



THE EMERGENCY DISPATCHER MEDICAL PROTOCOL SYSTEM

INITIAL SURVEY / VITAL SIGNS QUESTIONS	ACTION
(SPF Routed) I'm calling from 995. We receive a message from the Police that you require assistance. Can I confirm what happened?	Verify
1. What is the address / location of the emergency? Postal code/ building/ landmark/ JN/ LP no./ bus stop no.(5 digit)/ expressway (direction, km, exit)/ MRT (PSC, exit, line)/ Polyclinic (Room)	Verify
2. Okay, tell me exactly what happened. <ul style="list-style-type: none"> • Convulsions / Seizures • Drowning / Diving • Inhalation } Omit Qn.6,7,8. Go straight to Protocol.	
3. What is the phone number you're calling from? a. (Not obvious) How many people are injured/sick ? (If more than 1, go straight to protocols. May omit questions below)	Verify
4. How old is s/he? a. (Unsure) Tell me approximately then.	
5. (Not obvious) Are you with the patient now ? <ul style="list-style-type: none"> • 1st party (Caller) / 2nd party (Beside) / 3rd party (Away) (3rd party) - Can I have the contact no. of anyone with the patient? 	Verify
6. Is s/he awake (conscious)? (Tap and check for response / movement) <ul style="list-style-type: none"> • Conscious • Unconscious • Uncertain (2nd party) 	
7. Is s/he breathing normally? (2 nd party) Check to see any rise & fall of the chest. Tell me what you find. <ul style="list-style-type: none"> • Breathing • NOT Breathing NORMALLY ----- • NOT BREATHING AT ALL ----- • UNCERTAIN (2nd party) ----- 	7 9 (P1+) 9 (P1+)
8. (Optional for NEHR) What is the patient's IC No. ?	

INSTRUCTIONS BEFORE PROTOCOL

- a. **(Normal case)** I'm **getting** the ambulance now. **Stay** on the line, I will need **more information**.
- b. **(P1+ case)** I'm **sending** the ambulance now. **Stay** on the line, I'll **tell you what to do next**.
- c. **(3rd Party Caller)** I'm **sending** the ambulance **now**. I will be **calling** the number that you give, to **find out more about the patient**.

* IMPORTANT NOTE

For **NOT BREATHING AT ALL** or **UNCERTAIN/Unknown BREATHING** with Chief Complaints **(2,7,9,12,15,16 or 29)** triaged as **P1+ in Cardiac Arrest/Death Protocol**, immediate **dispatch**, provide necessary **DA-CPR instruction** before **returning** to Call Closure.

PRIMARY QUESTIONS

PAC

Code

1. Can s/he respond in the usual way when you call/tap (alert)? <ul style="list-style-type: none"> • Yes ----- • No (i.e. not alert) ----- • Unknown ----- 	P1+	1
2. (Male >50yrs or Female >12yrs) Did s/he faint (pass out) or nearly faint? <ul style="list-style-type: none"> • Yes ----- • No / Unknown ----- • Not Applicable ----- 	P1+	2
3. (Female,12-50yrs) Is she pregnant ? <ul style="list-style-type: none"> • Yes ----- • No / Unknown ----- • Not Applicable ----- 	11	
4. Is there any vomiting ? What does it look like? <ul style="list-style-type: none"> • No ----- • Blood / Coffee-ground ----- • Others ----- 	P1	3
5. Is her/his passing motion normal? <ul style="list-style-type: none"> • Yes (Patient < 1yr ----- P1) ----- • No (Black / Sticky / Blood) ----- • No (Diarrhea / Constipate) / Unknown (Patient < 1yr ----- P1) ----- 	P2 P1 P2	4 3 4

1

ABDOMINAL PAIN

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- (**Screening of Ebola**) Has s/he travelled overseas in the last 21 days?
 - ❖ (**YES**) Proceed to use the Infectious Disease Screening (IDS)
- Let her/him **rest** in the most **comfortable** position.
- (**Not alert**) If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS
P1+	1-1	Not Alert
	1-2	Fainting or near fainting
P1	1-3	Gastrointestinal (GI) Bleeding
P2	1-4	Abdominal pain
<p>AORTIC ANEURYSM</p> <p>Most often presents with severe abdominal pain, often radiating to the back, flank, groin/testicles and/or legs. In addition, most commonly these complaints will be accompanied with signs of shock.</p>		
<p>Cardiovascular Diseases (Myocardial Infarction / Angina)</p> <p>Which may present as upper abdominal pain or indigestion because of the shared nerves in the region of the thorax and upper abdomen.</p>		
<p>Ruptured Ectopic Pregnancy</p> <p>Typically presents with lower quadrant localized abdominal pain in a woman of child-bearing age (12 - 50yr) who may or may not be aware they are pregnant. The presence of signs and symptoms of shock indicate the severity of the blood loss which may/may not be externally evident.</p>		
<p>GI BLEEDING</p> <p>May be critical due to blood loss. Vomiting red blood or expelling dark, tarry stools could be critical and if so would most likely present with signs and symptoms of shock. Vomiting coffee ground-like material may indicate ulcer disease that suggests a much faster blood loss; but is not necessarily critical unless there are other symptoms such as syncope / near syncope when sitting / standing.</p>		
<p>Non-Critical Causes of Abdominal Pain</p> <ul style="list-style-type: none"> ▪ Gastroenteritis ▪ Appendicitis ▪ Bowel Obstruction ▪ Pelvic inflammatory disease (PID) ▪ Gallbladder disease ▪ Kidney stone ▪ Gas secondary to constipation ▪ GERD— Gastric esophageal reflux disease 		

ABDOMINAL PAIN

1

PRIMARY QUESTIONS

*UNCONSCIOUS & NO/UNCERTAIN breathing (per Case Entry) –
PAI – A / B / C ☠

PAC

Code

1. (Insect/Spider/Snake Bite) Where is it now?

- Nearby (Danger CC at end of Questions)
- Unknown
- Not Applicable

P1+

1

2. Can s/he respond in the usual way when you call/tap (alert)?

- Yes -----
- No (i.e. not alert) -----
- Unknown -----

P1+

2

3. Does s/he have difficulty breathing or swallowing?

- Yes -----
- No -----
- Unknown -----

P1+

3

4. What symptoms is s/he having?

- CRITICAL Symptoms (i.e. low BP/fainting/giddiness) -----
- NON-CRITICAL Symptoms (i.e. rash/hives/itch/swelling) -----
- Unknown (3rd Party) -----

P1

4

5. (Allergy) Does s/he have a history of SEVERE allergic reaction?

- Yes -----
- No / Unknown -----
- Not Applicable -----

P1

5

6. How long ago did it happened?

- Less than 1 hour / Unknown (3rd party) (**Patient < 1yr ----- P1**) -----
- More than 1 hour (**Patient < 1yr ----- P1**) -----
- More than 1 day (**Patient < 1yr ----- P1**) -----

P2

6

P3

7

P4

8

2

ALLERGIES/STINGS

CALL CLOSURE (CC)

- a. The ambulance is already on its way now.
- b. (Danger) Keep quiet and stay out of sight. Ensure you remain safe until the ambulance arrive.
- c. (Snakebite) Do not move around. Keep the bitten area below the heart level if possible. Do not apply ice/ tourniquet. Do not give any alcohol to drink.
- d. (Bee/Hornet/Wasp Sting)
 1. Brush / scrape off stinger (if possible)
 2. Ice / cold compress the sting area.
 3. Remove any tight fitting jewelry in the area.
- e. (Swelling) Put cold compress (ice pack) to area. Remove any tight fitting jewelry near the area.
- f. Let her/him rest in the most comfortable position; preferably sitting if breathless & alert / lie down with legs raised if giddy.
- g. (Not alert) If s/he vomits, quickly turn her/him to the side to prevent choking.
- h. Watch closely. If s/he gets worse in any way, call back immediately for more instructions.

PAC	Code	DESCRIPTIONS
P1+	2-1	Uncertain (INEFFECTIVE BREATHING)
	2-2	Not Alert
	2-3	SEVERE RESPIRATORY DISTRESS
P1	2-4	CRITICAL Symptoms
	2-5	History of SEVERE Allergic reaction
P2	2-6	Symptoms less than 1hr /Unknown status (3 rd party)
P3	2-7	Symptoms 1hr or more
P4	2-8	Symptoms 1 day or more
SEVERE RESPIRATORY DISTRESS		
<p>Complaints may include but are not limited to:</p> <ul style="list-style-type: none"> ✓ Changing color (Often described as turning pale or blue; especially to lips, finger nails, soles. More prominent in children). ✓ Difficulty speaking between breaths (Inability to complete a full sentence without breathing; can only speak a few words at a time). 		
<p>Anaphylaxis / Allergic Reaction</p> <p>Allergic reaction and anaphylaxis is caused by the over response of the body's natural immune system. Caused by almost anything when introduced into the body via ingestion / injection / inhalation / absorption; most allergic reactions are benign / non-critical and don't pose serious threat.</p> <p>Anaphylaxis is a sudden, severe and potentially life-threatening allergic reaction.</p> <p>CRITICAL Symptoms</p> <ul style="list-style-type: none"> • Low blood pressure (BP) • Sign of shock (syncope / near syncope when sitting/standing) occurs because of decreasing blood pressure / giddiness • Breathing difficulty / Respiratory distress occurs because of swelling of the throat or larynx - bronchospasm • Difficulty swallowing occurs because of swelling of the throat 		
<p>NON-CRITICAL Symptoms</p> <ul style="list-style-type: none"> • Rashes / Hives • Itching • Localized swelling • Long duration of time since exposure <p>SEVERITY and Exposure</p> <p>History of severe allergic reaction usually produces a more severe outcome with subsequent exposure. It may take up to an hour but most patients have a quicker response.</p> <p>The speed in which the symptoms appear following exposure to the causing agent (sting / medication / food ingestion) generally dictates the severity of the reaction.</p> <p>Patients with history of severe allergic reactions may have an Epi Pen prescribed by their physician. Do encourage the patient to use the Epi Pen as directed by their physician prior to ambulance arrival.</p>		

PRIMARY QUESTIONS

PAC

Code

1. What kind of animal is it? • Insect, spider or snake ----- • Large/ EXOTIC animal (DANGER CC at end of Questions) • Others		2	
2. Where is the animal now? • Nearby (DANGER CC at end of Questions) • Unknown			
3. Can s/he respond in the usual way when you call/tap (alert)? • Yes • No (i.e. not alert) ----- • Unknown	P1+	1	
4. Is there any blood? • Yes - Has it stopped? Approximately, how much is the blood loss? • No. More than 1 cup (Bleeding Control CC) ----- • No. Less than 1 cup (Bleeding Control CC) ----- • Yes • No / Unknown	P1+ P1	2 3	
5. Which part of the body is injured? • CENTRAL body (Patient < 1yr ----- P1) ----- • PERIPHERAL limbs (Patient < 1yr ----- P1) ----- • Unknown (Patient < 1yr ----- P1) -----	P2 P3 P3	4 5 5	

3

ANIMAL BITE/ATTACK

CALL CLOSURE (CC)

- The ambulance is already on its way now.
- (Danger) Keep quiet and stay out of sight. If safe to do so, isolate the animal. Ensure you remain safe until the ambulance arrive.
- (Bleeding control) / Info. Volunteered*
 - (Extremities) Do not tie anything tightly around the injured part. (If already applied, don't remove. Let the paramedic handle).
 - Get a clean, dry cloth or towel and place on the wound.
 - Press down hard to stop the bleeding.
- (Amputation)
 - Locate all amputated parts/skin and place in a clean plastic bag.
 - Don't place directly in ice/water; this may damage it.
- (Appropriate) Notify Animal Control.
- Let her/him rest in the most comfortable position; preferably sitting if breathless & alert.
- (Not alert) If s/he vomits, quickly turn her/him to the side to prevent choking.
- Watch closely. If s/he gets worse in any way, call back immediately for more instructions.

