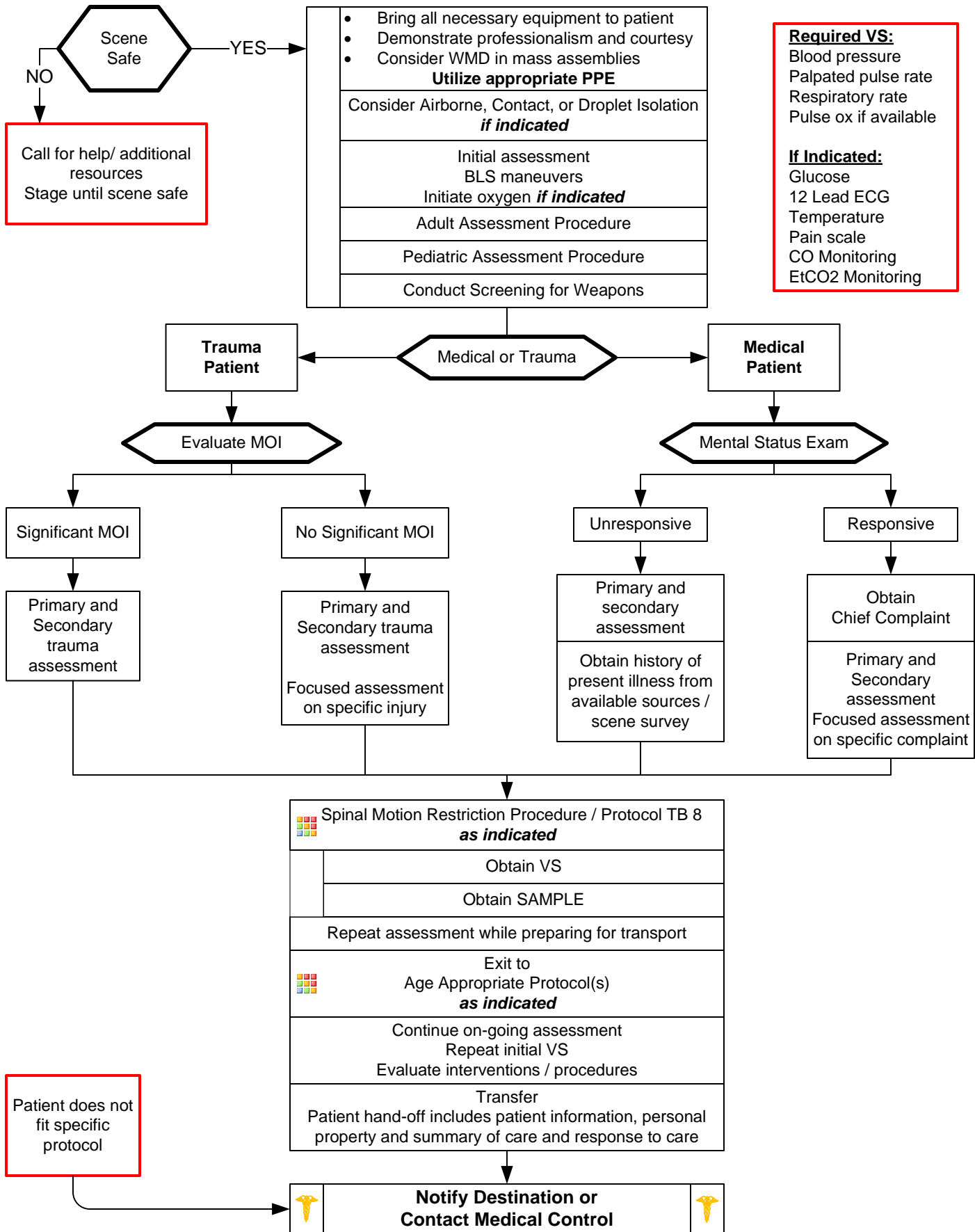




Universal Patient Care





Universal Patient Care



Scene Safety Evaluation:

- Identify potential hazards to rescuers, patient and public.
- Identify number of patients and utilize SMART protocol if indicated.
- Observe patient position and surroundings.

