



EMSA-Intermediate Treatment Protocol 5201

Medical Assessment and Management Procedures (MAMP)

Page 1 of 2

The initial procedures needed to assess and manage medical patients are similar. Medical patients commonly suffer from cardiac or respiratory illnesses. Patients experiencing a cardiac emergency may present in many different ways including: chest pain, dyspnea, syncope, diaphoresis, weakness, dysrhythmias, or symptoms similar to previous cardiac problems. Patients may experience respiratory distress as a result of many different causes. This protocol outlines the **Medical Assessment and Management Procedures (MAMP)**. When directed by a protocol to “**Perform MAMP**”, this protocol should be performed in conjunction with the remaining procedures outlined in each individual treatment protocol.

A. Airway and Oxygenation Management.

1. If airway is patent and spontaneous breathing is adequate and:
 - a. No or mild to moderate dyspnea, then administer oxygen at 2 - 6 LPM nasal cannula to maintain pulse oximeter >94%.
 - b. Severe dyspnea, then administer oxygen at 15 LPM non-rebreather mask to maintain pulse oximeter >94%.
2. If airway is not patent or breathing is inadequate, ventilate with 100% oxygen and perform **Airway Management Protocol 5901** as indicated.

B. Circulation, Vital Signs, and Rhythm Assessment.

1. If no pulse present, perform **CAT** and CPR and treat per MCP.
2. If pulse is present, obtain vital signs.
3. Place patient on ECG and pulse oximeter monitor.

C. Prepare for transport and transport if it does not interfere with definitive treatment.

D. Establish venous access. Do not delay treatment or transport if immediate IV access is not critical to immediate treatment.

1. IV, preferably antecubital, with saline lock or normal saline at KVO.
2. If unable to establish an IV, and patient is critically ill and unconscious, consider EMT-P intervention or



EMSA-Intermediate Treatment Protocol 5201

Medical Assessment and Management Procedures (MAMP)

Page 2 of 2

3. If unable to establish and patient is critically ill and unconscious, consider establishing intraosseous **per order of MCP.**



E. If known, treat cause of respiratory distress per appropriate protocol:

1. If allergic reaction, refer to **Anaphylaxis/Allergic Reaction Protocol 5501.**
2. If lung sounds of wheezes or rhonchi with prolonged expiratory phase, refer to **Bronchospasm Protocol 5302.**
3. If lung sounds of rales or crackles with extremity edema or frothy sputum, refer to **Pulmonary Edema Protocol 5303.**
4. If inhalation injury, refer to **Inhalation Injury Protocol 5304.**
5. If airway obstruction, refer to **Airway Obstruction Protocol 5305.**
6. If cardiac chest pain, refer to **Chest Pain Protocol 5202.**

F. If cardiac emergency, consider causes that are potentially field reversible. Treat per appropriate protocols or as directed **by Medical Command.**

Drug OD (5606)
Hypovolemia (5108)
Hypoxia (5901)

Tension Pneumothorax (5104)
Thrombosis, Coronary (ACS) (5202)
Hypothermia (5503)

G. Expedite transport if not already enroute.

H. **Contact Medical Command.** Further treatment as **ordered by Medical Command.**