PAC	Code	DESCRIPTIONS											
P1+	3-1	Not Alert	NON-STOP Bleeding Bleeding (spurting or flowing) from any area . Volume of blood loss matters . Severe loss (more than 1 cup) may cause cardiac arrest faster.										
	3-2	NON-STOP Bleeding (> 1cup)											
P1	3-3	NON-STOP Bleeding (< 1cup)											
P2	3-4	Bleeding to CENTRAL body	SUPERFICIAL injury Minor, usually shallow (non-penetrating) wounds without priority symptoms .										
P3	3-5	SUPERFICIAL injury (PERIPHERAL limbs) / No Bleeding											
PERIPHERAL Limbs <ul style="list-style-type: none"> • Elbow • Forearm • Wrist • Hand • Finger • Knee • Lower leg • Ankle • Foot • Toe CENTRAL body <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">• Abdomen</td> <td style="width: 33%;">• Chest</td> <td style="width: 33%;">• Neck</td> </tr> <tr> <td>• Arm/armpit</td> <td>• Groin</td> <td>• Shoulder</td> </tr> <tr> <td>• Back</td> <td>• Head</td> <td>• Thigh</td> </tr> <tr> <td>• Buttock</td> <td>• Hip</td> <td></td> </tr> </table>		• Abdomen	• Chest	• Neck	• Arm/armpit	• Groin	• Shoulder	• Back	• Head	• Thigh	• Buttock	• Hip	
• Abdomen	• Chest	• Neck											
• Arm/armpit	• Groin	• Shoulder											
• Back	• Head	• Thigh											
• Buttock	• Hip												
EXOTIC Animal Any animal that may be poisonous, dangerous, or whose risk is unknown .		Points to Note... <ul style="list-style-type: none"> • Most mammal bites are not pre-hospital emergencies. However, large animals (lions, tigers, bears, crocodiles, sharks, horses, etc.), EXOTIC animals, and even some dogs (Pit bulls, Rottweilers) are capable of inflicting serious injuries. • On certain Protocols (3, 4, 8, 18, 26, etc.), an arrest may have been caused by extremely serious hemorrhage. In these cases, controlling the bleeding before initiating CPR may increase patient survival. 											

PRIMARY QUESTIONS

PAC

Code

1. Are there any weapons used? • Yes (Danger CC at end of Questions) • No		
2. Can s/he respond in the usual way when you call/tap (alert)? • Yes • No (i.e. not alert) ----- • Unknown	P1+	1
3. Does s/he have difficulty breathing ? • Yes ----- • No	P1+	2
4. Is there any blood ? • Yes - Has it stopped ? Approximately, how much is the blood loss ? • No. More than 1 cup (Bleeding Control CC) ----- • No. Less than 1 cup (Bleeding Control CC) ----- • Yes • No / Unknown	P1+ P1	3 4
5. Which part of the body is injured? • CENTRAL body (Patient < 1yr ----- P1) ----- • PERIPHERAL limbs (Patient < 1yr ----- P1) ----- • Unknown (Patient < 1yr ----- P1) -----	P2 P3 P3	5 6 6

4

ASSAULT/RAPE

CALL CLOSURE (CC)

a. The **ambulance** is already **on its way** now.

b. (**Danger**) Ensure you **remain safe** until the ambulance arrive.

c. (**Bleeding control**) / **Info. Volunteered***

(**Extremities**) **Do not tie** anything **tightly** around the injured part. (**If already applied, don't remove**. Let the paramedic handle).

Get a **clean, dry cloth** or **towel** and place on the wound.

(**Fracture**) **Avoid direct pressure** for broken bone or foreign object **impaled/stuck**.

Press down hard to **stop the bleeding**.

d. (**Rape**) **Do not change clothes, bathe, shower, or go to the bathroom**.

e. (**Amputation**)

Locate all amputated parts/skin and **place** in a **clean** plastic bag.

Don't place directly in ice/water; this may damage it.

f. (**Nose bleeding**) **Tightly pinch** the nose **under** the nasal (nose) **bone** and **lean forward**. **Don't sniff or blow**.

g. Let her/him **rest** in the most **comfortable position**. **Stay still** until help arrives.

h. (**Not alert**) If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.

i. **Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS														
P1+	4-1	Not Alert	NON-STOP Bleeding Bleeding (spurting or flowing) from any area . Volume of blood loss matters . Severe loss (more than 1 cup) may cause cardiac arrest faster.	Points to Note... <ul style="list-style-type: none"> Assault complaints are generally 3rd party calls and are often received by police dispatch first. 												
	4-2	Difficulty Breathing														
	4-3	NON-STOP Bleeding (> 1cup)														
P1	4-4	NON-STOP Bleeding (< 1cup)	SUPERFICIAL injury Minor, usually shallow (non-penetrating) wounds without priority symptoms .	<ul style="list-style-type: none"> Injuries to central body areas take precedence in sexual assault situations. 												
P2	4-5	Bleeding to CENTRAL body														
P3	4-6	SUPERFICIAL injury (PERIPHERAL limbs) / No Bleeding	Rules <ul style="list-style-type: none"> The preservation of evidence in sexual assault situations may be of much greater eventual importance to the patient than initial response and treatment of physical injuries. Sexual assault patients often require a very high level of compassionate care. Direct pressure on the wound should be avoided in the presence of visible fractured bone or foreign objects. 	<ul style="list-style-type: none"> On certain Protocols (3, 4, 8, 18, 26, etc.), an arrest may have been caused by extremely serious hemorrhage. In these cases, controlling the bleeding before initiating CPR may increase patient survival. When a problem is non-recent (more than 6hr), the presence of current priority symptoms is the issue of most concern, not the location of the injuries per se. Medical Dispatch should always try to obtain complete information. Response should be driven by specific priority problems. 												
PERIPHERAL Limbs <ul style="list-style-type: none"> Elbow Forearm Wrist Hand Finger Knee Lower leg Ankle Foot Toe 																
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PRIMARY QUESTIONS

PAC Code

1. When did the pain start? • Less than 6 hour (Go to Qn. 2) • More than 6 hour (Go to Qn. 3)		
2. (Less than 6hr) What caused the back pain? • Recent Fall ----- • Recent TRAUMA ----- • Unknown ----- • Not Applicable -----	18 28	
3. Does s/he have chest pain also? • Yes ----- • No ----- • Not Applicable -----	10	
4. Can s/he respond in the usual way when you call/tap (alert)? • Yes ----- • No (i.e. not alert) ----- • Unknown -----	P1+ 	1
5. Did s/he faint (pass out) or nearly faint? • Yes ----- • No / Unknown ----- • No / Unknown (non-recent) -----	P1+ P2 P3 	2 3 4

5

BACK PAIN

Non-Traumatic/Non-Recent Trauma

CALL CLOSURE (CC)

- a. The **ambulance** is already **on its way** now.
- b. Let her/him **rest** in the most **comfortable position**. **Stay still** until help arrives.
- c. ([Not alert](#)) If s/he **vomits**, quickly **turn her/him to the side** to prevent choking.
- d. **Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS		
P1+	5-1	Not Alert	AORTIC ANEURYSM Most often presents with severe abdominal pain , often radiating to the back, flank, groin/testicles and/or legs . In addition, most commonly these complaints will be accompanied with signs of shock .	Points to Note... <ul style="list-style-type: none"> Severity of pain is not related to the seriousness of the problem. When back pain is caused by a NON-RECENT injury, spinal cord injury is very unlikely.
	5-2	Fainting or near fainting		
P2	5-3	NON-TRAUMATIC back pain		
P3	5-4	Non-Recent traumatic back pain		
			NON-TRAUMATIC Not primarily caused by an external physical injury.	NON-TRAUMATIC causes <ul style="list-style-type: none"> Dissecting aortic aneurysm Kidney stone Low back syndrome Kidney infection Vertebral disc disease
			Rules <ol style="list-style-type: none"> Back pain should only be selected as the Chief Complaint when it is initially clear on the Case Entry that the cause is NON-RECENT traumatic or NON-TRAUMATIC back pain. If unclear, select Protocol 28. NON-TRAUMATIC back pain associated with fainting (or near fainting) in patients ≥ 50 yrs is considered to be a dissecting aortic aneurysm until proven otherwise. 	Non-Recent Traumatic Causes <ul style="list-style-type: none"> Bruised spine Fractured ribs Fractured spine Injured nerve Sprained back
			TRAUMA A physical injury or wound caused by an external force through accident or violence.	Symptoms of Possible Spinal Injury <ul style="list-style-type: none"> Abnormal breathing No pain or movement below injury Tingling sensation or numbness in extremities

BACK PAIN

Non-Traumatic/Non-Recent Trauma

PRIMARY QUESTIONS

PAC Code

1. Where is the bleeding from?	<ul style="list-style-type: none">• Amputation -----• Vagina (Go to Qn. 2)• Nosebleed (NOSEBLEED CC at end of Questions) (Skip Qn.2)• Others (Skip Qn.2)	28	
2. (Vaginal & Female, 12-50yr) Is she pregnant?	<ul style="list-style-type: none">• Yes -----• No -----• Not Applicable -----	11	
3. Can s/he respond in the usual way when you call/tap (alert)?	<ul style="list-style-type: none">• Yes -----• No (i.e. not alert) -----• Unknown -----	P1+	1
4. Has the bleeding stopped ? Approximately, how much is the blood loss ?	<ul style="list-style-type: none">• No. More than 1cup (BLEEDING CONTROL CC) -----• No. Less than 1cup (BLEEDING CONTROL CC) -----• Yes -----	P1+	2
5. Does s/he have any bleeding disorder or is on blood thinners ?	<ul style="list-style-type: none">• Yes -----• No /Unknown -----	P1	3
6. Is s/he vomiting / coughing out blood ?	<ul style="list-style-type: none">• Vomiting blood -----• Coughing blood -----• No / Unknown -----	P1 P1	4 4
7. Which part of the body is injured?	<ul style="list-style-type: none">• CENTRAL body (Patient < 1yr ----- P1) -----• PERIPHERAL limbs (Patient < 1yr ----- P1) -----• Unknown (Patient < 1yr ----- P1) -----	P2 P3 P3	5 6 6

6

BLEEDING/ LACERATION

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- (**Bleeding control**) / **Info. Volunteered***
 - (**Vaginal**) Use a **pad** to **soak** the **blood**. **Do not flush** the **toilet** or **throw** any used pads.
 - (**Extremities**) **Do not tie** anything **tightly** around the **injured part**. (**If already applied, don't remove**. Let the paramedic handle).
 - Get a **clean, dry cloth or towel** and place on the **wound**.
 - (**Fracture**) **Avoid direct pressure** for **broken bone** or foreign object **impaled/stuck**.
 - Press down** hard to **stop the bleeding**.
- (**Nose bleeding**) **Tightly pinch** the nose under the **nasal (nose) bone** and **lean forward**. **Don't sniff or blow**.
- (**Screening of Ebola**) Has s/he **travelled overseas** in the last **21 days**?
 - ❖ (**YES**) Proceed to use the **Infectious Disease Screening (IDS)**
- Let her/him **rest** in the most **comfortable position**. **Stay still** until help arrives.
- (**Not alert**) If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS				
P1+	6-1	Not Alert	NON-STOP Bleeding			
	6-2	NON-STOP Bleeding (> 1cup)	Bleeding (spurting or flowing) from any area . Volume of blood loss matters . Severe loss (more than 1 cup) may cause cardiac arrest faster.			
P1	6-3	Bleeding disorder / On blood thinner	Rules			
	6-4	Internal bleeding / Query AAA	<ol style="list-style-type: none"> EMDs should not delay transport for serious trauma cases. Direct pressure on the wound should be avoided in the presence of visible fractured bone or foreign objects. 			
P2	6-5	Bleeding to CENTRAL body	PERIPHERAL Limbs			
P3	6-6	Minor Bleeding (PERIPHERAL limbs) / Stopped Bleeding	<ul style="list-style-type: none"> Elbow Forearm Wrist Hand Finger Knee Lower leg Ankle Foot Toe 			
CENTRAL body						
<ul style="list-style-type: none"> Abdomen Arm/armpit Back Buttock Chest Groin Head Hip Neck Shoulder Thigh 						
Points to Note...						
<ol style="list-style-type: none"> Direct pressure will control most external bleeding and is the only control choice in the dispatch environment. In most cases, external bleeding is not as serious as it appears. Internal bleeding (from rectum, vomiting, coughing up blood, or 3rd TRIMESTER vaginal) is more serious and may result in hypovolemic shock (low blood volume). Bleeding from a wound around an inserted tube should not be considered “hemorrhage through tubes”. Hemorrhage through tubes may indicate internal bleeding. It is sometimes harder to control bleeding in people who have bleeding disorders (such as hemophilia) or who take blood thinners (such as warfarin). In these people, MEDICAL bleeding warrants the upgraded medical response. 						

