

Provincial Government of the Western Cape

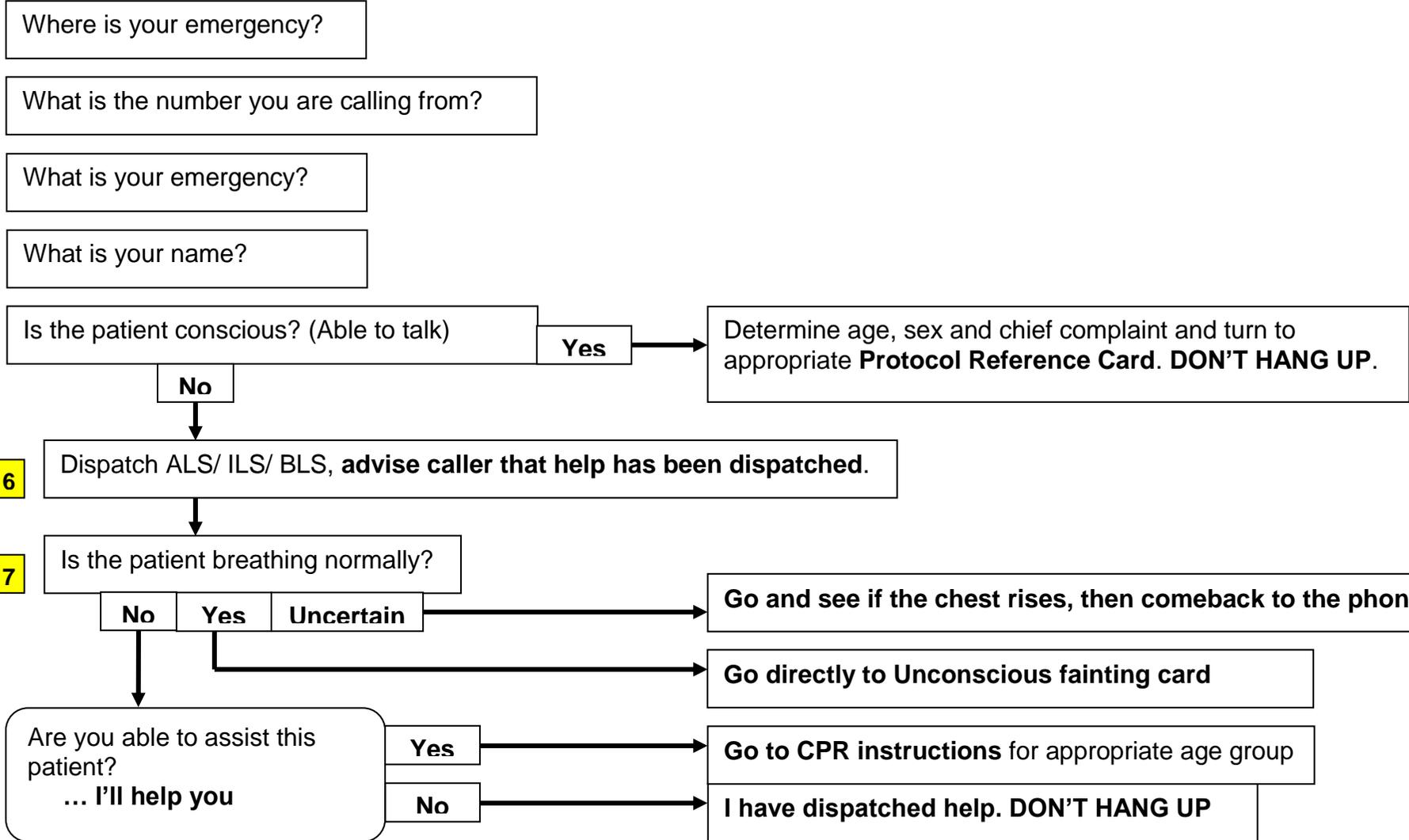
Department of Health



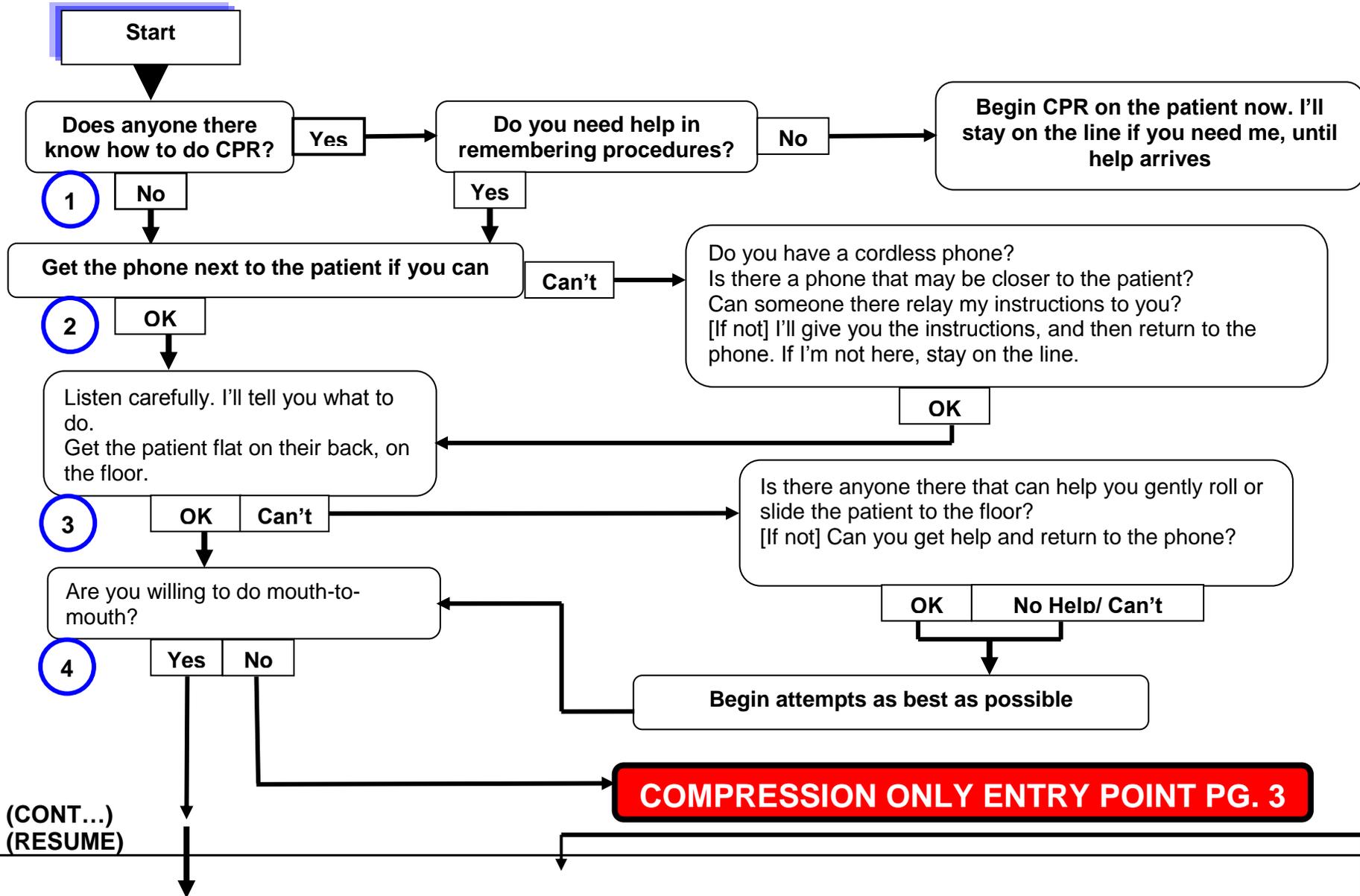
Directorate: Emergency Medical Services

EMERGENCY MEDICAL DISPATCH PROTOCOL REFERENCE SYSTEM

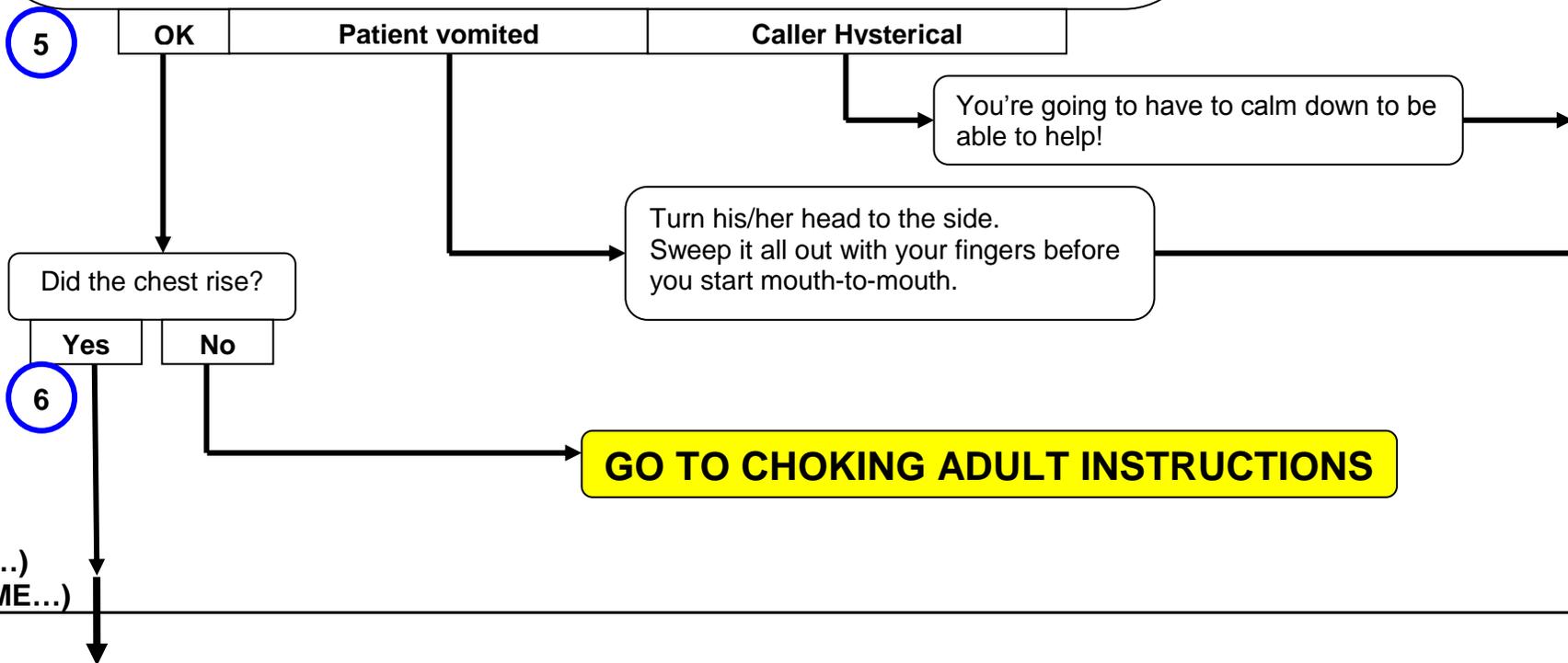
ALL CALLERS INTERROGATION

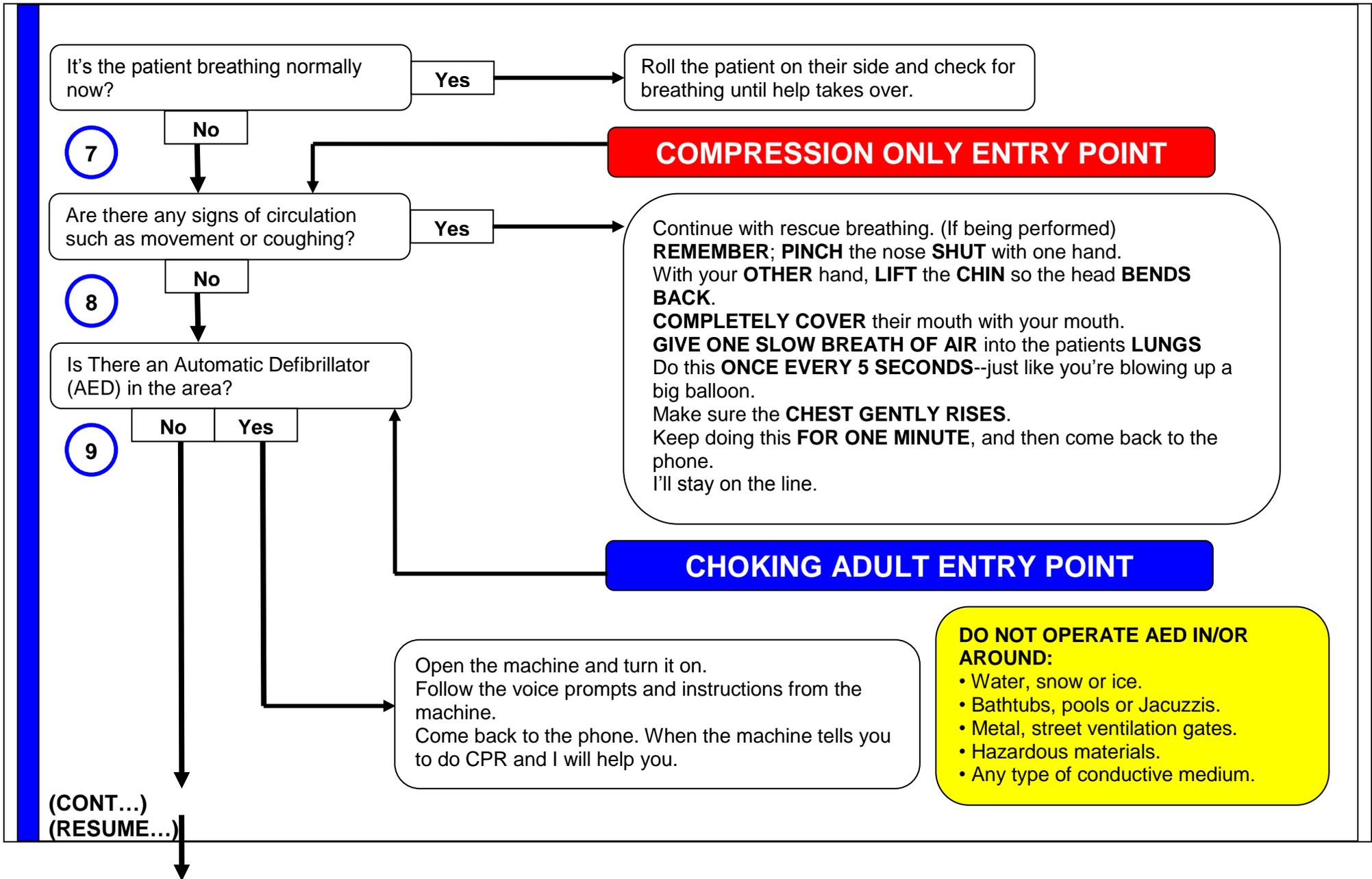


ADULT CPR INSTRUCTIONS



BARE the chest.
KNEEL at the patient's side.
PINCH the nose **SHUT** with **ONE HAND**.
 With your **OTHER** hand, **LIFT** the **CHIN** so the head **BENDS BACK**.
COMPLETELY COVER their mouth with your mouth.
GIVE TWO SLOW BREATHS OF AIR into the patients **LUNGS**--just like you're blowing up a big balloon.
 Make sure the **CHEST GENTLY RISES**.
REMEMBER, FLAT on their **BACK**. **BARE** the **CHEST**.
PINCH the **NOSE SHUT**.
 With your **OTHER** hand, **LIFT** the **CHIN** so the head **BENDS BACK**.
