

Vital Points Questions

Is the patient having trouble breathing?
Is the patient able to speak in full sentences?
Is the patient having any chest pains?
Where is the pain? (Abdomen or back)
Is the pain due to an injury?
Is the pain above or below the belly button?
History of heart problems?
Has the patient said they felt dizzy?
Has the patient vomited?
What does it look like?
Are the patient's bowel movements different?
How would you describe them?
If the patient is a woman between 12-50 years, ask if the patient is pregnant.
Go to Card **Gynecology/OB/Pregnancy**
Has there been any vaginal bleeding?
Go to Card **Gynecology/OB/Pregnancy**
Medical or surgical history?
Does the patient have a MEDIC ALERT bracelet or Tattoo?
What does it say?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**
Go to Card **CPR Adult >8 yrs**
Go to Card **CPR Child 1-8 yrs**
Go to Card **CPR Infant <1 yr**
If unconscious, go to **AIRWAY CONTROL** instructions.
Go to Card **Airway Control NON Trauma**
Go to Card **Airway Control Trauma**
• Nothing to eat or drink.
• Allow position of comfort.
If Applicable:
• Gather patient's medications and give to responders when they arrive.
• Put any pets away.
• Turn outside light on and/or wait at the door.
If anything changes or the patient's condition worsens, please call back.

Abdominal|Back Pain

Vital Points Questions

Is the patient having trouble breathing?
Is the patient able to speak in full sentences?
Is the patient having any chest pains?
Where is the pain? (Abdomen or back)
Is the pain due to an injury?
Is the pain above or below the belly button?
History of heart problems?
Has the patient said they felt dizzy?
Has the patient vomited?
What does it look like?
Are the patient's bowel movements different?
How would you describe them?
If the patient is a woman between 12-50 years, ask if the patient is pregnant.
Go to Card **Gynecology/OB/Pregnancy**
Has there been any vaginal bleeding?
Go to Card **Gynecology/OB/Pregnancy**
Medical or surgical history?
Does the patient have a MEDIC ALERT bracelet or Tattoo?
What does it say?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**
Go to Card **CPR Adult >8 yrs**
Go to Card **CPR Child 1-8 yrs**
Go to Card **CPR Infant <1 yr**
If unconscious, go to **AIRWAY CONTROL** instructions.
Go to Card **Airway Control NON Trauma**
Go to Card **Airway Control Trauma**
• Nothing to eat or drink.
• Allow position of comfort.
If Applicable:
• Gather patient's medications and give to responders when they arrive.
• Put any pets away.
• Turn outside light on and/or wait at the door.
If anything changes or the patient's condition worsens, please call back.

Dispatch Priorities

ALS Priority

Unconscious a/o not breathing normally/difficulty breathing

Decreased level of consciousness

Chest Pain

>50 Upper abdominal pain w/ history of heart problems

Abdominal and or/back pain w/ fainting or near fainting

>35 Upper abdominal pain

Fainting/near fainting when sitting

Bright Red Vomit

Lower abdominal pain, female:

Can the female be pregnant?

12-50 yrs (if associated with dizziness or fainting or heavy vaginal bleeding, 3 pads or >2 tampons/hour)

BLS Priority

Pain w/ vomiting (coffee-ground-like material)

Pain with bright red bloody stools (one or more)

Flank pain/back

BLS Standard

Pain unspecified

Abdominal/Back pain (non-traumatic) patient <50 yrs.

Chronic back pain

Allergic Reaction

Vital Points Questions

Is the patient breathing normally?

Difficulty breathing?

Is the patient having difficulty swallowing?

Is the patient's tongue, lips, throat, or face swollen?

Is the patient able to speak in full sentences?

Is the patient feeling faint or has fainted?

Has the patient used an EPI-Pen?

Go to Pre-Arrival Instructions

Continue

What is the patient complaining of?

What is causing the allergic reaction?

Was it gradual or sudden onset?

Does the patient have a history of reaction to anything?

What?

Does the patient have a rash or hives?

If unknown, expose the back or abdomen to verify.

Are the symptoms getting worse?

Is the patient wearing a MEDIC ALERT bracelet or Tattoo?

What does it say?

Does the patient have any medical or surgical problems?

What are they?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

- When a reaction kit is to be used, and if a bystander feels comfortable assisting, **use as the physician has directed.**

- Have the patient rest in the most comfortable position.

- Keep the neck straight -- remove any pillows.

- Keep calm.

- If a stinger is visible, brush off, if possible. (do not grasp)

- Ice the sting. Do not place ice directly on the skin - use a cloth or other suitable material.

- Nothing to eat or drink.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

If anything changes or the patient's condition worsens, please call back.

Dispatch Priorities

ALS Priority

Unconscious a/o not breathing normally/difficulty breathing

Difficulty breathing or swallowing
Swelling of tongue, lips, throat, or face
Cannot talk in full sentences
Fainting (syncope)
Epi-pen (Epinephrine) has been used
Sudden
History of immediate severe reaction

BLS Priority

Itching, hives, and/or no breathing difficulty
History of severe reaction but none now
Call delayed longer than 30 minutes with a history of reaction without other medical symptoms
Reaction to medication, no other critical criteria

BLS Standard

Concern about reaction, but no history
Reaction present for a long time (greater than 1 hour), no difficulty breathing

Bleeding (Non-Traumatic)

Vital Points Questions

Is the patient breathing normally?
What part of the body is bleeding?
Is the blood spurting or oozing?
Go to Card **BLEEDING/TOURNIQUET APPLICATION**
If rectal bleeding, what does it look like?
Is the patient vomiting?
What does it look like?
Is the patient coughing up blood?
What does the blood look like?
If female, is there vaginal bleeding and/or possibly pregnant?
Go to Card **GYNECOLOGY//OB/PREGNANCY**
Does the patient feel dizzy, faint, or weak ?
Is the patient sweating profusely?
Has the patient fainted multiple times?
Does the patient take any type of blood thinners including aspirin?
Does the patient have any medical or surgical history?
Does the patient have a bleeding disorder?
What caused the bleeding?

Pre-Arrival Instructions

Have the patient lie down, except for nosebleed.
Nothing by mouth, to eat or drink.
If **external bleeding**, use clean cloth and apply pressure directly over it. **Do not remove**. If cloth becomes soaked, add more cloth to what is already there.
If bleeding on the neck, groin, or armpit, then apply more pressure.
If pressure does not stop bleeding from extremities, go to Bleeding/Tourniquet Guidecard.
Go to Card **BLEEDING/TOURNIQUET APPLICATION**
If **nosebleed**, tell the patient to apply direct pressure by pinching the nose tightly between their index finger and thumb, sit forward and hold until help arrives. Attempt to spit out blood.
• Advise the patient to remain still.
• Keep the patient warm and calm.
• Do not flush the toilet or throw away blood soaked items.
If Applicable:
• Gather patient's medications and give to responders when they arrive.
• Put any pets away.
• Turn the outside light on and/or wait at the door.
If anything changes or the patient's condition worsens, please call back

Dispatch Priorities

ALS Priority

Unconscious a/o not breathing normally/difficulty breathing

Arterial or from the nose with critical symptoms

Pulsating bleed.

Black tarry stool or bright red/bloody stool (1/2 cup or more)

Rectal or vaginal only with critical symptoms

Vomiting blood (red/dark red)

Bright red

Coughing up blood more than 1/2 cup blood

Bright red or coffee ground consistency

Diaphoretic (sweating profusely)

Fainting episodes (multiple)/Fainting/near fainting while sitting

Coumadin, Warfarin, Plavix, Aspirin

Bleeding: Female

Lower abdominal pain, women 12-50 yrs, (if associated with dizziness, fainting, or heavy vaginal bleeding, 3 pads or 2 tampons/hr) Vaginal bleeding if over 20 weeks pregnant

Bleeding disorders (Hemophilia, VonWillibrands, etc)

BLS Priority

Bleeding without critical symptoms

Vomiting coffee-ground-like substance

Weakness

Vaginal bleeding without syncope if less than 20 weeks pregnant

Rectal/Vaginal bleeding without symptoms

Uncontrolled nosebleed (bleeding more than 10 minutes), and/or without critical symptoms

BLS Standard

Vaginal spotting

Nosebleed without critical symptoms

Controlled bleeding?

Breathing Difficulty

Vital Points Questions

Is the patient breathing normally?

Is the patient 12 or younger?

Sudden onset: Has the patient been hospitalized recently?

What for?

Other medical or surgical history?

Does the patient have asthma, emphysema or COPD?

Is the patient choking?

Drooling?

Difficulty swallowing?

Is the patient having chest pains?

Is the patient's breathing rapid or labored?

Is the patient sweating?

Does it hurt to breathe?

Is breathing noisy/labored?

Is the patient able to speak in full sentences?

Has the patient inhaled any substance?

Is the patient experiencing any tingling, numbness of the extremities or around the mouth, or blueish discolor around the lips or nail beds?

Does the patient have to sit up to breathe?

Has the patient ever had this problem before?

What was the patient doing just prior to when they became short of breath?

Is the patient on oxygen?

Is patient on a ventilator?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Watch for signs of **cardiac arrest**.

Does the patient have an inhaler?

If **YES**, has it been used?

If the bystander feels comfortable assisting, **use as the physician has directed**

If **NO**, have the patient keep calm

Place the patient in a position of comfort, possibly sitting up

Tell the patient not to exert themselves or talk

• Nothing to eat or drink

If Applicable:

• Gather patient's medications and give to responders when they arrive.

• Put any pets away.

• Turn the outside light on and/or wait at the door.

If anything changes or the patient's condition worsens, please call back.

