CIP PATIENT GENERAL ASSESSMENT AND CARE 11-50

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for evaluation and care of patients under a CIP program.

I. Prior to initiation of patient contact review the following when available:
   a. Patient complaint/illness/reason for visit
   b. Available previous pertinent patient care records
   c. Physician's orders
   d. Protocols pertinent to patient condition, patient complaint or physician's orders as these will contain additional requirements and suggestions for vital signs, history, diagnostics, and patient counseling/education.

II. Evaluate for presence of potentially life-threatening medical needs upon arrival and monitor continuously throughout care.
   a. Potentially life-threatening medical needs exist, initiate 9-1-1 response **see CIP Medical Direction protocol**
      i. Suspend CIP call and utilized local MCA protocols as necessary

III. Verify patient complaints and history with patient and other available sources.
   a. Sources may include but are not limited to referring agency, referring physician, referring EMS unit or family

IV. Perform a physical exam pertinent to patient's complaint or condition.

V. Perform diagnostic studies as indicated by patient complaint/illness/reason for visit.
   a. Diagnostics: blood glucose level, ECG, ETCO2, I-STAT, other studies as available.

VI. Determine patient disposition:
   a. Transport to the emergency department
      a. Conditions in which transport to the emergency department should be considered:
         1. Altered level of consciousness
         2. Potential sepsis
         3. Vital sign compromise or instability
      b. Procedure
         1. Activate 9-1-1 response
         2. Remain with patient until transporting unit arrives
         3. Notify physician of transport **see CIP Medical Direction protocol**

CIP PATIENT GENERAL ASSESSMENT AND CARE 11-50

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

4. Document **see CIP Documentation protocol**

b. On-scene treatment indicated:

a. Initiate care: **see applicable Care (treatment) and/or Complaint (treatment) protocol(s)** seeking medical direction as indicated per protocol.

1. All on-scene medical treatment must have standing orders from the referring physician or direct online medical control.

b. Evaluate patient response to treatment and determine patient disposition (go back to VI).

c. On-scene treatment not indicated or completed with desired results:

a. Fall Risk Reduction Assessment **see CIP Fall Risk Reduction Assessment protocol**

b. Social Determinants of Health Assessment **see CIP Social Determinants of Health protocol**

c. Medication Audit see **CIP Medication Audit protocol**

d. Patient's without a primary care provider and/or not enrolled in the CIP program **see CIP Program Enrollment protocol** and **see CIP Medical Direction protocol**

e. Counsel/educate patient:

1. Pathophysiology of disease/complaint

2. When to call a health care provider

3. Condition/complaint specific education **see applicable Care (treatment) and/or Complaint (treatment) protocol(s)**

f. Develop a care plan/service plan for the patient **see CIP Patient Service Plan/Care Plan protocol**

DIABETIC CARE

11-51

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with Diabetes.

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician.
   a. Vitals: BGL
   b. History: Last oral intake, diet, medication changes and compliance III.

On-scene medication administration may include:

a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
c. Use of patient's prescribed medications beyond the parameters of the prescription must have direct consultation with the referring physician prior to administration
d. Oral high caloric fluid
e. Oral glucose gel or tablets
f. IV Fluid bolus of 0.9% NS maximum dose 2L

IV. On-scene education and suggested support sources may include:
   i. Diabetes Self-Management Education

ASTHMA CARE

11-52

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with Asthma.

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include: a. Vitals: SpO2, work of breathing
   b. History:
      i. Frequency, duration, and triggers of DIB
      ii. Previous and recent episodes requiring treatment
      iii. Use of medications (short acting and long acting corticosteroids, etc.)
      iv. Spirometry, peak flow, capnography

III. On-scene medication administration may include:
   a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
   b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols

IV. On-scene education and suggested support sources may include
   a. Review patient's current history including frequency of symptoms with rest, with activity and with sleep
   b. Review exacerbating factors including viral exposure, allergen exposure, exercise, cold air, tobacco smoke, chemical irritants, etc.
   c. Observe the home to identify exacerbating factors
   d. Review devices used by the patient including short/long acting medications and MDI/continuous nebulizer devices
   e. Review when to call health provider
   f. National Certified Asthma Educator referral

CHRONIC OBSTRUCTIVE PULMONDARY DISEASE CARE

11-53

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with COPD.