GIVE TWO SLOW BREATHS. THEN COME BACK TO THE PHONE!
 If I'm not here stay on the line.





Put the **HEEL** of your **HAND** on the **CENTER** of their **CHEST**, right **BETWEEN** the **NIPPLES**.

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

PUSH DOWN FIRMLY, ONLY on the **HEELS** of your hands, **3½ to 5** cm.

Do it fifteen times, just like you're pumping their chest. (Count: 1, and 2, and 3, and 4, and.)

MAKE SURE the **HEEL** of your hand is on the **CENTER** of their chest, **RIGHT BETWEEN THE NIPPLES**.

Pump fifteen times. **IF NOT PERFORMING RESCUE BREATHING, KEEP DOING IT UNTIL HELP CAN TAKEOVER.**

IF PERFORMING RESCUE BREATHING

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

TWO MORE BREATHS and **PUMP** the **CHEST** fifteen times.

KEEP DOING IT; PUMP the **CHEST** fifteen times. Then **TWO BREATHS**.

KEEP DOING IT UNTIL HELP CAN TAKE OVER.

I'll stay on the line.

10

OK | HYSTERICAL



You're going to have to calm down to be able to help!

CONTINUE TO ASSIST UNTIL HELP ARRIVES!

ANIMAL BITES

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Is the animal contained?
 What type of animal bit the patient?
 Is the patient short of breath or is it painful to breathe?
 What part of the body was bitten?

Is the patient bleeding?
IF YES
 From where?
 How much?
 Can it be controlled with pressure?

 How long ago did they receive the bite?

SIMULTANEOUS ALS/ ILS

BLS DISPATCH

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Unconscious/not breathing normally.
 Decreased level of consciousness.
 Uncontrolled bleeding, after attempts to control.
 Serious neck or facial bites from animal attacks.
 Bites from known poisonous animals.

Controlled bleeding.
 Swelling at bite site.
 Bite below neck, non-poisonous.

