

# ADULT ROUTINE MEDICAL CARE

	EMR	EMT	PM
1. Assess for scene safety and use of standard precautions	•	•	•

## PRIMARY ASSESSMENT

2. Assess airway, breathing, and circulation	•	•	•
3. Assess AVPU and Glasgow Coma Scale	•	•	•
4. Expose and examine as indicated	•	•	•
5. Identify priority of patient and make transport decision	•	•	•

## SECONDARY ASSESSMENT: SAMPLE, FOCUSED PMH, PHYSICAL EXAM

6. Obtain vital signs, pain scale, temp., blood glucose, weight (as indicated)	•	•	•
7. Administer supplemental <b>OXYGEN</b> to maintain SpO <sub>2</sub> >94%. Monitor and record SpO <sub>2</sub> reading before/during oxygen administration.  Nasal cannula: 2-6 LPM Non-rebreather mask: 12-15 LPM Bag-valve mask: 15 LPM	•	•	•
8. Monitor and record Capnography before/during oxygen administration.		•	•
9. Perform focused physical and obtain PMH	•	•	•
10. Evaluate ECG (PM only), obtain 12-lead as indicated, transmit and report interpretation		•	•

## INITIAL TREATMENT:

11. Establish IV/IO as indicated by patient condition	•
12. Administer <b>NORMAL SALINE</b> and adjust flow rate as indicated by patient condition. See link for dosages based on etiology of shock.	•

## ONGOING ASSESSMENT:

13. Reassess condition, vital signs, pain scale, and Capnography as frequently as condition indicates, and following every treatment.	•	•	•
14. Contact <b>OLMC</b> to give report	•	•	•
15. Transport to Closest Appropriate Facility	•	•	•

## NOTE:

- Closest appropriate facility is defined as the comprehensive ED of the patient's choice within the department's transport area or nearest hospital in cases of life threatening emergencies.
- For best practice, obtain at least 2 sets of vitals for each patient.