

**COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
POLICY / PROCEDURE / PROTOCOL**

Number S-101
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**SUBJECT: TREATMENT PROTOCOL
GLOSSARY OF TERMS**

Date 07/01/2021

BE FAST - Prehospital Stroke Scale in assessment of possible TIA or stroke patients

- B** = Balance: Unsteadiness, ataxia
- E** = Eyes: Blurred/double or loss of vision, asymmetric pupils
- F** = Face: Unilateral face droop
- A** = Arms and/or legs: Unilateral weakness exhibited by a drift or drop, numbness/tingling
- S** = Speech: Slurred, inability to find words, absent
- T** = Time: Accurate Last Known Well time

Brief, Resolved, Unexplained Event (BRUE): An episode involving an infant younger than 12 months where an observer reports a sudden, brief, yet resolved episode of one or more of the following:

- 1) Absent, decreased, or irregular breathing
- 2) Color change (cyanosis or pallor)
- 3) Marked change in muscle tone (hypertonia or hypotonia)
- 4) Altered level of responsiveness

Definitive Therapy: Immediate or anticipated immediate need for administration of a fluid bolus or medications.

End-Tidal CO₂ (EtCO₂) (quantitative capnography): Quantitative capnometer to continuously monitor end-tidal CO₂ is mandatory for use in the intubated patient. See Skills List (S-104) for exceptions.

LEADSD: Acronym for the steps to be performed in the assessment and documentation of endotracheal intubation attempts:

1. Lung Sounds
2. End-Tidal CO₂ Detection Device
3. Absence of Abdominal Sounds
4. Depth
5. Size
6. Documentation

Nebulizer: O₂-powered delivery system for administration of normal saline or medications.

Opioid: Any derivative, natural or synthetic, of opium, morphine or any substance that has effects on opioid receptors (e.g., analgesia, somnolence, respiratory depression).

Opioid-Dependent Pain Management Patient: An individual who is taking prescribed opioids for chronic pain management, particularly those with opioid infusion devices.

Opioid Overdose (Symptomatic): Decreased level of consciousness and/or respiratory depression (e.g., respiratory rate of <12 or EtCO₂ ≥ 40).

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Pediatric Patient: Children known or appearing to be 14 years or younger.

A pediatric trauma patient is determined by age, regardless of weight.

Neonate: From birth to 30 days.

Infant: One month to one year.

Perilaryngeal Airway Adjunct (PAA) Options

1. **Esophageal-Tracheal Airway Device (ETAD):** The “Combitube” is the only such airway approved for prehospital use in San Diego County.
2. **Laryngeal-Tracheal (LT) airway:** The “King Airway” is the only such airway approved for prehospital use in San Diego County.

Unstable

A patient who meets the following criteria:

1. ≥ 14 years
Systolic BP < 90 mmHg and exhibiting any of the following signs/symptoms of inadequate perfusion
 - Altered mental status (decreased LOC, confusion, agitation)
 - Pallor
 - Diaphoresis
 - Significant chest pain of suspected cardiac origin
 - Severe dyspnea
2. < 14 years
Exhibiting any of the following signs of inadequate perfusion, e.g.,
 - Altered mental status (decreased LOC, confusion, agitation)
 - Pallor, mottling, or cyanosis
 - Diaphoresis
 - Difference in peripheral vs. central pulses
 - Delayed capillary refill
 - Hypotension by age
 - < 1 month: SBP < 60 mmHg
 - 1 month – 1 year: SBP < 70 mmHg
 - 1 year – 10 years: SBP < 70 mm Hg + (2x age in years)
 - ≥ 10 years: SBP < 90 mmHg