ANIMAL BITES Pre-Arrival Instructions

Contain the animal if possible.

Keep patient calm and still.

If bleeding, use clean cloth and apply pressure directly over it.

If cloth becomes soaked, do not remove, add to what is already there.

Elevate bleeding extremities.

Use care not to obstruct the airway or breathing.

For snake bites

Do not elevate extremity.

Do not use ice.

Do not attempt to remove venom.

Lock away pets.

If patients condition changes, call me Back.

Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY CONTROL**

Short report

Does animal have owner nearby?
 Is animal tied up or restrained?
 What type of animal?
 Are there any witnesses available?

ASSUALT / DOMESTIC VIOLENCE/ SEXUAL ASSULT

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 Is the assailant nearby?
 Are you safe?
 Was it a physical assault vs. sexual assault?
 How was the victim assaulted?
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 (Stabbing, gunshot or major trauma go to appropriate card)
 Where is the patient injured?
Is the patient bleeding?
IF YES,
 From where?
 How much?
 How long?
 Can it be controlled with pressure?
 Can the patient answer your questions?

SIMULTANEOUS ALS/ ILS

BLS DISPATCH

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Unconscious/not breathing normally.
 Decreased level of consciousness.
 Crushing injury (except hands or feet)
 Puncture injury (head, neck, torso, thigh)
 Femur (thigh) fracture
 Uncontrolled bleeding.

Penetrating /crush injury to hands or feet
 Isolated extremity fracture
 Minor injuries
 Unknown injuries
 Concerned caller without apparent injuries to victim
 Police request stand-by/ check for injuries

ASSAULT/ DOMESTIC VIOLENCE/ SEXUAL ASSUALT Pre-Arrival Instructions

Remain in safe place away from assailant.

Do not remove or touch impaled object.

Have patient lie down and keep calm.

If bleeding, use clean cloth and apply pressure directly over wound. If cloth becomes soaked, do not remove; add to what is already there. Use care not to obstruct the airway or breathing.

Advise patient not to change clothing, bathe or shower.

Keep patient warm.

Do not allow patient any food or drink.

Lock away pets.

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

Prompts

Short report

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY CONTROL AIRWAY CONTROL**

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

Have the police services been notified?

Description of event

Description of attacker

Weapons shown or used

BLEEDING / LACERATIONS

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Is patient alert?
 Is patient breathing normally?
 Where is the bleeding from?
 If vaginal, is she pregnant?
 Is blood squirting out?
 Is the patient a hemophiliac (a bleeder)?
IF INJURY
 From where?
 How much?
 How long?
 Can it be controlled with pressure?
 Can the patient answer your questions?

SIMULTANEOUS ALS/ ILS

BLS DISPATCH

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Unconscious/not breathing normally.
 Decreased level of consciousness.
 Any arterial bleeding.
 Hemophilia.
 Rectal bleeding with significant blood loss.
 Vomiting blood or coffee ground material.
 Bleeding from mouth with difficulty breathing.
 Bleeding from the neck, groin, or armpit with significant blood loss.
 Vaginal bleeding if over 20 weeks pregnant.
 Vaginal bleeding associated with lower abdominal pain or fainting.

Minor bleeding from any other area.

BLEEDING / LACERATIONS Pre-Arrival Instructions

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

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

Advise patient not to move.

Cover patient with blanket and try to keep them calm.

Nothing to eat or drink.

Gather patient medications, if possible.

Locate any amputated part and place in clean plastic bag, not ice.

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

Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

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

Short report

Cause of injury

Relevant medical history (ulcers, bleeding disorders).

Is the patient taking medication to "thin" the blood?

BURNS

How was the patient burned?
 THERMAL Is anything on the patient still burning?
 Stop the burning. (Go to pre-arrival instructions).
 ELECTRICAL: Is the patient still in contact with the electric source?
 How was patient electrocuted?
 If household, was it the stove, clothes dryer or other 220 volt source?
 CHEMICAL: What chemical caused the burn?
 Can the patient answer your questions?

Is the patient short of breath or does it hurt to breathe?
 Is the patient having difficulty swallowing?
 Where is the patient burned?
IF HEAD OR FACE
 Are they coughing?
 Are their nose hairs burned?
 Are there burns around their mouth and nose?
 If male, is any facial hair burned?
 Are there any other injuries?

SIMULTANEOUS ALS/ ILS

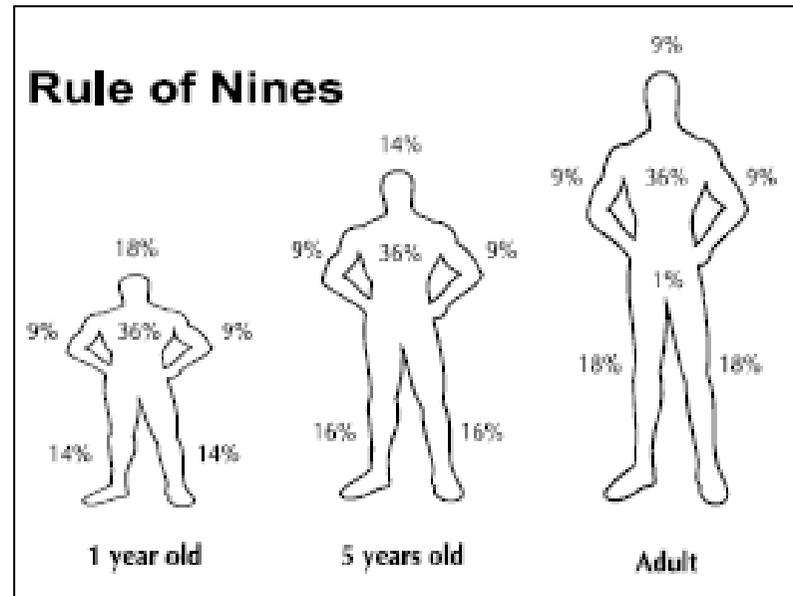
Unconscious/not breathing normally.
 Decreased level of consciousness.
 Burns to airway, nose or mouth.
 Hoarseness, difficulty talking or swallowing.
 Burns over 20% of body surface.
 Electrical Burns/electrocution from 220 volts or greater power lines/panel boxes.

