




Chapter 25
Putting It All Together
for the Medical Patient




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Overview




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Putting It All Together

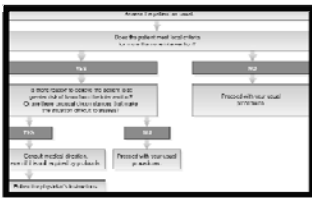
- ✦ **Management of patients with more than one medical complaint**
- ✦ **Management of patient conditions not covered in the EMT course**



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Multiple Medical Complaints

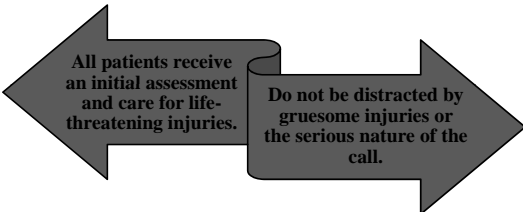
- Injuries versus illnesses
- Injuries—more specific
- Illnesses—confusing picture



The flowchart starts with 'Multiple medical complaints'. It branches into 'Obvious life-threatening injuries' and 'No obvious life-threatening injuries'. The 'Obvious' branch leads to 'Treat life-threatening injuries first'. The 'No obvious' branch leads to 'Perform a rapid assessment'. From 'Rapid assessment', it branches into 'If there is a life-threatening injury' (leading to 'Treat life-threatening injuries first') and 'If there is no life-threatening injury' (leading to 'Perform a full assessment').

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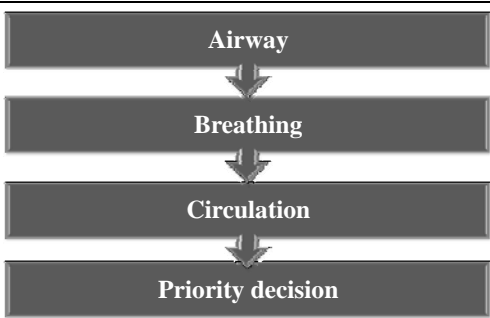
Basics of Management



The diagram consists of two large arrows pointing in opposite directions. The left arrow contains the text: 'All patients receive an initial assessment and care for life-threatening injuries.' The right arrow contains the text: 'Do not be distracted by gruesome injuries or the serious nature of the call.'

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Decisions



The flowchart shows a vertical sequence of four boxes connected by downward-pointing arrows: 'Airway', 'Breathing', 'Circulation', and 'Priority decision'.

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Interventions

- Inhaler, nitroglycerin, EpiPen®
- Oral glucose or activated charcoal
- Cooling or warming
- Restraining
- Childbirth

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Cultural Considerations


- Germ theory of disease causation
- Native Americans




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**Case #1
Overdose of Pills**

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 **Case #1—Overdose**


- ✱ Female has taken pills.
- ✱ Scene—safe
- ✱ Initial impression—sleepy
- ✱ Airway
- ✱ Breathing
- ✱ Circulation

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 **Assessment Findings**

- ✱ Vital signs
 - Pulse: 96 and full
 - BP: 100/70
 - Respirations: 14 and adequate
 - Skin: warm and dry

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 **Decision**

- ✱ Stay and play, or load and go?
- ✱ How long ago did the incident occur?
- ✱ What type of pills were ingested?
- ✱ Last meal?
- ✱ Past medical history?
- ✱ Allergies?
- ✱ Do we give oral glucose or not?
- ✱ Charcoal?
- ✱ Consult medical direction.

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Medical Direction

- Patient condition
- History
- What medications involved?
- Assessment findings

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Patient Response


Refuses activated charcoal **Transport - uneventful**

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Thoughts


Condition technically fulfilled the criteria for administration of oral glucose **Did the protocol ever picture a situation where the patient had also taken an overdose?**


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 **Physician Feedback**

- ✦ Glad you consulted with him on the radio
- ✦ Patient is being admitted.
- ✦ Reaffirms his appreciation


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 **Case #2
Chest Pain**

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 **Case #2—Chest Pain**


- ✦ Older man with chest pain
- ✦ Scene—safe
- ✦ Initial impression—**anxious and uncomfortable**
- ✦ Airway
- ✦ Breathing
- ✦ Circulation

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 **Assessment Findings**


- ✦ Vital signs—pulse 84, BP 118/90, respirations 22
- ✦ Skin—pale and sweaty
- ✦ Breath sounds—equal on both sides
- ✦ Oxygen saturation—98% on room air

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 **Background Information**


- ✦ On-line medical direction prior to nitroglycerin
- ✦ Nitroglycerin only if systolic BP >100mmHg

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 **Decision**


- ✦ Stay and play, or load and go?
- ✦ SAMPLE
- ✦ OPQRST
- ✦ Give nitro and recheck BP

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 **Case Progression**


- ✿ Assist patient with nitroglycerin.
- ✿ Transport.
- ✿ Re-evaluation:
 - Vomits what looks like coffee grounds and bright red blood
 - 15 minutes from hospital
 - Relief from nitroglycerin and oxygen
 - Vitals: BP 102/80, HR 92 and weak, R 22, skin—pale and sweaty

