Introduction to the State of New Jersey Emergency Medical Dispatch Guidecards

Approved by the

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

New Jersey
OFFICE OF EMERGENCY MEDICAL SERVICES

Introduction to the State of New Jersey Emergency Medical Dispatch Guidecards

Adopted by the State of New Jersey

Office of Information Technology

&

Office of Emergency Telecommunications Service

Information Technology
New Jersey Office of Information Technology

9-1-1
NEW JERSEY'S EMERGENCY LIFELINE

9-1-1
NEW JERSEY'S EMERGENCY LIFELINE

This presentation was created by
The Office of Emergency Telecommunications Services
Office of Information Technology
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Choose the method of viewing this show:

View with background medical information.

View only EMD Guide cards, no background information.

The Emergency Medical Dispatch Guidecard Structure and Layout

- *Guidecards* are frequently referred to as "Emergency Medical Dispatch Protocols."
- *Guidecards* are designed to present medical information in a logical and structured sequence.
- *Guidecards* consist of three card types,

ALL CALLERS INTERROGATION

Individual "Chief Complaint" Protocol

Scripted Medical Protocol

	MAL BITES
	G/LACERATION
	BLEMS/INJURIES
FALL VICTIM	HEAT/COLD EXPOSURE
INDUSTRIAL ACCIDENT	STABBING/GUNSHOT VICTIM/ASSAULT
TRAUMATIC INJURY	VEHICULAR RELATED INJURIES
ABDOMINAL PAINS	ALLERGIES/STINGS
BACK PAIN	BREATHING PROBLEMS
CHEST PAINS/HEART PROBLEMS	DIABETIC PROBLEMS
HEADACHE	OD/POISONINGS/INGESTIONS
PSYCHIATRIC/BEHAVIORAL PROBLEMS	SEIZURES/CONVULSIONS
SICK PERSON	STROKE/CVA
UNKNOWN/PERSON DOWN	CO POISONING/INHALATION/HAZMAT
CARDIAC ARREST	ADULT CPR INSTRUCTIONS☎
ADULT CPR INSTRUCTIONS (CONT.)	CHILD CPR INSTRUCTIONS ☎
CHILD CPR INSTRUCTIONS (CONT.)	INFANT CPR INSTRUCTIONS ☎
CHOKING	ADULT CHOKING INSTRUCTIONS☎
ADULT CHOKING INSTRUCTIONS (CONT.)	CHILD CHOKING INSTRUCTIONS☎
CHILD CHOKING INSTRUCTIONS (CONT.)	INFANT CHOKING INSTRUCTIONS☎
INFANT CHOKING INSTRUCTIONS (CONT.)	DROWNING (POSSIBLE)
ELECTRICUTION	PREGNANCY/CHILDBIRTH
CHILDBIRTH INSTRUCTIONS☎	UNCONSCIOUS/FAINTING
UNCONSCIOUS AIRWAY CONTROL☎	AIRCRAFT TERRORISM
HAZMAT	VEHICLE IN WATER
AEROMEDICAL DISPATCH	

ALERT CARD

- The Office of Emergency Telecommunications Services has been working with the NJ Department of Health, Emergency Medical Services to make changes to the NJ Emergency Medical Guidecards that will assist calltakers and emergency responders in identifying potential health hazards such as the recent outbreaks of infectious diseases.

ALERT CARD

- Rather than create a card for each disease the goal is to modify the existing cards to address this and any future conditions that may become present. Once completed, these changes will be posted on the websites of both agencies. PSAPs will be able to download and print the updated cards which can be inserted into the existing guidecard holders. Agencies using the PDF version will be able to download the complete set of updated guidecards.

ALERT CARD

- Creating a guidecard for each disease would be overwhelming. The purpose of the guidecards is to identify the need of the patient for assistance. The questions are general in nature intended to identify the possible nature of the problem and determine if there are life threatening signs and symptoms to send the proper response. It is not intended to diagnose an illness or injury. Many diseases such as the recent Ebola, Enterovirus EVD68 and others present signs and symptoms in their early stages similar to the flu. A diagnosis is not made until after certain test results are obtained.

ALERT CARD

- The most likely indicator of the possibility of these diseases is identifying certain signs and symptoms in the patient who has recently traveled to areas where there have been existing outbreaks. This question has been added to several of the guidecards.

ALERT CARD

- To keep the PSAPs aware of the locations of current disease outbreaks the first page of the guidecards has been changed to show the current alerts and recommendations from the DOH. These will now be posted on the OETS and NJDOHEMS websites. The page will also provide recommendations by the NJDOH for telecommunicators explaining the alerts and information requested. PSAPs should check the websites each month to see the current alerts and instructions. This page can be downloaded and printed by the PSAP as needed and changed in the guidecard racks.

Guidecard Cover-ALERT CARD

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State of New Jersey

Emergency Medical Dispatch Guidecards

ALERTS

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

Adopted by the
State of New Jersey Office of Information Technology Office of Emergency Telecommunications Services

ALERT CARD DETAILS

- The table of contents, has been replaced with a card based on the Key Question card. This will provide more information about the current alerts and any recommendations that will impact dispatch or responders. It is possible that DOH may want to issue more detailed information such as specific questions to ask, change in patient treatment or transport and patient destination for evaluation. When this occurs it will be in the form of a specific document or addendum that will be issued for a specific time period.

Alert Card Details

ALL CALLER

ALERTS

State of New Jersey EMD Guidecards Version 10/14

CURRENT

Enterovirus (EV-D68)

Signs and symptoms similar to cold or flu. In children age 6 weeks to 15 years with existing respiratory illness may quickly become respiratory distress, change in skin color (hypoxemia) or wheezing..

Current cases have been reported in New Jersey.

Ebola

Patient may present signs and symptoms of flu in early stage such as high fever, severe headache, muscle pain, vomiting, diarrhea, or abdominal pain. Additional sign may be unexplained bleeding.

Look for recent travel (up to 21 days) in affected areas.
Current outbreaks reported in West Africa.
Cases confirmed in US (being treated in New York City, NY, Texas, Georgia and Maryland), screening being conducted at major airports.

SIMULTANEOUS ALS/BLS **BLS.DISPATCH**

DISPATCH

IF PATIENT IS PRESENTING WITH FEVER AND/OR FLU-LIKE SYMPTOMS AND HAS RECENTLY TRAVELED TO AREAS OF CURRENT OUTBREAKS, OR THE PATIENT IS BEING MONITORED BECAUSE THEY HAVE BEEN IN CLOSE PROXIMITY TO A KNOWN EBOLA PATIENT,

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

Guidecard Index

Traumatic Incident Types

ANIMAL BITES
ASSAULT/DOMESTIC VIOLENCE / SEXUAL
BLEEDING / LACERATION
BURNS
EYE PROBLEMS / INJURIES
FALL VICTIM
HEAT / COLD EXPOSURE
INDUSTRIAL ACCIDENT
STABBING / GUNSHOT VICTIM / ASSAULT
TRAUMATIC INJURY
VEHICULAR COLLISIONS

Medical Chief Complaint Types

ABDOMINAL PAINS
ALLERGIES / STINGS
BACK PAIN
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CHEST PAIN / HEART PROBLEMS
DIABETIC PROBLEMS
HEADACHE
OD/POISONINGS / INGESTIONS
PSYCHIATRIC / BEHAVIORAL PROBLEMS
SEIZURES / CONVULSIONS
SICK PERSON
STROKE / CVA
UNKNOWN / PERSON DOWN

GUIDECARD INDEX

Time / Life-Critical Events

CO POISONING / INHALATION
CARDIAC ARREST / DOA
- ADULT CPR INSTRUCTIONS
- CHILD CPR INSTRUCTIONS
- INFANT CPR INSTRUCTIONS

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

DROWNING (POSSIBLE)
ELECTROCUTION
PREGNANCY / CHILDBIRTH
- CHILDBIRTH INSTRUCTIONS

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

Miscellaneous

HAZMAT
INFECTIOUS DISEASE
VEHICLE IN WATER
AIR MEDICAL DISPATCH PROCEDURE


The All Callers
Interrogation Protocol

All Callers Interrogation

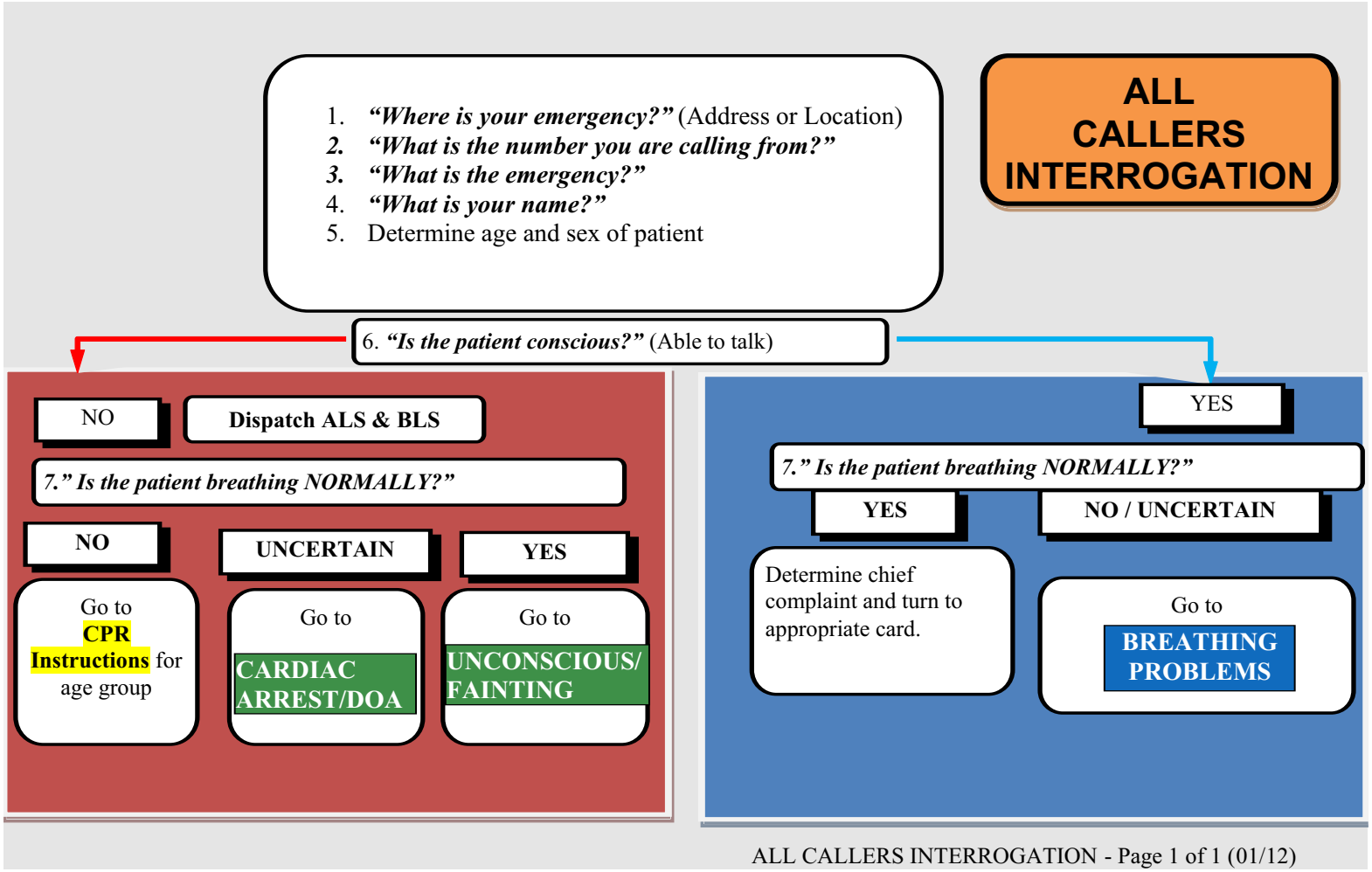
- **The *All Callers Interrogation* is used to conduct the initial questioning of all callers, in an effort to gather criteria that help you to focus your information gathering activities.**

- **The information you get from the caller forms the basis for dispatch, information dissemination and further inquiry.**

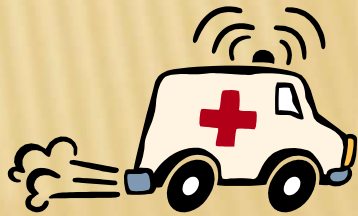
All Callers Interrogation

- **It is very important that you use this card for every call you take.**
- **This card points you to the proper protocol card and helps you focus the caller.**
- **It is the very first step in getting the *Where, What, How, Who, When* information you need for effective dispatch.**

All Callers Interrogation



Chief Complaint Protocols

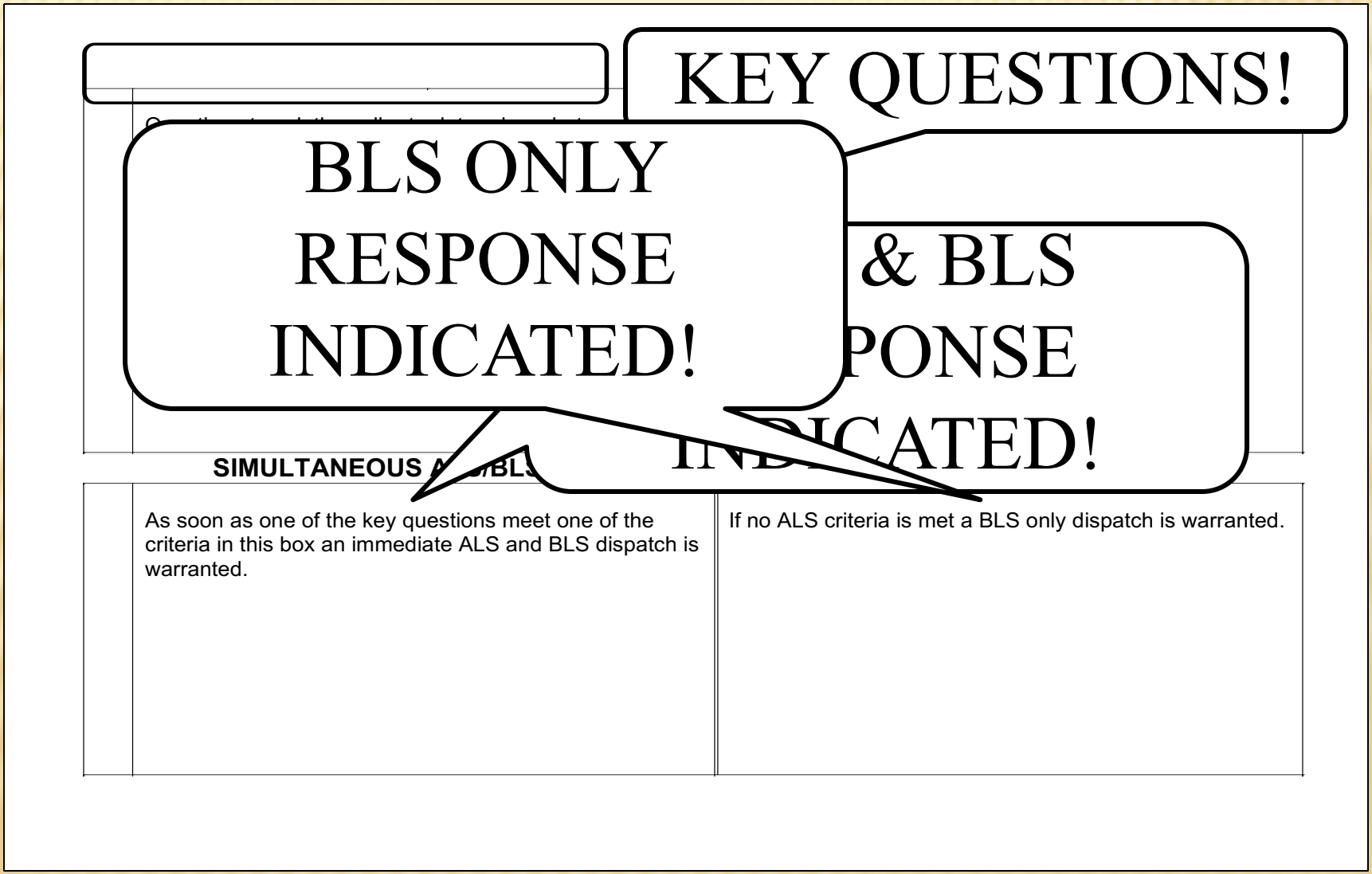


Information found in each of the chief complaint protocols.

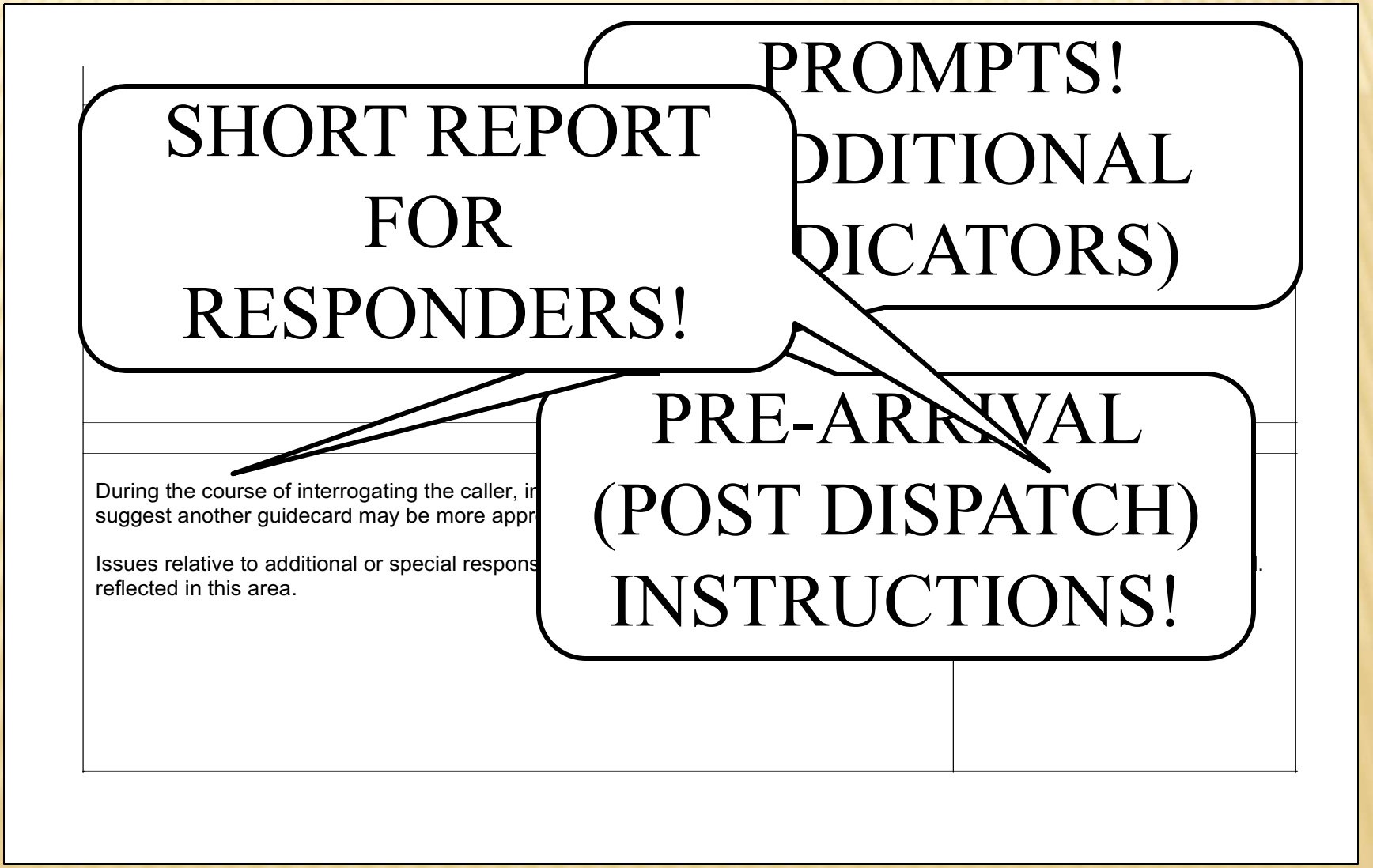
Each of the protocols contains five major design components:

- **Key Questions**
- **Dispatch Criteria**
- **Pre-arrival Instructions**
- **Prompts**
- **Short Report**

Sample Guidecard



Sample Guidecard




Detailed Review of
Traumatic Incident Types

Traumatic Incident Types

- **Trauma denotes a situation in which a patient has sustained some injury either by accident or violence.**

- **The chief complaint is usually reported in the form of a verb (he got hit, shot, cut, etc.) or by a description of the mechanism of injury (an auto pedestrian accident, he fell off the roof, etc.).**

Traumatic Incident Types

- **Proper response and post-dispatch instructions in these cases rely on your ability to gather information regarding the nature of the incident type (aka "mechanism of injury"), where the injuries are (core of the body or extremities?) and the identification of priority type symptoms.**

The chief complaint is usually reported in the form of a verb (he got hit, shot, cut, etc.) or by a description of the mechanism of injury (an auto pedestrian accident, he fell off the roof, etc.).

