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State of New Jersey
Emergency Medical Dispatch Guidecards

February 5, 2016
ALERTS

Zika Virus

Approved by
State of New Jersey Department Office of Emergency Medical Services

http://www.state.nj.us/health/ems

Adopted by the
State of New Jersey
Office of Information Technology, Office of Emergency Telecommunications Service
http://www.nj.gov/911 ***October 2014***

ALERTS

CURRENT

Zika

Signs and symptoms fever, rash, joint pain, and conjunctivitis (red eyes).

No locally transmitted Zika cases have been reported in the continental United States, but cases have been reported in returning travelers.

The virus causes a mild illness that can last days to weeks: fever, rash, body aches, conjunctivitis. Even the most severe forms do not require hospitalization. The big problem is pregnant women. The virus does cross the placenta and affect the developing fetus, causing microcephaly and other severe birth defects.

Pregnant women or women planning to become pregnant should avoid travelling to endemic areas. So far what we know is that while active with the virus, it can cause birth defects. Once you are virus free, there are no reported fetal effects. It can be sexually transmitted and has been found live after two weeks in semen

Current outbreaks reported in Central and South America, Samoa (Oceania/Pacific Islands), Suriname, U.S. Virgin Islands and Cape Verde (Africa).
http://www.cdc.gov/zika/geo/index.html

DISPATCH

Anyone from the general public with questions about Zika should be instructed to call the Infectious Disease Hotline 1-800-962-1253 (NJ Poison Control**)**

ADVISE ALL REPONDERS (Police, Fire, EMS, any others directly or through their dispatch)TO USE P.P.E.

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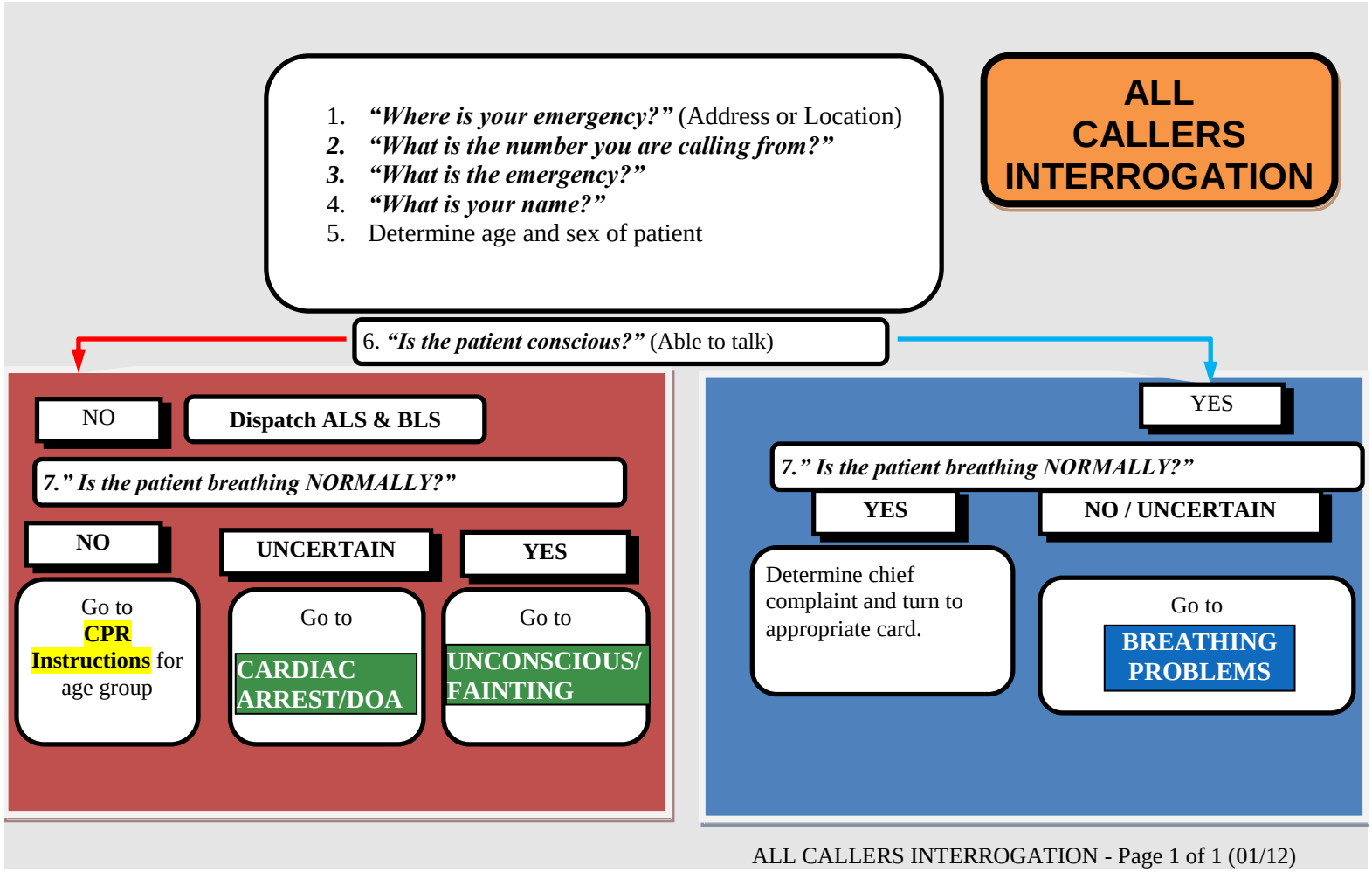

Traumatic Incident Types

ALL CALLER

ANIMAL BITES

ASSAULT/DOMESTIC VIOLENCE/ SEXUAL

BLEEDING / LACERATION

BURNS

EYE PROBLEMS / INJURIES

FALL VICTIM

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Animal Bites

ANIMAL BITES

State of New Jersey EMD Guidecards Version 01/12

KEY QUESTIONS

"Is the animal contained?"

"What type of animal bit the patient?"

"Is the patient short of breath or does it hurt to breathe?"

"What part of the body was bitten?"

"Is the patient bleeding?"

IF YES,

"Can it be controlled with pressure?"

"How long ago did they receive the bite?"

DISPATCH

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Unconscious/not breathing normally. Decreased level of consciousness. Uncontrolled bleeding, after attempts to control. Serious neck or face bites from animal attacks. Bites from known poisonous animals.	Controlled bleeding. Swelling at bite site. Bite below neck, non-poisonous.

Animal Bites

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ANIMAL BITES Pre-Arrival Instructions

Contain the animal, if possible.
Lock away any pets.

If severe bleeding go to

BLEEDING/LACERATION
Pre-Arrival Instructions

If little or no bleeding, irrigate human and animal bites with copious amounts of water.

Keep patient calm and still.

For snake bites:
Apply direct pressure to the wound.
Do not elevate extremity.
Do not use ice.
Do not attempt to remove venom.

For jellyfish stings:
Wash with vinegar or baking soda.

If the patient's condition changes, call me back

Prompts

Has law enforcement been notified?

Has Animal Control been notified?

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Assault /Domestic Violence / Sexual Assault

ASSAULT / DOMESTIC, SEXUAL

State of New Jersey EMD Guidecards Version 1/04

Key Questions

"Is the assailant nearby?"

"Are you safe?"

"Was it a physical assault vs. sexual assault?"

"How was the victim assaulted?"
(Stabbing, gunshot or major trauma go to appropriate card)

"What part of the patient is injured?"

"Is the patient bleeding?"
IF YES, Go to **BLEEDING/LACERATION**

Dispatch	SIMULTANEOUS ALS/BLS	BLS DISPATCH
	Unconscious/not breathing normally. Decreased level of consciousness. Crushing injury (except to hands or feet.) Puncture injury (head, neck, torso, thigh.) Multiple extremity fractures. Femur (thigh) fracture. Uncontrolled bleeding.	Penetrating/crushing injury to hands or feet. Isolated extremity fracture. Minor injuries. Unknown injuries. Concerned caller without apparent injuries to victim. Police request stand-by/check for injuries.

Assault /Domestic Violence / Sexual Assault

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ASSAULT / DOMESTIC, SEXUAL Pre-Arrival Instructions

Remain in a safe place, away from the assailant.

Obtain description of assailant(s),

Have patient lie down and keep calm.

Do not touch weapons.

Advise patient not to change clothing, bathe or shower.

Keep patient warm.

Gather patient medications, if possible.

Do not allow the patient any food or drink.

If the patient's condition changes, call me back.

Prompts

Has law enforcement been notified? Relay details of incident and description of assailant(s).

Sexual Assault- non-injured, Follow County SART Protocols

Domestic Violence- non-injured, Follow local police protocols

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Bleeding / Laceration

BLEEDING / LACERATION

State of New Jersey EMD Guidecards Version 10/14

Key Questions

"Where is the bleeding from?"

If the patient is female with vaginal bleeding
"Could she be pregnant?"
If YES, go to **PREGNANCY/CHILDBIRTH**

"Does she have pain in the abdomen"
If YES consider **ABDOMINAL PAIN**

"How much blood can you see?"

"How long have they been bleeding?"

"Is blood squirting out?" (arterial bleeding)

"Is the patient a hemophiliac (a bleeder)***?"***

"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. Any arterial bleeding. Bleeding with history of Hemophilia. Rectal bleeding with significant blood loss. Vomiting blood or coffee ground material. Bleeding from mouth with difficulty breathing. Bleeding from the neck, groin, or armpit with significant blood loss. Vaginal bleeding if over 20 weeks pregnant, associated with lower abdominal pain or fainting.	Minor bleeding from any other area that can be controlled by direct pressure.

Bleeding / Laceration

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BLEEDING / LACERATION Pre-Arrival Instructions

If bleeding, use clean cloth and apply pressure directly over wound. Do not remove. If cloth becomes soaked, add more to what is already there.
Elevate bleeding extremities.

If nosebleed, tell the patient to apply direct pressure by pinching the nose tightly between their index finger and thumb, sit forward and hold it until help arrives. Attempt to spit out blood, swallowing may make patient nauseous.

Locate any amputated part(s) and place in clean plastic bag, **NOT ON ICE.**

If teeth, locate, **DO NOT** touch the root, and place them in container with milk or clean water.

Cover patient with blanket and try to keep them calm.

Nothing to eat or drink.

Advise patient not to move.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

Prompts

Any bleeding that cannot be controlled by direct pressure should be considered critical.

Use of tourniquets cannot be properly instructed over the phone. They should be used only by people who have had proper training.

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Burns

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BURNS

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"How was the patient burned?"

THERMAL

"Is anything on the patient still burning?"
If YES, Stop the burning.
"Place burned area in cool water (not ice), if convenient"

ELECTRICAL

Go to **ELECTROCUTION**

CHEMICAL

"What chemical caused the burn?"

"Where is the patient burned?"

IF HEAD OR FACE:
"Is the patient short of breath, coughing or does it hurt to breathe?"
"Is the patient having difficulty swallowing?"
"Are there burns around their mouth and nose?"

"Are there any other injuries?"

Dispatch

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Decreased level of consciousness. Burns to airway, nose, mouth. Hoarseness, difficulty talking or swallowing. Burns over 20% of body surface. Electrical Burns/electrocution from 220 volts or greater power lines/panel boxes. 2nd & 3rd degree burns (partial or full thickness) to Palms (hands) Soles (feet) Groin	Less than 20% body surface burned. Spilled hot liquids. Chemical burns to eyes. Small burn from match, cigarette. Household electric shock. Battery explosion. Freezer burns.

Burns

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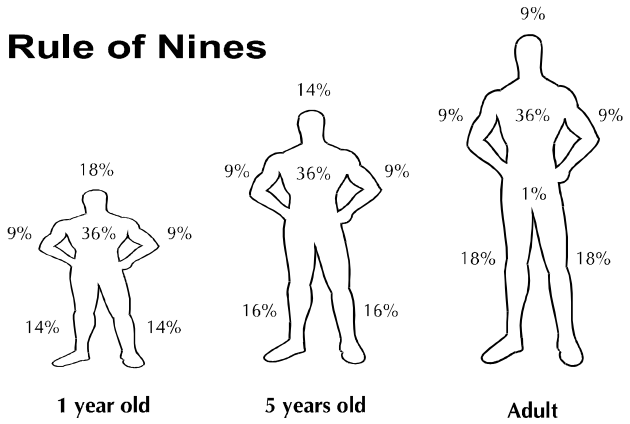
BURNS Pre-Arrival Instructions

THERMAL

Place burned area in cool water (not ice), if convenient

CHEMICAL

Have patient remove contaminated clothing, if possible.
If chemical, get information on chemical
(MSDS Sheet if available).
If chemical is powder, brush off**, no water**.
Flush chemical burns from eyes with water.
Remove contact lenses if present.
Gather patient medications, if possible.
If the patient's condition changes, call me back.