BREATHING PROBLEM

7

PRIMARY QUESTIONS

*UNCONSCIOUS & NO/UNCERTAIN breathing (per Case Entry) – PAI – A / B / C ☠		PAC	Code
1. Is s/he choking now? • Yes ----- • No / Unknown -----		P1+ 12	1
2. Can s/he respond in the usual way when you call/tap (alert)? • Yes ----- • No (i.e. not alert) ----- • Unknown / Not Applicable -----		P1+ 12	2
3. When s/he speaks, is it in full sentence or only one word at a time (long/short cry)? • One/few words ----- • Full Sentence ----- • Not Applicable -----		P1+ 12	3
4. Is s/he coughing blood ? • Yes ----- • No / Unknown -----		P1 12	4
5. Does s/he have asthma or any lung disease ? • Yes (Prescribed Inhaler PDI) (Patient < 1yr ----- P1) ----- • No / Unknown (Patient < 1yr ----- P1) -----		P1 P2 12	5 6

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- (**Asthmatic with prescribed inhaler**) If s/he is **prescribed an inhaler**, **use it as instructed** by the doctor.
- (**Screening of MERS/Ebola**) Has s/he **travelled overseas** in the **last 21 days**?
❖ (**YES**) Proceed to use the **Infectious Disease Screening (IDS)**
- Let her/him **rest** in the most **comfortable position**; preferably **sitting if alert**.
- (**Not alert**) If s/he **vomits**, quickly **turn her/him to the side** to prevent choking.
- Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS	
P1+	7-1	Uncertain (INEFFECTIVE BREATHING)	<p>SEVERE RESPIRATORY DISTRESS</p> <p>Complaints may include but are not limited to:</p> <ul style="list-style-type: none"> ✓ Changing color (Often described as turning pale or blue; especially to lips, finger nails, soles. More prominent in children). ✓ Difficulty speaking between breaths (Inability to complete a full sentence without breathing; can only speak a few words at a time). <p>Rules</p> <ol style="list-style-type: none"> 1. Breathing problems are potentially life-threatening until proven otherwise. 1. A patient having breathing problems may worsen anytime. Always advise to call back if condition worsens. 1. If caller asks whether the patient should be given their medication now, medical dispatcher should only give instructions included in the protocol. <p>Normal SpO2 Range (95% - 100%)</p> <p>SpO2 is the oxygen saturation in the peripheral capillary.</p>
	7-2	Not Alert	
	7-3	SEVERE RESPIRATORY DISTRESS	
P1	7-4	Coughing Blood	<p>Problems in the lungs</p> <ul style="list-style-type: none"> • Acute pulmonary edema • Asthma • Congestive heart failure (CCF) • Emphysema (COPD) • Pneumonia • Pulmonary embolism (blood clot in lung) <p>Problems in the Upper Airway</p> <ul style="list-style-type: none"> • Allergic reactions • Choking • Croup (normally in children) • Epiglottitis (normally in children) • Partial foreign body obstruction • Tracheitis <p>Problems NOT in Lungs / Airway</p> <ul style="list-style-type: none"> • Cardiac arrest • Diabetic ketoacidosis (DKA/Hyperglycemia) • Drug/substance abuse • Heart attack • Hyperventilation syndrome • Respiratory arrest (overdose) • Seizures (epileptic or febrile) • STROKE (CVA) <p>Points to Note...</p> <p>While true hyperventilation is a benign (not serious) condition, medical dispatcher should never assume it exists.</p>
P2	7-6	Unknown cause	
<p>ABNORMAL BREATHING</p> <ul style="list-style-type: none"> • Children (3-5yr) = 22–34 breath/min • Children (6-12yr) = 18-30 breath/min • Adult (≥ 13yr) = 12-18 breath/min <p>If caller is unsure of normal breathing rate, the EMD should tell the caller to state when the patient takes each breath.</p> <p>(Adult) ≥ 6sec interval OR ≤ 3sec interval, is considered ABNORMAL breathing. (Max. 3 intervals)</p> <p>INEFFECTIVE BREATHING / AGONAL</p> <p>Interval ≥ 10sec between breaths</p>			
<h1>BREATHING PROBLEM</h1> <p>7</p>			

PRIMARY QUESTIONS

PAC

Code

- Is everyone **safe** and **out of danger**?
 - Yes
 - No (**Danger PDI at end of Questions**)

- How was s/he **burned/injured** ?
 - Electrical -----
 - Explosion (**Explosion PDI at end of Questions**)
 - Heat / Fire (**Cooling PDI at end of Questions**)
 - Household / Chemical (**Flushing PDI at end of Questions**)

16

- Can s/he **respond** in the **usual way** when you call/tap (**alert**)?
 - Yes
 - No (i.e. not alert) -----
 - Unknown

P1+ 1

- Does s/he have **difficulty breathing**?
 - Yes
 - No / Unknown (**Skip Qn. 5**)

- When s/he speaks, is it in **full sentence** or only **one word** at a time (**long/short cry**)?
 - One/few words -----
 - Full Sentence
 - Not Applicable

P1+ 2

- Which **part** of the body was **burned /injured**?
 - Facial -----
 - 15% body area or more (**Patient < 1yr ----- P1**) -----
 - Less than 15% body area (**Patient < 1yr ----- P1**) -----
 - Sunburn / Less than hand size (**Patient < 1yr ----- P1**) -----
 - Unknown (**Patient < 1yr ----- P1**) -----

P1+ 3
P2 4
P3 6
P3 7
P2 5

BURNS

(Scalds)/Explosion

8

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- (Danger)** Ensure you **remain safe** until the ambulance arrive.
- If her/his **clothes** are **burning**, **douse** with **water immediately**. If water is **not available**, then **roll** her/him **on the ground** to stop the fire.
- (Explosion)** **Do not touch** anything or **pick up** any **debris**.
- (Cooling/Flushing)**
 - Heat or Fire - Cool** the burn for up to **10 minutes** with running water.
 - Chemical - Flush** the area with a **lot of water** until ambulance arrive. **Avoid contact** with the chemical or water used.
- Let her/him **rest** in the most **comfortable position**. **Stay still** until help arrives.
- (Not alert)** If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS								
P1+	8-1	Not Alert								
	8-2	SEVERE RESPIRATORY DISTRESS								
	8-3	Significant facial burns								
P2	8-4	Burns (scalds) without PRIORITY SYMPTOMS								
	8-5	Unknown status (3 rd party)								
P3	8-6	Burns (scalds) < 15% BSA								
	8-7	Sunburn or MINOR burns (< hand size)								
SEVERE RESPIRATORY DISTRESS										
Inability to complete a full sentence without breathing; can only speak a few words at a time.										
PRIORITY SYMPTOMS										
The presence or absence of Priority Symptoms determines the selection of Chief Complaints and the instructions provided to the caller. They are:										
<ul style="list-style-type: none"> ▪ Chest pain (age > 30yrs) ▪ Changes in level of consciousness ▪ Difficulty breathing ▪ SERIOUS Hemorrhage 										
<h2>BURNS</h2> <p>(Scalds)/Explosion</p>										
8										
RULE OF NINES										
<p>To estimate the percentage of body surface burned. In adult, the areas of the body can be approximately divided into portions that are multiples of 9%. In the infant, relatively more area is taken up by the head and less by the legs.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Adult/Child (≥ 1yr)</td> <td style="text-align: center;">Infant (< 1yr)</td> </tr> <tr> <td style="text-align: center;">Back</td> <td style="text-align: center;">Front</td> </tr> <tr> <td style="text-align: center;">Front</td> <td style="text-align: center;">Back</td> </tr> </table>					Adult/Child (≥ 1yr)	Infant (< 1yr)	Back	Front	Front	Back
Adult/Child (≥ 1yr)	Infant (< 1yr)									
Back	Front									
Front	Back									
MINOR Burns										
<p>A burn (usually < hand size) that is clearly trivial, non-threatening, and is not a cause of immediate concern.</p>										
Burn Categories [Stable BSA]										
<ul style="list-style-type: none"> ▪ Full thickness (3rd degree): all skin layers [< 3%, exclude face & genitals] ▪ Partial thickness (2nd degree): blistering [<15%] ▪ Superficial (1st degree): reddening, sunburn 										
Rules										
<ol style="list-style-type: none"> 1. INEFFECTIVE BREATHING discovered during Key Questioning should be coded as SEVERE RESPIRATORY DISTRESS. 1. RULE OF NINES determine the approximate size of the burn for response assignment purposes. 1. Relay to responders a simple description of burned areas, not the RULE OF NINES percentage (%). A description is a more useful information. 2. All electrical burns are considered to be worse than they look externally. 										
Points to Note...										
<ol style="list-style-type: none"> 1. Pediatric patients or patients with large burns may develop hypothermia when exposed to prolonged cooling with water. 2. Use caution when cooling burns in cold climates or in areas with prolonged response times. 3. Most scene care for burn patients is supportive and compassionate. 4. Explosions may occur as the result of a bomb or because of a non-intentional event such as a gas leak with an ignition source. 										

PRIMARY QUESTIONS

PAC

Code

1. **(Appropriate ≥ 8yrs)** Is there a defibrillator (AED) available nearby?

- No
- Yes
- Not Applicable

2. **(Suspected Death)** Why does it look like s/he's dead?

- OBVIOUS Death
- EXPECTED Death
- Not Breathing ----- PAI - A / B / C ☠
- Uncertain Breathing ----- PAI - A / B / C ☠
- Hanging (**Go to "A"**) -----
- Strangulation (**Go to "B"**) -----
- Suffocation (**Go to "C"**) -----
- INEFFECTIVE BREATHING from other Protocol ----- PAI - A / B / C ☠

3. **(OBVIOUS Death)** Are you sure we should not **try to resuscitate** her/him (**do CPR**)?

- Yes -----
- Uncertain ----- PAI - A / B / C ☠
- Not Applicable -----

4. **(EXPECTED Death)** Has your doctor **advised** you that this **could happen** (**expected this**)?

- Yes -----
- Uncertain ----- PAI - A / B / C ☠
- Not Applicable -----

A. **(Hanging / Strangulation / Suffocation)** Where is the body now?

- Still Hanging
- On the floor (**Skip "B"**)
- Others

B. Can you **bring him / her down** (**access the body**)?

- Yes -----
- No / Not accessible -----

P1+ 1

P1+ 2

P1+ 3

P1+ 4

P1+ 5

P1+ 6

P3 8

P1+ 7

P3 9

P1+ 7

CC (c)

9

CARDIAC ARREST/DEATH

CALL CLOSURE (CC)

a. **(Suspected Death)** The ambulance is already **on its way**. I'll need you to **start CPR now**. I will guide you.

c. **(Hanging)** Cut her/him down **above the knot** immediately. **Loosen** the **noose around the neck**, then tell me if s/he's **breathing**. >> ☠ / CC (d)

d. **(Strangulation)** Loosen anything **around the neck**, then tell me if s/he's **breathing**. >> ☠ / CC (d)

e. **(Suffocation)** Remove anything **covering the face** or in the **mouth** and **put it aside** for the Police later; then tell me if s/he's **breathing**. >> ☠ / CC(d)

b. **(OBVIOUS or EXPECTED Death)** I'm sending someone to **assist** you. For your information, the **Police** will also be coming down. You can get a **family doctor** to **certify** the death, or the police will bring the body to the **Mortuary** for autopsy.

c. **(UNNATURAL Death)** I'm sending someone to **assist** you. For your information, the **Police** will also be coming down. **DO NOT go near or touch** the body until help arrives.

d. I'll stay on the line with you **as long** as I can. **Watch closely**. If condition **worsens** or the **ambulance arrives**, tell me immediately.

