

VCEMS General Patient Guidelines 705.00

- I. Purpose: To establish a consistent approach to patient care
 - A. Initial response
 1. Review dispatch information with crew members and dispatch center as needed
 2. Consider other potential issues (location, time of day, weather, etc.)
 - B. Scene arrival and Size-up
 1. Address Body Substance Isolation/Personal Protection Equipment (BSI/PPE)
 2. Evaluate scene safety
 3. Determine the mechanism of injury (if applicable) or nature of illness
 4. Determine the number of patients
 5. Request additional help if necessary (refer to VCEMS Policy 131)
 6. Consider spinal motion restrictions (refer to VCEMS Policy 614)
 - C. Initial assessment
 1. Airway
 - a. Open airway as needed, maintaining inline cervical stabilization if trauma is suspected
 - b. Insert appropriate airway adjunct if indicated
 - c. Suction airway if indicated
 - d. If a partial or complete Foreign Body Airway Obstruction (FBAO) is present, utilize appropriate interventions
 2. Breathing
 - a. Assess rate, depth, and quality of respirations
 - b. If respiratory effort inadequate, assist ventilations with BVM
 - c. Assess lung sounds
 - d. If respiratory effort inadequate, assist ventilations with BVM
 - e. Initiate airway management and oxygen therapy as indicated
 3. Circulation
 - a. Assess skin color, temperature, and condition
 - b. Check distal/central pulses, including capillary refill time
 - c. Control major bleeding
 - d. Initiate shock management as indicated
 4. Disability
 - a. Determine level of consciousness.
 - b. Assess pupils
 - c. Assess Circulation, Sensory, Motor (CSM)

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5. Exposure
 - a. If indicated, remove clothing for proper assessment/treatment of injury location, always maintaining patient dignity
 - b. Always maintain patient body temperature
- D. Determine chief complaint. Initiate treatment per VCEMS policies/protocols
- II. History of Present Illness – including pertinent negatives and additional signs/symptoms
 1. Onset of current illness or chief complaint
 2. Provoking factors
 3. Quality
 4. Radiation
 5. Severity – 0 to 10 on pain scale
 6. Time
- III. Vital Signs
 1. Blood Pressure and/or Capillary Refill
 2. Heart Rate
 3. Respirations
 4. ALS assessments are primary survey and secondary assessment performed by Paramedic and may include:
 - a. Cardiac rhythm
 - b. 12-lead ECG as indicated per VCEMS Policy 726
 - c. Pulse Oximetry
 - d. Capnography
- IV. Obtain history, including pertinent negatives
 1. Signs/Symptoms leading up to the event
 2. Allergies
 3. Medications taken
 4. Past medical history
 5. Last oral intake (as indicated)
 6. Events leading up to present illness
- V. Perform Detailed Physical Examination per Trauma Assessment/Treatment Guidelines
- VI. Base Hospital contact shall be made for all ALS patients in accordance with VCEMS Policy 704
- VII. Transport to appropriate facility per VCEMS guidelines
 1. Transport and Destination Guidelines – Policy 604
 2. STEMI Receiving Center Standards – Policy 430
 3. Stroke System Triage and Destination – Policy 451
 4. Post cardiac arrest with ROSC – Policy 705 (Cardiac Arrest)
 5. Trauma Triage and Destination Criteria – Policy 1405
 6. Hospital Diversion – Policy 402

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VIII. Regularly assess vital signs and document all findings. Continue appropriate treatments and reassess throughout transport to assess for changes in patient status

IX. Documentation

1. Completion of patient care documentation per VCEMS Policy 1000
2. Document all assessment findings, pertinent negatives, vital signs, interventions/treatments (both initial and ongoing), responses to treatments, and all changes in patient status
3. Submit ECG strips for all ALS patients
4. Always maintain patient confidentiality

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