ROUTINE MEDICAL CARE (RMC)  
BLS  
ALWAYS USE STANDARD PRECAUTIONS  

INDICATION  
▪ To define Routine Medical Care (RMC) in the pre-hospital setting  

TREATMENT  
▪ Assess Airway, Breathing and Circulation (ABC)  
▪ Apneic and/or pulseless:  
  ▪ Begin CPR in accordance with the standards established by the American Heart Association, including early defibrillation  
▪ Patient breathing with pulse present:  
  ▪ Administer oxygen per policy BLS PR 2, Oxygen Therapy Procedure. Use appropriate airway adjuncts indicated for signs and symptoms.  
▪ Control significant external bleeding using direct pressure. If bleeding remains uncontrolled, apply gauze or hemostatic dressing and/or tourniquet.  
  ▪ Limb with the tourniquet must remain exposed  
  ▪ Hemostatic dressing must be approved by California EMS Authority  
▪ Check vital signs – repeat q 5 min. for emergent patients and q 15 min. for non-emergent patients.  
▪ For ALOC, assess blood glucose and treat per protocol  
▪ Obtain:  
  ▪ Chief complaint  
  ▪ History of current event  
  ▪ Past medical history  
  ▪ Medications  
  ▪ Allergies  
  ▪ Code status / Designated Decision Maker  
▪ Perform full secondary patient exam  
▪ If indicated, apply spinal motion restriction  
▪ Place patient in position of comfort or in other positions as needed to maintain adequate breathing and/or circulation
CHEST PAIN/
ACUTE CORONARY SYNDROME
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INDICATION ▪ Chest discomfort or pain, suggestive of cardiac origin or other symptoms of ACS (Acute Coronary Syndrome) which may include weakness, nausea, vomiting, diaphoresis, dyspnea, dizziness, palpitations, “indigestion”

TREATMENT ▪ BLS RMC ▪ Limit patient’s physical activity ▪ Administer ASA 162-325 mg (chewable) if no known aspirin 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

SPECIAL CONSIDERTIONS ▪ Discomfort or pain: OPQRST, Previous episodes, 0-10 scale ▪ Suspicion of ACS is based upon patient history. Be alert to patients likely to present with atypical symptoms or “silent MI’s” (women, elderly and diabetics). ▪ If patient is having an MI, NTG may cause significant hypotension. ▪ If the patient has taken erectile dysfunction (ED) medication within the last 24 hrs (Viagra/Levitra) or 36 hrs (Cialis) instruct patient not to take NTG.

DOCUMENTATION- ESSENTIAL ELEMENTS ▪ Medical history (cardiac history; other medical problems including hypertension, diabetes or stroke) ▪ OPQRST information ▪ Vital signs before/after NTG administration ▪ Erectile dysfunction medications taken ▪ Level of pain ▪ Medications administered ▪ Code status / Designated Decision Maker
BRONCHOSPASM/ ASTHMA/ COPD
BLS
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INDICATION
- Acute or progressive shortness of breath, chest discomfort, wheezing, cyanosis

PHYSICIAN CONSULT
- EpiPen (or equivalent) for severe respiratory symptoms

TREATMENT
- BLS RMC
- Mild to moderate (alert, may be unable to speak full sentences, limited accessory muscle use)
  - Assist patient with own medication if available
- Severe symptoms (altered mental status, minimal air movement, inability to speak, cyanosis)
  - Administer Adult or Pediatric EpiPen (or equivalent); If no improvement, MR in 5 minutes with physician consult

SPECIAL CONSIDERATION
- Suspect carbon monoxide in cases of exposure to fire; do not rely on pulse oximetry in this setting

DOCUMENTATION - ESSENTIAL ELEMENTS
- Physical finding of wheezing, decreased lung sounds
- Administration of oxygen

RELATED POLICIES/ PROCEDURES
- Auto Injector EpiPen BLS PR 4
- Epinephrine Check and Inject BLS PR 4a
SEIZURE
BLS
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
▪ Patient with reported or continuing seizure activity

TREATMENT
▪ BLS RMC

SPECIAL CONSIDERATION
▪ Consider treatable etiologies (hypoglycemia, hypoxia, narcotic overdose, unusual odor of alcohol, signs of trauma, medic alert tag)
▪ Be attentive to excessive oral secretions, vomiting, and ineffective breathing
▪ Treatment should be based on the severity and length of the seizure activity