BLS DISPATCH

Less than 20% body surface burned.
 Spilled hot liquids.
 Chemical burns to eyes.
 Small burn from match, cigarette.
 Household electric shock.
 Battery explosion.
 Freezer burns.
 2nd & 3rd degree burns (partial or full thickness) to Palms (hands) soles (feet) groin

BURNS Pre-Arrival Instructions

- Turn power off, (if safe).
- Have patient remove contaminated clothing, if possible.
- If chemical, get information on chemical (MSDS Sheet if available).
- If chemical is powder, brush off, no water.
- Flush chemical burns from eyes. Remove contact lenses if present.
- Place burned area in cool water (not ice), if convenient.
- Gather patient medications, if possible.
- If the patient's condition changes, call me back.



Prompts

- If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**
- If unconscious, **NOT** breathing normally, **go to CPR for appropriate age group.**
- Contact Fire Department.

Short report

- How did burn occur?
- If not from fire, what was cause?
- Are there exposed live wires
- Are there any other injuries

CHEST INJURIES

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Is patient alert?
Is patient breathing normally?

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What caused the injury?

Blunt injury
Penetrating wound

Is there an impaled object?

Is the patient bleeding?

How much?

SIMULTANEOUS ALS/ ILS

BLS DISPATCH

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Unconscious/not breathing normally.

Decreased level of consciousness.

No ALS/ ILS available to respond

Patient conscious

EYE PROBLEMS / INJURIES Pre-Arrival Instructions

Do not dislodge or remove impaled objects – stabilize if possible

If open wound, cover completely

NOTE: If patient develops difficulty breathing, uncover wound momentarily

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

Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

Short report

How did injury occur?
Other associated injuries?
Does the chest wall move normally with breathing?
Bruising or deformity of chest wall?
Coughing up blood?
If driver of vehicle, Wearing seatbelt? Steering wheel damage?

FALL VICTIM

Is patient breathing normally?
 Is patient alert?
 How far did the patient fall?
 What kind of surface did the patient land on?
 Are there any obvious injuries? What are they?
 Did the patient complain of any pain or illness just prior to the fall?

Is the patient able to move their fingers and toes?
 (Do not have them move any other body part).
 Is the patient bleeding?
IF YES,
 From where?
 How much?
 How long?
 Can it be controlled with pressure?

SIMULTANEOUS ALS/ ILS

Unconscious/not breathing normally.
 Decreased level of consciousness.
 Falls greater than 10 feet.
 Falls associated with or preceded by, pain, discomfort in chest, dizziness, headache, or diabetes.
 Patient paralyzed.
 Uncontrolled bleeding.
 Multiple extremity fractures
 Femur (thigh) fracture.

BLS DISPATCH

Unconscious, but now conscious without critical symptoms.
 Falls less than 10 feet.
 Neck or back pain without critical symptoms.
 Controlled bleeding.
 Cuts, bumps, or bruises.
 Patient assist.
 Involved in accident, no complaints.
 Isolated extremity fracture.

FALL VICTIM Pre-Arrival Instructions

Turn off any machinery.

Do not move the patient if there are no hazards

Advise patient not to move

Cover patient with blanket and try to keep them calm.

No food or drink.

If bleeding, use clean cloth and apply pressure directly over it. If cloth becomes soaked, do not remove; add to what is already there. Use care not to obstruct the airway or breathing.

Gather patient medications, if possible.

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

Prompts

Is Rescue needed?

If unconscious, **go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

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



Short report

Any known medical history?

Any suspected injury or complaint (go to appropriate protocol)

Prior to the fall, did the patient complain of any symptoms (e.g. chest pain, irregular heart beat, dizziness etc...?)

HEAT / COLD EXPOSURE

KEY

Is patient alert?
Is patient breathing normally?
What happened?

QUESTIONS

What was the source of the heat or cold?
What was the length of exposure?
Does the patient have any complaints?
Is the patient complaining of pain? If so where?
Can the patient talk in full sentences?
Does the patient respond to you and follow simple commands?
Can the patient answer your questions? Is the patient acting normal for him or her?
If not, what is different?
Is the patient sweating profusely?
How does the patient act when he/she sits up?
Is the patient dizzy, weak, or feeling faint?

SIMULTANEOUS ALS/ ILS

BLS DISPATCH

DISPATCH

Unconscious/not breathing normally.
Decreased level of consciousness.
Confused/disoriented.
Fainting (Syncope).
Cold Water Submersion

Patient with uncontrollable shivering.
Heat Exhaustion with no critical symptoms

HEAT/ COLD EXPOSURE Pre-Arrival Instructions

Remove from hot/cold environment as necessary.

If patient is cold and dry, cover patient.

If patient is cold and wet, remove clothing and cover patient

If patient is over-heated, loosen clothing to assist cooling.

Nothing by mouth if there is a decrease of consciousness.

Do not rub frostbitten extremities.

Gather patient medications, if possible.

If the patient's condition changes, call me back

Prompts

If unconscious, **go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

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

Short report

What happened?
Onset: sudden – progressive?
Medications?
Medical history of patient?
Age?
Drugs/ alcohol??
Sweating?

STABBING/ GUNSHOT VICTIM/ ASSUALT

K E Y Q U E S T I O N S	<p>When did this happen? If recent, is assailant still present? Is there a weapon present? Is patient alert? Is patient breathing normally? Is there more than one person injured? Is there more than one wound? What part(s) of the body is injured? Is there bleeding?</p> <p>IF YES, From where? How much? How long? Can it be controlled with pressure?</p>	
	SIMULTANEOUS ALS/ ILS	BLS DISPATCH
D I S P A T C H	<p>Unconscious/not breathing normally. Decreased level of consciousness. Uncontrolled Bleeding Leg injury above the knee. Wounds to head neck, torso, or thigh. Multiple Casualty Incidents.</p>	<p>Wounds to the arms or on the leg below the knee.</p>

STABBING/ GUNSHOT VICTIM/ ASSAULT Pre-Arrival Instructions

Tell caller to remain safe (beware of assailant).