Traumatic Incident Types

Specific Pediatric Considerations

- **Accidents are the most common cause of death in childhood, killing more children than cancer, meningitis, congenital defects, and heart disease combined.**

Traumatic Incident Types

ALL CALLER

ANIMAL BITES
ASSAULT/DOMESTIC VIOLENCE/ SEXUAL
BLEEDING / LACERATION
BURNS
EYE PROBLEMS / INJURIES
FALL VICTIM
HEAT / COLD EXPOSURE
INDUSTRIAL ACCIDENT
STABBING / GUNSHOT VICTIM / ASSAULT
TRAUMATIC INJURY
VEHICULAR RELATED INJURIES

Animal Bites

- Except in rare instances, animal bites are non-urgent in nature. There are some critical situations that can be identified with proper questioning from the EMD.
- Identification of high level emergencies rely on the identification of severe bleeding, the site of the bite and the level of consciousness of the patient.
- It is important to determine the type of animal and where the animal is at the time of the call.

Animal Bites

ANIMAL BITES

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"Is the animal contained?"

"What type of animal bit the patient?"

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

"What part of the body was bitten?"

"Is the patient bleeding?"

IF YES,

"Can it be controlled with pressure?"

"How long ago did they receive the bite?"

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

Animal Bites

ANIMAL BITES Pre-Arrival Instructions

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

If severe bleeding go to

BLEEDING/LACERATION Pre-Arrival Instructions

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

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

For snake bites:

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

For jellyfish stings:

Wash with vinegar or baking soda.

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

Prompts

Has law enforcement been notified?

Has Animal Control been notified?

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Assault / Domestic Violence / Sexual Assault

- These chief complaints often pose a danger to the responders and the bystanders as well.
- Sexual assaults often are accompanied by traumatic injuries. The EMD should assume there are physical injuries in these cases.
- The victim should be protected from further injury if possible.

Assault / Domestic Violence / Sexual Assault

- ~~Information~~ should be relayed to responding crews regarding scene security, particularly if the assailant is nearby.

- In these cases, responders should be advised to stay away until the police secure the scene and the evidence.

Assault / Domestic Violence / Sexual Assault

PRESERVATION OF EVIDENCE:

- **The EMD should advise callers not to bathe or shower, change clothes, and not to eat or drink anything until help arrives and gives them instructions.**

Assault /Domestic Violence / Sexual Assault

ASSAULT / DOMESTIC, SEXUAL

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"Is the assailant nearby?"

"Are you safe?"

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

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

"What part of the patient is injured?"

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

DISPATCH

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

Assault /Domestic Violence / Sexual Assault

ASSAULT / DOMESTIC, SEXUAL Pre-Arrival Instructions

Remain in a safe place, away from the assailant.

Obtain description of assailant(s),

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

Do not touch weapons.

Advise patient not to change clothing, bathe or shower.

Keep patient warm.

Gather patient medications, if possible.

Do not allow the patient any food or drink.

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

Prompts

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

Sexual Assault- non-injured, Follow County SART Protocols

Domestic Violence- non-injured, Follow local police protocols

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Bleeding / Laceration

- Bleeding can be categorized as having two sites of origin, internal or external.
- Vomiting blood, bleeding from the rectum or untimely vaginal bleeding should always be considered more serious than external bleeding.
- The caller may be frightened by what appears to be a volume of blood. Reassure the caller and calm them.

Bleeding / Laceration

- External bleeding can be categorized as either being venous (dark red oozing blood) or arterial (bright red spurting blood).

- In either case the EMD must remember that ninety-five percent of all external bleeding can be controlled with direct pressure.

Bleeding / Laceration

- The primary focus of the EMD should be on control of external bleeding, identifying symptoms indicating the onset of shock and airway maintenance of the unconscious patient.

- Patients on blood-thinning drugs or those with hemophilia should be considered higher priority, life-threatening events and receive a higher level response.

Bleeding / Laceration

- The question to obtain information about recent travel has been added to address the concern involving the introduction of an infectious virus into the U.S.

- While the Ebola threat and others have not been as significant as first thought the questions have been retained. Several serious conditions will present with bleeding and can be an indication of a potentially infectious disease.

Bleeding / Laceration

BLEEDING / LACERATION

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"Where is the bleeding from?"

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

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

"How much blood can you see?"

"How long have they been bleeding?"

"Is blood squirting out?" (arterial bleeding)

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

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

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

Bleeding / Laceration

BLEEDING / LACERATION Pre-Arrival Instructions

If bleeding, use clean cloth and apply pressure directly over wound. Do not remove. If cloth becomes soaked, add more to what is already there.
Elevate bleeding extremities. IF Tourniquet is available apply following instructions on package.

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

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

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

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

Nothing to eat or drink.

Advise patient not to move.

Gather patient medications, if possible.

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

Prompts

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

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

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Burns

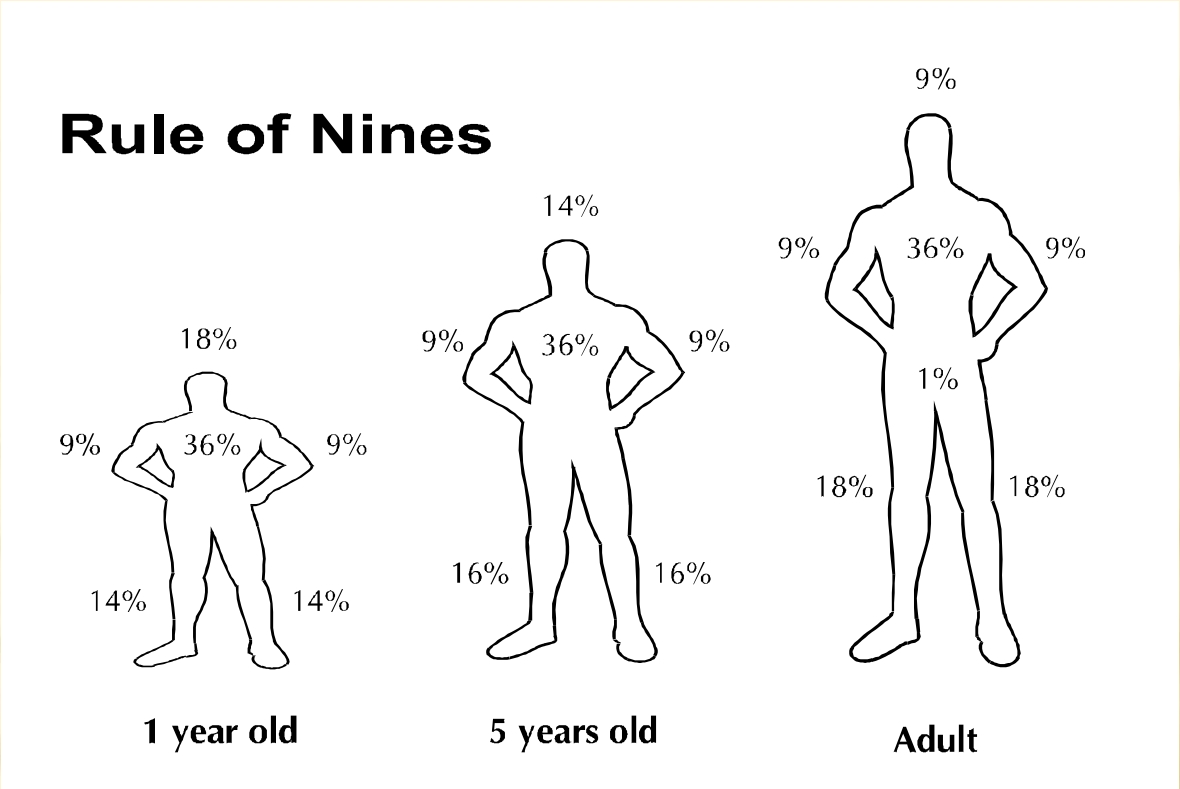
- There are various types of burns encountered in EMS including thermal burns, chemical burns and electrical burns.

- The size and severity of the burn usually determines the level of emergency represented by a particular incident.

Burns

- The size of a burn is usually based on the total body surface area that has been affected.
- This is done in multiples of nine commonly referred to as the "Rule of Nines."
- Usually, second-to-third degree burns over twenty-percent of the body warrant emergency responses.

Burns



Infant (1 year or less)

Head	18%
Arm	9%
Torso	
Front	18%
Back	18%
Groin	1%
Leg	14%

Adult

Head	9%
Arm	9%
Torso	
Front	18%
Back	18%
Groin	1%
Leg	18%

For children over the age of one year, for each year above one, add 0.5% to each leg and subtract 1% for the head. This formula should be used until the adult rule of nines values are reached. For example, a 5-year old child would be +2% for each leg and -4% for the head.

Burns

- Burns are classified as first, second or third degree indicating the depth of the burn.

- First being sunburn like, second resulting in blistering and third involving all layers of the skin and underlying tissue.

Burns (Thermal)

- It is important to determine if anything is still burning and if so, advise the caller to evacuate the dangerous area if safe to do so.

- In cases of burns that occur in enclosed areas, be aware of the possibility of carbon monoxide (CO) or other toxic poisoning/ inhalation.

- Patients with facial burns (particularly thermal) should be monitored closely by the EMD for possible airway complications.

Burns (Electrical)

- Electrical burns should always be assumed to be worse than they appear on the surface, as internal burns may be present between the point of contact and the site where the electricity grounded out of the patient.

- Caution caller to be aware of electrical hazards if electrical burn is reported. Be particularly aware of electrified water. If the patient is still in contact with the electrical source do not touch them.

- Go to ELECTROCUTION GUIDECARD for additional information.

Burns (Chemical)

- Identify the chemical.
  - Name
  - State (solid, liquid, gas)
- Obtain product information
  - Label
  - Shipping papers
  - MSDS
- Amount of substance patient was exposed to.

Burns (Chemical)

- Consider using HAZMAT GUIDECARD and HAZMAT Response.

Burns

BURNS

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"How was the patient burned?"

THERMAL

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

ELECTRICAL

Go to **ELECTROCUTION**

CHEMICAL

"What chemical caused the burn?"

"Where is the patient burned?"

IF HEAD OR FACE:

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

"Are there any other injuries?"

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

DISPATCH

Burns

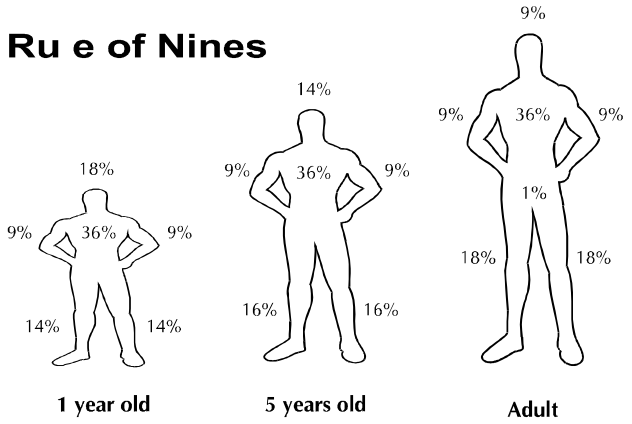
BURNS Pre-Arrival Instructions

THERMAL

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

CHEMICAL

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



Prompts

Dispatch Fire Department/HAZMAT, according to local protocol.

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Eye Problems / Injuries

- The eye is a resilient structure made of very fibrous tissues. The globe of the eye is difficult to lacerate or penetrate.
- If the injury is a penetrating object, consider that it may have hit the eye with sufficient force to go through the eye and into the cranium.
- This may result in an underlying head injury. If the level of consciousness is dropping or altered this should be suspected.

Eye Problems / Injuries

- The fluids in the eye are very fragile. If the eyeball is cut open or leaking fluid then it should not be touched or bandaged.
- The caller should be advised to not put direct pressure on the eye to arrest bleeding.
- The patient should sit up and be calmed until help arrives.

Eye Problems / Injuries

- Chemicals and foreign bodies are common injuries to the eye. The eye should be irrigated with room temperature water until help arrives.

- The caller should not attempt to remove any impaled objects in the eye. This may cause further damage to the eye.

Eye Problems / Injuries

EYE PROBLEMS/INJURIES

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"What caused the injury?"

"Is eyeball cut open or leaking fluid?"

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

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

Eye Problems / Injuries

EYE PROBLEMS / INJURIES Pre-Arrival Instructions

Do not remove any penetrating objects.

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

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

Advise patient not to move.

Have patient **SIT** down.

Cover patient with blanket and try to keep them calm.

Nothing to eat or drink.

Gather patient medications, if possible.

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

Prompts

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

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

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Fall Victim

- This protocol is useful for falls where back or other injuries have occurred.
- With any long fall the EMD should suspect that a spinal injury exists and use spinal precautions in providing telephone aid.
- Falls may have been preceded by a medical incident. This information should be relayed to the responding personnel.

Fall Victim

- The length of the fall is the easiest determinant of severity. The EMD must be mindful that external trauma as well as internal injury may exist.

- Any fall victim reported to be unconscious or with associated head or facial injuries should be assumed to have a spinal cord injury. Do not move the patient.

Fall Victim

FALL VICTIM

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"How far did the patient fall?"

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

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

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

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

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

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
DISPATCH	Decreased level of consciousness. Signs/symptoms of shock. Falls greater than 10 feet. Falls associated with or preceded by pain, discomfort in chest, dizziness, headache, or diabetes. Patient paralyzed. Uncontrolled bleeding. Multiple extremity fractures. Femur (thigh) fracture.	Unconscious, but now conscious without critical symptoms. Falls less than 10 feet. Neck or back pain without critical symptoms. Controlled bleeding. Cuts, bumps, or bruises. Isolated extremity fracture.

Fall Victim

FALL VICTIM Pre-Arrival Instructions

Do not move the patient if there are no hazards.

Advise patient not to move

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

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

No food or drink.

Gather patient medications, if possible.

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

Prompts

Is Rescue needed?

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL

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

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Heat / Cold Exposure

- Heat related problems can be classified as either heat exhaustion or heat stroke, the latter representing a more serious situation.

- Cold related problems are usually frost bite or hypothermia, the latter representing the more serious situation.

Heat / Cold Exposure

HEAT/COLD EXPOSURE

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"What happened?"

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

Heat Related

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

Cold Related

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

"Is the patient taking any medications?"

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

Heat / Cold Exposure

HEAT / COLD EXPOSURE Pre-Arrival Instructions

Remove from hot/cold environment if possible.

Heat Related

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

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

Cold Related

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

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

Do not rub frostbitten extremities.

Gather patient medications, if possible.

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

Prompts

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

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

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Industrial Accidents

- The purpose of this protocol is to identify what the situation is, where the patient is, if the patient is trapped in machinery and direct the caller to have someone meet and guide the responding personnel to the patient.

- These calls are most often third party calls.

Industrial Accidents

- These cases should be handled as case specific, and if the chief complaint can be identified the EMD may go to a more appropriate protocol for the provision of pre-arrival instructions.

- Enclosed spaces present grave danger where chemicals or gases may be present. These are most common in industrial or farm settings

Industrial Accidents

INDUSTRIAL ACCIDENTS

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"What happened?"

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

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

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

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

If burned: Go to **BURNS**

If Electrocution: Go to **ELECTROCUTION**

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

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

Industrial Accidents

INDUSTRIAL ACCIDENTS Pre-Arrival Instructions

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

Do not move patient if there are no hazards.

Advise patient not to move.

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

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

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

Nothing to eat or drink.

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

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

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

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

Prompts

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

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

Is Fire Department /Rescue needed?

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Stabbing / Gunshot Victim / Assault

- This protocol deals with penetrating trauma of any kind.
- The safety of the scene is critical to determine and relay to the responding personnel.
- The EMD should attempt to determine if there is a weapon at the scene or if the assailant is nearby.

Stabbing / Gunshot Victim / Assault

- Penetrating trauma to the extremities is not as serious as penetrating trauma to the torso (or central core). Penetrating traumas below the knees and elbows are not as serious as those above these areas of the extremities.

- The EMD should also determine when the incident occurred.

- For instructions to control bleeding go to BLEEDING/LACERATION.

Stabbing / Gunshot Victim / Assault

STABBING/GUNSHOT/ASSAULT

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

"When did this happen?

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

"What type of weapon was used?"

"Is the weapon still present?"

"Is more than one person injured?"

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

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

Stabbing / Gunshot Victim / Assault

STABBING/GUNSHOT/ASSAULT Pre-Arrival Instructions

Tell caller to remain safe (beware of assailant).

Do not disturb the scene or move weapons.

Do not pull out any penetrating weapons.

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

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

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

Prompts

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

Has law enforcement been notified?

Advise responders when scene is secure.

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Traumatic Injury

- This protocol is used for specific, identifiable injuries
- The focus of this protocol is to keep the patient still and to provide information so as to not cause any further injury to the patient.
- For instructions to control bleeding go to BLEEDING/LACERATION.

Traumatic Injury

TRAUMATIC INJURY

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"How was the patient injured?"

"Where is the patient injured?"

"Describe what happened."

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

Indications of Shock

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

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

Traumatic Injury

TRAUMATIC INJURY Pre-Arrival Instructions

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

Do not remove or touch impaled object.

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

Use care not to obstruct the airway or breathing.

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

Do not disturb anything.

Gather patient medications, if possible.

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

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

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

Prompts

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

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

Is Law Enforcement and/of Fire Rescue needed?

FOLLOW AIR MEDICAL DISPATCH GUIDELINES

Vehicular Collisions

- This protocol is used in cases of injury caused by vehicles like automobile collisions, auto-pedestrian incidents, auto-motorcycle and bicycle collisions.

- Due to the third party nature of these calls information regarding how many patients, if there are any visible injuries, and the mechanisms of the accident are helpful to elicit from the caller and relay to the responding personnel.

Vehicular Collisions

- Additional information of use includes if any one has been thrown from the vehicle or if there is chemical spill involved.
- If a chemical spill has occurred this information should be relayed, along with the type of chemical involved, to HAZMAT personnel.
- Often motor vehicle collisions resulting in serious injury or death are treated as crime scenes.

Vehicular Collisions

VEHICULAR COLLISIONS

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"Did you stop or drive by?"

