B	O_2 to maintain $SpO_2 \geq 94\%$ if indicated Obtain VS (FSBG and temperature as indicated/available) Obtain SAMPLE history
	Required VS: Blood pressure Pulse rate Respiratory rate Pulse ox if available

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B	**Perform if Indicated:** Glucose 12 Lead ECG (EMTs may obtain for paramedic interpretation) Temperature Pain scale CO Monitoring $EtCO_2$ Monitoring (if authorized by medical director IV placement (If authorized by medical director) Mental status examination

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B	Ongoing reassessment Repeat required VS Exit to more appropriate treatment AG if indicated

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B	Transport to appropriate receiving facility after notification including provider primary impression and BLS or ALS Refer to **BLS Transport Threshold AG** as indicated

Education/Pearls

All patient care must be appropriate to your level of training and documented in the PCR. The PCR / EMR narrative should be considered a story of circumstances and include events and care of the patient. A comprehensive narrative should allow a reader to understand the complaint, the assessment, the treatment, why procedures were performed, why indicated procedures were not performed, as well as ongoing assessments and response to treatment and interventions.

For minor patients, it is preferable to have a parent or legal guardian provide consent for treatment; however EMS may provide emergency treatment when parent or guradian is not available.

- **Adult Patient:** Vital signs are a good indicator of underlying illness. An adult with new hypotension (a Systolic Blood Pressure less than 90 mmHg) may have a critical problem with the heart, blood volume, infection, or other problem. Vital signs may be masked by medications; beta blockers and other cardiac drugs may prevent a reflex tachycardia in shock so patients may have low to normal pulse rates. General weakness can be a symptom of an underlying process. Diabetic patients and women may have atypical presentations of cardiac-related problems, such as MI.

- **Geriatric Patient:** Minor or moderate injury in the typical adult may be very serious in the elderly; hip fractures and dislocations carry a high mortality. Altered mental status is not always dementia, and may represent a stroke, metabolic problem, or infection. Always check Blood Sugar and assess for signs of a stroke, trauma, etc. with any change in a patient's baseline mental status.

- **Pediatric Patient:** Special needs children may require continued use of pediatric-based guidelines regardless of age and weight. Initial assessment should utilize the Pediatric Assessment Triangle which encompasses Appearance, Work of Breathing and Circulation to skin. The order of assessment may require alteration dependent on the developmental state of the pediatric patient. Generally the child or infant should not be separated from the caregiver unless absolutely necessary during assessment and treatment.

- Refer to **BLS Thresholds AG** for criteria to transport via BLS.
- All medications should be pushed slowly (unless otherwise indicated) and followed with a **20 mL NS flush.**
- When administering a fluid bolus to a patient, reassess VS and lung sounds after every 500 mL infused.
- If a patient has a status changes or changes in complaint where another AG would be best to treat the patient, transition to that AG or contact medical direction.

Primary Survey (Airway, Breathing, Circulation, Disability, Exposure) • Open airway as indicated ◦ Position ◦ Suction ◦ Consider use of airway adjuncts as indicated ◦ Administer oxygen as appropriate • Assess circulatory status ◦ Control any major external bleeding ◦ Initiate chest compressions as indicated • Evaluate patient responsiveness: AVPU/GCS • Evaluate gross motor and sensory function in all extremities • Expose patient as appropriate to the chief complaint	**Secondary Survey** • Obtain baseline vital signs • Assess blood glucose as indicated • OPQRST history • SAMPLE history • Check temperature as indicated, treat environmental hyperthermia/hypothermia **Ongoing Reassessment** • Proceed to the appropriate guideline as indicated • Determine need for transport, resources available, and location of most appropriate destination • Reassess chief complaint, assessment findings, and response to treatment • Assess vital signs at least every 5 minutes for unstable patients; every 15 minutes for stable patients