MEDICAL EMERGENCIES
BLS PROCEDURES
ALWAYS USE STANDARD PRECAUTIONS

INDICATIONS
- For the following emergencies:
  - Syncope/ Near Syncope/ Fainting
  - Abdominal pain (non-traumatic)
  - Allergic Reaction
  - ALOC
  - Unconscious/ Unresponsive
  - Cardiac Arrest
  - SOB
  - Seizure (active)
  - Post- Seizure (post-ictal)
  - Chest Pain

PROCEDURES
- BLS RMC
- Reassure patient
- Transfer care to ALS unit as patient condition warrants
- **Syncope/ near syncope/ fainting:**
  - Evaluate for need of spinal motion restriction if significant mechanism of injury
- **Abdominal pain** (non-traumatic):
  - Nothing by mouth
  - Prepare for vomiting
  - Check bilateral BP, pedal pulses
- **Allergic reaction:**
  - Loosen clothing
  - Advise patient to self-administer EpiPen (or equivalent) or provider to administer epinephrine per policy
- **ALOC/Unconscious/ Unresponsive:**
  - If altered, place patient in recovery position
  - Assess blood glucose (BG)
  - If BG < 60 or immeasurable and patient can swallow, give sweetened drink or administer Glucose paste per policy
  - Ventilate with positive pressure devices
  - If opioid overdose is suspected, provide rescue breaths and administer Narcan Nasal Spray
    - Record time of administration and place patient in recovery position
    - May repeat every 2-3 minutes until patient responds. Multiple doses may be required.
    - If no pulse, follow Cardiac Arrest algorithm (below)
- **Cardiac Arrest:**
  - Place patient supine on firm surface and remove patient shirt
  - CPR
- Attach A.E.D.
- Suction as needed
- If ALS arrival time is longer than time to transport to the closest facility, begin transport and consider rendezvous with ALS unit enroute if appropriate.
- Consider field determination of death

**SOB/Airway Obstruction:**
- Position of comfort, usually upright
- Allow patient to self-administer any inhaled medications
- Consider different causes of SOB with pediatric patients

**Seizure (active):**
- Protect patient from injury (move furniture, etc.)
- Consider possible treatment of diabetic patient (see ALOC)
- If febrile seizure, initiate cooling measures

**Post-Seizure (post-ictal):**
- Follow above treatment on seizures
- Frequently evaluate patient’s level of consciousness and anticipate recurring seizures
- Suction as needed

**Chest Pain:**
- Limit patient’s physical activity
- Administer ASA 162-325 mg (chewable) if no known allergy, even if patient has taken daily ASA dose.
- Allow patient to self-administer own Nitroglycerin (NTG) as directed by their own physician only if SBP > 100

**Psychiatric Patient:**
- Protect self, others from combative or violent behavior
- Prepare for rapid changes in behavior due to possible ingestion of poisons, alcohol and drugs. If possible, bring ingested substances to hospital for analysis.

**RELATED POLICIES/PROCEDURES**
- Administration of Oral Glucose BLS PR 3
- Administration of EpiPen Procedure BLS PR 4 and BLS PR 4A
- Administration of Narcan Nasal Spray BLS PR 11
- Chest Pain / Acute Coronary Syndrome BLS 2
- Determination of Death First Responder BLS, BLS 5