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include: a. Vitals: SpO2, work of breathing
b. History:
    i. History of previous and recent episodes requiring treatment
    ii. Use of medications (short acting and long acting corticosteroids, etc.) c. Diagnostics:
        i. Spirometry, peak flow, capnography

III. On-scene medication administration may include:
- a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
- b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols

IV. On-scene education and suggested support sources may include:
- a. Review patient's current history including frequency of symptoms with rest, with activity and with sleep
- b. Review exacerbating factors including viral exposure, allergen exposure, exercise, cold air, tobacco smoke, chemical irritants, etc.
- c. Observe the home to identify exacerbating factors
- d. Review devices used by the patient including short/long acting medications and MDI/continuous nebulizer devices

CONGESTIVE HEART FAILURE CARE

11-54

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with CHF.

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:

a. Vitals:

i. Weight
ii. Blood pressure with systolic and diastolic evaluation
iii. SpO2

b. History:

i. Weight and blood pressure history and trends
ii. Activity tolerance
iii. Sleeping position
iv. Recent DIB requiring treatment
v. Medication use (diuretics, respiratory)
vi. Spirometry, peak flow, capnography

III. On-scene medication administration may include:

a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
c. On-scene education and suggested support sources may include:
a. Salt and fluid intake discussion/counseling
b. Review of proper device care and use: oxygen, diuretics, CPAP, and other medications being used for maintenance.

CHRONIC HYPERTENSION CARE

11-55

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with chronic hypertension.

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include: a. Vitals:
    i. Manual and automated blood pressure
    b. History:
    i. Diet

III. On-scene medication administration may include:
  a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
  b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
  c. Use of patient's prescribed medications beyond the parameters of the prescription must have direct consultation with the referring physician prior to administration

IV. On-scene education and suggested support sources may include:
  a. Salt and fluid intake discussion/counseling

POST MYOCARDIAL INFARCTION OR CARDIAC INTERVENTION CARE

11-56

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with post MI or cardiac intervention care.

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include: a. Vitals/physical examination
i. Evaluation of procedure specific incisions/wounds/dressings b. History:
i. Enrollment and compliance with cardiac rehab services III. On-scene medication administration may include:
a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protcols

IV. On-scene education and suggested support sources may include:
a. Cardiac rehab services referrals

POST ORTHOPEDIC SURGICAL INTERVENTION CARE 11-57

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with post orthopedic surgical interventions.

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include: a. Vitals/physical examination
   i. Wound evaluation (redness, unexpected drainage, streaking)
   ii. Pulse, motor, sensation evaluation
   iii. Durable Medical Equipment (DME) use

   b. History:
   i. DME access and use
   ii. Activities of Daily Living (ADL) education and compliance
   III. On-scene medication administration may include:

   a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
   b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols

IV. On-scene interventions and additional care may include:

   a. ☐ Suture Removal **see CIP Suture Removal protocol** (optional)

   b. ☐ Wound Care **see CIP Wound Care protocol** (optional)

V. On-scene education and suggested support sources may include:
   a. ADL assistance

POST STROKE CARE 11-58

. This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with post stroke.

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include: a. Vitals:
   i. Blood pressure both automated and manual
   ii. Stroke scale re-evaluation
   b. History
   i. Use of memory aids and activity of daily living aids III.

On-scene medication administration may include:
   a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
   b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols

IV. On-scene education and suggested support sources may include:
   a. Support groups for both patient and family
   b. Use of DME
   c. Memory aids
   d. ADL assistance

PRENATAL CARE 11-59

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients and families who are pregnant.

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include: a. Vitals:
   a. Blood pressure both manual and automated
   b. Weight
   c. Fetal heart tones
   d. Fundal height
   b. History:
      a. Substance use current and past (tobacco, illicit, use and/or abuse of prescribed or non-prescribed)
      b. Domestic violence current and past
      c. Prenatal care history/compliance
      d. Vaginal bleeding
      e. Gestational diabetes
      f. Pregnancy induced hypertension or preeclamsia
      g. Postpartum depression
   c. Diagnostics:
      a. Depression screening

III. Care will not include vaginal examinations with the exception of impending delivery or hemorrhage
   a. Cervical and pelvic examinations to check for dilation are not permitted IV.

