



# Veterans Medical Transport

## BLS Patient Care Protocols

Provided by  
ELITE HEALTHCARE  
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## INTRODUCTION FROM ELITE HEALTHCARE

These evidence-based protocols are designed to improve patient outcomes, while decreasing any potential risk to the patient and provider.

The color-coded format of the protocols has been developed to provide ease of use. This has served to allow each EMS professional to easily follow the potential interventions that could be performed by advanced level care. Please interpret as follows:

### EMT - RESPONDER

- EMT-R standing orders
- Apply for EMT, EMT-I, Advanced EMT, Cardiac Technician and Paramedics as well  
**EMT-Rs may only be present in the patient compartment during transport on ground ambulances when a medic with an EMT license or higher is serving as the primary patient caregiver in the patient compartment during the patient transport.**

### EMT

- EMT, EMT-I standing orders

### EMT-INTERMEDIATE

- EMT-I standing orders
- Apply for Advanced EMT, Cardiac Technician and Paramedics as well

### AEMT (EMT-ADVANCED)

- AEMT standing orders
- Apply to Cardiac Technician and Paramedics as well

For questions or clarification of protocols:  
Please contact Haven Medical Services  
Randy Cronic, MD  
Medical Director

## ALTERED MENTAL STATUS

### EMT - RESPONDER

- For agitated patients at risk of causing physical harm to emergency responders, the public and/or themselves: Call Law Enforcement for assistance
- ABC and vitals
- Supplemental Oxygen
- Check blood glucose if equipped (under direction of present EMT only)
- If glucose < 60 go to **DIABETIC EMERGENCIES PROTOCOL**
- If narcotic overdose is suspected (pinpoint pupils and respiratory depression present) give **Naloxone** via auto-injector or intranasal route
- Transport to nearest Emergency Department

EMT-R STOP

### EMT

EMT STOP

### EMT-INTERMEDIATE

- Vascular access

## ALLERGIC REACTIONS / ANAPHYLAXIS

### EMT - RESPONDER

- ABC and vital signs
- Airway management and appropriate oxygen therapy
- Determine if patient has utilized their own EpiPen
- Patient **prescribed** EpiPen who have severe respiratory distress, edema, hypotension:
  - Administer appropriate EpiPen auto-injector
- Patient **NOT prescribed** EpiPen and severe respiratory distress, edema, hypotension:
  - Contact Medical Control for orders to administer appropriate EpiPen
- If **UNABLE** to contact Medical Control:
  - Administer appropriate EpiPen auto-injector
- Transport to nearest Emergency Department

EMT-R STOP

### EMT

EMT STOP

### EMT-INTERMEDIATE

- Vascular access
- Normal Saline 500 ml IV bolus if SBP < 120 or MAP < 65 and may repeat if patient remains hypotensive

## CARDIAC ARREST: GENERAL CARE

*This protocol is to be used for any patient who is unresponsive with no palpable pulse and no spontaneous respirations.*

### EMT - RESPONDER

- CPR should be initiated prior to defibrillation unless the cardiac arrest is witnessed by the responding EMS provider
- Push hard and fast (100/min)
- Ensure full chest recoil
- Minimize interruptions in chest compressions
- Place and use **AED**
- Repeat AED use every 5 cycles of CPR
- Place oral airway if equipped
- Use bag-valve mask or mouth-to-barrier device if equipped
- Cycle of CPR = 30 compressions then 2 breaths, 5 cycles = 2 minutes
- Avoid hyperventilation
- Rotate compressors every two minutes with AED checks
- Use mechanical CPR adjuncts when available for provider safety in moving ambulance
- Transport to nearest Emergency Department

EMT-R STOP

### EMT

EMT STOP

### EMT-INTERMEDIATE

- Vascular Access
- Normal Saline 500mL bolus

## CHEST PAIN

### EMT - RESPONDER

- ABC and vital signs
- Supplemental oxygen
- Transport to nearest Emergency Department

### EMT-R STOP

### EMT

- Give one **aspirin (81mg)**
- Assist patient with their own prescribed **Nitroglycerin** up to 3 dose, 5 minutes apart, provided the patient's systolic BP is > 100 mmHg

### EMT STOP

### EMT-INTERMEDIATE

- Vascular Access

### EMT-I STOP

### AEMT (EMT-ADVANCED)

- Give **Sublingual Nitroglycerin** up to 3 doses, 5 minutes apart, provided the patient's systolic BP is > 100 mmHg

