

GLASGOW COMA SCALE

	Adult	> 2 years	< 2 years	
EYE Opening	Spontaneous	Spontaneous	Spontaneous	4
	To Voice	To Voice	To Voice	3
	To Pain	To Pain	To Pain	2
	None	None	None	1
VERBAL Response	Oriented	Oriented, Appropriate words	Coos, Babbles, Appropriate words	5
	Confused	Confused	Irritable, Cries but consolable	4
	Inappropriate	Inappropriate words, Persistent cry	Cries to pain, Inconsolable	3
	Incomprehensible	Incomprehensible sounds	Moans to pain	2
	None	None	None	1
MOTOR Response	Obeys Commands	Obeys Commands	Normal Spontaneous Movements	6
	Localizes pain	Localizes pain	Withdraws from Touch	5
	Withdraws from pain	Withdraws from pain	Withdraws from Pain	4
	Flexion to pain	Abnormal Flexion	Abnormal Flexion	3
	Extension to pain	Abnormal Extension	Abnormal Extension	2
	None	None	None	1

CARE OF PATIENTS WITH GRAFTS OR FISTULAS

Arteriovenous (AV) Fistula. Most common type of access, created surgically by connecting an artery directly to a vein, bypassing the capillaries. Pressure from arterial flow causes enlargement of the veins and a bulging vessel often seen through the skin. This allows easy, dependable access for hemodialysis.

Arteriovenous (AV) Graft. A synthetic plastic tube is used to surgically connect an artery directly to a vein, bypassing the capillaries.

Central Venous Catheter (CVC). Usually a temporary device, a catheter often inserted in the internal jugular vein, that has two ports, one to remove blood and the other to return blood to the body, during hemodialysis. Catheter related infection is a common, serious complication.

AV Graft or fistula

1. Do not take a blood pressure or start an IV on the arm where a graft or fistula is present.
2. If a graft or fistula is bleeding, apply direct pressure and transport the patient.
3. In cardiac arrest, graft or fistula may be used for IV access. **Contact MEDICAL CONTROL** for further direction.

Peritoneal dialysis (also called continuous ambulatory peritoneal dialysis/CAPD)

Dialysis fluid is instilled into peritoneal (abdominal) cavity through a surgically implanted catheter. The fluid is kept in the abdominal cavity for a prescribed period of time, and is then drained out, carrying out waste products.

1. Do not disconnect the CAPD bags from catheter.
2. Do not infuse any fluids or medications directly into catheter.
3. Transport patient with CAPD intact, maintaining drainage bag lower than waist height.

PATIENT CONTAMINATED WITH A HAZARDOUS MATERIAL

Use proper PPE and containment procedures during entire contact with the patient(s), equipment and environment. Avoid self-injury.

Contact MEDICAL CONTROL early to allow receiving hospital(s) time to prepare for the contaminated patient(s). The hospital staff treatment of the patient(s) may be performed separate from the main Emergency Department area, possibly in the ambulance.

All attempts are to be made to decontaminate the patient prior to moving into ambulance.

1. If warranted, contact the Department/Regional HazMat Response Team/Illinois Poison Center for assistance.
2. Remove as much of the outermost layer of clothing as possible.
3. The usual decontamination solution is soap and water.
 - a. Refer to reference material for any variation to this solution i.e.: alkali.
4. If powdered/dry agent, brush excess before irrigating.
5. If possible, bring copy of the MSDS with the patient to the hospital.

CHEMICAL WEAPONS (vapor or liquid):

<p><u>NERVE AGENTS</u> Symptoms: Salivation, Lacrimation, Urination, Defecation, Gastrointestinal Distress, Emesis, Breathing Difficulty with Bronchospasm and Copious Secretions, Arrhythmias and Myosis (constricted pupils) (SLUDGE BAM)</p>	<p><u>BLISTER AGENTS</u> Symptoms: Reddened skin, blistering, tearing, itching, CNS effect and respiratory failure</p>
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<p>Duodote Auto-Injector Refer to Nerve Agent Exposure (see pg.77)</p>	
<p>Follow hazmat response protocols as above. Treat these materials as extremely toxic substances.</p>	

BIOLOGICAL AGENTS (Anthrax/Botulism/Plague/Smallpox) Symptoms may include: Fever, chills, diarrhea, sore throat, swollen lymph nodes, malaise, cough, respiratory insufficiency or distress, and jaundice.

1. For all possible exposures wear appropriate PPE
2. If the patient is coughing, all rescuers to wear N95 mask and surgical mask on patient.
3. Cover any lesions with dressings to avoid spread of contaminant.

CYANIDE POISONING Symptoms may include hypotension, apnea and seizures.

1. **Contact MEDICAL CONTROL** as soon as possible.
2. Administer Cyanide antidote if available.

NOTE: Illinois Poison Center (800) 222-1222