

**Muskegon County**  
**Critical Care Protocols**  
**CRITICAL CARE - GENERAL**

Date: February 3, 2016

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***Critical Care – General***

1. Complete prior to transport
  - A. Obtain a detailed history of patient’s present illness prior to initial contact from patient’s RN or physician.
  - B. If available, obtain the most recent 12 Lead ECG, ABG, labs, vital signs, past medical history, history of present illness, current medications, and allergies.
  - C. Obtain any orders from the sending facility along with any signed appropriate or expected orders (i.e., medications/drip rates; mechanical ventilator settings).
  - D. Proceed with initial patient contact and perform a physical examination which includes at least the following:
    - (1) LOC
    - (2) Breathing rate, rhythm, compliance and/or ventilator settings
    - (3) Complete vital signs
    - (4) Cardiac monitoring
    - (5) Oxygen saturation
    - (6) IV site status; medication infusions labeled for accuracy; pump settings; adequate amount of medication for transport
  - E. Initiate Critical Care equipment interchanges and observe patient for adverse changes.
  - F. Ventilator patient will be monitored for continuous CO2 exchange.
    - (1) Maintain FI O2 per sending facility orders.
    - (2) Refer to specific ventilator protocol for additional information.
  
2. Complete during transport
  - A. Patient assessment and vital signs will be performed at a minimum of 15 – 30 minute intervals, dependent on patient status. In order to trend patient condition, a minimum of two sets of vitals will be performed on all patients. Any abnormality will be addressed immediately per sending physician orders, by direct contact with Medical Control or established ALS protocols.

Examples include, but not limited to:

Equipment failure

- Ventilators: address all warning tones per manufacturer recommendations. If unable to resolve, and patient shows signs of distress, ventilate patient via BVM with 100 percent oxygen.
- IV pumps: address alarms by checking IV site and following line up to the pump. Follow the manufacturer’s recommendations.

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- B. Transfer patient care to the receiving facility. Give a verbal report to receiving RN (or physician) along with the completed Critical Care medical record, any applicable paperwork and films from sending facility.