## DIABETIC EMERGENCIES

### EMT - RESPONDER

- ABC and vital signs
- Airway management and appropriate oxygen therapy
- Check blood glucose level, if equipped (under direction of present EMT only)
- If blood glucose is known or suspected to be low and patient can self-administer and swallow on command, give **oral glucose** one unit dose (15-24 grams) or available carbohydrate source
- If blood glucose is CONFIRMED to be high do not administer oral glucose
- Transport to nearest Emergency Department

EMT-R STOP

### EMT

EMT STOP

### EMT-INTERMEDIATE

- Vascular access
- If glucose level is below 60, and patient cannot swallow on command, administer 1 ampule of **D50** (50mL=25g); may re-dose if hypoglycemia recurs
- If glucose level is above 400, administer Normal Saline 250 ml IV bolus



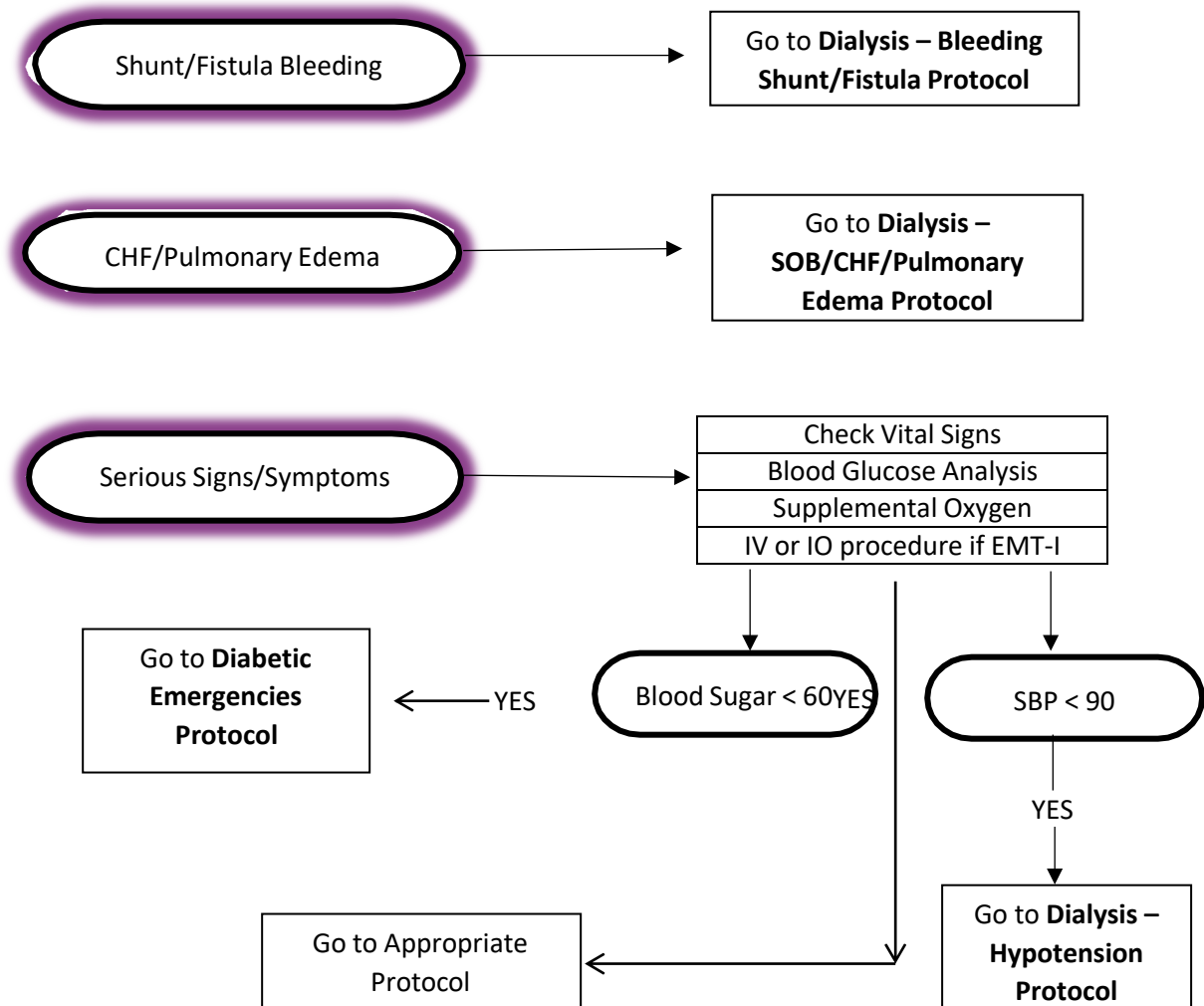
## DIALYSIS PATIENT KEY POINTS

### POSSIBLE COMPLICATIONS OF DIALYSIS:

- Hypotension
  - May result in angina, MI, dysrhythmia, altered mental status, and seizure
- Removal of Therapeutic Medications
  - Example: Tegretol (seizure medication)
- Disequilibrium Syndrome
  - Nausea/vomiting, altered mental status, seizure, dizziness
- Bleeding
  - May be: at catheter site, shunt/fistula site, GI, subdural, retroperitoneal etc.
- Equipment problems
  - Possible air embolus
  - Possible infection

Do not take BP or gain vascular access in arm that has the shunt/fistula/catheter.

## DIALYSIS PATIENT ALGORITHM



## DIALYSIS – BLEEDING SHUNT/FISTULA

### EMT - RESPONDER

- Apply non-bulky dressing
- Dressing must not compress fistula/shunt as this will cause clotting of the shunt
- **Apply firm fingertip pressure to bleeding site**
- Vitals
- Transport to nearest Emergency Department

EMT-R STOP

### EMT

EMT STOP

### EMT-INTERMEDIATE

- Vascular access if bleeding was heavy
- Normal Saline 250 mL bolus if SBP < 90

## DIALYSIS – HYPOTENSION (SBP < 90)

Use when patient had dialysis within last 4 hours

### EMT - RESPONDER

- ABC and vital signs
- Lay patient as flat as tolerated
- Supplemental oxygen
- Re-check BP after 5 minutes
- Transport to nearest Emergency Department if SBP remains below 90 or patient remains symptomatic

