

Flipchart Update Review

**Attached is a preview of the recently updated,
Will County 9-1-1 Flipcharts**

They have been approved by Dr. Dave at Silver Cross and are tentatively scheduled to go into effect June 1st. Watch for correspondence from Will County 9-1-1 for the official start date and updated materials to arrive at your center.

Please look these over and become familiar with the new questions, instructions, tabs and flow of information, prior to the change. This review and study guide will cover the main changes. Anything that is new will be highlighted in this word document. Changes were made based on your suggestions and updates in the National Standards. When the hard copies arrive, review the tab changes and navigate the new electronic versions prior to using.

EMD Protocols

To Select...Click on the Protocol Topic

All Caller Interrogation

Abdominal Pain/Injury

Allergic Reaction/Stings/Hives

Animal Bites/Attacks

Back Pain

Bleeding/Hemorrhage

Burns

Chest Pain

Choking – Adult/Child (Age 1 & Up) – Conscious

Choking – Infant (Age 0 – 1 Year) – Conscious

Cold Exposure

CPR – Adult/Child (Age 1 & Up)

CPR – Infant (Age 0 – 1 Year)

CPR – Laryngectomy/Tracheostomy Notes

Diabetic Problem

DIB – Difficulty in Breathing

Drowning

Drug Overdose/Poisoning

Electrical Shock/Electrocution

Eye Injuries

Falls/Traumatic Back Pain

Fractures/Broken Bones

Gunshots/Stabbings

Headaches

Heat Exposure/Injuries

Industrial/Machinery Accidents

Pregnancy/Childbirth/Miscarriage

Psychiatric/Behavioral Problems

Seizure/Convulsion

Sexual Assault/Rape

Sick Person/Non-Specific Illness

Stroke/CVA/Brain Attack

Suicide

Traffic Accident

Traumatic Injuries

Unconscious/Fainting

Unknown Problem/Man Down

Note the name changes of some chief complaints

ALL CALLER INTERROGATION

REPORT TO MEDICAL CREW

1. Where is your emergency?
2. What exactly is your emergency?
3. What is your telephone number?
4. Is the patient breathing?
NO? - Determine age and go to
CPR protocol (per age)
5. Is the patient awake and talking to you?
6. How old is the patient?
7. Is the patient male or female?
8. Does the patient have any:
 - a. Medical problems you are aware of?
 - b. Medications that they take regularly?
 - o YES? Are they current on their meds?
 - Advise patient to take all meds as instructed by their physician
 - c. Medic Alert tags visible?

Chief Complaint
Age
Sex
Pertinent related symptoms
Medical/surgical history, if possible
Dangers to responders, if present

ASSURE CALLER THAT HELP HAS BEEN NOTIFIED AND GO TO THE APPROPRIATE PROTOCOL CARD

This page was reworked. Victim has been replaced by patient, questions have been reworked and new questions added. #2 Should identify any scene situations or safety issues. #8 would apply to all Chief Complaint instructions. This page was reworked to eliminate repetition of questions in the key question section of the individual chief complaints.

ABDOMINAL PAIN/INJURY

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Is the pain above or below the belly button? <ul style="list-style-type: none"> • If above the belly button, any chest pain? <ul style="list-style-type: none"> ◦ YES? Go to CHEST PAIN protocol 2. Has the patient fainted? <ul style="list-style-type: none"> • YES? Go to UNCONCIOUS/FAINTING protocol 3. How long have they been in pain? <ul style="list-style-type: none"> • Type of pain? <ul style="list-style-type: none"> ◦ Intensity (on scale of 1-10) <ul style="list-style-type: none"> • Continuous? 4. If female, is pregnancy or labor possible? <ul style="list-style-type: none"> • Yes? Go to PREGNANCY protocol 	<ol style="list-style-type: none"> 1. Let patient assume a position of comfort 2. If vomiting or nausea is present, turn on side 3. Give nothing by mouth 4. Keep the patient calm 5. Loosen any tight or constrictive clothing 6. Call back if condition worsens prior to the arrival of Medical personnel

ADDITIONAL INFORMATION	
<p style="text-align: center;"><u>INQUIRE OF CALLER</u></p> <ol style="list-style-type: none"> 1. Any recent surgeries? <ul style="list-style-type: none"> • Yes? <ul style="list-style-type: none"> ◦ Type of Surgery ◦ When 2. Vomiting? <ul style="list-style-type: none"> Yes? <ul style="list-style-type: none"> ◦ Frequency ◦ Color 3. Stools? Dark or Bloody? 4. Urine? Any blood in urine? 	<p style="text-align: center;"><u>USEFUL INFORMATION</u></p> <p>POSSIBLE CAUSES:</p> <ul style="list-style-type: none"> Gastroenteritis Appendicitis Pelvic Inflammatory Disease Ectopic Pregnancy Bowel obstruction Ulcer, gastritis Kidney Stones Abdominal Aortic Aneurysm

ALLERGIC REACTIONS/STINGS/HIVES

KEY QUESTIONS

1. Is patient responding normally?
2. Is patient having difficulty breathing or swallowing?
 - YES? Notify responders
3. Does patient have a history of allergic reactions?
4. Does patient have or take allergy medication?
 - Yes?
 - Oral? When did they last take it?
 - Does patient have an Epi-pen?
 - YES?
 - Follow Doctor's instructions on use
 - Notify responders if used

PRE-ARRIVAL INSTRUCTIONS

1. Do not give anything by mouth
2. Call back if patient's condition worsens prior to the arrival of medical personnel
3. On insect stings, if stinger is still present, gently scrape off of skin and clean area with soap and water.
DO NOT USE TWEEZERS!

