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|  | COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY | Document # | 8068.02 |
| | <u>PROGRAM DOCUMENT:</u> General Medical Complaint | Initial Date: | 01/24/19 |
| | | Last Approval Date: | 06/10/21 |
| | | Effective Date: | 07/01/22 |
| | | Next Review Date: | 06/01/23 |

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:

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| <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 as possible. 2. Identify any potential illness or injury and treat per appropriate protocol. 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> |
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