

# Clinical Practice Protocols

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## 1. Initial Approach and Assessment

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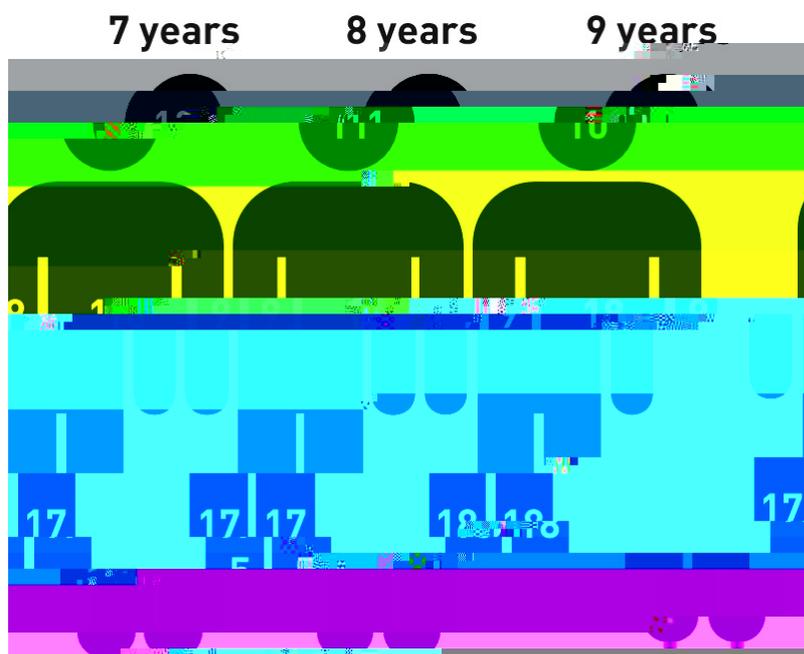


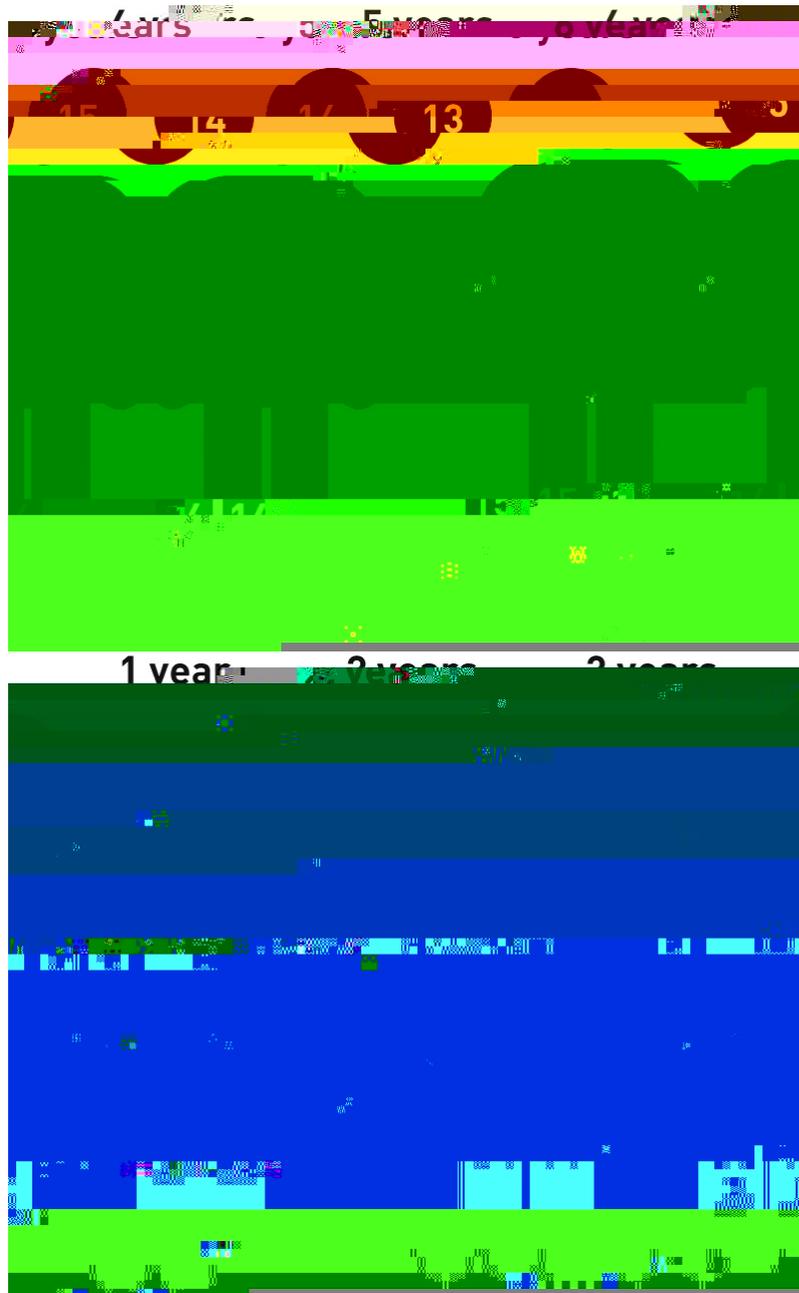


Special notes	
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Notify dispatcher of your arrival.