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

"How many patients are injured?"

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

"Is anyone trapped in the vehicle?"

"Was anyone thrown from the vehicle?"

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

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

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

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

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

Vehicular Collisions

VEHICULAR COLLISIONS Pre-Arrival Instructions

Do not approach vehicle if any indication of fire, downed wires or other hazards.

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

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

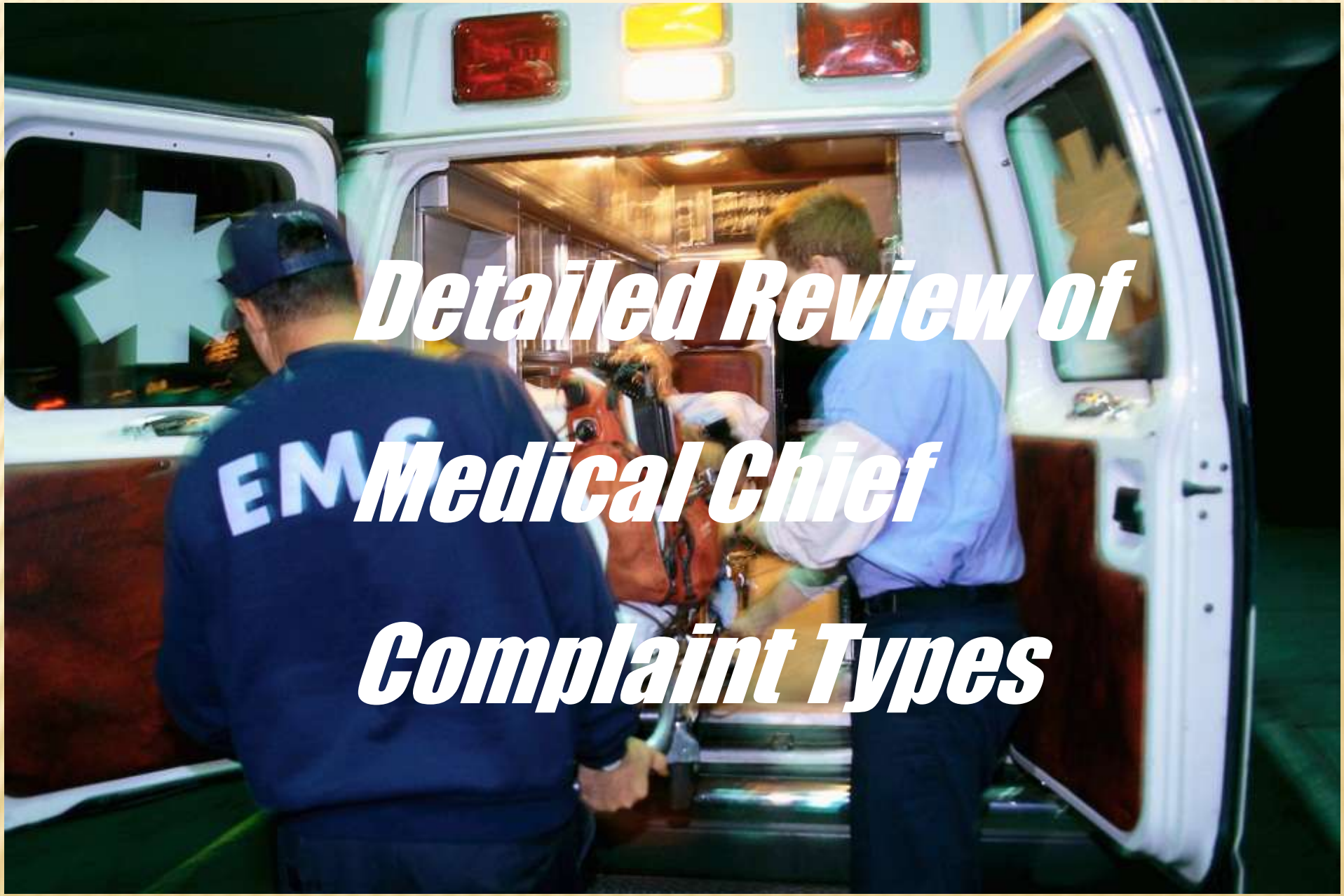
Prompts

Has Law Enforcement been notified?

Is Fire Department /Rescue/HAZMAT needed?

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

FOLLOW AIR MEDICAL DISPATCH GUIDELINES



Detailed Review of Medical Chief Complaint Types

Medical Chief Complaints

- **Medical or individual chief complaints typically are general medical problems.**

- **A medical problem is generally defined as "an illness, either acute (*a rapid onset*)or chronic (*long-lasting and reoccurring*)."**

Medical Chief Complaints

Proper response and pre-arrival instructions in these cases is based on your ability to gather information regarding:

- the patient's chief complaint;
- the patient's age;
- the patient's ***priority*** symptoms (if present) such as severe bleeding, decreased levels of consciousness, respiratory difficulty and chest pain and
- ***any patient medical history that is relevant to the situation at hand.***

Medical Chief Complaints

An example of relevant medical history is the presence of Addison's Disease:

- ***Chronic Adrenal Insufficiency***
- ***Hypocortisolism***
- ***Hypoadrenalism***

Medical Chief Complaints

Addison's Disease:

Thomas Addison first described the clinical presentation of primary adrenocortical insufficiency (Addison disease) in 1855 in his classic paper, "On the Constitutional and Local Effects of Disease of the Supra-Renal Capsules".[1]

Addison's disease is a disorder that occurs when your body produces insufficient amounts of certain hormones produced by your adrenal glands. In Addison's disease, your adrenal glands produce too little cortisol and often insufficient levels of aldosterone as well.

Medical Chief Complaints

Addison's Disease:

Symptoms usually develop slowly, often over several months, and may include:

- ***Muscle weakness and fatigue***
- ***Weight loss and decreased appetite***
- ***Darkening of your skin (hyperpigmentation)***
- ***Low blood pressure, even fainting***
- ***Salt craving***
- ***Low blood sugar (hypoglycemia)***
- ***Nausea, diarrhea or vomiting***
- ***Muscle or joint pains***
- ***Irritability***
- ***Depression***

Medical Chief Complaints

Addison's Disease:

Acute adrenal failure (addisonian crisis)

Sometimes the signs and symptoms of Addison's disease may appear suddenly. In acute adrenal failure (addisonian crisis), the signs and symptoms may also include:

- ***Abnormal heart rhythms***
- ***Pain in your lower back, abdomen or legs***
- ***Severe vomiting and diarrhea, leading to dehydration***
- ***Low blood pressure***
- ***Loss of consciousness***
- ***High potassium (hyperkalemia)***
- ***Standard therapy involves intravenous injections of glucocorticoids and large volumes of intravenous saline solution with dextrose (glucose), a type of sugar. This treatment usually brings rapid improvement.***

Medical Chief Complaints

Addison's Disease:

Caution must be exercised when the person with Addison's disease becomes unwell with infection, has surgery or other trauma, or becomes pregnant. In such instances, their replacement glucocorticoids, whether in the form of hydrocortisone, prednisone, prednisolone, or other equivalent, often need to be increased. Inability to take oral medication may prompt hospital attendance to receive steroids intravenously.

A person with adrenal insufficiency should always carry identification stating their condition in case of an emergency. The card should alert emergency personnel about the need to inject 100 mg of cortisol if its bearer is found severely injured or unable to answer questions.

Immediate medical attention is needed when severe infections, vomiting, or diarrhea occur, as these conditions can precipitate an Addisonian crisis.

Medical Chief Complaints

Addison's Disease:

- *The patient may present with any illness or injury as the precipitating event*
- *A patient history of adrenal insufficiency warrants a careful assessment under specific protocols*
- *Children may deteriorate into adrenal crisis from a simple fever, a gastrointestinal illness, a fall from a bicycle or some other injury*
- *A mild illness or injury can easily precipitate an adrenal crisis in any age group*

SNHD Southern Nevada Health District

Medical Chief Complaints

Addison's Disease:

- *Follow standard ABC and shock management treatment.*
- *BLS: Transport without delay*
- *ILS/ALS: administer patient's own steroid IM/IV/IO as soon as possible after initial life-threat and shock management have been initiated*
  - *Transport without delay to appropriate hospital with early notification*

Southern Nevada Health District

Medical Chief Complaints

Addison's Disease:

- *Many adrenally-insufficient patients carry an emergency Act-O-Vial of Solu-Cortef*

SNHD
Southern Nevada Health District

Medical Chief Complaints

Addison's Disease:

Additional information

http://www.mayoclinic.org/diseases-conditions/addisons-disease/home/ovc-20155636

http://www.niddk.nih.gov/health-information/health-topics/endocrine/adrenal-insufficiency-addisons-disease/Pages/fact-sheet.aspx

http://www.addisons.org.uk/info/emergency/page1.html

Medical Chief Complaints

Infectious Disease:
Recent concerns about the appearance of certain infectious diseases have resulted in some changes to the guidecards. The question ***"Has the patient recently traveled outside of the state or county?"*** and ***"Where"*** have been added to some of the cards. These cards are

- **BLEEDING/LACERATION,**
- **ABDOMINAL PAIN,**
- **PSYCHIATRIC/BEHAVIORAL PROBLEMS,**
- **SICK PERSON,**
- **UNKNOWN/PERSON DOWN UNCONSCIOUS/FAINTING.**

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Medical Chief Complaints

- **Infectious Disease:**
  While this will not be considered an absolute indicator that the patient has the disease it will indicate a strong possibility under the current ALERT criteria. For example, a patient with flu-like symptoms and recent travel to West Africa should be an alert. If the same patient had recently been to Hawaii they would not be an alert. This question is meant to work when the answer is compared to the current ALERT. For this reason the ALERT card will be updated on a monthly basis on the DOH and OETS websites or more often if necessary.

Medical Chief Complaints

- **Infectious Disease:**

The card has been added to the miscellaneous section.

It will most often be used as an adjunct to the SICK PERSON card to obtain specific signs and symptoms.

Medical Chief Complaints

Excited Delirium:

Added to Psychiartic/Behavioral Problems

This condition has become more common and has resulted in a serious number of patient deaths as well as injury to emergency responders.

First reported in 1849 by Dr. Luther Bell, described an acute exhaustive mania (Bell's Mania) in which patients developed hallucinations, profound agitation, and fever, which often were followed by death.[

Medical Chief Complaints

- **Excited Delirium:**

Additional information

http://exciteddelirium.org/

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3088378/

http://www.emsworld.com/article/10320570/excited-delirium

https://leb.fbi.gov/2014/july/excited-delirium-and-the-dual-response-preventing-in-custody-deaths

Medical Chief Complaint Types

- ABDOMINAL PAINS
- ALLERGIES/STINGS
- BACK PAIN
- BREATHING PROBLEMS
- CHEST PAIN / HEART PROBLEMS
- DIABETIC PROBLEMS
- HEADACHE
- OD/POISONINGS/INGESTIONS
- PSYCHIATRIC / BEHAVIORAL PROBLEMS
- SEIZURES / CONVULSIONS
- SICK PERSON
- STROKE / CVA
- UNKNOWN / PERSON DOWN

ALL CALLER

Abdominal Pain

- Most abdominal pain is non-urgent in nature.
- There are some critical situations that can be identified with proper questioning from the EMD.
- Sometimes, patients experiencing cardiac events such as myocardial infarction (M.I.) will describe the pain as in their upper abdomen.
- Women of childbearing age range may be having abdominal pain due to an ectopic pregnancy.

Abdominal Pain

- Abdominal pain can be acute or chronic.

- In either case the key to a proper response is determining the age, history and symptoms the patient is presently exhibiting, particularly identifying the existence of chest pain or fainting (in females of child bearing age range).

Abdominal Pain

- Patients over the age of 50, complaining of lower back pain with no history of injury or chronic back problems or if they are exhibiting signs of shock should be considered as experiencing abdominal aortic aneurysms and be dealt with as an emergency.

Pain in abdomen of patient with Addison's Disease could be onset of Addisonian Crisis.

Abdominal Pain

ABDOMINAL PAIN

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

"How does the patient feel sitting up?"

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

If the patient is female between 12-50 years:
"Could she be pregnant?"
"Has there been vaginal bleeding?" If yes,
"How much?
"Has she said she felt dizzy?"

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

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

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

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

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

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

Abdominal Pain

ABDOMINAL PAIN Pre-Arrival Instructions

Nothing to eat or drink.

Monitor for shock:

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

Gather patient medications, if any.

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

Symptoms of an Addison or "adrenal" crisis include:

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

If not treated, an Addison crisis can be fatal.

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

Allergies / Stings

- An allergic reaction represents the body's adverse reaction to a foreign substance (antigen). In most cases allergic reactions are very minor.
- Some individuals have severe allergies to one or more substances and can have a very severe reaction (anaphylactic shock).
- Anaphylactic shock is the most critical allergic reaction.

Allergies / Stings

- The most important symptoms to identify in all reported cases of an allergic reaction are the existence of difficulty breathing or swallowing.

- Anaphylactic shock is of sudden onset. Hives, rashes or itching that have been present for over an hour without difficulty breathing or swallowing are unlikely to progress into anaphylaxis.

Allergies / Stings

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

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

Colors vary between manufacturers

Allergies / Stings

ALLERGIES / STINGS

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

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

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

"Are the symptoms getting worse?"

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

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

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

Allergies / Stings

ALLERGIES / STINGS Pre-Arrival Instructions

"Do you have a Epi-Pen or reaction kit?"
If Yes, *"Have you used it as directed?"*
If they have not used it, ***"Use it following the directions on the kit."***

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

Apply ice to site of sting.

Have the patient rest in the most comfortable position.

Keep neck straight – remove pillows.

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

Gather patient medications, if any.

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

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

Back Pain

- The incidence of non-traumatic back pain is very common and in most cases represents minor problems.
- There are some critical situations that can be identified with proper questioning from the EMD.
- Often a patient experiencing a cardiac event such as myocardial infarction (M.I.) will describe the pain as radiating through to their back.

Back Pain

- Back pain may be described as either acute or chronic.
- In either case the key to a proper response is determining the age, history and symptoms the patient is presently exhibiting, particularly identifying the existence of chest pain or fainting.
- The severity of the pain and the duration of the pain often does not relate to the severity of the problem.

Back Pain

BACK PAIN

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"Has the patient felt dizzy or fainted?"

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

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

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

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

"Does the patient take blood thinners?"

"Does the patient have Addison's Disease or adrenal insufficiency?"

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

Back Pain

BACK PAIN Pre-Arrival Instructions

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

Nothing to eat or drink.

Have the patient rest in the most comfortable position.

Gather patient medications, if any.

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

Symptoms of an Addison or "adrenal" crisis include:

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

If not treated, an Addison crisis can be fatal.

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

Breathing Problems

- Breathing problems are usually more severe in the very young and the very old.
- Often a patient experiencing a cardiac event such as myocardial infarction (M.I.) will complain of difficulty breathing.
- Breathing problems should always be considered a high level medical emergency.

Breathing Problems

- The previous medical history should be relayed to the responding units.
- People who call you reporting breathing problems represent one of the most difficult calls you will have to deal with.
- What may be one person's distress could be another's chronic breathing problem (that they have to deal with daily).

Breathing Problems

- What's most important is that you try to determine what has changed about the person's breathing that prompted to caller to call for help.

Breathing Problems

BREATHING PROBLEMS

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

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

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

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

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

Breathing Problems

BREATHING PROBLEMS Pre-Arrival Instructions

Keep patient calm.

Patient may be more comfortable sitting up.

Tell patient not to exert him/herself.

Gather patient medications, if possible.

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

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

Chest Pain / Heart Problems

- Chest pain often is caused by a blockage of one or more of the coronary arteries. This blocks the oxygen delivery to a portion of the heart muscle and causes chest pain.

- Often a patient experiencing a cardiac event such as myocardial infarction (M.I.) will describe the pain as in their upper abdomen.

Chest Pain / Heart Problems

- The average age of the onset of symptomatic cardiac disease is 35 years old for males and 40 years for females.
- Any patient over the age of 35 complaining of chest pain should be considered a cardiac event.
- Patients with prior histories of cardiac problems may represent a higher critical problem.

Chest Pain / Heart Problems

- Heart Problems represents a diagnosis rather than a chief complaint.
- The EMD must concentrate on looking for symptoms from the caller rather than a presumed diagnosis.
- The EMD should attempt to determine if chest pain is present and then proceed to the appropriate protocol for that specific chief complaint.

Chest Pain / Heart Problems

- The EMD should attempt to gain information regarding previous medical or cardiac history.
- The patient may have an implanted defibrillator, ventricular assist device or pacemaker that has malfunctioned.
- These complaints may not always be associated with classic cardiac symptoms.

Chest Pain / Heart Problems

- If, after all questioning, the patient is without symptoms, the EMD may attempt to have the caller get a pulse rate on the patient.
- Many heart problems are manifested by a rapid heart rate.
- An adult with a resting heart rate of over 140 may be having a heart problem.

Chest Pain / Heart Problems

- It is important that the patient be transported to the proper facility.
- To remind the PSAP/PSDP to have the current information a note has been put in the Pre-Arrival Instructions.
- The link is to the NJ DOH website with the current information.

Chest Pain / Heart Problems

- In the past instructions were given for aspirin or nitro.
- If the patient has both the new recommendation is to use both
- If the patient can take aspirin have them use that first. Then follow with nitro if available.

Chest Pain / Heart Problems

- A link has been added to the NJ DOH website list of hospitals offering STEMI and PCI.
- ALS and BLS should be failure with those in their area.
- If not this link can be used to ensure the patient goes to the appropriate facility

Chest Pain / Heart Problems

CHEST PAIN/HEART PROBLEMS

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"Where in the chest is the pain located?"

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

"How long has the pain been present?"

"Is the patient sweating profusely?"

"Is the patient nauseated or vomiting?"

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

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

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

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

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

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

Chest Pain / Heart Problems

CHEST PAIN/HEART PROBLEMS Pre-Arrival Instructions

"Can the patient take aspirin?"

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

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

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

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

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

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

Keep patient calm.

Loosen any tight clothing.

Gather patient medications, if any.

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

STEMI and PCI CENTERS
http://nj.gov/health/ems/documents/special_services/stemi_pci_centers.pdf

Prompts

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

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

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

Short Report

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

Diabetic Problems

- Diabetes is a condition that prevents the body from correctly metabolizing sugar into energy.
- The body lacks the ability to produce correct amounts of insulin, the hormone that aids in sugar metabolism.
- This requires the diabetic patient, in many cases, to have to take insulin.

Diabetic Problems

- When a diabetic fails to take their insulin they will have a gradual rise in their blood sugar levels.
- This is a slow onset and results in diabetic ketoacidosis.
- The body tries to eliminate these toxins through the respiratory system, and the patient may be described as breathing very deeply.

Diabetic Problems

- The ketoacids can be detected on the patients breath as a fruity or sweet smell.
- If this goes unchecked the patient may progress into diabetic coma.
- Patients often seek medical attention prior to this occurring.

Diabetic Problems

- When an insulin dependent diabetic takes too much insulin or takes their regular dose and engages in higher levels of activity or fails to eat, the insulin depletes the body's available blood sugar, and the patient experiences a rapid decrease in consciousness.
- This condition is known as insulin shock.
- This is by far the most common diabetic emergency faced by EMS.

Diabetic Problems

- Insulin Shock has a rapid onset with the level of consciousness decreasing until the patient is unconscious.
- The main thing for the EMD to be concerned with is maintaining the patients airway if their level of consciousness is decreased.
- The EMD should attempt to obtain and relay information regarding the history of the patient.

Diabetic Problems

DIABETIC PROBLEMS

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

"When did the patient last eat?"

