1 Abdominal Pain / Problems

KEY QUESTIONS

1. Is s/he **completely awake** (alert)?
2. **(Female ≥ 12, male ≥ 50)** Did s/he **faint** or **pass out** (nearly faint)?
3. **(Female ≥ 45, male ≥ 35)** Is her/his pain **above** the **belly button** (navel)?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

DLS * Link to ☎ X-1

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**Not** alert	1-D-1		
C	1	**Fainting** or **near fainting** ≥ 50	1-C-1		
	2	**Females** with **fainting** or **near fainting** 12–50	1-C-2		
	3	**Males** with **pain above navel** ≥ 35	1-C-3		
	4	**Females** with **pain above navel** ≥ 45	1-C-4		
A	1	Abdominal pain	1-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

1 Abdominal Pain / Problems

KEY QUESTIONS

1. Is s/he **completely awake** (alert)?
2. **(Female ≥ 12, male ≥ 50)** Did s/he **faint** or **pass out** (nearly faint)?
3. **(Female ≥ 45, male ≥ 35)** Is her/his pain **above** the **belly button** (navel)?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

DLS * Link to ☎ X-1

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**Not** alert	1-D-1		
C	1	**Fainting** or **near fainting** ≥ 50	1-C-1		
	2	**Females** with **fainting** or **near fainting** 12–50	1-C-2		
	3	**Males** with **pain above navel** ≥ 35	1-C-3		
	4	**Females** with **pain above navel** ≥ 45	1-C-4		
A	1	Abdominal pain	1-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

For use under MPDS® license agreement only. © 2004 Priority Dispatch Corp. All rights reserved.

AMPDS® v11.2, NAE-std, 041214

2 ALLERGIES (REACTIONS) / ENVENOMATIONS (STINGS, BITES) 2 2

KEY QUESTIONS

1. **(Snakebite) Where** is the **snake** now?
2. Does s/he have **difficulty breathing** or **swallowing**?
3. Is s/he **completely awake** (alert)?
4. When did this **start** (happen)?
5. Is her/his condition getting **worse now** (worsening)?
6. **(Appropriate)** Has s/he ever had an **allergic reaction** to this before?
   a. **(Yes)** Does s/he have any **special medications** or **injections** to treat this kind of allergic reaction?
      i. **(Yes)** Have they been **used**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

b. **(Snakebite)** Keep her/him from **moving** around. Keep the bitten area **below heart-level** if possible. **Do not** apply **ice** or a **tourniquet**. **Do not** give her/him any **alcohol** to drink.

c. **(Special medications/injections not yet used)** Advise her/him to **administer** the **medications now**.

* **Stay on the line** with caller if patient has a **history** of an **allergic reaction** to the **same type** of insect or substance or if her/his condition seems **unstable** or is **worsening**.

DLS * Link to ☎ X-1 unless:

Danger ——— ▽ **X-9**

INEFFECTIVE BREATHING and **Not** alert ——— ◈ **ABC-1**

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
E	1	**INEFFECTIVE BREATHING** * (to be selected from **Case Entry** only)	2-E-1		
D	1	**SEVERE RESPIRATORY DISTRESS**	2-D-1		
	2	**Not** alert	2-D-2		
	3	**Condition worsening**	2-D-3		
	4	**Swarming ATTACK** (bee, wasp, hornet)	2-D-4		
	5	**Snakebite**	2-D-5		
C	1	**Special medications** or **injections used**	2-C-1		
	2	**Difficulty breathing** or **swallowing**	2-C-2		
B	1	**Unknown** status (3rd party caller)	2-B-1	NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION	
A	1	**No** difficulty breathing or swallowing (rash, hives, or itching may be present)	2-A-1		
	2	**Spider** bite	2-A-2		

2 ALLERGIES (REACTIONS) / ENVENOMATIONS (STINGS, BITES) 2 2

KEY QUESTIONS

1. **(Snakebite) Where** is the **snake** now?
2. Does s/he have **difficulty breathing** or **swallowing**?
3. Is s/he **completely awake** (alert)?
4. When did this **start** (happen)?
5. Is her/his condition getting **worse now** (worsening)?
6. **(Appropriate)** Has s/he ever had an **allergic reaction** to this before?
   a. **(Yes)** Does s/he have any **special medications** or **injections** to treat this kind of allergic reaction?
      i. **(Yes)** Have they been **used**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

b. **(Snakebite)** Keep her/him from **moving** around. Keep the bitten area **below heart-level** if possible. **Do not** apply **ice** or a **tourniquet**. **Do not** give her/him any **alcohol** to drink.

c. **(Special medications/injections not yet used)** Advise her/him to **administer** the **medications now**.

* **Stay on the line** with caller if patient has a **history** of an **allergic reaction** to the **same type** of insect or substance or if her/his condition seems **unstable** or is **worsening**.

DLS * Link to ☎ X-1 unless:

Danger ——— ▽ **X-9**

INEFFECTIVE BREATHING and **Not** alert ——— ◈ **ABC-1**

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
E	1	**INEFFECTIVE BREATHING** * (to be selected from **Case Entry** only)	2-E-1		
D	1	**SEVERE RESPIRATORY DISTRESS**	2-D-1		
	2	**Not** alert	2-D-2		
	3	**Condition worsening**	2-D-3		
	4	**Swarming ATTACK** (bee, wasp, hornet)	2-D-4		
	5	**Snakebite**	2-D-5		
C	1	**Special medications** or **injections used**	2-C-1		
	2	**Difficulty breathing** or **swallowing**	2-C-2		
B	1	**Unknown** status (3rd party caller)	2-B-1	NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION	
A	1	**No** difficulty breathing or swallowing (rash, hives, or itching may be present)	2-A-1		
	2	**Spider** bite	2-A-2		

For use under MPDS® license agreement only. © 2004 Priority Dispatch Corp. All rights reserved.

AMPDS® v11.2, NAE-std, 041214

KEY QUESTIONS		POST-DISPATCH INSTRUCTIONS
Unconscious or Arrest (per Case Entry)	3-D-1	a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
1. What **kind** of **animal** is it? Insect, spider, or snake	2	b. **Avoid** further **contact** with the animal.
2. **Where** is the animal **now**?		c. If it's **safe** to do so, **lock up** or **isolate** the animal.
3. Is there any **SERIOUS bleeding**?		
Unconscious or Arrest (per Case Entry)		
4. Is s/he **completely awake** (alert)?		
5. What **part** of the body was **bitten**?		
a. **(Chest or Neck)** Is s/he **breathing normally**?		
6. What **kind** of **injuries** does s/he have?		
7. **When** did this **happen**?		

* (Appropriate) Notify Animal Control.

DLS * Link to ☎ X-1 unless:	
Danger	X-9
Unconscious or Arrest	ABC-1
INEFFECTIVE BREATHING and Not alert	ABC-1
Control Bleeding	X-5

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**Unconscious** or **Arrest**	3-D-1		
	2	**Not** alert	3-D-2		
	3	**DANGEROUS** body area	3-D-3		
	4	**Large** animal	3-D-4		
	5	**EXOTIC** animal	3-D-5		
	6	**ATTACK** or **multiple** animals	3-D-6		
B	1	**POSSIBLY DANGEROUS** body area	3-B-1		
	2	**SERIOUS** hemorrhage	3-B-2		
	3	**Unknown** status (3rd party caller)	3-B-3		
A	1	**NOT DANGEROUS** body area	3-A-1		
	2	**NON-RECENT** injuries (≥ 6hrs)	3-A-2		
	3	**SUPERFICIAL** bites	3-A-3		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

DANGEROUS Body Area

- Armpit
- Chest (abnormal breathing)
- Groin
- Head (not alert)
- Neck

POSSIBLY DANGEROUS Body Area

- Abdomen
- Amputation (excluding finger/toe)
- Back
- Chest (breathing normally)
- Genitalia
- Head (alert)
- Leg, upper (femur)
- Pelvis

NOT DANGEROUS Body Area

- Ankle
- Arm
- Collar bone (clavicle)
- Elbow
- Finger
- Foot
- Hand
- Hip
- Knee
- Leg, lower (tibia)
- Shoulder
- Toe
- Wrist

EXOTIC Animal

Any animal that may be **poisonous, dangerous**, or **whose risk is unknown**.

ATTACK

A **mauling** (or savaging) that produces **serious, multiple wounds** or **injuries**, as opposed to a single or limited number of bites or stings. Also, any event **in progress**.

SERIOUS Hemorrhage

Uncontrolled bleeding (spurting or pouring) from **any area**, or any time a caller reports **"serious" bleeding**.

NON-RECENT

Six hours or more have passed since the incident or injury occurred.

SUPERFICIAL Bites

Minor, usually **shallow** (non-penetrating) wounds **without priority symptoms**; even in **DANGEROUS** or **POSSIBLY DANGEROUS** body areas.

Rules

1. Spider, insect, or snake bites should be **handled on Protocol 2**.

Axioms

1. Most mammal bites are **not prehospital emergencies**. However, **large** animals (lions, tigers, bears, crocodiles, sharks, horses, etc.), **EXOTIC animals**, and even some dogs (pit bulls, rottweilers) are capable of inflicting serious injuries. In these rare cases, a **maximal response** is indicated.
2. On certain Protocols (3, 4, 7, 17, 27, etc.), an **arrest** may have been **caused** by extremely **SERIOUS hemorrhage**. In these cases, **controlling the bleeding before initiating CPR** may increase patient survival.

KEY QUESTIONS	POST-DISPATCH INSTRUCTIONS
Unconscious or Arrest (per Case Entry) → 4-D-1	a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
1. Is the **assailant** (attacker) **still nearby**?	b. **(Sexual assault) Do not** change **clothes, bathe, shower,** or **go to the bathroom**.
2. Were **weapons** involved or mentioned?	
3. Is there any **SERIOUS bleeding**?	* In volatile/criminal situations, refer to applicable **law enforcement protocol**.
Unconscious or Arrest (per Case Entry)	
4. Is s/he **completely awake** (alert)?	
5. Is s/he **breathing normally**?	
6. **(Assault)** What **part** of the body was **injured**? **(Sexual assault)** Does s/he have any **other injuries**?	
7. **When** did this **happen**?	

DLS * Link to ☎ X-1 unless:	
Danger or **Crime Scene**	**X-9**
Unconscious or **Arrest**	**ABC-1**
INEFFECTIVE BREATHING and **Not** alert	**ABC-1**
Control Bleeding	**X-5**

LEVELS	#	DETERMINANT DESCRIPTORS + A S	CODES	RESPONSES	MODES
D	1	**Unconscious** or **Arrest**	4-D-1		
	2	**Not** alert	4-D-2		
	3	**Abnormal** breathing	4-D-3		
	4	**DANGEROUS** body area	4-D-4		
	5	**Multiple** victims	4-D-5		
B	1	**POSSIBLY DANGEROUS** body area	4-B-1		
	2	**SERIOUS** hemorrhage	4-B-2		
	3	**Unknown** status (3rd party caller)	4-B-3		
A	1	**NOT DANGEROUS** body area	4-A-1		
	2	**NON-RECENT** injuries (≥ 6hrs)	4-A-2		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481

AMPDS® v11.2, NAE-std, 041214

DANGEROUS Body Area

- Chest (abnormal breathing)
- Head (not alert)
- Neck

POSSIBLY DANGEROUS Body Area

- Abdomen
- Amputation (excluding finger/toe)
- Back
- Chest (breathing normally)
- Genitalia
- Head (alert)
- Leg, upper (femur)
- Pelvis

NOT DANGEROUS Body Area

- Ankle
- Arm
- Collar bone (clavicle)
- Elbow
- Finger
- Foot
- Hand
- Hip
- Knee
- Leg, lower (tibia)
- Shoulder
- Toe
- Wrist

+ Problem Suffixes

The suffix codes help to delineate the type of problem for specific response and safety purposes:

A = Assault
S = Sexual Assault

SERIOUS Hemorrhage

Uncontrolled bleeding (spurting or pouring) from **any area**, or any time a caller reports **"serious" bleeding**.

NON-RECENT

Six hours or more have passed since the incident or injury occurred.

Rules

1. The **preservation of evidence** in sexual assault situations may be of much greater eventual importance to the patient than initial response and treatment of physical injuries.
2. Sexual assault patients often require a very **high level of compassionate care**.
3. The **head-tilt is the preferred method of airway control** in the dispatch environment. When a neck injury is likely, an attempt should first be made to open the airway without moving the neck. If this is unsuccessful, then advise to **gently tilt the head back**, a little at a time, until air goes in and the chest rises.
4. **Direct pressure** on the wound should be **avoided** in the presence of **visible fractured bone** or **foreign objects**.

Axioms

1. **Assault complaints are generally 3rd party** calls and are often received by police dispatch first.
2. Injuries to **DANGEROUS** or **POSSIBLY DANGEROUS** body areas take response precedence in sexual assault situations.
3. On certain Protocols (3, 4, 7, 17, 27, etc.), an **arrest** may have been **caused** by extremely **SERIOUS hemorrhage**. In these cases, **controlling the bleeding before initiating CPR** may increase patient survival.
4. **When a problem is NON-RECENT**, the presence of current priority symptoms is the issue of most concern, not the location of the injuries per se.
5. Medical Dispatch should always try to **obtain complete information**. Even if law enforcement personnel initially request "paramedics," response should be driven by specific priority problems (see SEND Protocol).

SEND Protocol (Medical Miranda Card)

Secondary Emergency Notification of Dispatch (SEND) from police **should include** Chief Complaint, approximate age, level of consciousness, breathing status, presence of chest pain, and severity of bleeding (and opinion of need for lights and siren response).

5 BACK PAIN (NON-TRAUMATIC OR NON-RECENT TRAUMA)

KEY QUESTIONS

1. **When** did this **start** (happen)?
2. What **caused** the **back pain?**
   - **Recent fall** (< 6hrs) — **17**
   - **Recent TRAUMA** (< 6hrs) — **30**
3. Does s/he have **difficulty breathing?**
   - **Yes** — **6**
4. **(Female ≥ 45, male ≥ 35)** Does s/he have **chest pain also?**
   - **Yes** — **10**
5. Is s/he **completely awake** (alert)?
6. **(≥ 50)** Did s/he **faint** or **pass out** (nearly faint)?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

DLS * Link to ☎ X-1

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**Not** alert	**5-D-1**		
C	1	**Fainting** or **near fainting** ≥ 50	**5-C-1**		
A	1	**NON-TRAUMATIC** back pain	**5-A-1**		
	2	**NON-RECENT** traumatic back pain (≥ 6hrs)	**5-A-2**		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

AMPDS® v11.2, NAE-std, 041214

NON-TRAUMATIC

Not primarily caused by an external physical injury.

NON-RECENT

Six hours or more have passed since the incident or injury occurred.

TRAUMA

A **physical injury or wound** caused by an external force through accident or violence.

First Law of Chest Pain

"Hurts to breathe" is not considered difficulty or abnormal breathing.

