


ASSAULT / DOMESTIC / SEXUAL Pre-Arrival Instructions

<p>Remain in a safe place away from the assailant</p> <p>Obtain description of the assailant</p> <p>Have patient lie down and keep calm</p> <p>Do not touch weapons</p> <p>Advise patient not to change clothing, bathe or shower</p> <p>Keep patient warm</p>	<p>Gather patient's medications if possible</p> <p>Do not allow the patient any food or drink</p> <p>If the patient's condition changes call me back</p>
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Prompts

Short Report

<p>Has Law Enforcement been notified?</p> <p>Relay details of incident and description of assailant(s)</p> <p>Sexual Assault- non-injured follows county SART Protocols</p> <p>Domestic Violence- non-injured follows local police protocols'</p>		<p>Age</p> <p>Sex</p> <p>Specific location</p> <p>Chief complaint</p> <p>Pertinent related symptoms</p> <p>Medical/Surgical history, if any</p> <p>Other agencies responding</p> <p>Any dangers to responding units</p>
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BLEEDING / LACERATION

State of New Jersey EMD Guidecards Version 10/14

KEY QUESTIONS

<p>"Where is the bleeding from?"</p> <p>If the patient is female with vaginal bleeding: "Could she be pregnant?" IF YES: go to PREGNANCY/CHILDBIRTH</p> <p>"Does she have pain in the abdomen?" IF YES: go to ABDOMINAL PAIN</p>	<p>"How much blood can you see?"</p> <p>"How long have they been bleeding?"</p> <p>"Is blood squirting out?" (Arterial bleeding)</p> <p>"Is the patient a hemophiliac?" (A bleeder)</p> <p>"Has the patient recently traveled outside of the state/country?" IF YES: "Where?" (Check ALERTS)</p>
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SIMULTANEOUS ALS/BLS

BLS.DISPATCH

<p>D</p> <p>I</p> <p>S</p> <p>P</p> <p>A</p> <p>T</p> <p>C</p> <p>H</p> <p>Decreased level of consciousness</p> <p>Any arterial bleeding</p> <p>Bleeding with history of Hemophilia</p> <p>Rectal bleeding with significant blood loss</p> <p>Vomiting blood or coffee-ground like material</p> <p>Bleeding from mouth with difficulty breathing</p> <p>Bleeding from the neck, groin or armpit with significant blood loss</p> <p>Vaginal bleeding, over 20 months pregnant, associated with lower abdominal pain or fainting</p>	<p>Minor bleeding from any other area that can be controlled by direct pressure</p>
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VEHICULAR COLLISIONS Pre-Arrival Instructions

Do not approach vehicle if there are any indications of fire, downed wires or other hazards

If able to enter crash scene, DO NOT move patient(s) unless there are hazards

If the patient's condition changes, call me back

Prompts

Has Law Enforcement been notified?

Is Fire Department/ HAZMAT needed?

If the caller can provide information about the patient(s) go to appropriate Guidecard.



Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

ABDOMINAL PAIN

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KEY QUESTIONS

"Is the pain due to an injury to the patient?"

"How does the patient feel sitting up?"

"Is the pain above or below the belly button?"

If the patient is female between 12-50 years old:

"Could she be pregnant?"

"Has there been vaginal bleeding?"

"How much?"

"Has she felt dizzy?"

As the patient vomited?"

IF YES: *"What does it look like?"*

"Are the patient's bowel movements back and tarry?"

Is the patient wearing a Medical Alert tag?"

IF YES: *"What does it say?"*

"Does the patient have Addison's Disease, recent trauma or other medical condition?"

"Has the patient recently traveled outside of the state or country? IF YES: "Where?" (Check ALERTS)"

SIMULTANEOUS ALS/BLS

BLS.DISPATCH

DISSPATCH

Vomiting blood (red/dark red) or coffee ground-like material
Pain with existing history of Addison's disease
Black, tarry stool
Female, lower abdominal pain, 12-50 years old, (if associated with dizziness or fainting or heavy vaginal bleeding)
Abdominal pain with fainting or near fainting, patient over 50 years old
Fainting or near fainting when sitting (hypotension)

Pain with vomiting
Flank pain (kidney pain)
Abdominal pain (non traumatic)
Pain, unspecified

