

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 = **E**yes: 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 = **S**peech: 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. **D**epth
- 5. **S**ize
- 6. **D**ocumentation

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).

San Diego County Emergency Medical Services Office Policy / Procedure / Protocol

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 \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 <70mm Hg + (2x age in years)
 - <u>></u>10 years: SBP <90 mmHg