Rules

1. Back Pain should only be selected as the Chief Complaint when it is initially clear on Case Entry that the cause is **NON-RECENT traumatic or NON-TRAUMATIC back pain**. If unclear, **select Protocol 30**.
2. **NON-TRAUMATIC** back pain associated with fainting (or near fainting) in patients ≥ 50 is considered to be a **dissecting aortic aneurysm until proven otherwise**.

Axioms

1. Severity of **pain is not related to the seriousness** of the problem.
2. When back pain is caused by a **NON-RECENT** injury, **spinal cord injury is very unlikely**.

NON-TRAUMATIC Causes of Back Pain

- Dissecting aortic aneurysm
- Kidney stone
- Low back syndrome
- Pyelonephritis (kidney infection)
- Vertebral disc disease

NON-RECENT Traumatic Causes of Back Pain

- Bruised spine
- Fractured ribs
- Fractured spine
- Injured nerve
- Sprained back

Symptoms of Possible Spinal Cord Injury

- Abnormal breathing
- No pain or movement below injury
- Tingling sensation or numbness in extremities

KEY QUESTIONS

1. Is s/he able to **talk** to you (cry) at all?
   a. **(Yes)** Does s/he have **difficulty** speaking **between** breaths?
   b. **(No)** Did s/he **choke** on anything first?
   Yes ——— 11
2. Is s/he **completely awake** (alert)?
3. Is s/he **changing color**?
4. Is s/he **clammy** (cold sweats)?
5. Does s/he have a **history** of **heart problems**?
6. Does s/he have **asthma**?
7. **(Tracheostomy blockage)** Does s/he have any **special equipment** or **instructions** to treat this?
   a. **(Yes)** Have they been **used**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **(Patient medication requested)** Remind her/him to do what her/his **doctor has instructed** for these situations.
c. **(Special equipment/instructions not yet used)** Advise her/him to **use** that **treatment now**.

DLS * Link to ☎ X-1 unless:

INEFFECTIVE BREATHING and Not alert ——— ABC-1
INEFFECTIVE BREATHING and Not alert (Tracheostomy/Stoma) ——— Yabc-1

LEVELS	#	DETERMINANT DESCRIPTORS + A	CODES	RESPONSES	MODES
E	1	**INEFFECTIVE BREATHING** * (to be selected from **Case Entry** only)	6-E-1		
D	1	**SEVERE RESPIRATORY DISTRESS**	6-D-1		
	2	**Not** alert	6-D-2		
	3	**Clammy**	6-D-3		
C	1	**Abnormal** breathing	6-C-1		
	2	**Cardiac** history	6-C-2		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

SEVERE RESPIRATORY DISTRESS

Complaints may include but are not limited to:

- Changing color
- Difficulty speaking between breaths (unable to complete a full sentence without breathing; can only speak a few words at a time)

+ Concurrent Problem Suffix

The suffix code for asthma helps to delineate the presence of this condition regardless of the patient's acuity and may be used to track patient outcomes or send correctly equipped responders:

A = Asthma

First Law of Chest Pain

"Hurts to breathe" is not considered difficulty or abnormal breathing.

Rules

1. **INEFFECTIVE BREATHING** discovered during Key Questioning should be coded as **SEVERE RESPIRATORY DISTRESS** (DELTA).
2. Breathing problems are **potentially life-threatening** until proven otherwise.
3. A patient having **breathing problems may worsen at any time**. Always advise to call back if condition worsens.
4. If the **caller asks** whether the patient should be given their medication now, the EMD should **only give instructions included in the protocol**.

Axioms

1. While true **hyperventilation** is a benign (not serious) condition, EMDs should **never assume it exists**. Advising breathing into a paper bag is considered to be **EMD malpractice**.
2. In **conscious patients**, breathing may be helped by **sitting up**.

Problems in the Lungs

- Acute pulmonary edema
- Asthma
- Congestive heart failure
- Emphysema (COPD)
- Pneumonia
- Pulmonary embolus (blood clot in lung)

Problems in the Upper Airway

- Allergic reactions
- Choking
- Croup
- Epiglottitis
- Partial foreign body obstruction
- Tracheitis

Problems NOT in the Lungs or Airway

- Cardiac arrest
- Diabetic ketoacidosis
- Drug/substance abuse
- Heart attack
- Hyperventilation syndrome
- Respiratory arrest (overdose)
- Seizures (epileptic or febrile)
- **STROKE** (CVA)

KEY QUESTIONS

Unconscious or Arrest (per Case Entry) → 7-D-2

1. Is this a **building fire?**
   a. **(Yes)** Is anyone **inside?**
2. **(Suspected)** Is **anything** still **burning** or **smoldering?**
3. Is everyone **safe** and **out of danger?**
4. How was s/he **burned** (or **injured**)?
   - Electrical → 15
   - Explosion
   - HAZMAT → 8
   - Heat/Fire
   - Household chemical

Unconscious or Arrest (per Case Entry)

5. Is s/he **completely awake** (alert)?
6. Is s/he having any **difficulty breathing?**
7. What **parts** of the body were **burned** (or **injured**)?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

b. If her/his **clothes** are **burning** or smoldering, **douse** them with **water** immediately. If water is not available, then **roll** her/him on the **ground** or smother the fire.

c. **(Explosion) Do not touch** anything or **pick up** any **debris.**

* Advise caller and responders of any **potential hazards.**

DLS * Link to ☎ X-1 unless:

- **Danger** → **X-7**
- **Unconscious** or **Arrest** → **ABC-1**
- **INEFFECTIVE BREATHING** and **Not** alert → **ABC-1**
- **Control** Bleeding or **Amputation** → **X-5**
- **Cooling** and **Flushing** (alert) → **X-13**

LEVELS	#	DETERMINANT DESCRIPTORS ✚ E F	CODES	RESPONSES	MODES
D	1	**Multiple** victims	7-D-1		
	2	**Unconscious** or **Arrest**	7-D-2		
	3	**SEVERE RESPIRATORY DISTRESS**	7-D-3		
	4	**Not** alert	7-D-4		
C	1	**Building fire** with persons reported inside	7-C-1		
	2	**Difficulty** breathing	7-C-2		
	3	Burns ≥ **18%** body area	7-C-3		
B	1	**Unknown** status (3rd party caller)	7-B-1		
A	1	Burns < **18%** body area	7-A-1		
	2	**Fire alarm** (unknown situation)	7-A-2		
	3	**Sunburn** or **MINOR** burns (≤ hand size)	7-A-3		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

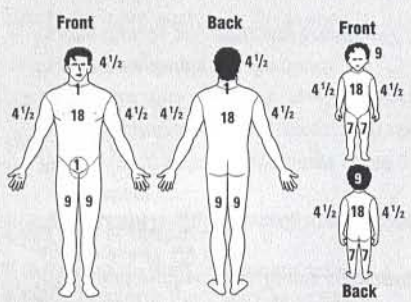
SEVERE RESPIRATORY DISTRESS

Complaints may include but are not limited to:

- Changing color
- Difficulty speaking between breaths (unable to complete a full sentence without breathing; can only speak a few words at a time)

RULE OF NINES

Useful in estimating the percentage of body surface burned. In the adult, the **areas of the body can be approximately divided into portions that are multiples of 9%.** In the infant, relatively more area is taken up by the head and less by the legs.



MINOR Burns

A burn (usually ≤ hand size) that is clearly trivial, non-threatening, and is not a cause of immediate concern.

✚ Problem Suffixes

The suffix codes help to delineate the type of problem for specific response and safety purposes:

E = Explosion
F = Fire present

Rules

1. **INEFFECTIVE BREATHING** discovered during Key Questioning should be coded as **SEVERE RESPIRATORY DISTRESS** (DELTA).
2. Use the **RULE OF NINES** to determine the approximate size of the burn for response assignment purposes.
3. Relay to responders a **simple description of burned areas**, not the **RULE OF NINES** percentage (%). A description is the more useful form of information.
4. All electrical burns are considered to be **worse than they look externally.**
5. **Consider the type of location,** along with the structure type, when processing explosion incidents. The type of location (residences/offices of high-profile persons, government structures, industrial/research facilities) **may indicate a deliberate terrorist act** has occurred.

Axioms

1. **Pediatric** patients or patients with **large burns** may develop hypothermia when **exposed to prolonged cooling with water.**
2. **Use caution when cooling burns** in cold climates or in areas with prolonged response times.
3. Most scene care for burn patients is **supportive and compassionate.**
4. Explosions may occur as the **result of a bomb** or because of a **non-intentional event** such as a gas leak with an ignition source.

First Law of Burns

If someone was burned, something might be burning.

Burn Categories

- **Full thickness** (3rd degree): all skin layers
- **Partial thickness** (2nd degree): blistering
- **Superficial** (1st degree): reddening, sunburn

KEY QUESTIONS

Unconscious or Arrest (per Case Entry) → 8-D-1

1. Is everyone **safe** and **out of danger**?
2. What kind of **chemicals/fumes** or **hazardous** materials are involved?
   a. **(HAZMAT)** Do you know the warning **placard numbers** (chemical ID)?
3. **Where** are the **chemicals/fumes** coming from?
4. Is s/he **contaminated** (skin contact) with **chemicals**?

Unconscious or Arrest (per Case Entry) →

5. Is s/he **completely awake** (alert)?
6. Is s/he having any **difficulty breathing**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

* Advise caller and responders of any **potential hazards.**

DLS * Link to ☎ X-1 unless:

- **Danger** or **Contamination** → X-7
- **Unconscious** or **Arrest** → ABC-1
- **INEFFECTIVE BREATHING** and **Not** alert → ABC-1
- **Chemical** (alert) → X-13

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**Unconscious** or **Arrest**	8-D-1		
	2	**SEVERE RESPIRATORY DISTRESS**	8-D-2		
	3	**HAZMAT**	8-D-3		
	4	**Not** alert	8-D-4		
	5	**Multiple** victims	8-D-5		
	6	**Unknown** status (3rd party caller)	8-D-6		
C	1	Alert **with** difficulty breathing	8-C-1		
B	1	Alert **without** difficulty breathing	8-B-1		
A	1	**Carbon monoxide detector** alarm (**without** priority symptoms)	8-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

SEVERE RESPIRATORY DISTRESS

Complaints may include but are not limited to:

- Changing color
- Difficulty speaking between breaths (unable to complete a full sentence without breathing; can only speak a few words at a time)

HAZMAT

An incident involving a gas, liquid, or other material that, in any quantity, **poses a threat to life, health, or property.**

First Law of Responders

Don't take more victims to the scene.

Second Law of Responders

Don't get it on you or even touch it.

Third Law of Responders

If there is more than one unconscious patient on-scene, there may be scene safety implications.

Rules

1. All hazardous exposures and inhalations are considered **high-level emergencies until proven otherwise.**
2. The caller should be advised **not to enter or re-enter a hazardous or dangerous environment.**

Axioms

1. **Patients who have inhaled** smoke, carbon monoxide, or other chemicals may be **found in any stage of intoxication.** Carbon monoxide binds very tightly to hemoglobin and can lead to an **urgent situation.**
2. **Unconsciousness** in a patient who has inhaled carbon monoxide is a **bad sign.** Hyperbaric oxygen treatment may be necessary to prevent death or brain damage.

Essential Information for Reporting a HAZMAT Emergency

1. Name and telephone number of caller.
2. Location, source, and nature (e.g., leak, explosion, derailment) of release.
3. Number of dead or injured.
4. Name of acutely toxic chemical released.
5. Description of the container.
6. Amount of chemical released so far and duration of release.
7. Type of release (e.g., instantaneous, continuous, intermittent).
8. Time of release.
9. Total possible amount of chemical that may be released.
10. Present state of the chemical (gas, liquid, etc.).
11. Whether significant amounts of the chemical appear to be entering the atmosphere.
12. Direction of vapor clouds or fumes.
13. Weather conditions.
14. Local terrain conditions.

9 CARDIAC OR RESPIRATORY ARREST / DEATH

KEY QUESTIONS

1. Did you see what **happened**?
   a. **(Yes)** Did s/he **choke** on anything **first**?
2. **(Appropriate ≥ 8)** Is there a **defibrillator** (AED) available?
3. **(Suspected death)** Tell me please, **why** does it look like s/he's **dead**?
   a. **(OBVIOUS DEATH)** Do you think s/he is **beyond** any **help** (resuscitation/CPR)?
   b. **(EXPECTED DEATH)** Are you **certain** we should **not** try to **resuscitate** her/him?

POST-DISPATCH INSTRUCTIONS

a. **(Suspected Workable Arrest)** I'm sending the **paramedics** (ambulance) to help you now.
Stay on the line and I'll tell you **exactly** what to do next.

b. **(OBVIOUS or EXPECTED DEATH)** I'm sending someone to **assist** you. Is there **anything else** we can do?

* (OBVIOUS or EXPECTED DEATH) Notify proper **authorities**.

DLS * Link to ☎ ABC-1 unless:

- **Danger** or **Contamination** — X-7
- Suspected **Workable Arrest** — ABC-1
- **AED** available (age ≥ 8) — Z-1
- **Choked** first (**Unconscious**) — ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS ✚ SEE ADDITIONAL INFO	CODES	RESPONSES	MODES
E		Suspected **Workable Arrest** (**NOT BREATHING/INEFFECTIVE BREATHING**):			
	1	**Not breathing** at all	9-E-1		
	2	Breathing **uncertain** (**AGONAL**)	9-E-2		
	3	**Hanging**	9-E-3		
	4	**Strangulation**	9-E-4		
	5	**Suffocation** * (to be selected from Case Entry only)	9-E-5		
	6	**Underwater**	9-E-6		
D	1	**INEFFECTIVE BREATHING** (discovered during Key Questioning only) * (select only when **bridging** from other **Chief Complaint** Protocols)	9-D-1		
B	1	**OBVIOUS DEATH** unquestionable (**a** through **i**)®	9-B-1		
Ω	1	**EXPECTED DEATH** unquestionable (**x** through **z**)	9-Ω-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

AMPDS® v11.2, NAE-std, 041214

OBVIOUS DEATH

Local Medical Control must define and authorize (☒) any of the patient conditions below before this determinant can be used. Situations should be unquestionable and may include:

- ☐ **a** – Cold and stiff in a warm environment
- ☐ **b** – Decapitation
- ☐ **c** – Decomposition
- ☐ **d** – Incineration
- ☐ **e** – **NON-RECENT** death
- ☐ **f** – Severe injuries obviously incompatible with life
- ☐ **g** – Submersion (> 6hrs)
- ☐ **h** – _____
- ☐ **i** – _____

Approval signature of local Medical Control _____ Date approved _____

EXPECTED DEATH

Local Medical Control must define and authorize (☒) any of the patient conditions below before this determinant can be used. Situations should be unquestionable and may include:

- ☐ **x** – Terminal illness
- ☐ **y** – **DNR (Do Not Resuscitate) Order**
- ☐ **z** – _____

Approval signature of local Medical Control _____ Date approved _____

NON-RECENT

Six hours or more have passed since the incident or injury occurred.

