

Initial Date: 11/15/2012  
Revised Date: 05/08/2023

Section 1-1

## **General Pre-Hospital Care**

Patient care should be initiated at the patient's side prior to patient movement or transport for most medical conditions. EVERY PATIENT CONTACT BEGINS WITH THIS PROTOCOL

1. Pediatric patients ( $\leq 14$  years of age or up to 36 kg) are treated under pediatric protocols when applicable.
  - a. Refer to MI MEDIC cards for medication dosing and equipment sizes.
2. Assess scene safety and use appropriate personal protective equipment.
3. For trauma refer to **General Trauma-Treatment Protocol**
4. A patient exhibiting any signs of a life-threatening illness or injury shall not be required to move on their own. This includes patients with illnesses of unknown etiology.
5. If applicable, refer to **Adult or Pediatric Crashing Patient/Impending Arrest-Treatment Protocol**.
6. Complete primary survey.
7. When indicated, implement airway intervention per the **Airway Management-Procedure Protocol**.
8. When indicated, administer oxygen, and assist ventilations per the **Oxygen Administration-Procedure Protocol**.
9. Assess and treat other life-threatening conditions per appropriate protocol.
10. Obtain vital signs including pulse oximetry if available or required, approximately every 15 minutes, or more frequently as necessary to monitor the patient's condition (A minimum of 2 sets are required for all patient transports. Two sets are suggested for patient refusals and treat and release patients.)
11. Perform a secondary survey consistent with patient condition.
12. Follow specific protocol for patient condition.
13. Document patient care according to the **Documentation and Patient Care Records Protocol**.
- ① 14. Establish vascular access per **Vascular Access & IV Fluid Therapy-Procedure Protocol** when fluid or medication administration may be necessary.
- ② 15. Apply cardiac monitor and treat rhythm according to appropriate protocol.
- ③ 16. If applicable, obtain 12-lead ECG (Per MCA selection, may be a BLS or Specialist procedure) see **12 Lead ECG-Procedure Protocol**. Provide a copy of the rhythm strip or 12-lead ECG to the receiving facility, be sure to place patient identifiers on strip.
17. Use capnography/capnometry as directed per **End Tidal Carbon Dioxide Monitoring-Procedure Protocol**

NOTE: When possible, provide a list of the patient's medications or bring the medications to the hospital.

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Section 1-2

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### ***Abdominal Pain (Non-traumatic)***

1. Follow **General Pre-hospital Care-Treatment Protocol**.
2. Conduct physical exam of abdomen including assessment of central and bilateral distal pulses.
3. If symptoms of shock present refer to **Shock-Treatment Protocol**.
4. Position patient in a position of comfort if pain is non-traumatic. If trauma related, refer to **General Trauma-Treatment Protocol**
5. Do not allow patient to drink or eat anything (does not include ODT medications)
6. If patient is experiencing nausea and vomiting refer to **Nausea and Vomiting-Treatment Protocol**.
7. Treat pain per **Pain Management-Procedure Protocol**.
8. Consider 12 Lead (Per MCA selection, may be a BLS or Specialist procedure) follow **12 Lead ECG-Procedure Protocol**.