

# Initial Assessment Protocol

## A1

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Revised: 26 October 2007

Created: 20 July 2004

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This protocol is meant to provide an outline for completing an initial assessment of a patient.

1. Before GERMS EMTs arrive on scene, an attempt should be made to collect the following information:
  - a. Use available resources to attempt to determine the chief complaint of the patient.
  - b. Attempt to determine the mechanism of injury or the nature of illness of the patient.
  - c. Determine the number of patients.
  - d. Determine if there is any need for special units or additional resources.
2. Once EMS units arrive on scene, begin by forming a general impression of the patient.
3. Continuously assess the need for spinal immobilization given available information.
4. Determine the patient's level of consciousness using the AVPU scale.
  - A – Alert
  - V – Responsive to verbal stimuli
  - P – Responsive to painful stimuli
  - U - Unresponsive
5. Ensure the patient has a patent airway.
  - a. If the patient is not maintaining a patent airway on his or her own, move the patient so that he or she can be laid flat on his or her back, and open the patient's airway by performing the head-tilt chin-lift maneuver.
  - b. If spinal injury is suspected, maintain in-line stabilization and open the airway using jaw thrusts.
  - c. If the patient is choking and cannot clear the obstruction on his or her own, perform the Heimlich maneuver.
  - d. Use NPA and/or OPA devices as necessary to ensure continued airway patency.
6. Assess and assure adequate breathing.
  - a. Evaluate respiratory rate, quality and effort.
  - b. Observe the skin for signs of hypoxia.
  - c. Assess for life threatening breathing problems (flail chest, etc) and treat as appropriate.

- d. If the patient's tidal volume appears to be inadequate, begin ventilations with bag-valve mask.
7. Ensure adequate circulation and manage major bleeding and assess for signs of shock.
    - a. Attempt to control all sources of major bleeding as soon as they are discovered.
    - b. Evaluate pulse quality and signs of perfusion, such as capillary refill.
    - c. Treat for shock when indicated by placing the patient in shock position with feet raised, or Trendelenberg position if patient is immobilized.
  8. Determine the patient's chief complaint.
  9. Call for ALS or additional help as necessary.
  10. Complete a medical exam or trauma exam, as appropriate, according medical and trauma protocols.

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 Approved by Medical Director

1/5/08  
Date

## Medical Assessment Protocol A2

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Created: 9 August 2004

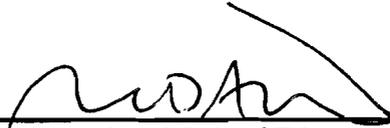
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This medical assessment algorithm is designed to outline the basic assessment points for both responsive and unresponsive medical patients.

1. Assess patient according to initial assessment protocol.
2. Determine Level of Consciousness using the AVPU scale:

Alert  
Responsive to Verbal Stimuli  
Responsive to Painful Stimuli  
Unresponsive

3. Complete assessment according to algorithm, outlined below.
4. Provide treatment and transport patient according to protocols.

  
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Unresponsive	Responsive
<p align="center"><b>Assess ABC's</b></p>	<p align="center"><b>Assess ABC's</b></p>
<p align="center"><b>Assess Mental Status</b></p>	<p align="center"><b>Assess Mental Status</b></p>
<p align="center"><b><u>Perform Rapid PE</u></b>  DCAP BTLS  <b>Head</b>  Check Pupils  <b>Neck</b>  JVD, Tracheal Deviation, Med Tags  <b>Chest</b>  Lung Sounds  <b>Pelvis</b>  Incontinence, Bleeding, Discharge  <b>Extremities</b>  PMS, Edema  <b>Posterior</b>  Lung Sounds</p>	<p align="center"><b><u>Obtain History of Event</u></b>  Onset  Provocation  Quality  Radiation  Severity  Termination / Time  Consider Pertinent Negatives</p>
<p align="center"><b>Obtain Baseline Vitals</b></p>	<p align="center"><b><u>Obtain SAMPLE History</u></b>  Signs / Symptoms  Allergies  Medicines  Past Medical History  Last Meal / Intake  Events Preceding</p>
<p align="center"><b><u>Obtain History of Event</u></b>  Onset  Provocation  Quality  Radiation  Severity  Termination / Time  Consider Pertinent Negatives</p>	<p align="center"><b>Obtain Vital Signs</b></p>
<p align="center"><b><u>Obtain SAMPLE History</u></b>  Signs / Symptoms  Allergies  Medicines  Past Medical History  Last Meal / Intake  Events Preceding</p>	<p align="center"><b>Complete Physical Exam</b>  Consider Pertinent Negatives  Assess Related Systems</p>

