PRIORITIES
ABC's
Defibrillation
CPR

Apply S-AED and assess rhythm as trained. Defib as indicated

Secure airway as appropriate
OXYGEN: BVM & 100% O₂

CPR

Transport Code 3

REASSESS:
Adequacy of efforts frequently

Special Notes:
Near Drowning - People who have been submerged in cold water are salvageable for a long period of time. All drowning victims should be resuscitated.

Hypothermia - These patients often look dead when they are still salvageable.
San Joaquin EMS Agency
BLS TREATMENT GUIDELINES - CARDIAC

CORONARY ISCHEMIC CHEST DISCOMFORT (SJ-B102) effective 07/01/99

PRIORITIES
ABC's
Obtain Good History

Secure airway as appropriate
OXYGEN: high flow via mask

May allow Pt's own:
NITROGLYCERINE: 1/150 gr.
(0.4 MG) sublingual
(only if SBP > 110)

Code 3 Transport if Pt in shock

Consider applying S-AED pads on patient for rapid defibrillation as indicated, if available

REASSESS:
Airway,
Pulse,
throughout.
**San Joaquin EMS Agency**

**BLS TREATMENT GUIDELINES - RESPIRATORY**

**AIRWAY OBSTRUCTION - STRIDOR (SJ-B201)** effective 07/01/99

**PRIORITIES**

ABC's

Determine degree of distress

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**Unstable vs. Stable**

**Unstable**

**Consider Causes**

- Foreign Body
  - Abdominal thrusts/finger sweeps

- Croup/Epiglottitis
  - Position of Comfort
  - Consider humidified oxygen
  - Avoid Visualization/OPA

- Trauma/Burns
  - Monitor for swelling or closure of airway

**Stable**

**OXYGEN:** flow as indicated or tolerated

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**REASSESS:**

Frequently
PRIORITIES
  ABC's
  Determine degree of distress

Secure airway as appropriate
OXYGEN: low flow via nasal cannula,
increase as appropriate

Position of Comfort

Assist respirations as indicated

Immediate Transport as indicated

REASSESS:
  Frequently
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BLS TREATMENT GUIDELINES - NEUROLOGIC

ALTERED LEVEL OF CONSCIOUSNESS (SJ-B301) effective 07/01/99

PRIORITIES
ABC’s
Determine Cause

Secure airway as appropriate
OXYGEN: low flow via nasal cannula, increase as appropriate

ORAL DEXTROSE: for suspected hypoglycemia, with intact gag reflex

Position of comfort if conscious

REASSESS:
Frequently
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BLS TREATMENT GUIDELINES - NEUROLOGIC

ACUTE CEREBROVASCULAR ACCIDENT (SJ-B302) effective 07/01/99

**PRIORITIES**

ABC's
- Identify and document neurologic deficits
  - progressive vs. non-progressive

**Secure airway as appropriate**
- Prevent Aspiration
- OXYGEN: High flow via mask,
- Assist ventilations as indicated

**Transport with Pt's head in neutral position**

**REASSESS**
- Frequently

**REASSESS and DOCUMENT neurologic findings**
- frequently

**TRANSPORT**: code 3 if progressive neurologic deficit evident
SEIZURES (SJ-B303) effective 07/01/99

PRIORITIES
  ABC’s
  Prevent injury

Secure airway as appropriate
OXYGEN: High flow via mask

Position on side if no trauma

REASSESS:
  Airway
  Heart Rate
  Frequently
PRIORITIES
ABC’s
Prevent injury

Secure airway as appropriate
OXYGEN: High flow via mask

Position on side if no trauma

REASSESS:
Frequently
PRIORITIES
ABC's
Attempt to determine cause of shock

Secure airway as appropriate
OXYGEN: high flow via mask
Assist respirations as necessary

Consider placing in Trendelenburg Position

REASSESS as indicated

Consider Code 3 Transport if unstable

REASSESS:
Frequently
PRIORITIES
ABC's
Attempt to determine cause of shock

Secure airway as appropriate
OXYGEN: high flow via mask

Nothing by mouth

Position of Comfort

Anticipate Vomiting
(save sample)
PRIORITIES
ABC's

Secure airway as appropriate
OXYGEN: high flow via mask

Place Pt in upright position with Pt's head in neutral position

TREAT ASSOCIATED SYNDROMES

Acute Cerebrovascular Accident - refer to guideline B302
Coronary Ischemic Chest Discomfort - refer to guideline B102
Pregnancy, if seizing - refer to guideline B303
Pulmonary Edema - refer to guideline B202

REASSESS:
Frequently
PRIORITIES
ABC’s
Determine degree of distress
Determine/Identify Type of Agent, Amount, and when Ingested

Secure airway as appropriate
OXYGEN: high flow via mask
(Support respirations as necessary)

Locate, Identify, (and if safe) bring substance to Hospital

Immediate Transport

Anticipate Vomiting
(save sample)
PRIORITIES
ABC's
Determine type and time of exposure

Secure airway as appropriate
OXYGEN: high flow via mask

Identify Cause

Bee/Wasp
Scraper stinger away
Cold packs for pain

Spider/Scorpion
Scraper stinger away
Cold packs for pain

Snake
Avoid movement
Keep extremity below heart
Circle swelling and note time
Measure proximal circumference and note time
Apply loose restricting band

REASSESS:
Frequently
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BLS TREATMENT GUIDELINES - ENVIRONMENTAL

