

**SECTION: M-1**

**PROTOCOL TITLE: GENERAL MEDICAL CARE**

**REVISED: 08 June 2006**

**GENERAL COMMENTS:** This is a general protocol for non-specific medical complaints, including SOB of non-specific etiology. When possible this protocol should supplement other, more specific protocols based on clinical assessments and judgment.

**BLS SPECIFIC CARE:**

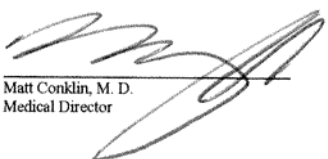
- Basic BLS care and assessments and V/S every 15 minutes, unless unstable, then reassess and V/S every 5 minutes.
- Oxygen administration titrated for SAO<sub>2</sub> < 95%. Use NRB and high flow O<sub>2</sub> for signs of significant distress. Assist ventilations as needed.
- Patients with a respiratory complaint should receive supplemental oxygen, regardless of oxygen saturation. Respiratory complaints should receive ALS evaluation when available.

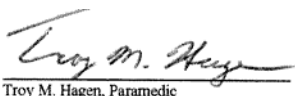
**ILS SPECIFIC CARE:**

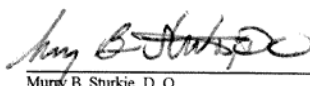
- IV access (to a max of three attempts) only if needed due to severity of underlying injury or illness, otherwise defer until arrival of ALS providers.
  - IV: Crystalloid solution at a TKO rate. May administer 200-500 cc if S/S of dehydration are present.
  - Repeat as needed. Assess and hold for S/S of CHF or fluid overload.

**ALS SPECIFIC CARE:**

- Assess and identify causes of complaints, treat as needed.
- BG for altered mental status.
- 12 lead ECGs: Also See Protocol C4 - General Cardiac Care.  
The following patients should have a 12 lead ECG obtained by paramedic and transmitted to the receiving hospital:
  - Any non-trauma patient with primary complaint of chest pain
  - Any patient with concern for cardiac etiology for their complaint (not limited to AMI)
  - Any patient with syncope
  - Patients with primary complaint of Shortness of Breath and any of the following factors:
    - Diabetic
    - Over the age of 65
    - Altered Mental Status or Dementia
    - History of Heart Disease

  
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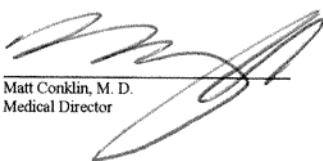
GENERAL MEDICAL CARE

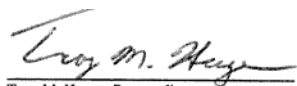
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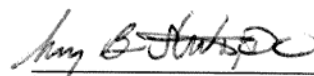
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**PHYSICIAN PEARLS:**

GENERAL MEDICAL CARE

  
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