EMT-R STOP

### EMT

EMT STOP

### EMT - INTERMEDIATE

- Vascular Access (Do not use arm with shunt/fistula)
- **Normal Saline Bolus of 250 mL**
  - Repeat as needed up to maximum of 1 Liter if lungs remain clear

## DIALYSIS – SOB/CHF/PULMONARY EDEMA

### EMT - RESPONDER

- ABC and vital signs
- Airway management and appropriate oxygen therapy
- Sit patient upright, if possible
- Transport to nearest Emergency Department

### EMT-R STOP

### EMT

- Assist patient with taking their own Nitroglycerine if available (one dose) provided that SBP > 120 mmHg

### EMT STOP

### EMT - INTERMEDIATE

- Vascular Access (Do not use arm with shunt/fistula)
- CPAP if trained and equipped

### EMT-I STOP

### AEMT (EMT-ADVANCED)

- Give **Sublingual Nitroglycerin** up to 3 doses, 5 minutes apart, provided the patient's systolic BP is > 100 mmHg

## DIZZINESS / VERTIGO / SYNCOPE

### EMT - RESPONDER

- ABC and vitals
- Airway management and appropriate oxygen therapy
- Check blood glucose level (under direction of present EMT), if equipped – proceed to **Diabetic Protocol** if abnormal
- Transport to nearest Emergency Department

EMT-R STOP

### EMT

EMT STOP

### EMT-INTERMEDIATE

- Vascular Access
- Normal Saline bolus of 500 mL

## RESPIRATORY DISTRESS: ASTHMA

### EMT - RESPONDER

- ABC and vital signs
- Airway management, and appropriate oxygen therapy
- Assist patient with their own medications as appropriate
- Transport to nearest Emergency Department

EMT-R STOP

### EMT

- Nebulized **Albuterol** if equipped
- If in severe distress with minimal air movement: Administer **EpiPen**

EMT STOP

### EMT-INTERMEDIATE

- Vascular Access
- CPAP if equipped

- Remember, “all that wheezes is not asthma!” Consider allergic reaction, airway obstruction, pulmonary edema, COPD exacerbation
- A total of 3 doses of Albuterol may be administered by pre-hospital providers, prior to consulting Medical Control Physician

## RESPIRATORY DISTRESS: COPD

### EMT - RESPONDER

- ABC and vital signs
- Airway management, and appropriate oxygen therapy
- Assist patient with their own medications as appropriate
- Transport to nearest Emergency Department