Dispatch Priorities

ALS Priority

Unconscious a/o not breathing normally/difficulty breathing

Children: <12 yrs: history of asthma or history of respiratory problems or sudden onset of breathing difficulty

Recent childbirth/broken leg/ hospitalization (2-3 months), recent travel, history of heart problems

Asthma, unresponsive to medication

Obstructed airway (choking)

Drooling/difficulty swallowing

Difficulty breathing with chest pain

Difficulty/labored breathing >50 yrs

Sweating

Painful breathing

Noisy/Labored

Unable to talk in full sentences

Inhaled substance

Blue tint to lips and/or nailbeds

Patient on Ventilator

Power Outage

BLS Priority

<50 yrs, without critical symptoms

Tingling or numbness in extremities/around mouth

BLS Standard

Oxygen bottle empty

Congestion, cold symptoms without critical symptoms

Patient assist

Chest Pain|Heart Problems

Vital Points Questions

Is the patient breathing normally?

Is the patient conscious?

Where in the chest is the pain located?

Does the patient feel pain anywhere else? Where?

How long has the patient had chest pains?

Sudden onset:

Does the pain change when the person breathes or moves?

What is the age and gender of the patient?

Is the patient weak, dizzy, or faint?

Is the patient nauseated or vomiting?

Is the patient sweating profusely?

Is the patient experiencing rapid heart rate with chest pain?

Does the patient have a history of rapid heart rate?

Does the patient take nitroglycerin? Any relief?

Has the patient taken an aspirin after the onset of pain?

Provide relief?

How much did they take?

Any use of prescription or illegal drugs in the last 48 hours?

Information Only Questions

Does the patient have a history of heart problems (previous heart surgery or heart attack)?

Does the patient have any other medical history?

Does the patient have any type of cardiac device?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group.

Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

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

Does the patient have prescribed nitroglycerin? Has the patient taken any?

If **NO**: **Have the patient sit down and take as the physician has directed.**

Make sure they take no more than 3 doses. If Dizzy, do not take.

Patient been instructed by their physician to take an aspirin? Is the patient allergic to aspirin or have a bleeding disorder?

If **NO**, have the patient sit down, take one adult aspirin (325 mg) or 4 baby aspirin (81 mg).

- Loosen tight clothing.

- Nothing to eat or drink.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

If anything changes or the patient's condition worsens, please call back.

Dispatch Priorities

ALS Priority

Unconscious a/o not breathing normally/difficulty breathing

Decreased level of consciousness

Center of chest, upper abdomen

Jaw, Shoulder blades, throat, teeth

Minutes, hours, days, weeks (All will be ALS)

Painful Breathing

Male >35 years of age or Female >40 years of age 15-40 years of age with any of the following symptoms: Weak, dizzy, or faint, Short of breath Nausea Diaphoretic

Rapid heart rate with chest pain, irregular rapid heart rate

History of rapid heart rate

Nitroglycerin—more than 1/less than 3

Aspirin – How many Small orange pill or large white pill

Cocaine/crack or other illicit drug use / Prescription drugs such as Viagra, Cialis, Levitra, etc. in the last 48 hours

BLS Priority

Male <35 yrs without critical symptoms

Female <40 yrs without critical symptoms

Rapid heart rate without critical symptoms

BLS Standard

Male <35 yrs or female <40 yrs with chest wall trauma without critical symptoms

Choking

Vital Points Questions

Is the patient breathing normally?

Is the patient conscious?

Is the patient able to speak or cry?

Is the patient turning blue or coughing?

Has the patient clutched their throat?

Is the patient gagging?

Does the patient have labored or noisy breathing?

Is the patient drooling?

Does the patient have any type of bleeding around the mouth?

Pediatric patients:

Was the child feeding?

Was the child sleeping?

What is (was) the patient choking on?

Can you see the obstruction?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group.

Trained bystanders may still need instructions. **ASK IF THEY NEED**

INSTRUCTION?

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Determine the appropriate age group and go to **Obstructed Airway** Instructions.

Go to Card **Adult >8 yrs**

Go to Card **Child 1-8 yrs**

Go to Card **Infant <1 yr**

Place the patient in a position of comfort.

Do not attempt to blindly sweep objects out of a child's mouth. If you can visibly see the object, gently try to remove it.

- Keep the patient calm.

- Nothing to eat or drink.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

If anything changes or the patient's condition worsens, please call back.

Dispatch Priorities

ALS Priority

Unconscious a/o not breathing normally/difficulty breathing

Unable to talk or cry

Turning blue or Coughing

Universal Choking Sign

Gagging

Difficulty/Labored/Noisy breathing

Drooling

Bleeding from in or around the mouth

BLS Priority

Able to speak or cry

Exchanging air with no breathing difficulty

BLS Standard

Airway cleared, patient assist

Diabetic

Vital Points Questions

Is the patient breathing normally?

Has the patient's blood sugar been tested?

What is it?

Is the patient sweating profusely?

Can the patient respond to you and follow simple commands?

Does the patient know who and where they are?

Is the patient dizzy, weak, or feeling faint?

Is the patient complaining of any pain?

If chest pain,

Go to Card **Chest Pain**

Is the patient acting in an unusual manner?

What is different?

Has the patient had a seizure?

Go to Card **Seizure**

Is the patient on insulin?

Does the patient have Insta-Glucose, Glucagon, Glucose tablets?

Have they taken it?

How long ago?

What is the sugar level now?

When did the patient last eat?

Does the patient have a MEDIC ALERT bracelet or Tattoo?

What does it say?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

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Go to Card **Airway Control Trauma**

DO NOT give anything by mouth, **unless** the patient is able to do so by themselves.

Give juice with 2 to 3 tablespoons of sugar, **ONLY** if the patient is able to sit upright and take by themselves. Do not use sugar substitute.

- Keep the patient calm.

- Allow position of comfort.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

If anything changes or the patient's condition worsens, please call back.

Dispatch Priorities

ALS Priority

Unconscious a/o not breathing normally/difficulty breathing

Blood sugar reading <80 and >250

Diaphoretic (sweating profusely)

Decreased level of consciousness

Unable to follow commands

Confused or disoriented

Fainting (Syncope)

Chest pain

Unusual behavior/acting strange

Seizure

BLS Priority

Awake/alert

Not feeling well

Weakness

Vomiting

BLS Standard

Gynecology|OB|Preg

Vital Points Questions

Is the patient breathing normally?

Labor pains/contractions:

Go to Card **Childbirth**
Pregnancy

How far along?

Completed delivery?

Is this the first pregnancy?

During her previous delivery:

How long was she in labor before delivery?

Were there any complications?

Was the delivery vaginal or surgical?

Gynecology

Is the patient bleeding?

Is the bleeding heavier than her normal menstrual cycle?

How many pads/tampons per hour?

How long has the patient been bleeding?

Is she sweating profusely?

Is the patient dizzy, weak, or feeling faint?

Has she had a seizure?

Was there an injury?

How?

Could she be pregnant?

Pre-Arrival Instructions

If Active or Imminent Delivery

Go to Card **Childbirth Guidecard**

Keep the patient warm.

Do not flush the toilet.

If the baby has delivered, place the baby immediately on the mother's chest to keep warm.

If severe bleeding or signs of shock are present, move patient to their left side, elevate legs slightly if able.

- Keep the patient calm.
- Nothing to eat or drink.
- Allow position of comfort.

If Applicable:

• Gather patient's medications and give to responders when they arrive.

• Put any pets away.

• Turn the outside light on and/or wait at the door.

• If anything changes or the patient's condition worsens, please call back.

Dispatch Priorities

ALS Priority

Unconscious a/o not breathing normally/difficulty breathing

Less than 2 min. apart Imminent Delivery

2nd pregnancy less than 5min. apart; prior delivery w/ labor lasting less than 1 hr

Premature active labor >4 weeks premature

Delivery prior to call

Abdominal injury with contraction, if >20 weeks pregnant

Bleeding if >20 weeks pregnant

Lower abdominal pain, women 12-50 yrs, (if associated with dizziness, faintness, or heavy vaginal bleeding, 3 pads or 2 tampons/hr)

Diaphoretic (profuse sweating)

Fainting/near fainting with patient sitting up

Seizure

BLS Priority

Vaginal bleeding without syncope

Bleeding, if < 20 weeks pregnant

Abdominal injury, without contraction, if < 20 weeks pregnant

Water broken

Pelvic pain without critical symptoms

BLS Standard

Pregnant <20 weeks, and menstruation, with any of the following:

Cramps

Spotting

Headache

Vital Points Questions

Is the patient breathing normally?

Is the patient conscious?

Did the patient advise the worst headache ever?

How long has the patient had the headache?

Is the patient having any chest pains?

Does the patient have a history of headaches?

What was the patient doing when the headache started?

Recent head injury?

Distorted or loss of vision?

Has the patient vomited?

Is the patient complaining of weakness?

Does the patient have a history of strokes or a brain injury?

If possible **STROKE:**

Go to Card **STROKE**

Can the patient respond to you and follow simple commands?

How is the patient acting?

Does the patient have pain anywhere else?

Where?

Does the patient have any medical or surgical history?

Does the patient have a MEDIC ALERT bracelet or Tattoo?

What does it say?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Have the patient stay calm and do not allow them to exert themselves.

Allow the patient to find a position of comfort.

- Nothing to eat or drink.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious a/o not breathing normally/difficulty breathing

Decreased level of consciousness

Worst headache ever

Sudden onset

Chest pains

Mental confusion

Headache with unilateral (one-side) weakness

Headache after physical exertion

Distorted/loss of vision w/no history of migraines

Persistent vomiting (>2 episodes)

BLS Priority

With head injury, without critical symptoms

BLS Standard

Headache, without critical symptoms

Migraines

Heat/Cold Environmental Emerg

Vital Points Questions

Is the patient breathing normally?