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

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

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

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

"Is the patient sweating profusely?"

"Has the patient had a seizure?"

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

DISPATCH

Diabetic Problems

DIABETIC PROBLEMS Pre-Arrival Instructions

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

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

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

Allow patient to find a comfortable position.

Gather patient medications, if any.

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

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

Headache

- **Since the brain is the organ of concern in patients reporting headache the primary focus of the EMD should be changes in the patient's alertness (level of consciousness) and speech and motor problems. Both indicate more serious causes.**

Headache

- Sudden severe onset of pain may suggest a more serious underlying cause as well (subarachnoid and subdural hemorrhage).

- Most other headaches such as migraine, tension, sinus etc. are less serious in nature. EMS is not commonly called for these complaints.

Headache

HEADACHE

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"Does the patient have a headache history?"

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

"Did the headache come on suddenly or gradually?"

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

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

"Does the patient take blood thinners?"

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

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

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

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

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

Headache

HEADACHE Pre-Arrival Instructions

Nothing by mouth.

Allow the patient to find position of comfort.

Gather patients medications, if any.

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

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

OD / Poisoning / Ingestions

- **An overdose, as defined for dispatch, is a purposeful and intentional ingestion involving any patient over the age of 12 years old. The patient also has a motive for their actions.**

- **An accidental ingestion is defined as an accidental, or unintentional, intake by a child under the age of 12.**

OD / Poisoning / Ingestions

- A poisoning is defined as an accidental intake of a toxic substance, usually by a child under the age of 12.
- All overdose patients should be considered a possible danger to themselves and others.
- The safety of the scene must be addressed during questioning.

OD / Poisoning / Ingestions

- **A call to the New Jersey Poison Control Center should be established when appropriate.**

9-1-1 network, via Poison Control transfer
OR
1-800-222-1222

OD / Poisoning / Ingestions

- Narcan (Nalaxone)
  Along with the use of the Narcan (Nalaxone) inhaler by law enforcement and BLS, prescriptions have been given to the patients for use by family members or other caregivers. As the possibility of this situation occurring on a 9-1-1 call instructions for the telecommunicator similar to the instructions for the use of an epi-pen have been added to the OD/POINSOINING/INGESTIONS card..

OD / Poisoning / Ingestions

- Narcan (Nalaxone)

A list of substances that could result in an opioid overdose has been added. It includes prescription medications.

OD / Poisoning / Ingestions

Narcan (Nalaxone)

- Types of Narcan delivery.

Intramuscular Administration Technique

1. Remove auto injector from outer case.

2. Pull off the safety guard.

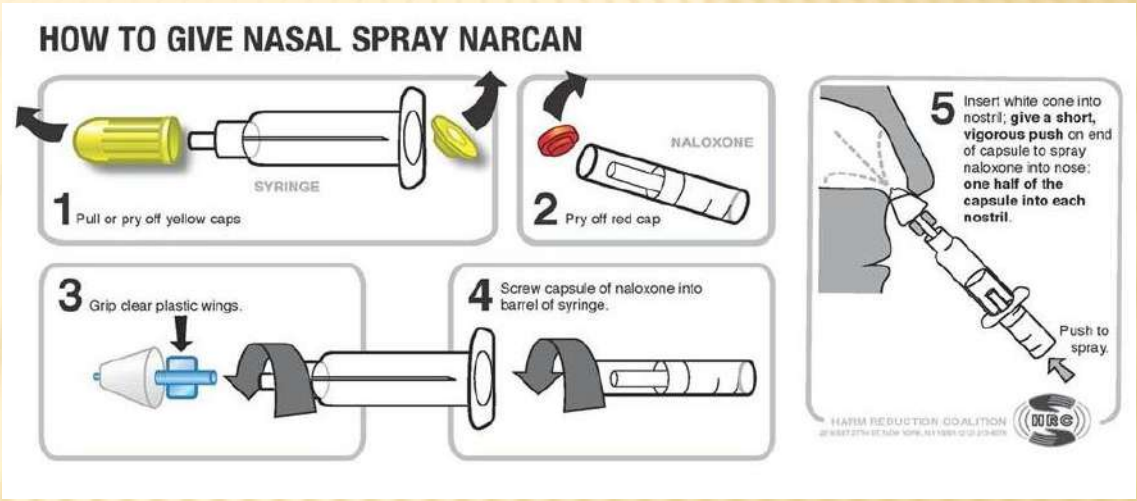
3. Place the auto injector firmly against the outer thigh, through clothing, if needed.

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

OD / Poisoning / Ingestions

Narcan (Nalaxone)

- Types of Narcan delivery.

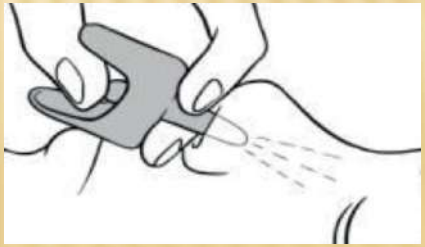


OD / Poisoning / Ingestions

Narcan (Nalaxone)

Types of Narcan delivery.

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



OD / Poisoning / Ingestions

OD/POISONING/INGESTIONS

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

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

"Has the patient consumed alcohol?"

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

"Is the patient having difficulty swallowing?"

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

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

OD / Poisoning / Ingestions

OD/POISONING/INGESTION Pre-Arrival Instructions

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

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

"Do you have a NARCAN or NALOXONE kit?"

If ***yes "Have YOU used it as directed?"***
If they have not used it, ***"Use it following the directions on the package."***

Keep patient in area/house, if safe.

Get container of substance taken, if at the scene.

Do not force coffee or place patient in shower.

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

Monitor patient's breathing and level of consciousness.

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

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL.
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Is Law Enforcement needed?

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

Short Report

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

Psychiatric / Behavioral Problems

- Psychiatric or behavioral problems can relate to a diagnosed problem such as schizophrenia, mania, depression, etc.
- Underlying medical problems often are mistaken for behavioral problems.
- Attempt to determine medical history.

Psychiatric / Behavioral Problems

- In diabetics or epileptics, their lowered level of consciousness during or after manifestation may be mistaken for a psychiatric or behavioral problem.
- All patients exhibiting psychiatric/behavioral problems should be considered a potential danger to themselves and others.
- It should be determined if the patient has a weapon or access to weapons.

Psychiatric / Behavioral Problems

- If the patient has attempted suicide, the specific EMD Guidecard should be accessed to treat the reported situation.
- The EMD may want to check if resources exist for crisis intervention.

Psychiatric / Behavioral Problems

- The question ***"Has the patient recently traveled outside of the state or county?"*** and ***"Where"*** has` been added.

Psychiatric / Behavioral Problems

Excited Delirium

These questions have been added;

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

Psychiatric / Behavioral Problems

Excited Delirium

These questions are intended to identify the possibility of "excited delirium". This condition has become more common and has resulted in a serious number of patient deaths as well as injury to emergency responders. The patient often presents ***a combination of signs*** including, acting in a violent manor, screaming, assaulting people and bright objects, sweating and in many cases removing clothing or completely naked regardless of the weather conditions.

Psychiatric / Behavioral Problems

Excited Delirium

They have been described as having “super-human strength”, resisting electric shock and even bullets in the extremities. Attempts to subdue these individuals have led to serious injuries to police and medical personnel. Once subdued it is not uncommon for these subjects to suddenly go into respiratory or cardiac arrest. Attempts at resuscitation are most often futile.

Psychiatric / Behavioral Problems

Excited Delirium

A new recommendation by law enforcement and emergency medical calls for a combined action to bring these patients under control using a modified form of restraint and medically induced sedation performed by paramedics. The intent of adding these questions is to identify the possibility of this condition and dispatch a combined response of resources to address the emergency. The details of this procedure are being developed by law enforcement and emergency medical services.

Psychiatric / Behavioral Problems

PSYCHIATRIC/BEHAVIORA;\L PROBLEMS

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

If the caller knows the patient
"Is the patient acting in their normal manner?"
IF NOT, ***"What is different or unusual?"***

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

"Is patient a diabetic?"
Consider

"Has the patient harmed them self?"
IF YES: (Consider traumatic injury card)
IF NO***," Do you think the patient might harm them self? "***

"Does the patient have a history of depression?"

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

"Has the patient ever attempted suicide?"

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

SIMULTANEOUS ALS/BLS	BLS DISPATCH
DISPATCH	
Decreased level of consciousness. Patient presenting with Extreme violent or aggressive behavior Sweating profusely Removing clothes or naked Rapid breathing, drooling Incoherent shouting or yelling	Lacerated wrist(s) with controlled bleeding. Unusual behavior with a psychiatric history. Known alcohol intoxication without other drugs (can be aroused). Threats against self or others. Police request for stand-by. Patient out of psychiatric medications.

Psychiatric / Behavioral Problems

PSYCHIARTIC / BEHAVIORAL PROBLEMS Pre-Arrival Instructions

Keep the patient in area, if safe.

Keep patient calm, if possible.

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

Gather patient medications, if any.

.

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

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

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

Seizures / Convulsions

- A convulsion or seizure is believed to be caused by a misfiring of nerve cells in the brain either as a result of injury, lack of oxygen or disease.
- Patients going into cardiac arrest occasionally will have a brief, anoxic seizure due to the brain being robbed of oxygen.
- *It is often an initial sign of cardiac arrest.*

Seizures / Convulsions

- **There are many types of seizures**

- **Grand mal or Gran mal;**
  also known as a tonic-clonic seizure — is a type of seizure characterized by loss of consciousness, falling down, loss of bowel or bladder control, and rhythmic convulsions.

- **Petit mal;**
  also known as absence seizure, usually involves only a brief, sudden lapse of conscious activity.

- **Continuous seizure;**
  Status epilepticus , continuous seizure activity with no recovery between successive seizures. When the seizures are convulsive, it is a life-threatening condition and emergency medical assistance should be called immediately if this is suspected. A tonic-clonic seizure lasting longer than 5 minutes (or two minutes longer than a given person's usual seizures) is usually considered grounds for calling the emergency services.

- **The most common by far is the gran(d) mal.**

Seizures / Convulsions

- Seizures associated with fever (febrile seizures) in children under 6 are common.
- They are usually short in duration (less than 15 minutes), self-limited, and rarely cause respiratory or cardiac compromise.
- It is unusual for febrile seizures to require medication in the field and they do not indicate that the child has epilepsy.

Seizures / Convulsions

- Most seizures last approximately 45-60 seconds.
- After the seizure stops, the patient is normally unconscious and in what is referred to as a "post-ictal" state.
- This condition usually last less that 15 minutes and may be longer for some patients.

Seizures / Convulsions

- Patients reported to be having continuous or multiple seizures, *Status epilepticus,* represent a much higher medical emergency.
- Some epileptic patients can tell when they are going to have a seizure and may have someone call for help before the seizure starts.
- This is called an aura.

Seizures / Convulsions

SEIZURES / CONVULSIONS

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

"Has the patient had a seizure before?"

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

"Has the patient had a recent head injury?"

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

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

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

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

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

Seizures / Convulsions

SEIZURES / CONVULSIONS Pre-Arrival Instructions

Clear area around the patient.

Do not restrain patient.

Do not place anything in patient's mouth.

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

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

IF NO, Determine appropriate age group. Go to CARDIAC ARREST/DOA instructions for appropriate age group.

.

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

Gather patient medications, if any.

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

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

Sick Person

- A sick person is a patient who has an undefinable chief complaint, uncategorizable symptoms or when the caller provides specific information on a previous diagnosis.

- This card is accessed when a second party caller reports a diagnosis or some other term to describe what they believe may be the problem.

Sick Person

- The function of this protocol is to assist the EMD in identifying the chief complaint or some other significant symptom or medical history, rather than rely on the caller's presumed diagnosis.

- The signs and symptoms of the Flu had been added to assist in identifying and informing responders of its possible presence. This has been repurposed to help identify the possibility of an infectious disease.

Sick Person

- The signs and symptoms of the Flu are also found in many more serious diseases that are not often seen in the U.S.
- By adding the question concerning recent travel it may be possible to identify the possibility of a more serious condition than the Flu.`
- Updates to the ALERT card will help define the specific signs and symptoms of a disease that DOH believes poses a threat to the state of New Jersey.

Sick Person

- There is a link to the INFECTIOUS DISEASE card.
- This card has additional Key Questions about signs and symptoms that appear in diseases other than the Flu.
- The Calltaker should consider using this card when the patient is displaying signs and symptoms not matching the Flu.

Sick Person

- **Prompts: A statement has been added to the "Prompt" field that the dispatch should notify all of the responders that there are indications of a possibly infectious disease and that appropriate "personal protective equipment" should be used.**

- **This is intended to be used when the interrogation has obtained signs and symptoms that may indicate an infectious disease.**

Sick Person

SICK PERSON

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

"Does the patient feel lightheaded or dizzy?'

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

"What is the patient complaining of?"

"How does the patient look?"

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

"Is there insulin in the refrigerator?"

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

Flu Symptoms
"Is the patient complaining of:
"Fever, headache. Tiredness, (can be aroused), cough, sore throat, runny or stuffy nose, body aches or diarrhea and vomiting (more common among children than adults)?"

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

Sick Person

SICK PERSON Pre-Arrival Instructions

Gather patient medications, if possible.
If the patient's condition changes, call me back.
Symptoms of an Addison's or "adrenal" crisis include:

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

If not treated, an Addison crisis can be fatal.

For a more detailed interrogation go to:

INFECTIOUS DISEASE

If the caller is requesting information about the Flu, have them call the NJDHSS Hotline at:
1-800-962-1253

Prompts	Short Report
If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL.** If unconscious, **NOT** breathing normally, go to **CPR** for appropriate age group. If a specific chief complaint is identified the EMD should use the guidecard that suits the patient's chief complaint.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Stroke / CVA

- A stroke, or cerebral vascular accident (CVA) denotes a situation where the blood flow has been interrupted to a portion of the brain due to a blood clot, hypertension-induced intracerebral hemorrhage or a ruptured aneurysm.

Stroke / CVA

- Although dramatic, the CVA patient usually is not considered a high level medical emergency. The event is fixed, therefore the treatment is rehabilitative.

Stroke / CVA

- It is important that the patient be transported to a facility that properly treat Stroke/CVA.
- A note has been added in Pre-arrival instructions to remind the PSAP/PSDP to have the current list of these facilities.
- The link is to the NJ DOH website with the current information.

Stroke / CVA

STROKE / CVA

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"When did this start?"

Does the patient have:

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

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

"Sudden trouble seeing in one or both eyes?"

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

"Sudden severe headache?"

"Has the patient ever had a stroke?"

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

"A history of diabetes?"

"Any other medical or surgical history?"

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

Stroke / CVA

STROKE / CVA Pre-Arrival Instructions

Keep patient calm.

Don't allow patient to move around.

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

Nothing by mouth (to eat or drink).

Gather patient medication, if any.

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

STROKE CENTERS
http://nj.gov/health/ems/documents/special_services/stroke_centers.pdf

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

Unknown / Person Down

- These calls are usually third party calls reporting an unknown situation or a man down and appearing to need assistance.
- The third party nature of these cases makes it difficult to get valid, comprehensive information from the caller about the patient's condition.

Unknown / Man Down

- **The questions should help to determine if the patient is alive or not.**
- **The third party caller can report if the patient was sitting or standing or lying down and if the patient was seen talking or moving at all to help clarify this question.**
- The question ***"Has the patient recently traveled outside of the state or county?"*** and ***"Where"*** has been added.

Unknown / Person Down

UNKNOWN / PERSON DOWN

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"Are there any obvious injuries?"

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

"Have you checked for a medic alert tag? IF YES ***"What does it say?"***

If the caller knows the patient:

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

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

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

Unknown / Man Down

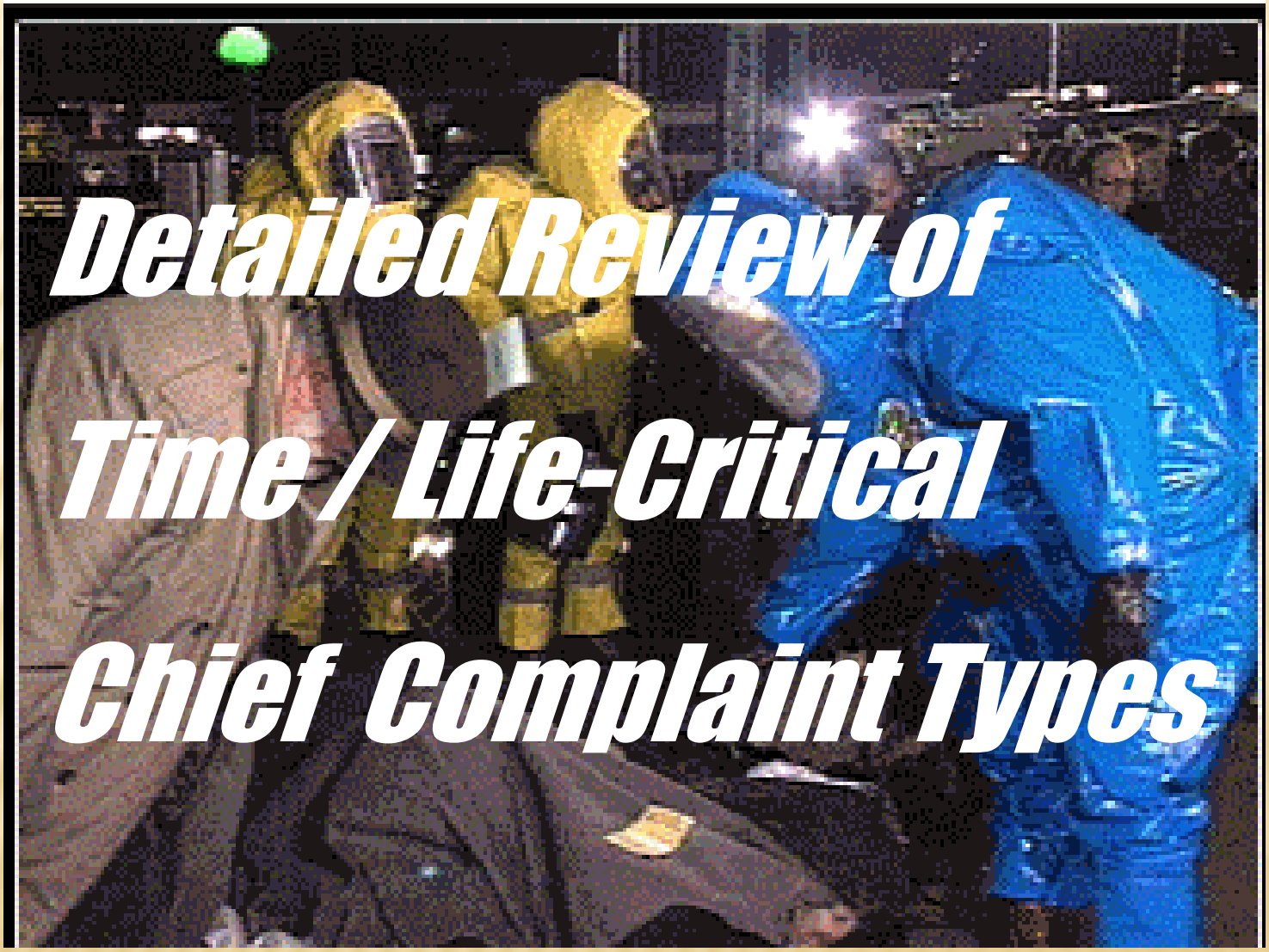
UNKNOWN / PERSON DOWN Pre-Arrival Instructions

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

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

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

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


Detailed Review of
Time / Life-Critical
Chief Complaint Types

Time / Life-Critical Events

- These pose the greatest danger to the patient, bystanders and/or responders.
- Care should be taken with these cases to ensure that appropriate pre-arrival instructions are given and that information regarding the safety of the scene is relayed to the responding units.
- Calls of this type may be specifically medical in nature, like cardiac arrest, choking, childbirth, unconsciousness, and CO poisoning.

