



DEMCA
GENERAL TREATMENT
GENERAL PRE-HOSPITAL CARE

Initial Date: 11/15/2012

Revised Date: 1/18/22

Section 1-1

- A. General Pre-Hospital Care** (Unless otherwise stated, pediatric protocols will apply to patients less than or equal to 14 years of age or up to 36kg.)
1. Patient care should be initiated at the patient's side prior to patient movement or transport for most medical conditions. All efforts should be made to complete the patient examination, including a full set of vital signs (blood pressure, pulse, SPO2, 3-Lead, 12-Lead, etc.) prior to any movement of the patient. This exam should focus on rapid assessment and interventions.
 2. A patient exhibiting any signs of a life threatening illness or injury shall be not required to move on their own. This includes patients with illnesses of unknown etiology.
 3. At any time a provider is uncertain of how to best manage a patient, on-line Medical Control must be contacted for instruction.
 4. Rarely are lights and sirens required once the patient has been evaluated and treated. It is important that the crew carefully evaluate the risks and benefits of an emergency transport to the hospital. The time saved transporting in an emergent mode is frequently very short. Furthermore, the time saved is unlikely to affect patient outcome.
- B. Scene Size-Up**
1. Take appropriate standard precautions. Put on personal protective equipment as appropriate, including gloves, eye protection mask and gown.
 2. Assess scene safety.
 3. Assess mechanism of injury and/or nature of illness.
 4. Determine total number of patients. Initiate a mass casualty plan if necessary and initiate triage.
 5. Summon additional resources as necessary to manage the incident.
 6. Complete primary survey:
 - a. Form a general impression of the patient. Consider appearance, work of breathing, and circulation to skin. If a life-threatening condition is found, treat it immediately.
 7. Determine the Mechanism of Injury (MOI) or Nature of Illness (NOI)
 8. Assess patient's mental status (maintain spinal immobilization if required)
 9. Assess the patient's airway status. Provide manual in-line stabilization of the head and neck for suspected spinal injury.
 10. Assess the patient's breathing.
 11. Assess the patient's circulation.
 12. Assess pulses at appropriate pulse points.
 13. Control major bleeding.
 14. Identify the priority of the patient based on assessment findings.
 15. Expedite transport for high priority patients
 16. Assess and treat other life threatening conditions per appropriate protocol.

MCA Name: DEMCA

MCA Board Approval Date: February 2, 2018

MDHHS Approval Date: 2/25/2022

MCA Implementation Date: April 1, 2022

Protocol Source/References:

17. 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 (minimum 2 sets suggested).
18. Perform a secondary survey consistent with patient condition.
19. Follow specific protocol for patient condition.
20. Maintain an on-going assessment throughout transport, to include patient response/possible complications of interventions, need for additional interventions, and assessment of evolving patient complaints/conditions.
21. Document patient care according to the **Patient Care Record Protocol**.

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