Is the patient acting abnormally?

What is different?

Is the patient dizzy, weak or have they fainted?

Any type of injury with bleeding?

If uncontrolled:

Go to Card **Bleeding/Tourniquet Application**

What happened?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group.

Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Heat Emergencies

Loosen clothing to assist cooling.

Have the patient stay calm and do not allow them to exert themselves.

Don't allow the patient to have anything to eat or drink.

Cold Emergencies

If the patient is cold and dry, cover the patient.

If the patient is cold and wet, remove the patient's clothing and cover the patient.

If frostbite, do not rub or cover with hot water to warm.

Have the patient stay calm and do not allow them to exert themselves.

Don't allow the patient to have anything to eat or drink.

If Applicable:

- Gather patient's medications and give to responders when they arrive.
- Put any pets away.
- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Mental confusion

Disoriented

Fainting (syncope)

Uncontrolled bleeding

Over exposure to heat or cold environments with critical symptoms

BLS Priority

Patient with uncontrolled shivering

Patient excessively hot or cold

3rd party caller, not with patient

Headache

Only one (1) digit affected

BLS Standard

No injuries, but has been exposed

Mental|Emotional|Psychological

Vital Points Questions

Is the patient breathing normally?

What happened?

Has the patient harmed themselves?

With what?

Where are the injuries?

Is the patient bleeding?

Go to Card **Trauma**

Are you able to stop the bleeding with pressure?

If **NO**/Pulsating

Go to Card **Bleeding/Tourniquet**

Is the patient acting in their normal manner?

What is different or unusual?

Hallucinating?

Has the patient taken any drugs or alcohol?

Can the patient talk to you or are they confused?

Is the patient able to speak in full sentences?

Is the patient experiencing vision change or loss, profuse sweating, vomiting?

Does the patient have any weapons or access to weapons?

Is the scene safe for medical personnel to respond?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Keep the patient in the area if it is safe.

If the patient is hanging cut them down, (**always cut above the knot**) if safely able to do so and the person feels comfortable doing so. (**Per the agency SOP**)

After the patient is cut down assess for normal breathing (chest rise and fall).

Do not disturb the scene around the patient unless it is a safety concern.

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

- Keep the patient calm.
- Nothing to eat or drink.
- Allow position of comfort.

If Applicable:

- Gather patient's medications and give to responders when they arrive.
- Put any pets away.
- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Gunshot wound/stabs

Attempted suicide

Hanging, gun shot, cutting

Head, neck, torso, or thigh

Pulsating or severe bleeding

Unusual behavior

Bizarre/aggressive/violent behavior

Altered mental status/ Hallucination

Overdose with prescription medication, street drugs, alcohol

Mental Confusion or Decreased level of consciousness

Cannot speak in full sentences

Any visual changes/loss of vision

Diaphoretic (sweating profusely)

Vomiting

Always follow agency Policy

BLS Priority

Any lacerations with controlled bleeding

Unusual behavior with a psychiatric history

Threats against self or others

BLS Standard

Overdose|Poisoning

Vital Points Questions

Is the patient breathing normally?

Is the patient alert and able to respond to you appropriately?

Speaking between breaths?

Is the patient suicidal?

Weapons?

Violent?

Is the patient having any difficulty swallowing?

Do you have any idea what the patient took?

Chemicals other than medication?

Medication (Prescribed/Not Prescribed)

How much?

With alcohol?

What?

If cocaine or crack, is the patient complaining of any pain?

Where?

Can the patient talk to you or are they confused?

Does the patient have chest pains, headache, nausea, vomiting or profuse sweating?

Is victim in an enclosed vehicle?

(Caution: could be Chemically-Assisted Suicide).

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Keep patient in a well ventilated area if safe to do so.

Locate container of substance taken if at the scene.

Don't force coffee or place the patient in the shower.

Poison Control phone number 800-222-1222

Give nothing by mouth, unless advised by poison control.

For suspected **CO Poisoning**: If able to leave **DO NOT** go back into the house.

If unable to leave the residence, open the windows and doors.

Follow your agency SOPs.

- Keep the patient calm.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Difficulty breathing

Decreased level of consciousness

Attempted suicide — Intentional/Accidental

Difficulty swallowing

Ingestion of: household cleaners, solvents, antifreeze, methanol cyanide, insecticides

Prescription medications.

Combined alcohol and drug overdose

Chest pain associated with illicit drug use such as cocaine, crack, etc.

Mental Confusion or Decreased level of consciousness

Headache, Nausea, Vomiting, Diaphoretic (sweating profusely)

Chemically-Assisted Suicide: Flu like symptoms, nausea, vomiting, etc., if CO poisoning is suspected

BLS Priority

Intentional/accidental, with nonprescription medications without critical symptoms

3rd party report, caller is not with patient

Reported O.D., patient denies taking medications, or unknown if medications or substances were taken

Chemicals other than critical criteria (swallowed or splashed upon)

Street drugs - without chest pain or other critical symptoms

Pediatric patient without critical symptoms

BLS Standard

Known alcohol intoxication, without other drugs, adult patient can be aroused

Seizures

Vital Points Questions

Is the patient breathing normally?

Has the seizure has stopped?

How long has the patient been seizing?

Has the patient had multiple seizures today? (repeating/ more than one in a row)

Has the patient had a seizure before?

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

If the patient is age 6 or under:

Has the child been sick? Have a fever or feel hot?

Is the patient a diabetic?

If **female**, is the woman pregnant?

Is the patient a recreational drug user?

Has the patient had a recent headache?

Has the patient had a recent head injury?

Before or after the seizure?

Within the last three days?

Describe what the patient is doing?

Does the patient take (or has taken) any medication to control seizures?

Does the patient have a MEDIC ALERT tag or Tattoo?

What does it say?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Clear the area around the patient.

Do not restrain the patient.

Do not place anything in the patient's mouth.

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

Have the patient lie on their left side.

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

- Keep the patient calm.

- Nothing to eat or drink.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Still seizing

Extended seizures >5 minutes

Multiple seizures (no recovery of mental status)

First time seizures

Seizure, unknown history

Any seizure that is different than normal

Child 6 or under with fever

Diabetic

Pregnant

Secondary to drug overdose

Any seizure that is associated with a headache

Any recent head injury

BLS Priority

Single seizure with a history of seizure disorder

BLS Standard

Sick|Unknown

Vital Points Questions

Is the patient breathing normally?

Is patient complaining of any chest pain?

Go to Card **Chest Pain**

If Diabetic:

Go to Card **Diabetic**

Do you know if this was a sudden onset or if it was gradual?

What is the ambulance for/what is the problem?

Is the patient short of breath or is it hard to breathe?

Is the patient feeling pain anywhere?

Where?

Feeling light-headed or dizzy?

What is the patient doing?

How does the patient look? Sweating/Faint

Can the patient respond to you and follow simple commands?

Does the patient answer your questions?

Any speech changes, weakness including face, arms, legs?

Go to Card **Stroke**

Is the patient acting normally for him/her?

What is different?

Does the patient have a MEDIC ALERT bracelet or Tattoo?

What does it say?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

*If unconscious, go to **AIRWAY CONTROL** instructions.*

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Keep the patient warm.

Allow the patient to find a position of comfort.

Do not give the patient anything by mouth.

- Keep the patient calm.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Chest discomfort if >35 years

Indigestion if >35 years

Diaphoretic (sweating profusely)

Multiple fainting episodes

Decreased level of consciousness

BLS Priority

Light-headedness/dizzy when standing

Generalized weakness

3rd party report, caller not with patient

Medic alert alarm company

BLS Standard

Flu symptoms (fever, headache, tiredness, body aches)

High blood pressure without critical symptoms

- High or low temperature

- Patient assist

- Other

Stroke (CVA)

Vital Points Questions

Is the patient short of breath or having noisy breathing?

Does it hurt to breathe?

Why do you suspect the patient is having a stroke?

Has the patient had a stroke before?

Describe what the patient looks like.

What is the patient doing?

Can the patient respond to you and follow simple commands?

Can the patient answer your questions in full sentences?

How is the patient acting?

Is this a sudden onset?

Less than 24 hours: Have you noticed?

Stroke screen:

Is their balance off? - Walk

Is their speech slurred or face droopy? - Talk

Is one side weak (unilateral) or numb? - Reach

Is their vision all or partly lost? - See

Is their headache severe? - Feel

How long has this been going on?

If acting unusually, what is different?

Is the patient complaining of any pain?

Where is the pain located?

Sweating profusely?

Is the patient a diabetic?

Has the patient had a seizure?

Has the patient had any recent trauma/injury?

Does the patient have a MEDIC ALERT bracelet or Tattoo?

What does it say?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

*If unconscious, go to **AIRWAY CONTROL** instructions.*

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Keep the patient calm.

Do not allow the patient to move around.

If having difficulty breathing, keep neck straight and remove pillows.

Do not give the patient anything by mouth (to eat or drink).

- Allow position of comfort.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Painful breathing

Decreased level of consciousness

Onset of symptoms less than **4.5** hours prior to dispatch

Difficulty walking

Difficulty speaking

Unilateral weakness or paralysis

Severe headache with any visual changes or loss of vision

Chest pain/Diaphoretic (sweating profusely)

Diabetic

Seizure

BLS Priority

Weakness, numbness that is not focal to any one part of the body

No breathing difficulty

Onset of symptoms greater than 4.5 hours prior to dispatch or unknown and no critical symptoms

BLS Standard

Unconscious|Unresponsive|Syncop

Vital Points Questions

Is the patient breathing normally?

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

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

Have you or anyone else tried to wake the patient up?

Was the patient complaining of: headache, chest pain, sweating profusely, or any other complaint?