Time / Life-Critical Events

- Others may have both types (traumatic and individual chief complaint) included in the problem.
- Examples include a drowning victim with respiratory difficulty and neck pain from a shallow water diving incident; an electrocution victim with possible internal burn who has fallen off the telephone pole and who also may have traumatic injuries from a long fall.

Time / Life-Critical Events

- Proper call handling relies on your ability to gather information about the chief complaint.
- It also requires that you gather information about the safety of the scene and other important factors that may require you to dispatch ancillary agencies (like police, fire and/or HAZMAT units).

Time / Life-Critical Events

- **Pre-arrival or post-dispatch instructions relate primarily to the scripted CPR, choking and childbirth instructions along with situational instructions for specific medical or traumatic incident types with a focus on scene safety.**

Time / Life-Critical Events

CO POISONING / INHALATION

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

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

DROWNING (POSSIBLE)

ELECTROCUTION

PREGNANCY / CHILDBIRTH
- CHILDBIRTH INSTRUCTIONS

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

ALL CALLER

CO / Inhalation

- The purpose of this protocol is to identify what the situation is, where the patient is, if the patient is trapped in machinery and direct the caller to have someone meet and guide the responding personnel to the patient.

- These calls are most often third-party calls.

CO / Inhalation

- Enclosed spaces present grave danger where chemicals or gases may be present.
- These are most common in industrial or farm settings.
- The offending agent may not be obvious.
- Rescue should only be attempted by trained rescue personnel.

CO / Inhalation

- Carbon monoxide (CO) is a colorless odorless gas that is the result of incomplete combustion.
- CO poisoning is the most common hazardous material/inhalation complaint encountered in EMS.
- CO binds with the hemoglobin molecule in the blood stream and displaces oxygen and carbon dioxide.

CO / Inhalation

- This makes this complaint very urgent in that the patient is possibly suffocating at the cellular level.
- More severe cases of CO poisoning may require hyperbaric treatment in a decompression chamber in order to provide sufficient energy to break these chemical bonds.

CO / Inhalation

- Patients can be found in any stage of intoxication.
- One of the most telling symptoms is the level of consciousness.
- If the patient is unconscious or has a decreased level of consciousness, they should be assumed to have a severe exposure and immediate transport should be advised.

CO / Inhalation

- Other inhalation and HAZMAT situations present should also be assumed to be high level emergencies.
- The EMD should determine the source and type of exposure and advise the caller to remain safe and away from the hazardous environment.
- If information regarding the type and source of the exposure is obtained, it must be relayed to the responding crews.

CO Poisoning / Inhalation

CO / INHALATION

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KEY QUESTIONS

"Is a CO Detector activated?"

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

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

Inhalations

"What is the name of the inhaled substance?"

"What is the source of the inhaled substance?"

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

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

CO / Inhalation / Haz Mat

CO / INHALATION Pre-Arrival Instructions

Get patient to fresh air immediately.

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

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

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

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

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

Cardiac Arrest

- Cardiac arrest occurs when the heart ceases to product a productive rhythm, hence no blood is circulated.

- Respiratory arrest (stopped breathing) usually accompanies cardiac arrests. In this state patients are defined as "clinically dead."

Cardiac Arrest

- Patients in cardiac arrest who have CPR initiated early and continued throughout the response have a better chance for survival.

- All patients who are reported to be unconscious and not breathing or who's breathing cannot be verified by a second party caller should be assumed to be in cardiac arrest.

Cardiac Arrest

- A system of consistent and uniform questioning should be used on all calls to determine if the patient is conscious and breathing and to determine cardiac arrest as soon as possible.
- Cardiac arrest victims may present with *seizure-like activity* or *agonal gasps* that may confuse potential rescuers.
- Dispatchers should be specifically trained to identify these presentations of cardiac arrest to improve recognition of cardiac arrest and prompt provision of CPR.

Cardiac Arrest

- **"The 2015 AHA Guidelines for CPR and ECC more strongly recommend that dispatchers should instruct *untrained lay rescuers* to provide Hands-Only CPR for adults who are unresponsive with no breathing or no normal breathing."**
- **"Depth of compressions should be 2 inches and the rate should be 100 to 120 times per minute."**

Cardiac Arrest

- **Emphasis is on Chest Compressions**

- **If the person is a *trained lay rescuer* and will perform rescue breaths, the ratio of compressions to breaths is 30 to 2.**

Cardiac Arrest

- **Emphasis is on Chest Compressions**

- **If the person is a *trained lay rescuer* and will perform rescue breaths, the ratio of compressions to breaths is 30 to 2.**

Cardiac Arrest

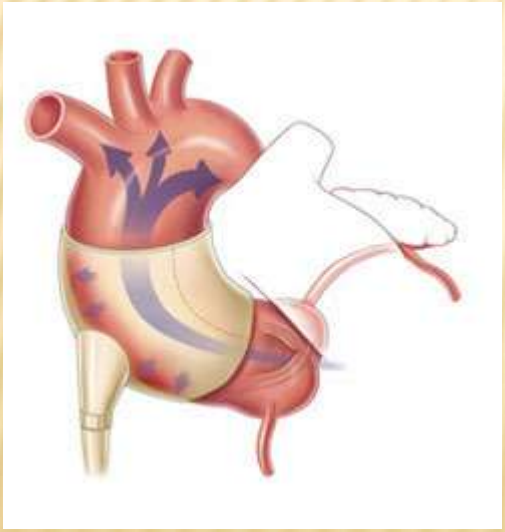
CPR should NOT be performed if the patient has a Ventricular Assist Device implanted.

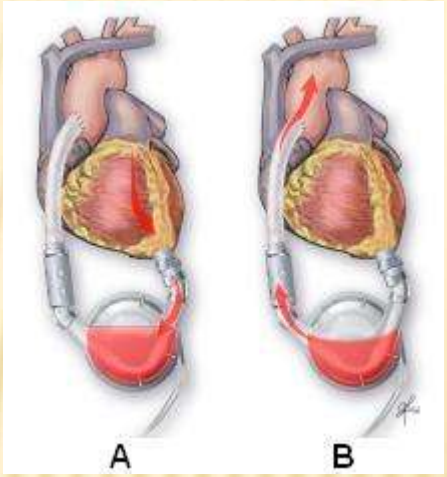
Cardiac Arrest

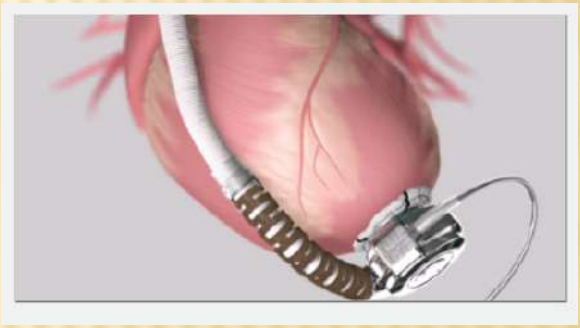
A Ventricular assist device, or VAD, is a mechanical circulatory device that is used to partially or completely replace the function of a failing heart. Some VADs are intended for short term use, typically for patients recovering from heart attacks or heart surgery, while others are intended for long term use (months to years and in some cases for life), typically for patients suffering from congestive heart failure.
VADs need to be clearly distinguished from artificial hearts, which are designed to completely take over cardiac function and generally require the removal of the patient's heart.

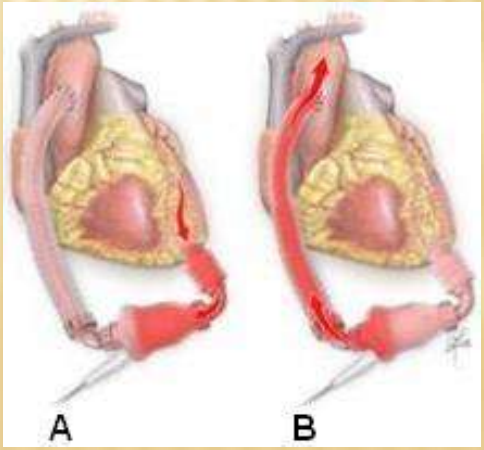
Cardiac Arrest

VADs are designed to assist either the right (RVAD) or left (LVAD) ventricle, or both at once (BiVAD). Which of these types is used depends primarily on the underlying heart disease and the pulmonary arterial resistance that determines the load on the right ventricle.









Cardiac Arrest

- **The external components of the VAD, batteries, controllers, mounted on belts or in vests may be the only way to identify their presence.**

Cardiac Arrest

DO NOT PERFORM CPR IF PATIENT HAS A Ventricular Assist Device

While the patient may appear unconscious and not seem to have a pulse the pump is still circulating blood and can keeping the patient in a viable condition. Pressure on the chest may cause the tubing to detach from the heart or damage the device itself causing severe internal blood loss.

Cardiac Arrest

CARDIAC ARREST / DOA

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KEY QUESTIONS

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

If unsure about breathing:

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

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

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

Cardiac Arrest

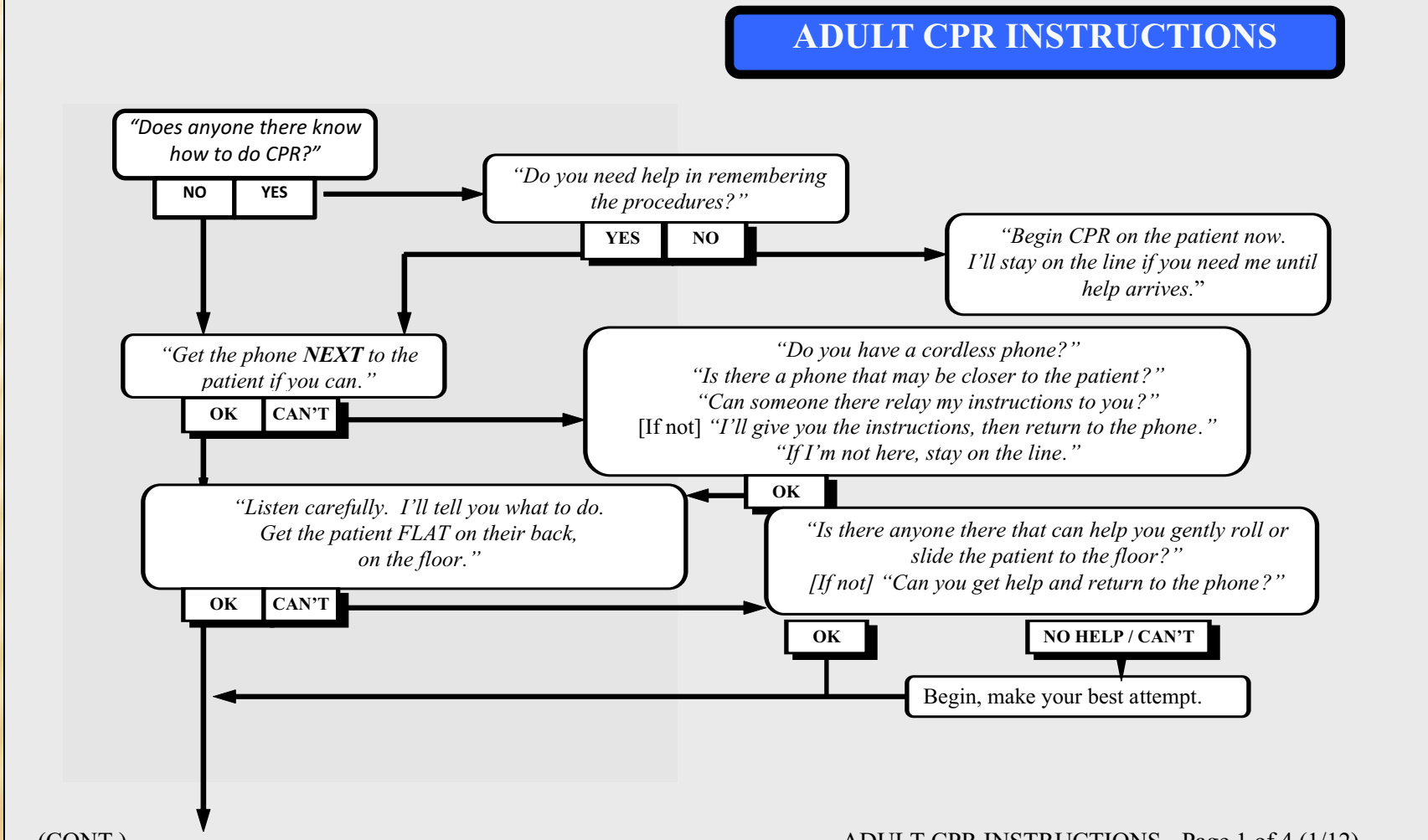
CARDIAC ARREST / DOA Pre-Arrival Instructions

Go to CPR card for the appropriate age group.

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

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

Adult CPR Instructions



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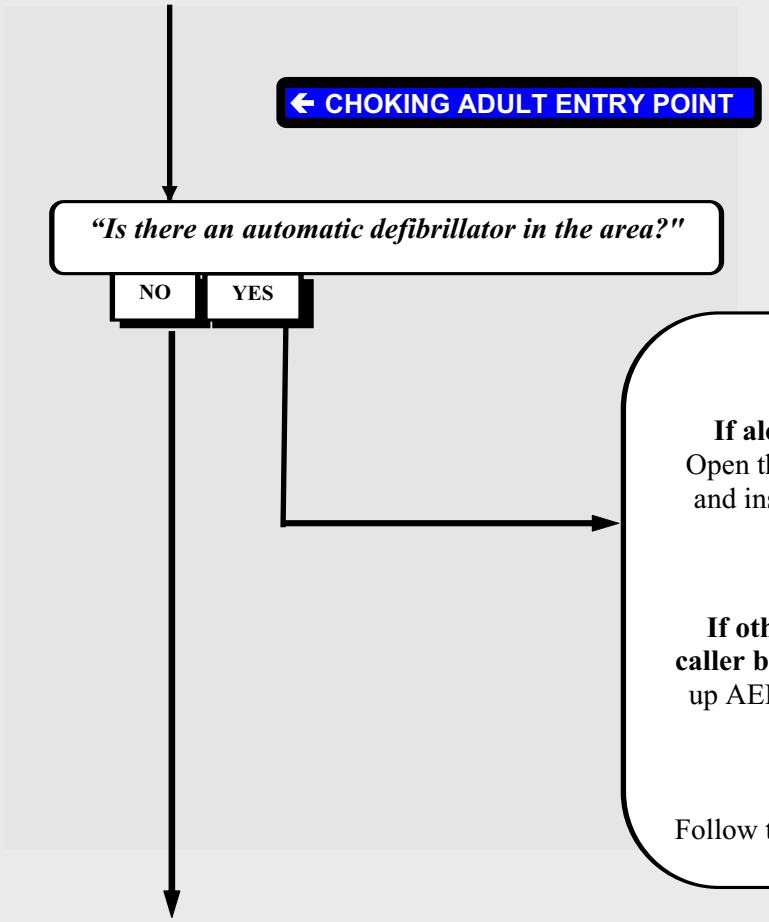
Adult CPR Instructions

(RESUME)



DO NOT OPERATE AED IN/OR AROUND:

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

AED Instructions

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

.

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

(CONT.)

Adult CPR Instructions

(RESUME)

CPR Instructions

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

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

If NO

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

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

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

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

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

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

If an AED becomes available see AED Instructions on Page 2

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

(CONT.)

Adult CPR Instructions

(RESUME)

SPECIAL CONSIDERATIONS

Patient has tubes or wires protruding from chest or abdomen:

"Does the patient have a ventricular assist device?" *(May be called a VAD, heart pump, RVAD, LVAD, BVAD, or LVAS.)*

If YES, Do not perform chest compressions.

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

Patient has vomited

"Turn his/her head to the side."

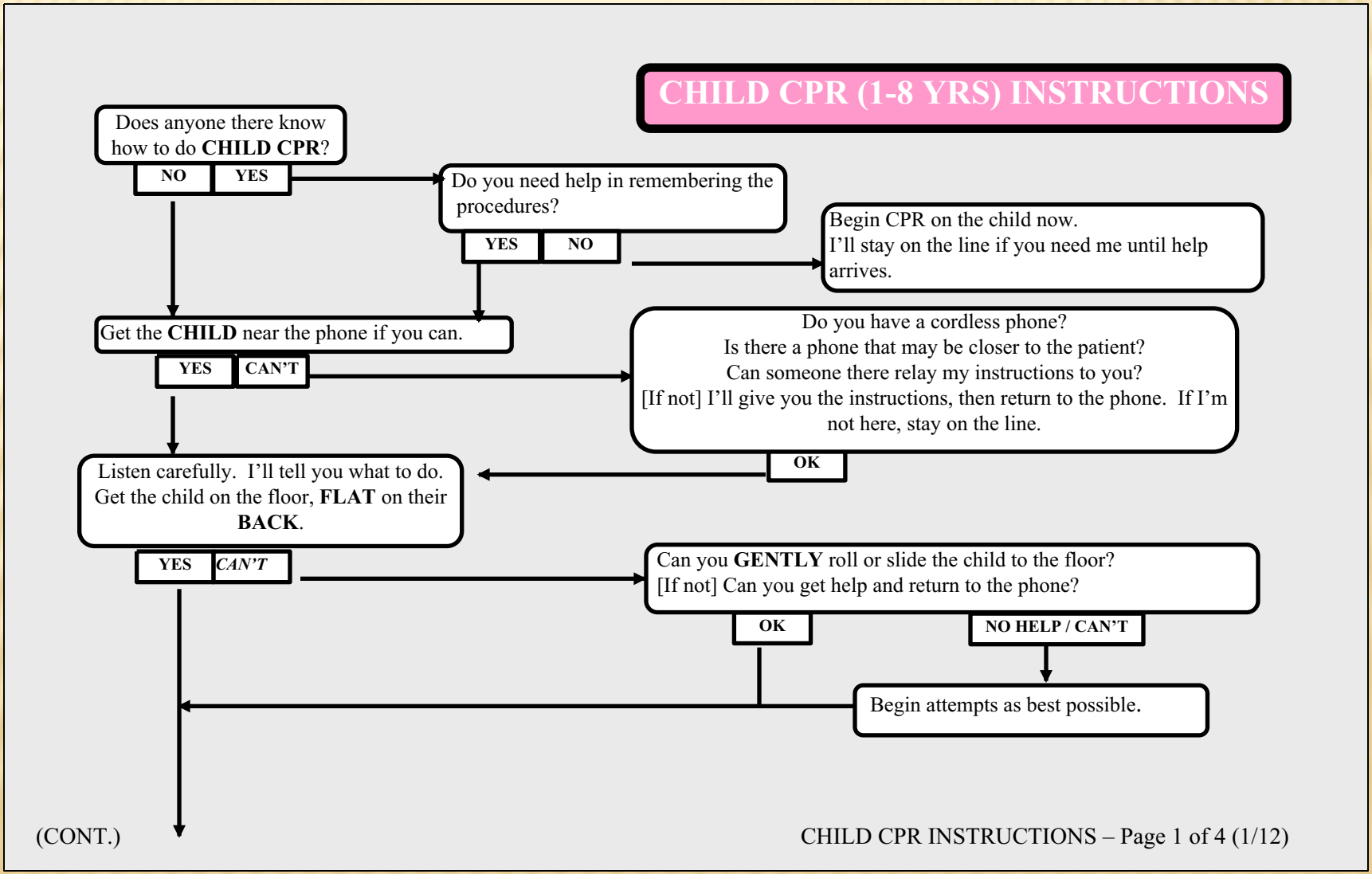
"Sweep it all out with your fingers before doing mouth-to-mouth."