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. Has patient had any allergic reactions in the past?
 - Food? Recently eaten?
 - Animal bite or sting? Any recent?
 - Drugs? Any recent medication ingestion or injection?
2. Any swelling noted in any specific area?
3. Any swelling noted in the throat or airway?

USEFUL INFORMATION

ALLERGY SYMPTOMS:

Itching
 Rashes, welts, hives
 Bluish skin color (cyanosis)
 Difficulty breathing
 Abdominal pain
 Anaphylactic Shock

Common allergies of significance:

Penicillin (especially injections)
 Bee, Wasp or hornet stings
 Seafood (Shrimp, Crab, Lobster), Nuts

ANIMAL BITES/ATTACKS

KEY QUESTIONS

1. Where is the animal now?
2. Any serious bleeding?
YES? Go to BLEEDING protocol
3. What body part was bitten?

PRE-ARRIVAL INSTRUCTIONS

1. Isolate patient from animal, if safe to do so
2. Call back if the condition worsens prior to the arrival of medical personnel
3. Advise responders if risk from animal(s) still exist

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. What type of animal was involved?

Order and wording was changed for questions on this page

USEFUL INFORMATION

Animal bites, except in rare instances, are not life-threatening emergencies.

BACK PAIN – NON TRAUMATIC

KEY QUESTIONS

1. When did the pain start?
2. Describe the pain, (Type and Location)
3. Was there any related injury causing the pain?
YES? - Go to specific protocol
4. Does the patient have a fever?

PRE-ARRIVAL INSTRUCTIONS

1. Keep the patient comfortable
2. Monitor patient for any breathing problems
3. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

NON-TRAUMATIC INJURIES

Kidney Stones

Kidney Infection

Ruptured Abdominal Aneurysm (tearing, intense pain)

TRAUMATIC INJURIES

Fractured Spine

Fractured Ribs

Sprained Back

BLEEDING/HEMORRHAGE

KEY QUESTIONS

1. What part of the patient's body is bleeding?
2. Does the patient have any known bleeding disorder or take any bleeding related meds?
3. Any spurting or flowing blood?
 - o YES? – Advise Responders

PRE-ARRIVAL INSTRUCTIONS

1. Cover the bleeding area with a clean cloth and apply direct pressure. If bleeding saturates cloth, do NOT remove, apply additional cloths
2. If the bleeding area is an arm or leg - elevate the limb unless possibility of fracture exists
3. Lay the patient down with both legs elevated, if there is no threat of spinal injury
4. Call back if the patient's condition worsens prior to the arrival of medical personnel

NOSEBLEEDS

1. Have the patient sit up and bend forward
2. Pinch the nostrils tightly below the nasal bone, continue pinching until ambulance arrives
3. Monitor patient's breathing
4. Apply ice to bridge of nose or back of neck to help control or slow down bleeding.

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

Tourniquets are not advised to control bleeding. DO NOT apply a tourniquet, however, if already in place, do not remove.

Vomiting or passing blood in the stools is a sign of Gastro-intestinal bleeding

NOTE: Patient may become nauseous or vomit from nose bleeds

CHEST PAIN

KEY QUESTIONS

1. Can the patient describe the pain?
 - o Sharp? Dull?
 - o Are they having pain anywhere else?
2. Does the patient have a history of heart related problems?
3. Does the patient take any regular medications?
YES? - What medications and dosages
4. Is the patient's color changing?
5. Is the patient sweating? Clammy?
6. Is there aspirin available? If so,
 - Has patient had an allergic reaction to Aspirin in the past?
 - Any history of ulcers or intestinal bleeds in the past 24 hours?
 - If NO, proceed to pre-arrival instructions

PRE-ARRIVAL INSTRUCTIONS

1. Calm and reassure the patient
2. Loosen any tight clothing
3. If pain appears to be cardiac in nature and patient is alert, able to follow commands and there are no contraindications, proceed with Aspirin administration:
 - a. Direct patient to chew one (1) regular aspirin or four (4) low-dose baby aspirin
 - b. If unable to chew, direct them to put aspirin under their tongue to dissolve aspirin
 - c. If patient requests water to dissolve, allow only a mouthful of water, no more
4. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

All chest pain should be taken seriously and considered a heart attack unless determined otherwise.

If patient has already taken aspirin or routinely takes aspirin, it is okay to advise them to take the additional dispatch-recommended dose.

Aspirin containing medications:

Alka-Seltzer	Aspergum	Ecotrin
Anacin	Bufferin	Excedrin
Bayer	Doan's Pills	St. Joseph

CHOKING – ADULT/CHILD (Ages 1 and up) (CONSCIOUS)

1. Ask the patient if they are choking
 - o YES – Proceed to step 2
 - o NO - Go to **DIB (Difficulty in Breathing)** Protocol
2. Is the patient able to talk? Cough? Breathe?
 - YES – Stop and do no more. Place patient in a position of comfort and wait for responders.
 - NO -
 - o Stand behind the patient
 - o Wrap your arms around the **patient's waist** (See **NOTE** below)
 - o Make a fist with one hand and place it against the stomach, slightly above the belly button, but below the ribs
 - o Grasp your fist with your other hand
 - o Press into the stomach with quick, upward thrusts (abdominal thrusts)
 - o Repeat the thrusts until the item causing the obstruction is expelled or **patient** becomes unconscious (**If the patient becomes UNCONSCIOUS, go to ADULT/CHILD CPR protocol**)

NOTE: If the patient is obese or in the late stages of pregnancy, chest thrusts on the center of the chest between the nipples should be substituted for abdominal thrusts.