What is the other complaint?

What is the age and gender of the patient?

Has the patient taken any medications or recreational drugs with alcohol?

Does the patient have a **MEDIC ALERT** tag or Tattoo?

What does it say?

What was the patient doing before they became unconscious?

How does the patient act when they sit up?

Is the patient able to speak in full sentences and follow simple commands?

Can the patient answer your questions?

Does the patient have any medical or surgical history?

What?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Do not leave the patient. Be prepared for CPR.

- Keep the patient calm.
- Nothing to eat or drink.
- Allow position of comfort.

If Applicable:

- Gather patient's medications and give to responders when they arrive.
- Put any pets away.
- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Difficulty breathing

Confirmed unconscious/unresponsive at time of call

Multiple fainting (same day) or Single fainting >50 yrs.

Fainting associated with headache, chest pain/diaphoretic (sweating profusely)/palpitations if >35 yrs.

Decreased level of consciousness

Any association with alcohol, prescription, or illicit drug ingestion

Diabetic

Fainting in the setting of GI/Vaginal bleeding/Abdominal pain

Females 12-50 yrs with the possibility of being pregnant

BLS Priority

Unconscious, but now conscious

Unconfirmed slumped over the wheel

3rd party report - caller not with patient

Single fainting, if <50 yrs, without critical symptoms

Conscious with minor injuries

Known alcohol intoxication without other critical symptoms(can be aroused)

3rd party call w/o indications of unconsciousness

BLS Standard

Follow your agency SOPs.

Obvious DOA (Dead on Arrival)

- Cold/stiff (<1 year old)

- Decapitated

- Burned beyond recognition

Near syncope (fainting) without critical symptoms

Patient talking, moving, sitting or standing on their own

Animal Bites

Vital Points Questions

Is the patient breathing normally?

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

Is the patient able to speak in full sentences?

What part of the body was bitten?

Is the patient bleeding?

Go to Card **Bleeding/Tourniquet**

How long ago was the patient bitten?

What type of animal bit the patient?

Is the animal contained?

Does the patient have any allergies to animal bites/ stings (such as bees/ wasps)?

Go to Card **Allergic Reaction**

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

If bleeding, use a clean cloth and apply pressure directly over the bite. Do not remove the cloth. If the cloth gets soaked through, add more to what is already there.

Maintain clear airway.

Elevate bleeding extremities.

Contain the animal, if safe to do so.

Has Animal Control been notified?

For snake bites:

Do not elevate extremity, use ice, attempt to remove venom, or use any constricting bands or place any tight fitting items around the wound.

If a tourniquet has been applied, do not remove it.

Request time tourniquet was applied.

- Keep the patient calm.
- Nothing to eat or drink.
- Allow position of comfort.

If Applicable:

- Gather patient's medications and give to responders when they arrive.
- Put any pets away.
- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Difficulty breathing

Decreased level of consciousness

Neck and face bites/Missing any fingers or toes

Uncontrolled bleeding

Bite from poisonous animal

BLS Priority

Controlled bleeding

Rash

BLS Standard

Swelling at bite site

Snake bite below neck, non-poisonous

Assault|Sex Assault

Vital Points Questions

This incident will be handled by Law Enforcement.

EMS will respond when the scene is safe, confirmed by Law Enforcement.

Always follow your SOPs.

Is the patient breathing normally?

Is the assailant still nearby?

When did this occur?

Are you safe now?

Can you get to a place of safety?

Were weapons involved or mentioned?

Describe:

Is there any serious bleeding?

Go to Card **Bleeding/Tourniquet**

What part(s) of the body are injured?

Do you know where the assailant is now?

Do you know the assailant? Identify.

Description of Person

Description of Vehicle

Direction of Travel

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

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

Sexual Assault:

Do not change clothes, bathe, shower, or go to the bathroom.

Do not remove or disturb anything within the scene of the incident.

- Keep the patient calm.

- Nothing to eat or drink.

- Allow position of comfort.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Serious injury or bleeding

Wounds to the chest/abdomen or arms above the elbow, or leg above the knee

BLS Priority

Wounds to the arms below the elbow, or on the leg below the knee

Sexual assault without critical symptoms

Patients that have been Pepper sprayed

Medical evaluation after Taser use (if applicable)

BLS Standard

Minor injuries

Burns

Vital Points Questions

Electrical:

Go to Card **Electrocution/Lightning**

Frostbite:

Go to Card **Heat/Cold Environmental**

Direct Flame Contact:

Is anything on him/her still burning?

If he/she is still burning, douse him/her with water immediately

If water is unavailable, roll him/her on the ground or smother the fire.

Chemical:

What chemical caused the burn?

If Powder: Have patient brush off skin or remove clothing.

If in Eyes: Flush chemical burns from eyes with water, making sure the chemical is not flushed into the unaffected eye.

Remove contact lenses.

After fire is extinguished or the patient is safely away from the fire:

Is the patient breathing normally?

Is he/she short of breath? Does it hurt to breathe?

Is he/she having difficulty swallowing?

Where is the patient burned?

Follow your agency SOP for delivering Rule of Nines information.

Does he/she respond appropriately?

Are there any other injuries?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

*If unconscious, go to **AIRWAY CONTROL** instructions.*

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Have the patient remove contaminated clothing, if possible.

If **chemical**, get information on the chemical (MSDS Sheet, if available).

If **chemical** is powder, brush off. **DO NOT USE WATER UNLESS EYES.**

Flush chemical burns from eyes with water making sure the chemical is not flushed into an unaffected eye.

Remove contact lenses.

Place burned area under running water (not ice) if convenient.

Do not attempt to move a patient to evaluate the burn size.

- Keep the patient calm.

- Nothing to eat or drink.

- Allow position of comfort.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Altered level of consciousness

Difficulty/labored/noisy breathing

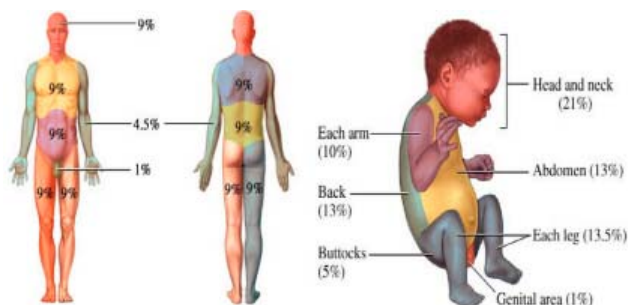
Burns to airway, nose, mouth, head, neck, face, or to extremities, specifically the genitalia or fingers/toes

Any evidence of soot in the nose/ mouth

Singed nasal/ facial hair

Hoarseness, difficulty talking or swallowing

Burns over 20% or more of body surface



BLS Priority

Spilled hot liquids

Battery explosion

Electrocution|Lightning

Vital Points Questions

Do not touch the patient unless you are certain they are no longer in contact with the electrical source.

Is the patient breathing normally?

Did the patient lose consciousness?

Any loss of vision?

Follow your agency SOP when dispatching Fire

Electrocution:

Is the patient still touching the electrical source?

Has the power been turned off?

Is anything on fire?

Did the patient fall off something when this occurred?

Lightning:

Always seek shelter indoors during a lightning storm (when possible)

How many people were hit by lightning?

What are the patients injuries?

Did the patient fall off something when this occurred?

Is anything on fire?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If there is an AED available, send someone to get it now in case we need it later.

Go to Card **AED Reference**

If unconscious, go to AIRWAY CONTROL instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Electrocution:

Beware of electrical risks including electrified water.

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

Allow him/her to rest in a position of comfort.

Keep him/her warm with a blanket, if available.

Do not allow him/her to eat or drink anything.

Lightning:

Avoid metal objects, tall trees, being the tallest object in the area, puddles or other bodies of water.

• Keep the patient calm.

If Applicable:

• Gather patient's medications and give to responders when they arrive.

• Put any pets away.

• Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Decreased level of consciousness

Any loss of vision associated with other neurologic symptoms

Long fall, 6' or higher

BLS Priority

Household electrical shock without symptoms

Any injury related to an electrical cord in a pediatric patient without critical symptoms

Less than 20% burned

Medical evaluation after Taser use

BLS Standard

Eye Problems|Injury

Vital Points Questions

Is the patient breathing normally?

Has the patient lost consciousness?

Is the patient alert?

Is there anything impaled in the eye?

Do not remove any penetrating objects.

What caused the injury?

Is the patient able to see or having any visual disturbances?

Does the patient have a history of glaucoma?

Any history of eye surgery?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Do not remove any penetrating objects.

If eyeball is cut or injured, do not touch, apply pressure, irrigate, or bandage the affected eye.

Bandage the un-affected eye.

Flush chemical burns from eyes with water making sure the chemical is not flushed into an unaffected eye. Continue until help arrives

Advise patient not to move.

Have patient sit down and/or keep the patient's head elevated.

Cover patient with blanket and try to keep the patient calm.

Nothing to eat or drink.

If Applicable:

- Gather patient's medications and give to responders when they arrive.
- Put any pets away.
- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Decreased level of consciousness

Impalement of the eye

Any loss of vision associated with other neurologic symptoms (non-traumatic)

BLS Priority

Any eye injury or eye pain (Non-penetrating)

Pepper Spray, OC Spray, etc.

BLS Standard

Falls

Vital Points Questions

Is the patient breathing normally?

Did the patient hit their head when they fell?

Go to Card **Neurological/Head Injury**

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

Can the patient respond to you and follow simple commands?
(move fingers/toes)?

Answer your questions?

How far did the patient fall?

Type of surface landed on?

Obvious injuries?

What?

Is the patient bleeding?

Go to Card **Bleeding/Tourniquet**

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

Amputation

What part of the body was amputated?