"Resume CPR."

Patient has a Stoma
Breathing Instructions

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

Child CPR (1-8 Yrs) Instructions



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Child CPR (1-8 Yrs) Instructions

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

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

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

After 2 minutes of CPR

"Is there an automatic defibrillator in the area?"

NO | YES

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

← CHOKING CHILD ENTRY POINT

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

Child CPR (1-8 Yrs) Instructions

(RESUME)

AED Instructions

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

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

.

DO NOT OPERATE AED IN/OR AROUND:

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

(CONT.)

Child CPR (1-8 Yrs) Instructions

(RESUME)

SPECIAL CONSIDERATIONS

Patient has vomited

"Turn his/her head to the side."

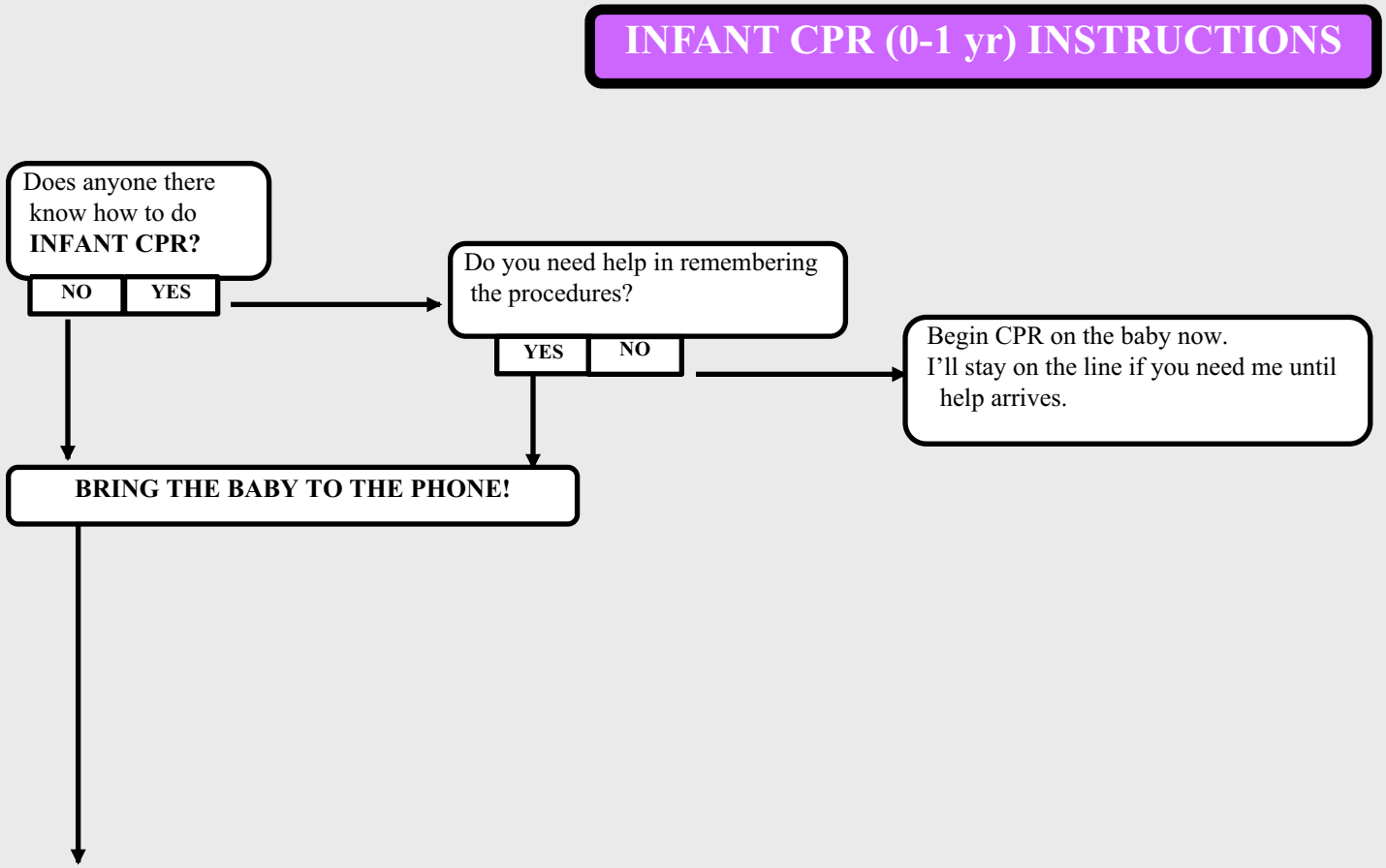
"Sweep it all out with your fingers before doing mouth-to-mouth."

Patient has a Stoma
Breathing Instructions

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

(CONT.)

Infant CPR (0-1 yr) Instructions



(CONT.)

Infant CPR (0-1 yr) Instructions

(RESUME)

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

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

If performing mouth-to-mouth

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

(CONT.)

Choking

- Upper airway obstruction constitutes a life critical emergency requiring immediate intervention by the EMD.
- Often the only chance for survival of the patient is for the EMD to assist via telephone choking instructions.

Choking

- Patients with a total upper airway obstruction are not able to breathe, speak or cough.
- Unless the airway is cleared of the blockage the patient will become unconscious within 1-2 minutes and irreversible brain damage and death will occur in 4-6 minutes.

Choking

- Choking instructions given over the telephone by trained EMDs are one of the most common life-saving interventions undertaken by the EMD.

- Choking on food and small toys (in children) are the most common causes of upper airway obstructions.

Choking

- A patient who has gagged or has a partial airway obstruction should not have choking instructions provided.
- If the patient is able to make any sounds through the airway, the patient should not be agitated.
- If the patient has a cough that seems to be addressing the problem, don't intervene.

Choking

CHOKING

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KEY QUESTIONS

"Is patient alert?"

"Is the patient able to speak or cry?"

"Describe the breathing."
"Does the chest rise?"
"Does air enter freely?"

"Is the patient turning blue?"

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

Choking

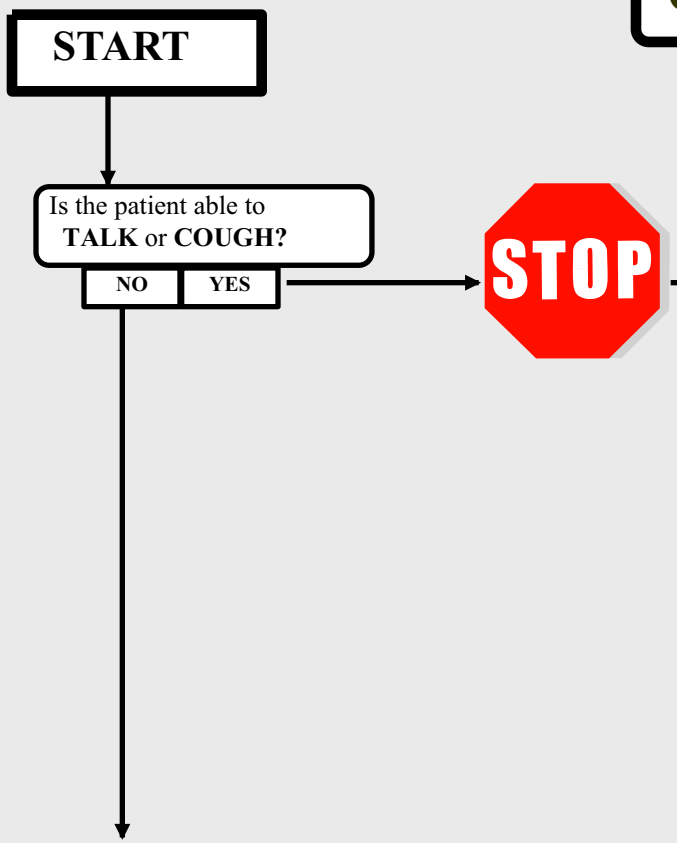
CHOKING Pre-Arrival Instructions

Go to choking card for the appropriate age group:

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

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

Choking Adult Instructions



CHOKING ADULT INSTRUCTIONS

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

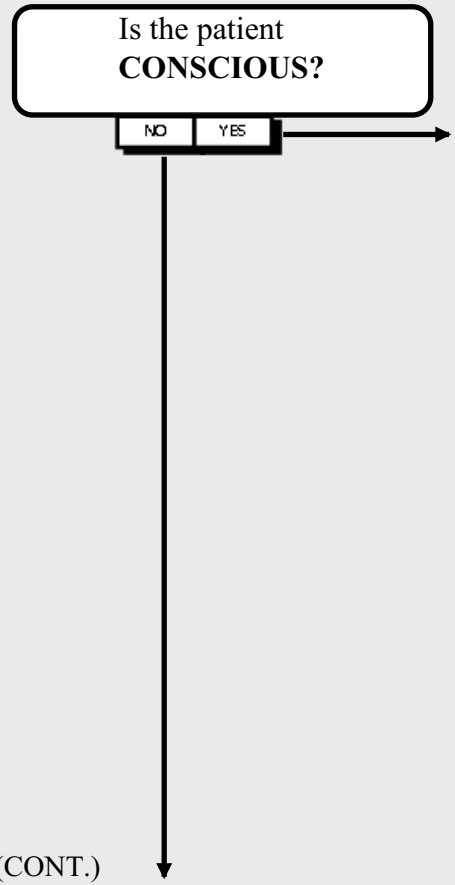
If mild obstruction is present and the victim is coughing forcefully, do not interfere with the patient's spontaneous coughing and breathing efforts.

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

(CONT.)

Choking Adult Instructions

(RESUME)



Conscious Patient Instructions

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

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

(CONT.)

Choking Adult Instructions

(RESUME)

Unconscious Patient Instructions
Compressions Only

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

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

If NO:

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

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

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

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

(CONT.)

Choking Adult Instructions

(RESUME)

Unconscious Patient Instructions
With Ventilations

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

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

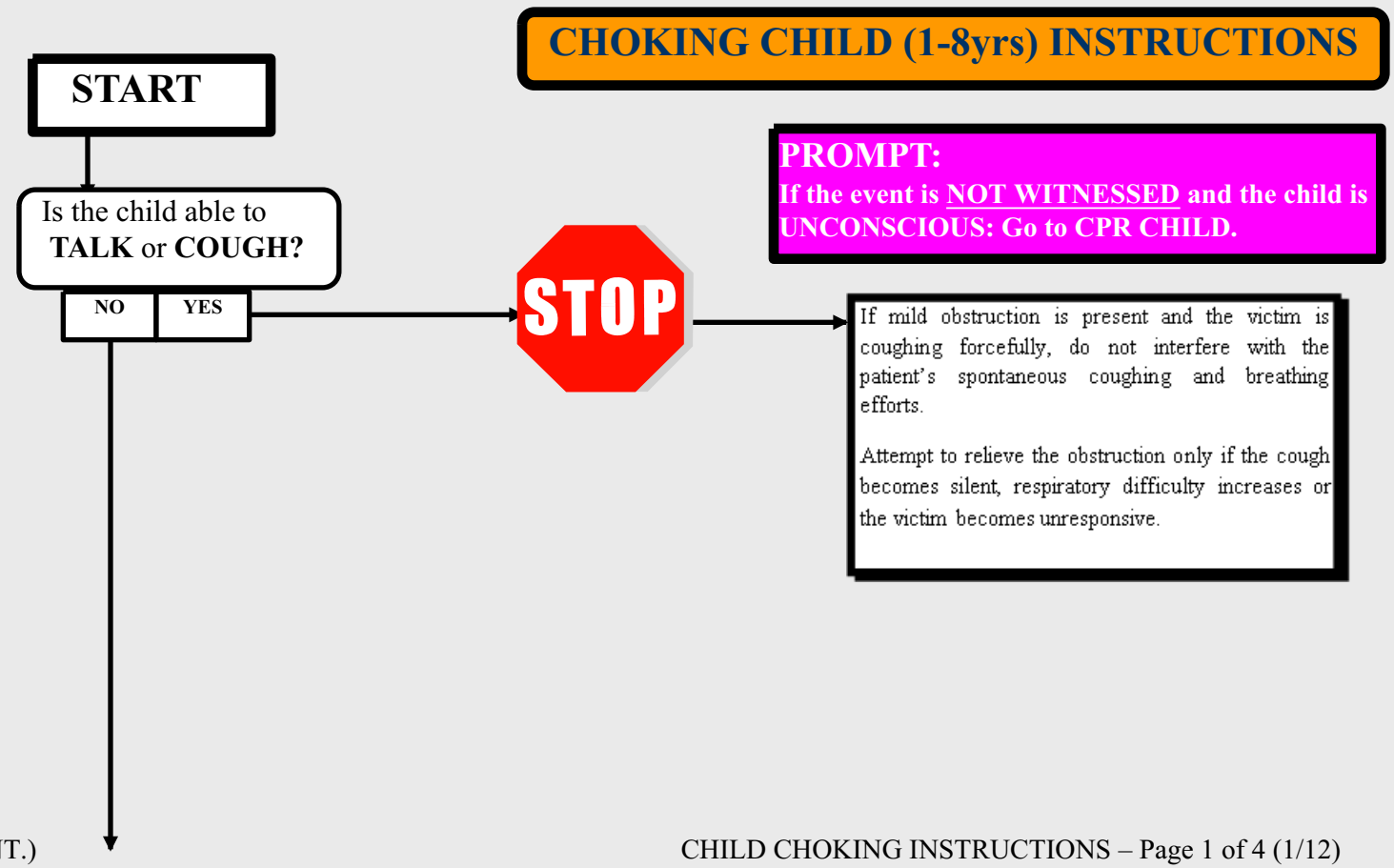
*"Put the **HEEL** of your **HAND** on the **CENTER** of their **CHEST** between the nipples."*
*"Put your **OTHER HAND ON TOP** of **THAT** hand."*
***"PUSH DOWN** on the **HEELS** of your hands, at least **2** inches."*
*"Do it **30 times**, **PUSH HARD AND FAST."***
*"Then, **PINCH** the **NOSE SHUT**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

If an AED becomes available go to UNCONCIOUS AIRWAY CONTROL

ENTRY POINT FROM ADULT CHOKING

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

Choking Child (1-8 Yrs) Instructions



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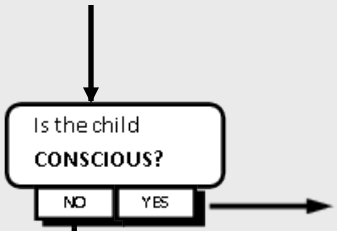
Choking Child (1-8 Yrs) Instructions

(RESUME)



Conscious Patient Instructions

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

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

(CONT.)

Choking Child (1-8 Yrs) Instructions

(RESUME)

CPR ENTRY POINT

Unconscious Patient Instructions
Compressions Only

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

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

Choking Child (1-8 Yrs) Instructions

(RESUME)

Unconscious Patient Instructions
Compressions and Ventilations

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

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

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

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

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

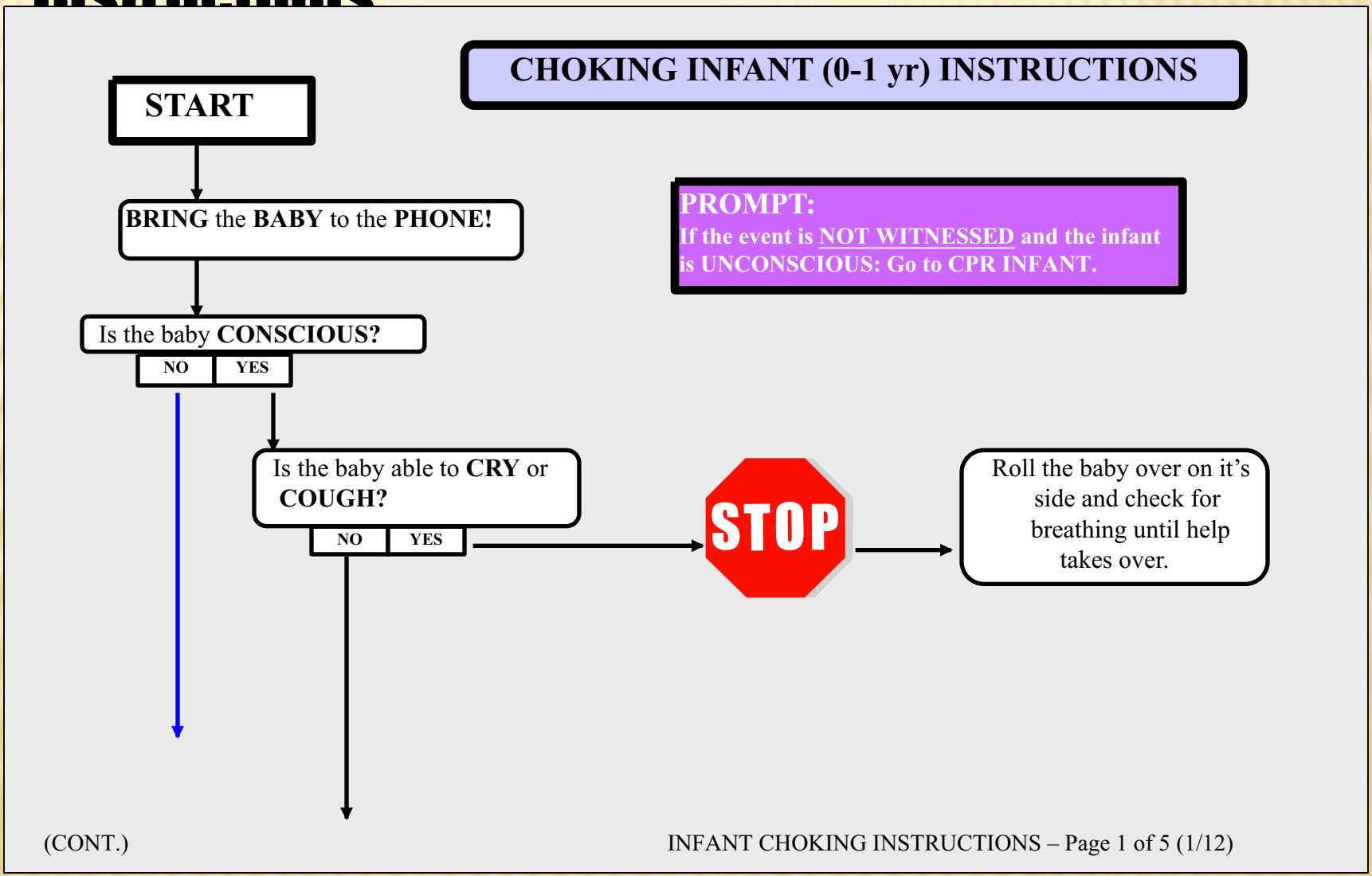
"Completely cover their mouth with your mouth"
"Give TWO BREATHS each lasting 1 second, *then* ***PUMP*** *the* ***CHEST 30 times****."*
"KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts breathing*."*
GO TO

UNCONSCIOUS AIRWAY CONTROL

If an AED becomes available go to

ENTRY POINT FROM CHILD CHOKING

Choking Infant (0-1 yr) Instructions



(CONT.)

