

## Florida Regional Common EMS Protocols Strenuous Activity – Medical Evaluation

|  |   |   |     |     |     |
|--|---|---|-----|-----|-----|
| Incident #:  | Name:   |   |     |     |     |
| Location:  | Unit #:   |   |     |     |     |
| Date:  | Last Assign   |   |     |     |     |
| <b>Time of Evaluation:</b>   |   |   |     |     |     |
| <b>Pre-Training or Initial Evaluation</b>  | Pulse Rate  |   |     |     |     |
|  | SpO2  |   |     |     |     |
|  | SpCO  |   |     |     |     |
|  | BP  |   |     |     |     |
|  | Injuries/Illness?   | Y N   | Y N | Y N | Y N |
|  | Oral Temperature  |   |     |     |     |
|  | Other   |   |     |     |     |
| <b>All Workers Hydrated With 16oz. Water or Electrolyte Solution</b>   |   |   |     |     |     |
| <b>Time of Evaluation:</b>   |   |   |     |     |     |
| <b>Second [10 minutes] Evaluation</b>  | Pulse Rate  |   |     |     |     |
|  | SpO2  |   |     |     |     |
|  | SpCO  |   |     |     |     |
|  | BP  |   |     |     |     |
|  | Injuries/Illness?   | Y N   | Y N | Y N | Y N |
|  | Oral Temperature  |   |     |     |     |
|  | Other   |   |     |     |     |
| <b>Deny Return to Duty if</b>  | <ul style="list-style-type: none"> <li>▪ Vomiting, Diarrhea, Heat Exhaustion in the last 72 hours</li> <li>▪ Large open skin wounds / rash</li> <li>▪ Insulin-using diabetic has not eaten in the past 4 hours</li> <li>▪ Wheezing or congested lungs</li> <li>▪ Respirations &lt;8 or &gt;40</li> <li>▪ Pulse over 120 or irregular</li> <li>▪ SpO2 &lt;92%</li> <li>▪ SpCO &gt;8% after oxygen</li> <li>▪ Oral Temperature &gt;101F or &lt;90F</li> <li>▪ Systolic BP &gt;160 or &lt;100 mmHg</li> <li>▪ Dizziness</li> <li>▪ Need for Transport (see below)</li> </ul> |   |     |     |     |
| <b>Time of Evaluation:</b>   |   |   |     |     |     |
| <b>Third [20 minutes] Evaluation</b>   | Pulse Rate  |   |     |     |     |
|  | SpO2  |   |     |     |     |
|  | SpCO  |   |     |     |     |
|  | BP  |   |     |     |     |
|  | Injuries/Illness?   | Y N   | Y N | Y N | Y N |
|  | Oral Temperature  |   |     |     |     |
|  | Other   |   |     |     |     |
| <b>Consider Transport of Emergency Worker to Hospital if symptoms are present for longer than 20 minutes:</b>  |   | <b>Transport Emergency Worker to hospital <u>immediately</u> if any of the signs below are present:</b>   |     |     |     |
| <ul style="list-style-type: none"> <li>▪ Respirations &lt;8 or &gt;40</li> <li>▪ Pulse rate over 120 BPM</li> <li>▪ SpO2 &lt;92%</li> <li>▪ SpCO &gt;8% after oxygen</li> <li>▪ Oral Temperature &gt;101F or &lt;90F</li> <li>▪ Systolic BP &gt;160 or &lt;100 mmHg</li> </ul> |   | <ul style="list-style-type: none"> <li>▪ Irregular Pulse (acute onset)</li> <li>▪ Altered Mental Status</li> <li>▪ Symptoms of Heat Stroke</li> <li>▪ Significant injury</li> <li>▪ Shortness of Breath</li> <li>▪ Chest Pain</li> <li>▪ Severe Headache</li> <li>▪ SpCO &gt;25%</li> </ul> |     |     |     |
| <b>Heat Index:</b>   | <b>Comments:</b>  |   |     |     |     |
|  |   |   |     |     |     |
|  |   |   |     |     |     |