EMT-R STOP

### EMT

- Nebulized **Albuterol** if equipped
- If in severe distress with minimal air movement: Administer **EpiPen**

EMT STOP

### EMT-INTERMEDIATE

- Vascular Access
- CPAP if equipped

- Remember, “all that wheezes is not asthma!” Consider allergic reaction, airway obstruction, pulmonary edema, COPD exacerbation
- A total of 3 doses of Albuterol may be administered by pre-hospital providers, prior to consulting Medical Control Physician



## RESPIRATORY DISTRESS: PULMONARY EDEMA / CHF

### EMT - RESPONDER

- ABC and vital signs
- Airway management and appropriate oxygen therapy
- Sit patient upright, if possible
- Transport to nearest Emergency Department

### EMT-R STOP

### EMT

- If hypertensive (SBP >160 or DBP>90): assist patient with their own **Nitroglycerin** if available

### EMT STOP

### EMT-INTERMEDIATE

- Vascular Access
- CPAP if equipped

### EMT-I STOP

### AEMT (EMT-ADVANCED)

- If hypertensive (SBP >160 or DBP>90): Give **Sublingual Nitroglycerine** up to 3 doses, 5 minutes apart

## SEIZURE

### EMT - RESPONDER

- ABC and vital signs
- Airway management and appropriate oxygen therapy
- Check blood glucose level (under direction of present EMT), if equipped. If abnormal refer to **Diabetic Protocol**
- Transport to nearest Emergency Department

EMT-R STOP

### EMT

EMT STOP

### EMT-INTERMEDIATE

- Vascular Access
- Protect the patient and EMS crew from injury during the seizure

## STROKE

### EMT - RESPONDER

- ABC and vital signs
- Airway management and appropriate oxygen therapy
- Check blood glucose level (under direction of present EMT), if equipped. If abnormal refer to **Diabetic Protocol**
- Perform neurological exam including Cincinnati Stroke Scale
- Determine the **exact time** patient was last in usual state of health and/or seen without symptoms by interviewing patient, family, and bystanders
- If time from symptom onset to estimated arrival in the ED will be less than 2 hours, consult medical command physician to discuss appropriate destination facility
- Notify destination hospital ASAP
- Transport to appropriate Emergency Department

EMT-R STOP

### EMT

EMT STOP

### EMT-INTERMEDIATE

- Vascular Access

## SUSPECTED SEPSIS

### CRITERIA

Protocol activated if concern for any new or worsening infection and any TWO of the following on TWO sets of vital signs: Pulse > 100, RR > 20, Systolic BP < 100, MAP < 65, RA O2 Sat < 92

### EMT - RESPONDER

- ABC and vital signs
- Airway management and appropriate oxygen therapy
- Obtain blood glucose (under direction of present EMT), if equipped – proceed to **Diabetic Protocol** if glucose <60
- Transport to nearest Emergency Department

EMT-R STOP

### EMT

EMT STOP

### EMT-INTERMEDIATE

- Large bore vascular access
- Normal saline 500 mL IV, if needed may repeat x 1 if lungs sounds are unchanged
- Goal is SBP > 100 or MAP > 65

## VOMITING

### EMT - RESPONDER

- ABC and vital signs
- Airway management and appropriate oxygen therapy
- Transport to nearest Emergency Department

