administer **Zofran 4 mg IV slowly or ODT** after **Contact with** MEDICAL CONTROL

ALS

1. ILS care
2. **Contact MEDICAL CONTROL** to consider administration of pain medication

NOTE: Patients with Abdominal Pain of unknown origin should **NOT** be given pain medication until the source of the problem is diagnosed or **Medical Control orders it**

Special Care for Renal/Dialysis Patients

FR-AED/BLS/ILS

1. Routine Medical Care
2. Refer to the appropriate treatment protocol based on patient complaint and/or clinical presentation
3. Apply pulse oximeter/record patient's oxygen saturation.

Care of the dialysis access site:

Access sites can appear as permanent access embedded beneath the skin or as an external shunt. The permanent access is known as an A/V Fistula (artery to vein) or graft.

Care of either site:

1. No blood pressure to be taken in the arm where the access site is located

2. Avoid tight and/or restrictive clothing or jewelry

3. In case of injury to an access site, immobilize loosely protecting the access site

4. In case of bleeding from a site, apply direct pressure for at least 15 minutes using sterile technique

5. The external site is outside the skin and consists of two tubes which are joined together with a connective device. Obtain clamps from the patient to apply to the tubes if they should become accidentally separated (BLS and ILS/ALS)

6. Note the quality of pulse and capillary refill distal to the site

7. **Do Not attempt IV access through the indwelling device (ILS/ALS)**

Poisoning- (Organophosphate)

Consider possible scene and patient contamination. Wear protective clothing. Remove all of the patient's clothing as exposure is most often from clothing.
Patient will have profuse fluid loss from diaphoresis, saliva etc.

FR-AED

1. Routine Medical Care
2. Apply pulse oximeter/ record patient's oxygen saturation.

BLS

1. F.R. Care
2. Transport ASAP
3. Consider ILS intercept

ILS/ALS

1. BLS Care
2. Initiate IV with Normal Saline at rate to maintain B/P of 90 mmHg systolic
3. **Atropine 2mg IV every 3- 5 minutes** to maintain pulse of at least 70 and B/P of 90 systolic
4. If unable to initiate IV, give **atropine 2 mg IM every 5 minutes**

Common Organophosphate Pesticides:

Azodrin (Bilobran, Crisodrin, Monocron)
Bidrin
Clorthion (dicapthon, Isochlorothion)
Dicapthon (clorthion)
Dipterix (trichlorform)
Malathion
Parathion
TEPP (tetra ethyl pyrophosphate, diphosphoric acid
Thimet (Phorate, granutox, rampart. timet,
Trithion (Carbophenothion, acarithion, garrathion)

Oral Poisoning/Suspected Drug Overdose

Conscious

FR-AED

1. Routine Medical Care
2. Apply pulse oximeter/ record patient's oxygen saturation.
3. Gather all medications/pill bottles etc. and give to transport agency
4. Oxygen @ 15L/min by NRB mask
5. Check Blood Glucose. If <60 treat per blood glucose guideline

BLS

1. F.R. Care
2. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
   OSF Saint Elizabeth Medical Center Emergency Department (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)
3. Consider ILS/ALS intercept

Unconscious

FR-AED (same as above)

BLS (same as above and including the following

1. Repeat Blood Glucose check. If Blood Glucose < 60 and decreased level of consciousness with intact gag reflex, administer **Glucagon *IntraNasal* 2mg/2ml**. One mL in each nostril (if no facial trauma or bleeding) **repeat in 5 minutes** if no improvement in level of consciousness. **May give Glucagon IM**
2. Consider **Narcan 2mg/2mL IN**. One mL/nostril (***IntraNasal*** if no facial trauma or bleeding) after ***Contact with Medical Contol.*** May **repeat Narcan in 5 minutes** in no improvement in level of consciousness
3. Transport ASAP
4. Consider ILS intercept