Prompts

Dispatch Fire Department/HAZMAT, according to local protocol.

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Eye Problems / Injuries

EYE PROBLEMS / INJURIES

State of New Jersey EMD Guidecards Version 1/04

Key Questions

"What caused the injury?"

"Is eyeball cut open or leaking fluid?"

"Are there any other injuries?"
If YES go to appropriate Guidecard

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Unconscious/not breathing normally. Decreased level of consciousness Uncontrolled bleeding.	Any eye injury.

Eye Problems / Injuries

INDEX

EYE PROBLEMS / INJURIES Pre-Arrival Instructions

Do not remove any penetrating objects.

If eyeball is cut or injured, do not touch, irrigate, or bandage.

If a chemical injury, flush immediately with water. Continue until help arrives. Remove contact lenses.

Advise patient not to move.

Have patient **SIT** down.

Cover patient with blanket and try to keep them calm.

Nothing to eat or drink.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

Prompts

Removing object from the eye, direct pressure or flushing with water may cause further damage.

Large penetrating objects can cause damage to the upper airway. Monitor patient for breathing difficulties.

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Fall Victim

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FALL VICTIM

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"How far did the patient fall?"

"What kind of surface did the patient land on?"

"Are there any obvious injuries? What are they?"

"Did the patient complain of any pain or illness just prior to the fall?"

" Is the patient able to move their fingers and toes?"
(Do not have them move any other body part).

"Is the patient bleeding?"
IF YES, Go to **BLEEDING/LACERATION**

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Unconscious/not breathing normally. Decreased level of consciousness. Falls greater than 10 feet. Falls associated with or preceded by, pain, discomfort in chest, dizziness, headache, or diabetes. Patient paralyzed. Uncontrolled bleeding. Multiple extremity fractures Femur (thigh) fracture.	Unconscious, but now conscious without critical symptoms. Falls less than 10 feet. Neck or back pain without critical symptoms. Controlled bleeding. Cuts, bumps, or bruises. Patient assist. Involved in accident, no complaints. Isolated extremity fracture.

Fall Victim

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FALL VICTIM Pre-Arrival Instructions

Do not move the patient if there are no hazards.

Advise patient not to move

Monitor for shock;
Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.

Cover patient with blanket and try to keep them calm.

No food or drink.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

Prompts

Is Rescue needed?

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL

If unconscious, **NOT** breathing normally, go to CPR for appropriate age group.

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Heat / Cold Exposure

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HEAT / COLD EXPOSURE

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"What happened?"

"What was the source of the heat or cold?"

Heat Related

"Is the patient sweating profusely?"
"Is the patient confused, disoriented or acting strange?"
"Is the patient having hallucinations?"
"Is the patient dizzy, weak, or feeling faint?"

Cold Related

"Can the patient be moved to a warm area?"
"What was the length of exposure?"
"Is the patient complaining of pain? If so, where?"
"Are there any obvious injuries?"

"Is the patient taking any medications?"

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Decreased level of consciousness. High body temperature **without** sweating. Confused/disoriented/hallucinations. Fainting (Syncope). Cold Water Submersion. Narcotics and Psych Medications may exacerbate and/or mask symptoms	Patient with uncontrollable shivering. Heat Exhaustion: Nausea, vomiting, fatigue, headaches, muscle cramps, dizziness, **with no critical symptoms.**

Dispatch

Heat / Cold Exposure

INDEX

HEAT / COLD EXPOSURE Pre-Arrival Instructions

Remove from hot/cold environment if possible.

Heat Related

If patient is over-heated, have them lie down in a cool place. Loosen clothing to assist cooling.

Nothing by mouth if heat stroke is indicated or there is a decrease of consciousness.

Cold Related

If patient is cold and dry, move to a warm environment and cover patient.

If patient is cold and wet, move to a warm environment, remove clothing and cover patient.

Do not rub frostbitten extremities.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

Prompts

Heat Exhaustion:
Nausea, vomiting, fatigue, headache, muscle cramps and dizziness**.**

Heat Stroke:
High body temperature, absence of sweating, rapid pulse, strange behavior, hallucinations, agitation, seizure and/or coma.

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Industrial Accidents

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INDUSTRIAL ACCIDENTS

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"What happened?"

If patient is trapped in or under an object:
"What part of the person is trapped?

"Are there any obvious injuries? What are they?"

If amputation:
"What part of the body has been amputated?"
"Do you have the amputated parts?

If bleeding: Go to **BLEEDING/LACERATION**

If burned: Go to **BURNS**

If Electrocution: Go to **ELECTROCUTION**

"Is the patient able to move their fingers and toes?"
(**DO NOT** have them move any other parts of their body).

Dispatch

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Decreased level of consciousness. Accident with crushing or penetrating injury to: head, neck, torso, thigh. Patient entrapped. PROMPT (Dispatch Rescue Unit) Amputation other than fingers/toes. Patient paralyzed. Uncontrolled bleeding. Multiple extremity fractures. Femur (thigh) fracture.	Unconscious, but now conscious without critical symptoms. Amputation/entrapment of fingers/toes. Neck or back pain without critical symptoms. Controlled bleeding. Cuts, bumps, or bruises. Patient assist. Involved in accident, no complaints.

Industrial Accidents

INDEX

INDUSTRIAL ACCIDENTS Pre-Arrival Instructions

If machinery involved, turn it off (attempt to locate maintenance person).

Do not move patient if there are no hazards.

Advise patient not to move.

Do not enter a confined space to tend to the patient.

Have someone meet the ambulance to guide them to the patient.

Cover patient with blanket and try to keep them calm.

Nothing to eat or drink.

Locate any amputated parts and place in clean plastic bag, **NOT ON ICE**.

If teeth, locate, **DO NOT** touch the root, place in milk or clean water.

Monitor for shock:
Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.

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.

Is Fire Department /Rescue needed?

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Stabbing / Gunshot Victim / Assault

INDEX

STABBING/GUNSHOT/ASSAULT

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"What part(s) of the body is injured?"

"When did this happen?

"Was it intentional or an accident?"
If intentional, ***"Is assailant still present?"***

"What type of weapon was used?"

"Is the weapon still present?"

"Is more than one person injured?"

"Is there bleeding?"
IF YES, Go to **BLEEDING/LACERATION**

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Unconscious/not breathing normally. Decreased level of consciousness. Uncontrolled Bleeding Leg injury above the knee. Wounds to head or trunk of body. Multiple Casualty Incident Criteria.	Wounds to the arms below the elbow or on the leg below the knee.

Stabbing / Gunshot Victim / Assault

INDEX

STABBING/GUNSHOT/ASSAULT Pre-Arrival Instructions

Tell caller to remain safe (beware of assailant).

Do not disturb the scene or move weapons.

Do not pull out any penetrating weapons.

Monitor for shock:
Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.

Have the patient lie down and remain calm.

Keep the patient warm.

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.

Has law enforcement been notified?

Advise responders when scene is secure.

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Traumatic Injury

INDEX

TRAUMATIC INJURY

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"How was the patient injured?"

"Where is the patient injured?"

"Describe what happened."

" Is the patient bleeding?"

IF YES, Go to **BLEEDING/LACERATION**

Indications of Shock

"Is the patient's skin cool and clammy, mottled, or profusely sweating?"
"Is the patient's breathing rapid and shallow?"
"Are the patient's pupils dilated?"
"Does the patient appear confused?"
"Does the patient feel weak or fatigued?"
"Is the patient's mouth dry or do they feel thirsty?"

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Unconscious/not breathing normally. Decreased level of consciousness. Penetrating/crushing injury to head, neck, torso, thigh. Multiple extremity fractures. Leg injury above the knee. Uncontrolled bleeding. Indications of shock.	Penetrating/crushing injury to hands or feet. Unknown or internal injuries without indication of shock. Minor injuries. Concerned caller without apparent injuries to victim. Isolated extremity fracture. Police request stand-by/check for injuries. .

Traumatic Injury

INDEX

TRAUMATIC INJURY Pre-Arrival Instructions

Do not move patient, unless there are hazards to the patient.

Do not remove or touch impaled object.

Monitor for shock:
Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.

Use care not to obstruct the airway or breathing.

Keep patient warm.

Do not disturb anything.

Gather patient medications, if possible.

Locate any amputated parts and place in clean plastic bag, **NOT ON ICE**.

If teeth, locate, **DO NOT** touch the root, place in milk or clean water.

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.

Is Law Enforcement and/of Fire Rescue needed?

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Vehicular Related Injuries

INDEX

VEHICULAR RELATED INJURIES

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Did you stop or drive by?"

"What type of vehicle(s) are involved?"

"How many patients are injured?"

"Are all of the patients free of the vehicle?"

"Is anyone trapped in the vehicle?"

"Was anyone thrown from the vehicle?"

"Are there any hazards present?" (Is the scene safe?) Is there:

Fire?
Fluids leaking? (Consider HAZMAT)
Wires down?

"Describe what happened." "Did the airbags deploy?" "How fast was the vehicle moving?"

As injuries or medical conditions become known go to appropriate Guidecard(s).

Dispatch

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Reported injuries with following mechanisms: Vehicle vs. immovable objects. Vehicles involved in head-on or T-bone collision. Car vs. pedestrian, motorcycle or bicycle. Patient(s) trapped or ejected. Vehicle roll over. Critical criteria – injuries to head, neck, torso, thigh. Multiple Casualty Incident.	Accident with injury, no critical criteria. Police request stand-by/check for injuries.

Vehicular Related Injuries

INDEX

VEHICULAR COLLISIONS Pre-Arrival Instructions

Do not approach vehicle if any indication 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 /Rescue/HAZMAT needed?

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

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Medical Chief Complaint Types

ABDOMINAL PAINS

ALLERGIES/STINGS

BACK PAIN

BREATHING PROBLEMS

CHEST PAIN / HEART PROBLEMS

DIABETIC PROBLEMS

HEADACHE

OD/POISONINGS/INGESTIONS

PSYCHIATRIC / BEHAVIORAL PROBLEMS

SEIZURES / CONVULSIONS

SICK PERSON

STROKE / CVA

UNKNOWN / PERSON DOWN

Abdominal Pain

ABDOMINAL PAIN

State of New Jersey EMD Guidecards Version 10/14

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:
"Could she be pregnant?"
"Has there been vaginal bleeding?" If yes, "How much?
"Has she said she felt dizzy?"

"Has the patient vomited?"
If yes, ***"What does the vomit look like?"***

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

"Is the patient wearing a Medic Alert tag?"
If yes***," What does it say?"***

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

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

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Vomiting blood (red/dark red) or coffee ground-like substance. Pain with prior history of Addisons disease or adrenal insufficiency. Black tarry stool. Lower abdominal pain, woman 12-50 years (if associated with dizziness or fainting or heavy vaginal bleeding). Upper abdominal pain with prior history of heart problem. Abdominal pain with fainting or near fainting, patient over 50 yrs. Fainting/near fainting when sitting. (hypotension)	Pain with vomiting. Flank pain (Kidney stone). Abdominal (non-traumatic). Pain unspecified

Abdominal Pain

ABDOMINAL PAIN Pre-Arrival Instructions

Nothing to eat or drink.

Monitor for shock:
Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.

Gather patient medications, if any.

If the patient's condition changes, call me back.

Symptoms of an Addison or "adrenal" crisis include:

- Severe vomiting and diarrhea
- Dehydration
- Low blood pressure
- Loss of consciousness

If not treated, an Addison crisis can be fatal.

Prompts	Short Report
If unconscious, go to UNCONSCIOUS/ BREATHING NORMALLY AIRWAY CONTROL . If unconscious, NOT breathing normally, go to CPR for appropriate age group.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Allergies / Stings

ALLERGIES / STINGS

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Does the patient have a history of a reaction to anything?"
IF YES: ***"Describe the reaction the patient had before."***

"Is the patient having:
difficulty swallowing?"
difficulty breathing?"
or both?"

"Is the patient complaining of itching, hives, or rash?"

"Are the symptoms getting worse?"