OD / POISONING / INGESTIONS

Pre-Arrival Instructions

"Does the patient have a Nalaxone (Narcan) injector?"
 IF YES: **"Have you used it as the physician directed?"**
 If they have not used it: **"Use it following the directions on the kit."**

Gather patient's medications, if any
 If the patient's condition changes, call me back

Keep patient in area/house if safe

Get container of substance taken if at scene

Nothing by mouth, INCLUDING Ipecac, unless advised by Poison Control

Prompts

Short Report

IF UNCONSCIOUS, breathing normally go to: **UNCONCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

IF UNCONSCIOUS NOT BREATHING go to: CPR for appropriate age group

Has Law Enforcement been notified?

Poison Control Center (1-800-222-1222) or use one button transfer

Age
 Sex
 Specific location
 Chief complaint
 Pertinent related symptoms
 Medical/ surgical history
 Other Agencies responding
 Any dangers to responders

PSYCHIATRIC/BEHAVIORAL PROBLEMS

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KEY QUESTIONS

"Is the Patient:
"Acting violent, aggressive, shouting or yelling?"
"Removing their clothing or naked?"
"Sweating profusely?"
"Breathing rapidly or drooling?" (Excited Delirium)

If the caller knows the patient

"Is the patient acting in their usual manner?"

IF NO: **"What is different or unusual?"**

"Is the patient known to use alcohol or drugs?"

"Is the patient diabetic?"

DIABETIC PROBLEMS

"Has the patient harmed themselves?"

IF YES: Consider traumatic injury card

IF NO: **"Does the patient have a history of harming other people or themselves?"**

"Has the patient ever attempted suicide?"

"Does the patient have a history of depression?"

"Has the patient recently traveled outside of the state or country?" IF YES: **"Where?"** (Check ALERTS)

SIMULTANEOUS ALS/BLS

BLS.DISPATCH

DISPATCH

Decreased level of consciousness

Patient presenting with
 Extreme violent or aggressive behavior
 Sweating profusely
 Removing clothes or naked
 Rapid breathing, drooling
 Incoherent shouting or yelling

Lacerated wrist(s) with controlled bleeding
 Unusual behavior with known psychiatric history
 Known alcohol intoxication with other drugs, can be aroused
 Threats against self or others
 Police request for stand-by
 Patient out of psychiatric medication

SEIZURES / CONVULSIONS Pre-Arrival Instructions

Clear the area around the patient

Do not restrain patient

Do not place anything in patient's mouth

If the patient is a child, remove clothing to cool patient if hot and feverish

After seizure has stopped, check to see if patient is breathing

IF NO: Determine appropriate age group and go to

CARDIAC ARREST/DOA

IF YES: Have patient lie on their side and monitor breathing

Gather patient's medications, if any

If the patient's condition changes call me back

Prompts

Any seizure with an unknown medical history is assumed to be a first time seizure

If unconscious after seizure GO TO; **UNCONCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

Short Report

Age
Sex
Specific location
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Pertinent related symptoms
Medical/ surgical history
Other Agencies responding
Any dangers to responders

SICK PERSON

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KEY QUESTIONS

"Does the patient feel pain anywhere?"

IF YES: ***"Where?"*** (Consider appropriate card)

"Does the patient feel lightheaded or dizzy?"

"Does the patient have Addison's Disease or any other medical or surgical history?"

"What is the patient complaining of?"

"How does the patient look?"

"Is there insulin in the refrigerator?"

"Have you checked for a Medical Alert Tag?"

If there is an alert tag: ***"What does it say?"***

"Has the patient recently traveled outside of the state of country?" IF YES: ***"Where?"*** (Check ALERTS)

Flu Symptoms

"Is the patient complaining of:"

"Fever, headache. Tiredness, (can be aroused), cough, sore throat, runny or stuffy nose, body aches or diarrhea and vomiting (more common among children than adults)?"