ILS

1. BLS Care
2. Initiate IV of Normal Saline @ KVO (20ml/hr) or 200 cc bolus to maintain systolic BP >90mmHg
3. Repeat Blood Glucose check. If blood Glucose < 60 administer **Dextrose 50% IV**
4. If no IV access consider the following:
   If Blood Glucose < 60 and decreased level of consciousness with intact gag reflex, administer **Glucagon *IntraNasal* 2mg/2ml**. One mL in each nostril (if no facial trauma or bleeding)
   repeat in 5 minutes if no improvement in level of consciousness. **May give Glucagon IM**
5. If no improvement in level of consciousness wait 2 min and Consider **Narcan 2mg/2mL IntraNasal.** One mL each nostril(If no facial trauma or bleeding) after ***Contact with Medical Contol.*** **May give Narcan IV** or **IM.** May **repeat Narcan in 5 minutes** if no improvement in level of consciousness and overdose suspected.
6. **DO NOT** give Narcan to head injured patient **without orders from Medical Control.**

ALS

1. If aspirin overdose suspected or tricyclic antidepressant overdose administer **Sodium Bicarbonate 50 meq/IV/IO (1meq/kg)** for additional orders **Contact Medical Control**

Radiation

Special Considerations

- Assure safety of scene and surrounding area. Notify local haz-mat team
- Wear appropriate personal protective equipment
- Wear dosimeter if available
- Notify receiving hospital to prepare for a patient who is contaminated
- If burns are present, treat as per BURN protocol. Collect run off water as it may be contaminated
- Notify EMS System of radiation incident as soon as possible

FR-AED/BLS

1. Routine Medical Care
2. Refer to appropriate protocol as indicated from patient complaint and clinical presentation
3. Apply pulse oximeter/ record patient's oxygen saturation.

ILS/ALS

1. BLS Care
2. Initiate IV of Normal Saline at KVO (20ml/hr) ***Only after contact with medical control.**

NOTE: notify IEMA at 1-800-782-7860

Hyperthermia

FR-AED

1. Routine Medical Care
2. Remove from heat-cool patient quickly
3. Oxygen 15 L/NRB mask or 4-6 L NC if mask not tolerated
    a. assist respirations with BVM if necessary
4. Position of comfort unless patient is hypotensive then feet elevated or left side lying if vomiting
5. Place in cool environment, remove as much clothing as necessary
    a. If skin is hot and dry, begin rapid cooling process with cool moist towels. Ice bags to groin, arm pits and forehead
    b. Use fanning motions to assist cooling
6. Do not rub cramping muscle
7. Do not cool to point of patient shivering
8. Apply pulse oximeter and record patient's oxygen saturation.

BLS

1. FR-AED care
2. Transport ASAP
3. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
    OSF Saint Elizabeth Medical Center Emergency Department
    (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)
4. Consider ILS intercept
5. Record patient temperature
6. Insert BIAD if appropriate

ILS/ALS

1. BLS Care
2. Intubate/BIAD if necessary
3. Initiate IV with Normal Saline, large bore needle at KVO (20mL/hr)
    a. B/P < 90, IV Bolus of fluid 250mL – 500mL, then KVO (20mL/hr)
4. If condition changes or other symptoms exist (i.e. seizure) move to appropriate protocol

Note: **Heat Cramps(muscles)** over exertion and dehydration in high temperatures with high humidity.
S/S normal or slightly elevated body temperature, generalized weakness, dizziness, warm, moist skin and cramps in the fingers, arms, legs or abdominal muscles.
Heat Exhaustion: acute reaction to heat exposure and the most common heat emergency seen by EMS. **S/S** increased body temp; generalized weakness; cool, diaphoretic skin; rapid, shallow breathing; weak pulse; diarrhea; anxiety; headache and possible loss of consciousness.
Heat Stroke the body's hypothalamic temp regulation is lost. Cell death and damage to the brain, liver and kidneys may occur. **S/S** cessation of sweating; very high core body temp; hot, usually dry skin; deep, rapid, shallow respirations (which later slow); rapid full pulse (which later slows); hypotension; confusion, disorientation or unconsciousness and possible seizures.
Fever (Pyrexi) a fever is the elevation of the body temp above the normal temp for that person (98.6 F = or – 2 degrees). Fever is sometimes difficult to differentiate from heatstroke; however there is usually a history of infection or illness with a fever.