Is it completely severed?

Do you have the severed body part?

What caused the injury?

Is there any danger of further injury to anyone present?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group.
Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Do not move the patient if there are no hazards.

Tell the patient not to move.

Cover the patient with a blanket and try to keep him/her calm.

Nothing to eat or drink

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

Amputations:

Do not splint any injuries.

Do not place severed body parts directly on ice.

Place all body parts or skin in a clean plastic bag and give to Emergency Responders.

If uncontrolled bleeding go to **Bleeding/Tourniquet Guidecard**

Go to Card **Bleeding/Tourniquet**

If Applicable:

- Gather patient's medications and give to responders when they arrive.
- Put any pets away.
- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Difficulty breathing/Painful breathing

Decreased level of consciousness

Decreased mobility in extremities or paralysis

Falls greater than 6 feet

Accident with crushing or penetrating injury to: head, neck, torso, thigh, or upper arm

Femur (thigh) fracture

Uncontrolled bleeding

Falls associated with or preceded by: pain, discomfort in the chest, and/or dizziness, headache, and/or diabetes

Amputation other than fingers/toes

BLS Priority

Controlled bleeding

Unconscious, but now conscious

Falls >6 feet

Neck or back pain without critical symptoms

Multiple extremity fractures/single (thigh) fracture

BLS Standard

Cuts, bumps, or bruises

Patient assist

Isolated extremity fracture (except thigh)

Industrial Accidents

Vital Points Questions

Is the patient breathing normally?

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

Is the patient entrapped?

If fell, how far did the patient fall?

Go to Card **Falls**

What kind of surface did the patient land on?

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

Are there any obvious injuries?

What part of the body? What are they?

Is the patient bleeding?

If **YES and/or Uncontrolled**:

Go to Card **Bleeding/Tourniquet**

Is the patient able to move fingers and toes? (Do not have the patient move other parts of the body)

Can the patient respond and follow simple commands?

Can the patient answer your questions?

Amputation

What part of the body was amputated?

Is it completely severed?

Do you have the severed body part?

What caused the injury?

Is there any danger of further injury to anyone present?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Powered Machinery: If safe to do so, turn off machinery (you may need to locate a maintenance person, to assist). DO NOT touch the patient unless it is safe to do so! (not connected to power source)

Do not move the patient if there are no hazards, tell the patient not to move.

Cover the patient with a blanket and try to keep him/her calm.

Nothing to eat or drink

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

Amputations:

Do not splint any injuries

Do not place severed body parts directly on ice

Place all body parts or skin in a clean plastic bag and give to Emergency Responders.

If uncontrolled bleeding go to **Bleeding/Tourniquet Guidecard**

Go to Card **Bleeding/Tourniquet**

If Applicable:

• Gather patient's medications and give to responders when they arrive.

• Put any pets away.

• Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Decreased level of consciousness/Difficulty breathing

Patient entrapped in any type of machinery

Falls >6 feet

Falls associated with or preceded by: pain, discomfort in the chest, dizziness, headache, or diabetes

Accident with crushing or penetrating injury to: head, neck, torso, or thigh

Uncontrolled bleeding

Patient paralyzed

Femur (thigh) fracture

Amputation other than fingers/toes

BLS Priority

Unconscious, but now conscious

Falls <6 feet

Neck or back pain without critical symptoms

Controlled bleeding

Multiple extremity fractures

BLS Standard

Cuts, bumps, or bruises

Patient assist

Isolated extremity fracture (except thigh)

Motor Vehicle Crash (MVC)

Vital Points Questions

Is the patient breathing normally?

Did the caller stop at the scene or drive by?

Decreased level of consciousness/follow simple commands?

Can the patient(s) describe where the pain is located?

Bleeding profusely?

Go to Card **Bleeding/Tourniquet**

Was anyone thrown from the vehicle?

Are all of the people free of the vehicle? Is anyone trapped?

How many people are injured?

Can the patient(s) describe what happened?

What did the vehicle hit?

Are there any hazards present?

Fire? Water involvement? (river, pond, lake, stream, hydrant)

Wire(s) down? Is road blocked/impassable? Is fuel or chemical (HAZ-MAT) visible?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Do not move the patient(s) (if there are no hazards).

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

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

If uncontrolled bleeding, go to

Go to Card **Bleeding/Tourniquet**

- Keep the patient calm.

- Nothing to eat or drink.

- Allow position of comfort.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Unconscious/not breathing normally
Decreased level of consciousness
Chest pain
Uncontrolled bleeding
Patient(s) ejected
Patient(s) trapped
Major incident response (greater than 10 patients)
Confirmed or unknown injuries with the following mechanisms:
Vehicle (motorized vs. immovable object)
Vehicle vs. vehicle (head-on, T-bone)
Car vs. pedestrian
Car vs. motorcycle or bicycle
Vehicle roll over

BLS Priority

Injury accident, no critical criteria

BLS Standard

Near Drowning|Drowning|Wtr Rel

Vital Points Questions

Removed from Water:

Is the patient breathing/breathing normally?
Is the patient short of breath or does it hurt to breathe?
Can the patient respond and follow simple commands?
How long was the patient under water?
Is this a scuba diving accident?
Is this a diving/diving board accident?
Is the patient able to speak in full sentences?
Is the patient on land or in a boat?

Still in Water:

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

Can you provide any landmarks?
Is this a scuba diving accident?
What was the patient doing before the incident?
What is the patient/caller wearing?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

If unconscious, go to **AIRWAY CONTROL** instructions.

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Do not attempt to rescue the patient.

Please mark location of where you were when the patient went down. Obtain 2 reference points (i.e.: tree, bridge, building)

Keep the patient warm.

Do not move the patient around.

- Keep the patient calm.
- Nothing to eat or drink.
- Allow position of comfort.

If Applicable:

- Gather patient's medications and give to responders when they arrive.
- Put any pets away.
- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Difficulty/labored/noisy breathing
Decreased level of consciousness
Patient confirmed submerged for >1 minute
Scuba diving accident
Diving (diving board) accident (possibility of spine injury)
Incoherent speech

BLS Priority

Patient not submerged or submerged for less than one minute without critical symptoms
Patient coughing
Other injuries: neck/back without critical symptoms

BLS Standard

Minor injury (lacerations/fractures)

Neurological|Head Injuries

Vital Points Questions

Is the patient breathing normally?
Is the patient short of breath, or does it hurt to breathe?
Can the patient respond and follow simple commands?
Did the patient fall and/or hit their head?
How far did they fall?
If >6'
Go to Card **Falls**
Is the patient acting normally?
What is different?
Is there any fluid coming from the nose or ears?
Is the patient combative (wanting to fight with you)?
Did the patient had a seizure?
Go to Card **Seizures**

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**
Go to Card **CPR Adult >8 yrs**
Go to Card **CPR Child 1-8 yrs**
Go to Card **CPR Infant <1 yr**
If unconscious, go to **AIRWAY CONTROL** instructions.
Go to Card **Airway Control NON Trauma**
Go to Card **Airway Control Trauma**
Do not move the patient (if there are no hazards).
If bleeding, use clean cloth but **do not apply direct pressure to head/scalp**. Add to as needed, but do not remove.
Replace any displaced scalp flaps still attached.
If uncontrolled bleeding, go to
Go to Card **Bleeding/Tourniquet**
• Keep the patient calm.
• Nothing to eat or drink.
• Allow position of comfort.
If Applicable:
• Gather patient's medications and give to responders when they arrive.
• Put any pets away.
• Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Difficulty/noisy breathing

Decreased level of consciousness

Any loss of consciousness

Head injury from fall

Fall >6 feet

Confused speech

Confused about what has happened

Clear fluid from the nose/ ears

Combative

Seizure after head injury

Head injury with neurological deficits (vision, weakness, numbness or tingling)

BLS Priority

BLS Standard

Bump or laceration from fall without loss of consciousness

Stabbing|Gunshot Victim

Vital Points Questions

FOLLOW YOUR AGENCY POLICY REFERENCE LAW ENFORCEMENT

Is the patient breathing normally?

Is the patient having difficult, labored or noisy breathing?

Is the patient able to talk in full sentences? Alert?

Is the bleeding controlled or uncontrolled?

If uncontrolled bleeding, go to

Go to Card **Bleeding/Tourniquet**

What part(s) of the body is injured?

Do not disturb the scene or move impaled objects, if any.

Is there more than one wound?

Is there more than one person injured?

When did this happen?

If recent, is the assailant still nearby?

Description of assailant if possible.

Tell caller to remain safe (beware of assailant).

Pre-Arrival Instructions

Do not disturb the scene or move impaled objects, if any.

If bleeding, use clean cloth and apply direct pressure.

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

Elevate the extremities, if possible.

Have the patient lie down and remain calm.

Keep patient warm.

If uncontrolled bleeding, go to

Go to Card **Bleeding/Tourniquet**

- Nothing to eat or drink.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Difficulty/labored/noisy breathing

Decreased level of consciousness

Uncontrolled bleeding

Injury above the knee

Injury above the elbow

Wounds to the trunk of the body

Any evidence of injury around/ near the neck

Multiple penetrating wounds

Multiple casualty incident criteria

BLS Priority

Injury below the knee

Injury below the elbow

BLS Standard

Trauma

Vital Points Questions

Is the patient breathing normally?

Can the patient respond and follow simple commands?

Can the patient answer your questions?

Where is the patient injured?

Was the patient assaulted?

With what?

Where is the assailant?

Is the patient bleeding?

How much?

How long?

Can it be controlled with pressure?

If uncontrolled bleeding, go to

Go to Card **Bleeding/Tourniquet**

Amputation

What part of the body was amputated?

Is it completely severed?

Do you have the severed body part?