INEFFECTIVE BREATHING

The following, when **volunteered** at any point during Case Entry (code as **ECHO** on 2, 6, 9, 11, 15, 31):

- "Barely breathing"
- "Can't breathe at all"
- "Fighting for air"
- "Gasping for air" (**AGONAL BREATHING**)
- "Making funny noises" (**AGONAL BREATHING**)
- "Not breathing"
- "Turning blue or purple"

? Determining AGONAL BREATHING

When the patient is **unconscious** or **not alert** and is **breathing abnormally** or **irregularly**, the EMD should **tell the caller** to state when the patient **takes each breath**. If the **time between** breaths is **10 seconds or more**, this should be immediately considered **INEFFECTIVE BREATHING** that is likely a fading, **AGONAL** (dying) respiratory pattern. Check a maximum of **five breaths** (four intervals tested).

(Read verbatim) Okay, I want you to **tell** me every time s/he **takes a breath**, starting **now**.

- **AGONAL = ≥ 10 sec. interval**

Rules

1. Often, when faced with a dying **DNR** patient, **callers just want reassurance that they are doing the right thing.** However, if the caller believes the **DNR** should be ignored or is uncertain if the **DNR** is valid or in place, an appropriate response and resuscitation attempt should be made.
2. A healthy child (or young adult) found in cardiac arrest is considered to have a **foreign body airway obstruction until proven otherwise.**
3. An unconscious person in whom breathing cannot be verified by a 2nd party caller (with the patient) is considered to be **in cardiac arrest until proven otherwise.**
4. When the initial **Chief Complaint appears to be seizure, go to Protocol 12** regardless of consciousness and breathing status.

Axioms

1. "Funny noises" reported by the caller generally means the patient is unconscious with an uncontrolled airway and often represents **AGONAL** (dying) respirations at the **beginning of a cardiac arrest.**
2. **AGONAL respirations can be confused with "still breathing"** before they fade away during an arrest.
3. Automated external defibrillators (AED) might also be called **"shock boxes."** Other local names may be used.

DNR (Do Not Resuscitate) Order

A physician's order directing medical personnel to not attempt to revive a patient using CPR or other extraordinary means

KEY QUESTIONS

1. Is s/he **completely awake** (alert)?
2. Is s/he **breathing normally**?
3. Is s/he **changing color**?
4. Is s/he **clammy** (cold sweats)?
5. Does s/he have a **history** of **heart problems**?
6. Did s/he take any **drugs** or **medications** in the **past 12 hours**?

Cocaine (or derivative)
Medications

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **(Patient medication requested)** Remind her/him to do what her/his **doctor has instructed** for these situations.
c. **(≥ 8)** If there is a **defibrillator** (AED) available, **send** someone to get it **now** in case we need it later.

* **Stay on the line with caller** if her/his condition seems **unstable** or is **worsening**.

DLS * Link to ☎ X-1 unless:
INEFFECTIVE BREATHING and **Not** alert ——— **ABC-1**

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**SEVERE RESPIRATORY DISTRESS**	10-D-1		
	2	**Not** alert	10-D-2		
	3	**Clammy**	10-D-3		
C	1	**Abnormal** breathing	10-C-1		
	2	**Cardiac** history	10-C-2		
	3	**Cocaine**	10-C-3		
	4	Breathing **normally ≥ 35**	10-C-4		
A	1	Breathing **normally < 35**	10-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

SEVERE RESPIRATORY DISTRESS

Complaints may include but are not limited to:

- Changing color
- Difficulty speaking between breaths (unable to complete a full sentence without breathing; can only speak a few words at a time)

Rules

1. **INEFFECTIVE BREATHING** discovered during Key Questioning should be coded as **SEVERE RESPIRATORY DISTRESS** (DELTA).
2. A patient having a **heart attack may worsen at any time**. Always advise to call back if condition worsens.
3. A patient ≥ 35 with chest pain is considered a **heart attack patient until proven otherwise**.
4. If the **caller asks** whether the patient should be given their medication now, the EMD should **only give instructions included in the protocol**.
5. Chest pain **due to trauma** (current or non-recent) should be **handled on Protocol 30**.

First Law of Chest Pain

"Hurts to breathe" is not considered difficulty or abnormal breathing.

Second Law of Chest Pain

A little chest pain may be as bad as a lot

Axioms

1. True heart attacks are **uncommon in females < 45 and males < 35**.
2. Medical dispatch may consider heart attack (and an ALS CHARLIE response) in certain patients < 35 when the **symptoms listed in Heart Attack Symptoms strongly suggest** the possibility.
3. Automated external defibrillators (AED) might also be called **"shock boxes."** Other local names may be used.

Heart Attack Symptoms

EMDs may initially receive non-specific complaints in heart attack cases. Due to patient denial or caller confusion, the following **symptoms may not be recognized as a heart attack**:

- Aching pain
- Chest pain (now gone)
- Constricting band
- Crushing discomfort
- Heaviness
- Numbness
- Pressure
- Tightness

While these symptoms are most common in the **chest**, they may also (or only) be present in the **arm(s), jaw, neck, or upper back**. These symptoms should be **handled**

Thrombolytic Therapy

The use of drugs such as tissue Plasminogen Activator (t-PA) and Streptokinase to break down the blood clots that may precipitate a heart attack. This therapy has resulted in new hope for people who suffer a heart attack. EMD is a vital first link in the "Chain of Survival" for these patients.

Critical Problems

- Dissecting thoracic aortic aneurysm
- Heart attack (myocardial infarction)

Potentially Critical Problems

- Angina (myocardial insufficiency)
- Pericarditis
- Pneumothorax
- Pulmonary embolus (blood clot in lung)

Non-Critical Problems

- Esophagitis
- Hiatal hernia (< 35)
- Pleurisy
- Pneumonia (except very young or elderly)
- Viral illnesses

KEY QUESTIONS

Choking verified or Unconscious (per Case Entry)
1. Is s/he **completely awake** (alert)?
2. Is s/he **breathing normally**?
3. **(Alert & breathing normally)** Is s/he able to **talk** (or **cry**)?
4. **What** did s/he **choke** on?

POST-DISPATCH INSTRUCTIONS

a. (I'm sending the **paramedics** (ambulance) to help you now.) **Stay on the line** and I'll tell you **exactly** what to do next.
b. **Don't slap** her/him on the back.

DLS * Link to ☎ X-1 unless:

Choking (Conscious)	D-1
Choking (Unconscious)	ABC-1
PARTIAL obstruction	D-2
Not choking now & Not alert	ABC-1
Not choking now & Alert	D-9,15

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
E	1	**Choking verified/INEFFECTIVE BREATHING** * (to be selected from **Case Entry** only)	11-E-1		
D	1	**Not** alert	11-D-1		
	2	**Abnormal** breathing (**PARTIAL obstruction**)	11-D-2		
A	1	**Not** choking **now** (can **talk** or **cry**, is **alert** and **breathing normally**)	11-A-1		

AMPDS® v11.2, NAE-std, 041214

Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481

AMPDS® v11.2, NAE-std, 041214

PARTIAL Obstruction

Complaints may include but are not limited to:

- Forceful coughs
- Wheezing sounds between coughs
- Abnormal breathing
- Difficulty speaking normally

Rules

1. A healthy child (or young adult) found in cardiac arrest is considered to have a **foreign body airway obstruction until proven otherwise**.
2. **Only if the victim of a PARTIAL obstruction begins to faint** (pass out) should the EMD instruct the caller to try an obstructed airway maneuver, since the patient can no longer make efforts to clear his own airway.
3. Before ALPHA-response selection the caller needs to **verify that the patient is not choking now** (can talk or cry, is alert and breathing normally).
4. **Back slaps are not recommended** in the DLS environment due to the increased risk of injury from overly forceful or misplaced blows from an untrained caller.

Axioms

1. **PARTIAL obstruction can be made more life-threatening** by attempted intervention in the breathing patient. The best approach for **PARTIAL** airway obstruction is to let the affected person try to clear their airway on their own.
2. As true choking rarely occurs with liquids, gagging is a better term for the choking-like phenomenon that occurs with baby formula and other liquids. **Gagging is rarely a prehospital emergency**.

Choking

Choking occurs when the airway is **partially** or **totally blocked** by an object. While most choking involves food (at restaurants, barbecues, and in the home), small children can choke on toys or other objects they put in their mouths, and many people choke on chewing gum.

Repetitive Persistence Examples

Always combine a command—"calm down"—**with a reason**—"so we can help." Pick an appropriate phrase and **repeat it verbatim**.

- "Ma'am, you're going to have to **calm down** in order to **help your baby**."
- "Sir, please **calm down** and **listen** to me carefully so that we're **sure to do it right**."
- "Your son needs you to **calm down** so that you can **help him**."

Reassurance Examples

- "It's okay, we can do this **together**."
- "You're doing **great**."
- "I am here **with** you."
- "That's very **good**."

KEY QUESTIONS

1. Has s/he had **more than one** seizure in a row?
2. **(Female 12–50)** Is she **pregnant**?
3. Is s/he **diabetic**?
4. Does s/he have a **history** of **heart problems**?
5. Is s/he an **epileptic** or ever had a **seizure before**?
6. Has the jerking (twitching) **stopped** yet?
   (You go check and tell me what you find.)
   a. **(Yes)** Is s/he **breathing now**?
      (You go check and tell me what you find.)
      i. **(Yes)** Is s/he breathing **regularly**? (?)

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. If s/he is still **seizing** (or if s/he **starts** to seize again):
   1. **Don't do CPR.**
   2. **Don't hold** her/him **down** or **force** anything **into** her/his mouth.
   3. **Move** dangerous **objects** away from her/him.
c. When s/he **stops** seizing, (lay her/him down and) make sure s/he is **breathing**.
d. **Turn** her/him gently **on** her/his **side** when the seizure stops.
e. When s/he **wakes up**, reassure her/him and **tell** her/him **not** to get up or walk around.
f. **(Not seizing)** If s/he **starts** to seize **again**, call me back **immediately**.

* Stay on the line with caller until the patient starts to wake up.

DLS * Link to ☎ X-1 unless:

Not breathing (after Key Questioning) — ⊗ **ABC-1**
INEFFECTIVE BREATHING and **Not** alert — **ABC-1**
Irregular breathing and **Not** alert — **ABC-1**

LEVELS	#	DETERMINANT DESCRIPTORS ++ E	CODES	RESPONSES	MODES
D	1	**Not** breathing (**after** Key Questioning)	**12-D-1**		
	2	**CONTINUOUS** or **MULTIPLE** seizures	**12-D-2**		
	3	**Irregular** breathing	**12-D-3**		
	4	Breathing regularly **not** verified ≥ **35**	**12-D-4**		
C	1	**Pregnancy**	**12-C-1**		
	2	**Diabetic**	**12-C-2**		
	3	**Cardiac** history	**12-C-3**		
B	1	Breathing regularly **not** verified < **35**	**12-B-1**		
A	1	**Not** seizing now **and** breathing regularly (verified)	**12-A-1**		

AMPDS® v11.2, NAE-std, 041214

Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481

AMPDS® v11.2, NAE-std, 041214

CONTINUOUS Seizure

A seizure **still in progress at the end of the interrogation** and after a physical verification by the caller (EMD must stay on the line to check).

MULTIPLE Seizures

The occurrence of more than one seizure in a patient who **remains unconscious or not alert between episodes.**

++ Concurrent Problem Suffix

The suffix code for epilepsy helps to delineate the presence of this condition regardless of the patient's acuity and may be used to track patient outcomes:

E = Epileptic or Previous history of seizures

Recurrent Seizures

Epileptics may have more than one seizure in a day. These are considered recurrent seizures if the patient is able to regain consciousness between episodes.

Seizure

An abnormal firing of brain cells, usually resulting in jerking movements. Also known as **convulsions**, epilepsy, or fits.

Febrile Seizure

Febrile seizures occur in 3 to 5 percent of all children between 6 months and 5 years of age as the result of fever. They are **not prehospital emergencies**, but must be always evaluated by a physician to rule out rare but serious brain infections. **The risk of death from a febrile seizure itself is virtually zero.**

Rules

1. A seizure in a person ≥ 35 is considered a **cardiac arrest until regular breathing is physically verified** by the caller.
2. **Check ABCs very carefully** before initiating CPR after a seizure.
3. When the initial **Chief Complaint appears to be seizure, go to Protocol 12** regardless of consciousness and breathing status.
4. **Do not attempt to reduce fever** in febrile seizure patients.

Axioms

1. Seizure-like activity can be an **initial symptom of cardiac arrest.**
2. All actively seizing patients **appear to have** abnormal or absent breathing.
3. A seizure patient with an **unknown history of seizures** has most likely had seizures before.
4. Tonic-clonic (grand mal) seizures generally **last about 60 seconds.**
5. **Reducing fever** in a child after a febrile seizure **is of little value** as the precipitating factor is believed to be the rapid rise of temperature. The fever itself is of no harm and may even help the body battle the infecting microbes

Types of Seizures

- **Generalized**
  Absence (petit mal)
  Atonic (drop attack)
  Myoclonic
  Tonic-clonic (grand mal)
- **Simple partial**
  Focal/Local
- **Complex partial**
  Temporal lobe/Psychomotor

Causes of Seizures

- **Cardiac arrest** (anoxia–lack of oxygen)
- Diabetes (low and high blood sugar)
- Drug (cocaine, amphetamine)
- Eclampsia (due to pregnancy)
- Epilepsy (unknown cause)
- Fever (in children)
- Hypoxia (inadequate oxygen)
- Meningitis (infection around the brain)
- Trauma
- Tumor

Problems Associated with Seizures

- After-seizure confusion (post-ictal)
- Airway control
- Aspirated secretions
- **CONTINUOUS** or **MULTIPLE** seizures
- Inappropriate CPR
- Tongue biting

KEY QUESTIONS

Unconscious (per Case Entry) → 13-D-1

1. Is s/he **completely awake** (alert)?
2. Is s/he **behaving normally now**?
3. Is s/he **breathing normally**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

b. **(Patient medication requested)** Remind her/him to do what her/his **doctor has instructed** for these situations.

c. **(Combative and ≥ 8)** If it's **safe** to do so, **observe** her/him continuously and **protect** her/him from her/himself.

* **Stay on the line with caller** if her/his condition seems **unstable** or is **worsening.**

DLS * Link to ☎ X-1 unless:

Combative → X-8
Unconscious → ABC-1
INEFFECTIVE BREATHING and **Not** alert → ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS + C	CODES	RESPONSES	MODES
D	1	**Unconscious**	13-D-1		
C	1	**Not** alert	13-C-1		
	2	**Abnormal** behavior	13-C-2		
	3	**Abnormal** breathing	13-C-3		
A	1	Alert **and** behaving normally	13-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

+ Concurrent Problem Suffix

The suffix code is added whenever the patient appears to be combative or aggressive, and allows a different response and awareness of the situation:

C = Combative or Aggressive

Coma

A state of unconsciousness from which the **patient cannot be aroused.**

Rules

1. Determining the **level of consciousness is the key** to correctly assigning the prehospital response.
2. EMDs should **not advise administration of oral sugar to symptomatic diabetics.** There is no clinical evidence of improved outcome by such EMD intervention, while the potential for airway obstruction in the not alert patient is high.
3. The airway of an unconscious patient **must be constantly maintained.**
4. If the **caller asks** whether the patient should be given their medication now, the EMD should **only give instructions included in the protocol.**

Axioms

1. Diabetes is a "diagnosis" that **EMDs may accept at face value** because of its high degree of accuracy.
2. A **significant potential for error** is to confuse alcohol or drug intoxication with low blood sugar from too much insulin (insulin shock).
3. An **early sign of low blood sugar is abnormal behavior**, which may include agitation, aggressiveness, confusion, and/or combativeness.

