EMT By-Complaint Quick Pages

What the EMT looks for, gives and calls ALS for, and where to transport, for common EMT complaints

EVERY CALL AT EMT SCOPE

- EMT drugs: oxygen to SpO2 94-98%, oral glucose, chewed aspirin 162-325 mg, the patient's own nitroglycerin, epinephrine auto-injector, naloxone, the patient's own inhaler; activated charcoal only per protocol. Doses: ems-pharmacology.
- Check glucose for altered mental status, seizure, stroke signs, or diabetes with any new symptom.
- Suspected cardiac complaint: acquire a 12-lead within 10 min of contact and transmit it; ALS or the hospital reads it.
- Arrest, AED, choking: bls-cpr-choking. Primary survey, SAMPLE, GCS: patient-assessment.
- Call ALS early for anything the EMT formulary cannot fix, and meet them en route rather than waiting on scene.

SAFETY Signs of hypoperfusion (pale, sweaty, slowed answers): carry the patient by stretcher or stair chair. Never walk them.

CHEST PAIN, BREATHING, FAINTING

COMPLAINT	LOOK FOR	EMT CARE, ALS, TRANSPORT
Chest pain, atypical ACS	Pressure; or only dyspnea, nausea, sweating, weakness, back or jaw pain (common in women, older adults, diabetes)	12-lead in 10 min; aspirin; own nitro if SBP over 100 and no PDE-5 drug in 48 h; ALS; STEMI plan (prehospital-stroke-stemi)
CHF, pulmonary edema	Orthopnea, crackles, JVD, frothy sputum; bedbound patients swell at buttocks and back of thighs	Sit upright, oxygen; CPAP where protocol allows; ALS for nitro; transport
Syncope	During exertion, no warning, palpitations, chest pain, heart disease; hidden bleeding (GI, ectopic, aorta)	Glucose, 12-lead, injury check, lie flat; transport; non-transport only with medical direction

AORTA, CLOTS AND PUMPS

COMPLAINT	LOOK FOR	EMT CARE, ALS, TRANSPORT
Aortic dissection or AAA	Sudden tearing pain to the back; arm BP difference; neuro deficit; pulsatile mass, unequal femoral pulses; flank pain that mimics a stone	Hold aspirin and ask medical direction; handle gently; shock care; ALS; rapid transport, consider a specialty surgical center
DVT, PE	One swollen, warm, painful leg after travel, surgery, pregnancy, cancer or estrogen; PE: sudden dyspnea, chest pain, coughing blood, fainting	Keep the leg still, never massage it; oxygen to target; transport; PE signs: ALS
LVAD	Pump hum, alarms; no palpable pulse; cuff and SpO2 often fail	Judge perfusion by mentation and skin; call the VAD coordinator; check connections and batteries; bring the bag and spare controller (lvad)

SEIZURE, CONFUSION, DIABETES, STROKE

COMPLAINT	LOOK FOR	EMT CARE, ALS, TRANSPORT
Seizure	Duration; eye deviation or rhythmic twitching without waking means it is still going	Time it, protect the head, nothing in the mouth, no restraint; then side, suction, oxygen, glucose; over 5 min or repeated: ALS
Altered mental status	AEIOU-TIPS; pills, patches, pumps; delirium is sudden and fluctuating with a medical cause	Airway first; naloxone if opioid suspected; nail-bed or trapezius stimulus, not sternal rub; transport
Low glucose	60 mg/dL or less with symptoms (ADA: under 70)	Oral glucose per protocol (NASEMSO 25 g; ADA 15 g; child 0.5-1 g/kg) only if awake and swallowing; cannot swallow: airway, ALS; stop the insulin pump if ALS is not available
DKA	Days of thirst, urination, vomiting, belly pain; deep fast breathing, fruity breath; glucose may be under 200 on SGLT2 drugs	Shock care, ALS for fluids, transport
Stroke	BE-FAST, last known well, glucose	See prehospital-stroke-stemi

SAFETY After corrected low glucose, transport anyone on glipizide or glyburide (lows recur for 12-60 h), anyone who seized, or anyone without a reliable adult to stay.

ABDOMEN, PREGNANCY, CHILDBIRTH

COMPLAINT	LOOK FOR	EMT CARE, ALS, TRANSPORT
Abdominal pain	Rigid belly, guarding; pain moving to the right lower quadrant with fever; aorta or ectopic signs; higher risk if old, anticoagulated or under 2	Position of comfort, nothing by mouth, palpate the painful area last; shock care; transport
Ectopic, early bleeding	Pelvic pain, spotting, shoulder-tip pain, fainting; shock with little bleeding; IUD, prior ectopic or tubal surgery	Lie flat, warm, oxygen; nothing into the vagina; save passed tissue; ALS; emergent transport
Childbirth	Crowning, urge to push or move bowels	Not imminent: transport. Imminent: controlled delivery; dry, warm, stimulate; twins or complications: more units early (ob-emergencies)

BEHAVIOR, WITHDRAWAL, ASSAULT

COMPLAINT	LOOK FOR	EMT CARE, ALS, TRANSPORT
Behavioral emergency	Low glucose, hypoxia, head injury, drugs, infection before calling it psychiatric	Police for weapons; calm voice, space, an exit; restraint last: seated if possible, never prone, nothing across the chest, watch continuously
Alcohol withdrawal	Tremor from about 6 h, seizures 6-48 h, hallucinations 12-24 h; DT at 48-72 h: confusion, fever, sweating	Glucose, oxygen, injury and seizure care; ALS for sedation; transport
Sexual assault	Injuries first; privacy and her consent; no judgment	Exam limited to injuries; ask her not to wash or change; record her words; transport to a center with a sexual assault examiner per protocol

BITES, ALTITUDE, FEVER WITH RASH

COMPLAINT	LOOK FOR	EMT CARE, ALS, TRANSPORT
Snakebite	Swelling, pain, bleeding, weakness; coral snake: few local signs, nerve effects delayed about 12 h	Calm, rings off, splint near heart level, mark swelling edge and time; no tourniquet, tight wrap, cutting, suction or ice; photograph the snake, never handle it; antivenom hospital
Altitude illness	Headache; HAPE: dyspnea at rest, cough, pink or bloody sputum; HACE: confusion, ataxia	Stop ascent; HAPE or HACE: descend now, oxygen to above 90%
Meningitis	Fever, headache, stiff neck, light sensitivity, confusion; dark purple rash; infants: poor feeding, bulging soft spot	Droplet mask; shock care; ALS; urgent transport; report the exposure

INFANTS AND SMALL CHILDREN

COMPLAINT	LOOK FOR	EMT CARE, ALS, TRANSPORT
SIDS, sudden infant death	Under 1 year, found in sleep; rigor or lividity means obvious death	Obvious death: no resuscitation; support parents without blame; note position, bedding, sleep place. Otherwise CPR
BRUE	Under 1 year: brief change in breathing, color, tone or responsiveness, now well	Monitor, glucose, transport every one; high risk: pediatric critical care center
Button battery	Missing coin battery; drooling, vomiting, refusing food, or no symptoms	Transport now for x-ray even if well (burns in 2 h); nothing by mouth; honey only per poison center or protocol (age 1 or older, never instead of transport); no induced vomiting

Sources (23) are listed with links at medicbasics.com/sheets/emt-by-complaint.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. Medic Basics is an independent study aid not affiliated with any certifying body.