HEAT ILLNESS (SJ-B502) effective 07/01/99

PRIORITIES
ABC’s

Determine severity of distress

Heat Stroke

COOLING MEASURES

Secure airway as appropriate
OXYGEN: high flow via mask

Heat Cramps/Heat Exhaustion

COOLING MEASURES

Secure airway as appropriate
OXYGEN: high flow via mask

Rapid Transport

REASSESS:
Frequently
Determine severity of distress

Severe Hypothermia
PREVENT FURTHER HEAT LOSS: remove wet clothing and cover with dry blankets (move Pt gently)
Secure airway as appropriate
OXYGEN: high flow via mask
Assist ventilations as indicated
Rapid Transport in a preheated patient compartment

Mild/Moderate Hypothermia
PREVENT FURTHER HEAT LOSS: remove wet clothing and cover with dry blankets (move Pt gently)

Frostbite
PREVENT FURTHER HEAT LOSS: remove wet clothing and cover with dry blankets (move Pt gently)

PRIORITIES
ABC's
Determine time and duration of exposure

REASSESS: Frequently
**IMMINENT DELIVERY - NORMAL** (SJ-B601) effective 07/01/99

**PRIORITIES**
- ABC's
- Determine trimester of pregnancy
- Estimate blood loss (EBL)

**OXYGEN:** high flow via mask

**DELIVER HEAD:** suction mouth/nose

**CHECK NECK:** for wrapped cord; if present
- loosen and slip over infant’s head, if unable
- double clamp and cut between clamps

**PROCEED WITH DELIVERY:**

**DRY INFANT**

**WRAP:** in warm, dry, cloth or place on mom and cover

**CUT & CLAMP:** six (6) inches from baby

**APGAR's:** at one (1) & five (5) min.

**ALLOW DELIVERY OF PLACENTA**
PRIORITIES
ABC’s
Determine trimester of pregnancy
Estimate blood loss (EBL)

Secure airway as appropriate
OXYGEN: high flow via mask

Type of abnormal presentation

Breech or Footling

Early Transport

Allow delivery to proceed to waist

ROTATE: infant to face-down

If head does not deliver, insert gloved hand into vaginal opening and create air passage for infant

Prolapsed cord

Insert gloved hand into vagina, gently push presenting part off cord

Place mom into Trendelenburg position with hips elevated

Transport

REASSESS:
frequently
Transport according to specialty triage criteria

Special Note: If mother is toxemic and/or actively seizing, reduce stimuli (e.g., no sirens, etc.)
PRIORITIES
ABC's
Determine time, type, and severity of burn

MOVE PATIENT: to safe environment

STOP THE BURNING PROCESS: brush then flush

Secure airway as appropriate
OXYGEN: high flow via mask

CONSIDER: Preparation for early intubation if respiratory burn likely

DRESS BURNS: with sterile drapes

REASSESS: frequently
Transport according to specialty triage criteria

BURNS (SJ-B701) effective 07/01/99
TRAVAMIC SHOCK (SJ-B702) effective 07/01/99

PRIORITIES
ABC's
Determine mechanism of injury
Load and Go: to appropriate facility by best method available
Early Base notification for surgical mobilization

Secure airway as appropriate
OXYGEN: high flow via mask

C-SPINE: as indicated

BLEEDING CONTROL: as indicated

DRESS & SPLINT: as needed. Return extremities to anatomical position. Reassess neurovascular frequently

HOSPITAL CONTACT

REASSESS:
frequently
San Joaquin EMS Agency
BLS TREATMENT GUIDELINES - TRAUMA

TRAUMATIC ARREST (SJ-B703) effective 07/01/99

PRIORITIES
ABC’s
Determine mechanism of injury
**Load and Go**: to appropriate facility by best method available
Early HOSPITAL notification for surgical mobilization

VENTILATE: BVM & 100% O2
(Use OPA/NPA)
CPR

C-SPINE: as indicated

BLEEDING CONTROL: as indicated

DRESS & SPLINT: as needed. Return extremities to anatomical position. Reassess neurovascular frequently

REASSESS:
airway, rhythm and pulse frequently
PRIORITIES
ABC's
Determine mechanism of injury
Consider Load and Go: to appropriate facility by best method available
Early Base notification for surgical mobilization

Secure airway as appropriate
OXYGEN: High flow via mask
Prepare for ALS intubation

C-SPINE: as indicated

BLEEDING CONTROL: as indicated

POSITION: head injured patients with head of board elevated 15-20 degrees (if normotensive)

DRESS & SPLINT: as needed
PRIORITIES

ABC’s
Determine mechanism of injury
Load and Go: to appropriate facility by best method available
Early Base notification for surgical mobilization

Secure airway as appropriate
OXYGEN: High flow via mask

C-SPINE: as indicated

BLEEDING CONTROL: as indicated

DRESS & SPLINT: as needed. Vaseline impregnated gauze for open chest wounds. Thick padding dressing or pillow splint for flail chest.

REASSESS:
- frequently
- Transport according to specialty triage criteria
PRIORITIES

ABC’s
Determine mechanism of injury
Load and Go: to appropriate facility by best method available
Early Base notification for surgical mobilization

Secure airway as appropriate
OXYGEN: High flow via mask

C-SPINE: as indicated

BLEEDING CONTROL: as indicated


REASSESS: frequently
Transport according to specialty triage criteria
PRIORITIES
ABC's
Determine mechanism of injury
Load and Go: to appropriate facility by best method available
Early Base notification for surgical mobilization

Secure airway as appropriate
OXYGEN: High flow via mask

C-SPINE: as indicated

BLEEDING CONTROL: as indicated


AMPUTATIONS: partial, dress and splint in anatomical position; complete, place part in sterile container and place container on ice

REASSESS: frequently
Transport according to specialty triage criteria