



<b>REGION 11 CHICAGO EMS SYSTEM POLICY</b>	Title: Initiation of Patient Care
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: December 6, 2023

# INITIATION OF PATIENT CARE

## I. PURPOSE

To define the initiation and transition of patient care by EMS personnel.

## II. DEFINITIONS

- A. Medical Negligence: Occurs when a healthcare provider’s actions or inactions are below the level of care that a similarly trained professional would have provided under the same circumstances or when the provider fails to fulfill their professional obligations.
  
- B. Patient Abandonment: A form of medical negligence that involves the termination of a patient/provider relationship without the patient’s consent and at a time when continuing care is still needed.

## III. EQUIPMENT

- A. When responding to all requests for out-of-hospital care, the EMS personnel (EMR, EMT, Paramedic) must take the following to the initial contact with the patient:
  - 1. Quick response bag
  - 2. Conveyance device
  - 3. AED or cardiac monitor/defibrillator
  - 4. Oxygen bag
  
- B. EMS personnel must bring in the monitor/defibrillator for any known cardiac or respiratory calls.

## IV. POLICY

- A. Appropriate care, as directed by the Region 11 EMS System Protocols and Policies, should be initiated at the point of patient contact unless the patient refuses or scene safety cannot be secured. This includes care given by ALS or BLS Fire Suppression Companies before the arrival of an ALS ambulance.
  
- B. Additional personnel should be requested as needed for patient care and conveyance.
  
- C. Advanced Life Support (ALS) level of care includes application of the cardiac monitor. Obtain IV access and administer oxygen as indicated. **The cardiac monitor must remain attached to the patient during transportation into the hospital and care endorsed to the emergency department staff.**



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- D. ALS care should be initiated according to the following guidelines:
1. Adult patient with abnormal vital signs, regardless of complaints.
    - a. Pulse <60 or >110; or irregularity
    - b. Respiration <10 or >24
    - c. Systolic Blood Pressure >180 or <100
    - d. Diastolic Blood Pressure >110
    - e. Pulse Ox <94%
  2. Any patient with a potentially life threatening condition which exists or might develop during transport. Examples of situations in which ALS care is indicated include, but are not limited to:
    - a. Altered mental status/unresponsive
    - b. Suspected acute coronary syndrome or other cardiac emergencies, including arrhythmias/palpitations
    - c. Seizures or postictal state
    - d. Suspected stroke or TIA
    - e. Syncope or Near Syncope
    - f. Shortness of Breath/Difficulty Breathing
    - g. Complications of Pregnancy or Childbirth
    - h. GI Bleeding
    - i. Traumatic Injury Meeting Trauma Field Triage Criteria
    - j. Overdose/Poisoning
    - k. Burns >10%
    - l. Moderate to Severe Allergic Reaction/Anaphylaxis
- E. Scene Safety: If scene safety is not a certainty, or if dealing with an uncooperative patient, the requirements to initiate assessment and full ALS care may be waived in favor of assuring that the patient is transported to an appropriate medical facility. Clearly document the reasons for deviations in care.
- F. Once patient care is initiated, it should be continued unless:
- a. The patient meets criteria for refusal under the Consent/Refusal or Service Policy.
  - b. Approval is granted by Online Medical Control; or
  - c. Care has been transferred to higher level personnel at the receiving hospital.
- G. Abandonment or neglect of a patient that requires emergency care is criteria for suspension as per the EMS System Participation Suspension Policy.