General Pre-Hospital Care

In most cases, the stabilization of patients presenting with medical conditions should be carried out at the patient's side prior to patient movement or transport. Before attempting the following procedures, implement appropriate blood borne and/or airborne pathogen protective procedures. Contact medical control according to local protocol.

Pediatric medical defined as 8 years and under. Pediatric trauma defined as reasonably appears 14 years or under.

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Assure ABCs while maintaining C-Spine precautions where indicated.
2. Do airway intervention using appropriate airway adjuncts when necessary:

	MFR	EMT	EMT-S	EMT-P
Oralpharyngeal Airway	X	X	X	X
Nasopharyngeal Airway	X	X	X	X
Bag-Valve-Mask Ventilation	X	X	X	X
Supraglottic Airway (per MCA approval)		X	X	X
Oral / Nasal Endotracheal Intubation			X	X
Needle / Surgical Cricothyroidotomy				X
X: Approved Intervention				

3. Administer oxygen and assist ventilations. As indicated refer to the **Emergency Airway Procedure.** Use 2-person BVM technique whenever possible.
4. Obtain an appropriate history and physical exam.
5. Obtain vital signs approximately every 15 minutes, or more frequently as necessary to monitor the patient's condition (minimum 2 sets suggested).

SPECIALIST/PARAMEDIC

6. For pediatric with life threatening or potentially life threatening conditions measure with Broselow Pediatric Emergency Care tape to determine color.
7. Follow specific protocol for patient condition.
8. Establish vascular access per **Vascular Access Procedure**.

PARAMEDIC

9. Apply cardiac monitor and treat rhythm according to appropriate protocol. If available and applicable, obtain 12-lead EKG. A copy of the rhythm strip or 12-lead EKG should be attached to the patient care record and should be left at the receiving facility.
10. Consider use of capnography as appropriate and if available, per **Capnography Procedure**.

NOTE: When possible, take the patient's medications to the hospital.