e. **(Urgent Disconnect)** I need to **hang up now** (**to take another call**). Help is on the way. **Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS	
P1+	9-1	Not Breathing at all	*from Case Entry only
	9-2	Breathing uncertain (AGONAL)	
	9-3	Hanging	
	9-4	Strangulation	
	9-5	Suffocation	
	9-6	INEFFECTIVE BREATHING (*discovered during KQ, link from other Protocols)	
	9-7	OBVIOUS or EXPECTED DEATH questionable	
P3	9-8	OBVIOUS DEATH unquestionable (a through g)	
	9-9	EXPECTED DEATH unquestionable (x through y)	
Points to Note...			
<p>1. "Funny noises" reported by the caller generally means the patient is unconscious with an uncontrolled airway and often represents AGONAL (dying) respirations at the beginning of a cardiac arrest.</p> <p>2. AGONAL respirations can be confused with "still breathing" before they fade away during an arrest.</p>			
<h2>CARDIAC ARREST/DEATH</h2> 9			
<h3>OBVIOUS DEATH</h3> <p>One of the following criteria must be volunteered by the caller before Obvious Death can be selected. Situations should be unquestionable and may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a - Cold AND Stiff in warm environment <input type="checkbox"/> b - Decomposition <input type="checkbox"/> c - Decapitation <input type="checkbox"/> d - Incineration <input type="checkbox"/> e - Submersion > 6hrs <input type="checkbox"/> f - Explosive Gunshot Wound to the head <input type="checkbox"/> g - Severe injuries obviously incompatible with life 			
<h3>EXPECTED DEATH</h3> <p>One of the following criteria must be volunteered by the caller before Expected Death can be selected. Situations should be unquestionable and may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> x - Terminal illness <input type="checkbox"/> y - DNR (Do Not Resuscitate) Order 			
<h3>Rules</h3> <ol style="list-style-type: none"> 1. A healthy child (or young adult) found in cardiac arrest is considered to have a foreign body airway obstruction (FBAO) until proven otherwise. 2. An unconscious person in whom breathing cannot be verified by a 2nd Party caller is considered to be in cardiac arrest until proven otherwise. 			
<h3>3. When the initial Chief Complaint appears to be seizure, go to Protocol 12 regardless of consciousness and breathing status.</h3>			
<h3>INEFFECTIVE BREATHING</h3> <p>When caller informs voluntarily any of the following during Case Entry, code as (2,7,9,12,15,16 or 29) - P1+ :</p> <ul style="list-style-type: none"> <input type="radio"/> "Barely breathing" <input type="radio"/> "Can't breathe at all" <input type="radio"/> "Fighting for air" <input type="radio"/> "Gasping for air" (AGONAL) <input type="radio"/> "Just a little" (AGONAL) <input type="radio"/> "Making funny noises" (AGONAL) <input type="radio"/> "Not breathing" <input type="radio"/> "Turning blue or purple or black" 			
<h3>Determining AGONAL BREATHING</h3> <p>When the patient is unconscious or not alert and is breathing abnormally or irregularly, the EMD should tell the caller to state when the patient takes each breath. If the time between breaths is 10 seconds or more, this should be immediately be considered INEFFECTIVE BREATHING that is likely a fading, AGONAL (dying) respiratory pattern. Check a maximum of four breaths (three intervals tested).</p>			
<h3>DNR (Do Not Resuscitate) Order</h3> <p>A physician's order directing medical personnel to not attempt to revive a patient using CPR or other extraordinary means.</p>			

PRIMARY QUESTIONS

	PAC	Code
1. Can s/he respond in the usual way when you call/tap (alert)? • Yes ----- • No (i.e. not alert) ----- • Unknown -----	P1+	1
2. When s/he speaks, is it in full sentence or only one word at a time (long/short cry)? • Few words ----- • Full Sentence ----- • Unknown -----	P1+	2
3. Does s/he look pale AND have cold sweat ? • Yes ----- • No / Unknown -----	P1	3
4. Does s/he have a pacemaker ? • Yes ----- • No / Unknown (Skip Qn.5) -----		
5. (Pacemaker) Did it discharge (go off/ shock) in the last 30min? • Yes ----- • No ----- • Not Applicable -----	P1 P1	3 3
6. Has s/he ever had a heart attack or similar episode before? • Yes (Prescribed GTN PDI) ----- • Slow / Fast heart rate / SVT / VT ----- • No ----- • Unknown -----	P1 P1 P2 P2	4 5 6 7

10

CHEST/HEART PAIN (Non-Trauma)

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- (Heart patient with prescribed GTN) If s/he is **prescribed GTN** (medicine put under **tongue**):
 - Ensure s/he is **not** feeling **giddy/fainting**.
 - Take the **GTN** as instructed by the doctor and **monitor changes**.
- (Screening of MERS/Ebola) Has s/he travelled overseas in the **last 21 days**?
❖ (YES) Proceed to use the Infectious Disease Screening (IDS)
- Let her/him **rest** in the most **comfortable position**; preferably **sitting if alert**.
- (Not alert) If s/he **vomits**, quickly **turn her/him to the side** to prevent choking.
- Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS	A.I.C.D / PACEMAKER	Heart Attack Symptoms
P1+	10-1	Not Alert	<p>An Automatic Implanted (Internal) Cardiac Defibrillator is a device designed to administer and electric shock to control tachy arrhythmia (rapid heart rate) and restore a normal heartbeat.</p> <p>Rules</p> <ol style="list-style-type: none"> 1. A patient having a heart attack may worsen any time. Always advise to call back if condition worsens. 2. A patient > 30yrs with chest pain is considered a heart attack patient until proven otherwise. 3. If the patient has a slow or very rapid heart rate (<50bpm or >130bpm), paramedics (ALS) should be sent. 4. Pacemaker (A.I.C.D.s) are becoming more common. A single firing may be normal; but multiple firings or firings associated with priority symptoms may indicate a pre-hospital emergency. 5. If caller asks whether the patient should be given their medication now, medical dispatcher should only give instructions included in the protocol. 6. Chest pain due to trauma (current or non-recent) should be handled on Protocol 28. 	<p>Callers may provide non-specific complaints in Heart Attack cases. Due to patient's denial or caller confusion, the following symptoms may not be recognized as a Heart Attack:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aching pain <input type="checkbox"/> Chest pain (now gone) <input type="checkbox"/> Constricting band <input type="checkbox"/> Crushing discomfort <input type="checkbox"/> Heaviness <input type="checkbox"/> Numbness <input type="checkbox"/> Pressure <input type="checkbox"/> Tightness <p>While these symptoms are common in the chest, they may also (or only) be present in the arm(s), jaw, neck, or upper back.</p>
	10-2	DIFFICULTY SPEAKING BETWEEN BREATHS		
	10-3	Acute Coronary Syndrome (with/without firing PACEMAKER)		
P1	10-4	Heart attack / angina history		
	10-5	Heart rate < 50bpm or ≥ 130bpm		
P2	10-6	Chest pain		<p>Severity of Problems</p> <p>Critical:</p> <ul style="list-style-type: none"> • Dissecting thoracic aortic aneurysm • Heart attack (myocardial infarction) <p>Potentially Critical:</p> <ul style="list-style-type: none"> • Angina (myocardial insufficiency) • Pericarditis • Pneumothorax • Pulmonary embolus (clot in lung) <p>Non-Critical:</p> <ul style="list-style-type: none"> • Esophagitis • Hiatal hernia (< 35yrs) • Pleurisy • Pneumonia (excl. children/elderly) • Viral illnesses
	10-7	Unknown status (3 rd party)		
DIFFICULTY SPEAKING BETWEEN BREATHS Inability to complete a full sentence without breathing; can only speak a few words at a time.				
<h1>CHEST/HEART PAIN (Non-Trauma)</h1> 10				

PRIMARY QUESTIONS

PAC

Code

1. How many weeks (or months) pregnant is she?
- 1st Trimester (0-3mth / 12wk) (**Skip Qn.3,4,5**)
 - 2nd Trimester (4-6mth / 13-24wk)
 - 3rd Trimester (7-9mth / 25-40wk)

2. Is she having contractions (labor pains)?
- Yes
 - No (**Skip Qn.3,4,5**)
 - Unknown

3. (> 5 months / 20weeks) Can you see (*feel or touch) any part of the **baby** now? (You go check and tell me what you find.)
- No
 - BREECH or CORD ----- PAI – F-5 ☠
 - Head visible/out ----- PAI – F-7 ☠
 - Baby born ----- PAI – F-7 ☠
 - Not Applicable

4. (> 5 months / 20weeks) Is this her first pregnancy?
- Yes
 - No
 - Not Applicable

5. (> 5 months / 20weeks) How many minutes apart are the contractions (labor pains)?
- 2 minutes or less apart (1st Pregnancy) ----- PAI – F ☠
 - 5 minutes or less apart (Subsequent pregnancy) ----- PAI – F ☠
 - More than 5 minutes apart
 - Unknown ----- P1
 - Not Applicable

6. Is there any **bleeding**?
- Yes ----- P1
 - No ----- P1
 - Unknown ----- P1

11

CHILDBIRTH / OBSTETRICS

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- Lie her down** on her **left** in a **comfortable position** and take **deep breaths** between contractions (**labor pains**).
- Do not go** to the toilet or try to **prevent the birth**.
- (**Bleeding**) Use a **pad** to **soak the blood**. **Do not flush** the toilet or **throw** any used pads.
- (> 5 months / 20weeks) **Watch closely**. If she feels like **pushing/passing motion**, **call back immediately** for more instructions.
- Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more instructions.

PAC	Code	DESCRIPTIONS
P1+	11-1	BREECH / CORD Presenting
	11-2	IMMINENT DELIVERY
	11-3	Baby Born
P1	11-4	Bleeding
	11-5	No Bleeding
	11-6	Unknown status (3 rd party)
MISCARRIAGE		The post-delivery of a fetus or products of a conception (tissue) prior to 5 months or 20 weeks of gestation.
<p>3rd TRIMESTER 7 – 9 months OR 25 – 40 weeks</p> <p>2nd TRIMESTER 4 – 6 months OR 13 – 24 weeks</p> <p>1st TRIMESTER 0 – 3 months OR 0 – 12 weeks</p> <p>BREECH or CORD Presenting Presentation of the umbilical cord, hands, feet , or buttocks first from the birth canal.</p> <p>IMMINENT DELIVERY</p> <ul style="list-style-type: none"> <input type="checkbox"/> (1st full pregnancy) labor pains < 2 min apart <input type="checkbox"/> (2nd plus pregnancy) labor pains < 5 min apart <p>HIGH RISK Complications Situations of high risk complications may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Premature birth (\geq 20 weeks) <input type="checkbox"/> Multiple birth (\geq 20 weeks) <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Blood thinners 		
<p>Rules</p> <ol style="list-style-type: none"> 1. When crowning (top of baby's head is visible) and/or pushing is present, turn to PAI Childbirth - Delivery sequence "Check crowning" (F-4) since birth is IMMINENT. 2. Presentation of the cord, hands, feet, or buttocks first (BREECH) is a critical prehospital emergency. Often the only chance for survival of the baby is at the hospital. 3. Pregnant patients who have "illness" as the primary complaint should be handled on Protocol 25 unless the problem concerns vaginal bleeding, labor, MISCARRIAGE, or waters broken. <p>Points to Note...</p> <ol style="list-style-type: none"> 1. In general, first full primigravida patients progress through labor more slowly than second plus, full multigravida patients. 2. Any attempt to prevent or delay birth can cause serious brain damage to the baby and even death. 		

PRIMARY QUESTIONS

1. What did s/he choke on?

- Liquids
- Solids

2. Is s/he coughing (crying) at all?

- No (Unconscious) ----- PAI – A / B / C ☠
- No (Conscious) ----- PAI – D-3/10 ☠
- Yes

3. Is s/he able to talk normally (or cry)?

- No ----- PAI – D-3/10 ☠
- Yes (*Patient < 1yr ----- P1*)

PAC

Code

12

CHOKING

CALL CLOSURE (CC)

- The ambulance is already on its way now.
- Let her/him rest in a comfortable position; preferably sitting (carried upright).
- Watch closely for funny noises, turning blue, or if s/he becomes unconscious. Call back immediately for more instructions.
- (No Longer Choking) I'll stay on the line with you as long as I can. Watch closely. If condition worsens or the ambulance arrives, tell me immediately.
- (Urgent Disconnect) I need to hang up now (to take another call). Help is on the way. Watch closely. If s/he gets worse in any way, call back immediately for more instructions.

