

General Approach to Prehospital Patient Management

- I. **Initial Scene Assessment:**
 - A. Assess the scene for safety.
 - B. Note the number of patients, the mechanism(s) of injury, environmental hazards, etc.
 - C. Request additional personnel (i.e., EMTs, AEMTs, police, firefighters, etc. as appropriate), ALS intercept, and/or additional equipment if needed.
 - II. **Expanded Primary Assessment/Resuscitation**
-

Note:

Check each patient for responsiveness, breathing, and pulse quickly while protecting the cervical spine.

- A. **Airway -**
 - ☒ Is the airway open?
 - ☒ Will it stay open?

Identify and correct any existing or potential airway obstruction while protecting the cervical spine.

- B. **Breathing -**
 - ☒ Is breathing present?
 - ☒ Is it adequate?
 - ☒ Does anything endanger the patient's breathing?
 - ☒ How is the patient talking?
 - ☒ Can the patient take a deep breath?

Identify and correct any existing or potentially compromising factors.

- C. **Circulation -**
 - ☒ Is a pulse present?
 - ☒ Is obvious, serious internal/external hemorrhage present?
 - ☒ Is the patient in shock?

Identify and correct any existing or potentially compromising factors.

- D. **Disability -** What is the patient's level of consciousness?
 1. Assess the patient's level of consciousness as follows:

- a. **Alert** - Patient knows:
 1. his/her name,
 2. where he/she is, and
 3. day of week.
 - b. **Verbal** - Patient responds to verbal stimuli but does not respond appropriately to the above three questions.
 - c. **Painful** - Patient responds to pain only.
 - d. **Unresponsive** - The patient does not respond verbally or react to pain.
2. Assess the patient's pupils.
 3. Assess, quickly the patient's ability to move his/her extremities.
- E. **Expose** the patient as appropriate to locate life-threatening problems.
-

Immediate Transport Decision:

Determine patient status (CUPS):

Critical or Unstable => Immediate transport

Potentially Unstable or Stable => Secondary survey and transport

If the patient's condition dictates immediate transport, the vital signs, secondary assessment, and treatment should be completed en route to the nearest appropriate hospital (as defined below in Section VII, Transport).

Intercept with an ALS unit (if available) en route to the nearest appropriate hospital as noted in specific treatment protocols.

- III. **Vital Signs:** Obtain and record the following on every patient initially, and repeat as often as the situation indicates
- A. **Pulse:** Rate and quality.
 - B. **Respirations:** Rate and quality.
 - C. **Blood Pressure:** Systolic and diastolic. Obtain systolic BP by palpation if necessary.
 - D. **Skin:** Color, temperature, and moisture.
-

Caution:

Do not agitate or delay transport of a pediatric patient to obtain a blood pressure measurement!

- IV. **Secondary Assessment:** Complete as indicated by the patient's condition.
- A. Reassure and inform the patient about the treatment.
 - B. Obtain and record any pertinent medical information from the patient, family, and bystanders. Check for medical identification.
 - C. Perform a head-to-toe examination as indicated.

- V. **Field Treatment:** Administer appropriate treatment in order of priority. See specific treatment protocols.
- VI. **Suspected Child/Spouse/Elder Abuse:** Visually assess the immediate scene for evidence of possible abuse, recording all appropriate information on the Prehospital Care Report. Make a verbal report summarizing the above to the responsible medical personnel upon arrival at the emergency department (ED).

Caution:

Do not make accusatory, confrontational, or threatening statements to the attendant parties.

Note:

Do not delay transport of a critical, unstable, or potentially unstable patient to obtain the above information.

VII. **Transport**

- A. Transport the patient as soon as possible to the nearest appropriate hospital.
 - 0. If mechanism of illness/injury and/or historical/physical findings do not indicate major trauma:
 - a. Transport the patient to the nearest regionally¹ approved hospital emergency department (ED); **or**
 - b. Transport the patient to a regionally approved¹ alternative destination if:
 - 1. The patient remains stable or potentially unstable through transport, **and** the patient requests treatment, or receives regular medical/surgical care, at the alternative destination, **and** the additional transport time to the alternative destination is less than 20 minutes; **or**
 - 2. The patient requires specialty care available at the alternative destination that is unavailable at the nearest hospital; **or**
 - 3. An on-line medical control physician so directs.
 - 1. If mechanism of injury and/or physical findings do indicate major trauma:
 - a. Transport the patient to the nearest designated² Regional or Area Trauma Center if the total time elapsed between estimated time of injury and the estimated time of arrival at the Trauma Center is less than one hour (see Appendices for a list of the New York Stat Designated Trauma Centers); **<B.OR< B>**

- b. Transport the patient to the nearest hospital emergency department (ED) if:
 - 1. The total time elapsed between the estimated time of injury and the estimated time of arrival at the Trauma Center is more than one hour; **or**
 - 2. The patient is in cardiac arrest; **or**
 - 3. The patient has an unmanageable airway; **or**
 - 4. An on-line medical control physician so directs.
- B. Intercept with an ALS unit (if available) en route to the nearest appropriate hospital as noted in specific treatment protocols.

Note:

Do not delay patient transport to await the arrival of an ALS unit!

- C. Monitor and continue patient care en route to the hospital.
- VIII. **Communications:**
- A. Transmit the following information to the emergency department (ED) during transport:
 - 0. Ambulance service identification.
 - 1. Patient information:
 - a. Age and sex.
 - b. Chief complaint.
 - c. Subjective and objective patient assessment findings.
 - d. Level of consciousness and vital signs.
 - e. Pertinent history as needed to clarify the problem (mechanism of injury, previous illnesses, allergies, medications, etc.)
 - f. Treatment given and patient's response.
 - g. Other pertinent information
 - 2. Notification of any delay in transport or of any unusual circumstances.
 - 3. estimated time of arrival (ETA).
 - B. Advise the emergency department (ED) of any changes in the patient's condition during transport.
- IX. **Documentation:**
- A. Submit a verbal report summarizing the above Section 2. (Patient Information) to the responsible medical personnel upon arrival at the emergency department (ED).
 - B. Submit a hospital copy of the prehospital care report (PCR) to the responsible emergency department (ED) personnel after all crew members have had the opportunity to review it.