On-scene medication administration may include:
   a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
   b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols

V. On-scene education and suggested support sources may include:
   a. Nutrition and supplements
   b. Breastfeeding resources
   c. Postpartum depression support
   d. Newborn safety including:
      a. Safe sleeping recommendations/resource
      b. Car seat safety
      c. Infant CPR
      d. Shaken baby syndrome

MOTHER AND INFANT – POST PARTUM CARE 11-60

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating mothers and infants post- partum.

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include: a. Vitals/physical assessment:

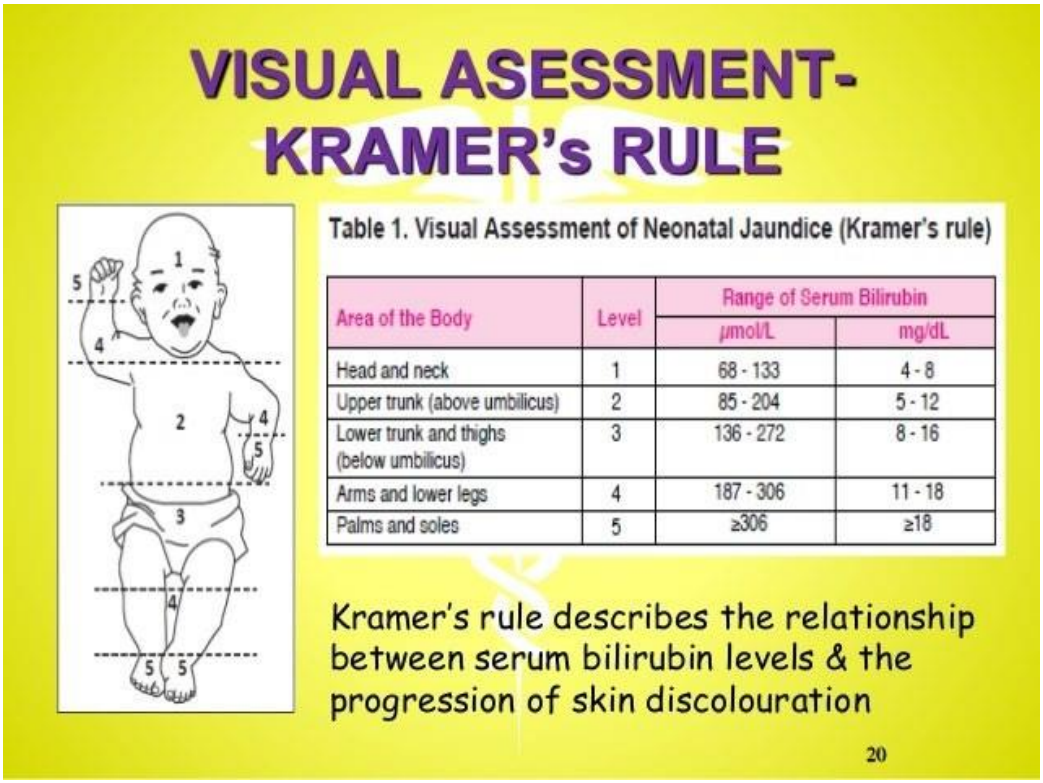
i. Mother

1. Blood pressure both manual and automated

2. Weight ii. Infant

1. Weight
2. Temperature
3. Heart Rate
4. Jaundice presence

MOTHER AND INFANT – POST PARTUM CARE



a. Adequacy of feeding
b. Wakefulness/waking to feed
c. Stool transition

MOTHER AND INFANT – POST PARTUM CARE

b. History
    i. Mother
        1. Feelings of depression
        2. Eating, sleeping and self-care
        3. Complications with pregnancy
    ii. Infant
        1. Feeding habits

c. Environment
    i. Safe sleeping arrangement for infant
    ii. PEAT scale

d. Diagnostics:
    i. Depression screening

III. Consider transport to the emergency department for the following:
a. Infant temperature > or equal to 100.4 degrees OR < 96 degrees Fahrenheit as taken rectally.
b. Infant HR > 200.
c. Infant current weight less than birth weight minus 10%.
d. Maternal hemorrhage (use of greater than one maxi pad per hour)
e. Maternal signs of anemia with or without signs of external hemorrhage
f. Maternal signs of eclampsia

IV. On-scene medication administration may include:
a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.

V. On-scene education and suggested support sources may include:
a. Nutrition and supplements
b. Breastfeeding resources
c. Postpartum depression support
d. Newborn safety including:
    i. Safe sleeping recommendations/resource
    ii. Car seat safety
    iii. Infant CPR
    iv. Shaken baby syndrome

DIAGNOSED SLEEP APNEA CARE 11-61

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with diagnosed sleep apnea.

