REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Routine Medical Care (RMC)

Overview: A routine medical assessment needs to be completed on all medical patients to identify and immediately correct life- threatening problems. This protocol is intended to provide the EMS Provider with guidelines to treat a medical patient as effectively and soon as possible. For the purpose of these protocols, the Region 1 Medical Directors define the stable adult patient as a patient who is alert and oriented X3 with a systolic blood pressure of > 90mmHg, heart rate of 60-100 beats per minute, and respirations of 10- 16 breaths per minute.

INFORMATION NEEDED
__ Scene safety
__ Body Substance Isolation
__ ABCD assessment
__ Patient's chief complaint
__ SAMPLE history

OBJECTIVE FINDINGS
__ Status of airway, breathing, circulation
__ Chief complaint

TREATMENT
__ Appropriate blood and body secretions precautions should be used at all times by all personnel.

__ Perform patient assessment and determine chief complaint.

__ If Load and Go situation is found, transport immediately.
__ Place patient in position of comfort unless contraindicated.
- Unconscious patients should be placed on their side, to prevent aspiration.
- If immobilized, tilt backboard if there is risk of aspiration.

__ When indicated administer oxygen:
- O_2 10-15 liters by non-rebreather mask
- O_2 4 liters by nasal cannula if unable to tolerate NRB mask
- O_2 100% by Combi tube if unable to establish airway via BVM or concerned about aspiration (see Combi tube Procedure).

(NOTE: NEVER WITHHOLD HIGH FLOW O_2 FROM CYANOTIC, CONFUSED, OR DISTRESSED PATIENT BECAUSE OF A HISTORY OF COPD.)

__ Repeat vital signs every 10 minutes for BLS patients, after administration of medications, and more frequently as needed.
__ Assess response to interventions (to include repeat vital signs).
__ Contact base station as soon as possible with patient assessment and treatment.

__ DO NOT delay transport. Treatment protocols are guidelines, and are not intended to be completed while on the scene, but continued enroute. All possible effort should be made to minimize scene time.

Documentation of adherence to protocol:

__ Status of airway, breathing, circulation
__ Patient's chief complaint

PRECAUTIONS AND COMMENTS

- In a combative or uncooperative patient, the requirement to initiate medical care, as written, may be altered or waived in favor of rapidly transporting the patient for definitive care. Document the patient's actions or behaviors that interfered with the performance of any assessments and/or interventions.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

SMO: Routine Medical Care (RMC)

Overview: A routine medical assessment needs to be completed on all medical patients to identify and immediately correct life- threatening problems. This protocol is intended to provide the EMS Provider with guidelines to treat a medical patient as effectively and soon as possible .

INFORMATION NEEDED
__ Scene safety
__ Body Substance Isolation
__ ABCD assessment
__ Patient's chief complaint
__ SAMPLE history

OBJECTIVE FINDINGS
__ Status of airway, breathing, circulation
__ Chief complaint

TREATMENT
__ Appropriate blood and body secretions precautions should be used at all times by all personnel.

__ Perform patient assessment and determine chief complaint.

__ If Load and Go situation is found, transport immediately.
__ Place patient in position of comfort unless contraindicated.
- Unconscious patients should be placed on their side, to prevent aspiration.
- If immobilized, tilt backboard if there is risk of aspiration.

__ When indicated administer oxygen:
- O_2 10-15 liters by non-rebreather mask
- O_2 4 liters by nasal cannula if unable to tolerate NRB mask
- O_2 100% by ET tube if unable to establish airway via BVM or concerned about aspiration.

(NOTE: NEVER WITHHOLD HIGH FLOW O_2 FROM CYANOTIC, CONFUSED, OR DISTRESSED PATIENT BECAUSE OF A HISTORY OF COPD.)

__ Evaluate cardiac rhythm in chest pain of suspected cardiac origin, electrical injuries, syncope, all patients who appear critical, and otherwise as indicated. Obtain a rhythm strip and attach to the ambulance report form. Transmit strip to the base station as needed for in-field management.
__ Establish IV 0.9% Saline (NS). IV's are indicated for patients who require immediate or potential fluid/volume replacement and/or IV medication administration prior to hospital arrival. Attempts to establish IV's should not delay transport. One attempt should be made at scene or enroute. If unsuccessful, one additional attempt may be made enroute. *Maximum number of attempts will be no more than 2 attempts per Provider with a maximum of 4 attempts per patient.*

TREATMENT (cont)

__ Repeat vital signs every 10 minutes for ALS patients, after administration of medications, and more frequently as needed.
__ Assess response to interventions and medication (to include repeat vital signs).
__ Contact base station as soon as possible with patient assessment and treatment.
__ DO NOT delay transport. Treatment protocols are guidelines, and are not intended to be completed while on the scene, but continued enroute. All possible effort should be made to minimize scene time.

Documentation of adherence to protocol:

__ Status of airway, breathing, circulation
__ Patient's chief complaint

PRECAUTIONS AND COMMENTS

- In a combative or uncooperative patient, the requirement to initiate medical care, as written, may be altered or waived in favor of rapidly transporting the patient for definitive care. Document the patient's actions or behaviors that interfered with the performance of any assessments and/or interventions.