DOCUMENTATION - ESSENTIAL ELEMENTS
▪ Past medical history (e.g., seizures, diabetes)
▪ Number, description, duration of seizures
▪ Narcan administration by first responder (e.g., law enforcement, family), if known
DETERMINATION OF DEATH
FIRST RESPONDER
BLS
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
Patient in cardiac arrest where resuscitation may not be indicated

PROCEDURE
- Confirm pulseless and apneic
- CPR may be withheld and death declared if ANY of the following criteria are met:
  - Obvious clinical signs of irreversible death
    - Rigor mortis
    - Dependent lividity
    - Decapitation
    - Transection
    - Decomposition
    - Incineration
  - Golden Gate Bridge / Richmond-San Rafael Bridge jumper: if pulseless and no signs of life and resuscitative measures not initiated by first responders, do not initiate cardiac arrest care
  - Submersion greater than or equal to one hour: physical examination of body with accurate and reliable history of submersion time.
  - A valid, signed, and dated advance directive or POLST form indicating that resuscitation is not desired
  - MCI incidents - where death is determined according to S.T.A.R.T. triage

- When patient meets criteria for declaration of death in the field:
  - Notify the appropriate law enforcement agency if applicable
  - Remain on the scene until law enforcement or coroner arrive if applicable
  - Complete a Field Determination of Death Form at scene and leave one copy for coroner if applicable

DOCUMENTATION-ESSENTIAL ELEMENTS
- Criteria for discretionary determination of death (i.e., DNR or valid POLST form).
- When possible, attach copy of DNR to PCR or include type of DNR and physician information.

RELATED POLICIES/ PROCEDURES
- DNR/POLST GPC 7
- Medical Emergencies BLS PR 6
- Patient Care Record (PCR) 7006
EARLY TRANSPORT DECISIONS

BLS

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Emergent patient with life or limb threatening conditions including:
  - Severe respiratory distress or respiratory arrest
  - Airway compromise or obstruction
  - Significant neurological decline from baseline evaluation
  - Anticipated or current shock
  - Uncontrolled bleeding
  - Open chest or abdomen
  - Tension pneumothorax
  - Pericardial tamponade
  - Prolapsed cord, impending breech delivery, abnormal presenting part
  - Multi-system trauma
  - Severe burns - Second or third degree burns (contact with caustic material, electricity or fire) involving 20% or more of body surface area (BSA) for adults or 10% BSA for pediatric patients or if associated with respiratory involvement
  - Isolated head injury with unconsciousness/ posturing

PROCEDURE

- BLS RMC
  - Verify estimated time of arrival of ALS unit, or consider helicopter transport
  - Update responding ALS unit on need for early transport to the closest, appropriate facility.
  - If ALS arrival time is longer than time to transport to the closest facility, begin transport and consider rendezvous with ALS unit en route if appropriate.
  - If transport time to the closest facility is > 10 minutes and ALS transport or rendezvous is not immediately available, begin transport and consider helicopter rendezvous if helicopter transport would result in reduced transport time to an emergency facility.

SPECIAL CONSIDERATION

- If patient is in extremis and transport unit is not available, transport in available vehicle.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Projected ETA of ALS unit if BLS transport undertaken
- Detailed description of life or limb threatening conditions
- Helicopter request and ETA

RELATED POLICIES/ PROCEDURES

- Destination Guidelines GPC 4
ANAPHYLAXIS

BLS

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- Patients experiencing anaphylactic reaction after exposure to common allergens (stings, drugs, nuts, seafood, medications). The following symptoms may be present:
  - Stridor
  - Bronchospasm / wheezing / diminished breath sounds
  - Severe abdominal pain
  - Respiratory distress (nasal flaring or grunting in pediatric patients)
  - Tachycardia
  - Shock (SBP < 100)
  - Edema of the tongue, lips, face
  - Generalized urticaria / hives

⚠️ PHYSICIAN CONSULT

- Necessity for a second dose EpiPen® (or equivalent)

EQUIPMENT

- Auto injector EpiPen® (or equivalent)
- Auto injector EpiPen Jr.® (or equivalent)
- High flow O2
- Pulse oximetry

SPECIAL CONSIDERATION

- Elderly patients with signs of anaphylaxis and history of hypertension or heart disease should still be given epinephrine with caution. If concerned, physician consult.
- Training shall include the manufacturer’s instructions as well as demonstration of skills competency every two years after initial training according to Title 22, Div. 9, Chapter 2.
- Training in this procedure is the responsibility of the provider agency who desires to utilize this procedure

DOCUMENTATION- ESSENTIAL ELEMENTS

- Past medical history, including previous allergic reactions and hospitalizations
- Physical findings including breath sounds
- Medication administered
- Administration of oxygen