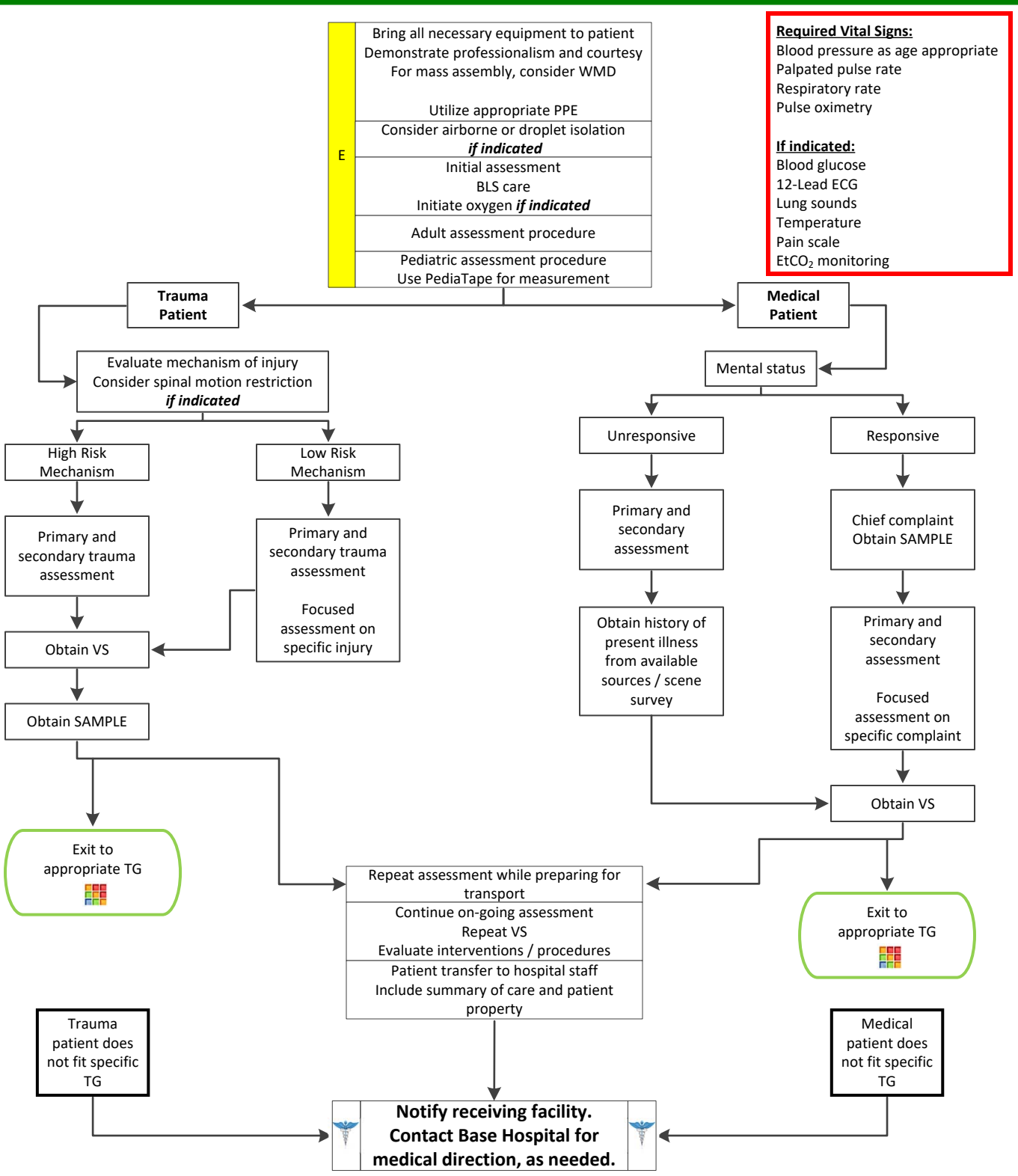
Universal Patient Care



General Treatment Guidelines

Treatment Guideline G01

CONTRA COSTA EMERGENCY MEDICAL SERVICES
A Division of Contra Costa Health Services

Effective Jan. 2020

Universal Patient Care

Scene Safety Evaluation: Identify potential hazards to prehospital providers, patient, and public. Identify number of patients and utilize triage protocol if indicated. Observe patient position and surroundings.

General: All patient care must be appropriate to the provider level of training and documented in the EHR. The EHR narrative should be considered a story of the circumstances, events, and care of the patient and should allow the reader to understand the complaint, assessment, 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 should be suspected of being acutely hypotensive when systolic blood pressure is less than 90mmHg. 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: Hip fractures and dislocations have high mortality rates. Altered mental status is not always dementia. Always check BGL and assess for signs for 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: A pediatric patient is defined by those <15 years of age. 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 patient. Generally, the child or infant should not be separated from the caregiver unless absolutely necessary during assessment and treatment.

Patient Refusal: Patient refusal is a high risk situation. Encourage the patient to accept transport to a medical facility. Encourage the 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:

- ***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.
- ***Relevant information is understood:*** Patient should be able to display a factual understanding of their illness or situation that requires further medical attention, the options, and risks and benefits.
- ***Appreciation of the situation:*** Ability to communicate an understanding of the facts of the situation. Patient should be able to describe the significance of the potential outcome from his or her decision.
- ***Manipulation of information in a rational manner:*** Demonstrate a rational process to come to a decision. Should be able to describe the reasoning they are using to come to the decision, whether or not the EMS provider agrees with the decision.

Special note on oxygen administration and utilization: Oxygen in prehospital patient care is probably over utilized. Oxygen is a pharmaceutical drug with indications, contraindications as well as untoward side effects. Utilize oxygen when indicated, not because it is available. A reasonable target oxygen saturation for most patients is ≥ 94% regardless of delivery device.

Pearls

- **A pediatric patient is defined as being <15 years of age.**
- Timing of transport should be based on the patient's condition and the destination policy.
- Never hesitate to contact the Base Hospital as a high risk refusal resource for any patient who refuses transport.
- SAMPLE: Signs / Symptoms; Allergies; Medications; PMH; Last oral intake; Events leading to injury/illness.