CHOKING – INFANT (0-1 YEARS OF AGE) – (CONSCIOUS)

1. Is patient able to cry, cough, or breathe?
 - YES? - Stop and do no more, monitor breathing until ambulance arrives.
 - NO? - Proceed to step 2
2. I am going to give you instructions to help the baby:
 - Turn the infant face down so that it lies along your forearm
 - Rest your forearm on your thigh and support the infant's jaw in your hand.
 - Tilt the infant with the head slightly down
 - Give up to five (5) back slaps with the heel of your free hand right between the infant's shoulder blades
 - If the object does not come out after five (5) back slaps, turn the infant onto its back on a hard surface
 - Move or open the clothes from the front of the chest, only if you can do so quickly
 - Give up to five (5) chest thrusts using 2 fingers of your free hand to push on the breastbone in the same place you would push for CPR compressions
 - Alternate between giving five (5) back slaps and five (5) chest thrusts until the object comes out and the infant can breathe, cough or cry, or until the infant stops responding.
 - Is the infant awake and breathing?
 - NO? - Go to **INFANT CPR**
 - YES? -
 - Open infant's mouth and, if you see anything, try to sweep it out with your finger
 - Do NOT push the object down the infant's throat
 - Roll the infant on its side and monitor breathing until the ambulance crew arrives

COLD EXPOSURE/INJURIES

KEY QUESTIONS

1. Is the patient still exposed to the cold?
2. How long was the patient exposed?
3. Are any areas of the patient's body discolored?

PRE-ARRIVAL INSTRUCTIONS

1. Take patient to a warm area
2. Remove all wet clothing
3. Cover patient with warm blankets keeping extremities close to the body and head covered
4. Do **not** apply hot water bottles or heating pads
5. Do **not** rub affected parts to warm.
6. Do **not** allow patient to walk on affected parts
7. Do **not** allow patient to have anything by mouth
8. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. Any drugs/alcohol prior to exposure?

USEFUL INFORMATION

Affected areas/extremities may be discolored, blistered or hard to the touch and sensitive

CPR PROTOCOL – ADULT/CHILD (Ages 1 and up)

- Does anyone there know CPR? (*Trained bystander may still need instructions*)
- Get the phone next to the patient if possible
- Listen carefully, **I will tell you what to do**
- Get the patient flat on their back on the floor if there is no breathing or only gasping
- **Move or remove clothing from patient's chest**
- Kneel by their side
- **Put the heel of your hand on the center of the patient's chest on the breastbone, right between the nipples**
- **Put your other hand on top of that hand**
- Push down firmly only on the heels of your hands about two **(2) inches** deep
- Do this thirty (30) times, **push hard and fast** (Count 1, 2, 3, 4 . . . 30)
- **Put one hand on the patient's forehead and the other under the chin, lift the chin so the head tilts back. (Put the hand that's closest to the head on the forehead and use your other hand to tilt the head up and back.) Patients with laryngectomy or tracheostomy will require rescue breaths to be delivered mouth to stoma. For these patients, do NOT tilt the head back; keep the head in a straight line.**
- Pinch the nose closed

CPR PROTOCOL – ADULT/CHILD (Ages 1 and up) - Continued

- Completely cover the patient's mouth with your mouth and blow two (2) breaths of air into the lungs - Just like you were blowing up a balloon. If patient has a stoma, breaths must be directed into the stoma by pinching nose, covering mouth and breathing directly into stoma, keeping head in a straight line.
 - Make sure the chest rises
 - Did the chest rise?
 - YES? - Continue, resuming with another 30 chest compressions
 - NO? - Try that again
 - Pinch the nose
 - Lift the chin so the head tilts back
 - Completely cover the patient's mouth with your mouth
 - Breathe two (2) breaths of air into their lungs and watch for chest rising
- Is the patient moving or breathing?
 - YES? - Roll the patient on their side and monitor breathing until the ambulance arrives
 - NO? - Listen carefully. I will tell you what to do next
 - Continue with 30 compressions (Push hard and fast) then
 - Continue with two (2) breaths
 - Continue alternating compressions and breaths until the patient starts breathing on their own or until the ambulance arrives
- I will stay on the phone with you

NOTE: If the patient was choking or their chest was not rising with breaths, check the mouth between compressions and breaths for any objects or vomit. Sweep out any visible objects with your finger if you can. Continue with CPR steps if patient is still not breathing.