Is there serious bleeding?

What caused the injury?

Is there any danger of further injury to anyone present?

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

*If unconscious, go to **AIRWAY CONTROL** instructions.*

Go to Card **Airway Control NON Trauma**

Go to Card **Airway Control Trauma**

Do not disturb the scene or move impaled objects, if any.

If bleeding, use clean cloth and apply direct pressure.

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

Elevate the extremities, if possible.

Have the patient lie down and remain calm.

Keep patient warm.

If uncontrolled bleeding, go to

Go to Card **Bleeding/Tourniquet**

Amputations:

Do not splint any injuries.

Do not place severed body parts directly on ice.

Place all body parts or skin in a clean plastic bag and give to Emergency Responders.

If uncontrolled bleeding go to

Go to Card **Bleeding/Tourniquet**

Nothing to eat or drink.

If Applicable:

- Gather patient's medications and give to responders when they arrive.

- Put any pets away.

- Turn the outside light on and/or wait at the door.

Dispatch Priorities

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Decreased level of consciousness

Confused speech

Penetrating/crushing injury to the head, neck, chest, abdomen, thigh, upper arm, or femur (thigh) fracture

Jaw complaint/ injury with critical symptoms

Uncontrolled bleeding

Amputation other than fingers/toes

BLS Priority

Penetrating/crushing injury to extremities (below shoulders or knees) including missing finger/toes

Minor injuries with weapons

Multiple extremity fractures

Jaw complaint/ injury without critical symptoms

Sexual assault without priority symptoms

BLS Standard

Minor injuries without weapons

Concerned without apparent injuries

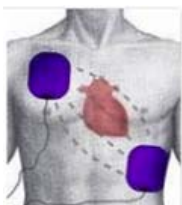
Isolated extremity fracture

Police request stand-by/check for injuries

AED Reference

Instructions

1. Position the AED close to the patient's ear, on a dry, non-metallic surface free of any hazardous materials. The patient must be on his/her back.
2. Turn on the AED. Depending on the model you may have to press a power button or lift the monitor cover or screen to the "UP" position.
3. **LIFT UP THE SHIRT TO ACCESS THE PATIENT'S BARE CHEST.** If you see any medication patches (nitroglycerin or nicotine), remove them.
4. Does the patient have a pacemaker? Pacemakers are usually found on the upper-chest under the skin and look like a small lump slightly smaller than a deck of playing cards.
Pads must be placed 3 - 5 inches from the pacemaker.
(Continue with Step 5)
5. Attach the Pads - Are the pads plugged into the machine? If no, plug them in now.
Open and attach the self-adhesive pads directly to the skin of the patient. The pads may be marked showing proper placement. One pad should be placed on the upper right side of patient's chest directly below the collar bone. The other pad should be placed on the patient's left chest with the top of the pad a few inches below the arm pit.



Instructions

Patients 9 years or younger: Use pediatric pads, if available. If not available, use adult pads. Place one pad in the center of the child's chest and the other in the center of the child's back.

6. Analyze the Rhythm - Clear everyone away from the patient and ensure that no one is touching the patient. Some AED's require the operator to press an "ANALYZE" button while others automatically begin analysis when the pads are attached to the chest.

If a shockable rhythm is present, the device will announce it through a displayed message, visual or auditory alarm, or synthesized voice statement that a shock is indicated.

SHOCK ADVISED: Again, clear the patient ensuring that no one is touching the patient and press the shock button. Follow the prompts of the AED.

NO SHOCK ADVISED: Check for signs of circulation (moving, coughing, normal breathing, or pulse). If there is no sign of circulation, **RESUME CPR**

IMPORTANT NOTE: Once the AED is turned on and patient analysis is started do not turn the AED off.

CPR Adult >8 yrs

Instructions

1. Does anyone there know **CPR?** (*Compression-only CPR for adults with suspected out-of-hospital cardiac arrest (OHCA) or suspected opioid overdose. Trained bystanders may still need instructions.*)

2. Is there an AED (Automatic External Defibrillator) available?

Send someone to get it and let me know when it arrives at the patient's side. (*Continue to Step 3. When the AED arrives, turn to AED Reference card.*)

(Continue...)

Go to Card **AED Reference**

3. Get the phone next to the patient or use the speakerphone.

4. Listen carefully. I'll tell you what to do.

5. Get the patient **flat** on their back on the **floor** or a hard surface. Kneel by the patient's side.

6. Put the **heel** of your hand on the center of their chest, right between the **nipples**. Put your other hand on **top** of that hand. Push down **hard and fast, at least two (2") inches**, allowing the chest to return to its normal position between each pump. Try to pump twice every second, at least 100 to 120 compressions per minute. "I will help you keep the pace, ready (Count 1-120) keep going and count each compression."

7. **UNTRAINED OR UNWILLING TO DO VENTILATIONS:** Do compressions until help takes over or the patient begins to breathe, move or cough. I'll stay on the line.

Instructions

TRAINED AND WILLING TO DO VENTILATIONS: After 30 compressions, **pinch** the nose and **lift** the chin so that the head bends back. Give 2 breaths and then pump the chest 30 more times. Keep doing cycles of 30 compressions and 2 breaths until help takes over or the patient begins to breathe, move or cough. I'll stay on the line.

*(NOTE: If the patient begins to breathe, move or cough. Go to the **Airway Control Guidecard**.)*

Go to Card **Airway Control**

Go to Card **Airway Control NON Trauma**

REMINDER:

*Regardless if the caller is untrained or trained, if the caller reports the high likelihood of asphyxia, such as drowning or suffocation, follow instructions for **TRAINED***

***Remember:** If this is an obstructed airway, instruct the callers to look for a foreign body in the throat before they start each set of rescue breaths. **ONLY** if they see a foreign body, remove it. Do not instruct a blind finger sweep.*

***NOTE: IF THE CALLER REPORTS VOMIT** instruct the caller to turn the patient's head to the side.*

CPR Child 1-8 yrs

Instructions

"Child Patients should receive instruction for compressions and ventilations with repeat cycles of 30 compressions and 2 ventilations. If the caller is unable or declines to perform ventilations, then proceed with chest compression only CPR without ventilations."

1. Does anyone there know CPR? *(If suspected opioid overdose, conduct CPR. Trained bystanders may still need instructions.)*

2. Is there an AED (Automatic External Defibrillator) available?

Send someone to get it and let me know when it arrives at the patient's side. *(Continue to Step 3. When the AED arrives, turn to AED Reference card.)*

(Continue...)

Go to Card **AED Reference**

3. Get the phone next to the patient or use the speakerphone.

4. Listen carefully. I'll tell you what to do.

5. Get the patient flat on their back on the floor or a hard surface. Kneel by the patient's side.

6. **Compression Only CPR:** Put the **heel** of one hand on the center of their chest, right between the **nipples**. Push down **hard and fast about two (2") inches in depth**, allowing the chest to return to its normal position between each pump. Try to pump twice every second, at least 100 to 120 compressions per minute. Continue counting with/for the caller until responders arrive. "I will help you keep the pace, ready (Count 1-120) keep going and count each compression."

7. **CPR with Rescue Breaths:** Put the **heel** of one hand on the center of their chest, right between the **nipples**. Push down **hard and fast about two (2") inches in depth**, allowing the chest to return to its normal position between each pump for a total of 30 compressions. Then provide 2 breaths followed again by 30 compressions for repeat cycles of compressions and breaths. Continue counting with/for the caller until responders arrive.

Instructions

8. **Rescue breaths:** Pinch the nose. With the other hand lift the chin and gently tilt the head back. If you see a foreign body in the mouth, remove it. Completely cover the child's mouth with your mouth and give 2 quick breaths. If providing breaths only because the patient has a pulse or signs of circulation, but is not breathing effectively, provide 1 breath every 2-3 seconds.

Repeat chosen steps until responders arrive.

(NOTE: If the patient begins to breathe, move or cough. Go to the **Airway Control Guidecard**.)

Go to Card **Airway Control**

Go to Card **Airway Control NON Trauma**

REMINDER:

Regardless if the caller is untrained or trained, if the caller reports the high likelihood of asphyxia, such as drowning or suffocation, follow instructions for chosen steps.

TRAINED AND WILLING TO DO VENTILATIONS: After 30 compressions, **pinch** the nose and **lift** the chin so that the head bends back. Give 2 breaths and then pump the chest 30 more times. Keep doing cycles of 30 compressions and 2 breaths until help takes over or the patient begins to breathe, move or cough. I'll stay on the line.

Remember: If this is an obstructed airway, instruct the callers to look for a foreign body in the throat before they start each set of rescue breaths. **ONLY** if they see a foreign body, remove it. Do not instruct a blind finger sweep.

NOTE: IF THE CALLER REPORTS VOMIT instruct the caller to turn the patient's head to the side.

CPR Infant <1 yr

Instructions

"Infant patients should receive instruction for compressions and then ventilations with repeat cycles of 30 compressions and 2 ventilations."

1. Does anyone there know **CPR**? (Trained bystanders may still need instructions.)

2. Is there an AED (Automatic External Defibrillator) available?

Send someone to get it and let me know when it arrives at the patient's side. (Continue to Step 3. When the AED arrives, turn to AED Reference card.)

(Continue...)

Go to Card **AED Reference**

3. Get the phone next to the patient or use the speakerphone.

4. Listen carefully. I'll tell you what to do.

5. **Compression Only CPR:** Lay the baby **FLAT** on his/her back on a table or the floor. Position yourself by the baby's side. Put two (2) fingers in the center of the chest, right between the nipples. Push down **hard and fast about one and a half (1 1/2") inches in depth**, allowing the chest to return to its normal position between each pump. Try to pump twice every second, at least 100 to 120 compressions per minute. Continue counting with/for the caller until responders arrive. "I will help you keep the pace, ready (Count 1-120) keep going and count each compression."