PAC	Code	DESCRIPTIONS	PARTIAL Choking	Choking
P1+	12-1	Confirmed Choking / INEFFECTIVE BREATHING	Complaints may include but are not limited to: <ul style="list-style-type: none">▪ Forceful coughs▪ Wheezing sounds between coughs▪ Abnormal breathing▪ Difficulty speaking normally	Choking occurs when the airway is partially or totally blocked by an object. While most choking involves food (at restaurants, barbecues, and in the home), small children can choke on toys or other objects they put in their mouths, and many people choke on chewing gum.
P1	12-2	Abnormal Breathing (PARTIAL Choking)		
P3	12-3	No Longer Choking – Alert, Breathing Normal.		
Points to Note...			<p>1. PARTIAL obstruction can be made more life-threatening by attempted intervention in the breathing patient. The best approach for PARTIAL airway obstruction is to let the affected person try to clear their airway on their own.</p> <p>2. As true choking rarely occurs with liquids, gagging is a better term for the choking-like phenomenon that occurs with baby formula and other liquids. Gagging is rarely a pre-hospital emergency.</p>	
			<p>1. A healthy child (or young adult) found in cardiac arrest is considered to have a foreign body airway obstruction until proven otherwise.</p> <p>2. Only if the victim of a PARTIAL obstruction begins to faint (pass out) should the EMD instruct the caller to try an obstructed airway maneuver, since the patient can no longer make efforts to clear his own airway.</p> <p>3. Before selecting “No longer choking”, the caller needs to verify that the patient is not choking now (can talk or cry, is alert and breathing normally).</p> <p>4. Back slaps are not recommended due to the increased risk of injury from overly forceful or misplaced blows from an untrained caller.</p>	<p>Repetitive Persistence Examples</p> <p>Always combine a command - “calm down” - with a reason - “so we can help.”</p> <p>Pick an appropriate phrase and repeat it verbatim.</p> <ul style="list-style-type: none"> ➤ “Ma’am, you’re going to have to calm down in order to help your baby.” ➤ “Sir, please calm down and listen to me carefully so that we’re sure to do it right.” ➤ “Your son needs to calm down so that you can help him.” <p>Reassurance Examples</p> <ul style="list-style-type: none"> ➤ “It’s okay, we can do this together.” ➤ “You’re doing great.” ➤ “I am here with you.” ➤ “That’s very good.”

PRIMARY QUESTIONS

PAC

Code

1. Has the jerking (twitching) stopped? • Stopped • Still jerking (Still Seizing CC) ----- • Unknown	P1+	2
2. Is s/he breathing right now? • Not breathing ----- PAI - A / B / C  • Breathing • Unknown	P1+	1
3. Has s/he had more than one fits episode in a row? • Multiple episode ----- • One episode • Unknown	P1	4
4. Can s/he respond in the usual way when you call/tap (alert)? • Yes • No (i.e. not alert) ----- • Unknown	P1+	3
5. (Female 12-50yr) Is she pregnant ? • Pregnant ----- • Not pregnant • Not Applicable	P1	5
6. (Child < 6yr) Is s/he having any fever ? • Fever (Fever CC) (Patient < 1yr ----- P1) ----- • No fever / Unknown • Not Applicable	P3	9
7. Does s/he have history of diabetes ? • Diabetic ----- • Unknown (Patient < 1yr ----- P1) ----- • No diabetes (Patient < 1yr ----- P1) -----	P1 P2 P3	6 7 8

13

CONVULSIONS / FITS

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- (**Still Fitting? / Start again**)
 - ✓ **Don't hold** her/him **down** or **force** anything **into** the **mouth**
 - ✓ **Move dangerous** objects **away** from her/him.
 - ✓ Place a **cushion / pillow** **under** her/his **head**.
 - ✓ I'll **stay** on the line with you. **Tell me** once s/he **stops fitting**.
- Ensure** s/he is **breathing** (when **fitting stops**) and gently **turn** on her/his **side**.
- When s/he **wakes up**, **reassure** (**comfort**) and tell her/him **not to get up** or **walk** around.
- (**Fever**) Using clean cloth and **tap water**, **sponge** her/him over the **head, neck, armpits** and **groin** area to bring **down** the **temperature** and prevent another episode of fits.
- Let her/him **rest** in the most **comfortable position**. **Stay still** until help arrives.
- (**Not alert**) If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- Watch closely**. If s/he **starts fitting** again or gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS		
P1+	13-1	Not Breathing (after fitting stops)	Febrile Fits <p>Febrile fits occur children between 6 months and 6 years of age as a result of fever; lasting for short duration (less than 15 minutes) They are not pre-hospital emergencies but must always be evaluated by a physician to rule out rare but serious brain infections. The risk of death from a febrile fits itself is virtually zero.</p>	Types of Fits <ul style="list-style-type: none"> ➤ Generalized Absence (petit mal - brief LOC) Atonic (drop attack - loss of muscle tone) Myoclonic (brief bilateral jerks - isolated) Tonic-clonic (grand mal - unconscious, convulsions, muscle rigidity) ➤ Simple partial Focal/Local (aura - isolate jerking, still conscious) ➤ Complex partial Temporal lobe / Psychomotor
	13-2	CONTINUOUS fits		
	13-3	Not Alert		
P1	13-4	MULTIPLE fits	Rules <ol style="list-style-type: none"> 1. Fits in a person > 35 years old is considered a cardiac arrest until effective breathing is physically verified by the caller. 2. Check ABC very carefully before initiating CPR after a seizure. 3. When the initial Chief Complaint appears to be fits, go to Protocol 13 regardless of consciousness and breathing status. 	Causes of Fits <ul style="list-style-type: none"> • Cardiac arrest (anoxia-lack of oxygen) • Diabetes (low & high blood sugar) • Drug (cocaine, amphetamine) • Eclampsia (due to pregnancy) • Epilepsy (unknown cause) • Fever (in children) • Hypoxia (inadequate oxygen) • Meningitis (infection around the brain) • Trauma • Tumor
	13-5	Pregnancy		
	13-6	Diabetic History		
P2	13-7	Unknown status (3 rd party)	Points to Note... <ol style="list-style-type: none"> 1. Convulsion-like activity can be an initial symptoms of cardiac arrest. 2. All active-fits patients appear to have abnormal or absent breathing. 3. A fits patient with an unknown history of fits has most likely had fits before. 4. Tonic-clonic (grand mal) seizure generally last about 60 seconds. 5. Anoxic seizure resulting from cardiac arrest is usually much shorter. 6. After fitting stops, patient is normally unconscious for approximately 15 minutes or lesser (some may be longer). 	Problems Linked with Fits <ul style="list-style-type: none"> • After-seizure confusion (postictal) • Airway control • Aspirated secretions • CONTINUOUS or MULTIPLE fits • Inappropriate CPR • Tongue biting
P3	13-8	Stop Fitting & Breathing		
	13-9	Febrile Fits		
CONTINUOUS Fits A seizure in an unconscious patient that is still in progress during the interrogation and after a physical verification by the caller.				
MULTIPLE Fits The occurrence of more than one seizure in a patient who remains unconscious or not alert between episodes .				
Fits An abnormal firing of brain cells, usually resulting in jerking movements. Also known as convulsions, epilepsy, or seizures.				
CONVULSIONS / FITS			13	

14 DIABETIC PROBLEM

PRIMARY QUESTIONS

	PAC	Code
1. Can s/he respond in the usual way when you call/tap (alert)? • Yes ----- • No (i.e. not alert) ----- • Unknown -----	P1+	1
2. Is s/he breathing at a normal pace? • No ----- • Yes (Skip Qn.3) -----		
3. Can s/he speak in full sentence or only few words at a time <i>(long/short cry)</i> ? • Few words ----- • Full Sentence ----- • Not Applicable -----	P1+ P1	2 3
4. Is s/he behaving normally now? • Combative (Combative CC) ----- • Yes (Patient < 1yr ----- P1) ----- • Giddy / Drowsy -----	P1 P3	4 5
5. (Giddy or Drowsy) Has s/he eaten anything yet? • Yes ----- • No (Giddy/Drowsy CC) -----	P1 P1	4 4

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- (Not Alert)** **NO food or drink** to be given.
- (Combative)** If it's **safe** to do so, **observe** her/him continuously and **protect** her/him from hurting her/himself.
- (Giddy/Drowsy)** If s/he can eat or drink **on** her/his **own**, give her / him a sweet drink; **OTHERWISE NO food or drink** to be given.
- Let her/him **rest** in the most **comfortable** position.
- (Not alert)** If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- Watch closely.** If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS	Rules	Hypoglycemia / Insulin Shock (Rapid Onset)
P1+	14-1	Not Alert	<ol style="list-style-type: none"> Determining the level of consciousness is the key to correctly assigning the pre-hospital response. EMDs should not advise administration of oral sugar to symptomatic diabetics. There is no clinical evidence of improved outcome by such EMD intervention, while the potential for airway obstruction in the not alert patient is high. The airway of an unconscious patient must be constantly maintained. If caller asks whether the patient should be given their medication now, medical dispatcher should only give instructions included in the protocol. 	<p>Hypoglycemia / Insulin Shock</p> <p>(Rapid Onset)</p> <p>Too much insulin has depleted the body's available blood sugar. Since the brain's most usable fuel is sugar, it is the first organ at risk. This is more serious if the patient is not alert, and is commonly confused with alcohol intoxication.</p>
	14-2	SEVERE RESPIRATORY DISTRESS		
P1	14-3	ABNORMAL BREATHING		<p>Diabetic Ketoacidosis (DKA)</p> <p>(Gradual Onset)</p> <p>Pre-coma state resulting from insufficient insulin. Unable to use sugar as fuel, the body burns its own tissue (fat, muscle). The ketoacids (acetones) produced are "toxic" to the patient and cause a slow increasing illness state. This is not considered a prehospital medical emergency if the patient is alert, but requires medical evaluation and treatment.</p>
	14-4	Abnormal Behavior		
P3	14-5	Alert & Normal Behavior		<p>Diabetic Coma (Later Onset)</p> <p>Unconsciousness or decreased level of consciousness occurring later in untreated diabetic ketoacidosis. Without an accurate history, this problem may be difficult to tell from insulin shock. Airway control is the first priority in Post-Dispatch Instructions if the patient is unconscious.</p>
COMA		<p>A state of unconsciousness from which the patient cannot be aroused.</p>		
ABNORMAL BREATHING		<ul style="list-style-type: none"> Children (3-5yr) = 22–34 breath/min Children (6-12yr) = 18-30 breath/min Adult (\geq13yr) = 12-18 breath/min <p>If caller is unsure of normal breathing rate, the EMD should tell the caller to state when the patient takes each breath.</p> <p>(Adult) \geq 6sec interval OR \leq 3sec interval, is considered ABNORMAL breathing. (Max. 3 intervals)</p>		
<h1>DIABETIC PROBLEM 14</h1>				

PRIMARY QUESTIONS

1. Where is s/he **now?**
 - In water (**Danger CC**) -----
 - Out of water -----
 - Unknown (3rd party) -----

2. Can s/he **respond** in the **usual way** when you call/tap (**alert**)?
 - Unconscious -----
 - Not alert -----
 - Yes -----
 - Unknown -----

3. Is s/he **breathing** at a **normal pace**?
 - No **AND** Unconscious ----- PAI - **A / B / C** ☠
 - No ----- P1+
P1
 - Yes ----- P1

4. Does s/he have any **injuries**?
 - Yes (**DIVING / SCUBA**) ----- P1
 - Yes (Others) (**Patient < 1yr ----- P1**) ----- P2
 - Unknown (**Patient < 1yr ----- P1**) ----- P2
 - No (**Patient < 1yr ----- P1**) ----- P3

PAC
R-Water
Mishap (P1)

Code
3

15 DIVING / DROWNING

CALL CLOSURE (CC)

- a. The **ambulance** is already **on its way** now.
- b. (**Danger**) Ensure you **remain safe**. Do not go in the **water** unless it's safe to do. **Inform** when s/he is **out of the water**.
- c. Let her/him **rest** in the most **comfortable position**. **Stay still** until help arrives.
- d. (**Not alert**) If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- e. **Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS	Rules	Points to Note...
P1+	15-1	Unconscious & NOT Breathing	<p>1. The current location of a drowning patient (in water, underwater, out of water) should be determined on Case Entry during “What is the problem, tell me exactly what happened?” This ensures proper use of P1+ coding for patients underwater or not breathing.</p> <p>2. A submerged patient, regardless of time underwater ($\leq 6\text{hr}$), is considered resuscitable by definition until proven otherwise, especially in cold water condition.</p> <p>3. Each year, potential rescuers drown themselves attempting to save drowning people. The caller should be advised to attempt a rescue only if it is safe to do so.</p> <p>4. In diving accidents where there is any suspicion of neck injury, tilting the head or moving the patient should be avoided if at all possible.</p>	<p>1. Victims of cold-water drowning can remain underwater for long periods of time before death or brain damage occurs. An automatic body reflex is called the “diving reflex” is triggered in cold water. Inhaled cold water may also lower blood and body temperature. The heart usually remains beating for a few minutes after submersion.</p> <p>2. The “diving reflex” is more pronounced in children under four years of age, possibly because of a similar reflex experienced during childbirth enabling the fetus to survive on limited oxygen.</p>
	15-2	Not Alert		
P1	15-3	Underwater		
	15-4	DIVING or Suspected Neck Injury / SCUBA accident		
	15-5	Near Drowning (Alert & Abnormal breathing)		
P2	15-6	Unknown status (3 rd Party)		
	15-7	Injured		
P3	15-8	No Injury		
DIVING To jump or plunge into water from a height.				
SCUBA A commonly used acronym for Self-Contained Underwater Breathing Apparatus , used here to define problems occurring while using this device underwater.			<h3>Prolonged Submersion Case Example</h3> <p>In 1986, a 2$\frac{1}{2}$ year old girl was submerged in a cold water river for over 63 minutes and survived without serious brain damage after an extensive resuscitation that included internal warming from a heart/lung bypass machine at a children’s trauma center. No one knows how long a patient can be submerged and still survive.</p>	
DIVING / DROWNING				
15				

