	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8068.04
	PROGRAM DOCUMENT:	Initial Date:	01/24/19
	General Medical Complaint	Last Approval Date:	09/23/24
		Effective Date:	05/01/25
		Next Review Date:	06/01/25

Signature on File

Signature on File

EMS Medical Director

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:

- 1. ABC's/Routine Care-Supplemental O_2 as necessary to maintain $SPO_2 \ge 94\%$. Use the lowest concentration and flow rate of O_2 possible.
- 2. Identify any potential illness or injury and treat per appropriate policy.
- 3. If the patient has ALOC, consider possible causes using AEIOU-TIPS:
 - A Alcohol, abuse of substances
 - E Electrolytes
 - I Infection
 - O Oxygen (hypoxia), overdose
 - U Uremia
 - T Trauma, tumor, child maltreatment, toxic substance (or adverse reactions to medications)
 - I Insulin (hypoglycemia)
 - P Poisoning, Psych
 - S Seizures, Sepsis, Stroke, Subarachnoid Hemorrhage
- 4. Consider ALS assessment as appropriate per county policies

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.

Cross Reference: PD# 8002 – Diabetic Emergency (Hypoglycemia/Hyperglycemia PD# 8003 – Seizures PD# 8004 – Suspected Narcotic Overdose PD# 8015 – Trauma PD# 8018 – Overdose and/or Poison Ingestion

8068.04-Page **1** of **2**

PD# 8020 – Respiratory Distress: Airway Management PD# 8026 – Respiratory Distress PD# 8038 – Shock PD# 8060 – Stroke