"Is the patient wearing a Medic Alert tag?"
IF YES ***"What does it say?"***

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

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Unconscious/not breathing normally. Decreased level of consciousness. Difficulty breathing. Difficulty swallowing. Cannot talk in full sentences. Swelling in throat or on face. Fainting. History of severe reaction. Itching or hives in multiple areas.	Call delayed longer than 30 minutes with history of reaction. Concern about reaction, but no history. Reaction present for long time (hours), no difficulty breathing. Itching or hives in one area

Allergies / Stings

INDEX

ALLERGIES / STINGS Pre-Arrival Instructions

"Do you have a Epi-Pen or reaction kit?"

If Yes*, "Have you used it as the physician has directed?"*

If they have not used it***, "Use it following the directions on the kit."***

Brush the stinger off, if possible. Do not attempt to grasp stinger.

Apply ice to site of sting.

Have the patient rest in the most comfortable position.

Keep neck straight – remove pillows.

Watch patient for signs of difficulty breathing (slow breathing), or cardiac arrest. **Go to appropriate GUIDECARD if indicated.**

Gather patient medications, if any.

If the patient's condition changes, call me back.

Prompts	Short Report
If unconscious, go to UNCONSCIOUS/ BREATHING NORMALLY AIRWAY CONTROL . If unconscious, NOT breathing normally, go to CPR for appropriate age group.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Back Pain

BACK PAIN

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Has the patient felt dizzy or fainted?"

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

"Is the patient's pain due to an injury or recent fall?"

"Is the patient incontinent of urine or have urinary retention?"

"Is the patient wearing a Medic Alert tag?"
IF YES ***"What does it say?"***

"Does the patient take blood thinners?"

"Does the patient have Addisons Disease or adrenal insufficiency?"

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Decreased level of consciousness. Non-traumatic back pain with prior history of Addisons disease or adrenal insufficiency. Non-traumatic back pain with prior history of heart problem. Back pain with fainting or near fainting, patient over 50 years.	Flank pain/back (Kidney stone). Back pain (non-traumatic). Back pain unspecified. Chronic back pain.

Back Pain

INDEX

BACK PAIN Pre-Arrival Instructions

If the pain is due to an injury, tell the patient not to move unless hazards are present.

Nothing to eat or drink.

Have the patient rest in the most comfortable position.

Gather patient medications, if any.

If the patient's condition changes, call me back.

Symptoms of an Addison or "adrenal" crisis include:

- Severe vomiting and diarrhea
- Dehydration
- Low blood pressure
- Loss of consciousness

If not treated, an Addison crisis can be fatal.

Prompts	Short Report
If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL . If unconscious, NOT breathing normally, go to CPR for appropriate age group	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Breathing Problems

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State of New Jersey EMD Guidecards Version 1/12

BREATHING PROBLEMS

Key Questions

"Is the patient on asthma medication, or ever used them?"
"Is the patient able to speak in full sentences?"
"Is the patient drooling or having a hard time swallowing?"
"What has changed about their breathing to prompt you to call?"
"Has the patient ever had this problem before?"
"How long has this been going on?"
"Does the patient have to sit up to breathe?"
"What was the patient doing just prior to when he/she became short of breath?"

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

If sudden onset:
" Has the patient been hospitalized recently for childbirth or a broken leg?"

If female,
"Does the patient take medication for birth control?"

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	**Any patient complaining of breathing or respiratory difficulty**, examples of symptoms may include: **Difficulty breathing with chest pain.** **Unable to speak in full sentences.** **History of Asthma or respiratory problems.** **Inhaled substance.** **Recent childbirth/broken leg/hospitalization (within 2-3 months).** **Drooling/difficulty swallowing.** **Tingling or numbness in extremities/around mouth, 35 or older**.	Cold symptoms. Stufff nose / congestion. Oxygen bottle empty. Patient assist. Long term, no change

Breathing Problems

INDEX

BREATHING PROBLEMS Pre-Arrival Instructions

.

Keep patient calm.

Patient may be more comfortable sitting up.

Tell patient not to exert him/herself.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

Prompts	Short Report
If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. If unconscious, NOT breathing normally, go to CPR for appropriate age group.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Chest Pain / Heart Problems

CHEST PAIN/HEART PROBLEMS

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Where in the chest is the pain located?"

"Does the patient feel pain anywhere else? If so, where?"

"How long has the pain been present?"

"Is the patient sweating profusely?"

"Is the patient nauseated or vomiting?"

"Is the patient weak, dizzy, or faint?"

"How does the patient act when he/she sits up?"

"Does the pain change when the person breathes or moves?"

"Has the patient ever had a heart problem, heart surgery, a device to help their heart work or a previous heart attack?"

"Is the patient experiencing rapid heart rate with chest pain?"

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Decreased level of consciousness. Patient complaining of chest pain with any of the critical symptoms: Short of breath,nausea, diaphoretic (sweating profusely), rapid heart rate, syncope (weak, dizzy or faint) or with cocaine/crack (drug) use.	Patients under 35, without critical symptoms.

Chest Pain / Heart Problems

INDEX

CHEST PAIN/HEART PROBLEMS Pre-Arrival Instructions

"***Does the patient have nitroglycerin?"***

If yes: ***"Has the patient taken one?"***

if not taken***, "Take as the physician has directed"*** (patient should be seated).

If the patient does not have nitroglycerin

"Can the patient take aspirin?"

If yes: ***"Have they had any bleeding from mouth or rectum?"***

If no bleeding, advise caller to assist patient to take 1 full size (325mg) adult aspirin or 4 low dose (81mg) tablets. Have the patient **chew** the pills before swallowing.

Have the patient sit or lie down, whichever is more comfortable.

Keep patient calm.

Loosen any tight clothing.

Gather patient 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.

If the patient has a ventricular assist device, (may be called a VAD, heart pump, RVAD, LVAD, BVAD, or LVAS) **do not perform chest compressions.**
If patient has a pacemaker or internal defibrillator CPR can be performed if needed.

Diabetic Problems

DIABETIC PROBLEMS

State of New Jersey EMD Guidecards Version 1/12

Key Questions

" Is the patient on insulin?"
If so, ***"When did they take their medication?"***

"When did the patient last eat?"

"Does the patient have a glucose meter?"
If Yes, "***Do you have a current level?"***
(Range usually between 70 and 180)

"Is the patient acting in their normal manner? If not, ***"What is different?"***

"Are they dizzy, weak, or feeling faint?"

"Is the patient complaining of any pain? Where is it located?"

"Is the patient sweating profusely?"

"Has the patient had a seizure?"

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Unconscious/not breathing normally. Decreased level of consciousness. Unusual behavior/acting strange. Profuse sweating. Seizure.	Awake/alert Not feeling well.

Diabetic Problems

INDEX

DIABETIC PROBLEMS Pre-Arrival Instructions

Nothing by mouth if the patient is unable to take it by himself/herself/

If the patient is conscious enough to swallow and the patient's blood glucose level is known and is below 70 mg/dl **OR** the blood glucose level **is NOT KNOWN** and the patient is acting inappropriately, then give juice with 2 to 3 teaspoons of sugar in it.

(Giving this amount of sugar to a person with high blood glucose levels will not hurt them and may help a person with low levels)

Allow patient to find a comfortable position'.

Gather patient's medications, if any.

If the patient's condition changes, call me back.

Prompts	Short Report
If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. If unconscious, NOT breathing normally, go to CPR for appropriate age group.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Headache

HEADACHE

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Does the patient have a headache history?"

"Is the headache different than headaches the patient has had in the past?"

"Did the headache come on suddenly or gradually?"

"What was the patient doing when the headache started?"

"How is the patient acting? If unusual, how?"

"Does the patient take blood thinners?"

"Does the patient know where they are and who they are?"

"Does the patient have pain anywhere else?"
IF YES, ***"Where?"***

"Has the patient had a recent illness, injury or trip to an Emergency Department?"
IF YES***, "for what?"***

"Is the patient wearing a Medic Alert Tag?"
IF YES***, "What does it say?"***

Dispatch

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Headache with these critical symptons: Decreased level of consciousness. Mental status change. Worst headache ever. Sudden onset. Visual disturbance, with no history of migraines	Head injury, without critical symptoms.

Headache

INDEX

HEADACHE Pre-Arrival Instructions

Nothing by mouth

Allow patient to find position of comfort

Gather patients medications if any

If the patient's condition changes, call me back.

Prompts	Short Report
If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. If unconscious, NOT breathing normally, go to CPR for appropriate age group.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

OD / Poisoning / Ingestions

INDEX

OD / POISONINGS / INGESTIONS

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Do you have any idea what the patient took?"
Get the name of the product or substance. Contact Poison Control.

"Was it a prescription medication, non-prescription over-the-counter medication, herbal supplement, street drug or a combination of medications?"

"Has the patient consumed alcohol?"

If cocaine or crack, ***"Is the patient complaining of any pain?"***

"Is the patient having difficulty swallowing?"

"Is the patient acting normally?"
IF NOT, ***"What is different?"***

Dispatch

SIMULTANEOUS ALS/BLS	BLS DISPATCH
OD/Poisoning/Ingestions with these critical symptons. Unconscious/not breathing normally. Any overdose of medication with altered level of consciousness. Cocaine/crack with chest pain. Ingestion of household cleaners, antifreeze, solvents, methanol, cyanide, insecticides. Difficulty swallowing. Alcohol intoxication, patient **cannot** be aroused. Combined alcohol and drug overdose..	Drugs without critical symptons. Intentional/accidental, with medications. 3rd party report, caller not with patient. Reported OD, patient denies taking medications or unknown if medications/substance taken. Known alcohol intoxication without other drugs, can be aroused.

OD / Poisoning / Ingestions

INDEX

OD/POISONINGS/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."***

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

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.
Is Law Enforcement needed?

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

Short Report

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

Psychiatric / Behavioral Problems

INDEX

PSYCHIATRIC / BEHAVIORAL PROBLEMS

State of New Jersey EMD Guidecards Version 10/14

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 a psychiatric history. Known alcohol intoxication without other drugs (can be aroused). Threats against self or others. Police request for stand-by. Patient out of psychiatric medications.

Psychiatric / Behavioral Problems

PSYCHIARTIC / BEHAVIORAL PROBLEMS Pre-Arrival Instructions

Keep the patient in area, if safe.

Keep patient calm, if possible.

If you feel you are in danger, leave the scene.

Gather patient medications, if any.

.
If suicide is indicated, try to determine the means. Attempt to help the patient using the appropriate Guidecard. Alert responders to hazards such as gas, chemicals, weapons etc.

Suicidal callers may be reluctant to give location. Use interrogation skills, ALI screen, Phase II wireless information and contacting telephone service provider.

Prompts	Short Report
Psychiatric and behavioral problems are usually not life threatening. However, that can change quickly if the patient is not treated appropriately. Specialized training and resources are available to help assist dispatch and field responders encountering these situations. **Consider Crisis Center.** **Has Law Enforcement been notified?**	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Seizures / Convulsions

INDEX

SEIZURES / CONVULSIONS

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Is the patient still seizing?"
IF YES ***"How long has the patient been seizing?"***

"Has the patient had a seizure before?"

" Is the patient on medication or is he/she a recreational drug user?"

"Has the patient had a recent head injury?"

"Is the patient a diabetic?"
Consider. DIABETIC PROBLEMS

IF PATIENT IS A CHILD:
" Has the child been sick?"
"Does the child have a fever or feel hot?"

IF PATIENT IS FEMALE:
" Is the woman pregnant?"

"Does the patient have a medic alert bracelet on?"
IF YES, ***"What does it say?"***

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Decreased level of consciousness. Not breathing after seizure stops. Extended seizures greater than 5 minutes. Multiple seizures. Febrile seizures. First time seizure or seizure, unknown history. Secondary to drug overdose, diabetic, pregnancy, or recent head injury. Any seizure that is different than normal.	Single seizure with history of seizure disorder

Seizures / Convulsions

INDEX

SEIZURES / CONVULSIONS Pre-Arrival Instructions

Clear area around the patient.

Do not restrain patient.

Do not place anything in patient's mouth.

If 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. Go to CARDIAC ARREST/DOA instructions for appropriate age group.

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IF YES, Have patient lie on side. Monitor breathing.

Gather patient medications, if any.

If the patient's condition changes, call me back.

Prompts	Short Report
Any seizure with an unknown medical history is assumed to be first time seizure. If unconscious after seizure, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Sick Person

INDEX

SICK PERSON

State of New Jersey EMD Guidecards Version 10/14

Key Questions

"Does the patient feel pain anywhere? If so, where?'
(Consider appropriate card: Back, chest, abdomen)

"Does the patient feel lightheaded or dizzy?'

"Does the patient have Addisons 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 medic 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

"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)?"