CPR PROTOCOL – INFANT (0-1 YEARS)

- Does anyone there know infant CPR? (*Trained bystander may still need instructions*)
- Get the phone next to the infant, if possible
- Listen carefully, I will tell you what to do
- Get the infant flat on their back on a hard surface (a table or countertop)
- Move or remove clothing from the baby's chest
- Position yourself by the baby's side
 - Is the baby moving or breathing?
 - YES? – Roll the baby onto their side and monitor their breathing until medical help arrives
 - NO? - Listen carefully and I will tell you what to do
 - Put your first and middle fingers on the center of the baby's chest, right between the nipples
 - Press down 1 ½ inches (at least 1/3 of the chest diameter)
 - Do this thirty (30) times, push hard and fast (Count 1,2,3,4, 30)
 - Next lift the chin slightly, making sure the neck remains LEVEL
 - Completely cover the baby's nose and mouth with your mouth and blow two (2) small breaths of air into their lungs
 - Make sure the chest rises
 - Did the chest rise?
 - YES? – Continue with 30 compressions again
 - NO? - Slightly re-tilt the baby's head back and completely cover the baby's nose and mouth with your mouth and blow two (2) small breaths of air into their lungs
 - Continue with 30 chest compressions and 2 breaths (alternating)
 - Continue to do this until medical help arrives, I will stay on the line with you

NOTE: If infant was choking or chest was not rising with breaths, check the mouth between compressions and breaths for any objects or vomit. Sweep out any objects you can see in the baby's mouth with your finger. Continue with CPR steps if baby is still not breathing.

- LARYNGECTOMY - Patients who have this condition have a permanent opening at the base of the neck called a stoma. The stoma connects the trachea (airway) to the outside of the neck. Patients will have no air flow from the mouth and nose. Rescuers will not be able to provide mouth to mouth breathing. Rescuers will need to provide mouth to stoma breathing.
- PARTIAL LARYNGECTOMY - Different from a laryngectomy because patient can have airflow from the nose and mouth. When providing mouth to stoma breathing, the rescuer will need to cover the patient's nose and mouth with one hand.
- TRACHEOSTOMY - An artificial opening into the trachea (airway) through the neck. There can be some airflow from the mouth and nose in these patients. When providing mouth to stoma breathing, the rescuer will need to cover the patient's nose and mouth with one hand.

NOTE: The method of ventilation in all of these patients is **direct mouth to stoma**. INSTRUCT THE CALLER **NOT** TO TILT THE PATIENT'S HEAD BACK, INSTEAD, KEEP THE HEAD IN A STRAIGHT LINE.

DIABETIC PROBLEMS

KEY QUESTIONS

1. Is the patient a known diabetic?
 - YES? - Does the patient take insulin?
 - When was it last taken?
2. When did the patient last eat?
3. Is the patient combative?
 - YES? - Dispatch Police to the scene
4. Is the patient able to follow instructions and swallow?
 - YES? - Give patient juice, candy, pop or some form of sugar

PRE-ARRIVAL INSTRUCTIONS

1. Ensure breathing, if none; go to **CPR** Protocol per age
2. Place patient in a position of comfort
3. Gather the patient's medications for responders
4. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. Does patient test their sugar levels?
 - When was it last checked?
 - What was the reading?
2. Has patient had recent illness, change in activity level or medication changes?

USEFUL INFORMATION

INSULIN SHOCK/Low Blood Sugar: (RAPID ONSET)
Too much insulin has depleted the body's available blood sugar. Serious if patient is not alert

DIABETIC COMA/High Blood Sugar: (GRADUAL ONSET)
Unconsciousness or decreased level of consciousness secondary to body's inability to use available blood sugar when sufficient insulin is not given.

Normal Blood Glucose Levels at 80-120 mg/dL
LEVEL OF CONSCIOUSNESS IS THE KEY

DIB – DIFFICULTY IN BREATHING

KEY QUESTIONS

1. Is patient changing color?
2. Can patient speak?
 - YES? – Proceed to next step.
 - NO? – Go to **CHOKING** protocol
3. Is patient wheezing or making other noises when breathing?
4. Does patient have any known allergies?
 - YES? – Go to **ALLERGIC REACTION** protocol
5. Is the patient making gurgling or snoring sounds?
 - YES? – Turn patient on their side
6. Is the patient experiencing any chest pains?
 - YES? – Go to **CHEST PAIN** protocol

PRE-ARRIVAL INSTRUCTIONS

1. Have the patient assume a position of comfort
2. Loosen any tight clothing
3. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. When did this start?
2. Has this happened before?
3. Does the patient have any chest pain?
 - YES? - Go to **CHEST PAIN** protocol

USEFUL INFORMATION

PRIMARY BREATHING DIFFICULTY

Asthma
Emphysema (COPD)
Congestive Heart Failure (CHF)
Acute Pulmonary Edema
Pulmonary Embolus (Blood Clot)

SECONDARY BREATHING DIFFICULTY

Hyperventilation Syndrome
Stroke (CVA) – Brain Attack
Diabetic Ketoacidosis
Seizure (EPILEPSY OR FEBRILE)
Cardiac CPR

DROWNING

KEY QUESTIONS

1. Is the patient out of the water?
 - YES? - See **Out of Water** Pre-Arrival protocol →
 - NO? - See **In-Water** Pre-Arrival protocol →
2. How long was the patient in the water?
3. If patient is **NOT** conscious and breathing, Go to **CPR** protocol (per age)
4. Are there any obvious injuries?
 - YES? - Go to **TRAUMATIC INJURIES** protocol
5. Are there any additional injuries?
 - YES? - Go to **PROTOCOL** specific to injury

PRE-ARRIVAL INSTRUCTIONS

IF THE PATIENT IS OUT OF THE WATER:

1. Keep the patient still
2. Check breathing, if none, go to **CPR** protocol
3. If breathing and alert, monitor breathing and keep patient calm and warm