Choking Infant (0-1 yr) Instructions

(RESUME)

Conscious Patient Instructions

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

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

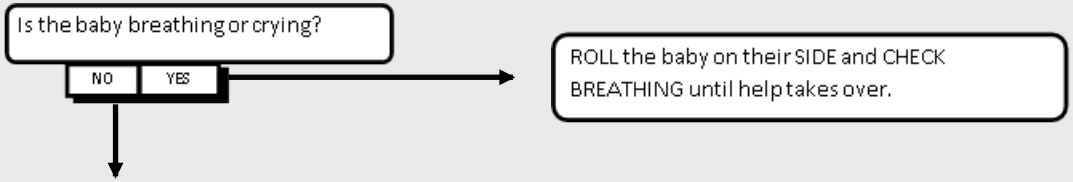
"Continue until Infant can breath, cough or cry. Then monitor consciousness and breathing."

IF INFANT BECOMES UNRESPONSIVE

(CONT.)

Choking Infant (0-1 yr) Instructions

(RESUME)



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

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

(CONT.)

Choking Infant (0-1 yr) Instructions

(BLANK)

Drowning (Possible)

This protocol is intended to be used in those cases of near-drowning incidents.

NOTE:
("drowning" is death due to immersion, whereas "near-drowning" is survival from such an event)

Drowning (Possible)

- If the patient is in cardiac arrest, the EMD should identify the unconsciousness and not breathing status and proceed directly to instructions for CPR.
- In cases of shallow water diving incidents, the presence of a cervical spinal injury must always be assumed as a possibility.
- Care should be taken to not move the patient unless absolutely necessary.

Drowning (Possible)

- In cases of near-drowning, the patient is often found in respiratory arrest only and not in cardiac arrest.
- The EMD must carefully check for breathing prior to initiating CPR.
- Resuscitation efforts should be undertaken with all victims of near-drowning.

Drowning (Possible)

DROWNING (POSSIBLE)

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"Has the patient been removed from the water?"

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

"How long was the patient under water?"

"Is this a scuba diving accident?"

"What was the patient doing before the accident?"

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

VEHICLE IN WATER

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
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)

DROWNING (POSSIBLE) Pre-Arrival Instructions

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

Do not move patient around.

Gather patient medications, if possible.

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

Keep patient warm.

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

Electrocution

- All electrocutions should be considered cardiac arrests until proven otherwise.
- Often falls are associated with electrocutions. Always consider the possibility of a long fall.
- Electrocutions are often associated with internal burns.
- All electrocutions should be considered high level emergencies.

Electrocution

- The primary concern should be gathering information regarding the safety of the scene and protecting the bystanders by advising them to beware of electrical risks and protecting the rescuers by relaying information about scene safety.

Electrocution

ELECTROCUTION

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

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

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

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

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

Electrocution

ELECTROCUTION Pre-Arrival Instructions

Beware of liquid spills or ground moisture that could conduct electricity

Do not touch the patient(s) if they are in contact with the source of electricity.

If it is safe to do so, turn off the power.

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

.

If patient has visible burn injuries go to and determine extent of injuries. BURNS

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

Pregnancy / Childbirth

Pregnancy is a condition, not an illness.

Pregnancy / Childbirth

- Gestation encompasses three trimesters or time periods.
- The first trimester includes months 1, 2 and 3.
- The second trimester includes months 4, 5, and 6.
- The third trimester includes months 7, 8, and 9.

Pregnancy / Childbirth

- As the pregnancy progresses the severity of complications increases for both the mother and the child.

- Bleeding and other complications that occur during the first seven months of the pregnancy usually represent a miscarriage situation.

Pregnancy / Childbirth

- An imminent birth is defined as any prima gravida (1st pregnancy) woman in her third trimester with labor pains less than two minutes apart.
- Any multigravida woman (second + third child) having labor pains less than five minutes apart should be considered an imminent birth as well.

Pregnancy / Childbirth

- An imminent birth situation also exists if any part of the baby is showing or the mother complains that the pains are constant and/or she has the urge to push.

Pregnancy / Childbirth

PREGNANCY / CHILDBIRTH

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

"Is this the first pregnancy"?

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

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

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

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

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

Pregnancy / Childbirth

PREGNANCY / CHILDBIRTH Pre-Arrival Instructions

Have the patient lie down on her left side.

Keep the patient warm.

Watch for the baby's head to show.

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

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

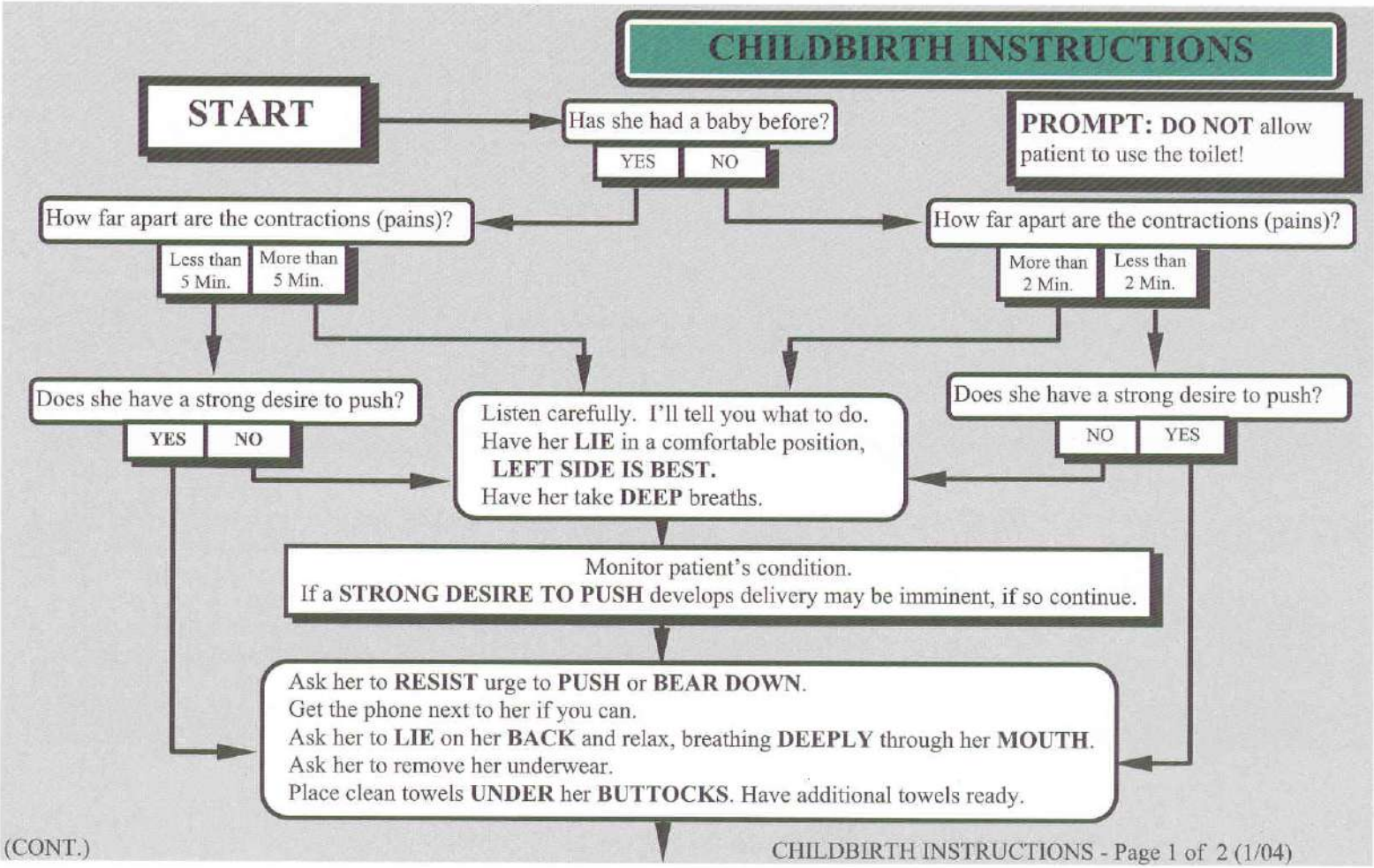
If post delivery:
"Is the baby breathing?"
If NO go to. **INFANT CPR INSTRUCTIONS**

Gather patient medications, if any.

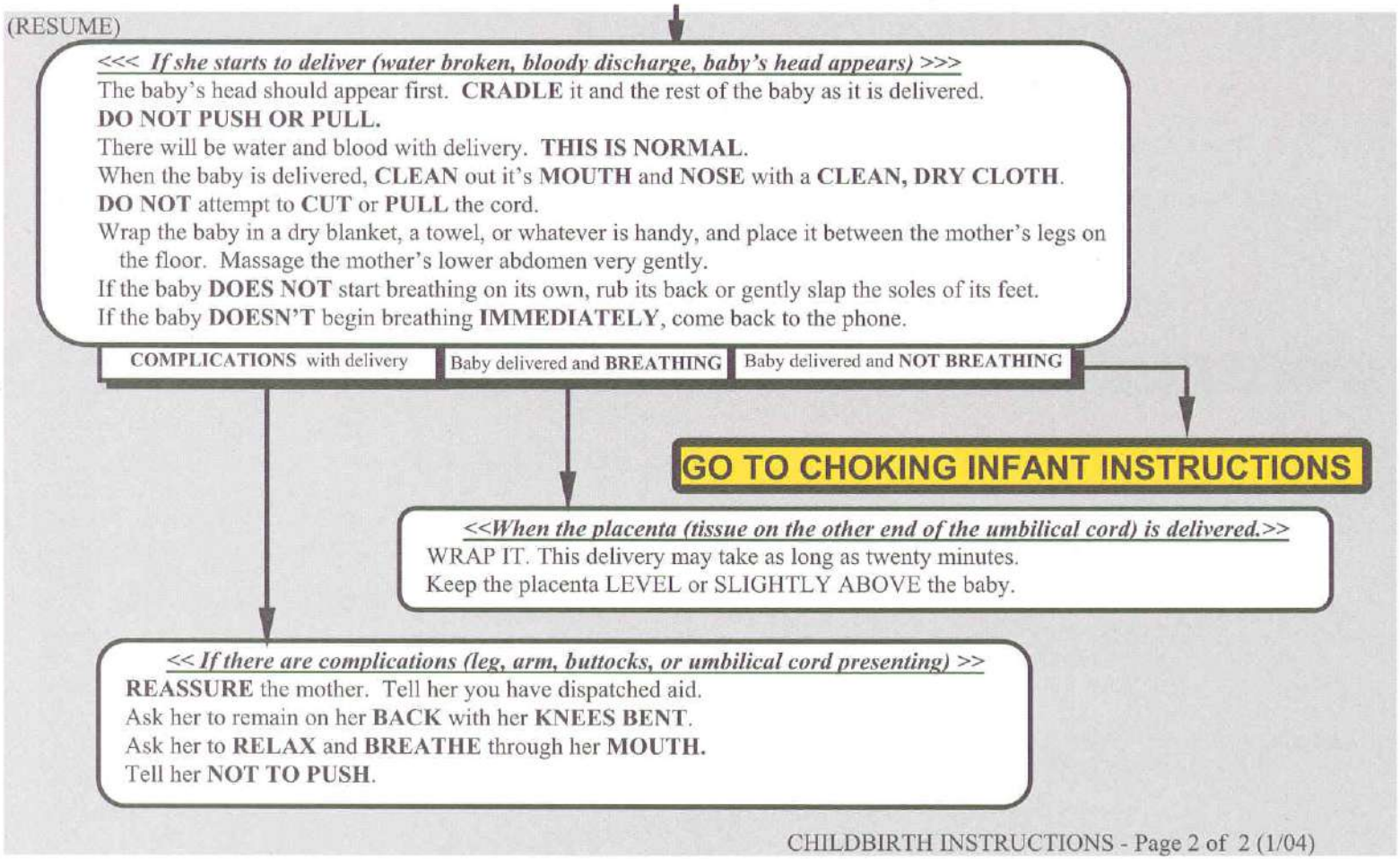
If the patient's condition changes, call me back.

Prompts	Short Report
Imminent delivery (Regular contractions at 1-2 minute intervals and an urge to push or bear down) and **post delivery**, go to **CHILDBIRTH INSTRUCTIONS** **Miscarriage** is defined as the loss of a pregnancy before 20 weeks of gestation. May include bleeding, abdominal cramps, lower back pain and/or discharge of tissue.	

Childbirth Instructions



Childbirth Instructions



Unconscious / Fainting

- Unconsciousness denotes a state of consciousness from which an individual cannot be aroused, even with painful stimulation.

- A fainting episode denotes a situation from which an individual has previously fainted and has now awakened.

Unconscious / Fainting

- Single fainting episodes (such as a syncopal episode where the patient faints and then returns to a normal consciousness level) are not considered generally to be high level emergencies, though you should treat all faintings with respect until you are certain there is no immediate danger.

- Multiple fainting episodes are considered to be more serious.

Unconscious / Fainting

- The primary function of this protocol is to ensure that the patient has an open airway and that it is maintained until help arrives (airway control).
- This protocol should be used when there has been a faint or if the patient is unconscious and the caller does not know why.
- If the patient is an unconscious diabetic, or seizure patient, the EMD should utilize those protocols specifically.

Unconscious / Fainting

UNCONSCIOUS / FAINTING

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

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

"Has the patient taken any alcohol, medication or recreational drugs?"
If YES, go to **OD/POISONING/INGESTIONS**

Fainting

"How does the patient act when they sit up?

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

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

"Does the patient have a medic alert tag?"
If YES, "***What does it say?"***

	SIMULTANEOUS ALS/BLS	BLS DISPATCH
DISPATCH	Unconscious/not breathing normally. Multiple fainting (syncopal) episodes (same day). Confirmed unconscious/unresponsive. Combined drugs and alcohol overdose. Fainting associated with: Headache, Chest pain/discomfort/palpitations, Diabetic, GI/Vaginal Bleeding, Abdominal pain, Sitting/Standing, or continued decreased level of consciousness. Single fainting if over 50 years. Alcohol intoxication, can not be aroused.	Unconscious, but now conscious without critical symptoms. Unconfirmed slumped over wheel. Conscious with minor injuries. Known alcohol intoxication without other drugs, can be aroused. Near Syncope (fainting) without critical criteria.

Unconscious / Fainting

UNCONSCIOUS / FAINTING Pre-Arrival Instructions

Have patient lie down.

If patient is vomiting, lay patient on side.

Monitor patient's breathing.

Do not leave patient, be prepared to do CPR.

Gather patient's medications, if possible.

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

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

Brief generalized seizures may be an indication of cardiac arrest.

Prompts

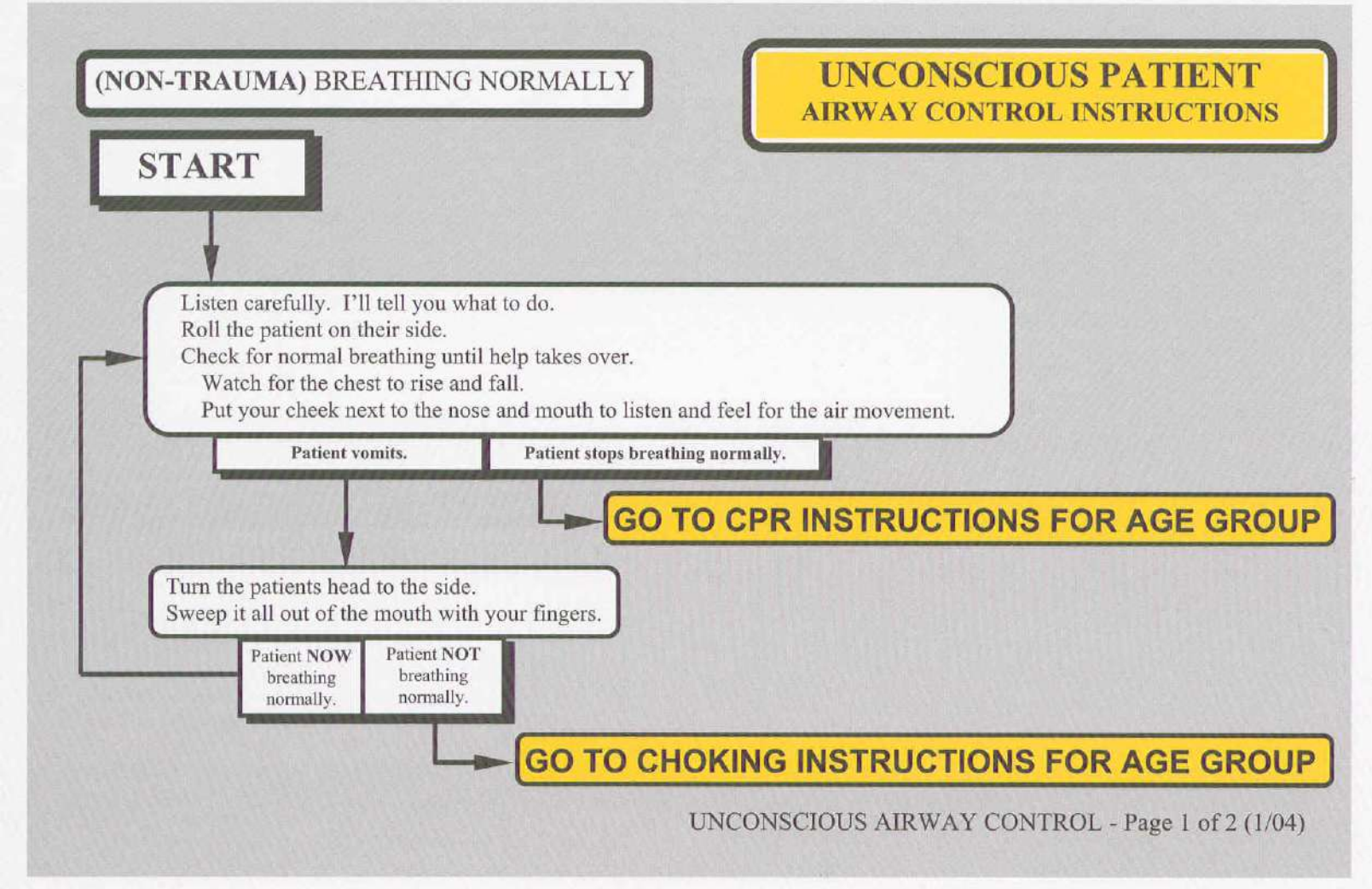
Go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL.