Hypoglycemia/Insulin Shock (rapid onset)

Too much insulin has depleted the body's available blood sugar. Since the brain's most usable fuel is sugar, it is the first organ at risk. This is **more serious if the patient is not alert, and is commonly confused with alcohol intoxication.**

Diabetic Ketoacidosis (gradual onset)

Pre-coma state resulting from insufficient insulin. Unable to use sugar as fuel, the body burns its own tissue (fat, muscle). The ketoacids (acetones) produced are "toxic" to the patient and cause a slowly increasing illness state. This is **not considered a prehospital medical emergency** if the patient is alert, but requires medical evaluation and treatment.

Diabetic Coma (later onset)

Unconsciousness or decreased level of consciousness occurring later in untreated diabetic ketoacidosis. Without an accurate history, this problem may be difficult to tell from insulin shock. **Airway control is the first priority in Post-Dispatch Instructions if the patient is unconscious.**

KEY QUESTIONS

1. **Where** is s/he **now**?
2. Does s/he have any **injuries**?
   - Unconscious (per Case Entry) → 14-D-1
3. Is s/he **completely awake** (alert)?
4. Is s/he **breathing normally**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

b. **Do not go in the water** unless it's **safe** to do so.

* (SCUBA) Determine **availability** of the nearest local **hyperbaric chamber.**

DLS * Link to ☎ X-1 unless:

Unconscious → ABC-1

INEFFECTIVE BREATHING and Not alert → ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**Unconscious**	14-D-1		
	2	**Not** alert	14-D-2		
	3	**DIVING** or suspected **neck injury**	14-D-3		
	4	**SCUBA** accident	14-D-4		
C	1	Alert with **abnormal breathing**	14-C-1		
B	1	Alert **and** breathing normally (injuries **or** in water)	14-B-1		
	2	**Unknown** status (3rd party caller)	14-B-2		
A	1	Alert **and** breathing normally (**no** injuries **and** out of water)	14-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

DIVING

To **jump** or **plunge** into water from a height.

SCUBA

A commonly used acronym for **Self-Contained Underwater Breathing Apparatus**, used here to define problems occurring while using this device underwater.

Prolonged Submersion Case Example

In 1986, a 2½-year-old girl was **submerged in a cold-water river for over 63 minutes and survived** without serious brain damage after an extensive resuscitation that included internal warming from a heart/lung bypass machine at a children's trauma center. No one knows how long a patient can be submerged and still survive.

Rules

1. **The current location of a drowning patient** (in water, underwater, out of water) **should be determined on Case Entry** during "What's the problem, tell me exactly what happened?" This ensures proper use of **ECHO** coding for patients underwater or not breathing.
2. A submerged patient, regardless of time underwater (≤ 6 hours), is considered **resuscitatable by definition until proven otherwise**, especially in a cold-water situation.
3. Each year potential rescuers drown themselves attempting to save drowning people. The caller should be advised to **attempt a rescue only if it is safe to do so.**
4. In diving accidents where there is any suspicion of neck injury, **tilting the head or moving the patient should be avoided** if at all possible.
5. The **head-tilt is the preferred method of airway control** in the dispatch environment. When a neck injury is likely, an attempt should first be made to open the airway without moving the neck. If this is unsuccessful, then advise to **gently tilt the head back**, a little at a time, until air goes in and the chest rises.
6. The airway of an unconscious patient **must be constantly maintained.**

Axioms

1. Victims of cold-water drowning **can remain underwater for long periods of time before death or brain damage occurs.** An automatic body reflex called the "diving reflex" is triggered in cold water. Inhaled cold water may also lower blood and body temperature. The heart usually remains beating for a few minutes after submersion.
2. The **"diving reflex" is more pronounced in children under four years of age,** possibly because of a similar reflex experienced during childbirth enabling the fetus to survive on limited oxygen.

KEY QUESTIONS

Unconscious (per Case Entry) → 15-D-1

1. **Where** is s/he **now**?
2. Is s/he **disconnected** from the **power**?
3. Has the **power** been **turned off**?
4. **(Suspected)** Is **anything** still **on fire**?
5. Did s/he **fall** off something when this happened?
   a. **(Yes)** How **far** did s/he **fall** (≥ 6ft/2m)?

Unconscious or Arrest (per Case Entry) →

6. Is s/he **completely awake** (alert)?
7. Is s/he **breathing normally**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **Beware** of electrical **risks** and electrified **water**.
c. If it's **safe** to do so, **turn off the power**.
d. **(≥ 8)** If there is a **defibrillator** (AED) available, **send** someone to get it **now** in case we need it later.

* **Stay on the line** with caller until **breathing** can be **safely verified**.
* Advise caller and responders of any **potential hazards**.

DLS * Link to ☎ X-1 unless:

Danger → X-7
Unconscious or Not breathing → ABC-1
AED available (age ≥ 8) → Z-1
INEFFECTIVE BREATHING and Not alert → ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS + E L	CODES	RESPONSES	MODES
E	1	**NOT BREATHING/INEFFECTIVE BREATHING** * (to be selected from **Case Entry** only)	15-E-1		
D	1	**Unconscious**	15-D-1		
	2	**Not disconnected from power**	15-D-2		
	3	**Power not off** or **hazard present**	15-D-3		
	4	**LONG FALL** (≥ 6ft/2m)	15-D-4		
	5	**Not** alert	15-D-5		
	6	**Abnormal** breathing	15-D-6		
	7	**Unknown** status (3rd party caller)	15-D-7		
C	1	Alert **and** breathing normally	15-C-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

LONG FALL

The patient has fallen from a distance of **six feet/two meters or higher** (i.e., lowest part of the body was above 6ft/2m).

+ Problem Suffixes

The suffix codes help to delineate the type of problem for specific response and safety purposes:

E = Electrocution
L = Lightning

Lightning Strike Arrest Theory

The current theory connecting lightning and cardiac injury is that lightning acts as a cosmic countershock, sending the heart into asystole (the absence of heart contractions). The heart will often resume its rhythm due to the heart's property of automaticity, but **the accompanying respiratory arrest is more lasting, leading to a secondary cardiac arrest** and arrhythmias due to hypoxia (lack of oxygen).

(Source: "Emergent Care of Lightning and Electrical Injuries," by Mary Ann Cooper, M.D. In *FACEP Seminars in Neurology*, Vol. 15, Num. 3, September 1995.)

Rules

1. All electrocution and lightning strike patients are **assumed to be in cardiac arrest until regular breathing is physically verified**. Stay on the line with the caller until breathing can be safely verified.
2. If cardiac arrest in an unconscious lightning strike patient is confirmed, the **CPR Ventilations 1st pathway should be selected** for care.
3. Advise the caller to **beware of electrical risks and electrified water**. Do not advise any treatment unless it is safe to do so.
4. The airway of an unconscious patient **must be constantly maintained**.
5. All electrical burns are considered to be **worse than they look externally**.

First Law of Responders

Don't take more victims to the scene.

Second Law of Responders

Don't get it on you or even touch it.

Third Law of Responders

If there is more than one unconscious patient on-scene, there may be scene safety implications.

Axioms

1. Hidden exit wounds and internal injuries may **complicate the patient's status**.
2. Electrocutions and lightning strikes occurring above the ground may result in significant falls, causing **injuries that may be more serious than those incurred from the electrocution or lightning**. Answering all Key Questions should ensure this is not overlooked.
3. Each year many potential rescuers are injured attempting to help. The caller should be advised to **attempt a rescue only if it is safe to do so**.
4. **A bystander can be electrocuted just getting close to the patient**, without even touching her/him, when high voltage is involved or the ground is wet.
5. Lightning accounts for about **200 deaths** in the U.S. per year and **strikes the ground somewhere** in the world **100 times a second**.

KEY QUESTIONS

1. Is s/he **completely awake** (alert)?
2. **How** did this **happen**?
   - Chemical
   - Contact lens
   - Direct blow
   - Flying object
   - MEDICAL eye problem
   - Penetrating object
   - Small foreign object
   - Welding (near welder)
3. **(TRAUMA)** Is the **eyeball cut** open or is fluid **leaking** out of it?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **(TRAUMA) Do not** touch, irrigate, or bandage the eye.
c. **(Chemical)** Gently **flush** with lots of water. **Continue** flushing until help arrives.
d. **(Penetrating object) Do not** pull it out.
e. **(SEVERE eye injuries)** Keep the head **above** chest-level.

DLS * Link to ☎ X-1 unless:

INEFFECTIVE BREATHING and Not alert ——— ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**Not** alert	16-D-1		
B	1	**SEVERE** eye injuries	16-B-1		
A	1	**MODERATE** eye injuries	16-A-1		
	2	**MINOR** eye injuries	16-A-2		
	3	**MEDICAL** eye problems	16-A-3		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

SEVERE Eye Injuries

- Direct blow
- Eyeball cut open
- Eyeball leaking fluid (traumatic)
- Flying object
- Penetrating object

MODERATE Eye Injuries

- Chemical burn
- Chemical in eye

MINOR Eye Injuries

- Abrasion
- Contact lens
- Small foreign object
- Welding (flash burn)

MEDICAL Eye Problems

- Allergy
- Infection
- Tears

MEDICAL

An **illness** or other **biological malady**.

TRAUMA

A **physical injury or wound** caused by an external force through accident or violence.

Rules

1. For **SEVERE eye injuries**, no treatment should be given until emergency units arrive.
2. Severe thermal burns to the eye almost always affect the face or head and should be **handled on Protocol 7**.

Axioms

1. Flash burns from working with or near an arc-welding device **are rarely serious** and often present with a delayed onset of pain.
2. Abrasions or scratches from small foreign objects or contact lenses are **usually superficial** but are very painful.
3. Chemical injuries to the eye are usually not prehospital emergencies. In general, alkalis (lyes) are worse than acids. **Immediate, continuous flushing with water is required.**
4. Major injuries caused by direct blows to the eye include orbital fractures, hyphema (blood in front of the iris), and retinal detachment. **Penetrating wounds of the eyeball are considered very serious** and require careful, gentle care.
5. It is important to distinguish simple tears, allergic watering, or infection weeping (**MEDICAL** eye problems) from the more serious **loss of vitreous humor** resulting from laceration, puncture, or rupture of the eyeball.

17

KEY QUESTIONS

1. What **caused** the **fall**?
   - Accidental
   - Electrocution — 15
   - Fainted or Nearly fainted (ground level) — 31
   - Jumped (suicide attempt)
   - Unknown
2. **(Not ground level)** How **far** did s/he **fall** (≥ 6ft/2m)?
3. Is s/he **completely awake** (alert)?
4. Is s/he **breathing normally**?
5. What **part** of the body was **injured**?
6. Is there any **SERIOUS bleeding**?
7. **When** did this **happen**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **Do not move** her/him unless s/he is in **danger**.
c. **Do not splint** any injuries.

DLS * Link to ☎ X-1 unless:

- Danger — X-7
- Control Bleeding — X-5
- Unconscious — ABC-1
- INEFFECTIVE BREATHING and Not alert — ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS + J	CODES	RESPONSES	MODES
D	1	**DANGEROUS** body area	17-D-1		
	2	**LONG FALL** (≥ 6ft/2m)	17-D-2		
	3	**Unconscious** or **Not** alert	17-D-3		
	4	**Abnormal** breathing	17-D-4		
B	1	**POSSIBLY DANGEROUS** body area	17-B-1		
	2	**SERIOUS** hemorrhage	17-B-2		
	3	**Unknown** status (3rd party caller)	17-B-3		
A	1	**NOT DANGEROUS** body area	17-A-1		
	2	**NON-RECENT** (≥ 6hrs) injuries (**without** priority symptoms)	17-A-2		
Ω	1	**PUBLIC ASSIST** (**no injuries** and **no** priority symptoms)	17-Ω-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481

AMPDS® v11.2, NAE-std, 041214

DANGEROUS Body Area

- Chest (abnormal breathing)
- Head (not alert)
- Neck

POSSIBLY DANGEROUS Body Area

- Abdomen
- Amputation (excluding finger/toe)
- Back
- Chest (breathing normally)
- Genitalia
- Head (alert)
- Leg, upper (femur)
- Pelvis

NOT DANGEROUS Body Area

- Ankle
- Arm
- Collar bone (clavicle)
- Elbow
- Finger
- Foot
- Hand
- Hip
- Knee
- Leg, lower (tibia)
- Shoulder
- Toe
- Wrist

+ Concurrent Problem Suffix

The suffix code for **Jumper** (suicide attempt) identifies these situations for concurrent police response as well as the possibility of crew safety issues with conscious patients:

J = Jumper (suicide attempt)

LONG FALL

The patient has fallen from a distance of **six feet/two meters or higher** (i.e., lowest part of the body was above 6ft/2m).

SERIOUS Hemorrhage

Uncontrolled bleeding (spurting or pouring) from **any area**, or any time a caller reports **"serious" bleeding**.

NON-RECENT

Six hours or more have passed since the incident or injury occurred.

PUBLIC ASSIST

Aiding a caller in situations where someone has fallen (ground-level) **but is not injured or acutely ill** (**no** priority symptoms).

Rules

1. Always consider that the patient's fall may be the **result of a medical problem** (fainting, heart arrhythmia, stroke, etc.).
2. In a **LONG FALL** versus ground-level fall, **distance is a key factor in determining response**.
3. The **head-tilt is the preferred method of airway control** in the dispatch environment. When a neck injury is likely, an attempt should first be made to open the airway without moving the neck. If this is unsuccessful, then advise to **gently tilt the head back** a little at a time, until air goes in and the chest rises.
4. **Before selecting 17-Ω-1**, all questions in Case Entry and Protocol 17 must be asked and answered and the person needing aid clearly **verified** (no unknowns) **as having no injuries or acute illness** (no priority symptoms).

Axioms

1. **LONG FALLS** are often **3rd party calls**.
2. **Ground-level falls** in elderly patients commonly result in hip fractures, which are **not prehospital emergencies**.
3. Prevention of permanent nerve injury is a **major goal of rescue and treatment**.