Aliases: Obstructive Sleep Apnea

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
   a. Vitals/physical assessments/social assessments
      i. SpO2
      ii. Weight/BMI
      iii. Proper fit of mask
      iv. Quality of life score utilizing test used prior to diagnosis b. History:
      i. Sleep habits
      ii. Use of sleep aids (OTC, prescription)
      iii. Alcohol and drug use both recreational and self-medicating c. Diagnostics:
      i. Capnography

III. On-scene medication administration may include:
   a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.

IV. On-scene interventions may include:
   a. Adjustment of CPAP setting per referring physician's orders

V. On-scene education and suggested support sources may include:
   a. Equipment maintenance and use.

WOUND CARE 11-62

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with wounds.

Aliases:

I. Follow **CIP Patient General Assessment and Care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include: a. Vitals/physical assessment:

i. Categorize, stage and measure wound when applicable

Stage	Description
Stage I	Non-blanchable erythema of intact skin
Stage II	Partial thickness skin loss; ulcer extends down to epidermis and/or dermis
Stage III	Full thickness skin loss; ulcer extends down to subcutaneous fat and fascia
Stage IV	Full thickness skin loss with extensive destruction and tissue necrosis; ulcer extends down to muscle, bone, tendon, or joint capsule

ii. Location and extent of skin changes

iii. Redness, drainage, weeping, ascending redness, warmth of skin, tract formation

iv. Presence of pain

b. History:

i. Mechanism and duration of wound

III. On scene medication administration may include:

a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.

IV. On-scene interventions may include:

a. ☐ Suture Removal **see CIP Suture Removal protocol** (optional)

b. Decontamination and cleansing of wound

c. Wound closure utilizing wound closure strips

d. Wound dressing

V. On-scene education and suggested support sources may include:

VI. Counsel/Educate

a. ADL precautions

b. Self-administered wound care

SUBSTANCE USE DISORDER CARE 11-63

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with Substance Use Disorder.

I. Follow **CIP General Assessment and care protocol**

II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
   a. Vitals/examinations:
      i. Site infections/wounds
      ii. COWs assessment/score
      iii. CIWA assessment/score
      iv. Signs of substance intoxication
      v. Oral health
      vi. Hygiene
   b. History:
      i. Evaluate risks for concurrent polysubstance use
      ii. Use history for prescribed medications and illicit substances
      iii. Intervention history
      iv. Immunization status

III. On scene medication administration may include:
   a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol

IV. On scene interventions may include:

a. ☐ Vaccinations **see CIP Vaccination protocol** (optional)

b. ☐ Wound Care **see CIP Wound Care protocol** (optional)

c. ☐ Naloxone Leave Behind **see CIP Naloxone Leave Behind protocol** (optional)

d. ☐ Medication Assisted Therapy (MAT) for Opioid Use Disorder **see CIP Medication Assisted Therapy protocol** (optional)

e. Intervention resource referrals

V. Consider transport to the emergency department for the following:
   a. COWS score >36
   b. CIWA score greater than or equal to 9

VI. On-scene education and suggested support sources may include:
   a. Harm reduction/safer use education
   b. Syringe Service Program (SSP) opportunities

c. Risks of self-medicating
d. Withdrawal risks
e. Local resources

Wesson & Ling, J Psychoactive Drugs. 2003 Apr-Jun;35(2):253-9.