IF THE PATIENT IS IN THE WATER:

1. If **safe to do so**, enter water to access patient
2. If alert and breathing, support the patient in the water and wait until medical personnel arrive
3. **If unconscious and face-down, carefully roll patient over**
4. If alert and struggling, throw flotation device/rope

UNCONSCIOUS:

1. Do not move the spine, if possible
2. **Keep patient warm**
3. **If unconscious and face-down, carefully roll patient over**
4. Support in the water and wait for arrival of medical personnel
5. **Rescue breaths may be administered at a rate of 1 every 5 seconds by pinching the nose and covering patient's mouth**
6. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

Patient may vomit **while expelling fluid**

DRUG OVERDOSE/POISONING

KEY QUESTIONS

1. What did the patient ingest?
 - How much did they take?
 - When did they take it?
2. Did the patient vomit?
 - YES? - Did it include any of the ingested substance?
3. Is the patient violent or acting strangely?
4. Does patient have a history of drug use?
5. Could this possibly be a suicide attempt?

PRE-ARRIVAL INSTRUCTIONS

1. Notify police to respond
2. If patient vomits, turn patient onto their side
3. Keep the patient calm
4. Do not leave patient alone
5. Save all medicine or other containers for medical personnel
6. Call back if patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

If patient vomits, contents of vomit may be useful

Contact Poison Control for additional information
(800) 222-1222

ELECTRICAL SHOCK/ELECTROCUTION

KEY QUESTIONS

1. Is patient still in contact with the electricity?
 - YES?
 - What is the source of the electricity?
 - Can you safely access the source to disable it? (*See note)
 - YES? - Do so
 - NO? - Proceed to next step
2. Once source is disabled, re-assess the patient.
3. Is the patient now conscious and breathing?
 - YES - Proceed to next step
 - NO? - Go to CPR protocol (per age)
4. Are there any obvious injuries?
 - YES? - Go to TRAUMATIC INJURY protocol

PRE-ARRIVAL INSTRUCTIONS

1. Do not touch the patient until they have been removed from the electrical source or until safe to do so.
2. Monitor patient's breathing and pulse
3. Do NOT approach downed power lines
4. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

*Note: Standing water or metal near the patient poses a risk to responders. Do not attempt rescue until risk is eliminated.

Assume cardiac CPR unless consciousness and breathing have been verified

There may be hidden wounds (EXIT/INTERNAL)

Once patient has been removed from source, they can safely be touched

Protection of rescuers and bystanders is a primary concern

EYE INJURIES

KEY QUESTIONS

1. What caused the injury?
 - o Chemical? (Determine type and name)
 - o Foreign object?
 - o Impaled object? DO NOT REMOVE
2. Is the injured eye leaking fluid?

PRE-ARRIVAL INSTRUCTIONS

1. If this is a chemical burn, remove contacts and flush with water until medical personnel arrive
2. If the eye is cut or is leaking fluid, do NOT flush with water or put pressure on eye or bandage eye
3. Keep the patient calm
4. Impaled objects must be left in place and stabilized to avoid further injury.
5. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

For Chemical Injuries refer to the ERG Guide or container for further instructions

If possible, instruct patient to close both eyes to minimize movement and possible further damage

FALLS/TRAUMATIC BACK PAIN

KEY QUESTIONS

1. What caused the fall?
2. How far did they fall?
3. Did the patient ever lose consciousness or hit their head?
4. What did they land on?
5. Are there any obvious injuries?
 - YES? - Go to **PROTOCOL** specific to injury
6. Is there any uncontrolled bleeding?
 - Yes? - Go to **BLEEDING** protocol

PRE-ARRIVAL INSTRUCTIONS

1. Do **not** move the patient, keep head and neck stable
2. Keep the patient calm
3. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

Consider that the patient's fall may be the result of a medical problem, such as fainting, electrocution, etc.

Falls greater than the person's height are considered **LONG** falls and are potentially more serious

FRACTURES/BROKEN BONES

KEY QUESTIONS

1. Where is the injury or injuries?
2. How did the injury occur?
3. Is there an open wound?
 - YES? - Go to **BLEEDING** Protocol

PRE-ARRIVAL INSTRUCTIONS

1. Do **not** move the patient unless in immediate danger
2. Do not handle or attempt to straighten fracture
3. Keep limb supported
4. Keep the patient comfortable, preserve body heat and wait for medical personnel to arrive
5. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. Any other known or suspected injuries?
2. Did the patient ever lose consciousness?
3. Any complaints of neck/back pain, numbness or tingling?

USEFUL INFORMATION

Fractures, as a general rule, are not life threatening

If combined with or causing other problems, they can be serious and require immediate attention

GUNSHOT/STABBING

KEY QUESTIONS

1. Where is the patient injured?
2. Is there any severe bleeding?
 - YES? - Go to **BLEEDING** protocol

PRE-ARRIVAL INSTRUCTIONS

1. **Notify police to respond**
2. **Advise all** to remain in a safe place if the assailant is near
3. Do not remove any penetrating objects
4. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. What weapons were involved?
2. Where is the weapon now?
3. Is the assailant nearby?
4. Describe the assailant, assailant's vehicle, direction of travel, etc.

USEFUL INFORMATION

The safety of the patient, bystanders and responders is a high priority.