Types of Injuries

- Abrasions
- Amputations
- Contusions
- Dislocations
- Fractures
- Lacerations

Spinal Injury Suspected if:

- Abnormal breathing
- Diving accident (or jumping into water from a height)
- **LONG FALL** (≥ 6ft/2m) has occurred
- Massive facial or head injury present
- No pain or movement below injury
- Tingling sensation or numbness in extremities
- Unconsciousness at a trauma scene

KEY QUESTIONS	POST-DISPATCH INSTRUCTIONS
1. Is s/he **completely awake** (alert)? 2. Is s/he **breathing normally**? 3. Is s/he able to **talk normally**? 4. Was there a **sudden** onset of **severe** pain? 5. Does s/he have any **numbness** or **paralysis**? 6. Has s/he had a recent **change in behavior** (≤ 3hrs)?	a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
	DLS * Link to ☎ X-1

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
C	1	**Not** alert	18-C-1		
	2	**Abnormal** breathing	18-C-2		
	3	**Speech** problems	18-C-3		
	4	**Sudden** onset of **severe** pain	18-C-4		
	5	**Numbness**	18-C-5		
	6	**Paralysis**	18-C-6		
	7	**Change in behavior** (≤ 3hrs)	18-C-7		
B	1	**Unknown** status (3rd party caller)	18-B-1		
A	1	Breathing **normally**	18-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

Rules

1. Sudden, severe onset of a headache is considered to have a **more serious underlying cause until proven otherwise.**

Axioms

1. Sudden and severe headaches, especially when associated with speech or movement problems (numbness or paralysis), **may represent the early onset of a serious condition.**
2. Some **younger people have STROKES** (often fatal) from a ballooned blood vessel called a berry aneurysm that expands and then breaks. This condition is present from birth (congenital). Early symptoms include sudden, severe headache.
3. **Patients who call an ambulance for a headache** generally have a more serious underlying cause than patients who arrive at the emergency department on their own.

Serious Types and Causes

- Berry aneurysm rupture (ballooned blood vessel that breaks)
- Epidural hematoma (blood clot around the brain)
- Intracerebral hemorrhage (bleeding within the brain)
- Subarachnoid hemorrhage (bleeding around the brain)
- Subdural hematoma (blood clot around the brain)

Possibly Serious Types and Causes

- Hypertension (high blood pressure)
- Meningitis (infection around the brain)
- Post-traumatic (hit head)

Not Serious Types and Causes

- Cluster
- Migraine
- Sinus
- Tension

KEY QUESTIONS

1. Is s/he **completely awake** (alert)?
2. Is s/he **breathing normally**?
3. Is s/he **changing color**?
4. Is s/he **clammy** (cold sweats)?
5. Does s/he have a **history** of **heart problems**?
   a. **(A.I.C.D.)** Did it **fire** (go off) in the last **30 minutes**?
6. Does s/he have **chest pain**?
7. Did s/he take any **drugs** or **medications** in the **past 12 hours**?
   Cocaine (or derivative)
   Medications

* BRAVO, CHARLIE, or DELTA-level codes ————

8. I am going to tell you how to **check** her/his **pulse** (heart rate).

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **(Patient medication requested)** Remind her/him to do what her/his **doctor has instructed** for these situations.
c. **(≥ 8)** If there is a **defibrillator** (AED) available, **send** someone to get it **now** in case we need it later.

DLS * Link to ☎ X-1 unless:

INEFFECTIVE BREATHING and Not alert ———— ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**SEVERE RESPIRATORY DISTRESS**	19-D-1		
	2	**Not** alert	19-D-2		
	3	**Clammy**	19-D-3		
C	1	**Firing** of **A.I.C.D.**	19-C-1		
	2	**Abnormal** breathing	19-C-2		
	3	**Chest pain** ≥ 35	19-C-3		
	4	**Cardiac** history	19-C-4		
	5	**Cocaine**	19-C-5		
	6	**Heart rate** < **50** bpm or ≥ **130** bpm (**without** priority symptoms)	19-C-6		
B	1	**Unknown** status (3rd party caller)	19-B-1		
A	1	**Heart rate** ≥ **50** bpm and < **130** bpm (**without** priority symptoms)	19-A-1		
	2	**Chest pain** < 35 (**without** priority symptoms)	19-A-2		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

Instructions for Taking a Pulse

(Read verbatim)
Find the Adam's apple on her/his neck.
Feel on either side of it for a pulse.
Be careful not to push too hard.
Count the pulses for 15 seconds.
(I'll time you.)
How many did you count?

- ≤ **12** = < **50 bpm**
- ≥ **33** = ≥ **130 bpm**

SEVERE RESPIRATORY DISTRESS

Complaints may include but are not limited to:

- Changing color
- Difficulty speaking between breaths (unable to complete a full sentence without breathing; can only speak a few words at a time)

A.I.C.D.

An **Automatic Implanted** (internal) **Cardiac Defibrillator** is a device designed to administer an electric shock to **control tachyarrhythmias** (rapid heart rate) and restore a normal heartbeat.

Rules

1. **INEFFECTIVE BREATHING** discovered during Key Questioning should be coded as **SEVERE RESPIRATORY DISTRESS** (DELTA).
2. The caller should be directed to **take a pulse whenever it is physically possible** (age, location, comprehension).
3. If the patient has a **slow** or **very rapid** heart rate (< 50 bpm or ≥ 130 bpm), **paramedics** (ALS) **should be sent**.
4. **A.I.C.D.s** are becoming more common. A single firing may be normal; however, **multiple firings** or firings associated with **priority symptoms** may indicate a **prehospital emergency**. ALS evaluation for these patients is recommended.
5. If the **caller asks** whether the patient should be given their medication now, the EMD should **only give instructions included in the protocol**.

Axioms

1. **Heart Problems are considered a specific "diagnosis."** Heart problem situations range from old rheumatic fever, through benign forms of congestive heart failure, to acute angina or serious heart attack (myocardial infarction). "Heart Problems" are occasionally reported as the Chief Complaint in cardiac arrest.
2. Complaints such as cancer, leukemia, chronic illness, stroke, dehydration, infection, meningitis, etc. may incorrectly elicit an emotional response from EMDs since these diagnosis-based terms sound serious. **The caller's "diagnosis" may have nothing to do with the actual reason the patient needs help now.**
3. Automated external defibrillators (AED) might also be called **"shock boxes."** Other local names may be used.

Heart Attack Symptoms

EMDs may initially receive non-specific complaints in heart attack cases. Due to patient denial or caller confusion, the following **symptoms may not be recognized as a heart attack**:

- Aching pain
- Chest pain (now gone)
- Constricting band
- Crushing discomfort
- Heaviness
- Numbness
- Pressure
- Tightness

While these symptoms are most common in the **chest**, they may also (or only) be present in the **arm(s), jaw, neck, or upper back**. These symptoms should be **handled on Protocol 10**.

KEY QUESTIONS

1. (≥ 35) Does s/he have **chest pain**?
   Yes ——— 10
2. Is s/he **completely awake** (alert)?
3. Does s/he have a **history** of **heart problems**?
4. Does s/he have a **change** in **skin color**?
5. What is her/his **skin temperature**?
   - Colder than normal
   - Hotter than normal
   - Normal
   - Unknown

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

b. **(Heat exposure) Remove** her/him **from** any sources of **heat**. **Remove** her/his outer **clothing**. Apply **cool water** to her/his entire **skin** surface while **fanning** her/him. **Turn on** an **air conditioner** or fan.

c. **(Cold exposure) Protect** her/him from the cold. **Remove** wet clothing. **Warm** her/him **without** rubbing the affected area. **Do not give** her/him any **alcohol** to drink.

DLS * Link to ☎ X-1 unless:

INEFFECTIVE BREATHING and Not alert ——— ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS + H C	CODES	RESPONSES	MODES
D	1	**Not** alert	20-D-1		
	2	**Multiple** victims (**with** priority symptoms)	20-D-2		
C	1	**Cardiac** history	20-C-1		
B	1	**Change** in **skin color**	20-B-1		
	2	**Unknown** status (3rd party caller)	20-B-2		
A	1	Alert	20-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

+ Problem Suffixes

The suffix codes help to delineate the type of problem for specific response and safety purposes:

H = Heat exposure
C = Cold exposure

Heat Exhaustion

A **non life-threatening problem** with "flu-like" symptoms (paleness, sweating, nausea, and vomiting).

Heat Stroke

A **potentially life-threatening problem** with red, dry skin and decreased level of consciousness.

Frostbite

Pale, gray, numb, bloodless, and cold; in deep frostbite, tissues feel woody or stoney.

Hypothermia

Sluggish, **decreased level of consciousness**, paleness, cyanosis (blue or gray).

Rules

1. Life-threatening exposure situations are **usually associated with priority symptoms**.
2. Unconscious, non-breathing hypothermia patients should **never be considered an OBVIOUS DEATH** by dispatch or on-scene personnel and should be initially coded **9-E-1**.

Axioms

1. Because a patient has a problem in a hot or cold environment does not mean the problem was caused by the environment. **Heat or cold extremes may trigger other medical problems**.
2. A change in skin color may be a **significant sign in exposure situations**.
3. Gradual rewarming of the frozen part is the **single most effective measure for preserving viable tissue**.
4. **Hypothermic patients can appear dead, even to trained rescuers**. A person isn't considered actually dead until they are **"warm and dead."**

KEY QUESTIONS

1. **Where** is s/he **bleeding** from?
   Amputation ——— 30
   a. **(Vaginal and 12–50)** Is she **pregnant**?
      Yes ——— 24
2. Is s/he **completely awake** (alert)?
3. Is s/he **breathing normally**?
4. **(TRAUMA)** Is the blood **squirting** out?
   (MEDICAL) Is the bleeding **SERIOUS**?
5. Does s/he have a **bleeding disorder** or is s/he on **blood thinners**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

b. **(Nosebleed)** Tell her/him to **tightly pinch** the entire soft part of her/his **nose**, right **under** the nasal bone.

Tell her/him to sit **forward** and **don't** sniff or blow. Just **pinch** her/his nose **firmly** until the emergency unit arrives.

DLS * Link to ☎ X-1 unless:

Danger or **Crime Scene** ——— ▽ X-9
INEFFECTIVE BREATHING and **Not** alert ——— 👄 ABC-1
Control Bleeding (external) ——— 🩸 X-5

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**DANGEROUS** hemorrhage	21-D-1		
	2	**Not** alert	21-D-2		
	3	**Abnormal** breathing	21-D-3		
C	1	Hemorrhage through **tubes**	21-C-1		
B	1	**POSSIBLY DANGEROUS** hemorrhage	21-B-1		
	2	**SERIOUS** hemorrhage	21-B-2		
	3	**Bleeding disorder** or **blood thinners**	21-B-3		
A	1	**NOT DANGEROUS** hemorrhage	21-A-1		
	2	**MINOR** hemorrhage	21-A-2		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481

AMPDS® v11.2, NAE-std, 041214

DANGEROUS Hemorrhage

- Armpit
- Groin
- Neck
- Rectal (serious)
- Vomiting (bright red)

POSSIBLY DANGEROUS Hemorrhage

- Abdomen
- Arm, upper
- Chest
- Coughing up
- Face
- Leg, upper
- Mouth trauma (abnormal breathing)
- Urinating (traumatic)
- Vaginal (not pregnant/post-partum)
- Vomiting (coffee grounds)

SERIOUS Hemorrhage

Uncontrolled bleeding (spurting or pouring) from **any area**, or any time a caller reports **"serious" bleeding.**

MINOR Hemorrhage

Controlled or insignificant external bleeding from any area.

NOT DANGEROUS Hemorrhage

- Ankle
- Back
- Buttock
- Finger
- Foot
- Forearm
- Hand
- Leg, lower
- Mouth trauma (breathing normally)
- Nose
- Rectal (minor)
- Scalp
- Toe
- Urinating/Catheter (non-traumatic)
- Wrist

Second Law of Surgical Medicine

All bleeding always stops!

Rules

1. **EMDs should not delay transport** by sending paramedics if a BLS unit at the scene can transport immediately. En route rendezvous is preferable over any transport delay in serious trauma cases.
2. **Direct pressure** on the wound should be **avoided** in the presence of **visible fractured bone** or **foreign objects.**

Axioms

1. **Direct pressure** will control most external bleeding and is the **only** control choice in the **dispatch environment.**
2. In most cases, **external bleeding is not as serious as it appears.** Internal bleeding **(from rectum, vomiting, coughing up blood, or 3rd TRIMESTER vaginal)** is more serious and **may result in hypovolemic shock** (low blood volume).
3. Bleeding is often over-treated to the exclusion of locating and treating **more serious but less obvious injuries and problems.** This often includes failure to perform simple airway maintenance.
4. Bleeding from a wound **around** an inserted tube should **not** be considered "hemorrhage through tubes." Hemorrhage through tubes may indicate **internal bleeding** which may benefit from **ALS care.**
5. It is sometimes **harder to control bleeding in people who have bleeding disorders** (such as hemophilia) or who take blood thinners (such as warfarin). In these people, **MEDICAL** bleeding warrants the upgraded BRAVO response, but **MINOR** traumatic bleeding should be evaluated on a case-by-case basis.

KEY QUESTIONS

1. Does this incident involve the **release** of any **hazardous materials**?
   Yes — 8
2. What is s/he **trapped** in?
   a. **(Not trapped now)** Are there any obvious **injuries**?
   Yes — 30
3. What **part** of the body is **trapped**?
4. Where **exactly** is s/he?
   a. **(Unknown)** Where was s/he **last seen**?
   b. **(Above ground)** What is her/his approximate **distance** from the **ground** (≥ 6ft/2m)?
5. Is the immediate area **dangerous** or **hazardous**?
6. Will we have any **problems** easily **reaching** her/him?
   a. **(Yes)** What **problems** will we have?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **Do not enter** (re-enter) any **hazardous** or **dangerous** areas.
c. **(Appropriate)** If it's **safe** to do so, **turn off** all **equipment**, except the **ventilation**.
d. **Do not** attempt to **rescue** her/him.
e. **(Appropriate) Do not touch** any **equipment** that may be **suspending** her/him.
f. **(Appropriate) Tell** her/him **not to move**.
g. **Assign** someone to **guide** the **emergency unit** to her/him.

* Determine a specific **meeting point** for the **emergency unit(s)**.
* Advise caller and responders of any **potential hazards**.

DLS * Link to ☎ X-1 unless:

Caller Danger – Not Trapped — **X-7**
Control Bleeding — **X-5**
INEFFECTIVE BREATHING and **Not alert** — **ABC-1**

LEVELS	#	DETERMINANT DESCRIPTORS + A M B	CODES	RESPONSES	MODES
D	1	**Mechanical/Machinery ENTRAPMENT**	22-D-1		
	2	**Trench** collapse	22-D-2		
	3	**Structure** collapse	22-D-3		
	4	**Confined** space **ENTRAPMENT**	22-D-4		
	5	**Inaccessible** terrain situation	22-D-5		
	6	**Mudslide/Avalanche**	22-D-6		
B	1	**No** longer trapped (**unknown** injuries)	22-B-1		
	2	**PERIPHERAL ENTRAPMENT** only	22-B-2		
	3	**Unknown** status (investigation)	22-B-3		
A	1	**No** longer trapped (**no** injuries)	22-A-1		

AMPDS® v11.2, NAE-std, 041214

AMPDS® v11.2, NAE-std, 041214

ENTRAPMENT

A situation involving **prevention of escape** in which there is an increased threat of injury, illness, or death to a victim.

