

## 8.03 A. General Principles for Medical Emergencies

1. BLS / ALS Level
  - a. When in doubt, shout. Contact the Base Station.
2. ALS Level
  - a. Unstable patients
    - 1) If a patient becomes unstable at any time, move to 'unstable' arm of algorithm.
    - 2) An unstable patient shows symptoms of poor perfusion such as:
      - Altered mental status
      - Chest Pain
      - Dyspnea
      - Hypotension (*See Table 8-2*)
      - Pulmonary edema
  - b. "Serious Signs / Symptoms"

Throughout the guidelines, "serious signs / symptoms" may be manifested by:

    - agitation
    - tachypnea, or
    - difficulty breathing
  - c. If at any time during these treatment plans the patient deteriorates to a pulseless state, immediately proceed to the appropriate cardiac arrest guideline (*Ref. 8.02*).
  - d. For patients requiring cardioversion, after consultation with the on-line physician, sedation may be achieved with Midazolam 1 to 2 mg slow IVP over 2-3 minutes. If the patient is unstable and the paramedic believes he/she cannot afford to wait 2-3 minutes for sedation to occur, attempt synchronized cardioversion without sedation. Midazolam is generally not recommended for patients with a systolic blood pressure less than 100 mmHg.
  - e. When giving a Normal Saline bolus for hypotension, frequently reassess your patient for signs of fluid overload (rales) or increased difficulty of breathing (O<sub>2</sub> saturation may not decrease with pulmonary edema). You are not mandated to give the entire bolus.
  - f. For Pediatric patients, use of the the patient's age and the Pediatric Dosing Guidelines are the standard of care to establish the patient's medication dosage and correct equipment sizes.
  - g. Notify the Base Station of pediatric arrest situations as early as possible to ensure the availability of a physician to provide on-line medical control.
  - h. Use End Tidal CO<sub>2</sub> for confirmation of tube placement and continuous monitoring.