COWS Clinical Opiate Withdrawal Scale

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 Pulse rate 80 or below 1 Pulse rate 81-100 2 Pulse rate 101-120 4 Pulse rate greater than 120	GI Upset: *over last 1/2 hour* 0 No GI symptoms 1 Stomach cramps 2 Nausea or loose stool 3 Vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 No report of chills or flushing 1 Subjective report of chills or flushing 2 Flushed or observable moistness on face 3 Beads of sweat *on* brow or face 4 Sweat streaming off face	Tremor *observation of outstretched hands* 0 No tremor 1 Tremor can be felt, but not observed 2 Slight tremor observable 4 Gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 Able to sit still 1 Reports difficulty sifting still, but is able to do so 3 Frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds	Yawning *Observation during assessment* 0 No yawning 1 Yawning once or twice during assessment 2 Yawning three or more times during assessment 4 Yawning several times/minute
Pupil size 0 Pupils pinned or normal size for room light 1 Pupils possibly larger than normal for room light 2 Pupils moderately dilated 5 Pupils so dilated that only the rim of the iris is visible	Anxiety or irritability 0 None 1 Patient reports increasing irritability or anxiousness 2 Patient obviously irritable anxious 4 Patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 Not present 1 Mild diffuse discomfort 2 Patient reports severe diffuse aching of joints/ muscles 4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 Skin is smooth 3 Piloerrection of skin can be felt or hairs standing up on arms 5 Prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 Not present 1 Nasal stuffiness or unusually moist eyes 2 Nose running or tearing 4 Nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing Assessment:_____

Score: 5-12 mild; 13-24 moderate; 25-36 moderately severe; more than 36 = severe withdrawal

Michigan

COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol

Patient: _____ **Date:** _____ **Time:** _____ **(24-hour clock, midnight = 00:00)**

Pulse or heart rate, taken for one minute: _____ **Blood pressure:** _____

NAUSEA AND VOMITING

Ask "Do you feel sick to your stomach? Have you vomited?" Observation.

0 No nausea and no vomiting
1 Mild nausea with no vomiting
2
3
4 Intermittent nausea with dry heaves
5
6
7 Constant nausea, frequent dry heaves and vomiting

TACTILE DISTURBANCES

Ask "Have you had any itching, pins and needles sensations, burning, or numbness, or do you feel like bugs are crawling on or under your skin?" Observation.

0 None
1 Very mild itching, pins and needles, burning or numbness
2 Mild itching, pins and needles, burning or numbness
3 Moderate itching, pins and needles, burning or numbness
4 Moderately severe hallucinations
5 Severe hallucinations
6 Extremely severe hallucinations
7 Continuous hallucinations

TREMOR

Arms extended and fingers spread apart. Observation.

1 Not visible, but can be felt fingertip to fingertip
2
3
4 Moderate, with patient's arms extended
5
6
7 Severe, even with arms not extended

AUDITORY DISTURBANCES

Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.

0 Not present
1 Very mild harshness or ability to frighten
2 Mild harshness or ability to frighten
3 Moderate harshness or ability to frighten
4 Moderately severe hallucinations
5 Severe hallucinations
6 Extremely severe hallucinations
7 Continuous hallucinations

PAROXYSMAL SWEATS

Observation.

0 No sweat visible
1 Barely perceptible sweating, palms moist
2
3
4 Beads of sweat obvious on forehead
5
6
7 Drenching sweats

VISUAL DISTURBANCES

Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.

0 Not present
1 Very mild sensitivity
2 Mild sensitivity
3 Moderate sensitivity
4 Moderately severe hallucinations
5 Severe hallucinations
6 Extremely severe hallucinations
7 Continuous hallucinations

ANXIETY

Ask "Do you feel nervous?" Observation.

0 No anxiety, at ease
1 Mildly anxious
2
3
4 Moderately anxious, or guarded, so anxiety is inferred
5
6
7 Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD

Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.

0 Not present
1 Very mild
2 Mild
3 Moderate
4 Moderately severe
5 Severe
6 Very severe
7 Extremely severe

AGITATION

Observation.

0 Normal activity
1 Somewhat more than normal activity
2
3
4 Moderately fidgety and restless
5
6
7 Paces back and forth during most of the interview, or constantly thrashes about

ORIENTATION AND CLOUDING OF SENSORIUM

Ask "What day is this? Where are you? Who am I?"