PERIPHERAL

- Finger
- Foot
- Forearm
- Hand
- Leg, lower
- Toe
- Wrist

+ Determinant Suffixes

The suffix codes help to delineate the type of problem for specific response and safety purposes:

A = Above ground (≥ 6ft/2m)
M = Multiple victims
B = Both Above ground & Multiple victims

MEDICAL

An **illness** or other **biological malady**.

TRAUMA

A **physical injury or wound** caused by an external force through accident or violence.

Structure Collapse

Structural collapse may occur as a result of **fire, weather conditions, earthquake**, or simply because an **old** or otherwise **weak structural component fails**.

Confined Space

Any **enclosed space** in the workplace that has three specific features (per OSHA):

- Must have the **size** and **shape** to allow a person to bodily **enter**.
- Must have **restricted openings** that make it **difficult** to enter or leave.
- Must be a space **not designed for continuous human occupancy**.

Mudslide

A moving "river" of **rock, soil, and water**, often triggered by storms, volcanic activity, earthquakes, fires, or mismanagement of land.

Avalanche

A mass of **snow sliding down** a mountainside.

Rules

1. An appropriate **extrication team** should be sent for all **mechanical/machinery ENTRAPMENT situations**.
2. **All structures are considered occupied** until proven otherwise.
3. **A call involving an ENTRAPMENT should be considered an extrication situation** until responding units arrive and assess the circumstances.
4. The caller should be advised **not to enter or re-enter a hazardous or dangerous environment**.
5. Scene safety should include advising the caller **not to touch any equipment that may be suspending the victim**.

Axioms

1. The **number of people** involved (or hurt) should be determined during Case Entry whenever possible.
2. Even though these calls may be 3rd party, it is important to **determine if the patient requires extrication**.
3. It is very helpful for the **responders to know if the case is TRAUMA or MEDICAL** since different equipment must often be carried long distances to the site.
4. Most confined space injuries and **deaths result from asphyxiation** due to hazardous atmospheres.
5. **Emergency service personnel must often utilize special tools and techniques** when called upon to rescue someone trapped in any type of machinery or materials.

Third Law of Responders

If there is more than one unconscious patient on-scene, there may be scene safety implications

KEY QUESTIONS

1. **(Appropriate)** Was this **accidental** or **intentional**?
2. **Unconscious** (per Case Entry) → 23-D-1
3. **(Suspected and ≥ 8)** Is s/he **violent**?
4. Is s/he **completely awake** (alert)?
5. Is s/he **breathing normally**?
6. **What** did s/he **take**?
   - **Acid** or **Alkali** (lye)
   - **Antidepressants** (tricyclic)
   - **Cocaine** (or derivative)
   - **Narcotics** (heroin)
7. **When** did s/he take it?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

* **(Appropriate)** Connect and **confirm** transfer of the caller to **poison control center.**
* **Stay on the line with caller** if her/his condition seems **unstable** or is **worsening.**
* In volatile/criminal situations, refer to applicable **law enforcement protocol.**

DLS * Link to ☎ X-1 (Medical) unless:

- **Danger** or **Violent** → X-8
- **Unconscious** → ABC-1
- **INEFFECTIVE BREATHING** and **Not** alert → ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS + A I P	CODES	RESPONSES	MODES
D	1	**Unconscious**	23-D-1		
	2	**SEVERE RESPIRATORY DISTRESS**	23-D-2		
C	1	**Violent** (police must secure)	23-C-1		
	2	**Not** alert	23-C-2		
	3	**Abnormal** breathing	23-C-3		
	4	**Antidepressants** (tricyclic)	23-C-4		
	5	**Cocaine** (or derivative)	23-C-5		
	6	**Narcotics** (heroin)	23-C-6		
	7	**Acid** or **alkali** (lye)	23-C-7		
	8	**Unknown** status (3rd party caller)	23-C-8		
	9	**Poison Control** request for response	23-C-9		
B	1	**OVERDOSE** (**without** priority symptoms)	23-B-1		
Ω	1	**POISONING** (**without** priority symptoms)	23-Ω-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

SEVERE RESPIRATORY DISTRESS

Complaints may include but are not limited to:

- Changing color
- Difficulty speaking between breaths (unable to complete a full sentence without breathing; can only speak a few words at a time)

OVERDOSE

Intentional intake of a potentially harmful substance.

POISONING (Ingestion)

Accidental intake of a potentially harmful substance.

+ Problem Suffixes

The suffix codes help to delineate the type of problem for specific response and safety purposes:

A = Accidental
I = Intentional
P = Poison Control request for response

Rules

1. **INEFFECTIVE BREATHING** discovered during Key Questioning should be coded as **SEVERE RESPIRATORY DISTRESS** (DELTA).
2. When approved and arranged by the local Medical Control, most asymptomatic ingestions (not including antidepressants, cocaine, narcotics, acids, or alkalis) should be referred to the regional Poison Control Center. If Poison Control's evaluation indicates the necessity of a mobile response, **they will inform medical dispatch.**
3. If an OMEGA (Ω) referral to a Poison Control Center is not locally approved, the appropriate response is locally determined. **"Home care,"** which has been used by regional Poison Control Centers with great success, is an OMEGA (not an ALPHA) code because an EMS response may not be necessary.
4. Consider call tracing if there are problems with location, identification, or information cooperation. **Carefully and tactfully determine the patient's exact location.**
5. The airway of an unconscious patient **must be constantly maintained.**

Axioms

1. Because **OVERDOSE** patients have a motive for their actions, they are **frequently misleading about the time, amount, or type of medication taken.**
2. **OVERDOSE** is an intentional act. Even if the amount or type of substance is not dangerous, these patients **need social or psychological intervention** and occasionally protection from themselves.
3. **Tricyclic antidepressants can cause collapse and unconsciousness very quickly,** even though initially the patient may appear all right. Updated name lists of currently marketed brands can be kept at dispatch for reference.
4. The ability of **cocaine** to induce strokes and heart attacks is of serious concern. Cocaine has several **derivatives** and **street names** such as "crack" and "blow."
5. **Narcotics (heroin, morphine, Demerol™) can cause a rapid loss of consciousness and respiratory arrest.** Supporting the patient's breathing is essential. The effects of narcotic **OVERDOSE** can be treated with a specific drug **(naloxone)** in the prehospital environment.
6. **Cardiac medications can cause collapse and unconsciousness very quickly,** even though the patient may initially appear to be all right. Medications prescribed for high blood pressure, arrhythmias, and congestive heart failure are the most dangerous. They are common in many households

KEY QUESTIONS (*1st Party Only)

1. How many **weeks** (or **months**) pregnant is she?
2. **(≥ 5 months/20 weeks)** Is the baby **completely out**?
   Yes — 24-D-6
   a. **(No)** Can you **see** (*feel or touch) any part of the **baby** now? (You go check and tell me what you find.)
      BREECH or CORD — 24-D-1
      Head visible/out — 24-D-2
3. **(≥ 5 months/20 weeks)** Is she having **contractions** (labor pains)?
   a. **(Yes)** Is this her **first** delivery?
   b. **(Yes)** How many **minutes apart** are the contractions (labor pains)?
4. Is there any **SERIOUS bleeding**?
5. Does she have any **HIGH RISK** complications?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **Do not** try to **prevent** the birth (**do not** cross legs).
c. **Do not** sit on the **toilet**.
d. Allow her to assume the **most comfortable** position and have her take **deep breaths between contractions** (labor pains).
e. **(OMEGA referral)** Tell her to **call** her **healthcare provider** or go **directly** to the **hospital** to be **evaluated**.

DLS * Link to ☎ X-1 unless:

BREECH or CORD	F-20
Head visible (crowning)	F-5
Head out	F-6
IMMINENT delivery	F-1
Baby born	F-7
Labor (delivery **not imminent**)	F-12
Other situations (MISCARRIAGE)	X-1

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**BREECH** or **CORD**	24-D-1		
	2	**Head visible/out**	24-D-2		
	3	**IMMINENT** delivery (≥ 5 months/20 weeks)	24-D-3		
	4	**3rd TRIMESTER** hemorrhage	24-D-4		
	5	**HIGH RISK** complications	24-D-5		
	6	**Baby born**	24-D-6		
C	1	**2nd TRIMESTER** hemorrhage or **MISCARRIAGE**	24-C-1		
	2	**1st TRIMESTER SERIOUS** hemorrhage	24-C-2		
B	1	**Labor** (delivery **not imminent**, ≥ 5 months/20 weeks)	24-B-1		
	2	**Unknown** status (3rd party caller)	24-B-2		
A	1	**1st TRIMESTER** hemorrhage or **MISCARRIAGE**	24-A-1	NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION	
Ω	1	**Waters** broken (**no** contractions)	24-Ω-1		

AMPDS® v11.2, NAE-std, 041214

3rd TRIMESTER

- **7** to **9** months
- **25** to **40** weeks

2nd TRIMESTER

- **4** to **6** months
- **13** to **24** weeks

1st TRIMESTER

- **0** to **3** months
- **0** to **12** weeks

BREECH or CORD

Presentation of the **umbilical cord**, **hands**, **feet**, or **buttocks first** from the birth canal.

IMMINENT Delivery

- **1st** full pregnancy and **labor** pains ≤ **2 minutes** apart
- **2nd plus** full pregnancy and **labor** pains ≤ **5 minutes** apart

HIGH RISK Complications

Local Medical Control must define and authorize (☒) any of the patient conditions below before this determinant can be used. Situations may include:

- ☐ Premature birth (≥ 20 weeks)
- ☐ Multiple birth (≥ 20 weeks)
- ☐ Bleeding disorder
- ☐ Blood thinners
- ☐ _____
- ☐ _____
- ☐ _____

Approval signature of local Medical Control — Date approved

OMEGA Referral

Local Medical Control must authorize (☒) the use of a non-mobile referral. If not, the locally assigned response will be followed.

- ☐ Waters broken (**no** contractions)

Approval signature of local Medical Control — Date approved

SERIOUS Hemorrhage

Uncontrolled bleeding (spurting or pouring) from **any area**, or any time a caller reports **"serious" bleeding**.

MISCARRIAGE

The **post-delivery of a fetus** or products of conception (tissue) **prior to 5 months** or **20 weeks** of gestation.

Rules

1. When crowning (top of baby's head is visible) and/or pushing is present, turn to PAI Childbirth–Delivery sequence "Check Crowning" (F-4) since **birth is IMMINENT**.
2. Presentation of the cord, hands, feet, or buttocks first (**BREECH**) **is a dire prehospital emergency**. Often the only chance for survival of the baby is at the hospital. (See also PAI Childbirth–Delivery sequence "Evaluate **BREECH**" F-20.)
3. Pregnant patients who have **"illness"** as the primary complaint **should be handled on Protocol 26 unless** the problem concerns **vaginal bleeding**, **labor**, **MISCARRIAGE**, **or waters broken**.

Axioms

1. In general, first full primigravida patients **progress through labor more slowly** than second plus, full multigravida patients.
2. Any attempt to prevent or delay birth can **cause serious brain damage to the baby and even death**.

KEY QUESTIONS

1. **(Suspected and ≥ 8)** Is s/he **violent**?
2. Does s/he have a **weapon**?
3. **Where** is s/he **now**?
4. Is this a **suicide attempt**?
   - **Jumper** (threatening)
   - **Laceration**
   - **Near Hanging, Strangulation,** or **Suffocation** (alert)
   - **THREATENING SUICIDE**
   - **Carbon monoxide** — 8
   - **Overdose** — 23
   - **Stab** or **Gunshot** wound — 27
   a. **(No)** Is s/he **thinking** about committing **suicide**?
   b. **(Laceration) Where** is s/he **cut**?
   c. **(Laceration)** Is there any **SERIOUS bleeding**?
5. Is s/he **completely awake** (alert)?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. If it's **safe** to do so, **observe** her/him continuously (beware of being attacked).
c. If it's **safe** to do so, **protect** her/him from her/himself.

* (1st party) Keep a **violent** or **suicidal** patient on the **line**.
* In volatile/criminal situations, refer to applicable **law enforcement protocol**.

DLS * Link to ☎ X-1 unless:

- **Danger** or **Crime Scene** — **X-9**
- **Violent/Combative** — **X-8**
- **INEFFECTIVE BREATHING** and **Not** alert — **ABC-1**
- **Control** Bleeding — **X-5**

LEVELS	#	DETERMINANT DESCRIPTORS	+ V W B	CODES	RESPONSES	MODES
D	1	**Not** alert		25-D-1		
	2	**DANGEROUS** hemorrhage		25-D-2		
B	1	**SERIOUS** hemorrhage		25-B-1		
	2	**Non-SERIOUS** or **MINOR** hemorrhage		25-B-2		
	3	**THREATENING SUICIDE**		25-B-3		
	4	**Jumper** (threatening)		25-B-4		
	5	**Near hanging, strangulation,** or **suffocation** (alert)		25-B-5		
	6	**Unknown** status (3rd party caller)		25-B-6		
A	1	**Non-suicidal** and **alert**		25-A-1		
	2	Suicidal (**not** threatening) and alert		25-A-2		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

DANGEROUS Hemorrhage

- Armpit
- Groin
- Neck

SERIOUS Hemorrhage

Uncontrolled bleeding (spurting or pouring) from **any area**, or any time a caller reports **"serious" bleeding**.

MINOR Hemorrhage

Controlled or insignificant external bleeding from any area.

THREATENING SUICIDE

Persons who are threatening to commit suicide **but have not yet done anything to harm themselves**. If a person has already harmed her/himself but is refusing help or entry, the suffix code for **Violent (V)** should be added to the Determinant Code and police should be notified.

+ Problem Suffixes

The suffix codes are added whenever the patient appears to be violent or have weapons, and aid in automatically notifying police to respond and secure the scene:

V = Violent
W = Weapons
B = Both Violent and Weapons

Rules

1. If the actual type of suicide attempt is determined to be overdose, carbon monoxide, stab, or gunshot wound, go to and **dispatch from that more specific protocol**.
2. 1st party callers who are **THREATENING SUICIDE** should be **kept on the line until responders arrive**.
3. Consider call tracing if there are problems with location, identification, or information cooperation. **Carefully and tactfully determine the patient's exact location**.
4. **Constricting or suffocating materials**, such as rope, wire, or plastic bags, should be **removed prior to the provision of PDIs**. Care should be exercised to preserve potential crime scene evidence (i.e., the noose should be cut or loosened rather than untied).

Axioms

1. Behavioral emergency patients (at any level of consciousness) are considered to be a **potential risk to themselves and others**.
2. Certain serious medical problems can be confused as "just a psych problem." It would be a **serious EMD error to not respond at all**. These problems include insulin shock, severe blood loss, lack of oxygen, delirium tremens (the DTs), overdose, liver or kidney failure, etc.
3. Certain stages of insulin shock can easily be **confused with alcohol intoxication or psychiatric problems**.
4. **Delirium tremens** (the DTs) is a severe metabolic derangement that has a surprisingly high in-hospital mortality rate and **should not be underestimated**.
5. **It is reasonable to utilize a police-only response** when a person is **THREATENING SUICIDE** (no injuries have occurred). This choice must be **approved by local policy** between the law enforcement and EMS-provider agencies.

