

SECTION: M-01

PROTOCOL TITLE: GENERAL MEDICAL CARE

REVISED: April 01, 2023

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 SpO₂ < 92% , with a goal 92-96%, or for those patients who are at risk for decompensation.
- Assess blood glucose level as appropriate
- Position patient as appropriate and maintain airway patency
- Maintain body temperature to a goal of normothermia
- Keep patient in safe and calm environment

In addition to standard medical history, in case of ingestion/overdose obtain:

- Name of ingested substance
- Quantity ingested
- Time of ingestion
- Has vomiting occurred

AEMT/O.M. Specific Care

Obtain/Assist with 12 Leads (if feasible, indicated, and available):

- The following patients should have a 12 lead ECG obtained.
 - Any non-trauma patient with primary complaint of chest pain
 - Any patient with concern for cardiac etiology for their complaint (not limited to AMI)
 - Any patient with syncope
 - Patients with a primary complaint of shortness of breath **with any of the following factors:**
 - Diabetic
 - Over the age of 50
 - Altered mental status or dementia
 - History of heart disease
- 12-lead ECGs will only be transmitted for the following:
 - STEMI
 - On-line medical direction consult regarding the 12-lead ECG

Protocol M-01

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Vascular Access

- IV access (to a max of 3 attempts) or IO access if needed due to severity of underlying injury or illness, otherwise consider deferring until arrival of ALS providers
 - IV: Crystalloid solution at a TKO rate. May administer 200-500 ml if S/S of dehydration are present, repeat as needed to a maximum of 2 liters
 - Withhold fluids and maintain IV at TKO rate if patient is hemodynamically stable or signs and symptoms of fluid overload are present

Respiratory Support (if appropriate and available)

- Consider Assisted/Intermittent Positive Pressure Ventilation
- Consider Placement of SGA
- CPAP: See also *Appendix 6*
 - **Medical Control Required if BP less than 90 systolic.**
 - Initial setting at 5 cmH₂O, **MAX: 10 cmH₂O**

ALS SPECIFIC CARE:

Airway Management: Secure the airway using means best determined by good clinical decision making.

- See "Appendix 2: *Advanced Airway Support Supplement* " for guidelines for current and anticipated clinical needs

Cardiac Monitoring: Apply cardiac monitor as necessary

- 12-lead ECG's will only be transmitted for the following:
 - STEMI
 - On-line medical direction consults, regarding 12-lead ECG

Non-Traumatic Blood Loss: For Severe Blood Loss w/in 3 hours of onset:

- **Tranexamic Acid (TXA):**
 - IV/IO: 2 gram cc /250 cc over 10 minutes. Does not need pump.

Physician PEARLS

SPO₂ target range if for general medical patients, NOT patients undergoing advanced airway procedures. Providers shall refer to *Appendix 02: Advanced airway support supplement* for additional guidance.