State of New Jersey
Emergency Medical Dispatch Guidecards

August 2017

ALERTS

Mushroom Poisoning (8/15/17)

Zika Virus

Approved by
State of New Jersey Department of Health
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

Guidecard Updates

August, 2017

CURRENT

Mushroom Poisoning

There were 5 mushroom poisonings called into poison control this past weekend. Individuals became sick after consuming mushrooms picked from the wild (e.g., backyards, parks).
Any calls for persons having consumed wild mushrooms with or without critical signs/symptoms should be evaluated.
Callers should be conferenced to Poison Control for assistance (1-800-222-1222).

*Local health department should be notified.

ALERT #20170815
MUSHROOM POISONING

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

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**)**

DISPATCH

***NOTIFY LOCAL HEALTH OFFICER OF ALL PATIENTS MEETING THIS CRITERIA.**
http://www.nj.gov/health/lh/directory/lhdselectcounty.shtml

ALL CALLER INTERROGATION

1. ***"Where is your emergency?"*** (Address or Location)
2. ***"What is the number you are calling from?"***
3. ***"What is the emergency?"***
4. ***"What is your name?"***
5. Determine age and sex of patient

6. ***"Is the patient conscious?"*** (Able to talk)

NO — **Dispatch ALS & BLS**

7." Is the patient breathing NORMALLY?"

- **NO** → Go to **CPR Instructions** for age group
- **UNCERTAIN** → Go to **CARDIAC ARREST/DOA**
- **YES** → Go to **UNCONSCIOUS/ FAINTING**

YES

7." Is the patient breathing NORMALLY?"

- **YES** → Determine chief complaint and turn to appropriate card.
- **NO / UNCERTAIN** → Go to **BREATHING PROBLEMS**

ALL CALLER

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ANIMAL BITES

KEY QUESTIONS

"Is the animal contained?"

"What type of animal bit the patient?"

"What part of the body was bitten?"

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

"Is the patient bleeding?"

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

"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 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.

Have the patient lie down, Cover patient with blanket and try to keep them calm.

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.

Monitor for shock, Go to: **TRAUMATIC INJURY**

Prompts

Has law enforcement been notified?

Has Animal Control been notified?

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

ASSAULT/DOMESTIC, SEXUAL

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.	Penetrating/crushing injury to hands or feet.
Decreased level of consciousness.	Isolated extremity fracture.
Crushing injury (except to hands or feet.)	Minor injuries.
Puncture injury (head, neck, torso, thigh.)	Unknown injuries.
Multiple extremity fractures.	Concerned caller without apparent injuries to victim.
Femur (thigh) fracture.	Police request stand-by/check for injuries.
Uncontrolled bleeding.	

ASSAULT / DOMESTIC / SEXUAL Pre-Arrival Instructions

Remain in a safe place, away from the assailant.

Obtain description of assailant(s),

Have the patient lie down, Cover patient with blanket and try to keep them calm.

Do not touch weapons.

Monitor for shock, Go To: TRAUMATIC INJURY

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

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/country?"
IF YES: ***"Where?"*** (Check ALERTS)

DISPATCH

SIMULTANEOUS ALS/BLS

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.

BLS DISPATCH

Minor bleeding from any other area that can be controlled by direct pressure.

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 Tourniquet is available apply following instructions on package.

Tourniquet Use

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.

Have the patient lie down, Cover patient with blanket and try to keep them calm.

Monitor for shock, Go To: TRAUMATIC INJURY

Advise patient not to move, eat or drink anything.

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

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?"

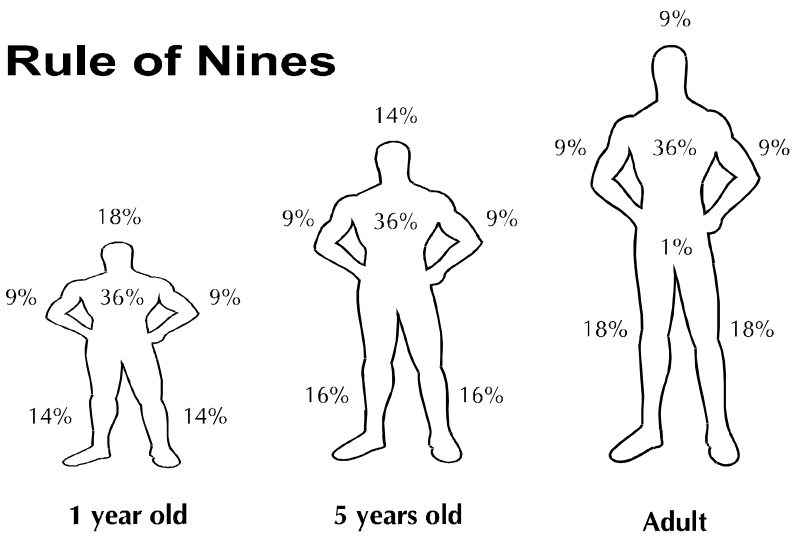
DISPATCH

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 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

KEY QUESTIONS

"What caused the injury?"

"Is eyeball cut open or leaking fluid?"

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

DISPATCH

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

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.

