

Universal Patient Care Protocol

Scene Safety/ Personal Protective Equipment
Primary Survey
Supplemental O2
Obtain and document: Vital signs SAMPLE history Pain assessment OPQRST (medical) DCAP BTLS (trauma)
Appropriate protocol/ consider differential diagnoses If no protocol applies or condition is unknown, consult medical command
Transport per guidelines

Pearls:

Complete vital signs should be taken every 5 min for critical and 15 min for non-critical patients.

Complete vital signs include a minimum of HR, RR, and BP
Complete vital signs include pulse oximetry at the EMT level or above
Do not delay oxygen therapy to obtain pulse oximetry reading.

Delete initial interventions

Delete glucometry, oximetry, capnography

Delete cardiac, 12-lead

Complete vital signs include pulse ox at the EMT level or above

Delete on scene time

Abdominal Pain Pearls

History	Physical	Differential Diagnoses
<ul style="list-style-type: none"> •Age •Past medical/ surgical history •Medications •Onset •Provocation/ palliation •Quality •Radiation •Severity •Time •Fever •Last oral intake •Last bowel movement/emesis •Menstrual history •Diarrhea •Constipation 	<ul style="list-style-type: none"> •Pain •Tenderness •Nausea/ vomiting •Dysuria/hematuria •Vaginal bleeding/discharge •Pregnancy •Fever •Headache •Malaise •Location of pain 	<ul style="list-style-type: none"> •Trauma •Pregnancy •Pneumonia •Pulmonary embolism •Liver (hepatitis, CHF) •Peptic ulcer disease •Gastritis •Gallbladder •Myocardial Infarction •Pancreatitis •Kidney stone •Abdominal aneurysm •Appendicitis •Bladder/ prostate •Pelvic inflammatory •Ovarian cyst •Spleen enlargement •Diverticulitis •Bowel obstruction •Gastroenteritis

Pearls:

If patient requires analgesics in the field for acute undiagnosed abdominal pain, contact on-line medical control

Change this to “pearls”

Consider a nausea/vomiting protocol

If patient requires analgesics contact on-line medical control

Abdominal Pain

B	Universal Care Protocol	B
EN	Peripheral IV access	EN
EN	For persistent nausea and vomiting, consider ondansetron 4 mg SL or IV, may be repeated in 10 minutes	EN
MC	If patient requires analgesics in the field for acute undiagnosed abdominal pain, contact on-line medical control	MC

Pearls:

Consideration should be given to other causes of pain that could be interpreted as abdominal in origin such as cardiac pain
Based on its safety profile and lack of side-effects, ondansetron (Zofran) is the preferred anti-emetic

3

Peripheral IV access

For nausea vomiting – include SL zofran

Decision to not include phenergan – add as a pearl, consider adding an annotation – based on safety profile and side effects, zofran is the preferred anti-emetic

Medical command box for analgesics

Acute Psychological Agitation

Criteria:
The patient's behavior and/or actions indicate that their mental status or thought process is disordered, and they are determined to pose an immediate risk to themselves or others

History <ul style="list-style-type: none"> •Situational crisis •Psychiatric illness/medications •Injury to self •Threat others •Medic alert •Substance abuse/overdose •Diabetes •Disease process 	Physical <ul style="list-style-type: none"> •Anxiety, agitation, confusion •Change in affect •Hallucinations •Delusional thoughts •Bizarre behavior •Combative/ violent •Expression of suicidal or homicidal thoughts 	Differential Diagnoses <ul style="list-style-type: none"> •Hypoxia •Alcohol intoxication •Medication or illicit drug effect •Withdrawal syndromes •Depression •Bipolar disorder •Schizophrenia •Anxiety disorders •Brain cancer
--	--	--

B	Universal Care Protocol	B
MC	<p>For patients who require medication for behavioral control: Consider midazolam 2 mg IM or IV for patients with acute drug intoxication or drug/alcohol withdrawal syndromes</p> <p>Consider haloperidol 5 mg and midazolam 2 mg IM or IV</p> <p>For patients over 65, consider haloperidol 2 mg and midazolam 1 mg IM or IV Medication dosage may be repeated once if needed for continued agitation</p>	MC
MC	If patient refuses transport contact on-line medical control for consultation and consideration of Emergency Custody Order (ECO).	MC

Pearls:
 Careful consideration should be given to acute injuries and/or illnesses that could be responsible for acute changes in behavior, such as hypoglycemia and hypoxia, head injury, or stroke/ICH.
 Verbally de-escalating the patient is preferable to medication therapy.
 Consultation with law enforcement, mental health professionals, and medical command should guide patient disposition.
 Abnormal movements of the eyes, face, neck and extremities could represent an acute dystonic reaction, and should be treated with diphenhydramine 25 mg IM or IV.
 Other parenteral anti-psychotic medications such as Geodon and Zyprexa are available but do not offer significant advantages for control of behavior in the field over haloperidol (Haldol).