0 Oriented and can do serial additions
1 Cannot do serial additions or is uncertain about date
2 Disoriented with date by no more than two calendar days
3 Disoriented with date by more than two calendar days
4 Disoriented with place or person

Total CIWA-Ar score: _____

Rater's initials: _____

Maximum possible score is 67

SKIN RASH COMPLAINT 11-75

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with skin rashes, provide initial treatment and differentiate between the patients who will require ED evaluation vs. alternatives such as treatment on scene or alternative destinations.

Aliases: Hives, rash

I. Apply gloves prior to patient contact
II. Follow **CIP Patient General Assessment and Care protocol**
III. Obtain additional history and vital signs including the following:
   a. Time of onset, duration of complaint
   b. History of previous similar complaints and treatment required
   c. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).
   d. Location, size, and description of affected area
   e. Extent of skin changes
   f. Redness, drainage, weeping, ascending redness, warmth of skin, pain
   g. Presence of pain
   h. History of exposure oral (food/medications)
   i. History of exposure skin contact (poison ivy/oak, new products) j. Illness
IV. Consider transport to the emergency department for the following patients **see CIP Medical Direction protocol:**
   a. Suspected severe reactions such as Stevens- Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN) a. Systemic symptoms
   b. Vital sign changes or instability
   c. Altered level of consciousness
   d. Ascending redness
   e. Presence of fever
V. On-scene medication administration may include:
   a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
   b. Generalized itchy rash/pruritis
      i. Diphenhydramine 25-50mg PO/IM/IV
         1. Pediatrics: 1 mg/kg up to the adult dose
         ii. Steroids

1. ☐ Methylprednisolone
   a. Adult 125 mg IV/IO
   b. Pediatrics 2mg/kg IV/IO (max does 125 mg)

2. ☐ Prednisone

   a. Adults and children over 6 years old 50 mg tablet PO

iii. Monitor for changes and systemic symptoms after

c. Localized itchy rash (example: contact dermatitis, urticaria/hives, scabies)

i. ☐ Hydrocortisone 1% topical ointment/cream treatment

ii. ☐ Topical diphenhydramine

d. Other rashes
   i. If suspected zoster virus contact physician
   ii. If rash involves palms and soles contact physician for consideration of possible syphilis or hand/foot/mouth disease
   iii. If suspected scabies contact physician iv. Rashes with changes or systemic symptoms contact physician

VI. Counsel/Educate Minimizing contact with allergen

URINARY COMPLAINTS 11-76

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with a urinary complaint, provide initial treatment and differentiate between the patients who will require ED evaluation vs, alternatives such as treatment on scene or at alternative destinations.

Aliases: Urinary retention, painful urination, blood in urine, urinary tract infection

I. Follow **CIP Patient General Assessment and Care protocol.**

II. Obtaining additional history and vital signs including the following:

a. Time of onset, duration of complaint
b. History of previous similar complaints and treatment required
c. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).

III. Diagnostics to consider:

a. Urinary Analysis urine dip stick (clean catch, straight catheterization, new/current Foley specimen) **see CIP Specimen Collection protocol**
b. Urine Culture and Sensitivity

IV. Patients with any of the following, consider transport to ED **see CIP Medical Direction protocol:**

a. Systemic symptoms
b. Vital sign changes or instability
c. Significant lab abnormalities
d. Altered level of consciousness
e. Signs consistent with sepsis **see sepsis protocol** V. On-scene medication administration may include:

a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
b. If urine is positive for infection, consider oral and/or IV antibiotics
    i. PO Antibiotics

1. ☐ Cephalexin 500 mg. QID 3-10 days
2. ☐ Trimethoprim/Sulfamethoxazole 160 mg/800 mg BID 5-10 days
3. ☐ Ciprofloxacin 500mg. QID. 3-10 days. Note concern for tendonitis and tendon rupture after treatment

ii. IV Antibiotics
1. Per physician's order and supply

c. Analgesics

i. ☐ Phenazopyridine (Pyridium) 95 mg PO
ii. ☐ Acetaminophen PO (Max dose 650 mg)
iii. ☐ Ibuprofen PO (Max dose 600 mg)

d. If urine is negative for infection and urinary retention is suspected, consider urethral catheter insertion **see Urinary Catheter protocol**

VI. Counsel/Educate
a. Hydration
b. Pain management
c. When to contact a health care provider

GASTROINTESTINAL COMPLAINTS 11-77

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with gastrointestinal complaints, provide initial treatment and differentiate between the patients who will require ED evaluation vs, alternatives such as treatment on scene or at alternative destinations.