Monitor for shock, Go To: TRAUMATIC INJURY

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

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**

DISPATCH

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Decreased level of consciousness. Signs/symptoms of shock. 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. Isolated extremity fracture.

FALL VICTIM Pre-Arrival Instructions

Do not move the patient if there are no hazards.

Advise patient not to move

Monitor for shock, Go To: TRAUMATIC INJURY

Have the patient lie down, 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 (NON-TRAUMA) (TRAUMA)

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

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

HEAT / COLD EXPOSURE

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?"

DISPATCH

SIMULTANEOUS ALS/BLS

Decreased level of consciousness.
High body temperature **without** sweating.
Confused/disoriented/hallucinations.
Fainting (Syncope).
Cold Water Submersion.

BLS DISPATCH

Patient with uncontrollable shivering.
Heat Exhaustion:
Nausea, vomiting, fatigue, headaches, muscle cramps, dizziness, **with no critical symptoms.**

HEAT / COLD EXPOSURE Pre-Arrival Instructions

Remove from hot/cold environment if possible.

Narcotics and Psych Medications may exacerbate and/or mask symptoms

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

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 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.

Have the patient lie down, 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, Go to: TRAUMATIC INJURY

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

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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

Is Fire Department /Rescue needed?

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

STABBING/GUNSHOT/ASSAULT

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**

DISPATCH

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

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, Go to: TRAUMATIC INJURY

Have the patient lie down, Cover patient with blanket and try to keep them calm.

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

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY
AIRWAY CONTROL (NON-TRAUMA) (TRAUMA)
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

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?"

DISPATCH

SIMULTANEOUS ALS/BLS

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.

BLS DISPATCH

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 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.

Have the patient lie down, Cover patient with blanket and try to keep them calm.

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.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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

VEHICLE RELATED INJURIES

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.

VEHICLE RELATED INJURIES 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.

Monitor for shock, Go to: TRAUMATIC INJURY

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

ABDOMINAL PAINS

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 Addisons 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)***

Symptoms of an Addison or "adrenal" crisis include:
Severe vomiting and diarrhea
Dehydration
Low blood pressure
Loss of consciousness

DISPATCH

SIMULTANEOUS ALS/BLS

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)

BLS DISPATCH

Pain with vomiting.
Flank pain (Kidney stone).
Abdominal (non-traumatic).
Pain unspecified.

ABDOMINAL PAINS 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

If unconscious, go to UNCONSCIOUS/ BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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, if any
Other agencies responding
Any dangers to responding units

ALLERGIES / STINGS

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?"

DISPATCH

SIMULTANEOUS ALS/BLS

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.

BLS DISPATCH

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

Pre-Arrival Instructions

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

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

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

Auto-Injector

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

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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, if any
Other agencies responding
Any dangers to responding units

BACK PAIN

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?"

DISPATCH

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Decreased level of consciousness. Non-traumatic back pain with prior history of Addison's 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 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

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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, if any
Other agencies responding
Any dangers to responding units

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?"

DISPATCH

SIMULTANEOUS ALS/BLS

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.**

BLS DISPATCH

Cold symptoms.
Stuffy nose / congestion.
Oxygen bottle empty.
Patient assist.
Long term, no change.

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

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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, if any
Other agencies responding
Any dangers to responding units

CHEST PAIN / HEART PROBLEMS

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?"

DISPATCH

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Patient over 35 with any critical symptom. 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 Pre-Arrival Instructions

"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** them before swallowing.

"***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).

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.

STEMI and PCI CENTERS
http://www.state.nj.us/health/ems/documents/stemi_pci_centers.pdf

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)
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

Short Report

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

DIABETIC PROBLEMS

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?"

DISPATCH

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

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 medications, if any.

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

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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, if any
Other agencies responding
Any dangers to responding units

HEADACHE

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

Headache with these critical symptoms:
- Decreased level of consciousness.
- Mental status change.
- Worst headache ever.
- Sudden onset.
- Visual disturbance, with no history of migraines.

BLS DISPATCH

Headache without critical symptoms.

HEADACHE Pre-Arrival Instructions

Nothing by mouth.

Allow the patient to find position of comfort.

Gather patients medications, if any.

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

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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, if any
Other agencies responding
Any dangers to responding units

OD / POISONING / INGESTIONS

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?"***

ALERT #20170815
MUSHROOM POISONING

DISPATCH

SIMULTANEOUS ALS/BLS	BLS DISPATCH
OD/Poisoning/Ingestions with these critical symptoms: 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 intentional/accidental ingestion without critical symptoms. 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 Pre-Arrival Instructions

If the substance can be identified as Heroin or other opioid.

Heroin •Codeine (Tylenol #3) •Morphine (Kadian, Avinza) Fentanyl (Actiq, Duragesic, Fentora) •Hydrocodone (Vicodin, Lortab, Vicoprofen) •Oxycodone (Percocet, Oxycontin) •Hydromorphone (Dilaudid)•Methadone •Meperidine (Demerol) •Tramadol (Ultram, Ultracet) •Buprenorphine (Buprenex, Suboxone, Subutex)

"Do you have a NARCAN or NALOXONE kit?"

If ***yes "Have YOU used it as directed?"***

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

NARCAN INSTRUCTIONS

Keep patient in area/house, if safe.

