

**Jackson County Medical Control Authority**  
**Community Paramedicine Protocols**  
**GENERAL PROTOCOL FOR CPU PATIENT ASSESSMENTS**

Date: November 2014

Page 1 of 1

---

***General Protocol for CPU Patient Assessments***

**Indications:** This protocol provides general guidance for the evaluation of patients under the Community Paramedicine Program.

**CPU Directives:**

1. Prior to initiation of patient contact obtain dispatch and visit information to include: patient complaint/illness/reason for visit. Review any available previous pertinent patient care records.
2. The CP should introduce him/herself to the patient.
3. Assure the scene is safe for the patient and CP (not a full home safety assessment). Assure there is adequate privacy for performing a CPU patient assessment.
4. Obtain a history of patient's present illness/complaint. Sources may include the patient, 911 triage, referring physician or agency, family or referring EMS unit.
5. Perform a physical exam pertinent to the patient's complaint/condition. Exam may be focused or complete. Obtain full set of vital signs including: temperature, heart rate, blood pressure, respiratory rate and pulse ox.
6. Perform diagnostic studies as indicated for the patient illness/complaint (Accucheck, ECG, ETCO<sub>2</sub>, I-STAT blood analysis, other studies as available).
7. If the on scene CP discovers indications of current or impending patient instability, the CP will contact on-line medical direction for consultation and/or arrange for transport to the ED or alternative treatment facility.
8. Follow appropriate CPU treatment protocol.
9. Contact designated on-line medical control physician or designee.
  - a. Provide patient report including: reason for visit/complaint/illness, physical exam, diagnostic studies and treatment performed.
  - b. Medical direction may be performed by radio/cell link or telemetric link providing real-time patient imaging.
  - c. Determine whether on-scene treatment or patient transport to an ED or alternative treatment facility is indicated.
10. If on-scene treatment is determined appropriate by the CP or on-line medical direction, continue patient treatment as indicted by CPU protocol and/or as directed by on-line medical.
11. Continue on-scene treatment until the patient is comfortable with staying in place or a transport decision has been made.
12. Develop a continuity plan which should include: medications administered, medication reconciliation, prescriptions provided, return CP visit schedule, clinic or physician follow up schedule and logistics for follow up compliance if indicated.