

# INITIATION OF PATIENT CARE

## I. Equipment

When responding to all requests for out-of-hospital care, the EMS personnel (First Responder, EMT-B, Paramedic) must take the following to the initial contact with the patient:

1. Quick response bag
2. Conveyance device
3. AED, AED 1000 (3 Lead), or monitor/defibrillator
4. O<sub>2</sub>

EMS personnel must bring in the monitor/defibrillator for any known cardiac or respiratory calls.

II. Appropriate care, as directed by the Region XI EMS SMOs, 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 pending the arrival of an ALS ambulance.

III. Additional personnel should be requested as needed for patient care and conveyance.

IV. Advanced Life Support (ALS) care includes, at a minimum, application of the cardiac monitor. Obtain IV access and administer oxygen as indicated. Once inside the ambulance the cardiac monitor will be substituted for the AED 1000. **The cardiac monitor must remain attached to the patient during transportation into the hospital and care endorsed to the emergency department staff.**

V. ALS care should be initiated according to the following guidelines:

A. Patient with abnormal vital signs -- regardless of complaints. The following guidelines for adults:

1. Pulse <60 or >110; or irregularity
2. Respiration <10 or >24
3. Systolic Blood Pressure >180 or <100
4. Diastolic Blood Pressure >110
5. Pulse Ox <94%

B. Any patient with a potentially life threatening condition which exists or might develop during transport. Examples of situations in which ALS is indicated include, but are not limited to:

1. Altered mental status/unresponsive
2. Suspected acute coronary syndrome or other cardiac emergencies, including arrhythmias/palpitations
3. Seizures or postictal state
4. Suspected stroke or TIA

5. Syncope or Near Syncope
6. Shortness of Breath/Difficulty Breathing
7. Complications of Pregnancy or Childbirth
8. GI Bleeding
9. Traumatic Injury Meeting Trauma Field Triage Criteria
10. Overdose/Poisoning
11. Burns >10%
12. Moderate to Severe Allergic Reaction/Anaphylaxis

VI. 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.

VII. Never discontinue care once initiated unless:

- A. Approval is granted by the Resource/Associate Hospital or
- B. Care has been transferred to higher level personnel at the receiving hospital.

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