FLU SYMPTOMS

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Decreased level of consciousness. Prior history of Addisons disease or adrenal insufficiency with dehydration, severe vomiting and diarrhea or low blood pressure. Multiple fainting episodes.	Generalized weakness. Medic alert from alarm company. Flu symptoms. (Without critical signs, symptoms or other medical options) High blood pressure without critical symptoms. High temperature. Patient assist.

Sick Person

INDEX

SICK PERSON Pre-Arrival Instructions

Gather patient's medications, if possible.

If patient's condition changes, call me back.

If the patient has Addison's diesease look for signs of "Addison's crisis":

- **Severe vomiting and diarrhea**
- **Dehydration**
- **Low blood pressure**
- **Loss of consciousness**

If the caller is requesting information about Ebola have them call the Poison Control Center Hotline: 1-800-222-1222

If signs and/or symptoms of an infectious disease:

Keep the patient isolated. Prevent additional people from close contact.

Try to obtain names of people who have been in close contact with the patient. If they are present ask them to remain until emergency services arrive to obtain their information.

Prompts	Short Report
If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. If unconscious, NOT breathing normally, go to CPR for appropriate age group. **If an infectious disease is indicated: Advise ALL responding units (including the initiating agency) of the signs and symptoms of patient and the need for P.P.E.**	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/surgical history Other Agencies responding Any dangers to responders

Stroke / CVA

STROKE / CVA

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"When did this start?"

"Does the patient have …:

"Sudden numbness or weakness of the face, arm or leg?" *(Especially on one side of the body.)*

"Sudden confusion, trouble speaking (slurring) or understanding?"

"Sudden trouble seeing in one or both eyes?"

"Sudden trouble walking, dizziness, loss of balance or coordination?"

"Sudden severe headache?"

"Has the patient ever had a stroke?"

"Has the patient had any recent injury/trauma?"

"A history of diabetes?"

"Any other medical or surgical history?"

Dispatch

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Unconscious/not breathing normally. Marked change in level of consciousness. New onset of one sided weakness with paralysis, facial droop, slurred speech, confusion, loss of vision,loss of coordination, severe headache.	Past history of stroke (CVA) with no new changes.

Stroke / CVA

INDEX

STROKE / CVA Pre-Arrival Instructions

Keep patient calm.

Don't allow patient to move around.

If unconscious or having difficulty breathing, go to **UNCONSCIOUS AIRWAY CONTROL**

Nothing by mouth (to eat or drink).

Gather patient medication, 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.

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

Unknown / Person Down

INDEX

UNKNOWN / PERSON DOWN

State of New Jersey EMD Guidecards Version 10/14

Key Questions

"Are there any obvious injuries?"

"Can you see blood or any other fluid around the patient?"

"Have you checked for a medic 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 Addisons Disease or any other medical or surgical history?"

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Unconscious/not breathing normally. Decreased level of consciousness. Multiple Casualty Incident Criteria.	Unknown (Third Party Call) without indications of unconsciousness. Patient talking, moving, sitting, or standing.

Unknown / Man Down

INDEX

UNKNOWN / PERSON DOWN Pre-Arrival Instructions

.

If there is no danger, go to patient to see if patient is awake, breathing normally, or moving at all.

Watch for the emergency unit and direct them to the patient.

If the patient's condition changes, call me back.

Prompts	Short Report
If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL . If unconscious, NOT breathing normally, go to CPR for appropriate age group.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Time / Life-Critical Events

CO POISONING / INHALATION

CARDIAC ARREST
- ADULT CPR INSTRUCTIONS
- CHILD CPR INSTRUCTIONS
- INFANT CPR INSTRUCTIONS

CHOKING
- ADULT CHOKING INSTRUCTIONS
- CHILD CHOKING INSTRUCTIONS
- INFANT CHOKING INSTRUCTIONS

DROWNING (POSSIBLE)

ELECTROCUTION

PREGNANCY / CHILDBIRTH
- CHILDBIRTH INSTRUCTIONS

UNCONSCIOUS / FAINTING
- UNCONSCIOUS AIRWAY CONTROL (NON-TRAUMA) INSTRUCTIONS
- UNCONSCIOUS AIRWAY CONTROL (TRAUMA) INSTRUCTIONS

ALL CALLER

CO Poisoning / Inhalation

INDEX

CO / INHALATION

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Is a CO Detector activated?"

"Is patient complaining of:
Headache, confusion,weakness, fatigue, nausea, vomiting or dizziness?"

"Is patient breathing normally?"
If NO go to **BREATHING PROBLEMS**

Inhalations

"What is the name of the inhaled substance?"

"What is the source of the inhaled substance?"

If a commercial property,
"Is the MSDS sheet available?"

Dispatch

SIMULTANEOUS ALS/BLS	BLS DISPATCH
CO Detector activation with Critical Symptoms: Unconscious/LOC/not breathing normally. Decreased level of consciousness. Inhalation household cleaners, antifreeze, solvents, methanol, cyanide, or insecticides with difficulty swallowing/breathing.	Chemicals on patient's skin or clothing, no critical symptoms. Third party report, caller not with patient

CO / Inhalation / Haz Mat

INDEX

CO / INHALATION Pre-Arrival Instructions

Get patient to fresh air immedatly.

If unable to go outside, open all doors and windows.

Turn off any appliance with an open flame. (heaters, stoves, fireplaces, etc.)

If the patient's condition changes, call me back.

Prompts	Short Report
CO Detector, Get everyone out of the house. Consider Poison Control Center (1-800-222-1222, or one button transfer). Dispatch Fire Department / HAZMAT per local protocol and proceed to HAZMAT	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Cardiac Arrest

INDEX

CARDIAC ARREST

State of New Jersey EMD Guidecards Version 1/12

Key Questions

If unsure about consciousness
:
"Does the patient respond to you? Talk to you? Answer questions? Hear you?"
"Does the patient move? Flinch? Move arms or legs?"
"Are the pupils fixed and dilated?"

If unsure about breathing:

"Look and see if the chest rises and falls."
"Listen for the sound, frequency and description of breaths."

Agonal respirations are often reported as:
gasping, snoring, or gurgling
barely breathing
moaning
weak or heavy

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Unresponsive Unconscious/not breathing adequately (Agonal) or not at all. Possible DOA of unknown origin Delayed response	**FOLLOW LOCAL PROTOCOL** CONFIRMED HOSPICE EXPECTED DEATH

Cardiac Arrest

INDEX

CARDIAC ARREST / DOA Pre-Arrival Instructions

Go to CPR card for the appropriate age group.

Age 8 years and ABOVE	**ADULT CPR INSTRUCTIONS**
Age 1 year to 8 years	**CHILD CPR INSTRUCTIONS**
Age 0 to 1 year	**INFANT CPR INSTRUCTIONS**

Prompts	Short Report
Agonal respirations are ineffective breaths which occur after Cardiac Arrest. Indicate the need for CPR. Brief generalized seizures may be an indication of cardiac arrest.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Adult CPR Instructions

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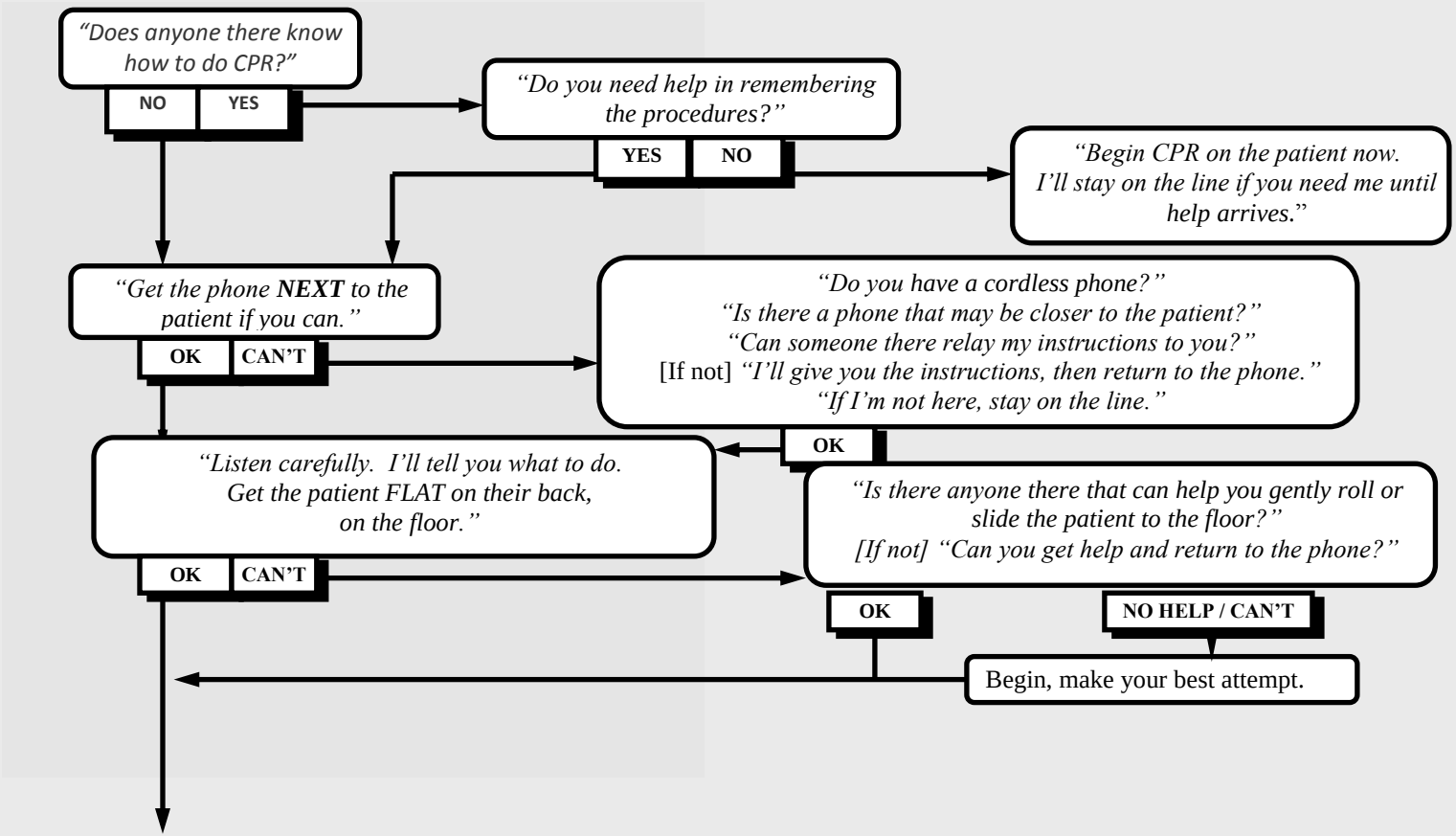
ADULT CPR INSTRUCTIONS



(CONT.)

Adult CPR Instructions

INDEX

(RESUME)

← CHOKING ADULT ENTRY POINT

"Is there an automatic defibrillator in the area?"

NO | YES

DO NOT OPERATE AED IN/OR AROUND:

- Water, snow or ice.
- Bathtubs, pools or Jacuzzis.
- Metal, street ventilation gates.
- Hazardous materials.
- Any type of conductive medium.

AED Instructions

If alone, have caller obtain AED and return to patient. Open the machine and turn it on. Follow the voice prompts and instructions from the machine. Use large size pads on adults.

.

If others are present have someone obtain AED **while caller begins CPR**. When AED arrives instruct person to set up AED for use without interrupting CPR in progress. Use large size pads on adults.
Advise when AED is ready to use.
Stop CPR and turn on the AED.
Follow the voice prompts and instructions from the machine.

(CONT.)

Adult CPR Instructions

INDEX

(RESUME)

CPR Instructions

"Kneel at the patient's side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?"

If YES, STOP- DO NOT START CPR, Go to SPECIAL CONSIDERATIONS on Page 4

If NO

*"Put the **HEEL** of your **HAND** on the **CENTER** of their **CHEST, between the nipples**"*

*"Put your **OTHER HAND ON TOP** of **THAT** hand."*

***"PUSH DOWN** on the **HEELS** of your hands, at least **2** inches."*

*"Do it **30 times**, **PUSH HARD AND FAST."***

IF NOT PERFORMING MOUTH TO MOUTH BREATHING, ADVISE caller to continue to PUMP the CHEST until help arrives or until the patient shows any signs of movement or breathing.

