ROUTINE MEDICAL CARE ADULT

Effective: January 1, 2021
Replaces: January 1, 2020
Review: January 1, 2023

1. Scope of Practice

1.1. The descriptions of treatments prescribed in the following treatment protocols are intended to call special attention to the uniqueness of Santa Clara County, and are in no way meant to replace the standard of medicine that providers are held to in the nation, the state, or the region. The default to all treatment otherwise not noted in these protocols is the national and state standard.

2. Baseline Vital Signs

2.1. **Glasgow Coma Scale** on every patient and every reassessment

2.2. **Blood Pressure** on every patient and every reassessment

2.2.1. First obtained blood pressure will be obtained manually by provider, subsequent blood pressures may then be obtained by non-invasive blood pressure (NIBP) if unit is equipped

2.3. **Respiratory Rate** on every patient and every reassessment

2.4. **Pulse Rate** on every patient and every reassessment

2.4.1. First pulse rate will be obtained by palpation, only after assuring the mechanical correlation of cardiac ECG to the physical pulse will the rate on the cardiac monitor be acceptable for subsequent assessments

2.5. **Pulse Oximetry** on every patient and every reassessment, if the unit is equipped

2.6. **Temperature** on every initial assessment

2.7. Baseline vital signs, except for temperature, will be assessed every ten (10) minutes on stable patients and every five (5) minutes on unstable patients

2.8. **Blood Glucose Level** on assessment of ALOC, stroke, and suspected diabetics

2.8.1. Obtained with intravenous access (IV) start or finger stick

2.8.2. Readings of less than 80mg/dl along with symptoms of hypoglycemia or altered requires intervention **(700-A03)**

3. Advanced Vital Signs

3.1. **Cardiac Monitoring (ECG)** on every ALS patient and every reassessment

3.2. **Capnography** on every patient that received an airway adjunct BLS or ALS

3.2.1. No airway, BLS or ALS, will be deemed patent and/or sufficient unless there is the development of a capnographic wave form, if unit is equipped

Protocol # 700-S04

4. Airway

4.1. **Airway Management** is defined under **(700-M01)**

4.2. **Oxygen Administration** will be titrated to achieve a pulse oximetry saturation between 94%–100%

4.2.1. The provider will select the most appropriate way to deliver the oxygen, by either; nasal cannula, non-rebreather mask or bag valve mask

4.2.2. Responders not equipped with pulse oximetry will titrate oxygen to the patient's relief of symptom

4.3. **Assisted Ventilations** will be delivered by a bag valve mask (BVM) and supplemental oxygen to the rate and volume specified when prescribed in the treating protocol.

4.4. **CPAP** is defined under **(700-M12)**

5. Circulation

5.1. **CPR** is defined under **(700-S01)**

5.2. **Fluid Administration** will be titrated to patient condition

5.2.1. IV starts where there is no or minimal need for fluid administration TKO or a saline lock is acceptable

5.2.2. If the patient needs fluid resuscitation, the amount of fluid and interval of reassessment will be outlined in the treating protocol

5.3. **Fluid Bolus** will be prescribed as a 250ml normal saline infusion, unless the treating protocol prescribes a different amount or frequency, the treating protocol will always take precedence

6. General Pain Management

6.1. Pain management guidelines and dosages will be found under the treatment protocol corresponding to the patient's clinical presentation

6.2. If the patient has pain that does not correspond to a specific treatment protocol, the provider may consider pain management if patient is hemodynamically stable and alert and oriented

6.3. Minor to moderate pain management (six or less on the pain scale)

6.3.1. **Intravenous acetaminophen (Ofirmev) 1000mg IV Piggyback or IV Drip**, delivered over fifteen (15) minutes. Directly puncture the vial using a macro-drip set, open drip chamber vent valve and deliver at a rate of **60 gtts/min**.

6.4. Severe pain management (seven or greater on the pain scale)

6.4.1. **Morphine 2–5mg IV,** if systolic blood pressure is greater than 100 mmHg, every 3-5 minutes, titrated to pain, up to 20 mg max

6.4.2. OR; **Morphine 5–10mg IM**, if systolic blood pressure is greater than 100 mmHg, may repeat in 20 minutes, up to 20 mg max

6.5. **BASE CONTACT**: if additional Morphine above 20mg is needed

7. Intravenous Acetaminophen Contraindications

7.1. Prior acetaminophen use that exceeds 3000 mg in a twenty four (24) hour period

7.2. Severe liver disease

7.3. Chronic alcoholism

7.4. Malnutrition

7.5. Allergy to acetaminophen or Ofirmev

7.6. Patient under 15 years of age

7.7. History of tuberculosis treatment with Isoniazid
7.8. Suspected cardiac chest pain, continue to morphine **(700-A08)**

8. Patient Position

8.1. **Position of Comfort** may be used with patients that are conscious, intact gag reflex and without trauma
8.2. **Left Lateral position** may be used with patients with a depressed level of consciousness, decreased gag reflex and without trauma
8.3. **Full or Semi Fowlers** may be used in patients that are experiencing respiratory distress
8.4. **Trauma Positioning** is defined under **(700-M11)**
8.5. **Pregnancy Positioning** is defined under **(700-A18)** Do not lay patients that are twenty (20) weeks or more gestation flat

9. Patient Medications

9.1. Responders must either bring all prescribed medications with the patient to the receiving facility or document the medications along with dosage and frequency
9.2. Responders may assist patients with administration of physician prescribed devices including but not limited to, patient operated medication pumps, sublingual nitroglycerin and self-administer emergency medications devices

10. Medication Administration

10.1. Unless otherwise specified, pharmacological intervention indicates a need for transport to a hospital and further evaluation by a physician
10.2. Prior to administering any medication, ensure the right drug, right dose, right patient, and right route
10.3. Assess medication for expiration date, clarity, color, and intact seal PRIOR to administering the drug
10.4. Multi-dose vials of injectable medications are intended for multiple use on a single patient, not for use on multiple patients. They are multi-DOSE, not multi-PATIENT vials
10.5. Documentation shall include, at a minimum, medication name, dose, route, time of administration, and patient response (including vital signs)

11. Rapid Transportation Decisions

11.1. Responders should not delay the transport of a patient(s) to complete non-critical prehospital care if applicable