6. **CPR with Rescue Breaths:** Lay the baby **FLAT** on his/her back on a table or the floor. Position yourself by the baby's side. Put two (2) fingers in the center of their chest, right between the **nipples**. Push down **hard and fast about one and a half (1 1/2") inches in depth**, allowing the chest to return to its normal position between each pump. For a total of 30 compressions (then provide 2 breaths followed again by 30 compressions for repeat cycles of compressions and breaths). Continue counting with/for the caller until responders arrive.

7. **Rescue Breaths:** Lift the chin and gently tilt the head back. If you see a foreign body in the mouth, remove it. Completely cover the **BABY'S** mouth and nose with your mouth and give 2 quick breaths. If providing breaths only because the patient has a pulse or signs of

Instructions

Repeat chosen steps until responders arrive.

If caller is unwilling to perform breaths, then proceed with continuous chest compressions. Do compressions until help takes over or the patient begins to breathe, move or cough. I'll stay on the line.

NOTE: *If the patient begins to breathe, move or cough. Go to the **Airway Control Guidecard**.*

Go to Card **Airway Control**

Go to Card **Airway Control NON Trauma**

REMINDER:

*Regardless if the caller is untrained or trained, if the caller reports the high likelihood of asphyxia, such as drowning or suffocation, follow instructions for **TRAINED**.*

TRAINED AND WILLING TO DO VENTILATIONS: After 30 compressions, **tilt the head slightly and cover the nose and mouth with your mouth.** Give 2 breaths and then pump the chest 30 more times. Keep doing cycles of 30 compressions and 2 breaths until help takes over or the patient begins to breathe, move or cough. I'll stay on the line.

Remember: *If this is an obstructed airway, instruct the callers to look for a foreign body in the throat before they start each set of rescue breaths. **ONLY** if they see a foreign body, remove it. Do not instruct a blind finger sweep.*

(NOTE: IF THE CALLER REPORTS VOMIT instruct the caller to turn the patient's head to the side.

CPR Laryngectomy|Tracheostomy

Instructions

LARYNGECTOMY - Patients who have had a laryngectomy (the surgical removal of all or part of the larynx) have an opening at the base of their neck called a stoma, which connects the airway (trachea) to the skin of the neck. Patients with a complete laryngectomy will have no air flow from the mouth and nose.

PARTIAL LARYNGECTOMY - In patients with a partial laryngectomy, there can be some airflow through the nose and mouth, but the chest will not rise during ventilation unless the caller covers the patient's nose and mouth with one hand.

TRACHEOSTOMY - An artificial opening into the trachea through the neck. There can be some air flow from the nose and mouth in these patients and the chest will not rise during ventilation unless the caller covers the patient's nose and mouth with one hand.

*For all of the above, the method of ventilation is to perform direct mouth-to-stoma ventilations. **Do not instruct the caller to tilt the patient's head back.** Instead, keep the head straight.*

1. Does anyone there know **CPR**? (Trained bystanders may still need instructions)
2. Is there an AED (Automatic External Defibrillator) available?

Send someone to get it and let me know when it arrives at the patient's side. (Continue to Step 3. When the AED arrives, turn to AED Reference card.)

(Continue...)

Go to Card **AED Reference**

3. Get the phone next to the patient or use the speakerphone.
4. Listen carefully. I'll tell you what to do.
5. Get the patient **flat** on their back on the **floor** or a hard surface. Kneel by the patient's side.

Instructions

6. Put the **heel** of your hand on the center of their chest, right between the **nipples**. Put your other hand on **top** of that hand. Push down **hard and fast at least two (2") inches**, allowing the chest to return to its normal position between each pump. Try to pump twice every second, at least 100 to 120 compressions per minute. "I will help you keep the pace, ready (Count 1-120) keep going and count each compression."

7. **UNTRAINED:** Do compressions until help takes over or the patient begins to breathe, move or cough. I'll stay on the line.

TRAINED AND WILLING TO DO VENTILATIONS: After 30 compressions, keep the head **straight**. Completely cover the **stoma** with your mouth and put your hand over the mouth and nose, then give 2 deep **breaths** of air into their lungs — just like you are blowing up a big balloon. Make sure that the chest rises. Keep doing 30 compressions and 2 breaths until help takes over or the patient begins to breathe, cough or move. I'll stay on the line.

*(NOTE: If the patient begins to breathe, move or cough. Go to the **Airway Control card**.)*

Go to Card **Airway Control**

Go to Card **Airway Control NON Trauma**

(Regardless if the caller is untrained or trained, if the caller reports the high likelihood of asphyxia, such as drowning or suffocation, follow the instructions for TRAINED.)

IMPORTANT NOTE: If the patient is a child or infant use the wording "Small Breaths" where appropriate.

If the caller reports that the neck opening is encrusted with mucous, instruct the caller to clean the opening with a clean cloth.

Obstructed Airway-ADULT

Instructions

If the patient is conscious: Follow Step 1.

*If the patient is unconscious, go to **CPR ADULT** and instruct the caller to look for a foreign body in the throat. If they see a foreign body, remove it. Do not instruct a blind finger sweep.*

Go to Card **CPR Adult**

1. Is the patient able to talk or cough?

Stop, encourage them to keep coughing if they are.

Listen carefully and I will tell you what to do next.

Instructions

Stand **behind** the patient. Wrap your arms **around** their waist. Make a fist with one hand and place it against the **stomach**, in the **middle**, slightly above the **navel**. Grasp your **fist** with the other hand. Press into the stomach with **quick inward / upward thrusts**. Repeat the thrusts until the item is expelled. If the patient becomes unconscious, come back to the phone. *NOTE: In obese patients or women late in pregnancy, thrusts may be performed with hands placed over the middle of the breast bone.*

*If the patient becomes unconscious, go to **CPR ADULT** and instruct the caller to look for a foreign body in the throat. **ONLY** If they see a foreign body, remove it.*

Go to Card **CPR Adult**

Obstructed Airway-CHILD

Instructions

If the patient is conscious: Follow Step 1.

*If the patient is unconscious, go to **CPR - CHILD** and instruct the caller to look for a foreign body in the mouth before they start each set of rescue breaths. **ONLY** if they see a foreign body, remove it.*

Go to Card **CPR Child**

1. Is the patient able to **talk** or **cough**?

Stop, encourage them to keep coughing if they are.

Listen carefully and I will tell you what to do next.

Instructions

Stand **behind** the child. Wrap your arms **around** their waist. Make a fist with one hand and place it against the **stomach**, in the **middle**, slightly above the **navel**. Grasp your **fist** with the other hand. Press into the stomach with **quick inward / upward thrusts**. Repeat thrusts until the item is expelled. If the patient becomes unconscious, come back to the phone. *If the child becomes unconscious, go to **CPR - CHILD** and instruct the caller to look for a foreign body in the throat. **ONLY** if they see a foreign body, remove it.*

Go to Card **CPR Child**

Obstructed Airway-INFANT

Instructions

If the patient is conscious: Follow Step 1.

*If the patient is unconscious, go to **CPR INFANT** and instruct the caller to look for a foreign body in the throat. **ONLY** if they see a foreign body, remove it.*

Go to Card **CPR Infant**

1. There might be something blocking the baby's airway. Bring the baby to the phone.

2. Is the patient able to **cry** or **cough**?

Stop. Position the infant so that any secretions can drain out the baby's mouth.

Listen carefully and I will tell you what to do next. **Remove** the clothing from the baby's **chest**. **Pick up** the baby. Turn the baby **face down** so it lies along your **forearm**. Rest your **forearm** on your **thigh** and support the baby's jaw in your hand, but don't cover their mouth.

Let me repeat that: **Remove** the clothing from the baby's **chest**. **Pick up** the baby. Turn the baby **face down** so it lies along your forearm. Rest your **forearm** on your **thigh** and support the baby's jaw in your hand, but don't cover their mouth. Do that, and come back to the phone.

3. Listen carefully. **Tilt** the baby with the head down slightly. Use the **heel** of your other hand to **strike** the back 5 times, right **between** the shoulder blades. Do that and then come back to the phone.

Instructions

4. If the patient is still conscious but choking, turn them over so that they are face up and resting on your thigh and forearm. Place your second and third fingers in the middle of the chest and give 5 quick compressions about 1 and 1/2 inches deep. Reassess to see if the patient is no longer choking. If the patient is still conscious but choking with an obstructed airway, repeat steps 3 and then 4 until the airway is clear or the patient becomes unconscious.

If the infant becomes unconscious, go to **CPR - Infant** and instruct the caller to look for a foreign body in the throat. **ONLY** if they see a foreign body, remove it.

Go to Card **CPR Infant**

5. Is the baby breathing normally?

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

(Repeat steps 3-4 until the item is expelled or the infant becomes unconscious.)

Childbirth

Instructions

LABOR: Imminent or Active Delivery

(contractions less than 2 minute apart, strong desire to push, crowning, etc.)

1. Listen carefully - I'll tell you what to do. If possible, get the phone next to the patient.
2. Have the patient lay **flat** on her back on a bed or the floor - **don't** let her use the toilet. Have her relax by taking **slow, deep** breaths through her mouth.
3. Ask her to **remove** her clothing below the waist and **bend** her knees. Place a **clean** towel under her buttocks and have **additional** towels ready if available.
4. The baby's head usually delivers first. As the head begins to deliver, **support it** gently to prevent the baby from coming out too fast. **Do not** push or pull on the baby.

If the caller reports leg, arm, buttocks or umbilical cord presentation-GO TO [COMPLICATIONS](#).

