REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Renal Emergencies

Overview: Assessment and history to identify treatable causes cannot be over emphasized. The physiological changes that occur in renal patients can cause severe problems. ALL Renal emergency patients should be transported to the hospital.

INFORMATION NEEDED
__ Patient age
__ Medical History
__ Last dialysis
__ Next scheduled dialysis.
__ Current history and medications
__ Presence of shunt

OBJECTIVE FINDINGS
__ Mental status, skin signs, perfusion status
__ Respiratory rate, rhythm and pattern of breathing.
__ Lung sounds, heart rate and blood pressure trends
__ Pedal edema, JVD

TREATMENT
__ Assess patient
__ Assess airway patency utilizing adjuncts as indicated (OPA, NPA). Secure the airway.
__ Routine Medical Care
__ Obtain SAMPLE history
__ Transport as soon as possible
__ 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
__ Assist ventilations with BVM and 100% oxygen if indicated.
__ Reassess ABC's including patient's color.
__ Reassess BLS methods to maintain airway patency and good ventilation.
__ Consider ALS intercept

Documentation of adherence to protocol:
__ Blood pressure trending documented
__ Administration of oxygen

PRECAUTIONS AND COMMENTS

- Contact Medical control as soon as possible for potential problems
- Contact airway assessment and intervention is necessary
- Consider ALS intercept

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

SMO: Renal Emergencies

Overview: Assessment and history to identify treatable causes cannot be over emphasized. The physiological changes that occur in renal patients can cause severe problems. ALL Renal emergency patients should be transported to the hospital.

INFORMATION NEEDED
__ Patient age
__ Medical History
__ Last dialysis
__ Next scheduled dialysis.
__ Current history and medications
__ Presence of shunt

OBJECTIVE FINDINGS
__ Mental status, skin signs, perfusion status
__ Respiratory rate, rhythm and pattern of breathing.
__ Lung sounds, heart rate and blood pressure trends
__ Pedal edema, JVD

TREATMENT
__ Assess patient
__ Assess airway patency utilizing adjuncts as indicated (OPA, NPA).
__ Secure the airway., Intubate as necessary
__ Routine Medical Care
__ Obtain SAMPLE history
__ Transport as soon as possible
__ 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
__ Assist ventilations with BVM and 100% oxygen if indicated.
__ Reassess ABC's including patient's color.
__ Reassess BLS / ALS methods to maintain airway patency and good ventilation.
__ Initiate IV access.
__ Apply cardiac monitor and follow appropriate cardiac protocol

Documentation of adherence to protocol:
__ Blood pressure trending documented
__ Administration of oxygen
__ Document IV access and cardiac monitor

Medical Control Contact Criteria

__ Contact medical control for questions regarding patient care and IV access
__ Do not use shunt as IV port

PRECAUTIONS AND COMMENTS

- Contact Medical control as soon as possible for potential problems
- Contact airway assessment and intervention is necessary
- Consider Paramedic Intercept
- Do not start IV in same arm as shunt