Should we add versed in here as an alternative?

For example, haldol for psych hx....versed for substance abuse?

Criteria box – behavior/actions indicate that mental status/thought process is disordered, immediate risk to themselves or others

Signs symptoms – anxiety

Red box for medical command for medication only

Emphasis for looking for other causes of illness

If medication is required for acute behavioral control, consult on-line medical command

Move haldol plus benzo up to first level at the same time

Consider a note regarding zyprexa/geodon

Consider an IV in versus no IV access – valium/haldol IV

Make sure to refer to on-line medical control in all MC

Delete suicidal patients line

Pearl – describe dystonia and give dose

Alcohol Related Emergencies

History •Last alcoholic drink •Daily amount of alcohol intake	Physical •Tremors •Anxiety •Unsteady gait •Spider angiomas •Distended abdomen	Differential Diagnoses •Hypoglycemia •Traumatic injury •Drug intoxication •Sepsis in elderly
--	---	---

B	Universal Care Protocol	B
B	Monitor for respiratory depression	B
B	If seizures occur, refer to the Neurological/Seizure Protocol	B
EN	IV Procedure	EN
B	Treat suspected hypoglycemia	B
I/P	For agitation, tachycardia, or hallucinations secondary to alcohol withdrawals, consider diazepam (Valium) 5 mg IV or midazolam (Versed) 5 mg IM. May repeat either in 10 minutes	I/P

Move this into altered mental status Delete as a separate protocol ...

Allergic Reaction

History	Physical	Differential Diagnoses
<ul style="list-style-type: none">•Onset and location•Insect bite or sting•Food allergy/exposure•New clothing, soap, detergent•Past history of reactions•Past medical history•Medication history	<ul style="list-style-type: none">•Itching or hives•Coughing or wheezing•Chest or throat constriction•Difficulty swallowing•Hypotension or shock•Edema•Vomiting	<ul style="list-style-type: none">•Rash only•Anaphylaxis•Shock•Angioedema•Aspiration/ airway obstruction•Vasovagal event•Asthma or COPD•CHF

Pearls:

Ipratropium is not indicated for allergic reaction.

Allergic Reaction

B	Universal Care Protocol	B
B	Remove from source of exposure.	B
B	Assist with prescribed epinephrine auto injector for severe hives, respiratory distress, and/or shock if >8 years or >30 kg.	B
J	<ol style="list-style-type: none"> 1. Epinephrine (1:1000) 0.3 mg SQ or IM. May repeat in 10 minutes. 2. Albuterol 2.5 mg nebulized for wheezing/ bronchospasm. 2. Diphenhydramine 50 mg IM. 	J
EN	<ol style="list-style-type: none"> 1. Epinephrine (1:1000) 0.3 mg SQ or IM. May repeat in 10 minutes. 2. Albuterol 2.5 mg nebulized for wheezing/bronchospasm. 3. Diphenhydramine 25 mg IM or IV for mild to moderate reactions, 50 mg IM or IV for severe reactions. May repeat once in 10 minutes to a max of 50 mg. 4. Methylprednisolone 125 mg IV over 1 minutes for severe hives or difficulty breathing. <ol style="list-style-type: none"> 2. Albuterol 2.5 mg nebulized for wheezing/ bronchospasm. 2. Diphenhydramine 50 mg IM. 	EN
EN	IV Procedure	EN
MC	IV Epinephrine per Medical Command Only	MC
MC	Epinephrine 2-10 mcg/min to maintain BP >90 mmHg	MC

7

Make into one continuous protocol for allergic reaction through anaphylaxis

Title allergy/anaphylaxis ...

Get rid of SQ epi ...

Lit search for use of epi – lit search for steroids in field practice, early administration of steroids in general

Two boxes, top is for simple allergic reactions, bottom box is for anaphylaxis

Delete the epi drip from anaphylaxis

Definition of allergic reaction versus anaphylaxis assessment based including vitals (pulse ox)