Get container of substance taken, if at the scene.

Do not force coffee or place patient in shower.

Nothing by mouth, including Ipecac, unless advised by Poison Control.

Monitor patient's breathing and level of consciousness.

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

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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

KEY QUESTIONS

If the caller knows the patient

"Is the patient acting in their normal manner?"

IF NOT, ***"What is different or unusual?"***

"Is the Patient:

"Acting violent, aggressive, shouting or yelling?"

"Removing their clothing or naked?"

"Sweating profusely?"

"Breathing rapidly or drooling?" (Excited Delirium)

"Is patient a diabetic?"

Consider **DIABETIC PROBLEMS**

"Has the patient harmed them self?"

IF YES: (Consider traumatic injury card)

IF NO,***" Do you think the patient might harm them self? "***

"Does the patient have a history of depression?"

"Does the patient have a history of harming them self or others?"

"Has the patient ever attempted suicide?"

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

DISPATCH

SIMULTANEOUS ALS/BLS

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

BLS DISPATCH

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.

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

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? Is there an Excited Delirium Protocol for Law Enforcement and EMS?

Short Report

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

SEIZURES / CONVULSIONS

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?"***

DISPATCH

SIMULTANEOUS ALS/BLS	BLS 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 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.
.
IF YES, Have patient lie on side. Monitor breathing.

Gather patient medications, if any.

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

Prompts

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 (NON-TRAUMA) (TRAUMA)

Short Report

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

SICK PERSON

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?"

"Have you checked for a medic alert tag? If there is an alert tag, what does it say?"

"Is there insulin in the refrigerator?"

"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)?"

DISPATCH

SIMULTANEOUS ALS/BLS

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.

BLS DISPATCH

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 Pre-Arrival Instructions

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

Symptoms of an Addisons or "adrenal" crisis include:

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

If not treated, an Addison crisis can be fatal.

For a more detailed interrogation go to:

INFECTIOUS DISEASE

If the caller is requesting information about the Flu, have them call the NJDHSS Hotline at:

1-800-962-1253

Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)**

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

If a specific chief complaint is identified the EMD should use the guidecard that suits the patient's chief complaint.

Short Report

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

STROKE / CVA

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 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.

STROKE CENTERS
http://www.state.nj.us/health/ems/documents/stroke_centers.pdf

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

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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, if any
Other agencies responding
Any dangers to responding units

UNKNOWN / PERSON DOWN

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?"

DISPATCH

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

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

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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, if any
Other agencies responding
Any dangers to responding units

CO / INHALATION

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

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.

BLS DISPATCH

Chemicals on patient's skin or clothing, no critical symptoms.

Third party report, caller not with patient.

CO / INHALATIONS Pre-Arrival Instructions

Get patient to fresh air immediately.

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

If the caller is unable to move the patient or open window ask caller to remain outside until help arrives.

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

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

Prompts

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

Short Report

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

CARDIAC ARREST / DOA

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
occasional

DISPATCH

SIMULTANEOUS ALS/BLS	BLS 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 / 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**

If the patient is an adult and in cardiac arrest after asphyxia (unable to breath) or drowning, CPR should be attempted with rescue breathing.

Go to:

Adult CPR with Rescue Breathing

Prompts

Agonal respirations are ineffective breaths which occur after Cardiac Arrest. Indicate the need for CPR.

If the caller states the patient has a pulse but is not breathing!
Go to SPECIAL CONSIDERATIONS on Page 4

Brief generalized seizures may be an indication of cardiac arrest.

Short Report

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

"Does anyone there know how to do CPR?"

NO

YES

"Do you need help in remembering the procedures?"

NO

YES

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

Go to CPR Instructions

"Get the phone NEXT to the patient if you can."

OK

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 patient FLAT on their back, on the floor."

OK

CAN'T

"Is there anyone there that can help you gently roll or slide the patient to the floor?"
[If not] "Can you get help and return to the phone?"

OK

NO HELP / CAN'T
Begin, make your best attempt

"Is there an automatic defibrillator in the area?"

NO

YES

Go to CPR Instructions

Compressions Only

With Rescue Breathing

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

Go to CPR Instructions

Compressions Only

With Rescue Breathing

Compression Only CPR

"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.

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."

" PUSH HARD AND FAST 100 to 120 times per minute."

If an AED becomes available click AED Instructions

Go to AED Instructions

If the caller states the patient has a pulse but is not breathing!

Go to SPECIAL CONSIDERATIONS

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 appropriate, the PSAP may have the caller put their cell phone on "speaker" to help with the timing of the compressions.

Video streaming from the callers cell phone may also be considered by the PSAP.

CPR with Rescue Breathing

*"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**."" **PUSH HARD AND FAST 100 to 120 times per minutes 30 times".***

" Lift the chin so the head bends back. With your other hand, Pinch the nose shut,"
"Completely cover their mouth with your mouth. Give 2 breaths of air into the patients lungs– just like you're blowing up a balloon."
"Continue CPR until help arrives or patient starts breathing or moving."

If the caller states the patient has a pulse but is not breathing!
Go to SPECIAL CONSIDERATIONS

Go to AED Instructions

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 appropriate, the PSAP may have the caller put their cell phone on "speaker" to help with the timing of the compressions.
Video streaming from the callers cell phone may also be considered by the PSAP.