Causes of Abnormal Behavior

- Alcohol intoxication
- Drug abuse
- Emotional and hysterical reactions
- Hypovolemic shock (low blood volume)
- Medical problems and serious illnesses
- Psychiatric problems
- Suicide attempts and threats
- Withdrawals

KEY QUESTIONS

1. Is s/he **breathing normally**?
   No — 6
2. **(Female ≥ 45, male ≥ 35)** Does s/he have **chest pain**?
   Yes — 10
3. Is s/he **bleeding** or **vomiting blood**?
   Yes — 21
4. Is s/he **completely awake** (alert)?
5. Does s/he have a **history** of **heart problems**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

DLS * Link to ☎ X-1

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**Not** alert	**26-D-1**		
C	1	**Cardiac** history (complaint conditions 2–28 **not** identified)	**26-C-1**		
B	1	**Unknown** status (3rd party caller)	**26-B-1**		
A	1	**No** priority symptoms (complaint conditions 2–28 **not** identified)	**26-A-1**		
	2–28	**NON-PRIORITY Complaints**	**26-A-2–28**		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

NON-PRIORITY Complaints (ALPHA-level)

2. Boils
3. Bumps (non-traumatic)
4. Can't sleep
5. Can't urinate (without abdominal pain)
6. Catheter (in/out without hemorrhaging)
7. Constipation
8. Cramps/spasms/joint pain (in extremities and non-traumatic)
9. Cut-off ring request
10. Deafness
11. Defecation/diarrhea
12. Earache
13. Enema
14. Gout
15. Hemorrhoids/piles
16. Hepatitis
17. Hiccups
18. Hungry
19. Nervous
20. Object stuck (nose, ear, vagina, rectum, penis)
21. Object swallowed (without choking or difficulty breathing, can talk)
22. Penis problems/pain
23. Rash/skin disorder (without difficulty breathing or swallowing)
24. Sexually transmitted disease (STD)
25. Sore throat (without difficulty breathing or swallowing)
26. Toothache (without jaw pain)
27. Transportation only
28. Wound infected (focal or surface)

Sick Person

A patient with a non-categorizable Chief Complaint who does **not have an identifiable priority symptom**.

Priority Symptoms

The presence of:

- **Abnormal breathing**
- **Chest pain** (any)
- **Decreased level of consciousness**
- **SERIOUS hemorrhage**

Rules

1. Find and **use** the **correct Chief Complaint** and **go to** it via the **SHUNT** pathway.
2. This Chief Complaint should be used for patients with an "unknown problem" **who are with or near the caller** (2nd party).

Axioms

1. When the caller gives dispatch a previous disease or a current diagnosis, it may be because the **caller does not know what is actually causing the patient's immediate problem**.
2. A complete interrogation obtains symptoms that can be **correctly prioritized**.
3. Complaints such as cancer, leukemia, chronic illness, stroke, dehydration, infection, meningitis, etc. may incorrectly elicit an emotional response from EMDs since these diagnosis-based terms sound serious. **The caller's "diagnosis" may have nothing to do with the actual reason the patient needs help now**.

KEY QUESTIONS

1. **(OBVIOUS DEATH – Explosive GSW to head)** Do you think s/he is **beyond** any **help** (resuscitation/CPR)?
   Yes ——— 27-B-5
   Unconscious or Arrest (per Case Entry) ——— 27-D-1
2. Is the **assailant** (attacker) **still nearby**?
3. Is there any **SERIOUS bleeding**?
   Unconscious, Arrest, OBVIOUS DEATH (per Case Entry) ———
4. Is s/he **completely awake** (alert)?
5. What **part** of the body was **injured**?
6. Is there **more** than **one wound**?
7. **When** did this **happen**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **(Penetrating object) Do not** pull it out.

* In volatile/criminal situations, refer to applicable law enforcement protocol.

DLS * Link to ☎ X-1 unless:

- **Danger** or **Crime Scene** ——— X-9
- Unconscious or Arrest ——— ABC-1
- **INEFFECTIVE BREATHING** and **Not** alert ——— ABC-1
- **Control** Bleeding ——— X-5

LEVELS	#	DETERMINANT DESCRIPTORS	+ S G P	CODES	RESPONSES	MODES
D	1	**Unconscious** or **Arrest**		27-D-1		
	2	**Not** alert		27-D-2		
	3	**CENTRAL** wounds		27-D-3		
	4	**Multiple** wounds		27-D-4		
	5	**Multiple** victims		27-D-5		
B	1	**NON-RECENT** (≥ 6hrs) **single CENTRAL** wound		27-B-1		
	2	Known **single PERIPHERAL** wound		27-B-2		
	3	**SERIOUS** hemorrhage		27-B-3		
	4	**Unknown** status (3rd party caller)		27-B-4		
	5	**OBVIOUS DEATH** (**explosive** GSW to head)		27-B-5		
A	1	**NON-RECENT** (≥ 6hrs) **PERIPHERAL** wounds		27-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

CENTRAL Wounds

- Abdomen
- Arm, upper (armpit)
- Back
- Buttock
- Chest
- Elbow
- Groin
- Head
- Hip
- Knee
- Leg, upper
- Neck
- Shoulder

PERIPHERAL Wounds

- Finger
- Foot
- Forearm
- Hand
- Leg, lower
- Toe
- Wrist

+ Problem Suffixes

The suffix codes help to delineate the type of problem for specific response and safety purposes:

S = Stab
G = Gunshot
P = Penetrating Trauma

OBVIOUS DEATH (GSW to Head)

An **OBVIOUS DEATH** situation due to an explosive GSW (gunshot wound) to the head should be unquestionable.

SERIOUS Hemorrhage

Uncontrolled bleeding (spurting or pouring) from **any area**, or any time a caller reports **"serious" bleeding**.

NON-RECENT

Six hours or more have passed since the incident or injury occurred.

Rules

1. **EMDs should not delay transport** by sending paramedics if a BLS unit at the scene can transport immediately. En route rendezvous is preferable over any transport delay in serious trauma cases.
2. From a prehospital standpoint, **CENTRAL** wounds are generally much **more serious** than **PERIPHERAL** wounds.
3. **PERIPHERAL** wounds are considered those below the elbow or the knee. Any area that is not clearly **PERIPHERAL** is considered **CENTRAL until proven otherwise**.
4. **Direct pressure** on the wound should be **avoided** in the presence of **visible fractured bone** or **foreign objects**.
5. Protocol 27 should **not be used for insignificant or peripheral puncture wounds** such as household pins, needles, tacks, or stepping on nails. **Use Protocol 21 or 30** as appropriate.

Axioms

1. **Immediate transport for CENTRAL wounds should always be considered vital** since patients often require operative intervention and trauma center care.
2. **When a problem is NON-RECENT**, the presence of current priority symptoms is the issue of most concern, not the location of the injuries per se.
3. Medical Dispatch should always try to **obtain complete information**. Even if law enforcement personnel initially request "paramedics," response should be driven by specific priority problems (see SEND Protocol).

SEND Protocol (Medical Miranda Card)

Secondary Emergency Notification of Dispatch (SEND) from police **should include** Chief Complaint, approximate age, level of consciousness, breathing status, presence of chest pain, and severity of bleeding (and opinion of need for lights-and-siren response).

KEY QUESTIONS

1. Is s/he **completely awake** (alert)?
2. Is s/he **breathing normally**?
3. Is s/he able to **talk normally**?
4. Tell me **why** you think it's a **STROKE**.
   - **Movement** problems
   - **Speech** problems
   - **Numbness** or **tingling**
   - **Vision** problems
   - **Sudden** onset of **severe** headache
5. **When** was s/he **last without** this problem (the last time s/he was **normal**)?
6. Has s/he ever had a **STROKE** before?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

DLS * Link to ☎ X-1 unless:

INEFFECTIVE BREATHING and **Not** alert ——— ABC-1

Not alert and **snoring** ——— ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS	+ L G U	CODES	RESPONSES	MODES
C	1	**Not** alert		28-C-1		
	2	**Abnormal** breathing		28-C-2		
	3	**Speech** or **movement** problems		28-C-3		
	4	**Numbness** or **tingling**		28-C-4		
	5	**Vision** problems		28-C-5		
	6	**Sudden** onset of **severe** headache		28-C-6		
	7	**STROKE** history		28-C-7		
	8	Breathing **normally** ≥ **35**		28-C-8		
B	1	**Unknown** status (3rd party caller)		28-B-1		
A	1	Breathing **normally** < **35**		28-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

+ Problem Suffixes

The suffix codes for **STROKE** designate a locally defined time frame regarding the treatment window for **STROKE** victims. The **Less than (L)**, **Greater than (G)**, and **Unknown (U)** suffix codes are added to the Determinant Code based on the caller's answer to the "**When** was s/he **last without** this problem?" Key Question. Hospital and/or responder notification regarding these codes should be further defined by local policy and procedure.

Local Medical Control must set and authorize the time treatment window below before these Determinant Suffixes can be used:

- **L** = **Less** than **"X"** hours since the patient was last without problem
- **G** = **Greater** than **"X"** hours since the patient was last without problem
- **U** = **Unknown** when the patient was last without problem

* Note: "X" = time window set by local Medical Control:

Approval signature of local Medical Control — Date approved

STROKE

Disruption of blood flow to the brain or part of the brain due to a blood clot or hemorrhage. Hemorrhage also causes increased pressure within the skull. Clots can be spontaneous or traumatic. Paralysis or weakness of one side, trouble speaking, altered level of consciousness, respiratory changes, vision problems, and sudden onset of severe headache are all common symptoms.

Thrombolytic Therapy

The use of drugs such as tissue Plasminogen Activator (t-PA) and Streptokinase to break down the blood clots that may precipitate a **STROKE**. This therapy has resulted in new hope for people who suffer **STROKE**. EMD is a vital first link in the chain of recovery for these patients.

Rules

1. In order to correctly identify potential **STROKE** patients and to correctly identify priority symptoms, **always follow the Key Question interrogation sequence**.
2. Some **STROKES** can now be effectively treated, but the time for successful therapy is quite short. Lights-and-siren are not recommended; however, there should be a sense of urgency. **STROKE must receive an immediate response that is not subject to delay**.

Axioms

1. **Cerebrovascular Accident** (CVA) and "brain attack" are commonly used terms for **STROKE**.
2. Just because the caller says the problem is a "stroke" **does not necessarily mean** that this diagnosis is correct.
3. Alert **STROKE** patients should be treated as if they can hear and are aware of their surroundings. If the patient is conscious but not talking, **verbal reassurance may be helpful**.
4. The likelihood of a **patient who has a history of STROKE** having another **STROKE** is greater than the likelihood of a member of the general population having a first **STROKE**.
5. Some **younger people have STROKES** (often fatal) from a ballooned blood vessel called a berry aneurysm that expands and then breaks. This condition is present from birth (congenital). Early symptoms include sudden, severe headache.

KEY QUESTIONS

1. **(Suspected)** Are there **chemicals** or other **hazards** involved?
   a. **(HAZMAT)** Do you know the warning **placard numbers** (chemical ID)?
2. Is anyone **pinned** (trapped) in the vehicle(s)?
3. Was anyone **thrown** from the vehicle(s)?
4. Does everyone appear to be **completely awake** (alert)?
5. Are there any obvious **injuries**?
   a. **(Yes)** Is there any **SERIOUS bleeding**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. If it's **safe** to do so, **return** to her/him and see if s/he is **conscious** and **breathing**, or **moving at all**, then **return to the phone** and tell me.
c. **Do not splint** any injuries.
d. **Do not move** her/him unless s/he is in **danger**.
e. If it's **safe** to do so, look for the **emergency unit** and **direct** it to the **accident**.

DLS * Link to ☎ X-1 unless:

- **Danger** or **Contamination** → X-7
- **INEFFECTIVE BREATHING** and **Not** alert → ABC-1
- **Control** Bleeding → X-5

LEVELS	#	DETERMINANT DESCRIPTORS (+ SEE ADDITIONAL INFO)	CODES	RESPONSES	MODES
D	1	**MAJOR INCIDENT** (**a** through **e**)	29-D-1		
	2	**HIGH MECHANISM** (**a** through **g**)	29-D-2		
	3	**HAZMAT**	29-D-3		
	4	**Pinned** (trapped) victim	29-D-4		
	5	**Not** alert	29-D-5		
B	1	**Injuries**	29-B-1		
	2	**Multiple** victims (**one** unit)	29-B-2		
	3	**Multiple** victims (**additional** units)	29-B-3		
	4	**SERIOUS** hemorrhage	29-B-4		
	5	**Other** hazards	29-B-5		
	6	**Unknown** status (3rd party caller)	29-B-6		
A	1	**1st party** caller with injury to **NOT DANGEROUS** body area	29-A-1		
Ω	1	**No** injuries (confirmed)	29-Ω-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481

AMPDS® v11.2, NAE-std, 041214

MAJOR INCIDENT (D-1)

Any evidence to suggest serious injuries to multiple patients or a need for increased resources due to the size of the event. Incidents may include:

- **a** – Aircraft
- **b** – Bus
- **c** – Subway/Metro
- **d** – Train
- **e** – Watercraft

HIGH MECHANISM (D-2)

Any evidence to suggest serious injuries to any patient as a result of the mechanism of injury. Incidents may include:

- **a** – All-terrain
- **b** – Auto-bicycle/motorcycle
- **c** – Auto-pedestrian
- **d** – Ejection
- **e** – Personal watercraft
- **f** – Rollovers
- **g** – Vehicle off bridge/height

HAZMAT

An incident involving a gas, liquid, or material that, in any quantity, **poses a threat to life, health, or property.**

SERIOUS Hemorrhage

Uncontrolled bleeding (spurting or pouring) from **any area**, or any time a caller reports **"serious" bleeding.**

NOT DANGEROUS Body Area

- Ankle
- Arm
- Collar bone (clavicle)
- Elbow
- Finger
- Foot
- Hand
- Hip
- Knee
- Leg, lower (tibia)
- Shoulder
- Toe
- Wrist

Rules

1. The **head-tilt is the preferred method of airway control** in the dispatch environment. When a neck injury is likely, an attempt should first be made to open the airway without moving the neck. If this is unsuccessful, then advise to **gently tilt the head back**, a little at a time, until air goes in and the chest rises.
2. The patient's **age does not formally need to be determined initially in traffic accidents** (and other multiple patient events). If individual patient assessment is possible, age should be determined at that time.

Axioms

1. The **nature of the accident** (such as a rollover) and **number of injured patients** should be determined during Case Entry.
2. A caller who is in close proximity to a non-hazardous scene should be asked to return to the patient(s) to **check ABCs** and for **SERIOUS hemorrhage**.
3. In **single-vehicle** accidents (car vs. pole, car off the road), **consider medical problems** such as fainting, heart attack, diabetes, etc. as a **possible cause**.
4. A traffic accident in which injury to a **NOT DANGEROUS** Body Area is **reported but not verified by a 1st party caller** should be classified as Injuries (29-B-1) because of the mechanism of injury.
5. Medical Dispatch should always try to **obtain complete information**. Even if law enforcement personnel initially request "paramedics," response should be driven by specific priority problems (see SEND Protocol).

