

# 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