ADULT CPR INSTRUCTIONS

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 a patient has a pacemaker or internal defibrillator return to CPR instructions.

Go to CPR Instructions

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**."*

Patient has a pulse but is not breathing: "Are you willing to do mouth to mouth?"

If yes,. "Lay the patient flat on their back,
Bare the chest. Kneel at the patient/s side."

" Lift the chin so the head bends back.
With your other hand, Pinch the nose shut,"

"Completely cover their mouth with your mouth.
Give two breaths of air into the patients lungs
– just like you're blowing up a balloon."

" Make sure the chest gently rises.
Give one breath every 5 seconds"

Patient has vomited

"Turn his/her head to the side."
"Sweep it all out with your fingers before doing mouth-to-mouth."
"Resume CPR."

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

NO

YES

"Do you need help in remembering the procedures?"

NO

YES

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

Go to CPR Instructions

Get the CHILD near the phone if you can.

OK

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.

OK

CAN'T

"Is there anyone there that can help you gently roll or slide the child to the floor?"
[If not] "Can you get help and return to the phone?"

OK

NO HELP / CAN'T
Begin, make your best attempt

CPR without Rescue Breathing

CPR WITH RESCUE BREATHING

"Kneel at the patient's side and bare the chest.

"Put the HEEL of ONE HAND on the CENTER of their CHEST, between the nipples."

"PUSH DOWN on the HEEL of your hand, 2 inches."

" PUSH HARD AND FAST 100 to 120 times per minutes." "PUMP** the **CHEST 30 times."

*"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**."*

"Continue CPR until help arrives or child starts breathing or moving."

Go to AED Instructions

After 2 minutes of CPR ask:

"Is there an automatic Defibrillator in the area?"

If an AED becomes available click AED Instructions.

If no AED is available continue CPR.

If child vomits go to Special Considerations.

Go to Special Considerations

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 appropriate, the PSAP may have the caller put their cell phone on "speaker" to help with the timing of the compressions. Video streaming from the callers cell phone may also be considered by the PSAP.

ALL CALLER

CHILD CPR INSTRUCTIONS

INDEX

CPR with Rescue Breathing

Go to AED Instructions

Compressions ONLY

"Kneel at the patient's side and bare the chest.

"Put the HEEL of ONE HAND on the CENTER of their CHEST, between the nipples".

"PUSH DOWN on the HEEL of your hand, 2 inches."

" PUSH HARD AND FAST 100 to 120 times per minutes."

After 2 minutes of CPR ask:

"Is there an automatic Defibrillator in the area?"

If an AED becomes available click AED Instructions.

If no AED is available continue CPR until help arrives or child starts breathing or moving.

If child vomits go to Special Considerations.

Go to Special Considerations

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 appropriate, the PSAP may have the caller put their cell phone on "speaker" to help with the timing of the compressions.

Video streaming from the callers cell phone may also be considered by the PSAP.

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 for Child

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.

Go 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."

Go to CPR Instructions

Patient has a pulse but is not breathing: "Are you willing to do mouth to mouth?"

If yes,. "Lay the patient flat on their back,
Bare the chest. Kneel at the patient/s side."

" Lift the chin so the head bends back.
With your other hand, Pinch the nose shut,"

"Completely cover their mouth with your mouth.
Give two breaths of air into the patients lungs
– just like you're blowing up a balloon."

" Make sure the chest gently rises.
Give one breath every 5 seconds"

Does anyone there know how to do INFANT CPR?

NO

YES

"Do you need help in remembering the procedures?"

NO

YES

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

Go to CPR Instructions

Get the CHILD near the phone if you can.

OK

CPR without Rescue Breathing

CPR with Rescue Breathing

"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."*

"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."

CPR with Rescue Breathing

Compressions ONLY

"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 20**0 times RAPIDLY** Hard and Fast, then come back to the phone."*

If baby is not breathing or moving, repeat 200 compressions and check for breathing or movement. Continue until help arrives or baby is breathing or moving.

CHOKING

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?"

DISPATCH

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Unresponsive/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 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

Determine age group

Go to CHOKING (OBSTRUCTED AIRWAY) instructions

Short Report

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

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

NO

YES

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.

Go to Choking Instructions

Is the patient **CONSCIOUS?**

NO

YES

PROMPT:
If the event is <u>NOT WITNESSED</u> and the patient is UNCONSCIOUS: Go to ADULT CHOKING

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.

Unconscious with Ventilations

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 CHOKING SPECIAL CONSIDERATIONS

Go to 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**."*

IF PATIENT STARTS BREATHING GO TO

UNCONCIOUS AIRWAY CONTROL

If an AED becomes available go to

Go to AED Instructions

Unconscious without Ventilations

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 CHOKING 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

Go to AED Instructions

Go to Special Considerations

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

Go to CHOKING Instructions

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 a patient has a pacemaker or internal defibrillator return to CPR instructions.

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****."*

Go to CHOKING 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."

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

NO

YES

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.

Go to Choking Instructions

Is the patient **CONSCIOUS?**

NO

YES

PROMPT:
If the event is <u>NOT WITNESSED</u> and the patient is UNCONSCIOUS: Go to CHILD CHOKING

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.