EMT-R STOP

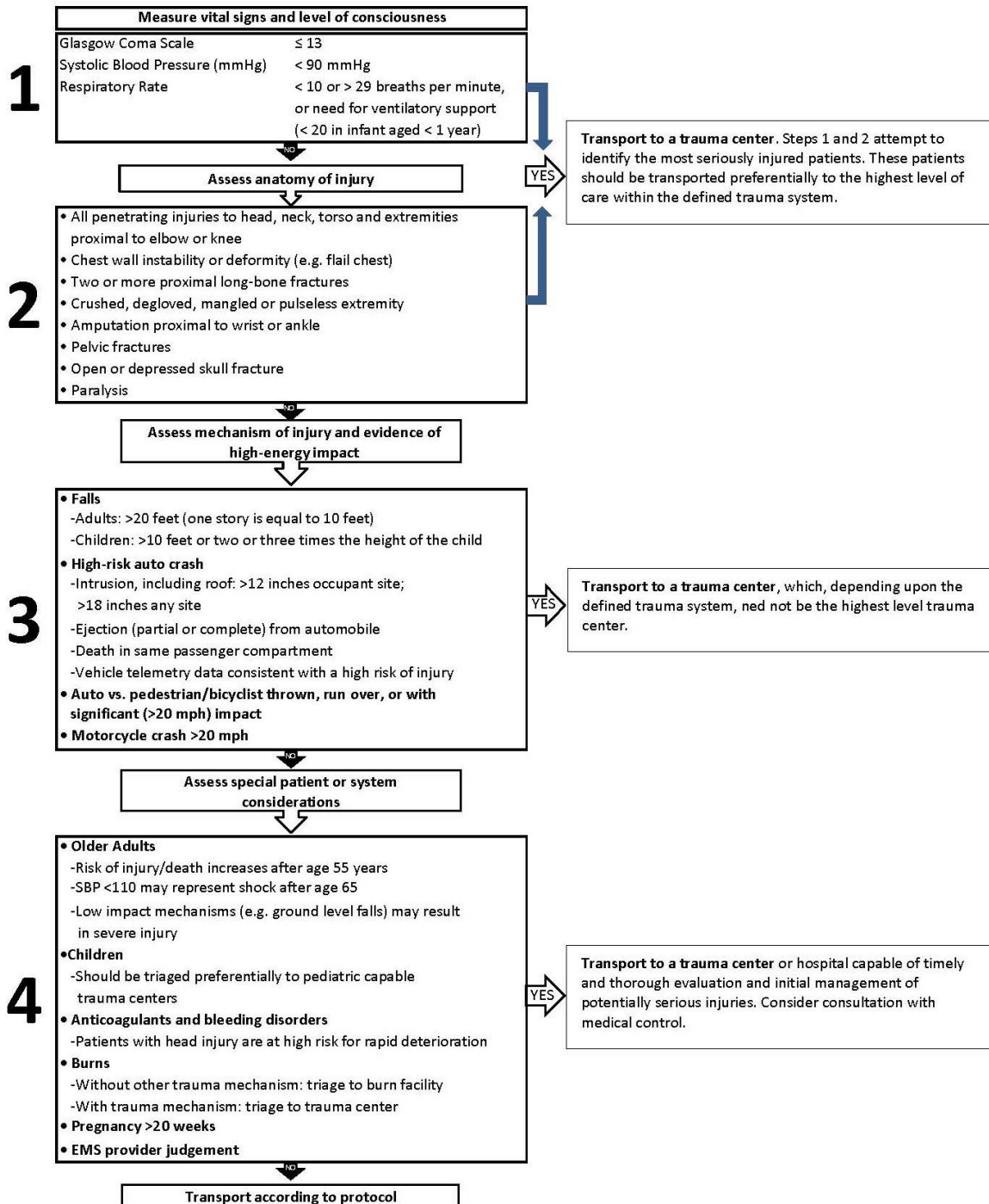
### EMT

EMT STOP

### EMT-INTERMEDIATE

- Vascular access
- Normal Saline 500 ml bolus IV

# 2011 Guidelines for Field Triage of Injured Patients



**When in doubt, transport to a trauma center.**

## BLEEDING/HEMORRHAGE

### EMT - RESPONDER

#### Severe Hemorrhage: (torso, neck or head)

- Apply direct pressure to wound – may use rolled gauze to pack wound and hold pressure. If direct pressure stops the hemorrhage, apply a pressure dressing.

#### Severe Hemorrhage: (Extremity)

- Apply direct pressure to wound – may use rolled gauze to pack wound and hold pressure. If direct pressure stops the hemorrhage, apply a pressure dressing.
- If bleeding not controlled with direct pressure, place a commercially manufactured **tourniquet** (if available)
  - Placed 2 to 3 inches proximal to the wound
  - Can place a second tourniquet proximal to the first if needed
  - Note the time of tourniquet application

Transport to closest Trauma Center or Emergency Department.

### EMT-R STOP

### EMT

### EMT STOP

### EMT-INTERMEDIATE

- Vascular Access (large bore, 16 or 14 gauge)
- If BP < 100 systolic, give 1 liter bolus of Normal Saline wide open

# AMPUTATION

## EMT - RESPONDER

- Refer to Bleeding/Hemorrhage protocol
- Elevate and wrap stump with moist sterile dressings and cover with dry bandage
- Provide or direct care for amputated part:
  - Wrap amputated part with saline moistened dressing
  - Place amputated part in water-tight container, such as a sealed plastic bag
  - Place this container on ice or cold packs, using caution to avoid freezing the limb
- Do not delay transport to search for amputated part
- Transport to closest Trauma Center or Emergency Department.