# Airway Obstructions Protocol

## A3

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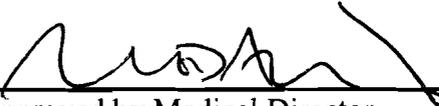
Revised: 26 October 2007

Created: 31 July 2004

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Airway obstructions can be both medical and traumatic, depending on their cause. No matter the cause, an airway obstruction causes an immediate threat to a patient's life and can be fatal. ALS should be contacted for any airway obstruction, whether that obstruction is partial or complete.

1. Assess the patient according to initial assessment and medical or trauma assessment protocols.
2. If the patient's airway is open and the patient can speak, administer oxygen by NRB at 15 lpm and transport immediately.
3. If the patient's airway is obstructed and the patient is conscious but cannot speak, deliver four abdominal thrust and reassess. Repeat this procedure until the obstruction is cleared.
4. If the patient is unconscious on arrival, or becomes unconscious, begin CPR (checking the airway for the obstruction before each cycle). Ventilate via BVM attached to maximal concentration of supplemental oxygen, and transport immediately.

  
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# Allergic Reactions Protocol

## A4

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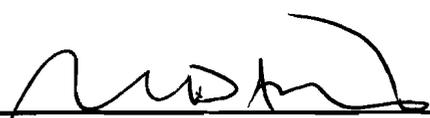
Revised: 26 October 2007

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This protocol outlines treatment for patients experiencing allergic reactions or anaphylactic shock. One of the most serious complications in an allergic reaction or anaphylactic shock is airway compromise; special care should be paid to airway management, and ALS should be contacted immediately for all patients with allergic reactions or anaphylactic shock.

1. Assess patient according to initial assessment and medical assessment protocols.
2. Ensure open airway and adequate respiratory effort. Provide oxygen by NRB at 15 LPM or assist ventilations with BVM. Utilize NPA, OPA as necessary to ensure airway.
3. Contact Medical Control for permission to administer 0.3 mg epinephrine (1:1000 concentration) by auto-injector if patient is exhibiting any of the following signs or symptoms:
  - a. moderate to severe shortness of breath
  - b. difficulty breathing
  - c. throat tightening
  - d. significant facial swellingAlso consider epinephrine administration for altered mental status or lowered level of consciousness in the setting of an allergic reaction or anaphylactic shock.
4. Transport in position of comfort. Utilize stair chair or cot for transport to the ambulance to minimize distress. Never force patient to lie supine.
5. Reassess patient constantly. If severe shortness of breath or difficulty breathing persists, consult online medical direction for additional orders.

  
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# Altered Mental Status Protocol

## A5

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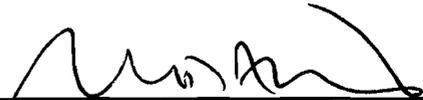
Created: 19 July 2004

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This protocol outlines the procedure for patients with an altered mental status (AMS) or lowered level of consciousness. Special attention should be paid to an AMS patient's airway and respirations; ALS should be contacted immediately if there is any compromise or impending compromise of airway, breathing, or circulation.

1. Assess the patient according to initial assessment and medical or trauma assessment protocols.
2. Ensure a patent airway. Initiate oxygen therapy according to oxygen administration protocol. Assist with ventilations by bag valve mask if respiratory effort is inadequate.
3. Be prepared to suction airway throughout patient encounter.
4. Obtain patient history according to SAMPLE & OPQRST algorithms to the fullest extent possible given the patient's mental status, and inspect patient for medical tags.
5. Obtain a blood glucose level.
6. If that patient's blood glucose level is below 60 mg/dL, and the patient is able to follow instruction and able to swallow:
  - a. Administer 25 g oral glucose
  - b. Initiate transport immediately
7. If a blood glucose level is unable to be obtained in a patient with AMS and a history of diabetes mellitus:
  - a. Administer 25 g oral glucose if the patient is able to follow instruction and able to swallow
  - b. Initiate transport immediately
8. Continually reassess the patient and evaluate for improvement.
9. Transport immediately.

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## Asthma Protocol A6

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This protocol outlines the treatment of asthma exacerbations. As with any respiratory emergency, special care should be paid to airway management and ALS should be called immediately.