Do not disturb the scene or move weapons.

Do not pull out any penetrating weapons.

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

Have the patient lie down and remain calm.

Keep the patient warm.

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

Prompts

Short report

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

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

Has Police Services been notified?

Advise responders when scene is secure.

What happened?

Self-inflicted?

Is assailant still in vicinity? Description.

Are there witnesses to the incident?

Weapons?

TRAUMATIC INJURY

K E Y Q U E S T I O N S	<p>Is patient alert? Is patient breathing normally? (Consider breathing card) How was the patient injured? Where is the patient injured? Describe what happened. Is the patient bleeding?</p> <p>IF YES, From where? How much? How long? Can it be controlled with pressure?</p>	
	SIMULTANEOUS ALS/ ILS	BLS DISPATCH
D I S P A T C H	<p>Unconscious/not breathing normally. Decreased level of consciousness. Penetrating/crushing injury to head, neck, torso, thigh. Multiple extremity fractures Leg injury above the knee. Uncontrolled bleeding.</p>	<p>Penetrating/crushing injury to hands or feet. Unknown or internal injuries. Minor injuries Concerned caller without apparent injuries to victim. Isolated extremity fracture. Police request stand-by/check for injuries.</p>

TRAUMATIC INJURY Pre-Arrival Instructions

Do not move patient, unless there are hazards.
 Do not remove or touch impaled object.
 If bleeding, use clean cloth and apply pressure directly over it.
 If cloth becomes soaked, do not remove; add to what is already there.
 Use care not to obstruct the airway or breathing.
 Keep patient warm.
 Do not disturb anything.
 Gather patient medications, if possible.
 Locate any amputated parts and place in clean plastic bag, not on ice.
 If the patient's condition changes, call me back.

Prompts	Short report
<p>If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL</p> <p>If unconscious, NOT breathing normally, go to CPR for appropriate age group.</p> <p>Is Police Services needed?</p>	<p>Age</p> <p>Sex</p> <p>Specific location</p> <p>Chief complaint</p> <p>Pertinent related symptoms</p> <p>Other EMS services responding</p> <p>Any dangers to responding units</p>

VEHICULAR RELATED INJURIES

K E Y Q U E S T I O N S	<p>Are there any hazards present? (Is the scene safe?).</p> <ul style="list-style-type: none"> Fire Water HazMat Wires down <p>Is patient alert?</p> <p>Is patient breathing normally? (Consider breathing card).</p> <p>Did you stop or drive by?</p> <p>How many patients are injured?</p> <p>Can the patient(s) describe where their pain is located?</p> <p>What types of vehicle(s) are involved?</p> <p>Describe what happened?</p> <p>Are all of the patients free of the vehicle?</p> <p>Is anyone trapped in the vehicle?</p> <p>Was anyone thrown from the vehicle?</p>	
	D I S P A T C H	SIMULTANEOUS ALS/ ILS
	<p>Unconscious/not breathing normally.</p> <p>Decreased level of consciousness.</p> <p>Chest pain prior to accident.</p> <p>Reported injuries with following mechanisms:</p> <ul style="list-style-type: none"> Vehicle (car/motorcycle) vs. immovable objects. Vehicles involved in head-on or T-bone collision. Car vs. pedestrian. Car vs. motorcycle or bicycle. Patient(s) trapped. Patient(s) ejected. Vehicle roll-over. <p>Critical criteria – injuries to head, neck, torso, thigh.</p> <p>Multiple Casualty Incident</p>	<p>No ALS/ ILS available to respond.</p> <p>Accident with injury, no critical criteria.</p> <p>Police request stand-by/check for injuries.</p>

VEHICULAR RELATED INJURIES Pre-Arrival Instructions

Do not move patient unless there are hazards.

If bleeding, use clean cloth and apply pressure directly over wound.

Do not remove cloth. If cloth becomes soaked, add more to what is already there.

Gather patient medications, if possible.

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

Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

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

Has law enforcement been notified?

Is Rescue needed?

Is the Fire Department needed?



Short report

Is there a traffic hazard?

Number of vehicles?

Types of vehicles?

Patient location in vehicle? Seatbelts, airbag activation?

Specifics of accident? Roll-over, head-on collision?

Do you see any smoke or fire?

Fuel leakage?

ABDOMINAL PAIN

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Is patient alert?
 Is patient breathing normally? (Consider breathing card)
 Is the pain due to an injury to the patient?
 Has the patient vomited? If yes, What does the vomit look like?
 Are the patient's bowel movements different than normal?
IF YES
 How would you describe them?
 Is the pain above the belly button?
 If the patient is a woman between 12-50 years, ask Could she be pregnant?
 Has she said she felt dizzy?
 Has there been vaginal bleeding? If yes, how much?
 How does the patient act when he/she sits up?
 Does the patient have any other medical or surgical history?
 Is the patient wearing a Medic Alert tag? If yes, what does it say?

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SIMULTANEOUS ALS/ ILS

Unconscious/not breathing normally.
 Decreased level of consciousness.
 Vomiting blood or coffee ground-like substance.
 Upper abdominal pain with prior history of heart problem.
 Abdominal pain with fainting or near fainting, patient over 50 yrs.
 Fainting/near fainting when sitting. (hypotension)

BLS DISPATCH

Pain with vomiting.
 Flank pain (Kidney stone).
 Abdominal (non-traumatic).
 Lower abdominal pain, woman 12-50 years (if associated with dizziness or fainting or heavy vaginal bleeding).
 Black tarry stool.(Caution: Could be a resultant from diet supplements)
 Pain unspecified

ABDOMINAL PAIN Pre-Arrival Instructions

Nothing to eat or drink.

Gather patient medications, if any.