General:

- **All patient care must be appropriate to your level of training/ certification and documented in the PCR.**
- **Upon and making contact with the patient(s), 911 communications will be notified of "Patient Contact" to document time.**
- The PCR narrative should be considered a story of the circumstances, events and care of the patient, and should allow a reader to understand the complaint, the assessment, the treatment, why procedures were performed, and why indicated procedures were not performed as well as ongoing assessments and response to treatment and interventions.

Adult Patient:

- An adult is considered hypotensive when Systolic Blood Pressure is < 90 mmHg.
- Diabetic patients and women may have atypical presentations of cardiac related problems such as MI.
- General weakness can be the symptom of a very serious underlying process.
- Beta blockers and other cardiac drugs may prevent a reflexive tachycardia in shock with low to normal pulse rates.

Geriatric Patient:

- In patients ≥ 65 with traumatic injury, hypotension is when Systolic Blood Pressure is < 100 mmHg.
- Hip fractures and dislocations have high mortality. Trauma with hip pain and inability to walk is a hip fracture until proven otherwise.
- Altered mental status is not always dementia. Always check Blood Sugar and assess signs of stroke, trauma, etc. with any alteration in a patient's baseline mental status.
- Minor or moderate injury in the typical adult may be very serious in the elderly.

Pediatric Patient:

- **Where a refusal of care or transport is involved please call the on-call medical director to discuss when ≤ 12 months of age.**
Exception: Pediatric patient involved in an MVC, who is properly restrained with no injury found after thorough assessment, has normal behavior, normal V/S, had no loss of consciousness, and is not vomiting, no consult is required.

Special note on oxygen administration and utilization:

- Oxygen is probably over used in pre-hospital patient care. Oxygen is a drug with indications, contraindications, as well as untoward side effects.
- Recent research demonstrates a link with increased mortality when given liberally (hyperoxia/ hyperventilation) in cardiac arrest.
- Utilize oxygen when indicated and not because it is available.
- A reasonable target oxygen saturation in all treatment protocols is $\geq 92\%$, regardless of delivery device. Unless advance airway management is anticipated, then pre-oxygenation should target near 100%.

Pearls

- **Recommended Exam: Minimal exam if not noted on the specific protocol is vital signs, mental status with GCS, and location of injury or complaint.**
- **Any patient contact, which does not result in an EMS transport, must have a completed Patient Care Report.**
- **Vital signs should be obtained before, 10 minutes after, and at patient hand off with all pain medications.**
- **Two complete vital sign acquisitions should occur at a minimum with any patient encounter.**
- **Patient Refusal (Declining Treatment and/ or Transport):**
Patient refusal is a high risk situation. Encourage patient to accept transport to medical facility.
Encourage patient to allow an assessment, including vital signs. Documentation of the event is very important including a mental status assessment describing the patient's capacity to refuse care.
Guide to Assessing capacity:
C: Patient should be able to communicate a clear choice: This should remain stable over time. Inability to communicate a choice or an inability to express the choice consistently demonstrates incapacity.
R: Relevant information is understood: Patient should be able to voice a factual understanding of the illness/ injury, the options, and the risks and benefits of recommended treatment or transport.
A: Appreciation of the situation: Ability to communicate an understanding of the facts of the situation. The patient should be able to recognize the significance of the outcome potentially from their decision.
M: Manipulation of information in a rational manner: Demonstrate a rational process to come to a decision.
Should be able to describe the logic they are using to come to the decision, though you may not agree with decision.
- **Pediatric Patient General Considerations:**
A pediatric patient is defined by fitting with a Pediatric Medication/ Skill Resuscitation System, Age ≤ 15 , weight ≤ 49 kg.
Special needs children may require continued use of Pediatric based protocols regardless of age and weight.
Initial assessment should utilize the **Pediatric Assessment Triangle** which encompasses Appearance, Work of Breathing and Circulation to skin.
The order of assessment may require alteration dependent on the developmental state of the pediatric patient.
Generally the child or infant should not be separated from the caregiver unless absolutely necessary during assessment and treatment.
- Timing of transport should be based on patient's clinical condition and the agency transport policy.
- Consider consultation with Medical Control for patient(s) refusing treatment/ transport.
- Blood Pressure is defined as a Systolic/ Diastolic reading. A palpated Systolic reading may be necessary at times.
- **SAMPLE:** Signs/ Symptoms; Allergies; Medications; PMH; Last oral intake; Events leading to illness/ injury