If doing mouth to mouth:

*"Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **BENDS BACK**."*

"Completely cover their mouth with your mouth"

***"Give TWO BREATHS each lasting 1 second,** then **PUMP** the **CHEST 30 times**."*

***"KEEP DOING IT UNTIL HELP CAN TAKE OVER**."*

If an AED becomes available see AED Instructions on Page 2

If there is more than one person present that is willing to perform CPR have them switch with the person doing CPR every 2 minutes

(CONT.)

Adult CPR Instructions

INDEX

(RESUME)

SPECIAL CONSIDERATIONS

Patient has tubes or wires protruding from chest or abdomen:
"Does the patient have a ventricular assist device?" *(May be called a VAD, heart pump, RVAD, LVAD, BVAD, or LVAS.)*
If YES, Do not perform chest compressions.

If patients has a pacemaker or internal defibrillator return to CPR instructions.

Patient has vomited

"Turn his/her head to the side."

"Sweep it all out with your fingers before doing mouth-to-mouth."

"Resume CPR."

Patient has a Stoma
Breathing Instructions

"Keep the patient's head STRAIGHT."
"COMPLETELY COVER *the* ***STOMA*** *with your mouth."*
"COVER *the patient's* ***MOUTH and NOSE*** *with your hand."*
"GIVE TWO BREATHS OF AIR *inflating the patient's* ***LUNGS****."*
"Make sure the ***CHEST GENTLY RISES****."*

Child CPR (1-8 Yrs) Instructions

INDEX

CHILD CPR (1-8 YRS) INSTRUCTIONS

Does anyone there know how to do **CHILD CPR**?

- **NO** → Get the **CHILD** near the phone if you can.
- **YES** → Do you need help in remembering the procedures?
  - **YES** → Get the **CHILD** near the phone if you can.
  - **NO** → Begin CPR on the child now. I'll stay on the line if you need me until help arrives.

Get the **CHILD** near the phone if you can.

- **YES** → Listen carefully. I'll tell you what to do. Get the child on the floor, **FLAT** on their **BACK**.
- **CAN'T** → Do you have a cordless phone? Is there a phone that may be closer to the patient? Can someone there relay my instructions to you? [If not] I'll give you the instructions, then return to the phone. If I'm not here, stay on the line.
  - **OK** → Listen carefully. I'll tell you what to do. Get the child on the floor, **FLAT** on their **BACK**.

Listen carefully. I'll tell you what to do. Get the child on the floor, **FLAT** on their **BACK**.

- **YES** → (CONT.)
- ***CAN'T*** → Can you **GENTLY** roll or slide the child to the floor? [If not] Can you get help and return to the phone?
  - **OK** → Begin attempts as best possible.
  - **NO HELP / CAN'T** → Begin attempts as best possible.

Begin attempts as best possible.

(CONT.)

Child CPR (1-8 Yrs) Instructions

INDEX

(RESUME)

"Kneel next to the child and bare the chest."
*"Put the **HEEL** of **ONE HAND** on the **CENTER** of the child's **CHEST, between the nipples."***
"PUSH DOWN FIRMLY, ONLY** with the **HEEL** of your hand, **2 inches."
*"Do it **30 times**, **PUSH HARD AND FAST."***

IF NOT PERFORMING MOUTH TO MOUTH BREATHING, ADVISE to PUMP the CHEST until help arrives or patient starts breathing or moving.

IF WILLING TO PERFORM MOUTH-TO-MOUTH BREATHING.

*"Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **TILTS BACK."***
"Completely cover the child's mouth with your mouth."
***"Give TWO BREATHS** each lasting about **1 second** then **PUMP** the **CHEST 30 times**."*
"KEEP DOING IT UNTIL HELP CAN TAKE OVER."

After 2 minutes of CPR

"Is there an automatic defibrillator in the area?"

NO → Continue CPR until help arrives or child starts breathing or moving.

YES →

← CHOKING CHILD ENTRY POINT

If there is more than one person present that is willing to perform CPR have them switch with the person doing CPR every 2 minutes.

(CONT.)

Child CPR (1-8 Yrs) Instructions

INDEX

(RESUME)

AED Instructions

If alone open the machine and turn it on.
Use **child AED pads** if equipped. (***If using adult pads on a child be sure they do not touch each other***).
Follow the voice prompts and instructions from the machine.
Come back to the phone when the machine tells you to do CPR and I will help you again.

If others are present have someone obtain AED while caller continues CPR. When AED arrives instruct person to set up AED for use without interrupting CPR in progress.
Use **child AED pads** if equipped. (***If using adult pads on a child be sure they do not touch each other***).
Advise when AED is ready to use
Stop CPR and turn on the AED.
Follow the voice prompts and instructions from the machine.
Come back to the phone when the machine tells you to do CPR and I will help you again.
.

DO NOT OPERATE AED IN/OR AROUND:

- **Water, snow or ice.**
- **Bathtubs, pools or Jacuzzis.**
- **Metal, street ventilation grates.**
- **Hazardous materials.**
- **Any type of conductive medium.**

(CONT.)

Child CPR (1-8 Yrs) Instructions

INDEX

(RESUME)

SPECIAL CONSIDERATIONS

Patient has vomited

"Turn his/her head to the side."

"Sweep it all out with your fingers before doing mouth-to-mouth."

Patient has a Stoma
Breathing Instructions

"Keep the patient's head STRAIGHT."
***"COMPLETELY COVER** the **STOMA** with your mouth."*
***"COVER** the patient's **MOUTH and NOSE** with your hand."*
***"GIVE TWO BREATHS OF AIR** each lasting about **1 second** into the patients **LUNGS**."*
*"Make sure the **CHEST GENTLY RISES***

(CONT.)

Infant CPR (0-1 yr) Instructions

INDEX

INFANT CPR (0-1 yr) INSTRUCTIONS

Does anyone there know how to do **INFANT CPR?**

NO | **YES**

Do you need help in remembering the procedures?

YES | **NO**

Begin CPR on the baby now.
I'll stay on the line if you need me until help arrives.

BRING THE BABY TO THE PHONE!

(CONT.)

Infant CPR (0-1 yr) Instructions

INDEX

(RESUME)

"Listen carefully. I'll tell you what to do next."
*"Lay the baby **FLAT** on its back on a hard surface, such as a table or the floor."*
*"Put your **INDEX AND MIDDLE FINGERTIPS** on the **CHEST**, just **BELOW** the **NIPPLE LINE."***
***"PUSH DOWN 1 ½ INCH.** Do it **30 times RAPIDLY** Hard and Fast."*

IF NOT PERFORMING MOUTH-TO-MOUTH BREATHING, ADVISE to PUMP the CHEST 200 times and then come back to the phone.

If performing mouth-to-mouth

"THEN**, Tilt the head back **SLIGHTLY** by **LIFTING** the **CHIN and cover the baby's mouth and nose with your mouth."
"GIVE TWO SMALL PUFFS** of air **SLOWLY."
*"Make sure the baby's **CHEST GENTLY RISES** with each puff."*
"THEN**, rapidly pump **30 times**, and then give two more **SLOW PUFFS."
"KEEP DOING IT UNTIL HELP CAN TAKE OVER or the baby starts to move or breath on its own."

(CONT.)

Choking

CHOKING

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Is patient alert?"

"Is the patient able to speak or cry?"

"Describe the breathing."

"Does the chest rise?"

"Does air enter freely?"

"Is the patient turning blue?"

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Unconscious/not breathing normally. Unable to talk or cry. Turning blue.	Able to speak or cry. Exchanging air with no breathing difficulty. Airway cleared, patient assist.

Choking

INDEX

CHOKING Pre-Arrival Instructions

Go to choking card for the appropriate age group:

Age 8 years and ABOVE	ADULT INSTRUCTIONS
Age 1year to 8 years	CHILD INSTRUCTIONS
Age 0 to 1 year	INFANT INSTRUCTIONS

Prompts	Short Report
Determine age group Go to CHOKING (OBSTRUCTED AIRWAY) instructions	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Choking Adult Instructions

INDEX

CHOKING ADULT INSTRUCTIONS

START

Is the patient able to
TALK or **COUGH?**

NO | **YES**

STOP

PROMPT:
If the event is NOT WITNESSED and the patient is UNCONSCIOUS: Go to CPR ADULT.

If mild obstruction is present and the victim is coughing forcefully, do not interfere with the patient's spontaneous coughing and breathing efforts.

Attempt to relieve the obstruction only if the cough becomes silent, respiratory difficulty increases or the victim becomes unresponsive.

(CONT.)

Choking Adult Instructions

INDEX

(RESUME)

Is the patient
CONSCIOUS?

NO | YES

Conscious Patient Instructions

"Listen carefully. I'll tell you what to do next.
*Stand **BEHIND** the patient.*
*Wrap your arms **AROUND** the waist.**
*Make a fist with **ONE** hand and place the thumb side against the **STOMACH**, in the **MIDDLE**, slightly above the **NAVEL.***
***GRASP** your fist with the other hand.*
***PRESS** into the stomach with **QUICK, UPWARD** thrusts.*
Repeat thrusts until the item is expelled.

**If unable to reach around waist or if patient is in late stage of pregnancy, reach under the arms and place hands on center of chest.*
***GRASP** your fist with the other hand.*
PRESS into chest with QUICK thrusts until item is expelled.

(CONT.)

Choking Adult Instructions

INDEX

(RESUME)

Unconscious Patient Instructions
Compressions Only

"Get the patient **FLAT** on their back on the floor."
"Kneel at the patient's side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?"

If YES, STOP- DO NOT START CPR, Go to ADULT CPR SPECIAL CONSIDERATIONS

If NO:

*"Put the **HEEL** of your **HAND** on the **CENTER** of their **CHEST** between the nipples."*
*"Put your **OTHER HAND ON TOP** of **THAT** hand."*
***"PUSH DOWN** on the **HEELS** of your hands, at least **2** inches."*
*"Do it **30 times**, **PUSH HARD AND FAST."***
*"Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **BENDS BACK**."*
*"**LOOK IN THE MOUTH FOR OBJECT**. If seen, remove it."*

***"KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts breathing**.*
GO TO **UNCONCIOUS AIRWAY CONTROL**

If there is more than one person present that is willing to perform CPR have them switch with the person doing CPR every 2 minutes

If an AED becomes available go to **ENTRY POINT FROM ADULT CHOKING**

(CONT.)

Choking Adult Instructions

INDEX

(RESUME)

Unconscious Patient Instructions
With Ventilations

"Get the patient **FLAT** on their back on the floor."
"Kneel at the patient's side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?"

If YES, STOP- DO NOT START CPR, Go to ADULT CPR SPECIAL CONSIDERATIONS.
If NO:

*"Put the **HEEL** of your **HAND** on the **CENTER** of their **CHEST** between the nipples."*
*"Put your **OTHER HAND ON TOP** of **THAT** hand."*
***"PUSH DOWN** on the **HEELS** of your hands, at least **2** inches."*
*"Do it **30 times**, **PUSH HARD AND FAST."***
*"Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **BENDS BACK**."*
*'**LOOK IN THE MOUTH FOR OBJECT,**. If seen, remove it."*
"Completely cover their mouth with your mouth."
***"Give TWO BREATHS each lasting 1 second** then **PUMP** the **CHEST 30 times**."*
***"KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts breathing**."*
IF PATIENT STARTS BREATHING GO TO UNCONCIOUS AIRWAY CONTROL

If an AED becomes available go to ENTRY POINT FROM ADULT CHOKING

If there is more than one person present that is willing to perform CPR have them switch with the person doing CPR every 2 minutes.

Choking Child (1-8 Yrs) Instructions

CHOKING CHILD (1-8yrs) INSTRUCTIONS

START

Is the child able to **TALK** or **COUGH?**

NO | **YES**

STOP

PROMPT:
If the event is NOT WITNESSED and the child is UNCONSCIOUS: Go to CPR CHILD.

If mild obstruction is present and the victim is coughing forcefully, do not interfere with the patient's spontaneous coughing and breathing efforts.

Attempt to relieve the obstruction only if the cough becomes silent, respiratory difficulty increases or the victim becomes unresponsive.

(CONT.)

Choking Child (1-8 Yrs) Instructions

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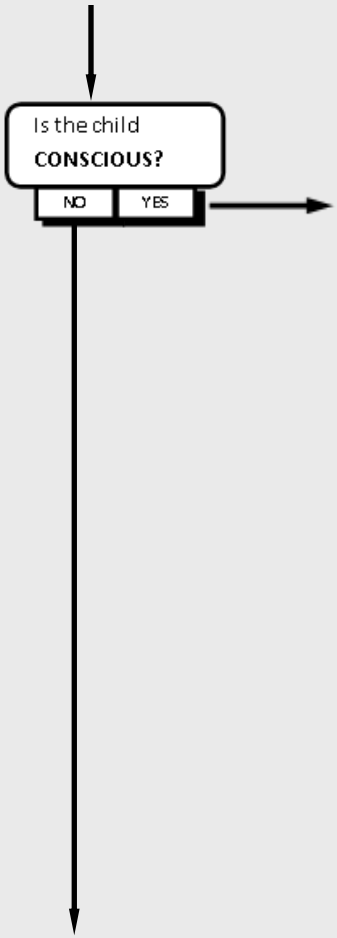
(RESUME)



Conscious Patient Instructions

Listen carefully. I'll tell you what to do next.
Stand **BEHIND** the child.
Wrap your arms **AROUND** the waist.
Make a fist with **ONE** hand and place the thumb side against the **STOMACH**, in the **MIDDLE**, slightly above the **NAVEL.**
GRASP your fist with the other hand.
PRESS into the stomach with **QUICK, UPWARD** thrusts.
Repeat thrusts until the item is expelled.

**If unable to reach around waist, reach under the arms and place hands on center of chest.*
***GRASP** your fist with the other hand.*
PRESS into chest with QUICK thrusts until item is expelled.

(CONT.)

Choking Child (1-8 Yrs) Instructions

INDEX

(RESUME)

CPR ENTRY POINT

Unconscious Patient Instructions
Compressions Only

"Get the child **FLAT** on their back on the floor."
Put the **HEEL** of **ONE HAND** on the **CENTER** of the child's **CHEST**, right **BETWEEN** the **NIPPLES**.
PUSH DOWN FIRMLY, ONLY on the **HEEL** of your hand**, 2 inches DOWN**.
Do it **30 times**, **PUSH HARD AND FAST.**
Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **TILTS BACK**.
OPEN THE MOUTH. If you see something, try to sweep it out. **DON'T** push the object backwards.
"KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts breathing. *" GO TO* UNCONSCIOUS AIRWAY CONTROL

If an AED becomes available go to ENTRY POINT FROM CHILD CHOKING

(CONT.)

Choking Child (1-8 Yrs) Instructions

INDEX

(RESUME)

Unconscious Patient Instructions
Compressions and Ventilations

"Get the child **FLAT** on their back on the floor."

Put the **HEEL** of **ONE HAND** on the **CENTER** of the child's **CHEST**, right **BETWEEN** the **NIPPLES**.

PUSH DOWN FIRMLY, ONLY on the **HEEL** of your hand, **1 ½ inches DOWN**.

Do it **30 times**, **PUSH HARD AND FAST.**

Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **TILTS BACK**. **OPEN THE MOUTH**. If you see something, try to sweep it out. **DON'T** push the object backwards.

"Completely cover their mouth with your mouth"
"Give TWO BREATHS each lasting 1 second, *then* ***PUMP*** *the* ***CHEST 30 times****."*
"KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts breathing*."*
GO TO UNCONSCIOUS AIRWAY CONTROL

If an AED becomes available go to ENTRY POINT FROM CHILD CHOKING

Choking Infant (0-1 yr) Instructions

INDEX

CHOKING INFANT (0-1 yr) INSTRUCTIONS

START

BRING the **BABY** to the **PHONE!**

Is the baby **CONSCIOUS?**

NO | YES

PROMPT:
If the event is NOT WITNESSED and the infant is UNCONSCIOUS: Go to CPR INFANT.

Is the baby able to **CRY** or **COUGH?**

NO | YES

STOP

Roll the baby over on it's side and check for breathing until help takes over.

(CONT.)

Choking Infant (0-1 yr) Instructions

INDEX

(RESUME)

Conscious Patient Instructions

Listen carefully. I'll tell you what to do next.
Remove any clothing from the baby's chest, then PICK UP the baby.
Do that, and come back to the phone. If I am not here, STAY ON THE LINE.

Turn the baby FACE DOWN so it lies along your forearm; SUPPORT the baby's JAW in your HAND.
Lower your arm onto your thigh so that the baby's head is LOWER than its chest.
Use the HEEL of your other HAND to strike the BACK 5 times FIRMLY, right between the shoulder blades.
Do that, and come back to the phone.
SANDWICH the baby between your forearms, SUPPORT the head, and then turn the baby onto its back.
Put your INDEX AND MIDDLE FINGERS directly BELOW the baby's NIPPLES.
Push down 1 ½ inches, 5 TIMES. Do that, and come back to the phone.

"Continue until Infant can breath, cough or cry. Then monitor consciousness and breathing."

IF INFANT BECOMES UNRESPONSIVE

(CONT.)

Choking Infant (0-1 yr) Instructions

INDEX

(RESUME)

Is the baby breathing or crying?

NO | YES

ROLL the baby on their SIDE and CHECK BREATHING until help takes over.

Listen carefully. I'll tell you what to do. Lay the baby **FLAT** on its back on a hard surface, such as the floor or a table, and then **BARE** the baby's chest.
Do that then come back to the phone. If I'm not here, stay on the line.

Put your **INDEX AND MIDDLE FINGERTIPS** on the **CHEST**, right **BELOW** the **NIPPLE LINE.**
PUSH DOWN 1 1/2 INCHES. Do it **30 TIMES, HARD AND FAST.**
THEN, Tilt the head back **SLIGHTLY** by **LIFTING** the **CHIN.**
LOOK INTO THE BABY'S MOUTH, if you see anything try to remove it with your little finger by sweeping it out. **DON'T** push the object backwards.
GIVE TWO SMALL PUFFS of air **SLOWLY.**
.
THEN, rapidly pump thirty more times.
LOOK INTO THE BABY'S MOUTH, if you see anything try to remove it with your little finger by sweeping it out. **DON'T** push the object backwards.
Then give two more **SLOW PUFFS**.
KEEP DOING IT UNTIL HELP CAN TAKE OVER. I'll stay on the line.

(CONT.)

Choking Infant (0-1 yr) Instructions

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(BLANK)

Drowning (Possible)

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DROWNING (POSSIBLE)

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Has the patient been removed from the water?"

IF YES
"Is the patient on land or in a boat?"

"How long was the patient under water?"

"Is this a scuba diving accident?"

"What was the patient doing before the accident?"

If the caller is in a car sinking in water or stuck in rising water go to

VEHICLE IN WATER

Dispatch

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Unconscious, not breathing normally.	Patient not submerged.
Difficulty breathing.	Patient coughing.
Scuba diving accident.	Other injuries without critical symptoms.
Diving accident (possibility of C-spine injury.)	Minor injury (lacerations/fractures).
Fractured femur (thigh).	

Drowning (Possible)

DROWNING (POSSIBLE) Pre-Arrival Instructions

Do not attempt to rescue patient, unless trained to do so.

Do not move patient around.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

Keep patient warm.

Prompts	Short Report
If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY-AIRWAY CONTROL If unconscious, NOT breathing normally, go to CPR for appropriate age group. Are boats needed? Is SCUBA team needed?	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Electrocution

INDEX

ELECTROCUTION

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"What was the source of the electricity?"
(Small household appliance(110 volt AC), dryer, stove, (220 volt AC) or industrial equipment (high voltage DC).

"Is patient still in contact with the source?"
IF YES, ***"Do you know how to turn off the electricity?"***

After patient is removed from electrical circuit check breathing and level of consciousness
Go to appropriate guidecard.

"Are there any other injuries?"
IF YES ***"What are they?"***
Go to appropriate Guidecard.

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch	Decreased level of consciousness. Unable to remove patient from electrical circuit. Multiple Casualty Incident Criteria. Burns to airway, nose, or mouth. Burns over 20% of body surface. Burns from 220 volt or higher source. 2nd & 3rd degree burns (partial or full thickness) to Palms (hands), Soles (feet) or Groin. Reported DOA until evaluation by responsible party.	Household electrical shock without critical symptoms

Electrocution

INDEX

ELECTROCUTION	Pre-Arrival Instructions
Beware of liquid spills or ground moisture that could conduct electricity Do not touch the patient(s) if they are in contact with the source of electricity. If it is safe to do so, turn off the power. If the patient's condition changes, call me back.	. If patient has visible burn injuries go to BURNS and determine extent of injuries.

Prompts	Short Report
If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. If unconscious, NOT breathing normally, go to CPR for appropriate age group. If outside electric wires or meters are involved, notify electric utility. Is Fire Department needed?	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Pregnancy / Childbirth

PREGNANCY / CHILDBIRTH

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Is this the first pregnancy"?

If this is not the first pregnancy,
"How long was she in labor before delivery with her other pregnancies?"
"Were there any complications?"
"Was the delivery vaginal or surgical?"

"How far along is she?"
If less than 20 weeks: ***"Has there been any discharge of blood or tissue?"***

"Has she had any problems during pregnancy or anticipated problems?"

"Is she having cramping pains that come and go?"
IF YES, ***"How often?"***
(Time from beginning of contraction to beginning of next contraction).

Dispatch

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Imminent delivery OR Delivery. Vaginal bleeding with fainting. Fainting/near fainting with patient sitting up. Prior history of complicated delivery. Bleeding, greater than 20 weeks pregnant. Premature active labor greater than 4 weeks premature. Abdominal injury, if greater than 20 weeks pregnant. Seizure. Multiple births.	Delivery not imminent. Vaginal bleeding without fainting if under 20 weeks pregnant. Abdominal injury, if less than 20 weeks pregnant. Water broke. Pregnant less than 20 weeks or menstrual with any of the following: Cramps Pelvic Pain Spotting

Pregnancy / Childbirth

PREGNANCY / CHILDBIRTH Pre-Arrival Instructions

Have the patient lie down on her left side.

Keep the patient warm.

Watch for the baby's head to show.

If the patient feels the urge to go to the bathroom, do not allow her to use the toilet!

If patient was on the toilet and noticed *discharge of blood or tissue:*
"Do not flush toilet or dispose of used pads."

If post delivery:
"Is the baby breathing?"
If NO go to. **INFANT CPR INSTRUCTIONS**

Gather patient medications, if any.

If the patient's condition changes, call me back.

Prompts	Short Report
Imminent delivery (Regular contractions at 1-2 minute intervals and an urge to push or bear down) and **post delivery**, go to **CHILDBIRTH INSTRUCTIONS** **Miscarriage** is defined as the loss of a pregnancy before 20 weeks of gestation. May include bleeding, abdominal cramps, lower back pain and/or discharge of tissue.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Childbirth Instructions

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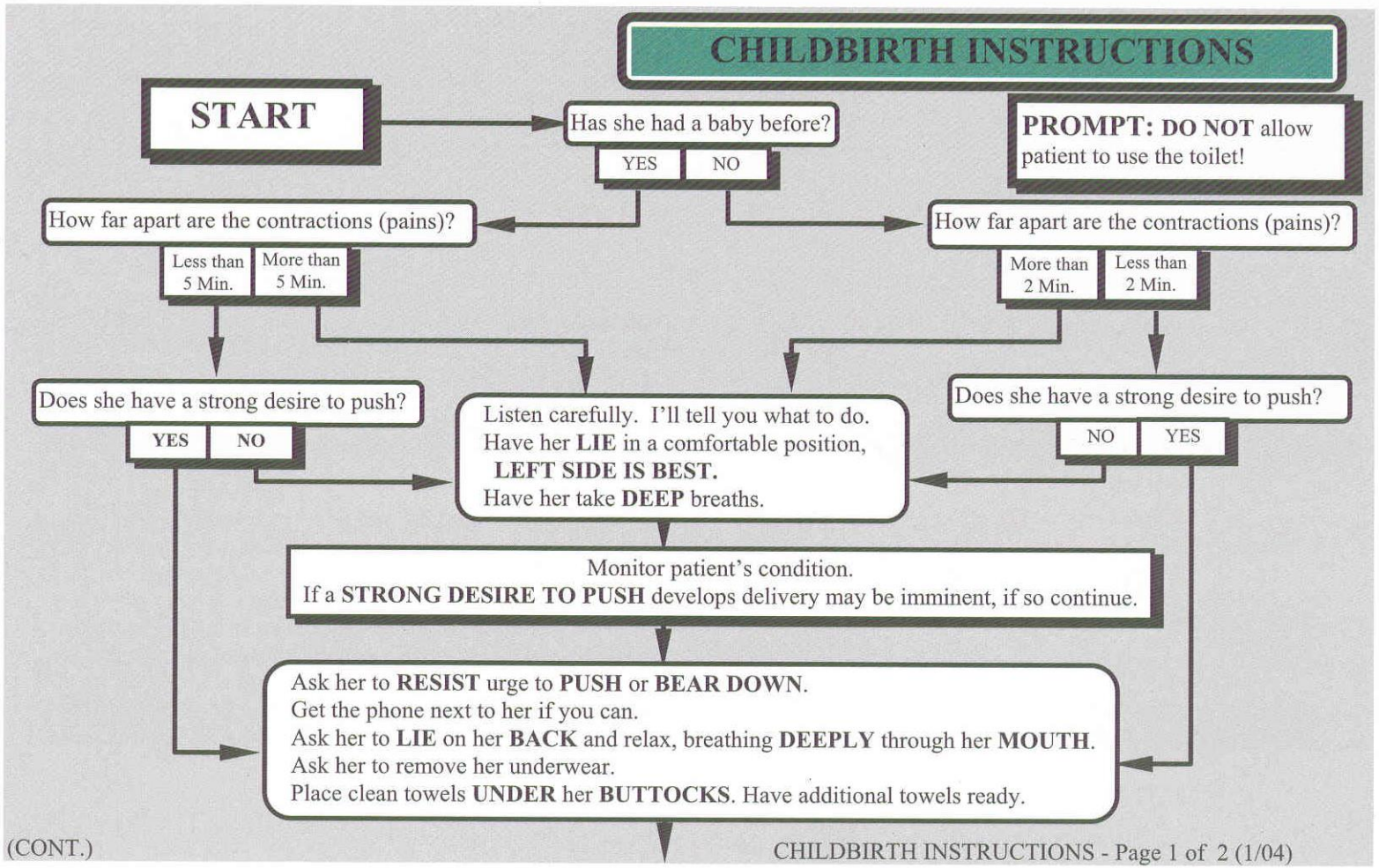

Childbirth Instructions

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(RESUME)

<<< 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 delivery. **THIS IS NORMAL**.
When the baby is delivered, **CLEAN** out it's **MOUTH** and **NOSE** with a **CLEAN, DRY CLOTH**.
DO NOT attempt to **CUT** or **PULL** the cord.
Wrap the baby in a dry blanket, a 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 **IMMEDIATELY**, come back to the phone.

COMPLICATIONS with delivery	Baby delivered and **BREATHING**	Baby delivered and **NOT BREATHING**

GO TO CHOKING INFANT INSTRUCTIONS

<<When the placenta (tissue on the other end of the umbilical cord) is delivered.>>

WRAP IT. This delivery may take as long as twenty minutes.
Keep the placenta LEVEL or SLIGHTLY ABOVE the baby.

<< If there are complications (leg, arm, buttocks, or umbilical cord presenting) >>

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

INDEX

UNCONSCIOUS / FAINTING

State of New Jersey EMD Guidecards Version 10/14

Key Questions

"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, medication or recreational drugs?"
If YES, go to **OD/POIOSONING/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 medic alert tag?"
If YES, "***What does it say?"***

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Dispatch Unconscious/not breathing normally. Multiple fainting (syncopal) episodes (same day). Confirmed unconscious/unresponsive at time of call. Combined drugs and alcohol overdose. Difficulty breathing. Fainting associated with: Headache, Chest pain/discomfort/palpitations. Diabetic, GI/Vaginal Bleeding, Abdominal pain, Sitting/Standing, or Continued decreased level of consciousness. Single fainting if over 50 years. Alcohol intoxication, can not 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.

Unconscious / Fainting

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UNCONCIOUS / FAINTING Pre-Arrival Instructions

Have patient lie down.

If patient is vomiting, lay patient on side.

Monitor patient's breathing.

Do not leave patient, be prepared to do CPR.

Gather patient's medications, if possible.

If the patient's condition changes, call me back.

Agonal respirations are often reported as:

gasping, snoring, or gurgling
barely breathing
moaning, weak or heavy
occasional

Brief generalized seizures may be an indication of cardiac arrest.

Prompts	Short Report
Go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL If unconscious, NOT breathing normally, go to CPR for appropriate age group.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Unconscious Patient Airway Control (Non-Trauma)

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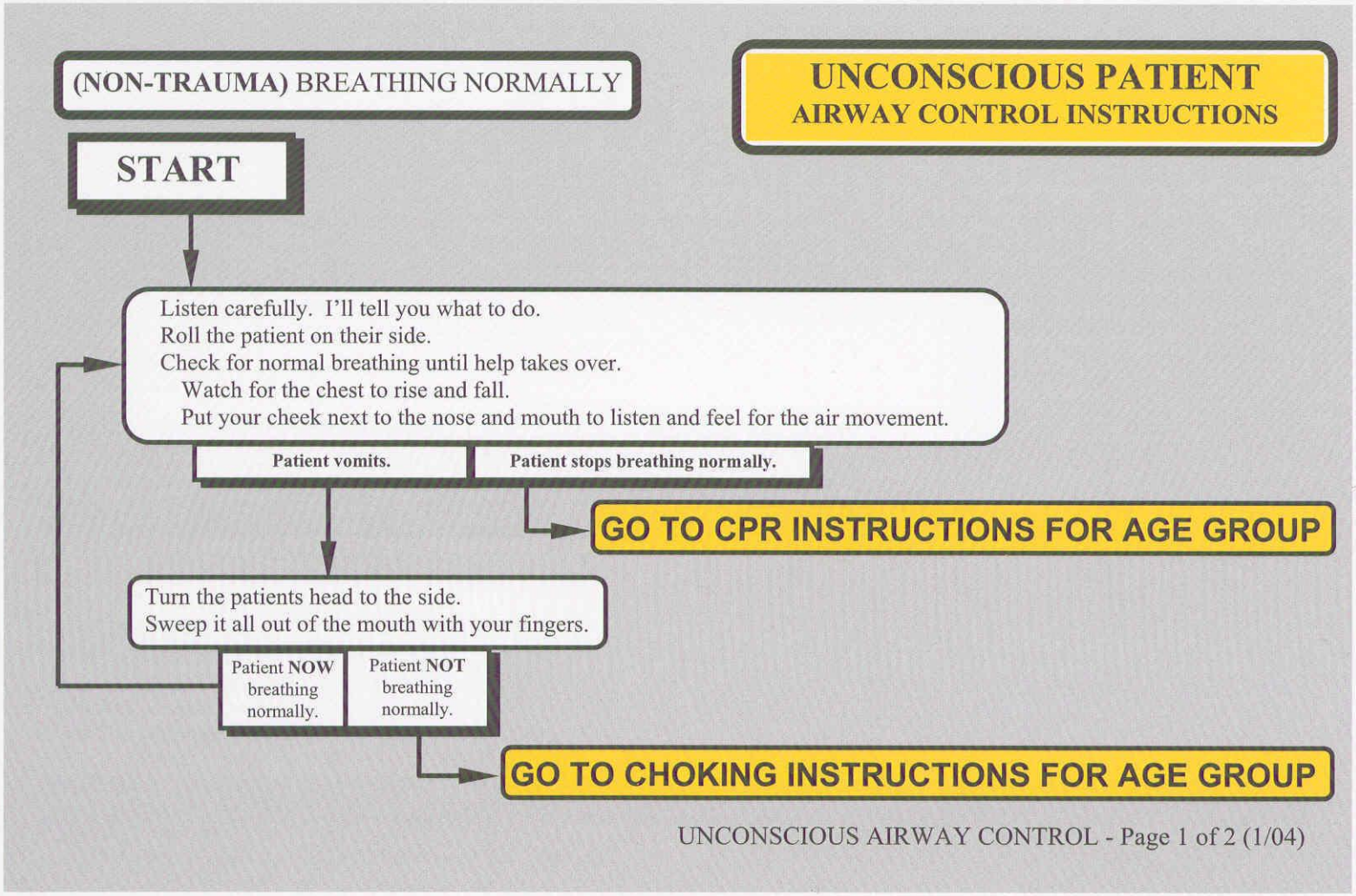

Unconscious Patient Airway Control (Trauma)

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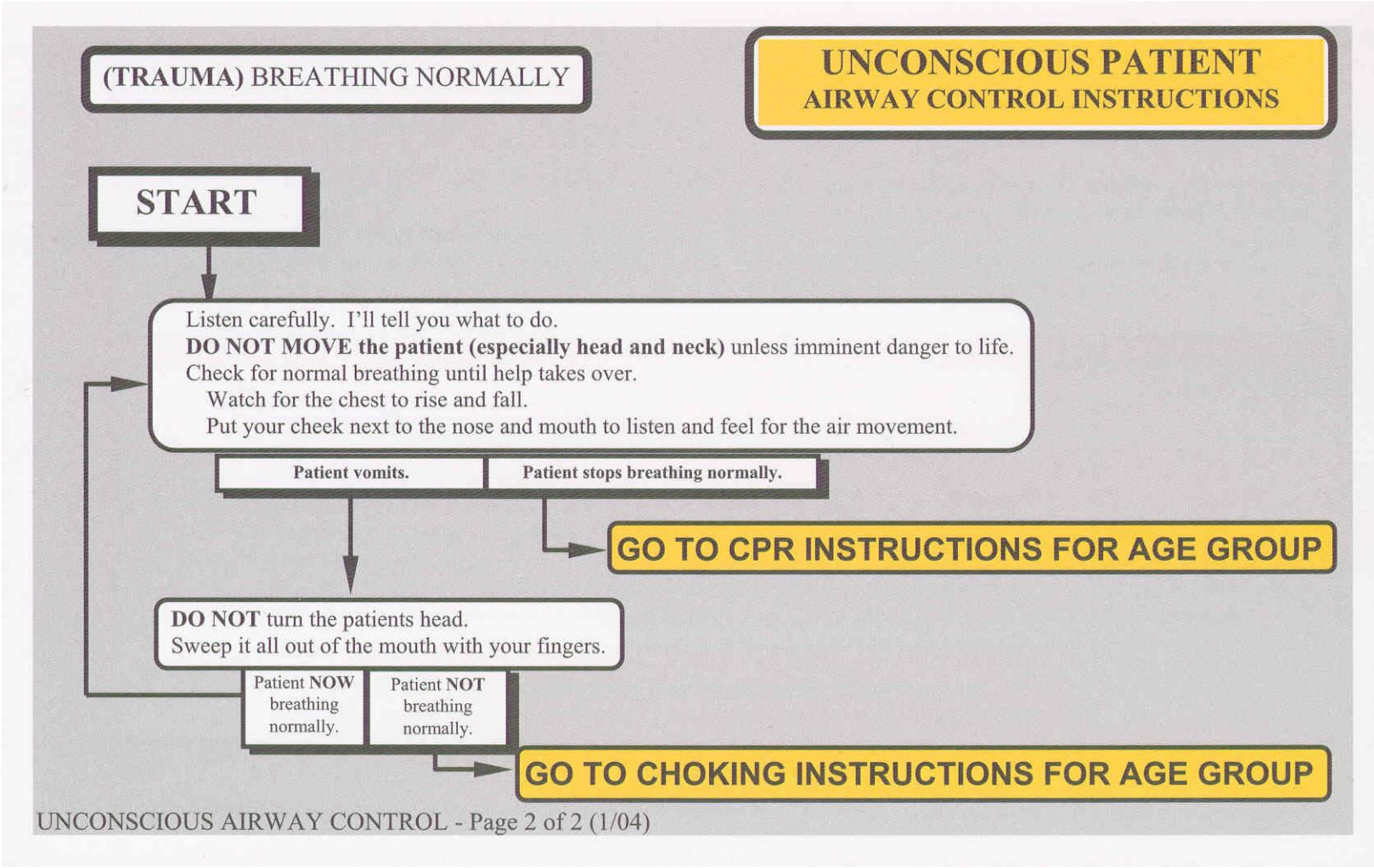

Miscellaneous

AIRCRAFT / TERRORISM

HAZMAT INCIDENT GUIDE

VEHICLE IN WATER

AEROMEDICAL DISPATCH PROCEDURE

ALL CALLER

Aircraft / Terrorism

INDEX

AIRCRAFT / TERRORISM

State of New Jersey EMD Guidecards Version 1/12

Key Questions

PSAP receives a call from a passenger or crewmember onboard an airborne aircraft, reporting a hijacking or other violent potential terrorist event.

- **Caller Information (name and seat number).**
- **Flight Information (airline, fight no., departure & destination airports.**
- **Caller cell number.**
- **Individual's intentions or intended target.**
- **Is anyone hurt or injured? – Are you in a position to help with the victims?**
- **Initiate any local protocols.**
- **"STAY CALM", "Tell me what happened", keep caller on line.**

(Patch through to NEADS if requested).

If a medical problem exists go to appropriate guide card.

Dispatch

WHEN TO CALL	WHEN *NOT* TO CALL
Emergency call from an airborne aircraft. • **Suspicious airborne object or aircraft.** • **Aircraft theft in progress or just occurred.** • **Notify NEADS at** **NEADS-Northeastern States** **315-334-6311/6802 (ul)**	Complaints about sonic booms. Aircraft noise complaints that are reported in the vicinity of airports. Reporting a crop duster spraying an agricultural field. Reporting a military aircraft flying in a typical military operations area. **IF IN DOUBT…. PLEASE CALL NORAD**

Aircraft / Terrorism

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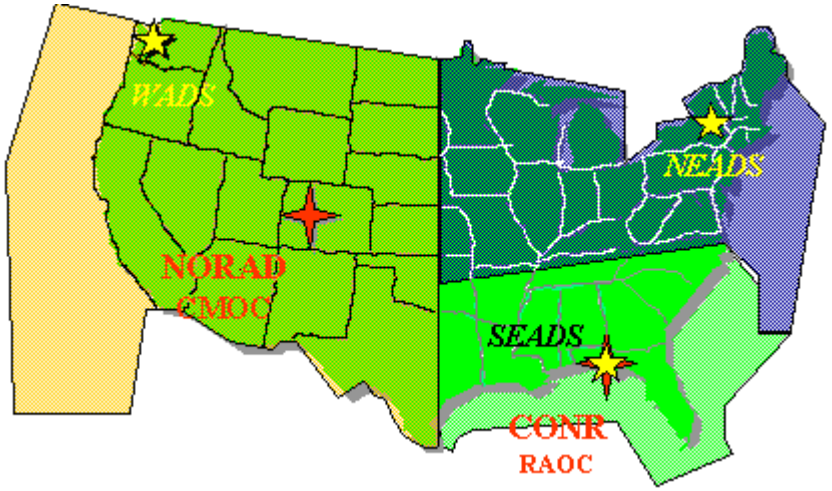

Contact information details outlined below:

A. SEADS: Southeastern states would call (850) 283-5205/5207.

B. NEADS: Northeastern states would call (315) 334-6311/6802.

C. WADS: Western states would call (253) 382-4310/4311.

D. ANR: Alaska would call (907) 552-6222/6293.

The above phone numbers are privileged phone numbers and should not be shared with private citizens. These numbers are for PSAP use only.

HazMat Incident Guide

INDEX

HAZMAT INCIDENT GUIDE

State of New Jersey EMD Guidecards Version 1/12

Key Questions

"Where is the emergency?" Actual incident location, direction of travel, best access if applicable:

"Are you in a safe location?"
If YES: continue questioning.
If NO: advise caller to move to safe location and call back.

"What happened?" (Type of hazardous material)
Explosion, Odor Complaint, Fire, Air release, Motor Vehicle Accident, Illegal dumping, Leak / Spill, Abandoned container / materials, Other.

"Are there any injuries?"
IF YES:
How many people are injured?
What is the nature of the injuries?
Refer to appropriate medical guidecard or local protocol for MASS CASUALTY INCIDENT.

"What is the name and/or ID # of material?"
Use DOT Guidebook or NLETS to obtain information about substance.

Dispatch

Emergency Medical Dispatch	Hazardous Materials Agency Dispatch
Refer to the appropriate medical guidecard or follow local protocol for Mass Casualty Incident.	**Notify County and all applicable agencies (NJDEP, Local and/or County OEM, etc.) per local protocol on any affirmative responses to items marked * in the prompts section below.**

Hazmat Incident Guide

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HAZMAT INCIDENT GUIDE Pre-Arrival Instructions

If you are not in a safe location, leave the area and call back.
Gather available chemical information
Deny entry to affected area. Secure premises, isolate area.
Isolate injured from scene if safely possible.

Prompts	Short Report
Amount spilled or released: State of material: Solid Liquid Gas Size / Type of container: Is the release continuous, intermittent, or contained? Entering a waterway, a storm drain or sewer? Have personnel been evacuated? YES NO Are there any emergency responders or HAZMAT trained personnel on the scene? fire brigade security other Is chemical information available for responders? (I.e.: MSDS, Hazardous Substance Fact Sheet. IF YES: Please have it ready for the emergency responders. Wind Direction: N S E W (If not available from caller, obtain from weather service)	Incident location Access route Type of HazMat incident Number and nature of injuries Release type Wind direction

Vehicle in Water

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VEHICLE IN WATER

State of New Jersey EMD Guidecards Version 01/12

KEY QUESTIONS	
"What kind of water are you in?" River, lake or flooded roadway ***"Is the car sinking?"*** ***"Can you open the vehicle doors?"*** If NO ***"Can you open the vehicle windows?"*** If NO go to Pre Arrival Instructions	If the caller is a witness ask if they can relay instructions to occupants of the vehicle. If so go to Pre-Arrival Instructions

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
DISPATCH	Vehicle in water sinking, submerged or stuck in fast moving water.	Vehicle in still water, not sinking, water not rising.

Vehicle in Water

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VEHICLE IN WATER Pre-Arrival Instructions

Vehicle in still water

"***Open vehicle doors or windows, exit vehicle and wade to shore.***

If unable to wade to shore

"Exit vehicle and go to vehicle roof."

Vehicle in water and sinking

"Release your seatbelts and open the windows. If your windows will not open, try to break them. Hit the corner of the window with a key, seat belt buckle or metal headrest post. Exit through the window and get onto the roof of the vehicle."

Vehicle is under the water

"If you are unable to open a window there should be enough air for the minute or two that it will take to prepare to escape. When the car is nearly full of water, take a deep breath and push a door open, you may need to do this with your feet. Exhale slowly as you swim to the surface."

Prompts	Short Report
If vehicle is sinking or in fast moving water concentrate on getting the occupants out of the vehicle and onto the roof. Once on the roof, verify location. Consider need for boats, SCUBA or Tactical/Rapid Water Rescue.	Specific location Number of occupants Any dangers to responding units

Aeromedical Dispatch

GUIDELINES TO REQUEST AN ON-SCENE HELICOPTER

Air transportation should be considered when emergency personnel have evaluated the individual circumstances and found any one of the following situations present.

State of New Jersey EMD Guidecards Version 01/12

ENVIRONMENTAL FACTORS

- The time needed to transport a patient by ground to an appropriate facility poses a threat to the patient's survival and recovery.
- Weather, road, and traffic conditions would seriously delay the patient's access to Advanced Life Support (ALS).
- Critical care personnel and equipment are needed to adequately care for the patient during transport.
- Falls of 20 feet or more.
- Motor vehicle crash (MVC) of **20 MPH** or more without restraints.
- Rearward displacement of front of car by **20 inches**.
- Rearward displacement of front axle.
- Compartment intrusion, including roof: **>12 inches** occupant site; **>18 inches** any site.
- Ejection of patient from vehicle.
- Rollover.
- Deformity of a contact point (steering wheel, windshield, dashboard).
- Death of occupant in the same vehicle.
- Pedestrian struck at **20 MPH** or more.

INDICATORS OF SEVERE ANATOMIC OR PHYSIOLOGIC COMPROMISE

- Unconsciousness or decreasing level of consciousness.
- Systolic blood pressure less than 90 mmHg.
- Respiratory rate less than 10 per minute or greater than 29 per minute.
- Glasgow Coma Score less than 10.
- Compromised airway.
- Penetrating injury to chest, abdomen, head, neck, or groin.
- Two or more femur or humerus fractures.
- Flail chest.
- Amputation proximal to wrist or ankle.
- Paralysis or spinal cord injury.
- Severe burns.

1-800-332-4356
REMCS (Newark)

ENVIRONMENTAL FACTORS

- The time needed to transport a patient by ground to an appropriate facility poses a threat to the patients survival and recovery.
- Weather, road, and traffic conditions would seriously delay the patient's access to Advanced Life Support (ALS).
- Critical care personnel and equipment are needed to adequately care for the patient during transport.
- Falls of 20 feet or more.
- Motor vehicle accident (MVA) of 20 MPH or more without restraints.
- Compartment intrusion, including roof >12 inches occupant site, >18 inches any site.
- Passenger compartment intrusion.
- Ejection of patient from vehicle.
- Rollover.
- Deformity of a contact point (steering wheel, windshield, dashboard).
- Death of occupant in the same vehicle.
- Pedestrian struck at 20 MPH or more.

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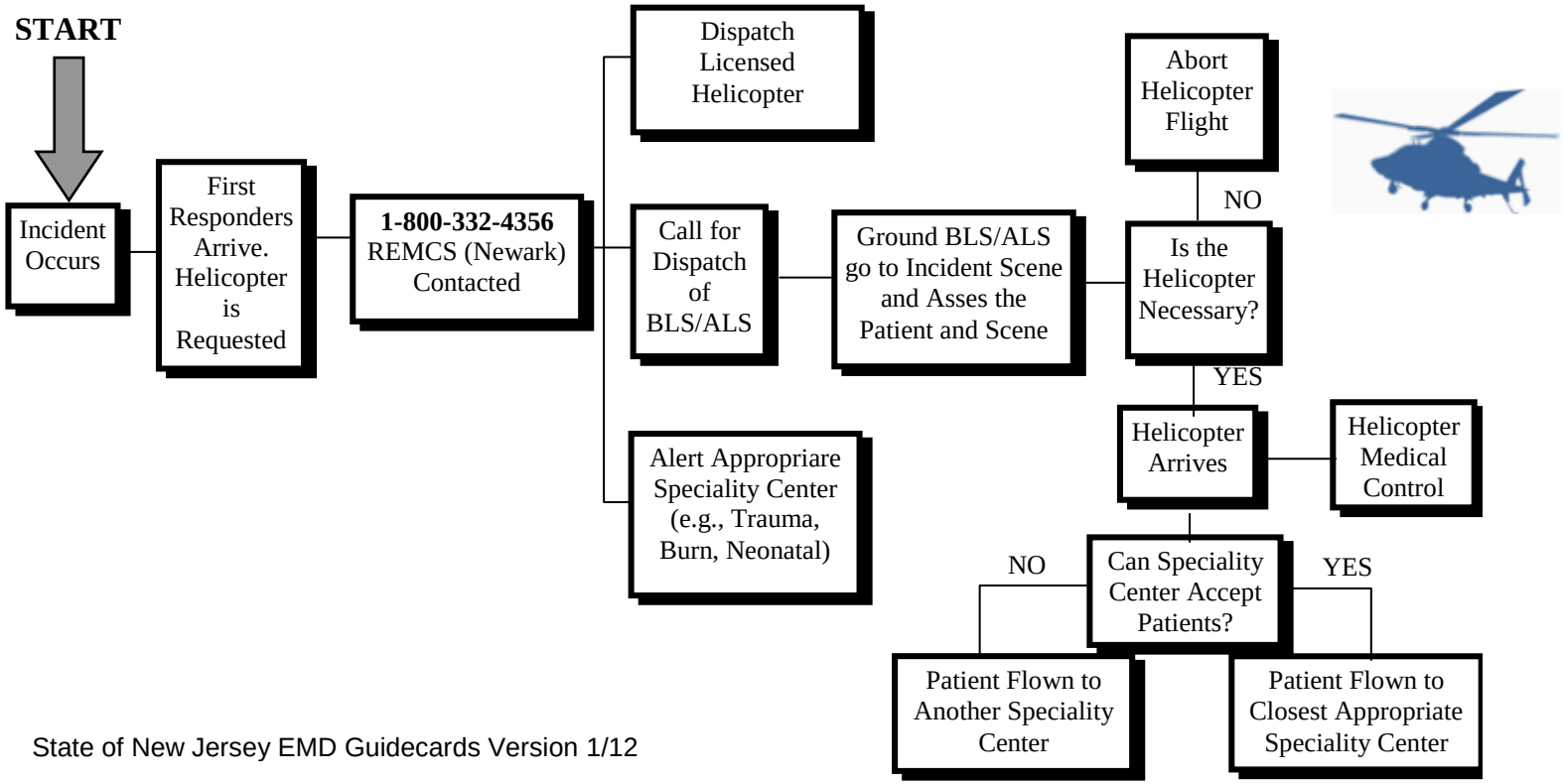
Aeromedical Dispatch

New Jersey Aeromedical Dispatch Procedure