

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	8068.01
	<u>PROGRAM DOCUMENT:</u>  <b>General Medical Complaint-New</b>	Initial Date:	01/24/19
		Last Approval Date:	01/24/19
		Effective Date:	05/01/19
		Next Review Date:	01/01/21

Signature on File

Signature on File

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 EMS Medical Director

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 EMS Administrator

**Purpose:**

- A. To serve as the treatment standard for adult patients who have a general medical complaint not covered by any other treatment policy.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

<ul style="list-style-type: none"> <li>I. ABC's/Routine Care-Supplemental O2 as necessary to maintain SPO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.</li> <li>II. Identify any potential illness or injury and treat per appropriate protocol.</li> <li>III. Consider ALS assessment as appropriate per county policies</li> </ul> <p><b>NOTE:</b> This policy is intended for medical complaints that do not fit in any other treatment category after careful assessment of general or non-specific medical complaints for specific causes. EMS Personnel should be able to articulate the need for treatment. Any ALS intervention must be directed by another treatment policy. Transport as appropriate.</p>
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