



INDICATION	<ul style="list-style-type: none"> <li>• Treatment of adult patients presenting with a medically related chief complaint.</li> </ul>
BLS	<ul style="list-style-type: none"> <li>• Ensure scene safety for crews and bystanders.</li> <li>• Exercise body substance isolation measures and use appropriate personal protective equipment (PPE).</li> <li>• Determine number of patients.</li> <li>• Determine need for additional resources.</li> <li>• Determine nature of illness.</li> <li>• Determine patient’s level of consciousness, ABCs/(CAB in cardiac arrest), vital signs, and chief complaint/symptoms.</li> </ul> <p><b>***If patient is in cardiac arrest, begin CPR and refer to <a href="#">Cardiac Arrest Management C-01</a>***</b></p> <ul style="list-style-type: none"> <li>• If indicated, determine if a valid POLST order or DNR verification form is in place, and act accordingly.</li> <li>• Maintain an open airway with <a href="#">Airway/Respiratory Management M-20</a>.             <ul style="list-style-type: none"> <li>• If indicated, administer supplemental oxygen using the appropriate delivery device.                 <ul style="list-style-type: none"> <li>▪ Oxygen should be administered in the presence of hypoxemia, dyspnea, shock, or SpO<sub>2</sub> &lt;94%.</li> <li>▪ Avoid hyperoxygenation, especially in the presence of a suspected CVA/TIA or ACS.</li> </ul> </li> </ul> </li> <li>• At a minimum, monitor and document vital signs every 15 minutes on stable patients and every 5 minutes for patients with critical conditions.</li> <li>• Obtain:             <ul style="list-style-type: none"> <li>• History and Physical Exam of current event.</li> <li>• Past medical history.</li> <li>• Medications.</li> <li>• Allergies.</li> <li>• Perform full secondary assessment.</li> <li>• Blood Glucose (If indicated).</li> <li>• Temperature (If indicated).</li> </ul> </li> <li>• Perform necessary BLS interventions, e.g., ventilation, bleeding control, etc.</li> <li>• Ensure ALS response as appropriate.</li> </ul>

ALS	<p>If indicated:-</p> <ul style="list-style-type: none"> <li>• Perform ALS Interventions: <ul style="list-style-type: none"> <li>• <a href="#">Endotracheal Intubation AP-01</a>.</li> <li>• Intravenous therapy and/or <a href="#">Intraosseous Infusion AP-08</a> and <a href="#">Fluid Challenge AP-09</a>.</li> <li>• <a href="#">Pain Management AP-13</a>.</li> <li>• <a href="#">Sedation AP-14</a>.</li> <li>• Administer medications in accordance with the specified Field Treatment Guideline.</li> </ul> </li> <li>• Obtain additional field diagnostic testing: <ul style="list-style-type: none"> <li>• Carbon monoxide level and stroke scale.</li> <li>• Apply the cardiac monitor <a href="#">12-Lead ECG BP-03</a>.</li> <li>• Perform <a href="#">Waveform Capnography AP-12</a>.</li> </ul> </li> <li>• Transport to the nearest appropriate treatment facility as defined in Napa County EMS Agency <a href="#">Administrative Policy 501, Patient Destination</a>. <ul style="list-style-type: none"> <li>• Decisions to use lights and sirens should be based on the immediate clinical needs of the patient.</li> <li>• Notification to the receiving facility should occur as early as possible.</li> </ul> </li> </ul>
KEY CONCEPTS	<ul style="list-style-type: none"> <li>• If EMS aircraft is indicated, activate early.</li> <li>• Contact the base hospital for on-line medical control for all treatment outside of standing orders.</li> <li>• EMS crews should not administer interventions that require on-going medical assessment if a patient is not being transported to a receiving facility. For example, giving IV narcotics to a patient who intends to refuse transport.</li> <li>• The medication reference list includes all those medications that are utilized in the Napa County Field Treatment Guidelines; follow the guidance provided.</li> </ul>