Frost Bite

FR-AED

1. Routine Medical Care
2. Remove from cold environment
3. Remove wet/cold clothing and place in warm blankets in a warm environment
4. Protect frozen part:
    a. If blisters appear, dress as burns with clean sterile dressing
    b. Splint affected area
    c. Protect from re-freezing
    d. DO NOT break blister formations, remove all jewelry if possible
    e. Avoid pressure or friction to part
5. DO NOT allow patient to smoke
6. Pulse ox readings may be false or not detected

BLS/ILS/ALS

1. F.R. Care
2. Transport ASAP
3. Monitor may not be able to pick up a rhythm

Hypothermia

NOTE

Severely hypothermic patients MUST be handled gently and avoid any unnecessary airway manipulation or ventricular fibrillation can be precipitated (80-90 degrees F)

FR-AED

1. Routine Medical Care
2. Protect from further heat loss
3. Handle patient very gently
4. Remove from cold environment
    a. Remove cold, wet clothing
    b. Cover patient's head
    c. Cover patient with blankets
4. Warm oxygen 15 L per NRB mask (use hot packs around oxygen tubing)
5. Initiate CPR if no pulse or respirations detected
6. Follow cardiac arrest protocol if necessary
7. Check Blood Glucose and treat per blood glucose protocol

BLS

1. F.R. care
2. Initiate CPR if no pulse or respirations detected
3. Obtain 12 lead ECG if indicated by chief complaint or patient presentation and transmit to:
   OSF Saint Elizabeth Medical Center Emergency Department (It is beyond the scope of the EMT-Basic to interpret 12-leads and/or cardiac rhythms)
4. Monitor may not be able to pick up a rhythm if patient extremely cold
5. Repeat Blood Glucose check. If Blood Glucose < 60 and decreased level of consciousness with intact gag reflex, administer **Glucagon *IntraNasal* 2mg/2ml**. One mL in each nostril (if no facial trauma or bleeding) **repeat in 5 minutes** if no improvement in level of consciousness. **May give Glucagon IM**

4.Consider Narcan 2mg/2mL IN. One mL/nostril (***IntraNasal*** if no facial trauma or bleeding) after ***Contact with Medical Control***. May **repeat Narcan in 5 minutes** in no improvement in LOC

5. Check temperature rectally with hypothermic thermometer if available
    a. 95 to 90 degrees F, moderate hypothermia
    b. 90 degrees F and lower, severe hypothermia
6. Transport ASAP
7. Consider ILS intercept

ILS/ALS

1. IV of Normal Saline @ KVO (20mL/hr) (place hot packs around IV tubing to warm)
    a. utilize antecubital space if possible & use large bore IV
2. Intubate/BIAD only if absolutely necessary
3. Repeat Blood Glucose check. If blood Glucose < 60 administer **Dextrose 50% IV**
4. If no IV access consider the following:
   If Blood Glucose < 60 and decreased level of consciousness with intact gag reflex, administer **Glucagon *IntraNasal* 2mg/2ml**. One mL in each nostril (if no facial trauma or bleeding)
   repeat in 5 minutes if no improvement in level of consciousness. **May give Glucagon IM**
5. If no improvement in level of consciousness wait 2 min and consider **Narcan 2mg/2mL IntraNasal**. One mL each nostril(I f no facial trauma or bleeding) after *Contact with Medical Control.* May give Narcan IV or IM. May **repeat Narcan in 5 minutes** if no improvement in level of consciousness and overdose suspected. **DO NOT** give **Narcan** to head injured patient ***without orders from Medical Control***

NOTE:AHA Guidelines recommend: If the core temperature is less than 86 degrees F, then limit defibrillations to 3 only.

Drowning/Near Drowning

FR-AED

1. Use appropriate personnel and equipment for rescue
2. Routine medical care
    a. CPR if applicable
    b. Protect C-Spine
    c. Refer to Cardiac Arrest Protocol if in arrest
3. Remove wet clothing, wrap in dry blankets
4. Apply pulse oximeter and record value

BLS

1. FR-AED Care
2. Insert BIAD if appropriate
3. Transport asap

ILS/ALS

1. BLS Care
2. Intubate/BIAD if appropriate
3. Initiate IV with Normal Saline @ KVO (20mL/Hr)