

Prehospital Medical Care for Emergency Patients

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DESCRIPTION

Pre-hospital care is defined as emergency medical assistance provided to an emergency patient prior to and during transfer of that patient to a hospital for diagnostic, resuscitative, stabilizing, or preventative purposes. Pre-hospital emergency medicine, also known as pre-hospital care, immediate care, or emergency medical services medicine (EMS medicine), is a medical subspecialty that concentrates on providing care for seriously ill or injured patients before they reach the hospital as well as during emergency transfers to the hospital or between hospitals. After completing their initial training in their base specialty, including anesthesiology, emergency medicine, intensive care medicine, and acute medicine, may practice it.

Pre-hospital care, which is typically started by a dispatch center, is a crucial component of the continuum of emergency health treatment. Regularly, trained professionals who receive such a call and send suitable surface and ground ambulances and other EMS responders to triage, treat, and transfer the patients to the proper healthcare facility, where final care is ultimately administered, determine the necessity for emergency care. A coordinated and integrated emergency health care system with well-trained and well-equipped staff at dispatch centers, ambulance services, hospitals, and specialist care facilities provides this continuum of care and Emergency Medical Service (EMS).

Local EMS professionals will be required to change their care from conventional to crisis care in the event of a mass casualty disaster where emergency medical staff, medical and transport equipment, and hospital beds are in short supply, which they lack in medication and mutual aid, or a breakdown in coordination and communication processes. Maximizing the utilization of workers already on hand, community response teams, health care staff registries, catastrophe triage criteria, and modified transport modes and patient destinations are all strategic methods that should be prepared for and put into action. Emergency medical technicians employ a set of skills

called pre-hospital trauma assessment to evaluate any potential risks to a patient's life resulting from a trauma episode. Basic trauma assessment and advanced trauma assessment are the two main categories of pre-hospital trauma assessment. EMTs and first responders offer the basic assessment. A paramedic offers the advanced evaluation.

Pre-hospital emergency care is provided by Emergency Medical Responder Services. It involves performing CPR, keeping an eye on vital signs, and managing haemorrhage, as described in the National EMS Emergency Medical Responder curriculum Education requirements and any curriculum revisions described in regulations 210 ILCS. The Illinois Department of Public Health adopted Regulation 50/EMS. That treatment will start, where permitted by the EMS Medical Director in an EMS System that has Department approval, under direction given either orally or in writing by a doctor who is qualified to practice medicine in all of its aspects or as instructed verbally by a Registered Nurse in Emergency Communications (ECRN).

Transportation of a seriously ill patient between hospitals or pre-hospital injured or ill patient who requires the skills and interventions of paramedics, pre-hospital registered nurses, and, occasionally, specialized nursing professionals at levels exceeding the typical and customary scope of paramedic practice. Continuous education, advanced education, and There are specific certificates needed. All Critical Care Transport Programs must be managed by an ALS EMS System that has received departmental approval.

Pre-hospital, in-hospital, and non-emergency medical services, such as heart monitoring, basic life support procedures, and Monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs, and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures are all covered by the National EMS Education Standards for Advanced Life Support and any changes made to that curriculum that are outlined in the rules 210 ILCS 50/EMS adopted by the Illinois Department of Public Health.

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