16 ELECTROCUTIONS

PRIMARY QUESTIONS

*UNCONSCIOUS & NO/UNCERTAIN breathing (**per Case Entry**) –
PAI – A / B / C ☠

**Beware of electrical risks and electrified water. Turn off the power if it's safe to do so.

1. Is s/he **disconnected** (away) from the power source (no more hazard)?

- Yes -----
- No / Unknown (**Danger CC at end of Questions**) -----

PAC
P1+
1

2. Can s/he **respond** in the usual way when you call/tap (alert)?

- Unconscious & breathing (**per Case Entry**) -----
- No (i.e. not alert) -----
- Yes -----
- Unknown -----

P1+
3

3. Is s/he **breathing** at a normal pace?

- No -----
- Yes (**Skip Qn.4**) -----
- Unknown (**Skip Qn.4**) -----

P1+
2
P1+
4

4. Can s/he speak in **full sentence** or only **few words** at a time (long/short cry)?

- Few words -----
- Full Sentence -----
- Not Applicable -----

P1+
6
P1
7

5. Did s/he **fall** off something when this happened? If yes, **how far**?

- 2m and above (**more than an adult's height**)-----
- Less than 2m / 6ft (**Patient < 1yr ----- P1**)-----
- Unknown (3rd party) (**Patient < 1yr ----- P1**)-----
- No (**Cooling CC at end of Questions**) (**Patient < 1yr ----- P1**)-----

P1+
5
P2
9
P2
8
P2
9

CALL CLOSURE (CC)

- a. The **ambulance** is already **on its way** now.
- b. (**Danger**) **Do not** approach (or touch) the patient at all. Ensure you **remain safe** until the ambulance arrive.
- c. (**Cooling**) Cool the area with burning sensation for up to **10 minutes** with running water.
- d. If s/he is still **on the floor**, **don't move** unless s/he is in **danger**.
- e. Let her/him **rest** in the most **comfortable position**.
- f. (**Not alert**) If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- g. **Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS	Rules	Points to Note...
P1+	16-1	NOT BREATHING / INEFFECTIVE BREATHING	<p>1. All electrocution and lightning strike patients are assumed to be in cardiac arrest until regular breathing is physically verified. Stay on the line with the caller until breathing can be safely verified.</p> <p>2. If cardiac arrest in an unconscious lightning strike patient is confirmed, the CPR Ventilations 1st pathway should be selected for care.</p> <p>3. Advise the caller to beware of electrical risks and electrified water. Do not advise any treatment unless it is safe to do so.</p> <p>1. The airway of an unconscious patient must be constantly maintained.</p> <p>2. All electrical burns are considered to be worse than they look externally.</p>	<p>1. Hidden exit wounds and internal injuries may complicate the patient's status.</p> <p>2. Electrocutions and lightning strikes occurring above the ground may result in significant falls, causing injuries that may be more serious than those incurred from the electrocution or lightning. Answering all Key Questions should ensure this is not overlooked.</p> <p>3. Each year many potential rescuers are injured attempting to help. The caller should be advised to attempt a rescue only if it is safe to do so.</p> <p>4. A bystander can be electrocuted just getting close to the patient, without even touching her/him, when high voltage is involved or the ground is wet.</p>
	16-2	Unconscious		
	16-3	Hazard Present		
	16-4	Not Alert		
	16-5	Fall ($\geq 2\text{m} / 6\text{ft}$)		
	16-6	SEVERE RESPIRATORY DISTRESS		
P1	16-7	ABNORMAL BREATHING	<h3>ABNORMAL BREATHING</h3> <ul style="list-style-type: none"> Children (3-5yr) = 22–34 breath/min Children (6-12yr) = 18-30 breath/min Adult ($\geq 13\text{yr}$) = 12-18 breath/min <p>If caller is unsure of normal breathing rate, the EMD should tell the caller to state when the patient takes each breath.</p> <p>(Adult) $\geq 6\text{sec}$ interval OR $\leq 3\text{sec}$ interval, is considered ABNORMAL breathing. (Max. 3 intervals)</p>	<p>Lightning Strike Arrest Theory</p> <p>Current theory connecting lightning and cardiac injury is that lightning acts as a cosmic counterattack, sending the heart into systole (the absence of heart contraction). The heart will often resume its rhythm due to the heart's property of automatic, but the accompanying respiratory arrest is more lasting, leading to secondary cardiac arrest and arrhythmia due to hypoxia (lack of oxygen).</p>
P2	16-8	Unknown Status (3 rd Party)		
	16-9	Alert and Breathing Normally		

PRIMARY QUESTIONS

1. Can s/he respond in the **usual way** when you call/tap (**alert**)?

- Yes
- No (i.e. not alert) -----
- Unknown

PAC

Code

P1+

1

2. **How** did this **happen**?

- Direct blow (**Trauma CC**) -----
- Flying object -----
- Penetrating object (**Penetrating Injury CC**) -----
- Chemical (**Chemical CC**) -----
- Small foreign object (**Patient < 1yr ----- P1**) -----
- Welding (near welder) (**Patient < 1yr ----- P1**) -----
- Contact lens (**Patient < 1yr ----- P1**) -----
- MEDICAL eye problem (**Patient < 1yr ----- P1**) -----

P1

2

P1

2

P1

2

P1

3

P2

4

P2

4

P3

5

P3

5

17

EYE PROBLEM

CALL CLOSURE (CC)

- a. The **ambulance** is already **on its way** now.
- b. **(Trauma)** Do not touch, irrigate, or bandage the eye.
- c. **(Chemical)** Gently **flush** with lots of **water**. Continue flushing until help arrives.
- d. **(Penetrating injury)** Do not pull it out. Keep the **head above the chest** level.
- e. Let her/him **rest** in the most **comfortable position**.
- f. **(Not alert)** If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- g. **Watch closely.** If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS
P1+	17-1	Not Alert
P1	17-2	SEVERE Eye Injury
	17-3	MODERATE Eye Injury
P2	17-4	MINOR Eye Problem
P3	17-5	MEDICAL Eye Problem
Rules		
<p>1. For SEVERE eye injuries, no treatment should be given until emergency units arrive.</p> <p>2. Severe thermal burns to the eye almost always affect the face or head and should be handled on Protocol 8.</p>		
<p>SEVERE Eye Injuries</p> <ul style="list-style-type: none"> • Direct blow • Eyeball cut open • Flying object • Penetrating object <p>MODERATE Eye Injuries</p> <ul style="list-style-type: none"> • Chemical burn • Chemical in eye <p>MINOR Eye Injuries</p> <ul style="list-style-type: none"> • Abrasion • Small foreign object • Welding (flash burn) <p>MEDICAL Eye Problems</p> <ul style="list-style-type: none"> • Contact lens • Allergy • Infection • Tears 		
<p>Points to Note...</p> <ol style="list-style-type: none"> 1. Flash burns from working with or near an arc-welding device are rarely serious and often present with a delayed onset of pain. 2. Abrasions or scratches from small foreign objects or contact lenses are usually superficial but are very painful. 3. Chemical injuries to the eyesore usually not prehospital emergencies. In general, alkalis (lyes) are worse than acids. Immediate, continuous flushing with water is required. 4. Major injuries caused by direct blows to the eye include orbital fractures, hyphema (blood in front of the iris), and retinal detachment. Penetrating wounds of the eyeball are considered very serious and require careful, gentle care. 5. It is important to distinguish simple tears, allergic watering, or infection weeping (MEDICAL eye problem) from the more serious loss of vitreous humor resulting from laceration, puncture, or rupture of the eyeball. 		

18 FALLS/BACK INJURY

PRIMARY QUESTIONS

PRIMARY QUESTIONS	PAC	Code
1. What caused the fall? <ul style="list-style-type: none"> Dizziness with fall (ground level) Electrocution / Lightning ----- Fainted / Nearly fainted (ground level) ----- Jumped (suicide attempt) Accidental / Unknown 	16 29	
2. How far (high) did s/he fall? <ul style="list-style-type: none"> More than 9m / 3 storey ----- 2m and above (more than an adult's height) ----- Less than 2m / 6ft Unknown 	P1+ P1+	1 4
3. Can s/he respond in the usual way when you call/tap (alert)? <ul style="list-style-type: none"> Yes No (i.e. not alert) ----- Unknown 	P1+	2
4. Is s/he having any difficulty breathing? <ul style="list-style-type: none"> Yes ----- No Unknown 	P1+	3
5. Is there any blood? <ul style="list-style-type: none"> Yes - Has it stopped? <ul style="list-style-type: none"> No ----- Yes No / Unknown 	P1	5
6. Is there any difficulty in walking? <ul style="list-style-type: none"> Yes ----- No / Unknown 	P2	6
7. Which part of the body is injured? <ul style="list-style-type: none"> CENTRAL body (Patient < 1yr ----- P1)----- PERIPHERAL limbs (Patient < 1yr ----- P1)----- Unknown (Patient < 1yr ----- P1)----- No injury (Patient < 1yr ----- P1)----- 	P2 P3 P3 P4	7 8 8 9

CALL CLOSURE (CC)

- The ambulance is already on its way now.
- (Bleeding control) / Info. volunteered*
 - (Extremities) Do not tie anything tightly around the injured part. (If already applied, don't remove. Let the paramedic handle).
 - Get a clean, dry cloth or towel and place on the wound.
 - (Fracture) Avoid direct pressure for broken bone or foreign object impaled/stuck.
 - Press down hard to stop the bleeding.
- (Nose bleeding) Tightly pinch the nose under the nasal (nose) bone and lean forward. Don't sniff or blow.
- (Avulsed tooth) Locate the tooth if possible and place it in milk. Give to the paramedics.
- If s/he is still on the floor, don't move unless s/he is in danger.
- Let her/him rest in the most comfortable position. Stay still until help arrives.
- (Not alert) If s/he vomits, quickly turn her/him to the side to prevent choking.
- Watch closely. If s/he gets worse in any way, call back immediately for more instructions.

