

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Renal Emergencies

Overview: Assessment and history to identify treatable causes cannot be over emphasized. The physiological changes that occur in renal patients can cause severe problems. ALL Renal emergency patients should be transported to the hospital.

INFORMATION NEEDED

- Patient age
- Medical History
- Last dialysis
- Next scheduled dialysis.
- Current history and medications
- Presence of shunt

OBJECTIVE FINDINGS

- Mental status, skin signs, perfusion status
- Respiratory rate, rhythm and pattern of breathing.
- Lung sounds, heart rate and blood pressure trends
- Pedal edema, JVD

TREATMENT

- Assess patient
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA). Secure the airway.
- Routine Medical Care
- Obtain SAMPLE history
- Transport as soon as possible
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- Reassess ABC's including patient's color.
- Reassess BLS methods to maintain airway patency and good ventilation.
- Consider ALS intercept

Documentation of adherence to protocol:

- Blood pressure trending documented
- Administration of oxygen

PRECAUTIONS AND COMMENTS

- Contact Medical control as soon as possible for potential problems
- Contact airway assessment and intervention is necessary
- Consider ALS intercept

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: Renal Emergencies

Overview: Assessment and history to identify treatable causes cannot be over emphasized. The physiological changes that occur in renal patients can cause severe problems. ALL Renal emergency patients should be transported to the hospital.

INFORMATION NEEDED

- Patient age
- Medical History
- Last dialysis
- Next scheduled dialysis.
- Current history and medications
- Presence of shunt

OBJECTIVE FINDINGS

- Mental status, skin signs, perfusion status
- Respiratory rate, rhythm and pattern of breathing.
- Lung sounds, heart rate and blood pressure trends
- Pedal edema, JVD

TREATMENT

- Assess patient
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA).
- Secure the airway., Intubate as necessary
- Routine Medical Care
- Obtain SAMPLE history
- Transport as soon as possible
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- Reassess ABC's including patient's color.
- Reassess BLS / ALS methods to maintain airway patency and good ventilation.
- Initiate IV access, If IV access unobtainable contact medical control for use of shunt (see Procedures).
- Apply cardiac monitor and follow appropriate cardiac protocol

Documentation of adherence to protocol:

- Blood pressure trending documented
- Administration of oxygen

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

__ Document IV access and cardiac monitor

Medical Control Contact Criteria

__ Contact medical control for questions regarding patient care and IV access

PRECAUTIONS AND COMMENTS

- Contact Medical control as soon as possible for potential problems
- Contact airway assessment and intervention is necessary
- Do not start IV in same arm as shunt