1. Assess the patient according to initial assessment and medical assessment protocols.
2. Provide supplemental oxygen according to oxygen administration protocol. If respiratory effort is inadequate, assist ventilations with BVM.
3. Complete a physical exam to include lung sounds in all lung fields.
4. Place the patient in a position of comfort.
5. Administer 2.5 mg Albuterol Sulfate\* for adults (or 1.25 mg Albuterol Sulfate for pediatric patients) via nebulizer according to Albuterol administration protocol (\*see Albuterol Sulfate Protocol).
6. If respiratory distress continues, consider administering an additional dose of Albuterol Sulfate via nebulizer.
7. Contact Medical Control immediately if the patient's respiratory distress continues or worsens despite administration of Albuterol Sulfate nebulizer(s).
8. Do not delay transport to administer nebulizer treatments.
10. Transport immediately.

  
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# Cardiac Arrest (Non-Traumatic) Protocol

## A7

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This protocol outlines treatment for patients in non-traumatic cardiac arrest. ALS should be dispatched immediately in all cases.

1. Follow initial assessment and medical assessment protocols for general guidelines on patient care.
2. Open airway and check breathing for five to ten seconds. If respirations are inadequate or absent, deliver two rescue breaths.
3. Determine circulatory status. If pulse is inadequate or absent, begin CPR.
4. In the case of a PEDIATRIC patient, determine whether the arrest was witnessed:
  - a) if witnessed arrest → apply the AED and analyze as soon as available.
  - b) if unwitnessed arrest → perform five cycles of CPR (lasting approximately two minutes) and then apply the AED.
5. Attach AED and analyze rhythm. Defibrillate if indicated.
6. Perform one shock on scene, if indicated, before transport.
7. If AED indicates “no shock advised,” check for pulse and respirations. If absent, continue to perform CPR and transport immediately. Initiate basic airway procedures to include OPA or NPA. Ventilate via BVM.
8. Notify receiving facility as soon as possible.
9. Transport immediately.

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## Chest Pain Protocol A8

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This protocol outlines the treatment for patients experiencing non-traumatic chest pain. ALS should be called for all non-traumatic chest pain patients.

1. Follow initial assessment and medical assessment protocols for general guidelines on patient care.
2. Place patient on supplemental oxygen according to the oxygen administration protocol.
3. Complete a focused history based on the OPQRST & SAMPLE algorithms.
4. Obtain a baseline set of vitals.
5. Transport Immediately.

  
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# Hyperthermia Protocol

## A9

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Revised: 26 October 2007

Created: 3 August 2004

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This protocol is designed to treat heat emergencies. Aggressively monitor and treat all heat emergencies. ALS should be contacted in all suspected cases of heat exhaustion or heat stroke.

1. Assess the patient according to initial assessment and medical assessment protocols.
2. Monitor and maintain a patent airway. Ensure adequate respiratory effort. Provide oxygen according to oxygen administration protocol; assist via BVM if respiratory effort is inadequate. Assess circulatory status.
3. Assess the patient for signs of heat exhaustion or heat stroke, as indicated below.
4. Transport immediately.

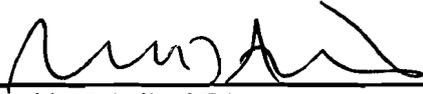
### Heat Exhaustion

1. General signs of heat exhaustion include:
  - a. Muscle cramps
  - b. Tiredness/lethargy
  - c. Dizziness/weakness
  - d. Headache
  - e. Nausea/vomiting
  - f. Fainting
  - g. Paleness/pallor
  - h. Diaphoresis
2. Treatment for heat exhaustion should include:
  - a. Move the patient to a cool area
  - b. Obtain an oral temperature
  - c. Remove patient's clothing as practical
  - d. Begin to cool patient with ice packs under arms, in groin, around neck.
  - e. Place patient in shock position if signs of hypovolemia are present.

### Heat Stroke

1. General signs of possible heat stroke include signs and symptoms of heat exhaustion with altered mental status/confusion or any of the following:
  - a. Red, hot, dry skin
  - b. Body temperature above 102 degrees orally
  - c. Unconsciousness

2. Treatment for heat stroke should include:
- a. Move the patient to a cool area
  - b. Obtain an oral or rectal temperature
  - c. Cool the patient as aggressively as possible.
  - d. Remove all of patient's clothing
  - e. Begin to cool patient with ice packs under arms, in groin, around neck.
  - f. Place patient in shock position if signs of hypovolemia are present.



