

GENERAL WEAKNESS/ILLNESS
PROTOCOL

Purpose: To provide a process for the assessment and management of the patient experiencing a general weakness or illness.

M B S P

I. Assessment Information

A. History:

1. Past Medical History: diabetes, cardiac disease, abdominal problems, alcoholism.
2. Current History: frequency, duration of vomiting; diarrhea, presence of blood in vomitus or stool; abdominal pain, weakness, confusion, medication ingestion.

B. Specific Objective Findings:

1. Vital Signs; orthostatic changes (if BP normal)
2. Color of vomitus, diarrhea, presence of blood.
3. Abdomen: tenderness, guarding, rigidity, distension.
4. Signs of dehydration: poor skin turgor, tearless eyes, dry mucous membranes, confusion, hypotension.

II. Management:

- A. Utilize universal precautions.
- B. Position patient: left lateral recumbent if vomiting, otherwise supine.
- C. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
- D. Do not allow patient to take anything by mouth.
- E. **For unstable patient** (BP < 90 systolic and/or signs of impending hypovolemic shock):

1. Elevate legs 10 - 12 inches
2. Transport
3. Obtain vascular access
 - a. If patient is hypotensive, administer 300ml fluid bolus with repeat as needed, titrating to signs of adequate perfusion (adult and peds).

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4. Monitor vital signs during transport.

CONTACT MEDICAL CONTROL

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5. Possible orders post radio contact:

- a. Additional IV fluids

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F. For the stable patient:

1. Transport

CONTACT MEDICAL CONTROL

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2. Possible orders post radio contact:

- a. Vascular access and administration of fluids

III. Special Considerations:

- A. Vomiting and diarrhea may be symptoms of a more serious problem, but all represent some degree of hypovolemia. The most serious causes are GI bleed or other intra-abdominal catastrophe; consider organophosphate intoxication.
- B. Support the patient's head when he/she is vomiting.
- C. Be aware that some infectious diseases may be transmitted by this means.
- D. Consider overdose; a patient who doesn't call the ambulance for medication ingestion may call later when GI symptoms become severe.
- E. The vast majority of persons with vomiting and diarrhea have become sick over days, not minutes. Unless severely ill, they do not require emergency transport.
- F. Dehydration may be particularly severe in children with simple vomiting and diarrhea. IV's may be very difficult to start, particularly with infants. Transport for definitive treatment is usually best.
- G. Blood in the GI tract is an irritant; it causes vomiting and diarrhea. GI bleeders may be very sick and hypovolemic without showing an obvious source of their problem.