

UNIVERSAL PATIENT CARE PROTOCOL

2010 UPDATED UNIVERSAL PATIENT CARE PROTOCOL

- Assure scene safety. Use appropriate Personal Protective Equipment and Body Substance Isolation (BSI).
- Initial Assessment. Assess and assure adequacy of **Airway, Breathing and Circulation** (ABC's). Apply and monitor pulse oximetry with any suspicion, sign or symptoms of respiratory compromise.
- Vital Signs and temperature if appropriate.
- Oxygen PRN. Administer oxygen PRN, using procedure appropriate to the patient condition.
- SAMPLE History. Obtain patient history including sign and symptoms, allergies, medications, past medical history, last oral ingestion and events preceding the onset of symptoms.
- Blood Glucose Monitoring (PRN). If the patient exhibits altered levels of consciousness, assess blood glucose levels.
- Cardiac Monitor / EKG. Consider cardiac monitoring and 12-lead EKG when appropriate.
- Appropriate protocols. Select the patient treatment protocol consistent with patient chief complaint(s) and initial assessment findings.
- AHA Guidelines. Follow current AHA Guidelines where appropriate (i.e. Cardiac Arrest, Arrhythmias...) using approved medication from the Kitsap County Formulary.
- Contact MCEP. If patient's chief complaint or initial patient assessment findings do not fit patient care protocols, contact MCEP for medical direction.
- Contact receiving hospital.

NOTES

- Do not perform interventions beyond your current level of training and certification.
- Nurses may speak for Base Station Physician if the physician is unable to come to the Base Station telephone. The nurse must give the pre-hospital provider the name of the Base Station Physician who is directing the RN.

UNIVERSAL PATIENT CARE PROTOCOL

- Minimal exam, if not noted on a specific protocol, is established a chief complaint, obtaining vital signs, assessing mental status and locating injuries and/or relevant signs and symptoms of illness.
- Required vital signs on every patient to include blood pressure, pulse, respiratory rate and quality and pain severity assessment where appropriate.
- Pediatric patients are defined by a length based tape (Broselow). If the patient's size exceeds the dimensions of the tape, they are considered adults.
- Time, destination and mode of transport should be based on patient's clinic condition, Washington State Trauma Triage Tool and any Kitsap County and EMS Trauma Care Council published policy.

Prehospital Provider scope of Practice

Level of Certification	Medical Control & Skills Capabilities	Medication Administration
First Responder	MPD protocols, patient assessment, CPR, AED, BVM, Bandaging, splinting, trauma, triage, medical, and pediatrics.	O ₂
Emergency Medical Technician	MPD protocols, patient assessment, CPR, AED, BVM, Bandaging, splinting, trauma, triage, medical, pediatrics, OB/GYN.	O ₂ , Aspirin, Epinephrine, Charcoal, Glucose, assist with patient's own nitroglycerin and metered dose inhaler as well as other prescribed medication
Emergency Medical Technician - IV	MPD protocols, EMT skills and knowledge, IV Therapy skills.	O ₂ , Aspirin, Epinephrine, assist with patient's own nitroglycerin and metered dose inhaler, IV Fluid Therapy
Emergency Medical Technician – Advance	MPD protocols, EMT skills and knowledge, IV Therapy skills, Multi-lumen airway.	O ₂ , Aspirin, Epinephrine, assist with patient's own nitroglycerin and metered dose inhaler, IV Fluid Therapy
Paramedic	MPD protocols, EMT skills and knowledge, IV Therapy skills, ET, Multi-lumen airway, advanced airway control, ACLS w/ manual defibrillation, and advanced patient assessment, trauma and medical skills.	O ₂ , IV Fluid Therapy, Medications per MPD protocol