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 **Physician Feedback**

- ✿ Vomiting blood—what does that mean?
- ✿ Ibuprofen use—side effects
- ✿ Angina
- ✿ Good job
- ✿ Lab results

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 **Case #3
Allergic Reaction**

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Case #3—Allergic Reaction

- Female patient stung by a bee
- Scene—safe
- Initial impression—mid 20s, anxious, hives on neck and arms
- Airway
- Breathing
- Circulation

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Assessment Findings

- Vital signs—BP 110/80, HR 88, R 20
- Skin—warm and dry, with itching on neck and arms
- Breath sounds—equal on both sides; no wheezes
- Oxygen saturation—98% on room air


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Decision

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 **Background Information**


- Protocol requires contact with medical direction.
- Epinephrine available.

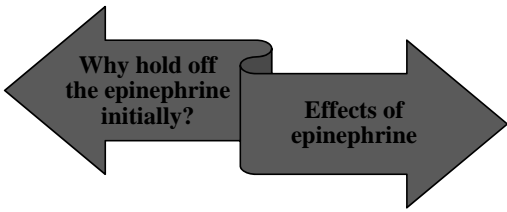
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 **Case Progression**

- Re-evaluation
 - Wheezes heard without stethoscope.
 - Difficulty breathing increased.
 - Hives increased.
 - Vitals: BP 102/80, HR 104, R 24 and labored, skin—pale and sweaty

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 **Physician Feedback**



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Analysis of Calls

- Judgment
- Straightforward vs. vague complaints
- Life threats
- Resources available

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Multiple Medical Complaints

```
graph TD; A[Approach to the Patient with Multiple Complaints] --> B[Assess the patient as usual.]; B --> C{Does the patient meet local criteria for more than one intervention?}; C -- YES --> D{Is there reason to believe the patient is at greater risk of harm from the intervention? Or are there unusual circumstances that make the situation difficult to assess?}; C -- NO --> E[Proceed with your usual procedures.]; D -- YES --> F[Consult medical direction, even if it is not required by protocols.]; D -- NO --> G[Proceed with your usual procedures.]; F --> H[Follow the physician's instructions.];
```

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EMT Consistency

```
graph TD; A[Assess patient and provide appropriate supportive care] --> B[Airway management]; B --> C[Shock treatment (hypoperfusion)];
```

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Examples

- **Abdominal pain**
 - Treat for shock if present.
- **Compromised airway**
 - Clear the patient's airway.
- **No specific interventions**
 - Post-surgical complications
 - Headache
 - Sickle cell

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Principles


```
graph TD; A[Assess the patient] --> B[Identify and treat problems that you can treat]; B --> C[Follow protocols for calling for assistance]; C --> D[Provide basic EMT-level care]; D --> A;
```

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Managing Unusual Situations

- **Unknown disease**
- **Unfamiliar medical equipment**


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 **Review Questions**

1. What are the decisions an EMT must make for a medical patient with regard to interventions?
2. What steps should the EMT follow when a patient seems to require two interventions?
3. What are the advantages to consulting on-line medical direction in a difficult medical case?

(cont.)


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 **Review Questions**

4. How can an EMT learn more about a patient's complaint that is not covered in the EMT curriculum?
5. What is an appropriate response on the part of an EMT when a patient tells him she has Crohn's disease?

(cont.)

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 *Street Scenes* **Street Scenes**



- What pertinent signs or symptoms should you inquire about?
- What further patient assessment should you perform?

(cont.)

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Street Scenes

Street Scenes

What treatment should you provide to Mr. Jones at this time?

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Sample Documentation

| | | | |
|--|----------|-----------------|---------|
| PATIENT NAME: Wilson Jones | | PATIENT AGE: 56 | |
| CHIEF COMPLAINT | | | |
| Altered mental status | | | |
| TIME | RESP | PULSE | B.P. |
| 0507 | 22 | 110 | 160 |
| | Normal | Regular | Normal |
| PAST MEDICAL HISTORY | | | |
| A | L | S | I |
| None | None | None | None |
| Stroke | Diabetes | Cardiac | Adrenal |
| None | None | None | None |
| Current Medications (Rx) | | | |
| None | | | |
| NARRATIVE | | | |
| We initially responded to patient's house earlier this morning (see patient run #5428). | | | |
| Past medical history of "flu-like" symptoms for past 48 hours, per patient on previous EMS incident. | | | |
| No other pertinent medical history. Upon arrival, patient's wife stated she initiated EMS because husband was "shaking." We observed a 56-year-old male responsive to verbal stimuli by groaning. | | | |
| Patient has no purposeful movement, although he moves from a supine to left lateral recumbent position and then back to supine repeatedly. Airway clear; breathing rapid and unlabored; pupils equal and reactive to light; no vomiting noted; patient unable to ambulate; patient placed on cot by EMS personnel and high-concentration oxygen initiated. Due to short transport time, no other treatment/assessment initiated. | | | |

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