PAC	Code	DESCRIPTIONS				
P1+	18-1	Fall (\geq 9m/3 storey high)	NON-STOP Bleeding			
	18-2	Not Alert	Bleeding (spurting or flowing) from any area . Volume of blood loss matters . Severe loss (more than 1 cup) may cause cardiac arrest faster.			
	18-3	Difficulty breathing				
	18-4	Fall (more than 2m)				
P1	18-5	NON-STOP Bleeding	PERIPHERAL Limbs			
P2	18-6	Difficulty walking	<ul style="list-style-type: none"> Elbow Forearm Wrist Hand Finger 	<ul style="list-style-type: none"> Knee Lower leg Ankle Foot Toe 		
	18-7	Bleeding to CENTRAL body				
P3	18-8	SUPERFICIAL injury (PERIPHERAL limbs) / No bleeding	CENTRAL body			
P4	18-9	PUBLIC ASSIST (No injury)	<ul style="list-style-type: none"> Abdomen Arm/armpit Back Buttock 	<ul style="list-style-type: none"> Chest Groin Head Hip 		
PUBLIC ASSIST Helping caller in situations where someone has fallen (at ground-level) but is not injured or acutely ill (no priority symptoms).						
Spinal Injury Suspected if: <ul style="list-style-type: none"> Abnormal breathing Diving accident (or jumping into water from a height) Fall more than 2m high Massive facial / head injury No pain or movement below injury Tingling sensation or numbness in extremities Unconscious at a trauma scene 						
Rules <ol style="list-style-type: none"> Always consider that the patient's fall may be the result of a medical problem (fainting, heart arrhythmia, stroke, etc.). In a fall, distance is the key factor in determining response. Before selecting PUBLIC ASSIST (no injury), all questions in Case Entry and Protocol 18 must be asked and answered; and the person needing aid clearly verified (no unknowns) as having no injuries or acute illness (no priority symptoms). 						
Points to Note... <ol style="list-style-type: none"> FALLS (> 2m) are often 3rd party calls. Falls (< 2m) in elderly patients commonly result in hip fractures. Prevention of permanent nerve injury is the main goal of rescue and treatment. 						
SUPERFICIAL injury Minor , usually shallow (non-penetrating) wounds without priority symptoms .						
Types of Injuries <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <ul style="list-style-type: none"> Abrasions Amputations Contusions </td> <td style="padding: 5px;"> <ul style="list-style-type: none"> Dislocations Fractures Lacerations </td> </tr> </table>					<ul style="list-style-type: none"> Abrasions Amputations Contusions 	<ul style="list-style-type: none"> Dislocations Fractures Lacerations
<ul style="list-style-type: none"> Abrasions Amputations Contusions 	<ul style="list-style-type: none"> Dislocations Fractures Lacerations 					

FALLS/BACK INJURY 18

PRIMARY QUESTIONS

	PAC	Code
1. Can s/he respond in the usual way when you call/tap (alert)? • Yes _____ • No (i.e. not alert) _____ • Unknown _____	P1+	1
2. Is there any severe headache ? • Yes _____ • No _____ • Unknown _____	P1	2
3. Does s/he have any numbness or paralysis ? • No _____ • Numbness _____ • Paralysis (can't move) _____ • Unknown _____	P1 P1	3 4
4. Is there any recent change in behavior ($\leq 3\text{hr}$)? • Yes _____ • No _____ • Unknown _____	P1 P2 P2	5 7 6

19 GIDDY / HEADACHE

CALL CLOSURE (CC)

- a. The **ambulance** is already **on its way** now.
- b. **(Screening of Ebola)** Has s/he travelled overseas in the last **21 days**?
 ♦ **(YES)** Proceed to use the **Infectious Disease Screening (IDS)**
- c. Let her/him **rest** in the most **comfortable position**.
- d. **(Not alert)** If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- e. **Watch closely.** If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS
P1+	19-1	Not Alert
P1	19-2	Severe headache
	19-3	Numbness
	19-4	Paralysis
	19-5	Change in behavior (<3hr)
	19-6	Unknown Status (3 rd Party)
P2	19-7	Giddy / Vertigo w. No Priority symptoms
<p>Rules</p> <p>Sudden, severe onset of a headache is considered to have a more serious underlying cause until proven otherwise.</p> <p>Points to Note...</p> <ol style="list-style-type: none"> 1. Sudden and severe headaches, especially when associated with speech or movement problems (numbness or paralysis), may represent the early onset of a serious condition. 2. Some younger people have STROKE (often fatal) from a ballooned blood vessel called a berry aneurysm that expands and then breaks. This condition is present from birth (congenital). Early symptoms include sudden, severe headache. 3. Patients who call ambulance for a headache generally have a more serious underlying cause than patients who arrive at the emergency department on their own. 		
<p>Serious Types and Causes</p> <ul style="list-style-type: none"> • Berry aneurysm rupture (ballooned blood vessel that breaks) • Epidural hematoma (blood clot around the brain) • Intracerebral hemorrhage (bleeding within the brain) • Subarachnoid hemorrhage (bleeding around the brain) • Subdural hematoma (blood clot around the brain) <p>Possibly Serious Types of Causes</p> <ul style="list-style-type: none"> • Hypertension (high blood pressure) • Meningitis (infection around the brain) • Post-traumatic (hit head) <p>Not Serious Types and Causes</p> <ul style="list-style-type: none"> • Cluster • Migraine • Sinus • Tension 		

PRIMARY QUESTIONS

PAC

Code

1. Can s/he respond in the **usual way** when you call/tap (**alert**)?

- Yes -----
- No (i.e. not alert) -----
- Unknown -----

P1+

1

2. Is s/he **breathing** at a **normal** pace?

- No -----
- Yes (**Skip Qn.3**) -----
- Unknown (**Skip Qn.3**) -----

3. When s/he speaks, is it in **full sentence** or only **one word** at a time (**long/short cry**)?

- One/few words -----
- Full Sentence -----
- Not Applicable -----

P1+

2

P1

3

4. How does her/his skin feel (**temperature**)?

- Colder than normal (**Cold Exposure CC**) (**Patient < 1yr ----- P1**) -----
- Hotter than normal (**Heat Exposure CC**) (**Patient < 1yr ----- P1**) -----
- Normal (**Patient < 1yr ----- P1**) -----
- Unknown (**Patient < 1yr ----- P1**) -----

P2

4

P2

4

P3

6

P2

5

20

HEAT/COLD EXPOSURE

CALL CLOSURE (CC)

- a. The **ambulance** is already **on its way** now.
- b. (**Heat Exposure**) Remove her/him from any source of heat (bring to the shade). Remove her/his outer clothing. Apply cool water to her/his entire skin surface while fanning her/him. Turn on an air conditioner or fan.
- c. (**Cold Exposure**) Protect her/him from the cold. Remove wet clothing. Warm her/him without rubbing the affected area.
- d. Let her/him **rest** in the most **comfortable position**.
- e. (**Not alert**) If s/he **vomits**, quickly turn her/him to the **side** to prevent choking.
- f. **Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS
P1+	20-1	Not Alert
	20-2	SEVERE RESPIRATORY DISTRESS
P1	20-3	ABNORMAL BREATHING
P2	20-4	Change in Skin temperature
	20-5	Unknown Status (3 rd Party)
P3	20-6	Alert with no Priority Symptoms
ABNORMAL BREATHING		
<ul style="list-style-type: none"> • Children (3-5yr) = 22–34 breath/min • Children (6-12yr) = 18-30 breath/min • Adult (≥ 13yr) = 12-18 breath/min <p>If caller is unsure of normal breathing rate, the EMD should tell the caller to state when the patient takes each breath.</p> <p>(Adult) ≥ 6sec interval OR ≤ 3sec interval, is considered ABNORMAL breathing. (Max. 3 intervals)</p>		
<p>Heat Exhaustion</p> <p>A non-life threatening problem with “flu-like” symptoms (paleness, sweating, nausea, and vomiting).</p> <p>Heat Stroke</p> <p>A potentially life-threatening problem with red, dry skin and decreased level of consciousness.</p> <p>Frostbite</p> <p>Pale, grey, numb, bloodless, and cold; in deep frostbite, tissues feel woody or stony.</p> <p>Hypothermia</p> <p>Sluggish, decreased level consciousness, paleness, cyanosis (blue or grey).</p> <p>Rules</p> <ol style="list-style-type: none"> 1. Life-threatening exposure situations are usually associated with priority symptoms. 		
<p>2. Unconscious, non-breathing hypothermia patients should never be considered OBVIOUS DEATH by dispatch or on scene personnel and should be initially coded as P1+ (Questionable Death).</p> <p>Points to Note...</p> <ol style="list-style-type: none"> 1. Because a patient has a problem in a hot or cold environment does not mean the problem was caused by the environment. Heat or cold extremes may trigger other medical problems. 2. A change in skin color may be a significant sign in exposure situations. 3. Gradual rewarming of the frozen part is the single most effective measure for preserving visible tissue. 4. Hypothermic patients can appear dead, even to trained rescuers. A person isn't considered actually dead until they are “warm and dead”. 		

PRIMARY QUESTIONS

PAC Code

1. Is everyone safe and out of danger ?		
<ul style="list-style-type: none"> • Yes • No / Unknown (Danger CC at end of Questions) 		
2. What kind of chemicals/fumes or hazardous materials are involved ?	CBRE Fire/ Rescue (P1)	4
<ul style="list-style-type: none"> • Chemical ----- • Carbon Monoxide ----- • Gas (methane) ----- • Unknown ----- 		
1. Can s/he respond in the usual way when you call/tap (alert)?	P1+	2
<ul style="list-style-type: none"> • Unconscious ----- • No (i.e. not alert) ----- • Yes ----- • Unknown ----- 		
4. Is s/he having any difficulty breathing ?	P1+ P1+ P3 P2	1 3 6 5
<ul style="list-style-type: none"> • Yes AND Unconscious ----- (ONLY if SAFE) PAI – B / C ☠ • Yes ----- • No (Patient < 1yr ----- P1) ----- • Unknown (Patient < 1yr ----- P1) ----- 		

21

INHALATION

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- (Danger)** Do not approach (or touch) the patient at all. Unless it is **safe**, remove the patient **away from** the hazardous **environment**. Monitor the situation from a **safe distance** if you are not able to remove the patient. **Call back** if you have **further information**.
- Let her/him **rest** in the most **comfortable position**.
- (Not alert)** If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS	
P1+	21-1	Unconscious / Arrest	<p>HAZMAT</p> <p>An incident involving a gas, liquid, or other material that, in any quantity, poses a threat to life, health, or property.</p> <p>Types of Fumes/Gas</p> <p>C = Chemical substance M = Carbon Monoxide G = Gas (Methane) / LPG U = Unknown substance</p>
	21-2	Not Alert	
	21-3	Difficulty in Breathing	
P1	21-4	HAZMAT	<ol style="list-style-type: none"> 1. All hazardous exposures and inhalations are considered high-level emergencies until proven otherwise. 2. The caller should be advised not to enter or re-enter a hazardous or dangerous environment.
P2	21-5	Unknown Status (3 rd Party)	
P3	21-6	Alert, no difficulty in breathing	<p>Points to Note...</p> <ol style="list-style-type: none"> 1. Patients who have inhaled smoke, carbon monoxide, or other chemicals may be found at any stage of intoxication. Carbon monoxide binds very tightly to hemoglobin and can lead to an urgent situation. 2. Unconsciousness in a patient who has inhaled carbon monoxide is a bad sign. Hyperbaric oxygen treatment may be necessary to prevent death or brain damage.

PRIMARY QUESTIONS

PAC Code

1. What vehicle(s) is/are involved?		P1+	1
• Multiple vehicle		P1+	1
• Rollover / Overturned		P1+	1
• Vehicle x Bicycle			
• Vehicle x Pedestrian			
• Vehicle x Terrain (**Override P1+ if Bus/Lorry involved)			
• Vehicle x Motorcycle (**Override P1+ if Bus/Lorry involved)			
• Vehicle x Vehicle (**Override P1+ if Bus/Lorry involved)			
• Vehicle x Animal / Personal Mobility Device x Pedestrian			
• Single vehicle (skidded)			
2. Is anyone trapped (pinned) in/under the vehicle ?	R-RTA (P1)	4	
• Yes			
• No			
• Unknown			
3. Was anyone thrown (flung) from the vehicle?	P1+	1	
• Yes			
• No			
• Unknown			
4. Is everyone involved in the accident able to walk (alert)?	P1+ P2	2 7	
• Yes			
• No (i.e. not alert)			
• Unknown			
5. Are there any obvious injuries?	P3	9	
• Yes / Unknown			
• No			
6. Is there any blood?	P1+ P1 P2 P3	3 5 6 8	
• Yes - Has it stopped? Approximately, how much is the blood loss?			
• No. More than 1 cup (Bleeding Control PDI)			
• No. Less than 1 cup (Bleeding Control PDI)			
• Yes (Patient < 1yr ----- P1)			
• No / Unknown (Patient < 1yr ----- P1)			

22

MOTOR VEHICLE ACCIDENT

CALL CLOSURE (CC)

- a. The ambulance is already on its way now.
- b. (Multiple casualties / 3rd party) If safe, check to see if s/he is conscious and breathing or moving at all and tell me.
- c. (Bleeding control) / Info. volunteered*
 - (Extremities) Do not tie anything tightly around the injured part. (If already applied, don't remove. Let the paramedic handle).
 - Get a clean, dry cloth or towel and place on the wound.
 - (Fracture) Avoid direct pressure for broken bone or foreign object impaled/stuck.
 - Press down hard to stop the bleeding.
- d. Don't move her/him unless absolutely necessary. Stay still until help arrives.
- e. Let her/him rest in the most comfortable position.
- f. (Not alert) If s/he vomits, quickly turn her/him to the side to prevent choking.
- g. Watch closely. If s/he gets worse in any way, call back immediately for more instructions.

