

**SECTION: M-1**

**PROTOCOL TITLE: GENERAL MEDICAL CARE**

**REVISED: October 27, 2010**

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**GENERAL COMMENTS:** This is a general protocol for non-specific medical complaints, including SOB of non-specific etiology. When possible this protocol should supplement other, more specific protocols based on clinical assessments and judgment.

**BLS SPECIFIC CARE:**

- Basic BLS care and assessments and V/S every 15 minutes, unless unstable, then reassess and V/S every 5 minutes
- Oxygen administration titrated for SAO<sub>2</sub> < 95%. Use NRB and high flow O<sub>2</sub> for signs of significant distress. Assist ventilations as needed
- Patients with a respiratory complaint should receive supplemental oxygen, regardless of oxygen saturation. Respiratory complaints should receive ALS evaluation when available
- Assess blood glucose level as appropriate
- Position patient as appropriate

**ILS SPECIFIC CARE:**

- IV access (to a max of three attempts) or IO access if needed due to severity of underlying injury or illness, otherwise defer until arrival of ALS providers.
  - IV: Crystalloid solution at a TKO rate. May administer 200-500 cc if S/S of dehydration are present, repeat as needed
  - Multiple IV lines if necessary. An end goal of 3 IV lines (2 single lumen and 1 single multi-lumen lines. Always have at least 2 single lumen established) is a desirable goal.
  - Withhold fluids and maintain IV at TKO rate if patient is hemo dynamically stable or signs and symptoms of fluid overload are present

### ALS SPECIFIC CARE:

- Assess and identify causes of complaints, treat as needed
- Maintain patent airway as necessary to include CPAP and endotracheal intubation when appropriate
- Apply cardiac monitor and/or multi-function electrode (MFE) pads if necessary
  - o Treat unstable dysrhythmias and vital signs as necessary and as per specific protocols
- 12 lead ECGs: Also See Protocol C4 - General Cardiac Care.  
The following patients should have a 12 lead ECG obtained by paramedic.
  - o Any non-trauma patient with primary complaint of chest pain
  - o Any patient with concern for cardiac etiology for their complaint (not limited to AMI)
  - o Any patient with syncope
  - o Patients with primary complaint of Shortness of Breath with changes to any of the following factors:
    - Diabetic
    - Over the age of 65
    - Altered Mental Status or Dementia
    - History of Heart Disease
- 12-lead ECG's will only be transmitted for the following:
  - o STEMI
  - o On-line medical direction consult, regarding 12-lead ECG