Aliases: Constipation, upset stomach, nausea, vomiting, diarrhea.

I. Follow **CIP Patient General Assessment and Care protocol**
II. Obtaining additional history and vital signs including the following:
   a. Time of onset, duration of complaint
   b. History of previous similar complaints and treatment required
   c. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).
   d. Presence of blood in stool or emesis
   e. Presence of pain
   f. Orthostatic vitals
III. Diagnostics to consider
   a. Urine pregnancy if available
   b. Electrolytes if available
   c. Blood Glucose
IV. Patients with any of the following, consider transport to ED **see Medical Direction protocol:**
   a. Systemic symptoms
   b. Vital sign changes or instability
   c. Presence of blood in stool or emesis
   d. Presence of abdominal pain or tenderness
   e. Altered level of consciousness
   f. Abnormal lab values

V. On-scene medication administration may include:
   a. Use of approved MCA protocols and medications up to the extent of standard paramedic.
   b. Fluid

      i. ☐ IV fluid bolus maximum up to 2 liters for signs of dehydration

         1. Caution with CHF and renal patients, consult physician prior to administration

   c. Nausea/Vomiting

      i. i. Ondansetron (Zofran) 4mg IV/IM

         1. Repeat one time if nausea and vomiting still present after 45 minutes

   d. OR

      i. ☐ Ondansetron (Zofran) 4mg PO (ODT)

         1. Repeat one time if nausea and vomiting still present after 45 minutes

   e. Pain

      i. ☐ Compazine 10 mg IM or slow IV push

         1. Lower dose for patients using other sedative medications
         2. Lower dose for elderly patients 3.
            a. Monitor for dystonic reaction or akathisia
            b. Administer diphenhydramine 50 mg IV/IM

            If symptoms are not resolved within 20 minutes consider transport.

      ii. ☐ Acetaminophen 325 mg PO (Max dose 650 mg)

      iii. ☐ Ibuprofen 200 mg PO (Max dose 600 mg)

VI. Counsel/Educate
   a. PO recommendations
   b. When to contact a health care provider

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol

SUSPECTED RESPIRATORY INFECTION COMPLAINTS 11-78

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with suspected respiratory infection complaints, provide initial treatment and differentiate between the patients who will require ED evaluation vs, alternatives such as treatment on scene or at alternative destinations.

Aliases: Viral URI, cold, flu.

I. Follow **CIP Patient General Assessment and Care protocol**
II. Obtaining additional history and vital signs including the following:
   a. Time of onset, duration of complaint
   b. History of previous similar complaints and treatment required
   c. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.). d. SpO2
   e. **Specimen and Collection protocol**
III. Patients with any of the following, consider transport to ED **see CIP Medical Direction protocol:**
   a. Systemic symptoms
   b. Vital sign changes or instability
   c. Presence of blood in sputum
   d. Presence of pain
   e. Altered level of consciousness
   f. Hypoxia on room air
   g. Presence of fever
IV. On-scene medication administration may include:
   a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
   b. Fluid

      i. ☐ IV fluid bolus up to a maximum of 2 liters

         1. Caution with CHF and renal patients, consult physician prior to administration

   c. Antibiotics for suspected respiratory infection upon physician's orders.

i. ☐ Azithromycin 250 mg tab PO. Two (2) on first day followed by 1 daily for 4 additional days

ii. ☐ Doxycycline 100 mg tab PO, BID

d. Antipyretics/Analgesics

i. ☐ Acetaminophen 325 mg PO (Max dose 650 mg)

SUSPECTED RESPIRATORY INFECTION COMPLAINT

ii. ☐ Ibuprofen 200 mg PO (Max dose 600 mg)

V. Counsel/Educate
a. PO recommendations
b. When to contact a health care provider

SORE THROAT COMPLAINTS 11-79

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with an isolated sore throat without other respiratory complaints, and differentiate between the patients who will require ED evaluation vs, alternatives such as treatment on scene or at alternative destinations.

