

KEY LARGO EMS COMMON MEDICAL PROTOCOL

EMT

- Ensure Scene Safety, Body Substance Isolation
- Provide Basic Airway Management procedures as needed
- Position of comfort
- Trendelenberg if hypotension and patient does not object
- Begin to acquire Pt. History to include S.A.M.P.L.E
- Oxygen based on oxygen saturation
- Vital signs



Paramedic

- Provide advanced airway management procedures if necessary
- Apply ECG Monitor & interpret ECG to include 12 lead
- Large Bore IV LR/NS KVO
- For severe abdominal pain in the absence of hypotension, contact the ER Physician for further orders

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- Ensure Scene Safety & Body Substance Isolation
- Provide Basic Airway Management procedures if necessary
- Comfortable position; Begin to acquire Pt. History to include SAMPLE
- Oxygen 15 lpm NRM
- Vital signs; AVPU
- Spinal motion restriction for unknown trauma
- Glucometer check, if less than 60mg/dL administer **1 tube Oral Glucose PO** & check Post BS (**patient must be conscious and able to swallow with no signs of Stroke**).

Paramedic

- Provide Advanced Airway Management procedures if necessary
 - IV NS TKO
 - Apply monitor and interpret ECG include 12 lead
- Hypoglycemic:**
- **D50 25-50gm IV** Glucometer less than 60 mg/dL, perform a post D50 test
- Suspected Alcoholism:**
- D50 25gm IV only if Glucometer less than 60 mg/dL, and no Stroke signs
 - Fluid bolus NS up to 500 cc
- Unclear history or Suspected Narcotic Overdose:**
- **Narcan 2 mg IV** for respiratory depression
 - Patient must be restrained
 - Repeat **Narcan 2 mg / max 4mg** if respiratory depression continues
- Unconscious and Known Addison's disease**:**
- Contact Physician for further orders
- Pediatric/Neonate**
- BS < 40 mg/dL in a neonate (1-30 days old) **2cc/kg D 25 IV or IO**
 - BS < 60 mg/dL in a pediatric (31 days – 8 y/o) **2cc/kg D 25 IV or IO**
 - **Narcan 0.1mg/Kg IV/IM q 5 min** for respiratory depression
 - **Solumedrol 1mg/Kg IV/IM**

Criteria for Patient Refusal of Transport after Treatment:

- The patient must be conscious, alert and oriented and no ETOH
- The patient must have a blood sugar of at least 80 mg/dL
- The patient must be an adult or have an adult guardian on scene
- Must be able to completely comprehend the nature of the illness, the risk and benefits of the proposed care and transport, and the risk and benefits of refusing transport
- There must be a demonstrated ability to eat some food to keep blood sugar up
- There must be someone on scene that will monitor the patient so that patient is not left alone. Have them sign as a witness to the patient's refusal and explain to them what to monitor on patient
- PCR must clearly reflect the above information

**** Addison's disease (also chronic adrenal insufficiency)** is a rare endocrine disorder wherein the adrenal glands produce insufficient steroid hormones. It's generally diagnosed via blood tests and medical imaging. The most common symptoms are fatigue, dizziness, muscle weakness, weight loss, difficulty in standing up, anxiety, diarrhea, headache, sweating, changes in mood and personality, orthostatic hypotension, and joint and muscle pains. Some have marked cravings for salt or salty foods due to the urinary losses of sodium. Adrenal insufficiency is manifested in the skin primarily by hyperpigmentation.

