Loudoun County Emergency Medical Services Council, Inc.

General Directive #3

Orders For All Patients

Origin: 09/93
Revision: 08/12

1. Verify scene safety, ensure appropriate body substance isolation (BSI), and follow these orders for all patients:
   - A. Form a General Impression of your patient.
   - B. If possible, reassure patient and inform him/her about treatment and obtain consent for evaluation and treatment
   - C. Check responsiveness/level of consciousness (AVPU).
   - D. Check airway, breathing, and circulation (ABC):
   - E. Identify priority of patient and call for additional resources as needed.
     1. Requests by providers for higher ALS assistance shall be made considering the best needs of the individual patient and the availability of ALS resources.
     2. Avoid unnecessary delays on scene, ALS may be met on scene or enroute depending on circumstances.
     3. In some cases, the closest/quickest advanced care will be achieved by expedited BLS transport to the emergency department.
   - F. Perform Focused History & Physical Exam
     1. Obtain a patient history utilizing SAMPLE and OPQRST on medical patients.
     2. Obtain a patient history utilizing SAMPLE and DCAP-BTLS on trauma patients.
   - G. Obtain the following minimal data sets for baseline vital signs and repeat as indicated. Initial blood pressure and pulse shall be obtained manually.
     1. Pulse (rate and quality)
     2. Respirations (rate and quality)
     3. Blood pressure
     4. Weight
     5. Skin condition
     6. Lung sounds
     7. Glasgow Coma Scale

8. Pupils
9. Movement
10. Sensation

H. Initiate pulse oximetry and oxygen therapy as indicated.

1. Any patient with respiratory distress should receive oxygen.
2. Any patient whose injury or illness suggests the possibility of hypoxia should receive oxygen.
3. Prehospital oxygen should generally be titrated. Flow rates and means of administration shall be selected based on patient condition. Patients requiring BVM shall receive high flow oxygen. Use of pulse oximetry (SpO_2) can help guide use of supplemental oxygen in other patients. Patients shall receive supplemental oxygen to maintain an SpO_2 of at least 94% with attention to avoid over-oxygenation in patients with acute MI and Stroke.

I. EMT-B shall evaluate **blood glucose level** as indicated/directed. EMT-E and EMT I/P may establish intravenous access, evaluate **blood glucose level** and draw blood samples as indicated/directed.

J. Refer to the appropriate treatment protocol(s) as indicated by the patient's condition and treat accordingly.

1. Pediatric dosing for medication is given in weight-based form. Use the Broselow® tape to guide weight-based dosing. The listed Adult dose is also the maximum possible weight-based dose for a larger pediatric patient. Pediatric patients shall not be given a dose in excess of the adult dose listed regardless of weight. Smaller adults may benefit from weight based dosing as well, consult medical control for further guidance as needed.

2. Consult medical control regarding medication safety for fetus prior to administering medication to pregnant patients as patient condition allows.

3. Use caution when using devices such as glucometer, pulse oximeter, automatic BP cuffs etc. Readings should be viewed in the context of the overall patient presentation and not relied upon exclusively for treatment decisions.

K. Communicate the **pertinent** information to receiving facility nurse or communications specialist. Consult Medical Control Physician for orders when required by protocol or as needed.
Communicate the following:

1. Unit Status/Unit Number and technician name (e.g., Ambulance 6xx-1, EMT-B Jones).
2. Patient's age, sex.
3. Chief complaint/problem.
4. **Concise** description of present illness and/or injuries.
5. Key vital signs (Pulse, Respiratory Rate, Blood Pressure, Level of consciousness and, when appropriate, SpO_2, EKG rhythm and weight).
6. Pertinent additional physical findings **only when required.**
7. Other significant medical history (medications, past illnesses, allergies, etc.) **only when required**.
8. Treatment rendered prior to contact with receiving facility.

L. Verify any orders received and advise receiving facility of any change in the patient's condition while enroute.

M. Transport patient to the hospital or as directed by Medical Control Physician.

N. Report any suspicions of Child or Elder abuse as required by law.

O. Complete the EMS Incident Report Form as per EMS Policy #29 and distribute as required.

P. Restock medications and supplies used on the call and make notations on the designated hospital forms or follow the appropriate procedures for restocking at the receiving facility

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