Aliases: Sore throat, strep throat, croup

I. Follow **CIP Patient General Assessment and Care protocol**
II. Obtain additional history and assessment including the following:
a. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).
b. Detailed examination of the face, neck, mouth
III. Diagnostics to consider
a. Strep test or other throat cultures per physician order **see Specimen and Collection protocol**
b. Lab draw for blood tests (example: mono spot) per physician's order **see Specimen and Collection protocol**
IV. Patients with any of the following, consider transport to ED **see CIP Medical Direction protocol:**
a. Systemic symptoms
b. Vital sign changes or instability
c. Significant lab abnormalities
d. Altered level of consciousness
e. Facial or neck swelling
f. High fever
g. Significant voice change "hot potato voice"
h. Uvula deviation or swelling
i. PO Intolerance
j. Inability to swallow/drooling
k. Fatigue
l. Loss of appetite
m. Body aches
n. Chills
o. Stridor

V. On-scene medication administration may include:

a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.

b. Fluid

i. ☐ IV fluid bolus up to a maximum of 2 liters for signs of dehydration

SORE THROAT COMPLAINTS

1. Caution with CHF and renal patients, consult physician prior to administration

c. Antipyretics/Analgesics

i. ☐ Acetaminophen 325 mg PO (Max dose 650 mg) (optional)

ii. ☐ Ibuprofen 200 mg PO (Max dose 600 mg)

iii. ☐ Throat lozenges

d. Antibiotics for suspected strep upon physician's orders.

i. Strep

1. ☐ Penicillin V potassium 500 mg PO, QID. 7-10 days

2. ☐ Amoxicillin 500 mg PO, TID 7-10 days.

3. ☐ Cephalexin 500 mg PO, QID. 7-10 days

4. ☐ Azithromycin 250 mg PO . Two (2) tablets on the first day followed by 1 daily for 4 additional days

5. ☐ Amoxicillin/clavulanate 500 mg/125 mg PO

VI. Counsel/Educate

a. PO recommendations

b. When to contact a health care provider

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol

NOSEBLEED COMPLAINTS 11-80

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with a nosebleed, provide initial treatment and differentiate between the patients who will require ED evaluation vs, alternatives such as treatment on scene or at alternative destinations.

I. Follow **CIP Patient General Assessment and Care protocol**

II. On scene treatment for patients who are actively bleeding upon initial evaluation
   a. Have patient blow nose to remove clots
   b. Provide direct pressure to the nose for 10-15 minutes while preventing swallowing of blood as this may irritate the stomach
   c. CAUTION – if posterior source suspected at any time during treatment initiate 9-1-1 for immediate transport and begin/continue treatment III.

   Obtaining additional history including the following:
   a. Time of onset of current nosebleed
   b. Mechanism or cause of nosebleed (use of oxygen without humidification, digital trauma, foreign body, spontaneous)
   c. History of previous nosebleeds and treatment required
   d. Use of medication which may affect treatment of nosebleed such as Aspirin or systemic anticoagulants (Lovenox, Coumadin, other novel oral anticoagulants, etc.).
   e. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).

IV. Diagnostics to consider
   a. Hgb
   b. PT/INR.

V. Patients with any of the following, consider transport to ED **see CIP Medical Direction protocol:**
   a. Significant trauma
   b. B. Continued bleeding despite treatment (consider possibility of posterior nosebleed)Systemic symptoms
   c. Vital sign changes or instability
   d. Significant lab abnormalities
   e. Altered level of consciousness

VI. On-scene medication administration and treatment may include:
   a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.

b. If still actively bleeding provide direct pressure for an additional 10-15 minutes.
   i. Consider the administration of the following:

      1. ☐ Oxymetazoline (Afrin) 2-3 sprays in the affected nostril
         (medication is single patient use)

         a. Do not use in patients less than 6 years old
         b. Do not leave oxymetazoline (Afrin) with patient

   ii. If bleeding is still active **see CIP Medical Direction protocol**
   iii. Consider nasal packing see **CIP Nasal Packing and Nasal Packing Removal protocol**
c. Once bleeding has stopped consider the following for prevention of rebleeding

   i. ☐ bacitracin

      1. Apply just inside the infected nostril ii. ☐ saline ointment iii. Saline nasal spray if available

VII. Counsel/Educate
   a. Self-treatment options
   b. Prevention