Advise the exact location of the incident, including cross streets and what can be seen from initial observations.

Assume the duties of the Triage Officer and Transport Officer, until the arrival of the first Paramedic crew.

Wear all the appropriate personal protective equipment provided.

Undertake a quick reconnaissance and provide an initial ETHANE Situation Report to the Communications Centre.

E - Exact location

T - Type of incident (e.g. RTA, CBR, Hazmat)

H - Hazards (e.g. power lines, fuel, spills)

A - Access/egress

N - number of patients (walking, stretcher, deceased)

E - Emergency services required (ambulances, other agencies)

When ascertaining the number of casualties, only pause to undertake immediate lifesaving management (i.e. Baseline vital signs, make a verbal report, manage life-threatening injuries, etc.)







C/C	Chief complaint
P.R.	Per rectal
P.V.	Per vagina
'O'	Orally
Pt	Patient
O/E	On examination
Rx.	Treatment
B.P.	Blood pressure
B.G.L.	Blood Glucose Level
E.C.G.	Electrocardiogram
E.S.S.	Emergency surgical suite
I.V.T.	Intravenous therapy
N.A.D.	No abnormalities detected
I.D.C.	In-dwelling catheter
Med <sup>n</sup>	Medication

## Patient positioning

## List of Tetracycline Antibiotics

GENERIC NAME	TRADE NAME
TETRACYCLINE HCL	ACHROMYCIN, MYSTECLIN, TETREX
MINOCYCLINE HCL	AKAMIN, MINOMYCIN
DOXYCYCLINE HCL	DORYX, DOXIG, DOXY TABLETS, DOXYCYCLINE-BC, DOXYHEXAL TABS DOXYLINE, GENRX DOXYCYCLINE' VIBRATABS-50, VIBRAMYCIN"
DEMECLOCYCLINE HCL	LEDERMYCIN



<p><b>Signs &amp; symptoms of a fracture</b></p>	<p><b>P</b>ain  <b>I</b>rregularity  <b>L</b>oss of movement or power  <b>S</b>welling  <b>D</b>eformity  <b>U</b>nnatural movement  <b>C</b>repitus  <b>T</b>enderness</p>
<p><b>Treatment of fracture</b></p>	<p><b>F</b>ix  <b>R</b>eassure  <b>A</b>fford limb support  <b>C</b>over any wounds  <b>T</b>ry for natural position  <b>U</b>se appropriate splint  <b>R</b>eact to haemorrhage  <b>E</b>very occasion suspect fracture  <b>S</b>hock – Treat &amp; manage</p>
<p><b>Pain assessment</b></p>	<p><b>D</b>escription  <b>O</b>nset  <b>L</b>ocation  <b>O</b>ther symptoms  <b>R</b>elief</p>

<p><b>Suspected anaphylaxis</b></p>	<p><b>R</b>espiratory distress</p> <p><b>A</b>bdominal symptoms</p> <p><b>S</b>kin/mucosal symptoms</p> <p><b>H</b>ypotension (altered conscious state)</p>
<p><b>Situation Report (Sit-rep)</b></p>	<p><b>S</b>ex</p> <p><b>A</b>ge</p> <p><b>D</b>escription</p> <p><b>I</b>njuries</p> <p><b>E</b>stimated time of arrival (ETA)</p>
<p><b>History &amp; Secondary Survey</b></p>	<p><b>A</b>llergies</p> <p><b>M</b>edications (current)</p> <p><b>P</b>ast Medical History</p> <p><b>L</b>ast Meal</p> <p><b>E</b>vent that prompted the call for an ambulance</p>
<p><b>Pre-Arrival Notification</b></p>	<p><b>I</b>dentification – patient name, D.O.B age and sex</p> <p><b>M</b>echanism of Injury / main presenting problem</p> <p><b>I</b>llness or Injury</p> <p><b>S</b>igns &amp; Symptoms, including vital signs survey</p> <p><b>T</b>reatment provided and response to treatment</p>