SIMULTANEOUS ALS/BLS

BLS.DISPATCH

DISSPATCH

Decreased level of consciousness

Prior history of Addison's disease or adrenal insufficiency with dehydration, sever vomiting and diarrhea or low blood pressure

Multiple fainting episodes

Generalized weakness

Medical alert from alarm company

Flu symptoms (Without critical signs/symptoms or other medical concerns)

High blood pressure without critical symptoms

High temperature

Patient assist

STROKE / CVA

Pre-Arrival Instructions

Keep patient calm

Don't allow patient to move about

If unconscious or having difficulty breathing

GO TO: UNCONSCIOUS AIRWAY CONTROL

Nothing by mouth to eat or drink

Gather patient's medications, if any

If the patient's condition changes, call me back

Prompts

If unconscious GO TO: **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

If unconscious, NOT breathing normally, GO TO: **CPR** for appropriate age group

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/ surgical history
Other Agencies responding
Any dangers to responders

UNKNOWN / PERSON DOWN

State of New Jersey EMD Guidecards Version 10/12

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"ARE THERE ANY OBVIOUS INJURIES?"

"CAN YOU SEE BLOOD OR ANY OTHER FLUID AROUND THE PATIENT?"

"Have you checked for a Medical Alert Tag?"
IF YES: ***"What does it say?"***

If the caller knows the patient

"Has the patient recently traveled outside of the state or country?" IF YES: ***"Where?"*** (Check ALERTS)

"Does the patient have Addison's Disease or any other medical or surgical history?"

SIMULTANEOUS ALS/BLS

BLS.DISPATCH

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Unconscious/ not breathing normally

Decreased level of consciousness

Multiple Casualty Incident Criteria

Unknown, (third party caller) without indication of unconsciousness

Patient talking, moving, sitting or standing

If she starts to deliver (water broken, bloody discharge, baby's head appears)

The baby's head should appear first, **CRADLE** it and the rest of the baby as it is delivered.

DO NOT PUSH OR PULL

There will be water and blood with the delivery. **THIS IS NORMAL**

When the baby is delivered **CLEAN** out its **MOUTH** and **NOSE** with a **CLEAN, DRY CLOTH**

DO NOT attempt to **CUT** or **PULL** the cord

Wrap the baby in a dry blanket, towel or whatever is handy, and place it between the mother's legs on the floor.

Massage the mother's lower abdomen very gently.

If the baby **DOES NOT** start breathing on its own, rub its back or gently slap the soles of its feet.

If the baby **DOESN'T** begin breathing **IMMEDIATELEY**, come back to the phone

COMPLICATIONS with delivery

Baby delivered and BREATHING

Baby delivered and NOT BREATHING

CHOKING INFANT INSTRUCTIONS

When the placenta (tissue on the other end of the cord) is delivered
WRAP IT. This delivery may take as long as twenty (20) minutes. Keep the placenta **LEVEL** or **SLIGHTLY ABOVE** the baby.

If there are complications (leg, arm, buttocks or umbilical cord presenting)
WRAP IT. REASSURE the mother. Tell her you have dispatched aid.
 Ask her to remain on her **BACK** with her **KNEES BENT**
 Ask her to **RELAX** and **BREATHE** through her **MOUTH**
 Tell her **NOT TO PUSH**

UNCONSCIOUS/FAINTING

State of New Jersey EMD Guidecards Version 10/14

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"What was the patient doing before they became unconscious?"

"Is this the first time today the patient has been unconscious?"

"Has the patient taken any alcohol, medications or recreational drugs?"

IF YES: OD/POISONING/INGESTIONS

"Has the patient recently traveled outside of the state or country?" IF YES: ***"Where?"*** (Check ALERTS)

Fainting

"How does the patient act when they sit up?"

Is the patient able to respond to you and follow simple commands?"

"Does the patient have any medical or surgical history?"

"Does the patient have a Medical Alert Tag?"

IF YES: "What does it say?"

SIMULTANEOUS ALS/BLS

BLS.DISPATCH

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Unconscious not breathing normally
 Multiple fainting (syncopal) episodes (same day)
 Confirmed unconscious/unresponsive
 Combined drugs and alcohol overdose
 Fainting associated with: Headaches, chest pain/discomfort/palpitations, diabetic, GI/vaginal bleeding, abdominal pain, sitting or standing or continued decreased level of consciousness
 Single fainting if over 50 years or age
 Alcohol intoxication, cannot be aroused

Unconscious, but now conscious without critical symptoms
 Unconfirmed, slumped over wheel
 Conscious with minor injuries
 Known alcohol intoxication without other drugs, can be aroused
 Near syncope (fainting) without critical criteria