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# Hypothermia Protocol

## A10

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This protocol outlines treatment for hypothermia. Hypothermia is defined as a condition where the body's core temperature drops below 95 degrees (rectally). Treat all patients carefully, because sudden or rough movement is known to precipitate cardiac arrest in patients with severe hypothermia.

1. Assess patient according to initial assessment and medical or trauma assessment protocols.
2. Move the patient to a warm environment and obtain a temperature.
3. Monitor and maintain airway, ensure adequate respirations. Assist with BVM as necessary. Assess circulatory status.
4. Remove all cold or wet clothing. Re-warm patient using blankets and other warming devices. Do not rub or massage the patient's skin to re-warm.
5. If the patient is in cardiac arrest, begin CPR and follow Cardiac Arrest protocols. Continue resuscitation efforts en route to the closest Emergency Department.

  
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# Respiratory Arrest Protocol A11

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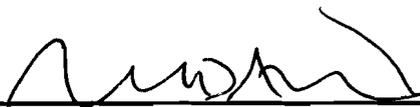
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This protocol outlines treatment for patients in actual or impending respiratory arrest. ALS should be immediately contacted in all cases.

1. Assess the patient according to initial assessment and medical assessment protocols.
2. Ensure open airway and immediately initiate ventilations via BVM if respiratory effort is inadequate. Provide basic airway management with OPA or NPA as tolerated.
3. Transport immediately. Notify receiving facility en route.

  
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## Seizure Protocol A12

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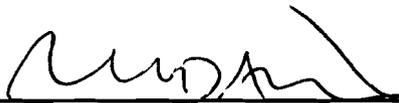
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This protocol outlines the treatment for patients with seizures. If seizure activity lasts greater than 3 minutes, or if a patient has two or more seizures without recovering from post-ictal state between events, ALS should be dispatched immediately.

1. Assess patient according to initial assessment protocol and medical or trauma assessment protocols as necessary.
2. Monitor airway closely. Be prepared to suction airway.
3. Patient can be moved to lateral recumbent position to prevent aspiration of vomit if there is no suspected need for C-spine stabilization.
4. Provide supplemental oxygen by NRB at 15 lpm. Assist via BVM if respiratory rate is inadequate. Assess circulatory status.
5. Maintain a high index of suspicion for head and neck injuries secondary to fall from standing height or greater.
6. Protect the patient from harming his or herself. Do not restrain the patient.
7. Obtain blood glucose level.
8. Transport immediately.



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## Shock (Non-Traumatic) Protocol A13

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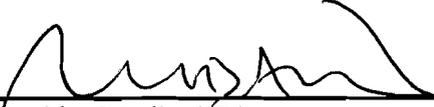
Created: 3 August 2004

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This protocol is designed to treat non-traumatic, non-anaphylactic shock caused by hypovolemia, sepsis, or other causes. ALS should be dispatched immediately.

1. Assess the patient according to initial assessment and medical assessment protocols.
2. Monitor and maintain airway. Ensure adequate breathing. Provide oxygen via NRB according to oxygen protocol or assist via BVM if respiratory rate or volume is inadequate.
3. Place the patient in shock position with feet and legs raised. Place the patient in a position of comfort if they will not tolerate shock position.
4. Transport immediately.

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## Shortness of Breath Protocol A14

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This protocol outlines the treatment for patients with shortness of breath, trouble breathing, or any kind of respiratory distress. Refer to the asthma protocol if patient has a history of asthma. Refer to the chest pain protocol if there is any indication that the patient might be experiencing shortness of breath secondary to a cardiac cause, including myocardial infarction. In any case, ALS should be dispatched immediately.

1. Assess the patient according to initial assessment and medical assessment protocols.
2. Ensure a patent airway. Provide supplemental oxygen by NRB mask at 15 lpm. If respiratory effort is inadequate, assist ventilations via BVM at 15 lpm. Assess circulatory status.
3. Complete a physical exam to include lung sounds in all fields.
4. Place the patient in a position of comfort.
5. If evidence of bronchospasm is present on physical examination, administer 2.5 mg Albuterol Sulfate\* via nebulizer according to Albuterol administration protocol. Do not delay transport to administer nebulizer treatments. (\*see Albuterol Sulfate Protocol)
6. Transport immediately.



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