Unconscious Patient Instructions
Compressions Only

Unconscious with 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**, 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."
IF PATIENT STARTS BREATHING GO TO

Go to Special Considerations

UNCONCIOUS AIRWAY CONTROL

If an AED becomes available go to

Go to AED Instructions

Unconscious without Ventilations

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.

Go to Special Considerations

"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

Go to AED Instructions

AED Instructions for Child

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.

Go to Choking Instructions

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****."*

Go to Choking Instructions

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

*"Is the baby **CONSCIOUS?"***

NO

YES

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

NO

YES

Roll the baby over on its side and check for breathing until help takes over.

IF INFANT BECOMES UNRESPONSIVE
Go to Choking Instructions

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 breathe, cough or cry. Then monitor consciousness and breathing."

IF INFANT BECOMES UNRESPONSIVE
Go to Choking Instructions

Unconscious / Unresponsive Instructions

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.

IF INFANT STARTS BREATHING OR MOVING
Go to Conscious and Breathing Instructions

DROWNING (POSSIBLE)

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) 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

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Are boats needed?
Is SCUBA team needed?

Short Report

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

ELECTROCUTION

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.

DISPATCH

SIMULTANEOUS ALS/BLS

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.

BLS DISPATCH

Household electrical shock without critical symptoms.

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

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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?

Short Report

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

PREGNANCY / CHILDBIRTH

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 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

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.

Short Report

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

Has she had a baby before?

YES

NO

How far apart are the contractions (pains)?

LESS than 5 minutes

MORE than 5 minutes

Does she have a strong desire to push?

YES

NO

How far apart are the contractions (pains)?

LESS than 2 minutes

MORE than 2 minutes

Does she have a strong desire to push?

YES

NO

Listen carefully. I'll tell you what to do.
Have her **LIE** in a comfortable position,
LEFT SIDE IS BEST.
Have her take **DEEP** breaths.

Monitor patient's condition.
If a **STRONG DESIRE TO PUSH** develops delivery may be imminent, if so continue.

Ask her to **RESIST** urge to **PUSH** or **BEAR DOWN**.
Get the phone next to her if you can.
Ask her to **LIE** on her **BACK** and relax, breathing **DEEPLY** through her **MOUTH**.
Ask her to remove her underwear.
Place clean towels **UNDER** her **BUTTOCKS**. Have additional towels ready.

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

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 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, 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**

<< 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**.

<<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.

UNCONSCIOUS / FAINTING

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/POISONING/INGESTIONS**

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?"***

DISPATCH

SIMULTANEOUS ALS/BLS

Unconscious/not breathing normally.
Multiple fainting (syncopal) episodes (same day).
Confirmed unconscious/unresponsive.
Combined drugs and alcohol overdose.
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.

BLS DISPATCH

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 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

Go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL. (NON-TRAUMA) (TRAUMA)

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, if any
Other agencies responding
Any dangers to responding units

NON-TRAUMA BREATHING NORMALLY

"Listen carefully. I'll tell you what to do."
"Extend one of the victim's arms above the head and roll the body to the side so the victim's head rests on the extended arm. Bend both legs to stabilize the victim. Check for normal breathing until help takes over."
"Watch for the chest to rise and fall."
"Put your cheek next to the nose and mouth to listen and feel for the air movement."

Patient Vomits

Patient STOPS breathing normally

NON-TRAUMA
BREATHING NORMALLY

"Sweep it all out of the mouth with your fingers."

Patient begins breathing NORMALLY

Patient NOT breathing normally

TRAUMA
BREATHING NORMALLY

"Listen carefully. I'll tell you what to do."
"DO NOT MOVE the patient (especially head and neck) *unless imminent danger to life."*
"Check for normal breathing until help takes over."
"Watch for the chest to rise and fall."
"Put your cheek next to the nose and mouth to listen and feel for the air movement."

Patient VOMITS

Patient STOPS breathing normally

TRAUMA
BREATHING NORMALLY

*"**DO NOT** turn the patient's head.*
Sweep it all out of the mouth with your fingers."

Patient begins breathing NORMALLY

Patient NOT breathing normally

HAZMAT INCIDENT GUIDE

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

Refer to the appropriate medical guidecard or follow local protocol for Mass Casualty Incident

Hazardous Materials Agency Dispatch

Notify County and all applicable agencies (NJDEP, Local and/or County OEM, etc.) per local protocol.

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

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)

Short Report

Incident location
Access route
Type of HazMat incident
Number and nature of injuries
Release type
Wind direction

KEY QUESTIONS

"Is the patient complaining of ,,,
"fever, headache, tiredness, (can be aroused) cough, sore throat, runny or stuffy nose, body aches, diarrhea or vomiting (more common among children than adults)?"

Check breathing:
"Is the patient short of breath or unable to speak in complete sentences?"

Recent Travel
"Has the patient traveled outside of their normal area within the last month?" If so: "Where?"

"Is there any unusual bleeding from any part of the body?" IF YES: "Where?"

"Does the patient have a rash or blister on their body?"
IF YES: "Where?"

"Is the patient sensitive to light?"

Check the ALERT Card for current conditions.