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

Prompts

If unconscious, go to **UNCONSCIOUS/ BREATHING NORMALLY AIRWAY CONTROL**

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

Short report

Was there any recent trauma?
History of heart problems, recent surgery, ulcers?
Vomiting? Amount and colour?
Medications?
Intensity and location of pain?

ALLERGIES/ STINGS

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Is patient alert?
 Is patient breathing normally? (Consider breathing card)
 What is the patient complaining of?
 Is the patient having difficulty swallowing?
 How does the patient act when they sit up?
 Does the patient have a rash or hives?
 Is the patient complaining of itching?
 Does the patient have a history of a reaction to anything?

IF YES:

Describe the reaction the patient had before.
 How long ago was the patient exposed?
 Are the symptoms getting worse?
 Is the patient wearing a Medic Alert tag?
 If yes, what does it say?

SIMULTANEOUS ALS/ ILS

BLS DISPATCH

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Unconscious/not breathing normally.
 Decreased level of consciousness.
 Difficulty breathing.
 Difficulty swallowing.
 Cannot talk in full sentences.
 Swelling in throat or on face.
 Fainting.
 History of severe reaction.
 Itching or hives in multiple areas.

Call delayed longer than 30 minutes with history of reaction.
 Concern about reaction, but no history.
 Reaction present for long time (hours), no difficulty breathing.
 Itching or hives in one area.

ALLERGIES/ STINGS Pre-Arrival Instructions

Have the patient rest in the most comfortable position.
 Keep neck straight – remove pillows.
 Watch patient for signs of difficulty breathing (slow breathing), or cardiac arrest.
 Keep calm.
 Brush the stinger off, if possible. Do not attempt to grasp stinger.
 Ice to sting (if available)
 Gather patient medications, if any.
 Do you have allergy medications? Yes or No
If yes, have you used it as the doctor has directed?
 If the patient's condition changes, call me back.

Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**
 If unconscious, **NOT** breathing normally, **go to CPR for appropriate age group.**

Short report

Vomiting? Dizzy? Rash?
 Did patient eat anything recently?
 Bitten or stung recently?
 Did patient take any medications or receive any injections recently?
 Has the patient being treated for any illness recently?

BREATHING PROBLEMS

<p>K E Y Q U E S T I O N S</p>	<p>Is patient alert? Is patient breathing normally? How long has this been going on? What has changed in their breathing to prompt you to call? Is the patient able to speak in full sentences? Does the patient have to sit up to breathe? Is the patient experiencing any other problems right now? Has the patient ever had this problem before? What was the patient doing just prior to when he/she became short of breath?</p>	<p>If sudden onset: Has the patient been hospitalized recently for childbirth or a broken leg? If female, does the patient take birth control pills? Could the patient be having an allergic reaction? Is the patient drooling or having a hard time swallowing? Are they on asthma medication, or ever used them? Does the patient have any other medical or surgical history? Is the patient on oxygen?</p>
<p>D I S P A T C H</p>	<p style="text-align: center;">SIMULTANEOUS ALS/ ILS</p> <p>Unconscious. Decreased level of consciousness. Any patient complaining of breathing or respiratory difficulty, examples of symptoms may include: Difficulty breathing with chest pain. Unable to speak in full sentences.</p> <p>History of Asthma or respiratory problems. Inhaled substance. Recent childbirth/broken leg/hospitalization (within 2-3 months). Drooling/difficulty swallowing. Tingling or numbness in extremities/around mouth, 35 or older.</p>	<p style="text-align: center;">BLS DISPATCH</p> <p>No ALS/ ILS available to respond Cold symptoms. Stuffy nose. Oxygen bottle empty. Patient assist. Long term, no change.</p>

BREATHING PROBLEMS Pre-Arrival Instructions

Keep patient calm.

Patient may be more comfortable sitting up.

Tell patient not to exert him/herself.

Gather patient medications, if possible.

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

Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

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

Short report

What happened? Any trauma involved?
 Onset: Sudden? Progressive?
 Heezing? Coughing?
 Sweating?
 Fever?
 Has it happened before?
 On any medications?
 Medic alert tag? What does it say?
 Is it easier to breathe lying down or sitting up?

CHEST PAIN/ HEART PROBLEMS

<p>K E Y Q U E S T I O N S</p>	<p>Is patient alert? Is patient breathing normally? (Consider breathing card) Where in the chest is the pain located? Does the patient feel pain anywhere else? If so, where? How long has the pain been present? Does the pain change when the person breathes or moves? Does the patient take nitroglycerin? Have they taken it? Has the patient ever had heart surgery or a previous heart attack? Has the patient ever had a heart problem? Is the patient nauseated or vomiting?</p>	<p>Is the patient sweating profusely? Is the patient experiencing rapid heart rate with chest pain? Does the patient have a history of rapid heart rate? How does the patient act when he/she sits up? Is the patient weak, dizzy, or faint?</p>
<p>D I S P A T C H</p>	<p>SIMULTANEOUS ALS/ ILS</p> <p>Unconscious/not breathing normally. Decreased level of consciousness. Patient complaining of chest pain with any of the critical symptoms: Shortness of breath. Nausea. Diaphoretic. Rapid heart rate Syncope (fainting) With cocaine/crack (drug) use.</p>	<p>BLS DISPATCH</p> <p>Patients under 35, without critical symptoms.</p>

CHEST PAIN/ HEART PROBLEMS Pre-Arrival Instructions

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

Keep patient calm.

Loosen any tight clothing.

Does the patient have nitroglycerin?

-- If yes: Has the patient taken one?

-- If not taken, take as the doctor has directed (patient should be seated).

Gather patient medications, if any.

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

Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

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

Short report

How long has the pain been there?

Fever? Cough?

Nausea/Vomiting?

Does patient take medications regularly?

Have medications been taken recently?

When the patient takes a deep breath, does the pain get worse or get better?

