

	TREATMENT PROTOCOL		S-101
	GLOSSARY OF TERMS		
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BE-FAST - Prehospital Stroke Screening Scale in assessment of possible TIA or stroke patients and **FAST-ED**, Prehospital Stroke Severity Scale, for patients with a positive BE-FAST.

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

F = Facial Palsy
A = Arm Weakness
S = Speech Changes
T = Time
E = Eye Deviation
D = Denial/Neglect

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).

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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 $\text{EtCO}_2 \geq 40$ mmHg).

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. **Supraglottic airway (SGA):** The “i-gel” is the only such airway approved for prehospital use in San Diego County.
2. **Retroglottic 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. 15 years or older (known or apparent age)
SBP <90 mmHg and exhibiting any of the following signs/symptoms of inadequate perfusion, e.g.,
 - Altered mental status (decreased LOC, confusion, agitation)
 - Pallor
 - Diaphoresis
 - Significant chest pain of suspected cardiac origin
 - Severe dyspnea
2. 14 years or younger (known or apparent age)
Exhibiting any of the following signs/symptoms 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 $<70\text{mm Hg} + (2 \times \text{age in years})$
 - ≥ 10 years: SBP <90 mmHg