

# ROUTINE ASSESSMENT/INTERVENTIONS

- ❑ All individuals identified as “patients” should have a complete assessment attempted. This assessment should include, but not be limited to:
  - Obtaining a history and/or determining the mechanism of the present illness or injury.
  - Obtaining applicable medical history, medications, allergies, and social situation.
  - Obtaining a summary of findings and information obtained by first responders
  - Completion of a physical assessment and diagnostic interventions as appropriate.
- ❑ Basic vital signs include: pulse rate, respiratory rate, blood pressure, SpO<sub>2</sub>, ETCO<sub>2</sub>, and mentation (GCS). **If possible, baseline vital signs should be obtained manually and before any medications are administered.**
  - Vital signs should be monitored and recorded as follows:
    - Unstable patients, every 5 min.
    - Stable patients transported from a scene, every 15 min.
    - Stable Interfacility transport patients, every 30 min.
    - Unstable Interfacility transport patients, every 5 min
- ❑ Pain should be assessed using a 0-10 scale before and after every treatment of pain (chest pn, musculoskeletal, etc) and with every set of vital signs when appropriate.
- ❑ In any patient where spinal immobilization was performed or considered, the presence or absence of a sensation to light touch, distal circulation, and motor function in all extremities should be assessed and recorded: (if immobilized, assess and record pre and post).
- ❑ Sensation, circulation, and motor function should be assessed for all extremity injuries or complaints.
- ❑ Oxygenation and ventilation should be assessed and provided as needed during all patient encounters.
- ❑ The expedient packaging and transport of patients is central to out of hospital care. Therefore, the risks and benefits of on scene interventions must be carefully considered. In general, interventions for a medical chief complaint may be initiated on scene while interventions in trauma, shock and OB complications should be completed during transport.
- ❑ Alert the hospital as soon as possible of your transport.
- ❑ Contacting On-Line Medical Control (OLMC) for any unusual or unfamiliar situations is encouraged.
- ❑ QRT’s should notify responding transport unit, as soon as possible, of:
  - Patient Gender
  - Chief Complaint
  - Level of Consciousness
  - Unusual Vital Signs (normal signs may be reported as “within normal limits”)
  - Consider reducing ambulance response mode if patient condition and situation warrants. If unsure, consultation with responding advanced life support unit would be appropriate.
- ❑ QRT’s should render care and (if possible) package patient for transport prior to ambulance arrival. This is especially vital with trauma patients

EMR

EMR

# ROUTINE ASSESSMENT/INTERVENTIONS CONT.

EMT

- ❑ Blood glucose testing on all patients with altered mentation
- ❑ Allowed to obtain ECG and 12 lead recordings, if trained.

EMT

AEMT

- ❑ Establish IV or pediatric IO as appropriate. Lung sounds should be assessed and recorded in all patients receiving IV fluids.
- ❑ Pediatric IO access may be initiated in pediatric patients in extremis where other IV access is not possible in a timely manner; any med given by IV may be given by IO.

AEMT

EMT-I

- ❑ ECG monitoring for potentially life threatening complaints (chest pain, SOB, abdominal pain) and/or anyone who may benefit from monitoring.
- ❑ Adult IO

EMT-I

PARAMEDIC

- ❑ Interpretation of 12-lead ECG for potential cardiac event and/or STEMI

PARAMEDIC

## Clinical Care Pearls

- ❑ TKO means about 20 ml/hr.
- ❑ Normal Saline: contact Medical Control if necessary to administer greater than 2L.