

**PEORIA AREA EMS SYSTEM  
PREHOSPITAL CARE MANUAL**

**Routine (Initial) Patient Care  
Protocol**

**First Responder Care**

First Responder Care should be focused on assessing the situation and establishing initial care to treat and prevent shock:

1. Open and/or maintain an open airway.
2. Loosen all tight clothing and be prepared to expose vital body regions if necessary.
3. Reassure patient by identifying yourself, explaining how you will help them and inform the patient that additional help is en route.
4. Place patient in a position of comfort. Sit patient upright unless the patient is hypotensive (BP<100mmHg systolic) or has a potential for cervical spine injury.
5. Administer Oxygen, preferably 15 L/min via non-rebreather mask. If the patient does not tolerate a mask, then administer 6 L/min by nasal cannula.
6. Ensure that EMS has been activated for further care and transport. Provide responding units with pertinent patient information.
7. Monitor the patient's level of consciousness, vital signs, etc. for any acute changes.

**BLS Care**

BLS Care should be directed at conducting a thorough patient assessment, providing care to treat for shock and preparing or providing patient transportation.

1. BLS Care includes the components of First Responder Care.
2. Attach pulse oximeter and obtain analysis, if indicated.
3. Attach cardiac monitor and print rhythm strip for documentation, if indicated.
4. Initiate ALS intercept, if indicated (or ILS intercept **if** ALS is unavailable).
5. Simultaneously with above, perform physical exam/assessment, obtain baseline vital signs and obtain patient history.
6. Continue to reassess patient en route to the hospital.
7. Transport should be initiated at the earliest possible opportunity.

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**ILS Care**

ILS Care should be directed at conducting a thorough patient assessment, providing care to treat for shock and preparing or providing patient transportation. The necessity of establishing IV access is determined by the patient's condition and chief complaint. Consideration should also be given to the proximity of the receiving facility.

1. ILS Care includes all of the components of BLS Care.
2. If indicated, establish IV access using a 1000mL solution of .9% Normal Saline with macro drip or blood tubing. No more than two (2) attempts should be made on scene. Infuse at a rate to keep the vein open (TKO) – approximately 8 to 15 drops (gtts) per minute.
3. Dependent upon patient condition, consider initiating IV access en route to the hospital.

**ALS Care**

ALS Care should be directed at conducting a thorough patient assessment, providing care to treat for shock and preparing or providing patient transportation. The necessity of establishing IV access is determined by the patient's condition and chief complaint. Consideration should also be given to the proximity of the receiving facility.

1. ALS Care includes all of the components of ILS Care.
2. Obtain a 12-Lead EKG, if indicated and transmit the 12-Lead to Medical Control. Provide the receiving nurse/physician with a copy of the 12-Lead upon arrival in the ED with request for physician review of the EKG as soon as possible.

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**Critical Thinking Elements**

- When determining the extent of care needed to stabilize the patient, the EMS provider should take into consideration the patient's presentation, chief complaint, risk of shock and proximity to the receiving facility.
- Indication for establishing IV access is based on the patient's need for fluid replacement or for a drug administration route.
- Saline locks may be used as a drug administration route if fluid replacement is not indicated.
- IV access should not significantly delay initiation of transport or be attempted on scene with a trauma patient.
- Obtaining a 12-Lead EKG should not significantly delay initiation of transport.
- Indications for performing a 12-Lead EKG include: chest pain, epigastric pain, shortness of breath, syncope, cardiogenic shock, pulmonary edema, suspected stroke and vague "unwell" symptoms in diabetic & elderly patients.