DIABETIC PROBLEMS

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- Is patient alert?
- Is patient breathing normally? (Consider breathing card)
- Do they know who they are and where they are?
- Is the patient acting in their normal manner? If not, what is different?
- Is the patient complaining of any pain? Where is it located?
- How does the patient act when he/she sits up?
- Are they dizzy, weak, or feeling faint?
- Is the patient sweating profusely?
- Has the patient had a seizure?
- Is the patient on insulin? If so, when did they take their medication?
- When did the patient last eat?

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SIMULTANEOUS ALS/ ILS

BLS DISPATCH

- Unconscious/not breathing normally.
- Decreased level of consciousness.
- Unusual behavior/acting strange.
- Profuse sweating.
- Seizure.

- Awake/alert
- Not feeling well.

DIABETIC PROBLEMS Pre-Arrival Instructions

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

If the patient can take it by himself/herself, give juice with 2 to 3 teaspoons of sugar in it.

Allow patient to find a comfortable position.

Gather patient medications, if any.

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

Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

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

Short report

Was insulin taken today?
Did patient eat today?
What medications is the patient on?
Vomiting? Fever?
Any recent illness?

OVERDOSE/ POISONING/ INGESTIONS Pre-Arrival Instructions

Keep patient in area/house, if safe.

Get container of substance taken if at the scene.

Don't force coffee or place patient in shower/ bath.

Nothing by mouth

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

Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

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

Is Police Services needed?

Short report

Mechanism of poisoning?

Vomiting?

Brief medical history?

Seizures/ abdominal pain?

Choking? Wheezing?

Psychiatric history?

Any known reasons for overdose?

Any previous suicide attempts or threats?

SEIZURES/ CONVULSIONS

Is patient alert?
 Is patient breathing normally?
 Describe what the patient is doing.
 Is the patient still convulsing?
 How long has the patient been convulsing?
 Has the patient had a convulsion before?
 Does the patient have a medic alert bracelet on?
 If yes, what does it say?

Is the patient a diabetic?
 (Consider diabetic card).
If child:
 Has the child been sick?
 Does the child have a fever or feel hot?
If female:
 Is the woman pregnant?
 Is the patient a recreational drug user?
Has the patient had a recent head injury?
IF YES
 Before or after the seizure?
 Within the last three days?

SIMULTANEOUS ALS/ ILS

Unconscious/not breathing normally.
 Decreased level of consciousness.
 Not breathing after seizure stops.
 Extended seizures greater than 5 minutes.
 Multiple seizures.
 Febrile seizures.
 First time seizure or seizure, unknown history.
 Diabetic.
 Pregnant.
 Secondary to drug overdose.
 Secondary to recent head injury.

BLS DISPATCH

Single seizure with history of Epilepsy

SEIZURES/ CONVULSIONS Pre-Arrival Instructions

Clear area around the patient.
Do not restrain patient.
Do not place anything in patient's mouth.
After seizure has stopped, check to see if patient is breathing.

If not, Determine appropriate age group.

Go to CARDIAC/RESPIRATORY ARREST instructions for appropriate age group

Have patient lie on side.
If patient is a child, remove clothing to cool patient if hot and feverish.
Gather patient medications, if any.
If the patient's condition changes, call me back.

Prompts

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

If unconscious after seizure, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

Short report

Does patient take medication?
Was medication taken recently?
Was patient injured during seizures?
Medic alert tag?
History of alcohol/drug abuse?
History of trauma in recent past?

CARDIAC ARREST/ DOA

<p>K E Y Q U E S T I O N S</p>	<p>Is patient alert?</p> <p>Is patient breathing normally? (Consider breathing protocol)</p> <p>If unsure about consciousness, interrogate further:</p> <p>a. Does the patient respond to you? Talk to you? Answer questions? Hear you?</p> <p>b. Does the patient move? Flinch? Move arms or legs?</p> <p>c. Are the pupils fixed and dilated?</p>	<p>If unsure about breathing, interrogate further:</p> <p>a. Have the caller go and see if the chest rises, then come back to the phone.</p> <p>b. Listen for the sound, frequency and description of breaths. agonal respirations are often reported as:</p> <p>gasping, snoring, or gurgling barely breathing moaning weak or heavy occasional</p>
<p>D I S P A T C H</p>	<p>SIMULTANEOUS ALS/ ILS</p> <p>Unconscious/not breathing adequately or at all.</p> <p>Possible DOA's, of unknown origin.</p> <p>ILS dispatched for confirmed DOA for certification</p> <p>ALS dispatched if unsure</p>	<p>BLS DISPATCH</p> <p>To confirm report of DOA if ALS/ ILS not available</p>

CARDIAC ARREST/ DOA Pre-Arrival Instructions

Go to CPR protocol for the appropriate age group.

Prompts

Agonal respirations are ineffective breaths which occur after cardiac arrest.

Short report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/surgical history, if any.
Other EMS services responding
Any dangers to responding units

DROWNING (POSSIBLE)

K E Y Q U E S T I O N S	Is patient alert?	
	Is patient breathing normally? (Consider BREATHING PROTOCOL)	
	How long was the patient under water?	
	Is this a scuba diving accident?	
	Has the patient been removed from the water?	
	Is the patient on land or in a boat?	
What was the patient doing before the accident?		
D I S P A T C H	SIMULTANEOUS ALS/ ILS	BLS DISPATCH
	Unconscious, not breathing normally. Difficulty breathing. Scuba diving accident. Diving accident (possibility of C-spine injury.) Fractured femur (thigh).	Patient not submerged. Patient coughing. Other injuries without critical symptoms. Minor injury (lacerations/fractures).

DROWNING (POSSIBLE) Pre-Arrival Instructions

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

Do not move patient around

Gather patient medications, if possible.

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

Keep patient warm.

Prompts

If unconscious, **go to UNCONSCIOUS/BREATHING NORMALLY-AIRWAY CONTROL**

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

Are boats needed?

Is SCUBA team needed?

Short report

What happened?

Time under water?

Medical history of patient?

Was diving or trauma involved?

Alcohol? Drugs?