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

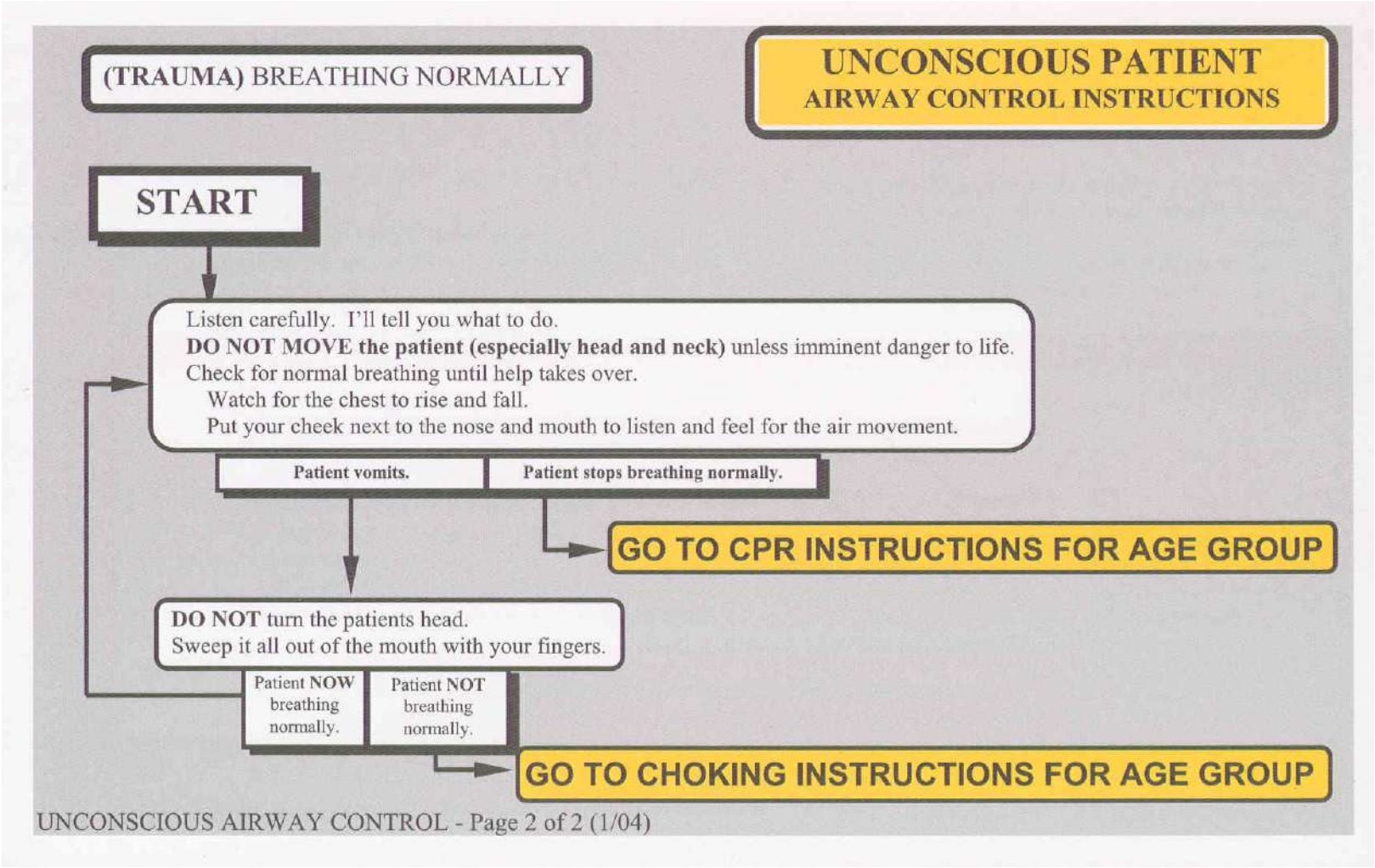
Short Report

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

Unconscious Patient Airway Control (Non-Trauma)



Unconscious Patient Airway Control (Trauma)



Miscellaneous

HAZMAT INCIDENT GUIDE

INFECTIOUS DISEASE

VEHICLE IN WATER

AEROMEDICAL DISPATCH PROCEDURE

Hazmat Incident Guide

- The primary function of this guidecard is to provide the calltaker with a list of information to attempt to gather for an incident involving hazardous materials.
- This guidecard should be used when the calltaker has determined that the caller is in a safe location.
- Do not allow the caller to return to the scene to provide observations or obtain documentation such as MSDS forms.

HazMat Incident Guide

HAZMAY INCIDENT GUIDE

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

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

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

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

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

	EMERGENCY MEDICAL DISPATCH	Hazardous Materials Agency Dispatch
DISPATCH	Refer to the appropriate medical guidecard or follow local protocol for Mass Casualty Incident.	**Notify County and all applicable agencies (NJDEP, Local and/or County OEM, etc.) per local protocol.**

HazMat Incident Guide

HAZMAT INCIDENT GUIDE Pre-Arrival Instructions

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

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

Infectious Disease

- Each year there are alerts issued by health officials of potentially serious diseases that could impact the PSAPs of New Jersey. Most common are the annual “flu” warnings.

- Sometimes these alerts are of a more serious nature.

Infectious Disease

- The "INFECTIOUS DISEASE" card has been introduced to identify patients who may have a communicable disease and to alert the responders of this so that appropriate precautions can be taken to prevent them from contracting the disease.

- This card is not meant to address any specific disease. It may be used as the initial interrogation into a more serious one.

Infectious Disease

- The Key Questions on the INFECTIOUS DISEASE card are general in nature. They do not address any particular disease.

- The signs and symptoms presented by the patient may match those of a current ALERT.

Infectious Disease

- If the Department of Health has identified an infectious disease of serious concern this card will act as a path to changes that will be made in the way patients who meet specific criteria are handled.

- The answers given should be checked against the current ALERT card to see if any match.

Infectious Disease

INFECTIOUS DISEASE

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS

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

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

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

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

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

"Is the patient sensitive to light?"

Check the ALERT Card for current conditions.

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

Infectious Disease

INFECTIOUS DISEASE Pre-Arrival Instructions

Don't allow the patient to move about.

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

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

Nothing to eat or drink.

Gather patient's medications, if possible.

Prompts	Short Report
<u>Advise ALL responding units (including the initiating agency) of the signs and symptoms of patient and the need for P.P.E.</u> Check ALERTS. If patient signs and symptoms match those of current ALERT advise responders and follow any protocols indicated.	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

DRAFT "OUTBREAK CARD"

- If the Department of Health has identified an infectious disease of serious concern they may decide to issue an addition card for a specific "outbreak".

This card will list certain signs and symptoms of the serious health concern.

- A patient that meets these criteria will be handled in a manner that may differ from the normal procedure.

DRAFT "OUTBREAK CARD"

- In the case of the recent Ebola outbreak, plans were made by state, county and local agencies to identify potential or actual patients, which agencies would respond to contact the patient, how these responders were equipped, how the patient would be transported and to which facilities they would be taken.

- An "EBOLA" Guidecards was prepared with these details and held in readiness to be issued if DOH felt the need.

DRAFT- EBOLA

EBOLA

[redacted]

KEY QUESTIONS

"Has the patient recently been in contact with anyone that has these symptoms?'

"Is the patient self-monitoring because they have been exposed to someone with Ebola?'

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

Does the patient have a fever?" If a thermometer is available: ***"What is the temperature?"***

"Is the patient sweating or having chills?"

"Does the patient have pain or aches in the body?"

"Does the patient have a headache?"

"Does the patient have a cough or sore throat?"

"Does the patient have pains in the abdomen?"

"Does the patient have diarrhea or vomiting?"

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

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

DRAFT- EBOLA

EBOLA Pre-Arrival Instructions

Don't allow the patient to move about

Keep the patient isolated. Prevent additional people from close contact

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

Nothing to eat or drink

Gather patient's medication. if possible

Prompts	Short Report
<u>Advise ALL responding units (directly or through their dispatch) of signs and symptoms of patient and the need for P.P.E.</u> **NOTIFY LOCAL HEALTH OFFICER OF ALL PATIENTS MEETING THIS CRITERIA.** **FOLLOW DISPATCH PROTOCOLS ESTABLISHED FOR YOUR AREA**	Age Sex Specific location Chief complaint Pertinent related symptoms Medical/Surgical history, if any Other agencies responding Any dangers to responding units

Vehicle in Water

- While not a common occurrence, there have been enough to indicate adding this card.

- The experts recommend getting the person(s) out of the vehicle as quickly as possible. Preferably, before it sinks.

Vehicle in Water

- Once the vehicle begins to sink it may not be possible to open the doors because of the pressure.
- The occupant(s) will have to wait until the pressure inside the vehicle is equal to the pressure outside. Which means the car is filled with water.
- Also in water deeper that 14 feet the vehicle will probably turn over and land on its roof.

Vehicle in Water

- There is conflicting information on the ability of a cell phone to work underwater.
- If the person(s) is not able to get out of the vehicle it may be necessary to prepare them for a submerged exit.
- Review the need to wait until the vehicle is nearly filled before taking a deep breath, opening the door may need to be done with the feet and legs, and after exiting the vehicle, exhale slowly as they ascend.

Vehicle in Water

VEHICLE IN WATER

State of New Jersey EMD Guidecards Version 02/16

KEY QUESTIONS	***"What kind of water are you in?"*** River, lake or flooded roadway ***"Is the car sinking?"*** ***"Can you open the vehicle doors?"*** If NO ***"Can you open the vehicle windows?"*** If NO go to Pre Arrival Instructions	If the caller is a witness ask if they can relay instructions to occupants of the vehicle. If so go to Pre-Arrival Instructions
	SIMULTANEOUS ALS/BLS	**BLS DISPATCH**
DISPATCH	Vehicle in water sinking, submerged or stuck in fast moving water.	Vehicle in still water, not sinking, water not rising.

Vehicle in Water

VEHICLE IN WATER Pre-Arrival Instructions

Vehicle in still water

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

If unable to wade to shore

"Exit vehicle and go to vehicle roof."

Vehicle in water and sinking

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

Vehicle is under the water

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

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

Aeromedical Dispatch

GUIDELINES TO REQUEST AN ON-SCENE HELICOPTER

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

State of New Jersey EMD Guidecards Version 01/12

ENVIRONMENTAL FACTORS

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

INDICATORS OF SEVERE ANATOMIC OR PHYSIOLOGIC COMPROMISE

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

1-800-332-4356
REMCS (Newark)

ENVIRONMENTAL FACTORS

è The time needed to transport a patient by ground to an appropriate facility poses a threat to the patients survival and recovery.

è Weather, road, and traffic conditions would seriously delay the patient's access to Advanced Life Support (ALS).

è Critical care personnel and equipment are needed to adequately care for the patient during transport.

è Falls of 20 feet or more.

è Motor vehicle accident (MVA) of 20 MPH or more without restraints.

è Compartment intrusion, including roof >12 inches occupant site, >18 inches any site.

è Passenger compartment intrusion.

è Ejection of patient from vehicle.

è Rollover.

è Deformity of a contact point (steering wheel, windshield, dashboard).

è Death of occupant in the same vehicle.

è Pedestrian struck at 20 MPH or more.

INDICATORS OF SEVERE ANATOMIC OR PHYSIOLOGIC COMPROMISE

è Unconsciousness or decreasing level of consciousness.

è Systolic blood pressure less than 90 mmHg.

è Respiratory rate less than 10 per minute or greater than 30 per minute.

è Glasgow Coma Score less than 10.

è Compromised airway.

è Penetrating injury to chest, abdomen, head, neck, or groin.

è Two or more femur or humerus fractures.

è Flail chest.

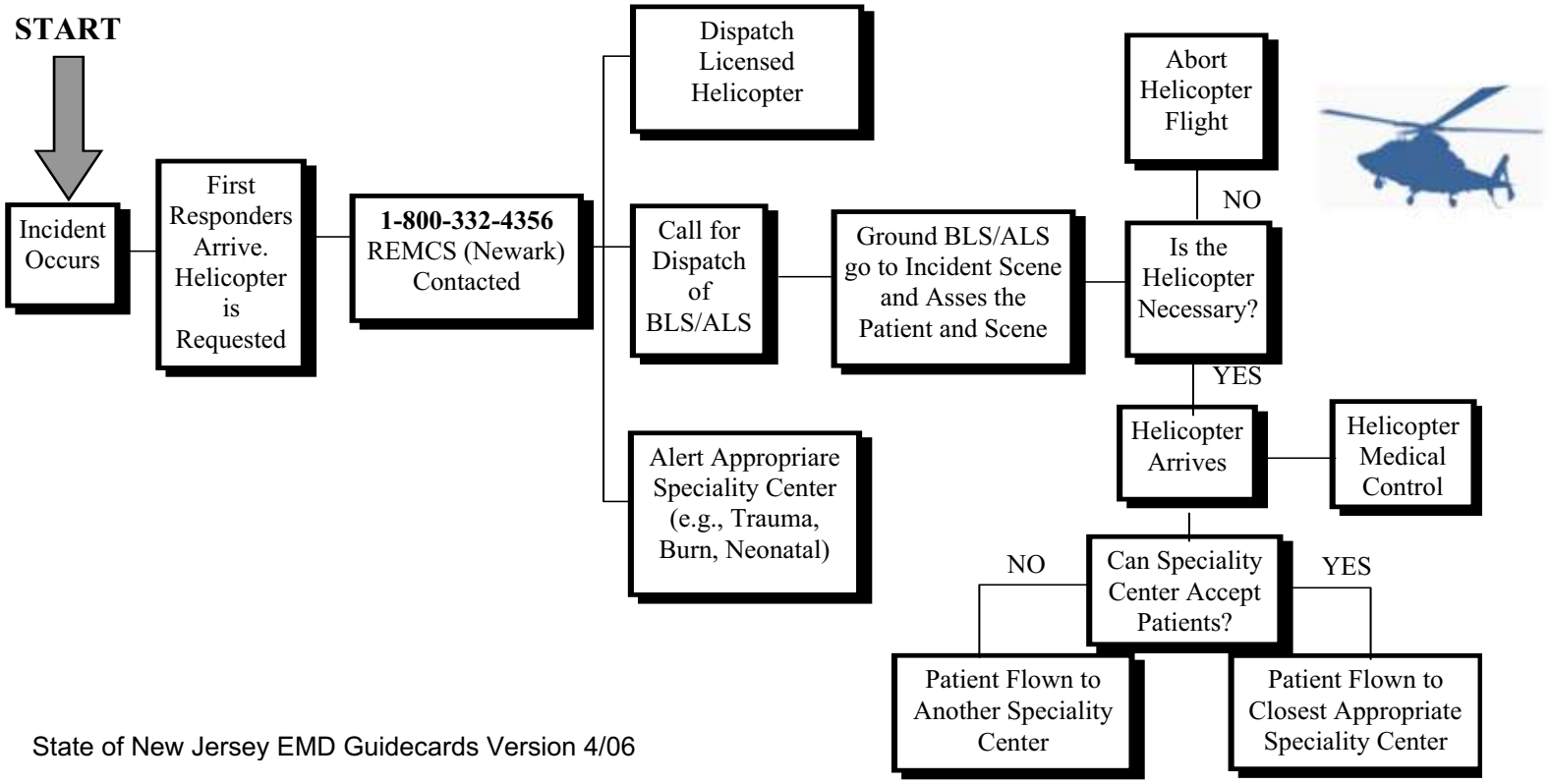
è Amputation of an extremity.

è Paralysis or spinal cord injury.

è Severe burns.

Aeromedical Dispatch

New Jersey Aeromedical Dispatch Procedure

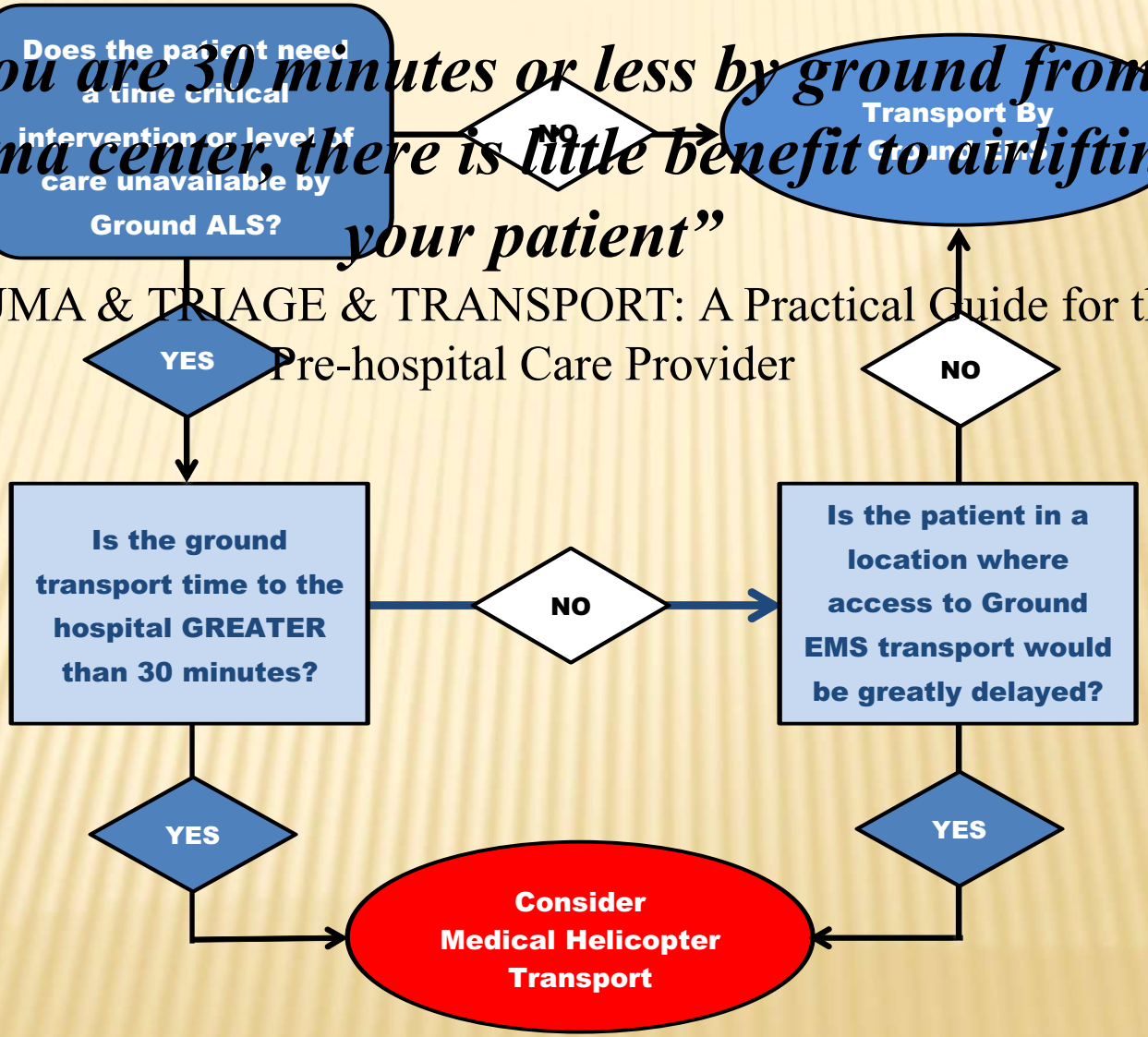


State of New Jersey EMD Guidecards Version 4/06

FLY OR DRIVE?

"If you are 30 minutes or less by ground from a trauma center, there is little benefit to airlifting your patient"

TRAUMA & TRIAGE & TRANSPORT: A Practical Guide for the Pre-hospital Care Provider




Trauma Centers
15 Mile Radius
Cooper Trauma (Camden)
RWJ Trauma (New Brunswick)
UMDNJ Trauma (Newark)
Atlantic City Trauma (Atlantic City)
Capital Health Trauma (Trenton)
Hackensack Trauma (Hackensack)
Jersey City Trauma (Jersey City)
Jersey Shore Trauma (Neptune)
Morristown Memorial Trauma (Morristown)
St. Joseph's Trauma (Paterson)
July 01, 2012
NEW JERSEY
Atlantic Ocean
Trenton
Railroad
0 20 mi
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(805) 685-3100 www.maps.com

Sample Guidecard

State of New Jersey EMD Guidecards Version 1/04

Questions to ask the caller to determine what services need to be dispatched and what pre-arrival instructions are appropriate.

SIMULTANEOUS ALS/BLS	BLS DISPATCH
As soon as one of the key questions meet one of the criteria in this box an immediate ALS and BLS dispatch is warranted.	If no ALS criteria is met a BLS only dispatch is warranted.

Sample Guidecard

Instructions that are given to the caller that can be done prior to the arrival of emergency services. These instructions include basic first aid measures, choking instructions, CPR, and scene safety.	
During the course of interrogating the caller, information may be provided that would suggest another guidecard may be more appropriate than the current one being used. Issues relative to additional or special response necessary or scene safety may be reflected in this area.	Information that should be collected and relayed to responding units to paint a picture of the nature of the call.

The End

RETURN TO MAIN INDEX

START OVER

END SHOW