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- Ensure Scene Safety, Body Substance Isolation
- Provide Basic Airway Management procedures if necessary
- Oxygen based on oxygen saturation
- If hypotensive place the patient in Trendelenberg if they can tolerate
- Pt. History to include S.A.M.P.L.E
- Vital signs
- Prepare for Rapid transport



Paramedic

- Provide Advanced Airway Management
- Apply monitor and interpret ECG to include 12 lead ECG
- IV LR/NS (large bore)
- If signs and symptoms of shock & if lung sounds are clear: 250cc fluid challenge
- Calm and reassure patient and maintain body temp with blankets
- Continue fluid challenge PRN if BP below 90 systolic

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- Pt. History to include S.A.M.P.L.E
- Oxygen based on saturation
- Vital signs



Paramedic

- Provide Advanced Airway Management procedures as needed
- Apply monitor and interpret ECG to include 12 lead if patient is stable
- IV NS TKO
- Consider administration of **Zofran 4mg slow IV push**

Special Info:

- This protocol is reserved for the treatment of nausea and vomiting secondary to:
 - Narcotic analgesics
 - ACS
 - Vertigo
 - Gallstones
 - Gastroenteritis (flu-like symptoms or food poisonings)

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- Pt. History to include S.A.M.P.L.E
- Oxygen based on Sat.
- Vital signs

Paramedic

- Provide Advanced Airway Management procedures if necessary
- Apply monitor and interpret ECG to include 12 lead
- IV NS TKO (if possible)
- If necessary, apply 4 point restraints
- Glucometer check
 - **D50 25gm IV** if Glucometer reading is less than 60 mg/dL

Alcohol-induced psychosis

- **Valium 5 to 10 mg slow IVP or 10 to 20 mg IM**

Drug induced psychosis (PCP, MDMA/Ecstasy, GHB or CNS stimulants, cocaine, crystal meth.)

- For sudden reversal that produces agitation, psychosis and combative/dangerous behavior:
 - **Valium 5 to 10 mg slow IVP or 10 to 20 mg IM if no IV available.**

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- Pt. History to include S.A.M.P.L.E
- Oxygen based on O₂ saturation
- Vital signs
- Glucometer check



Paramedic

- Apply monitor and interpret ECG, include 12 lead if patient is stable
- IV NS TKO
- If patient actively seizing:
 - **Valium 5 mg IV/10 mg IM repeat if seizure persist**
 - **D50 25gm** IV if glucometer reading is less than 60 mg/dL
- **If seizures in 2nd or 3rd trimester of pregnancy refer to:
PRE-ECLAMPSIA/ ECLAMPSIA PROTOCOL**

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- Ensure Scene Safety, Body Substance Isolation
- Provide Basic Airway Management procedures if necessary
- Place patient in semi-fowlers with head elevated at 30 degrees
- Pt. History to include S.A.M.P.L.E
- Initiate MEND Exam Assessment Form
- Oxygen based on O₂ saturation
- Vital signs

Paramedic

- Advanced Airway Procedures
- Complete MEND Exam
- Apply monitor and interpret ECG
- IV NS TKO
- Glucometer blood test
- If reading less than 60 mg/dL give **D50 12.5gm IV push**
- **Do not administer any medications to lower elevated blood pressure**
- Notify hospital of findings and status of Stroke Alert prior to or during transport.
- Transport to Mariner/s Hospital..

FIRST check “Speech”, “Facial Droop”, and “Motor-Arm Drift”
(as highlighted below) for rapid triage decision-making



Miami Emergency Neurologic Deficit Exam Expanded Prehospital Stroke Exam

MENTAL STATUS

CHECK IF ABNORMAL

- Level of Consciousness (AVPU)
- Speech “You can’t teach an old dog new tricks.” (repeat)
Abnormal = wrong words, slurred speech, no speech
- Questions (age, month)
- Commands (close, open eyes)

CRANIAL NERVES

- | | RT | LT |
|--|--------------------------|--------------------------|
| ■ Facial Droop (show teeth or smile)
Abnormal - one side does not move as well as other | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Visual Fields (four quadrants) | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Horizontal Gaze (side to side) | <input type="checkbox"/> | <input type="checkbox"/> |

LIMBS

- | | RT | LT |
|---|--------------------------|--------------------------|
| ■ Motor-Arm Drift (close eyes and hold out both arms)
Abnormal—arm can’t move or drifts down | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Leg Drift (open eyes and lift each leg separately) | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Sensory-Arm and Leg (close eyes and touch, pinch) | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Coordination-Arm and Leg (finger to nose, heel to shin) | <input type="checkbox"/> | <input type="checkbox"/> |