

Monterey County EMS System Policy



Protocol Number: M-3
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ROUTINE MEDICAL CARE

BLS CARE

Evaluate scene safety. Don Personal Protective Equipment.

Assess the number of patients, need for additional resources, and possible hazards.

Perform an initial evaluation (primary survey):

Assess, establish, and maintain a patent **airway**. Suction the airway if needed.

Assess **breathing** and **circulation**. Control life-threatening bleeding. Apply oxygen as needed to maintain $spO_2 \geq 94\%$ (maintain $spO_2 \geq 90\%$ for patients with COPD).

Assess **disability** (level of consciousness, speech, facial symmetry, and gross motor function). For patients with altered LOC, check blood glucose. For patients with acute neurologic deficits, perform a B.E.F.A.S.T. exam and follow Protocol N-2.

For possible spinal injuries, follow Policy 4509 (Spinal Motion Restriction).

Assess the chief complaint, obtain a history, and perform a physical exam.

Expose the patient by removing clothing as needed to complete the physical exam and to identify injuries and other important findings. Cover the patient when finished.

Obtain vital signs, including pulse rate (initial shall be palpated), respiratory rate, blood pressure (initial shall be manual), oxygen saturation, and temperature.

A focused physical exam and vital signs shall be taken at a minimum of every 15 minutes for stable patients and a minimum of every 5 minutes for unstable patients.

Follow BLS treatment protocols and Policy 4080 (EMT Patient Care).

Evaluate the scene for information to better understand the patient's condition (e.g., domestic violence, child or elder neglect/abuse, etc.).

Collect patient medications and any advanced directives and bring them to the hospital.

Document the chief complaint, history, medications, allergies, physical exam, vitals, narrative, and treatments rendered on the PCR in accordance with Policy 6180 (Electronic Patient Care Records).

Provide all relevant information to emergency department staff upon transfer of care at the hospital.

ALS CARE

Perform Routine BLS Medical Care as detailed above.

Initial ALS pulse rate shall be palpated. Only after assuring the mechanical correlation of the ECG to the physical pulse will the rate on the cardiac monitor be acceptable for subsequent assessments. In the event there is a discrepancy, the ALS provider should continue to include palpated pulse rates.

Routine ALS Medical Care may include the following ALS assessments, treatments, and interventions, as needed, in accordance with Monterey County EMS System policies and protocols. (Additional ALS interventions such as intubation, defibrillation, cardioversion, needle thoracostomy, etc. are addressed elsewhere in the pertinent policies and protocols.)

Vascular or intraosseous access

Capnography

Medication administration

Base Hospital contact

12-Lead Electrocardiogram (ECG/EKG)

A 12-Lead ECG should be performed on adult patients with chest pain/pressure/discomfort, cardiac dysrhythmia, palpitations, tachycardia, bradycardia, irregular heart rhythm, unexplained diaphoresis, dyspnea, syncope, near-syncope, dizziness, epigastric pain, unexplained nausea/vomiting, generalized weakness, altered mental status, stroke-like symptoms, hypotension, history of coronary artery disease, congenital heart problems, or for any patient that the paramedic feels would benefit from a 12-Lead EKG.

Transmit the 12-Lead ECG when:

- a. The machine reads, ****Acute MI Suspected**** or equivalent
 - 1) “Infarct suspected, age indeterminate” usually indicates an MI in the patient’s past, and is usually not considered to be an Acute MI.
- b. The paramedic interprets the ECG as STEMI, even if the machine does not read ****Acute MI Suspected**** or equivalent
 - 1) STEMI is defined as:
 1. New ST-segment elevation at the J point in two contiguous leads, with a threshold greater than 0.1 mV (1 mm) in all leads except V2 and V3.
 2. In leads V2 and V3, the threshold is:

- a. Greater than 0.15 mV (1.5 mm) for women
- b. Greater than 0.2 mV (2 mm) for men older than 40 years
- c. Greater than 0.25 mV (2.5 mm) for men younger than 40 years

NOTES:

Patient positioning is an important consideration for airway maintenance, circulatory support, patient comfort, and patient management.

Follow appropriate treatment protocols based on the patient's presentation. Use of more than one protocol may be required to manage the patient.

Transport of the patient should be as early as possible.