

History

- Age
- Past medical history / surgical history
- Medications
- Onset
- Palliation / provocation
- Quality (cramping, constant, sharp, dull, etc.)
- Region / radiation / referred pain
- Severity (1 – 10)
- Time (duration / repetition)
- Fever
- Last meal eaten
- Last bowel movement / emesis
- Menstrual history (pregnancy)

Signs and Symptoms

- Pain (location / migration)
- Tenderness
- Nausea
- Vomiting
- Diarrhea
- Dysuria
- Constipation
- Vaginal bleeding / discharge
- Pregnancy

Associated Symptoms

- Fever, headache, weakness, malaise, myalgias, cough, mental status changes, rash

General

EMT

AEMT

Paramedic

Adult Routine Transport Orders

Evidence of:
Dehydration / Vomiting / Volume Loss
See:

Non-Traumatic Shock/Dehydration

No

Consider

Chest Pain Protocol**Cardiac Monitor / 12 Lead ECG**

Transmit 12 Lead ECG

EMT: 12-lead EKG set up and application for electronic transmission

Treat pain according to

Pain Management Protocol

If Nausea/Vomiting

See: **Nausea/Vomiting** Protocol

Transport

Adult IV/IO

0.9 NS wide open
to maintain systolic BP of 90 mmHg
if hypotensive

Remember to use Body Substance Isolation (BSI) precautions.

INDICATIONS: FOR CONTROL OF NAUSEA AND VOMITING RESULTING FROM

1. Inner ear disturbances
2. Closed head trauma
3. Cardiac-related problems
4. Influenza (flu) symptoms
5. Extremity trauma/fractures
6. Morphine administration
7. Kidney stones
8. Gallbladder disease

Adult Routine Transport Orders

Adult IV/IO

Nausea & Vomiting

Ondansetron (Zofran)

8 mg ODT (2 Tablets)

Ondansetron (Zofran)

2 – 4 mg IVP, IO, IM

Monitor cardiovascular status, especially in patients with a history of coronary artery disease. Rare cases of tachycardia and angina have been reported.

Inform patients that a headache requiring analgesic relief is a common effect.

250 ml Bolus of 0.9 NS may be indicated

This may be repeated as needed for treatment of **Dehydration**
In Treating patients with History of CHF or extensive cardiac history, Observe lung sounds prior to and during fluid administration to assess fluid overload.

General

EMT

AEMT

Paramedic

Dialysis: The process of filtering the blood, the way kidneys normally do, using a machine. Dialysis machine filters the blood to rid it of waste products. The filtered blood then returns to the patient through the venous catheter.

Medical concerns for the Renal Dialysis patient are: Pulmonary edema most common, Arrhythmia, Hypertensive crisis, Air embolus, Can occur during the dialysis procedure and Hyperkalemia (Wide QRS, Sine waves). DO NOT start IV or take a BP on a limb with a shunt or fistula.

General

EMT

AEMT

Paramedic

Adult Routine Transport Orders

Pulmonary Edema

Pulmonary Edema/CHF

Protocol

Adult IV/IO

Suspected Air Embolus

Hypotension

Place patient in left side half-prone position with the head down 30%.

Must not give fluid bolus to patient in pulmonary edema. In these patients, look for other causes of hypotension (MI, hypoxia).

Consider NS Fluid Bolus
300 – 500 ml

Cautions:

- a) DO NOT take blood pressure on limb with shunt or fistula.
- b) DO NOT start IV on limbs with shunt or fistula. EXCEPTION: Rapid deterioration of vital signs and no venous access. An accidental break or rupture of a shunt can lead to rapid exsanguination. Guard shunts appropriately. Control bleeding.

Transportation:

- a) If patient is **stable**, transport to the hospital where they receive dialysis. If patient is **unstable** transport to nearest hospital.
- b) If arrest is not responsive to resuscitative efforts, transport patient to the nearest hospital.

Personal Precautions:

Serum Hepatitis: common in Dialysis patients.

- a) Blood very infectious....avoid contact.
- b) Virus gains entrance through cuts and hand to mouth contact.
- c) Clean blood on vehicle and/or equipment. Should be wiped up and cleaned with PDI® Sani-Cloth® HB disposable wipes.
- d) If exposed, fill out proper exposure forms.