VCEMS Universal Patient Care Guidelines 705.00

I. PURPOSE: To establish a standard for patient assessment and treatment that integrates scene and patient assessments to form a field impression. This includes developing a list of differential diagnoses and formulating a treatment plan.

II. PRINCIPLES:

A. Team Dynamics – the effective use of all available resources for healthcare personnel to ensure safe and efficient patient care, reduce error, and increase efficiency.

- Clearly define the team leader
- Utilize clear, concise, closed-loop communication; inform the team when changes are observed, or safety issues arise
- Task delegation to improve efficiency
- Always maintain situational awareness and respond as needed to maintain scene control.

B. Scene Control – an active, ongoing process throughout incident.

- Safety is always the priority. An initially safe scene may deteriorate at any time.
- Create an optimal patient care environment; remove distractions/threats, provide proper lighting, and access to patients.

C. Diagnostics – Consider all possible differentials, supported by relevant findings and pertinent negatives (patient complaints, scene findings, signs, symptoms, vital signs), before establishing a working diagnosis. Thorough patient assessment and differential diagnosis are paramount to reducing risk in patient care. Prioritize consideration of diagnoses that, if missed, could lead to serious harm, even if they are less likely.

III. POLICY: Universal Patient Care will be followed for all EMS patient contacts. Reference 705 policies for specific treatments.

IV. PROCEDURE:

A. Response and Arrival

1. Review dispatch information and plan response to scene.
    a. Plan Response - Consider potential response issues (weather, scene access, equipment failure, etc.). Communicate potential delays or suggest alternative assignments to FCC as appropriate. Stage when advised or determined necessary with the information available.

b. Anticipate Clinical Needs – Consider differential diagnoses and the relevant clinical care priorities.

2. Don basic PPE (Gloves) – High-visibility vest, helmet, etc.
3. Size up – Number of patients, request additional resources, MCI considerations.

B. Scene Safety and Control

1. Identify and correct threats or hazards to EMS personnel, patients, and/or bystanders.
2. Position vehicles to allow for optimum ingress/egress and safety of EMS crew and patient(s).
    a. Blocking and traffic control - Safe working zone.
    b. Gurney and equipment ingress, egress, loading, and unloading.
3. Address Body Substance Isolation/Personal Protection Equipment (BSI/PPE).
4. Control all aspects of scene to provide environment conducive to safe and effective patient care: Provide lighting outdoors/indoors (e.g., entryways, hallways, path of travel, patient area), confine animals, remove obstacles from path of travel, eliminate distractions, relocate to a better working environment (larger space, transport unit, etc.)

C. Preliminary "Across the Room" Assessment

1. Immediately identify and control severe bleeding.
2. Formulate a general impression based on work of breathing, skin signs, and behavior.
3. Survey scene for mechanism(s) of injury and/or other factors related to patient condition.

D. Primary Assessment

1. Determine level of responsiveness (AVPU).
2. Implement spinal motion restriction as indicated if traumatic injury is suspected.
3. Airway
    a. Open airway as needed.
    b. Insert appropriate airway adjunct if indicated.
    c. Suction airway if indicated.
    d. Utilize appropriate interventions if a partial or complete Foreign Body Airway Obstruction (FBAO) is present.
4. Breathing
    a. Assess Respiratory Effort – Present or not present. Work of breathing.
        - Assist ventilations with positive pressure ventilation if respiratory effort inadequate.
    b. Assess lung sounds – Present bilateral or not. Adventitious sounds.
    c. Initiate airway management and oxygen therapy as indicated.
5. Circulation

a. Assess pulse – Present or not present; fast or slow.
b. Assess skin - Color, temperature, and condition.

6. Disability
   a. Determine level of orientation.
   b. Evaluate gross motor and sensory function.
7. Determine chief complaint and acuity (critical, emergent, non-emergent).

E. Secondary Assessment

1. **EXPOSE** patient to allow for proper, unimpeded assessment and treatment.
   a. Maintain patient modesty as circumstances permit, but do not allow such concerns to interfere with effective assessment and treatment.
2. **DELEGATE** tasks to team as applicable:
   a. Pulse oximetry
   b. Cardiac monitor
   c. 12-lead ECG (refer to VCEMS Policy 726)
   d. Blood glucose measurement
   e. Vital signs:
      - Blood pressure
      - Heart rate, rhythm (regular or irregular), and quality (strong or weak)
      - Respiratory rate, rhythm (regular or irregular), work of breathing (labored or non-labored), and tidal volume (good or shallow tidal volume)
3. **INTERVIEW** patient and other reliable sources of information):
   a. History of present illness (OPQRST and/or SAMPLE)
   b. General medical history
   c. Current medications/past medications/patient compliance with medications
   d. Allergies
   e. Family history (if applicable), e.g., MI, stroke, cardiovascular disease
   f. Social/lifestyle history (if applicable), e.g., smoking, alcohol/recreational drug use
4. **EXAMINE** patient via a complete, comprehensive physical examination. Note DCAPBTLS.
   a. Inspect head, eyes, ears, nose, and oral cavity. Assess for abnormalities, e.g. unequal pupils, fluids, obstructions.
   b. Inspect/auscultate/palpate trachea. Assess position/ presence of stridor.
   c. Inspect/palpate clavicles and chest. Assess for paradoxical movement.
   d. Auscultate lungs. Note changes/update findings from primary assessment.

e. Inspect/palpate abdomen. Note any distension, tenderness, rigidity, or rebound tenderness.
f. Inspect and palpate pelvis. Note any instability, tenderness, or crepitus.
g. Inspect and palpate upper and lower extremities.
h. Inspect and palpate spinal column and posterior trunk.

F. Treatment and Reassessment
1. Formulate a clinical impression based on observations/information from sections C (preliminary assessment), D (primary assessment), and E (secondary assessment).
2. Treat other conditions as indicated per scope of team lead.
3. Reassess
a. Level of consciousness
b. Vital signs
c. Status of current condition: improvement, deterioration, unchanged
4. Continue, modify, or implement treatment(s) and assessment as needed.

G. Base Hospital contact shall be made for all ALS patients in accordance with VCEMS Policy 704.

H. Transport to the appropriate facility per VCEMS guidelines
1. Transport and Destination Guidelines – Policy 604
2. STEMI Receiving Center Standards – Policy 430
3. Stroke System Triage and Destination – Policy 451
4. Post cardiac arrest with ROSC – Policy 705 (Cardiac Arrest)
5. Trauma Triage and Destination Criteria – Policy 1405
6. Hospital Diversion – Policy 402

I. Documentation
1. Complete patient care documentation per VCEMS policy 1000.
2. Document all assessment findings, pertinent negatives, vital signs, interventions/treatments (both initial and ongoing), responses to treatments, and all changes in patient status.
3. Maintain patient confidentiality.