



GENERAL SUPPORTIVE CARE



Escambia County, Florida – 1st Responder Medical Protocol

This outline for general supportive care is to be used in all protocols.

Any exceptions or special considerations will be noted in that particular protocol.

ASSESSMENT

(See [*Physical Assessment Protocol*](#)).

A. Scene assessment.

- ***STOP, LOOK, LISTEN AND SMELL BEFORE YOU ENTER THE SCENE!***
- Universal precautions should be used to protect yourself and others from infectious hazards.

B. Initial Assessment:

C. ABC's (Airway, Breathing, Circulation)

- If patient unconscious, observe for trauma and guard C-Spine.
- Have suction at ready in case of vomiting.

D. Past Medical History:


- Signs and symptoms
- Allergies
- Medications
- Past history (if available name of private physician)
- Last oral intake



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Approved by:


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- Events

TREATMENT

- A. Assist respirations as needed in preparation for the arrival of the advanced life support ambulance: (See [Oxygen Administration](#)).
- If patient conscious with no changes in mental status: O2 via nasal cannula at **4 LPM**.
 - If patient has changes in mental status, is unconscious, in severe respiratory distress, a burn patient, or trauma patient: O2 via non-rebreather mask at **15 LPM**.
 - If respirations inadequate (**less than 8 per minute, or if color cyanotic**), assist ventilations with Bag-Valve-Mask device at 100% O2.
- B. Treat for shock if necessary (weak pulse, B/P <90 or decreased level of consciousness): (See [Shock Protocol](#)).
- Elevate feet
 - Keep warm
 - If not contraindicated by specific injuries, place patient in position of comfort.
- C. If **seizing**, (See [Seizure Protocol](#)), protect patient from further injury.
- D. If patient is obviously pregnant, place on left side whenever possible to permit better blood return to the mother's heart.

REPORT


Reporting information to the EMS crew: (See [Radio Communication Protocol](#)).



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- A. On **critical** patients, if possible, give the following information to EMS **while the crew is still enroute**.

Critical patients defined as:

- Unconscious
- Amputations
- Burns
- Active seizures
- Complications of childbirth
- Penetrating injuries
- Unstable vital signs
- Cardiac Arrest
- Life safety hazard to crew,
- Any serious conflicts with dispatch information.

- B. Report should be brief and concise with pertinent information only.

- Age/Sex.
- Chief complaint/problem (briefly).
- A brief patient status

1. Level of consciousness (either LOC X or AVPU may be used)

Alert - Level of Consciousness


x1 Person



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x2 Person, Place

x3 Person, Place, Time

Voice - Responds to voice

Pain - Responds only to pain

Unresponsive

2. Respiratory status.

3. Vitals: pulse, respirations, B/P, skin temperature: hot, cold, normal, (if pertinent)

- Any treatment you have rendered.
- Any concerns.

C. On unstable scenes, give the following information to EMS **prior to crew arrival**, if possible.

Note: **DO NOT** place yourself at risk. Leave the scene if it is not safe.


- Specific scene hazard:
 1. Hazardous materials (type and amount, if known)
 2. Violent, or potentially violent scenes (**Be aware of your own safety!**)
- Patient's status as listed above (If you have been able to make patient contact).



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