

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8068.03
	<u>PROGRAM DOCUMENT:</u> General Medical Complaint	Initial Date:	01/24/19
		Last Approval Date:	06/22/23
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		Next Review Date:	06/01/25

Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To establish a treatment standard for adult patients who have a general medical complaint not covered by any other treatment policy.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

<ol style="list-style-type: none"> 1. ABC's/Routine Care-Supplemental O₂ as necessary to maintain SPO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ possible. 2. Identify any potential illness or injury and treat per appropriate policy. 3. Consider ALS assessment as appropriate per county policies <p>NOTE: This policy is intended for medical complaints that do not fit in any other treatment category after careful assessment of general or non-specific medical complaints for specific causes. EMS personnel should be able to articulate the need for treatment. Any ALS intervention must be directed by another treatment policy. Transport as appropriate.</p>
