

Perform the following procedures on patients as appropriate:

ALL LEVELS:

- Determine if patient has capacity to make decisions. This determination should be based on the following:
 - Ability to clearly demonstrate awareness of person, place, period of time and problem
 - Ability to clearly demonstrate "decisional capacity" by expressing understanding of the situation, being able to explain their decision to consent or refuse, and describing the risks and benefits of a decision or action.
 - **If the patient can not demonstrate awareness and decisional capacity**, then EMS providers should perform care under the concept of implied consent.
- Airway management, oxygen therapy, suction, and ventilatory assistance as needed - see protocols 2.2 and 2.3. Appropriate equipment to provide oxygenation, ventilation and patient assessment should be brought in to the scene, along with an AED or cardiac monitor and the means (stairchair, backboard, stretcher) to appropriately move the patient from the scene to the ambulance, as needed. ALS should also bring in medications as appropriate.
- At least one full set of vital signs on all patients. If the patient refuses, document at least the patient's respiratory rate and quality, and any other assessment parameters such as skin color, GCS and CUPS.
- Serial vital signs should be done q 15 minutes for non-critical patients and q 5 for critical patients whenever possible. This is particularly important after medication administration. If patient care or other extenuating circumstances do not allow for this frequency, the reason should be documented on the PCR.
- Contact with the receiving hospital should be made as soon as possible (at least 5-10 minutes prior to arrival at the hospital) in the following circumstances:
 - Major trauma patients or per trauma triage criteria (so that trauma team can be alerted).
 - Cardiopulmonary or respiratory arrest patients.
 - Unstable patients, when the ALS medic does not have the ability to call Medical Control.

Advise the ED staff member receiving the call to notify the physician/staff of the patient's unstable condition.

Timely transport should be done in cases in which extended delay at the scene could be detrimental to a patient's condition, such as major trauma. Use of lights and sirens on such calls should be at the discretion of the medic in charge, and should be based on the stability of the patient, the need for stabilizing procedures such as airway management or drug administration at the scene, the need for procedures/medications available only at the hospital, etc. The medic in charge should also consider the possibility of increased risk to patient and crew in deciding on use of lights and sirens.

EMT-I, CC, P:

- Establish vascular access as appropriate (see protocols 2.4, 2.5, or other pertinent protocols). If patient is unstable, no more than 3 attempts should be done at the scene.
- Blood glucose check suggested for **all** patients if time allows. BG check is **mandatory** for diabetic patients, seizure patients, and any patient with altered mental status, including syncopal patients.

EMT-CC, P:

- Monitor ECG on appropriate patients including all patients with potential cardiac problems. 12 lead ECG is recommended for patients with potential myocardial infarction, angina, dysrhythmias or other appropriate problems. A copy of the ECG strip must be attached to the PCR copy that is submitted for QA review. AED may not be used as an ECG monitor.
- O₂ sat should be monitored on all major trauma, cardiac, respiratory, toxic inhalation and altered mental status patients, as well as patients receiving controlled substances.
- Contact Medical Control base station in following circumstances:
- Patients meeting trauma triage guidelines, as a notification to the trauma team at least 5-10 minutes prior to arrival.
- Cardiopulmonary or respiratory arrest patients, as notification to ED staff.
- Potential thrombolytic or cardiac catheterization lab patients (AMI, CVA, pulmonary embolism).
- Patients needing additional orders (below single line if EMT-CC; below double line for EMT-P)
- Medic request for additional information, clarification, advice or for additional treatment not already in the protocol.
- Patients who are candidates for termination of resuscitation efforts at the scene.
- Patients receiving any meds other than glucose/dextrose (unless on oral agent) or oxygen that do not want to be transported to a hospital