HEADACHES

KEY QUESTIONS

1. Was there recent trauma to the patient?
2. Was the onset of the headache sudden?
3. Is the patient's speech, coordination or vision affected?
 - YES? - Go to **STROKE** protocol
4. Is there any weakness or numbness in the patient's arms, legs or face?
 - YES? Go to **STROKE** protocol

PRE-ARRIVAL INSTRUCTIONS

1. Keep the patient calm
2. Place the patient in a position of comfort
3. Monitor patient for vomiting or seizures
4. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

TYPES OF HEADACHES

Tension
Sinus
Migraine
Cluster
Meningitis

Changes in alertness, speech and motor functions all reflect more serious conditions regarding headaches as the initial complaint.

Sudden, severe onset may suggest a more serious underlying cause, like a brain bleed.

HEAT EXPOSURE/INJURIES

KEY QUESTIONS

1. How long was the patient exposed?
2. Was the onset of symptoms sudden?
3. Is the patient exhibiting any unusual behavior?
4. Is the patient complaining of cramps, nausea or are they vomiting?
5. Is the patient's skin hot, dry and flushed?
 - o YES?See HEAT STROKE in Pre-Arrival Instructions →

PRE-ARRIVAL INSTRUCTIONS

HEAT EXHAUSTION

1. Move patient to a cool, well-ventilated area
2. Remove the patient's outermost clothing
3. Sponge patient with cool water to lower body temperature or fan patient to cool them
4. Keep the patient calm, do not allow them to move around
5. If patient is able to swallow, and not nauseated, give water slowly
6. Call back if patient's condition worsens prior to the arrival of medical personnel

HEAT STROKE is potentially life threatening and defined as someone with hot, dry, flushed skin. They are no longer sweating and are unable to cool themselves. The patient of heat stroke should be cooled RAPIDLY by placing ice packs behind the neck, under armpits and in the groin area. If patient begins to shiver, remove ice packs.

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

INDUSTRIAL/MACHINERY ACCIDENTS

KEY QUESTIONS

1. Is the patient trapped in a machine?
 - YES?
 - What type of machine?
 - Where is machine located?
 - Where within the machine is the patient?
2. Is the machine still running?
 - YES? Can someone turn off the machine?
3. What type of injuries did the patient sustain?
 - Go to **TRAUMATIC INJURIES** protocol
6. Is the patient bleeding?
 - YES? - Go to **BLEEDING** protocol

PRE-ARRIVAL INSTRUCTIONS

1. Stay with the patient
2. Do **NOT** attempt to remove patient from machine
3. Control bleeding by direct pressure, if accessible
4. If amputation, locate body parts for responders and wrap them in clean cloth or plastic bag
5. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

PREGNANCY/CHILDBIRTH/MISCARRIAGE

KEY QUESTIONS

1. How many months pregnant is the mother?
 - How many previous births?
2. Is there any bleeding or cramping?
 - Has any tissue passed?
3. How many minutes apart are the pains?
 - Any signs of imminent birth?
 - Contractions less than 3 minutes apart
 - Feeling the need to push or have bowel movement
 - Infant's head or other body part visible
 - If any of these conditions is present, Proceed to **PRE-ARRIVAL CHILDBIRTH Instructions**
4. Has the mother had any pregnancy or childbirth complications?
5. Did the doctor indicate if the infant was in the right position?
6. Has the bag of waters broken?
 - YES? – Color? – Any odor?
 - **NOTIFY RESPONDERS**
7. If the infant has already been born:
Go to **AFTER THE DELIVERY** protocol

PRE-ARRIVAL CHILDBIRTH INSTRUCTIONS

- Do not leave mother or infant unattended
- Send someone to get clean towels, blankets and a cord or clean shoestring
- Do **NOT** attempt to prevent birth
- Do **NOT** allow mother to sit on toilet, even if the mother feels like she needs to go
- Lay the mother down and instruct her to take deep breaths and attempt to relax between contractions.
- If the infant's head is not showing, do **NOT** have the mother push
- Lying down, does the mother feel faint?
 - YES, turn the mother on her left side
- If any other body part other than the head is showing, have the mother lie on her back with head and shoulders down and her hips propped up high on pillows or folded towels **and advise mother NOT to push**

PREGNANCY/CHILDBIRTH/MISCARRIAGE (CONTINUED)

AS THE INFANT IS BORN

PRE-ARRIVAL INSTRUCTIONS

- As the head appears, keep your hands near the vagina. Place one hand below the infant's head, supporting it as it delivers. **If amniotic sac is not broken, pinch and pull away from the baby's face.** With the other hand, wipe out the **mouth and nose** (or clear with bulb syringe if available).
- Do **NOT** pull on the infant
- After the head comes out, it will usually stop. The rest of the infant will not come out until the next contraction
- Keep the **mouth and nose** clean. The infant will deliver with the next contraction, this may be sudden. Be aware that the infant will be slippery.
- Check the cord to see if it is around the infant's neck. Tell the mother to stop pushing when you do this (The cord will easily slip over the infant's head)
- **UMBILICAL CORD:** If the cord is around the infant's neck, gently slide one or two fingers under the cord at the back of the infant's neck. Carefully slide the cord up over the infant's head/shoulder. Avoid pulling or tearing the cord.
- If the cord cannot be freed, prop the mother's hips up high on pillows and try to delay delivery. Instruct mother not to push, exhale or pant with each contraction. **(Note: Consider cutting cord if EMS is delayed and cord cannot be loosened from around infant's neck - Directions on next page)**
- If the infant is delivered and the cord is around the neck, free the cord from the neck.
- Keep supporting the infant's head and the entire body with both hands until the birth is complete, **Keeping the baby level with the birth canal (vagina) until the cord is tied off.** Be careful, remember that the infant will be slippery.