ALERT

DISPATCH

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Difficulty breathing **Uncontrolled bleeding** **Decreased level of consciousness**	**NO critical symptoms**

INFECTIOUS DISEASE Pre-Arrival Instructions

Don't allow the patient to move about.

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.

Nothing to eat or drink.

Gather patient's medications, if possible.

Prompts

Advise ALL responding units (including the initiating agency) of the signs and symptoms of patient and the need for P.P.E.

Check ALERTS. If patient signs and symptoms match those of current ALERT advise responders and follow any protocols indicated.

Short Report

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

VEHICLE IN WATER

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

DISPATCH

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

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

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.

Short Report

Specific location
Number of occupants
Any dangers to responding units

KEY QUESTIONS

Has the patient eaten wild mushrooms or toadstools?"

"Is the patient having difficulty breathing or short of breath?"

"Does the patient have pains in the abdomen?"

"Does the patient have diarrhea or vomiting?"

"Is the patient bleeding from the mouth, nose or any other part of the body?"

DISPATCH

SIMULTANEOUS ALS/BLS	BLS DISPATCH
Not breathing/Difficulty breathing	**No critical symptoms**
Uncontrolled bleeding	
Unconscious/Decreased level of consciousness	

ALERT #20170815 MUSHROOM POISONING Pre-Arrival Instructions

Remove any remaining parts of the mushroom from the victim's mouth and place in a paper bag.

Advise callers to retain suspect product until advised to dispose.

Take photo of mushroom (if available)

a. Place quarter or coin next to mushroom for size comparison.

b. Take multiple shots of various angles.

Poison Specialist can give you email to send photo to so the poison center can identify it

Not every mushroom exposure has to go to an ED.

Prompts

Conference caller with Poison Control (1-800-222-1222)

NOTIFY LOCAL HEALTH OFFICER OF ALL PATIENTS MEETING THIS CRITERIA.
http://nj.gov/health/lh/documents/lhd_after_hours_emerg_contact_numbers.pdf
unable to contact Local Health, call CDS' at: 609-826-5964 (business hours), 609-392-2020 (after hours).

Advise responding units of signs and symptoms of patient

Short Report

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

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.

ENVIRONMENTAL FACTORS

The time needed to transport a patient by ground to an appropriate facility, ***IF OVER 30 MINUTES***, 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.

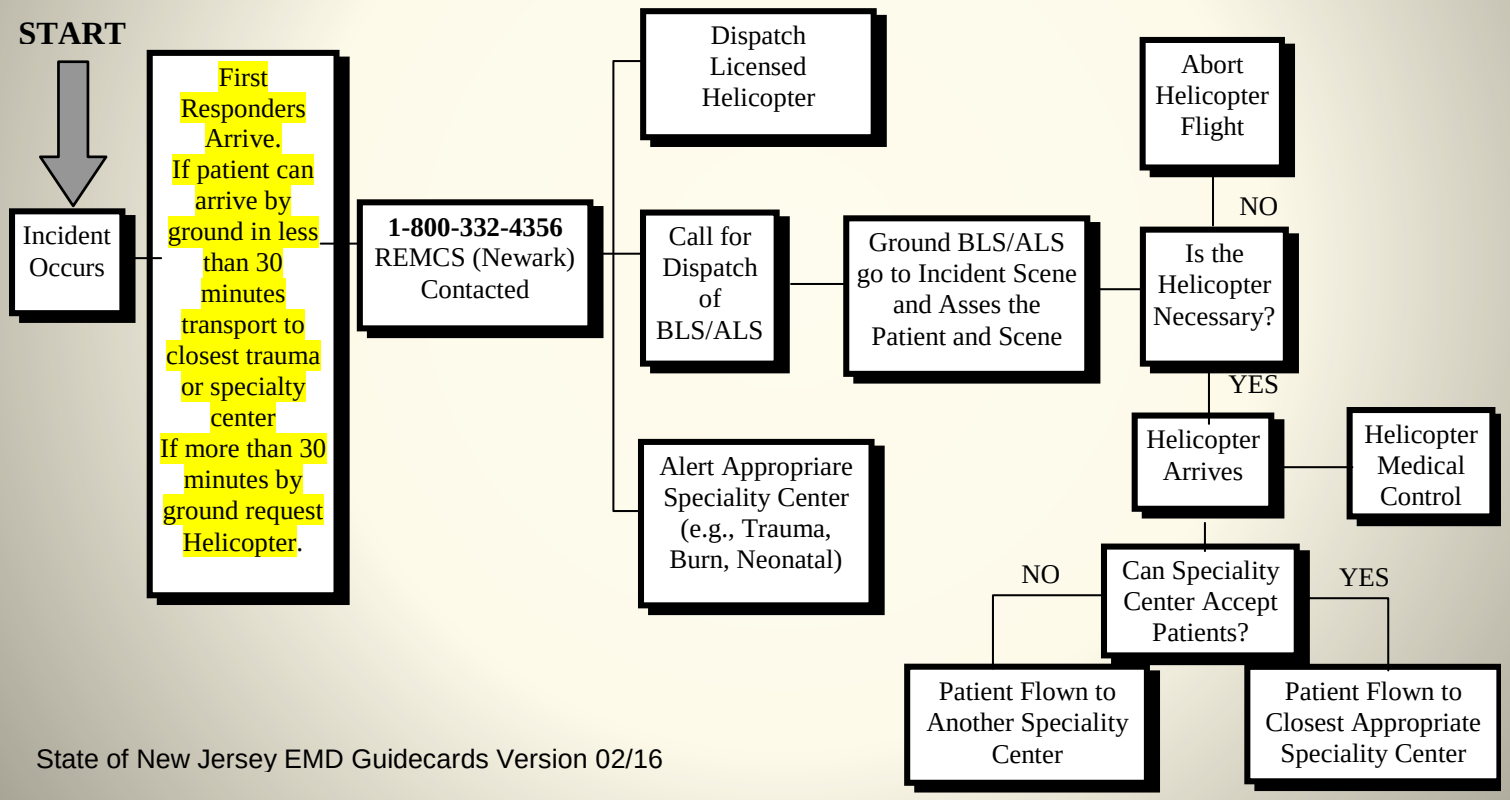
Amputation proximal to wrist or ankle.

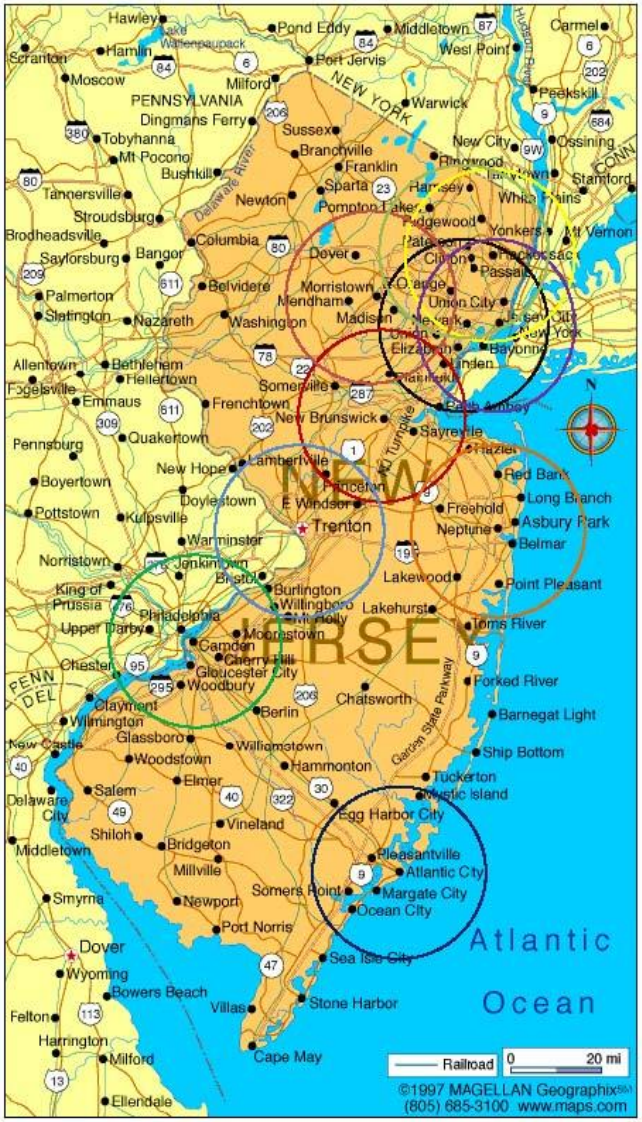
Paralysis or spinal cord injury.

Severe burns.

1-800-332-4356
REMCS (Newark)

New Jersey Aeromedical Dispatch Procedure




Hawley
Pond Eddy
Middletown
Carmel
Scranton
Hamlin
Port Jervis
West Point
Moscow
Milford
PENNSYLVANIA
NEW YORK
Warwick
Peekskill
Dingmans Ferry
Sussex
Tobyhanna
Mt Pocono
Branchville
New City
Ossining
Bushkill
Franklin
Ringwood
Stamford
Tannersville
Sparta
Newton
Pompton Lakes
Stroudsburg
Ridgewood
Brodheadsville
Columbia
Yonkers
Mt Vernon
Saylorsburg
Bangor
Dover
Clifton
Passaic
Palmerton
Belvidere
Morristown
Mendham
Union City
Slatington
Nazareth
Washington
Madison
Newark
Jersey City
New York
Bayonne
Allentown
Bethlehem
Hellertown
Elizabeth
Kenilworth
Emmaus
Frenchtown
Somerville
New Brunswick
Perth Amboy
Quakertown
Sayreville
Pennsburg
Lambertville
Hazlet
New Hope
Red Bank
Boyertown
Princeton
Long Branch
Doylestown
E Windsor
Freehold
Pottstown
Kulpsville
Trenton
Neptune
Asbury Park
Warminster
Belmar
Norristown
Jenkintown
Bristol
Lakewood
Burlington
Point Pleasant
King of Prussia
Willingboro
Lakehurst
Philadelphia
Mt Holly
Upper Darby
Moorestown
Toms River
Camden
Chester
Cherry Hill
Gloucester City
Woodbury
Forked River
PENN
DEL
Chatsworth
Clayment
Berlin
Barnegat Light
Wilmington
Glassboro
New Castle
Williamstown
Ship Bottom
Woodstown
Hammonton
Tuckerton
Elmer
Mystic Island
Salem
Delaware City
Egg Harbor City
Vineland
Shiloh
Middletown
Bridgeton
Pleasantville
Millville
Atlantic City
Smyrna
Somers Point
Margate City
Newport
Ocean City
Port Norris
Dover
Sea Isle City
Wyoming
Bowers Beach
Villas
Stone Harbor
Felton
Harrington
Cape May
Milford
Ellendale
Atlantic
Ocean
Railroad
0
20 mi
©1997 MAGELLAN Geographix
(805) 685-3100 www.maps.com
Trauma Centers
15 Mile Radius
Cooper Trauma (Camden)
RWJ Trauma (New Brunswick)
UMDNJ Trauma (Newark)
Atlantic City Trauma (Atlantic City)
Capital Health Trauma (Trenton)
Hackensack Trauma (Hackensack)
Jersey City Trauma (Jersey City)
Jersey Shore Trauma (Neptune)
Morristown Memorial Trauma (Morristown)
St. Joseph's Trauma (Paterson)
July 01, 2012

NARCAN / NALOXONE

Nasal Spray
(3-Piece Syringe)

Nasal Spray
(One Piece)

Auto-Injector

ALL CALLER

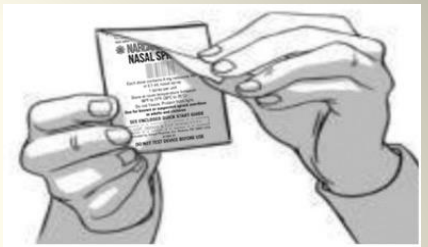
NARCAN / NALOXONE

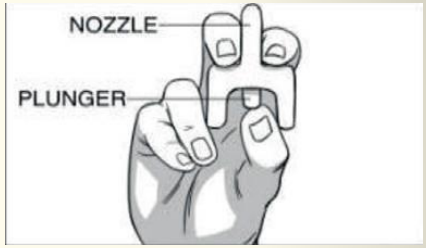
INDEX

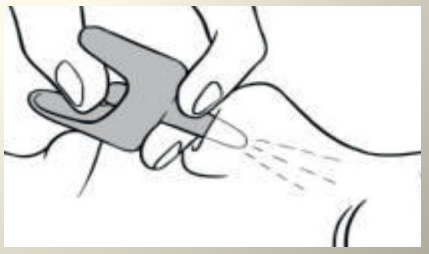
RETURN TO TYPES

NARCAN / NALOXONE

Remove NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.
Hold the NARCAN nasal spray with your thumb on the bottom of the
plunger and your first and middle fingers on either side of the nozzle.
Gently insert the tip of the nozzle into either nostril.
• Tilt the person's head back and provide support under the neck
with your hand. Gently insert the tip of the nozzle into **one nostril**,
until your fingers on either side of the nozzle are against the bottom
of the person's nose.
Press the plunger firmly to give the dose of NARCAN Nasal Spray.
• Remove the NARCAN Nasal Spray from the nostril after giving the dose.







RETURN TO TYPES

NARCAN / NALOXONE

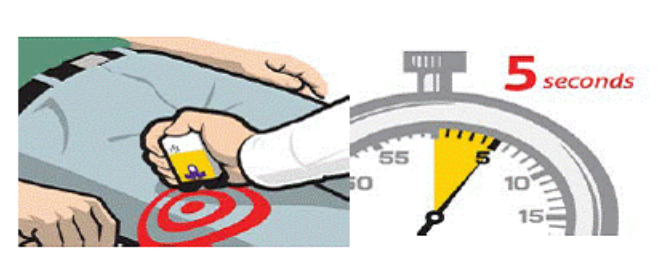
Intramuscular Administration Technique

1. Remove auto injector from outer case.

2. Pull off the safety guard.

3. Place the auto injector firmly against the outer thigh, through clothing, if needed.

4: Continue to press firmly and hold in place for 5 seconds.



RETURN TO TYPES

Epinephrine Auto Injector

Hold firmly with ***orange/red**** tip pointing downward.
Remove *blue/grey safety cap by pulling straight up. Do not bend or twist.**

Swing and push *orange/red tip firmly into mid-outer thigh until you hear a "click."**
Hold on thigh for several seconds.

Colors vary between manufacturers

RETURN TO ALLERGIES

Tourniquet Use

Find where the bleeding is coming from and apply **firm, steady pressure** to the bleeding site with bandages or clothing

Tourniquet

If the bleeding doesn't stop, **place** a tourniquet 2-3 inches closer to the torso from the bleeding. (The tourniquet may be applied and secured over clothing.)

Pull the strap through the buckle, **twist** the rod tightly, **clip** and secure the rod with the clasp or the Velcro strap.

Compress Again

If the bleeding still doesn't stop, **place** a second tourniquet closer to the torso from the first tourniquet.

Pull the strap through the buckle, **twist** the rod tightly, **clip** and secure the rod with the clasp or the Velcro strap.

* One type of tourniquet is depicted in the illustrations.

Homeland Security
“Stop the Bleeding