Mercy EMS Education

Clinical Operations Team

Fine Tuning Our Practice

June 15, 2026

Infectious Disease

Continued training on all infectious disease – please follow weekly education closely.

Case Review and Clinical Considerations

Geriatric Patient

Patient: Individual in their 80s with abdominal pain (4/10), hypotension (soft blood pressure), and decreased intake.

- This patient should receive ALS transport when available.
- Differential diagnoses include bowel obstruction, dehydration, acidosis, and electrolyte abnormalities.
- The patient should receive a full ALS assessment, including possible IV fluids, cardiac monitoring, and EKG as indicated.

Trauma Patient with Agonal Respirations

Presentation: Trauma patient with agonal respirations, tachycardia, and unresponsiveness.

- Focus on immediate life threats.
- Priorities include establishing IV access, optimizing ventilation and oxygen saturation, and rapid transport for evaluation of possible internal bleeding.
- Intubation may be necessary; however, if transport time is short, the patient may benefit more from early transport with continued BLS airway management.

Severe Head Injury

Patient: Trauma/head injury patient with a GCS of 3 and active vomiting from the oropharynx upon arrival.

- Airway management, adequate ventilation, and maintaining blood pressure are top priorities in traumatic brain injury.
- Avoid the “H-Bombs”: hypoxia, hypotension, and hypocarbia—all of which significantly worsen outcomes.
- After clearing the airway and ensuring adequate ventilation, early transport is vital to improved outcomes.
- Multiple intubation attempts and prolonged scene times (especially when exceeding transport time by 3–4 times) can delay definitive care.

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TRUVEN HEALTH ANALYTICS 15 TOP HEALTH SYSTEMS 2016