PREGNANCY/CHILDBIRTH/MISCARRIAGE (CONTINUED)

AFTER THE DELIVERY

PRE-ARRIVAL INSTRUCTIONS

1. Keep the infant level with the vagina or birth canal until the cord is cut, avoiding pulling on the cord.
2. Dry the infant and wrap it in a dry towel or blanket to keep it warm
3. Turn the infant on its side and wipe out the mouth and nose
4. If infant is not breathing, position the infant with its head slightly lower than its body and stimulate the infant's breathing by gently but vigorously rubbing the infant's back or flicking the soles of their feet with your fingertips
5. Is infant breathing?
 - YES - Proceed
 - NO - Go to **INFANT CPR** protocol
6. Do not cut the cord if it is pulsating
7. Cutting the cord is only necessary if the baby or mother is not breathing and responsive and requires CPR or if the placenta has been delivered. If necessary to cut the cord:
 - If not pulsating, using the shoestring, cord or any available material, tie off the cord approximately 6-8 inches from the infant
 - Using second shoestring, tie the cord 2-3 inches from the first tie towards the mother
 - Cut the cord between the ties and monitor bleeding from infant's side of cord and control bleeding with direct pressure to the infant's side of the cord and tighten shoestring, without cutting into the cord.
8. Monitor both mother and infant
9. Afterbirth will deliver in 10-30 minutes after the infant's birth

PREGNANCY/CHILDBIRTH/MISCARRIAGE (CONTINUED)

USEFUL INFORMATION

STAGES OF PREGNANCY:

1 ST Trimester	0-3 Months
2 ND Trimester	4-6 Months
3 RD Trimester	7-9 Months

In general, patients in their first pregnancy will progress through labor more slowly than subsequent pregnancies

ABNORMAL PRESENTATIONS:

- Breech Buttocks or both feet deliver first
- Limb Arm or leg delivers first
- Prolapsed cord Cord delivers first

PSYCHIATRIC/BEHAVIORAL PROBLEMS

KEY QUESTIONS

1. Is the patient violent or threatening others?
2. Is the patient suicidal?
YES? Go to **SUICIDE** Protocol
3. Does the patient have a history of mental problems?
4. If under a doctor's care, does patient take any regular medications? Are they current?
5. Any drugs or alcohol involved?

PRE-ARRIVAL INSTRUCTIONS

1. Send law enforcement to secure the scene
2. If caller is not patient, tell caller to maintain a safe distance, being careful not to agitate patient
3. If caller is also patient, attempt to maintain phone contact
4. Call back if condition worsens prior to the arrival of personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

Certain medical conditions can be confused as psychiatric problems, THESE INCLUDE:

1. Insulin shock/low blood sugar
2. Severe Hypervolemia - Blood Loss
3. Hypoxia- Lack of Oxygen to Brain
4. Overdose - (Alcohol or Drugs)
5. Liver or kidney failure
6. Stroke
7. Head Trauma

SEIZURE/CONVULSION

KEY QUESTIONS

1. Has the seizure stopped?
 - YES?
 - Check to insure patient is breathing
 - YES? Proceed to Pre-Arrival Instructions
 - NO? - Go to **CPR** protocol
 - NO?
 - **Go to Pre-Arrival Instructions** ----->
2. Does the patient have a fever?
 - YES? Proceed to Inquire of Caller below

PRE-ARRIVAL INSTRUCTIONS

1. Do **NOT** restrain patient
2. Do **NOT** put anything in the patient's mouth
3. Move large objects away from the patient
4. Turn the patient on their side when seizure stops and monitor breathing
5. Do not allow patient to wander around following the seizure - Keep them calm, reassure them
6. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. Is there a past history of seizures?
2. Is the patient diabetic?
3. Is the patient pregnant?
4. Was the patient injured prior to the seizure?
5. Does the patient take any medication(s)?
If so, any taken recently?

USEFUL INFORMATION

Also known as seizures, fits, epilepsy
They are abnormal firing of brain cells

Patient will be tired and confused following seizure
Patient may also be unresponsive or disoriented

Problems associated with seizure are:
Airway obstruction, cyanosis, tongue biting, fractures

SEXUAL ASSAULT/RAPE

KEY QUESTIONS

1. Is the assailant still present? Nearby?
2. Were weapons displayed or implied?
3. Any additional injuries? Where?
4. Is there any serious bleeding?
YES? - Go to **BLEEDING** protocol

PRE-ARRIVAL INSTRUCTIONS

1. Protect patient from further injury – isolate patient from attacker
2. Preserve all evidence – Instruct patient not to bathe or change clothes. Do **NOT** let them use the bathroom, **eat or drink**.
3. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. When did this happen?
2. Where did this happen?
3. Is the assailant nearby?
NO? - Description of assailant
Description of assailant's vehicle
Direction of travel

USEFUL INFORMATION

Safety of patient and rescuers should be prime concern

SICK PERSON/NON-SPECIFIC ILLNESS

KEY QUESTIONS

1. What is the patient's complaint? What hurts?
 - If specific, proceed to proper **PROTOCOL**
2. How long has the patient been feeling ill?