5. Be sure the umbilical cord is **not** wrapped around the baby's neck; if it is, try to slip the cord **gently** over the baby's head using your fingers.
6. Once the head is out, the rest of the body will usually be delivered with the next few contractions. There **will be** water and blood with the delivery-this is **normal**. **Support** the baby as it is delivered.
7. Once the baby is delivered, clean out its **mouth and nose** with a clean dry cloth and place baby skin-on-skin on the mothers chest. Keep mother and baby warm with a clean dry blanket or towel. **Do not** cut or pull on the cord.

Instructions

8. If the baby is **not** breathing or crying on its own, **rub** its back or gently tap the bottoms of the baby's feet. If **NO** Response, go to **INFANT CPR**.

Go to Card **CPR Infant**

9. The contractions may start up again when the **placenta** is delivered-this is normal.

COMPLICATIONS: (leg, arm, buttocks, or umbilical presentation)

Reassure the mother. Ask her to get up onto her hands and knees. Have her try to relax by taking **slow, deep** breaths through her mouth. Tell her **not** to push.

LABOR: Non-Imminent Delivery

Have her lie in a comfortable position on her **left** side. Have her relax by taking **slow, deep** breaths through her mouth.

Airway Control NON Trauma

Instructions

BREATHING NORMALLY: NON-TRAUMA

1. Listen carefully - I'll tell you what to do. Roll the patient to his/her side. Have someone stay with the patient to **watch** his/her **breathing** until help takes over.

2. If the patient **vomits**, turn them onto their side to allow the vomit to drain from their mouth. Use your fingers to sweep out only what the caller can see in the patient's mouth.

3. If the patient **stops** breathing normally or his/her condition changes, call me back so I can tell you what to do.

BLOOD / VOMITING: NON-TRAUMA

1. Listen carefully. I'll tell you what to do. Roll the patient on his/her side. Use your fingers to sweep out only what the caller can see in the patient's mouth. Go do that and come back to the **phone**.

2. Is the patient breathing normally?

Instructions

Continue **watching** the patient's **breathing**. If the patient **stops** breathing normally or his/her condition changes, call me back so I can tell you what to do.

(Go to **CPR Instructions** for appropriate age group.)

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

Airway Control Trauma

Instructions

BREATHING NORMALLY: TRAUMA

1. Listen carefully - I'll tell you what to do. Gently **remove** any **pillows** that have been placed under the patient's head. **Don't** move the patient unless they are in danger. If you have to move the patient, try to keep the head and neck as **still** as possible.
2. Have someone stay with the patient to **watch** his/her **breathing** until help takes over.
3. If the patient **vomits**, or there is blood in the mouth, try to keep the head and neck **in line** with the rest of the body and **gently** roll the patient onto his/her left side to allow the vomit to drain from their mouth. Use your fingers to sweep only what the caller can see in the patient's mouth while keeping his/her head as **still** as possible.
4. If the patient **stops** breathing **normally** or his/her condition changes call me back so I can tell you what to do.

BLOOD / VOMITING: TRAUMA

1. Listen carefully - I'll tell you what to do. Try to keep the head and neck **in line** with the rest of the body and **gently** roll the patient onto his/her left side to allow the vomit to drain from their mouth. Use your fingers to sweep only what the caller can see in the patient's mouth while keeping his/her head as **still** as possible.
2. Is the patient breathing **normally**?

Instructions

Continue **watching** the patient's **breathing**. If the patient stops breathing **normally** or his/her condition changes, call me back so I can tell you what to do.

(Go to **CPR Instructions** for the appropriate age group.)

Go to Card **CPR Adult >8 yrs**

Go to Card **CPR Child 1-8 yrs**

Go to Card **CPR Infant <1 yr**

Bleeding/Tourniquet Application

Instructions

BLEEDING

To control bleeding:

- Use clean cloth and apply pressure directly over the wound. Do not remove.
- If the cloth becomes soaked, add more cloth to what is already there.
- If uncontrolled bleeding move to **Tourniquet Application** below.

TOURNIQUET APPLICATION

- Apply the commercial or improvised tourniquet (i.e. belt, neck tie, t-shirt, etc...) on the victims injured extremity. **DO NOT APPLY A TOURNIQUET TO THE HEAD OR NECK**
- The tourniquet needs to be applied as close as possible to the victim's shoulder or groin on the injured extremity.

Instructions

- Pass the strap through the buckle and pull as tight as you can before you start to turn the windlass (or stick). Tighten the tourniquet until the bleeding stops. If bleeding does not stop, instruct them to apply additional tightening to the tourniquet or have them apply another tourniquet directly below the original one.
- Have the caller document or provide calltaker with time of application.

COVID-19 CPR Adult (>8 yrs)

Instructions

1. Does anyone there know **CPR**? (*Compression-only CPR for adults with suspected out-of-hospital cardiac arrest (OHCA)*
Trained bystanders may still need instructions)
2. Is there an AED (Automatic External Defibrillator) available?
Send someone to get it and let me know when it arrives at the patient's side. (*Continue to Step 3. When the AED arrives, turn to AED Reference card.*)
(*Continue...*)
Go to Card **AED Reference**
3. **Cover your own mouth and nose with a facemask or cloth.**
4. **Cover the persons mouth and nose with a facemask or cloth.**
5. Listen carefully. I'll tell you what to do.
6. Get the patient **flat** on their back on the **floor** or a hard surface. Kneel by the patient's side.
7. Put the **heel** of your hand on the center of their chest, right between the **nipples**. Put your other hand on **top** of that hand. Push down **hard and fast, at least two (2") inches**, allowing the chest to return to its normal position between each pump. Try to pump twice every second, at least 100 to 120 compressions per minute. "I will help you keep the pace, ready (Count 1-120) keep going and count each compression."

Instructions

8. Do COMPRESSIONS ONLY until help takes over or the patient begins to breathe, move or cough. I'll stay on the line.

9. Use an AED as soon as it is available.

(NOTE: If the patient begins to breathe, move or cough. Go to the *Airway Control Guidecard*.)

Go to Card *Airway Control Trauma*

Go to Card *Airway Control NON Trauma*

REMINDER:

Remember: If this is an obstructed airway, instruct the caller to continue compressions. Do not instruct rescue breaths and do not instruct a blind finger sweep.

NOTE: IF THE CALLER REPORTS VOMIT instruct the caller to turn the patient's head to the side

Naloxone|Narcan

Vital Points Questions

- This card is ONLY used if the patient is unconscious / unresponsive from a suspected drug overdose and Naloxone / Narcan is present.
- If patient is unconscious and not breathing **NORMALLY** this card must be used with the age appropriate **CPR** guidecard .

Provide two breaths then instruct CPR

Go to Card *CPR Adult >8 yrs*

Go to Card *CPR Child 1-8 yrs*

Go to Card *CPR Infant <1 yr*

- If the caller is alone with the patient, have caller perform two (2) minutes of **CPR** then assemble and give medication.

SAFETY DISCLOSURE:

- **Tell** the caller, "Giving this medication can cause the patient to wake up and become aggressive or violent."
- **Ask**, "Do you feel safe giving this medication?"

To administer the medication (square box with single white administration device)

1. Place your second and third fingers on either side of the spray tip.
2. Place your thumb on the actuator (don't press).
3. Place the tip of the device in either nostril.
4. Press down on the actuator now.
5. This is a single administration only.

Vital Points Questions

Once it is administered

- Watch for signs of life e.g. movement, breathing normally, opening eyes, combative behavior.
- If patient is still **unresponsive and NOT breathing NORMALLY** continue with age appropriate **"CPR"**
- If patient is **unresponsive and breathing** normally lay them on their side in the recovery position.
- If patient is **conscious** encourage them to remain still until help arrives. Monitor them for any changes.

NO change in 3-5 minutes

- If a second box of **NALOXONE/NARCAN** is available, administer a second dose of same as the first.

To administer the medication (long narrow box with glass medication tube)

1. Remove all plastic colored caps they are not needed.
2. Insert the white *"Triangle Nostril Cone"* into the small end of the *"Plastic 'T' Shaped Syringe."*
3. Screw the *"Glass medication Tube"* in to the open circle at the end of the *"Plastic 'T' Shaped Syringe."*
4. Spray 1/2 (half) the medication into one nostril then the other 1/2 (half) of the medication into the other nostril.



COVID-19 Pandemic

Vital Points Questions

General:

- Does the patient have a fever or cough?

Notify responders of potentially Highly Infectious Disease symptoms.

LOCAL OPTION: Has the patient traveled to an area with known COVID-19 or has had contact with a patient with COVID-19 in the last two weeks?

Notify of potentially Highly Infectious Disease symptoms AND exposure risk. See PAI

See appropriate guidecard.

PAI For Caller

Advise the patient to remain where they are.

Advise the patient to separate from other persons, if possible.

Advise the caller (if not patient) to stay at least six feet away from the patient until responders arrive; have all other persons that have been in contact with patient remain where they are, provided it is at least six feet away from the patient.

PAI For Responders (EMS/LE/Fire)

Vital Points Questions

Advise responders of a concern for Highly Infectious Disease with or without potential exposure history (if known)

Advise of any scene safety concerns, erratic behavior, flailing, staggering, etc.

Make responders aware of Highly Infectious Disease concern before arriving on scene so they can don proper personal protective equipment (PPE)

Always follow Agency SOPs for responder and healthcare facility notification.

FULL Personal Protective Equipment

Follow ALL Agency PPE SOP's

Coronavirus Disease (COVID-19)

- COVID-19 should be considered in anyone with fever and respiratory symptoms that has traveled to an area where COVID-19 is present OR in someone who has had close contact with someone diagnosed with COVID-19.
- Incubation is up to 14 days.

Vital Points Questions

General: