

9. Obtain **OPQRST** history:
 - a. **Onset** of symptoms
 - b. **Provocation**: location; any exacerbating or alleviating factors
 - c. **Quality** of pain
 - d. **Radiation** of pain
 - e. **Severity** of symptoms: pain scale
 - f. **Time** of onset and circumstances around onset
10. Obtain **SAMPLE** history:
 - a. **Symptoms**
 - b. **Allergies**: medication, environmental, and foods
 - c. **Medications**: prescription and over the counter; bring containers to ED if possible
 - d. **Past medical history**
 - i. Look for medical alert tags, portable medical records, advance directives
 - ii. Look for medical devices/implants (some common ones may be dialysis shunt, insulin pump, pacemaker, central venous access port, gastric tubes, urinary catheter)
 - iii. For females of childbearing age, inquire of potential or recent pregnancy.
 - e. **Last oral intake**
 - f. **Events** leading up to the 911 call
In patients with syncope, seizure, altered mental status, or acute stroke, consider bringing the witness to the hospital or obtain their contact phone number to provide to ED care team

Treatment and Interventions

1. Administer oxygen as appropriate with a target of achieving 94–98% saturation and select the appropriate method of oxygen delivery to mitigate or treat hypercarbia associated with hypoventilation
2. Place appropriate monitoring equipment as dictated by assessment; these may include:
 - a. Continuous pulse oximetry
 - b. Cardiac rhythm monitoring
 - c. Waveform capnography or digital capnometry
 - d. Carbon monoxide assessment
3. Establish vascular access if indicated or in patients who are at risk for clinical deterioration.
 - a. If IO is to be used for a conscious patient, consider the use of 0.5 mg/kg of lidocaine 0.1 mg/mL with slow push through IO needle to a maximum of 40 mg to mitigate pain from IO medication administration
4. Monitor pain scale if appropriate
5. Monitor agitation-sedation scale if appropriate
6. Reassess patient

Transfer of Care

1. The content and quality of information provided during the transfer of patient care to another party is critical for seamless patient care and maintenance of patient safety
2. Ideally, a completed electronic or written medical record should be provided to the next caregiver at the time of transfer of care