PRE-ARRIVAL INSTRUCTIONS

1. Place the patient in a position of comfort
2. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. Has the patient recently been under a Doctor's care? What is the Doctor's name?
2. Does the patient have any chronic illnesses?

USEFUL INFORMATION

STROKE/CVA/BRAIN ATTACK

KEY QUESTIONS

1. Is the patient alert and responding appropriately?
2. Was the onset of symptoms gradual or sudden?
3. Is the patient experiencing any numbness or tingling?
4. Is the patient able to move their arms and legs?
5. Does the patient have any facial drooping or slurring?

PRE-ARRIVAL INSTRUCTIONS

1. Do not give the patient anything by mouth
2. If conscious, elevate the head and shoulders with a pillow
3. If drooling, turn patient on their side
4. Gather patient's medications for medical personnel
5. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION

CVA = Cerebrovascular Accident

POSSIBLE SYMPTOMS

Paralysis or weakness on one side

Altered level of consciousness

Confusion

Respiratory changes

Slurred Speech

Facial Droop

Problems walking

Other than supportive care, there is no specific

Pre-Hospital treatment

SUICIDE

KEY QUESTIONS

1. What is the suicide mechanism? How?
 - If drugs, go to **OVERDOSE** protocol
 - **If BLEEDING or TRAUMATIC injuries, go to protocol**
2. Are there weapons involved? Available?
3. Where is the **patient** now?
4. Is the **patient** breathing?
 - YES? Monitor breathing until help arrives
 - If difficulty in breathing, go to **DIB** Protocol
 - NO? Go to **CPR** protocol per age
5. What is the history of the incident?

PRE-ARRIVAL INSTRUCTIONS

1. Send law enforcement to secure the scene
2. Be careful not to agitate patient
3. Remove dangerous objects, if safe to do, including weapons
4. In case of suicide by hanging, to release patient, cut ligature above the knot **and go to CPR protocol**
5. **Maintain phone contact if warranted** or advise caller to call back if patient's condition worsens
6. **If dealing with suicidal caller:**
 - **Remain Calm**
 - **Avoid putting caller on hold**
 - **Instruct caller to stay on the phone with you**
 - **Take notes**
 - **Avoid lying to caller, you are building trust with the caller**
 - **Steer caller away from negatives**
 - **Dispatcher who answers call should create psychological bond with caller**
 - **Create an environment of trust**

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. Does the **patient** have a history of mental problems?
2. Is the **patient** under psychiatric care or counseling?
 - If so, with who?
3. Any previous overdoses or suicide attempts?

USEFUL INFORMATION

TRAFFIC ACCIDENT

KEY QUESTIONS

1. Is anyone injured?
2. How many people are injured?
3. Is anyone trapped in a vehicle?
4. Is anyone bleeding?
 - YES? - Go to **BLEEDING** protocol
5. Are there any other injuries?
 - YES? - Go to specific protocol

PRE-ARRIVAL INSTRUCTIONS

1. Assure patient that help is on the way
2. Do **NOT** move the patient unless they are in danger
3. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. Are there any traffic hazards?
2. Is there any fire or leaking gas?
3. How many vehicles are involved?
4. Any hazardous materials involved?

USEFUL INFORMATION

TRAUMATIC INJURIES

KEY QUESTIONS

1. Is the patient bleeding?
 - YES? - Go to **BLEEDING** protocol
2. Is the patient trapped?
3. Is there an amputation?
 - YES? - Attempt to locate any amputated part and place in a plastic bag or clean cloth
4. Are there any impaled or protruding objects?
 - YES?
 - Do **NOT** remove unless blocking airway
 - Stabilize object without moving it

PRE-ARRIVAL INSTRUCTIONS

1. Do **NOT** move the patient
2. Keep the patient calm and still
3. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. What caused the patient's injury or injuries?
2. Is more than one person injured?

USEFUL INFORMATION

UNCONSCIOUS/FAINTING

KEY QUESTIONS

1. How long has the patient been unconscious?
2. Is it known what caused their unconsciousness?

PRE-ARRIVAL INSTRUCTIONS

1. Turn **patient** on their side and **monitor**
2. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

1. Is the **patient** under a Doctor's care?
If so, for what?
2. Does the **patient** take any regular medications?
If so, what?
3. Has the **patient** taken any medication recently?
4. Is there any evidence of trauma?

USEFUL INFORMATION

Possible Causes:
Low Blood Sugar
Cardiac Problems
Stroke/Brain Attack
Psychological (Fear or Stress)
Drop in Blood Pressure
Dehydration
Seizure
Head Injury

UNKNOWN PROBLEM/MAN DOWN

KEY QUESTIONS

1. Where is the patient?
2. What happened to the patient?
3. Is anyone available who knows the patient?
 - YES? - Monitor breathing until help arrives
 - NO? - Go to CPR protocol per age
4. Are there any visible medical problems?
 - YES? - Go to specific protocol

PRE-ARRIVAL INSTRUCTIONS

1. Dispatch law enforcement to the scene
2. Keep the patient calm
3. Do NOT give the patient anything by mouth
4. Turn the patient on their side
5. Call back if the patient's condition worsens prior to the arrival of medical personnel

ADDITIONAL INFORMATION

INQUIRE OF CALLER

USEFUL INFORMATION