EMT-R STOP

## EMT

EMT STOP

## EMT-INTERMEDIATE

- Vascular Access (large bore, 16 or 14 gauge)
- If BP < 100 systolic, give 1 liter bolus of Normal Saline wide open



# BURNS

## EMT - RESPONDER

- Stop the burning
- Airway management and appropriate oxygen therapy
- Remove smoldering clothing that is not adhering to patient's skin
- Remove ring, bracelets and constricting objects distal to the burned area, if possible
- Cover burns with clean dry dressings or sheets
- Burns to eye require immediate copious irrigation with saline or water
- If hazardous material involvement is suspected, immediately notify the destination hospital to allow for decontamination
- Airway management and appropriate oxygen therapy
- Transport to closest Trauma Center or Emergency Department

## EMT-R STOP

## EMT

## EMT STOP

## EMT-INTERMEDIATE

- Vascular Access (large bore, 16 or 14 gauge)
- If BP > 100 systolic, give 250 ml bolus of Normal Saline
- If BP < 100 systolic, give 1 liter bolus of Normal Saline wide open

## CHEST TRAUMA

### EMT - RESPONDER

- Airway management and appropriate oxygen therapy
- If there is a sucking chest wound, cover with square occlusive dressing that is taped down on 3 sides only.
- Contact receiving hospital
- Transport to closest Trauma Center or Emergency Department

### EMT-R STOP

### EMT

### EMT STOP

### EMT-INTERMEDIATE

- Vascular Access (large bore, 16 or 14 gauge)
- If BP < 100 systolic, give 1 liter bolus of Normal Saline wide open

## MUSCULOSKELETAL INJURIES

### EMT - RESPONDER

- Consider spinal immobilization with cervical collar
- Evaluate distal pulse, motor, sensory function
- If distal extremity is **cyanotic, or lacks a pulse, or if a long bone is severely deformed**, align the extremity by applying gentle manual traction prior to splinting
- Apply an appropriate splint
- Reassess pulse, motor, and sensory function after splinting
- Call receiving facility if no pulse in extremity
- Transport to closest Trauma Center or Emergency Department

### EMT-R STOP

### EMT

### EMT STOP

### EMT-INTERMEDIATE

- Vascular Access (large bore, 16 or 14 gauge)
- If BP < 100 systolic, give 1 liter bolus of Normal Saline wide open

## SPINAL INJURY SUSPECTED

### EMT - RESPONDER

**Implement spinal immobilization (rigid collar) in the following circumstances:**

- Significant multisystem trauma
- Severe head or face trauma
- Altered mental status (including drugs, alcohol and trauma) and:
  - No history available
  - Found in setting of possible trauma (e.g., lying at the bottom of stairs or in the street)
- Loss of consciousness after trauma
- Any fall with evidence of striking head
- Spinal pain or tenderness
- Numbness or weakness in any extremity after trauma
- Patient with significantly painful distracting injury

**For patient transport:**

- If ambulatory, allow patient to move to stretcher with minimal spinal motion
- In non-ambulatory consider using a backboard with minimal spinal motion
- Transport to closest Trauma Center or Emergency Department

EMT-R STOP

EMT

EMT STOP

EMT-INTERMEDIATE

- Vascular Access (large bore, 16 or 14 gauge)
- If BP < 100 systolic, give 1 liter bolus of Normal Saline wide open

## NOTES FOR EMT-RESPONDERS

- Nasopharyngeal airway use is not permitted (oral airways are permitted)
- Upper airway suctioning is permitted (tracheobronchial suctioning is not permitted)
- Manual BP measurement is permitted (automated BP measurement permitted only when under the direction of EMT or higher licensed medic)
- Blood glucose measurement is permitted only when under the direction of EMT or higher licensed medic
- Pulse oximetry measurement is permitted only when under the direction of EMT or higher licensed medic

**EMT-Rs may only be present in the patient compartment during transport on ground ambulances when a medic with an EMT license or higher is serving as the primary patient caregiver in the patient compartment during the patient transport.**

These Clinical Operating Guidelines are approved by:



Medical Director Signature

04 / 01 / 2024

Date



EMS Director Signature

04 / 01 / 2024

Date