SEND Protocol (Medical Miranda Card)

Secondary Emergency Notification of Dispatch (SEND) from police **should include** Chief Complaint, approximate age, level of consciousness, breathing status, presence of chest pain, and severity of bleeding (and opinion of need for lights-and-siren response).

KEY QUESTIONS

1. Is s/he **completely awake** (alert)?
2. Is s/he **breathing normally**?
3. What **part** of the body was **injured**?
4. Is there any **SERIOUS bleeding**?
5. **(Amputation)** Have the **parts** been **found**?
6. **When** did this **happen**?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **Do not move** her/him unless s/he is in **danger**.
c. **Do not splint** any injuries.

DLS * Link to ☎ X-1 unless:

Danger	**X-7**
Unconscious	**ABC-1**
INEFFECTIVE BREATHING and **Not** alert	**ABC-1**
Control Bleeding	**X-5**
Amputation (no significant bleeding)	**X-6**

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**DANGEROUS** body area	**30-D-1**		
	2	**Unconscious** or **Not** alert	**30-D-2**		
	3	**Abnormal** breathing	**30-D-3**		
B	1	**POSSIBLY DANGEROUS** body area	**30-B-1**		
	2	**SERIOUS** hemorrhage	**30-B-2**		
A	1	**NOT DANGEROUS** body area	**30-A-1**		
	2	**NON-RECENT** injuries (≥ 6hrs)	**30-A-2**		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481

AMPDS® v11.2, NAE-std, 041214

DANGEROUS Body Area

- Chest (abnormal breathing)
- Head (not alert)
- Neck

POSSIBLY DANGEROUS Body Area

- Abdomen
- Amputation (excluding finger/toe)
- Back
- Chest (breathing normally)
- Genitalia
- Head (alert)
- Leg, upper (femur)
- Pelvis

NOT DANGEROUS Body Area

- Ankle
- Arm
- Collar bone (clavicle)
- Elbow
- Finger
- Foot
- Hand
- Hip
- Knee
- Leg, lower (tibia)
- Shoulder
- Toe
- Wrist

SERIOUS Hemorrhage

Uncontrolled bleeding (spurting or pouring) from **any area**, or any time a caller reports **"serious" bleeding**.

NON-RECENT

Six hours or more have passed since the incident or injury occurred.

Rules

1. The **head-tilt is the preferred method of airway control** in the dispatch environment. When a neck injury is likely, an attempt should first be made to open the airway without moving the neck. If this is unsuccessful, then advise to **gently tilt the head back**, a little at a time, until air goes in and the chest rises.
2. **Direct pressure** on the wound should be **avoided** in the presence of **visible fractured bone** or **foreign objects**.
3. From a prehospital standpoint, **CENTRAL** wounds are generally much **more serious** than **PERIPHERAL** wounds.

Axioms

1. The presence of **SERIOUS hemorrhage** requires a rapid response from the **closest available emergency unit**.
2. **When a problem is NON-RECENT**, the presence of current priority symptoms is the issue of most concern, not the location of the injuries per se.
3. Medical Dispatch should always try to **obtain complete information**. Even if law enforcement personnel initially request "paramedics," response should be driven by specific priority problems (see SEND Protocol).

SEND Protocol (Medical Miranda Card)

Secondary Emergency Notification of Dispatch (SEND) from police **should include** Chief Complaint, approximate age, level of consciousness, breathing status, presence of chest pain, and severity of bleeding (and opinion of need for lights-and-siren response).

Spinal Injury Suspected if:

- Abnormal breathing
- Diving accident (or jumping into water from a height)
- **LONG FALL** (≥ 6ft/2m) has occurred
- Massive facial or head injury present
- No pain or movement below injury
- Tingling sensation or numbness in extremities
- Unconsciousness at a trauma scene

KEY QUESTIONS

1. Is s/he **breathing normally?** (?)
2. Does s/he have a **history** of **heart problems?**
3. **(Initially unconscious)** Is s/he still **unconscious?** (You go check and tell me what you find.)
4. **(Conscious)** Is s/he **completely awake** (alert)?
   a. **(Alert)** Has s/he fainted **more than once** today?
   b. **(Female 12–50)** Does she have **abdominal** pain?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

* **Stay on the line with caller** if her/his condition seems **unstable** or is **worsening.**

DLS * Link to ☎ X-1 unless:

Unconscious ——— ABC-1
INEFFECTIVE BREATHING and Not alert ——— ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
E	1	**INEFFECTIVE BREATHING** * (to be selected from **Case Entry** only)	31-E-1		
D	1	**Unconscious** (at end of interrogation)	31-D-1		
	2	**SEVERE RESPIRATORY DISTRESS**	31-D-2		
	3	**Not** alert	31-D-3		
C	1	**Alert** with **abnormal** breathing	31-C-1		
	2	**Cardiac** history	31-C-2		
	3	**Multiple** fainting episodes	31-C-3		
	4	**Single** or **near** fainting episode and **alert** ≥ **35**	31-C-4		
	5	**Females 12–50** with **abdominal pain**	31-C-5		
A	1	**Single** or **near** fainting episode and **alert** < **35**	31-A-1		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481

AMPDS® v11.2, NAE-std, 041214

SEVERE RESPIRATORY DISTRESS

Complaints may include but are not limited to:

- Changing color
- Difficulty speaking between breaths (unable to complete a full sentence without breathing; can only speak a few words at a time)

? Determining AGONAL BREATHING

When the patient is **unconscious** or **not alert** and is **breathing abnormally** or **irregularly**, the EMD should **tell the caller** to state when the patient **takes each breath.** If the **time between** breaths is **10 seconds or more**, this should be immediately considered **INEFFECTIVE BREATHING** that is likely a fading, **AGONAL** (dying) respiratory pattern. Check a maximum of **five breaths** (four intervals tested).

(Read verbatim) Okay, I want you to **tell** me every time s/he **takes a breath,** starting **now.**

- **AGONAL = ≥ 10 sec. interval**

Rules

1. **INEFFECTIVE BREATHING** discovered during Key Questioning should be coded as **SEVERE RESPIRATORY DISTRESS** (DELTA).
2. An unconscious person in whom breathing cannot be verified by a 2nd party caller (with the patient) is considered to be in **cardiac arrest until proven otherwise.**
3. **Stay on the line with the caller when the patient is still unconscious** to ensure ABCs until responders arrive.
4. The initial Chief Complaint of **seizure,** even if the patient is unconscious and not breathing (or if breathing status is uncertain), should be **handled on Protocol 12.**
5. The airway of an unconscious patient **must be constantly maintained.**

Axioms

1. Fainting implies a state of unconsciousness from which the patient has "come to." While this is generally less serious than prolonged unconsciousness, it **does not imply a benign condition and should be medically evaluated.**
2. The Chief Complaint and the main associated symptoms (such as fainting) are sometimes reversed by the caller in **ectopic pregnancy and aneurysm cases.**
3. If the **caller doesn't seem to understand "Is s/he completely awake,"** ask "alert," "able to talk normally," "with it," "making sense," or a more descriptive phrase to determine any decrease in level of consciousness.
4. "Funny noises" reported by the caller generally means the patient is unconscious with an uncontrolled airway and often represents **AGONAL** (dying) respirations at the **beginning of a cardiac arrest.**
5. **AGONAL respirations can be confused with "still breathing"** before they fade away during an arrest.

First Law of Fainting

Near fainting is best described as "almost fainted" and should be considered the same as fainting (not just dizzy).

Third Law of Responders

If there is more than one unconscious patient on-scene, there may be scene safety implications.

EMD's First Law of Scene Helpers

Always assume there is a pillow or other object behind the patient's head unless you know otherwise.

Causes of Sudden Unconsciousness

- Cardiac arrest
- Diabetic problems
- Fainting (syncope)
- Head injury
- Heart attack
- Hypovolemic shock (low blood volume)
- Intoxication
- Irregular heart rhythm
- Overdose, poisoning, drugs
- Respiratory insufficiency
- Seizures
- **STROKE** (CVA)

KEY QUESTIONS

1. Does s/he appear to be **completely awake** (alert)?
2. Did you ever hear her/him **talk** (cry)?
3. What is s/he **doing**—standing, sitting, or lying down?
   a. **(Sitting or lying)** Is s/he **moving at all**?
4. Where **exactly** is s/he?

POST-DISPATCH INSTRUCTIONS

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. If it's **safe** to do so, see if s/he is **conscious** and **breathing**, or **moving at all**, then **return to the phone** and tell me.

* Advise the caller to look for and **direct** the **emergency unit** to the patient.

DLS * Link to ☎ X-1 unless:

Danger ——— **X-7**
INEFFECTIVE BREATHING and **Not** alert ——— **ABC-1**

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**LIFE STATUS QUESTIONABLE**	32-D-1		
B	1	**Standing, sitting, moving,** or **talking**	32-B-1		
	2	**Medical Alert** notifications	32-B-2		
	3	**Unknown** status (3rd party caller)	32-B-3		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

LIFE STATUS QUESTIONABLE

Existence of any information suggesting:

- Abnormal breathing
- Cardiac arrest
- Major injury
- Unconsciousness
- Uncontrollable bleeding

Frenza's Law

A thing not looked for is seldom found.

De Luca's Law

EMDs will follow all protocols per se, avoiding freelance questioning or information unless it enhances, not replaces, the written protocol questions and scripts.

Rules

1. **Relay the type of location** (if known) to responding units, not just the address.
2. If the actual type of problem (Chief Complaint) becomes apparent during interrogation, go to and **dispatch from that more specific protocol**.
3. If **LIFE STATUS** is **QUESTIONABLE** at the end of all interrogation, a **maximal response should be sent** (DELTA-level).

Axioms

1. Often, unknown problem calls are 3rd party. Obtaining specific symptoms may be difficult; however, a **problem isn't "unknown" until all required questioning has been completed**.
2. Even though callers may be some distance from the patient, they **might have seen the patient moving**, heard them talking, or observed or been told the patient's position (standing, sitting, lying).
3. **Standing patients are less likely to be in cardiac arrest than sitting patients**, who are, in turn, less likely to be in cardiac arrest than patients lying motionless.

Location and Problem Relationship

Location can suggest the type of problem. These are examples used only to illustrate the concept underlying Rule 1:

- **Bank** ≈ cardiac arrest
- **Garage** ≈ carbon monoxide, electrocution
- **Park** ≈ assault, choking
- **Restaurant** ≈ choking, severe allergic reaction
- **Street** ≈ auto-pedestrian, cardiac arrest, seizure

First Law of Medical Dispatch

First, do no harm.

Second Law of Medical Dispatch

When in doubt, send them out.

(Always err in the direction of patient safety.)

Third Law of Medical Dispatch

Don't be in doubt so much.

(With proper training, protocol, and time to do the job right, guesswork will be minimized.)

Fourth Law of Medical Dispatch

The science of medical dispatch requires non-discretionary compliance to protocol.

KEY QUESTIONS

1. Is this call a **result** of an **evaluation** by a **nurse** or **doctor**?
   No ——— 1–32
2. Is s/he **completely awake** (alert)?
   a. **(No)** Is this a **sudden** or **unexpected change** in her/his **usual** condition?
3. Is s/he **breathing normally**?
   a. **(No)** Is this a **sudden** or **unexpected change** in her/his **usual** condition?
4. Does s/he have any **significant bleeding** or **shock symptoms**?
5. Is s/he in **severe pain**?
   a. **(Chest pain)** Could this be an **MI** (heart attack)?
6. Will any **special equipment** be necessary?
7. Will **additional personnel** be necessary?
   a. **(Yes)** What **type** of personnel is required? ——— 33-?-?

KEY QUESTIONS (continued)

8. **(Appropriate)** What's the **name** of the referring **doctor**?
9. **(Appropriate)** What's the **name** of the responsible **RN** (nurse)?
10. **(Appropriate)** What's the **name** of the **patient**?
11. **(Appropriate)** What's your **fax number**?

POST-DISPATCH INSTRUCTIONS

a. **(Appropriate) Help** is on the way as requested.
b. We will be sending a _____ **response**. (type)
c. If s/he gets **worse** in any way, please **call** me back **immediately**.

* Confirm the **destination hospital.**
* Confirm any **time requirements.**

LEVELS	#	DETERMINANT DESCRIPTORS ✚ T P	CODES	RESPONSES	MODES
D	1	Suspected **cardiac** or **respiratory arrest**	33-D-1		
C	1	**Not alert** (acute change)	33-C-1		
	2	**Abnormal breathing** (acute onset)	33-C-2		
	3	Significant **hemorrhage** or **shock**	33-C-3		
	4	Possible acute **heart problems** or **MI** (heart attack)	33-C-4		
	5	Acute **severe pain**	33-C-5		
	6	**Emergency response** requested	33-C-6		
A	1	**ACUITY I** (**no** priority symptoms)	33-A-1		
	2	**ACUITY II** (**no** priority symptoms)	33-A-2		
	3	**ACUITY III** (**no** priority symptoms)	33-A-3		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

AMPDS® v11.2, NAE-std, 041214

ACUITY Level

Defined **non-critical situations** that require a **preassigned clinical transport capability** as approved.

ACUITY Levels I, II, III

Before using the ACUITY Level (I, II, III) determinants, local Medical Control must **define** additional dispatch center **policy** and **authorize** (☒) approved **patient conditions below** (list both acuity level and title):

☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____

Approval signature of local Medical Control — Date approved

✚ Problem Suffixes

The suffix codes help to delineate the type of problem for specific response and safety purposes:

T = Transfer/Interfacility
P = Palliative Care

Rules

1. This protocol is for patients who are currently being **cared for by medical professionals** and require additional care, diagnostics, or reevaluation at a different medical facility.
2. Use this protocol only when taking calls from a **medical care facility** that have been **made as the result of an evaluation by a nurse or doctor.**
3. If the problem is **chest pain in an adult,** inquire whether a myocardial infarction (coronary) is a possibility.
4. Obtain and relay any **special directions** needed to **locate** the patient in a **medical complex.**
5. **Do not hesitate to use Protocols 1–32** when any question exists about the patient's care environment.

Axioms

1. A **nurse or doctor with the patient** is likely to give an accurate assessment of the patient's condition.
2. It is not necessary to seek permission from the nurse or doctor to **upgrade the response level.**

Palliative Care

Patients who are undergoing care for terminal illness or injury where the **goal is comfort and/or pain relief** (provided with dignity and respect) rather than survival.

Symptoms of Shock

- Decreased consciousness
- Eventual collapse
- Pallor
- Shallow breathing
- Sweating
- Unconsciousness
- Weak/rapid pulse
- Weakness

Purpose & Use of Transfer, Interfacility, and Palliative Care Protocol

To offer a **response level** based on a **joint** medical professional and EMD evaluation of the patient's medical condition and basic clinical signs. This occurs when urgent, unscheduled transport of patients is requested from medical environments such as:

- Extended care facilities
- Hospice (terminal care)
- Nursing facilities
- Palliative home care (attended)