PAC	Code	DESCRIPTIONS	HIGH MECHANISM	NON-STOP Bleeding	
P1+	22-1	HIGH MECHANISM (a through f) *Override P1	<p>Any evidence to suggest serious injuries to any patient as a result of the mechanism of injury. Incidents may include:</p> <ul style="list-style-type: none"> a - Vehicle & terrain b - Automobile & bicycle/motorcycle c - Automobile & pedestrian d - Ejection e - Rollovers / Overturned f - Vehicle off bridge/height 	<p>Bleeding (spurting or flowing) from any area.</p> <p>Volume of blood loss matters. Severe loss (more than 1 cup) may cause cardiac arrest faster.</p>	
	22-2	Not Alert			
	22-3	NON-STOP Bleeding (> 1cup)			
P1	22-4	MAJOR INCIDENT (a through e)		<h3>Points to Note...</h3> <ol style="list-style-type: none"> 1. The nature of the accident (such as a rollover) and number of injured patients should be determined during Case Entry. 1. A caller who is in close proximity to a non-hazardous scene should be asked to return to the patient(s) to check for SERIOUS hemorrhage. 	
	22-5	NON-STOP Bleeding (< 1cup)			
P2	22-6	Bleeding Stopped	<h3>SUPERFICIAL Injury</h3> <p>Minor, usually shallow (non-penetrating) wounds without priority symptoms.</p>	<ol style="list-style-type: none"> 1. In single-vehicle accidents (car vs. pole, car off the road), consider medical problems such as fainting, heart attack, diabetes, etc. as a possible cause. 2. A traffic accident in which injury to a NOT DANGEROUS body area is reported but not verified by a 1st party caller, should be classified as Injuries (Unknown) because of the mechanism of injury. 	
P3	22-7	Unknown Status (3 rd Party)			
<h3>MAJOR INCIDENT</h3> <p>Any evidence to suggest serious injuries to multiple patients or a need for increased resources due to the size of the event. Incidents may include:</p> <ul style="list-style-type: none"> a - Aircraft b - Bus c - Lorry d - MRT / LRT / NEL train e - Watercraft 		<h3>Rules</h3> <ol style="list-style-type: none"> 1. The patient's age does not formally need to be determined initially in traffic accidents (and other multiple patient events). If individual patient assessment is possible, age should be determined at that time. 	<h3>Personal Mobility Device (PMD)</h3> <p>Any assistive device that helps in transportation, e.g.</p> <ul style="list-style-type: none"> • Powered Wheelchair • Scooters / Electronic scooters • Electric Bicycles / Unicycles • Electronic Hover board 		

PRIMARY QUESTIONS

PAC Code

1. What did s/he take?			
<ul style="list-style-type: none"> • Antidepressants • Acid or Alkali (e.g. bleach/detergent) • Cocaine (stimulants) • Narcotics (induce sleep) • Over the Counter drugs (e.g. Panadol) • Alcohol Intoxication • Unknown 			
2. Can s/he respond in the usual way when you call/tap (alert)?	P1+ P1+	1 2	
<ul style="list-style-type: none"> • Unconscious & breathing (per Case Entry) ----- • No (i.e. not alert) ----- • Yes ----- • Unknown ----- 			
3. Is s/he breathing at a normal pace?	P3 P2	6 5	
<ul style="list-style-type: none"> • No ----- • Yes (Patient < 1yr ----- P1) ----- • Unknown (3rd party) (Patient < 1yr ----- P1) ----- 			
4. When s/he speaks, is it in full sentence or only one word at a time (long/short cry)?	P1+ P1	3 4	
<ul style="list-style-type: none"> • One / few words ----- • Full Sentence ----- 			

23

POISONING / INGESTION

CALL CLOSURE (CC)

- The ambulance is already on its way now.
- If possible, hold on to the medication / substance taken and give it to the ambulance crew when they arrive.
- Let her/him rest in the most comfortable position.
- (Not alert) If s/he vomits, quickly turn her/him to the side to prevent choking.
- Watch closely. If s/he gets worse in any way, call back immediately for more instructions.

PAC	Code	DESCRIPTIONS	
P1+	23-1	Unconscious	
	23-2	Not Alert	
	23-3	SEVERE RESPIRATORY DISTRESS	
P1	23-4	ABNORMAL BREATHING	
P2	23-5	Unknown Status (3 rd Party)	
P3	23-6	POISONING / OVERDOSE	
<p>ABNORMAL BREATHING</p> <ul style="list-style-type: none"> • Children (3-5yr) = 22–34 breath/min • Children (6-12yr) = 18-30 breath/min • Adult (≥ 13yr) = 12-18 breath/min <p>If caller is unsure of normal breathing rate, the EMD should tell the caller to state when the patient takes each breath. (Adult) ≥ 6sec interval OR ≤ 3sec interval, is considered ABNORMAL breathing. (Max. 3 intervals)</p>			<p>OVERDOSE Intentional intake of a potentially harmful substance.</p> <p>POISONING Accidental intake of a potentially harmful substance.</p> <p>Rules</p> <ol style="list-style-type: none"> INEFFECTIVE BREATHING discovered during Key Questioning should be coded as SEVERE RESPIRATORY DISTRESS. The airway of an unconscious patient must be constantly maintained. <p>Points to Note...</p> <ol style="list-style-type: none"> Because OVERDOSE patients have a motive for their actions, they are frequently misleading about the time, amount, or type of medication taken. OVERDOSE is an intentional act. Even if the amount or type of substance is not dangerous, these patients need social or psychological intervention and occasionally protection from themselves.
<p>POISONING / INGESTION</p>			<ol style="list-style-type: none"> Tricyclic antidepressants can cause collapse and unconsciousness very quickly, even though initially the patient may appear all right. The ability of cocaine to induce strokes and heart attacks is of serious concern. Narcotics (heroin, morphine, Demerol) can cause a rapid loss of consciousness and respiratory arrest. Supporting the patient's breathings essential. The effects of narcotics OVERDOSE can be treated with a specific drug (naloxone) in the prehospital environment. Cardiac medications can cause collapse and unconsciousness very quickly, even though the patient may initially appear to be all right. Medications prescribed for high blood pressure, arrhythmias, and congestive heart failure are the most dangerous. They are common in many households.

PRIMARY QUESTIONS

PAC

Code

1. Is s/he **violent**?
- Yes (**VIOLENT/COMBATIVE CC at end of Questions**)
 - No
 - Unknown

2. Is there any **weapon** used?
- Yes (**DANGER CC at end of Questions**)
 - No

3. Can s/he **respond** in the **usual way** when you call/tap (**alert**)?
- Yes
 - No (i.e. not alert) -----
 - Unknown

4. Is this a suicide **attempt**? (**By what means?**)
- Jumper (threatening) -----
 - Carbon monoxide -----
 - Overdose -----
 - Stab or Gunshot wound -----
 - THREATENING SUICIDE -----
 - Laceration / Cut -----
 - No -----
 - Unknown -----

5. Is there any **blood**?
- Yes - Has it **stopped**? Approximately, **how much** is the blood loss?
 - No. More than 1 cup (**Bleeding Control CC**) -----
 - No. Less than 1 cup (**Bleeding Control CC**) -----
 - Yes -----
 - No / Unknown -----

24

PSYCHIATRIC / BEHAVIORAL

CALL CLOSURE (CC)

- a. The **ambulance** is already **on its way** now.
- b. (**Violent/Combative**) **Do not approach** patient **unless safe** to do so. **Observe her/him continuously** (beware of being attacked).
- c. (**Danger**) Ensure you **remain safe** until the ambulance arrive.
- d. **Calm and protect** her/him **from self harm**; if **safe** to do so.
- e. (**Bleeding Control**) / **Info. volunteered***
 - (**Extremities**) **Do not tie** anything **tightly** around the injured part. (**If already applied, don't remove**. Let the paramedic handle).
 - Get a **clean, dry cloth** or **towel** and place on the wound.
 - Press down** hard to **stop the bleeding**.
- f. Let her/him **rest** in the most **comfortable position**.
- g. (**Not alert**) If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- h. **Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS
P1+	24-1	Not Alert
	24-2	NON-STOP Bleeding (> 1cup)
P1	24-3	NON-STOP Bleeding (< 1cup)
	24-4	THREATEN SUICIDE
P2	24-5	Bleeding Stopped
	24-6	Unknown Status (3 rd Party)
P3	24-7	SUPERFICIAL injury / No Bleeding
	24-8	Non-Suicidal
NON-STOP Bleeding		
Bleeding (spurting or flowing) from any area . Volume of blood loss matters . Severe loss (more than 1 cup) may cause cardiac arrest faster.		
THREATENING SUICIDE		
Persons who are threatening to commit suicide but have not done anything to harm themselves . if a person has already harm her/himself but is refusing help, patient is considered Violent.		
PSYCHIATRIC / BEHAVIORAL 24		
SUPERFICIAL Injury Minor , usually shallow (non-penetrating) wounds without priority symptoms .		
Rules <ol style="list-style-type: none"> If the actual type of suicide attempt is determined to be overdose, carbon monoxide, stab, or gunshot wound, go to and dispatch from that more specific protocol. 1st party callers who are THREATENING SUICIDE should be kept on the line until responders arrive. Constricting or suffocating materials, such as rope, wire, or plastic bags, should be removed prior to giving PDIs. Care should be exercised to preserve potential crime scene evidence (i.e. the noose should be cut or loosened rather than untied). 		
Points to Note... <ol style="list-style-type: none"> Behavioral emergency patients (at any level of consciousness) are considered to be potential risk to themselves and others. 		
Causes of Abnormal Behavior <ul style="list-style-type: none"> Alcohol intoxication Drug abuse Emotional and hysterical reactions Hypovolemic shock (low blood volume) Medical problems and serious illness Psychiatric problems Suicide attempts and threats Withdrawals 		
<ol style="list-style-type: none"> Problems such as insulin shock, severe blood loss, lack of oxygen, delirium tremens, overdose, liver or kidney failure, etc. can be confused as "just a psych problem." It would be a serious error to not respond at all. Certain stages of insulin shock can be easily confused with alcohol intoxication or psychiatric problems. Delirium tremens (DT) is a severe metabolic derangement that has a surprisingly high in-hospital mortality rate and should not be underestimated. 		

SICK PERSON (Specific Diagnosis)

25

PRIMARY QUESTIONS

	PAC	Code
1. Is s/he having any difficulty breathing? • Yes _____ • No _____ • Unknown _____	7	
2. Does s/he have any chest pain? • Yes _____ • No _____ • Unknown _____	10	
3. Is there bleeding or vomiting blood? • Yes _____ • No _____ • Unknown _____	6	
4. Can s/he respond in the usual way when you call/tap (alert)? • No (i.e. not alert) _____ • Yes/Unknown _____	P1+	1
5. Is there any difficulty in walking? • Yes / Unknown _____ • No _____	P2 P3	2 3

CALL CLOSURE (CC)

- a. **(Screening of MERS/Ebola)** Has s/he travelled overseas in the last 21 days?
❖ **(YES)** Proceed to use the Infectious Disease Screening (IDS)
- b. The ambulance is already on its way now
- c. Let her/him rest in the most comfortable position.
- d. **(Not alert)** If s/he vomits, quickly turn her/him to the side to prevent choking.
- e. **Watch closely.** If s/he gets worse in any way, call back immediately for more instructions.

PAC	Code	DESCRIPTIONS			Rules
P1+	25-1	Not Alert			
P2	25-2	Unknown Status (3 rd Party)	25-18	Gout	1. Find and use the correct Chief Complaint .
	25-3	Blood Pressure abnormality	25-19	Hemorrhoids / Piles	2. This Chief Complaint should only be used for patients with an unknown problem who are with or near the caller (2nd party).
	25-4	Defecation / Diarrhea	25-20	Hepatitis	3. Patient must not have any of the following Priority Symptoms :
	25-5	Fever / Chills	25-21	Hiccups	<ul style="list-style-type: none"> • Abnormal Breathing • Chest pain (any) • Decreased Consciousness • Non-stop Bleeding
	25-6	General weakness	25-22	Infected wound	
	25-7	Nausea	25-23	Itching	
	25-8	New onset of immobility	25-24	Nervous	
	25-9	Possible meningitis	25-25	Object swallowed	
	25-10	Unwell / ill	25-26	Other pain	
	25-11	Vomiting	25-27	Penis problem / pain	
	25-12	Boils	25-28	Rash / Skin Disorder	
P3	25-13	Catheter dislodged (in/out)	25-29	Sexually Transmitted Disease	
	25-14	Constipation	25-30	Sore throat	1. When the caller informs the C/C as previous disease or a current diagnosis, it may be because the caller does not know what is actually causing the patient's immediate problem .
	25-15	Cramp / Joints pain (no trauma)	25-31	Swelling (non-trauma)	2. A complete interrogation obtains symptoms that can be correctly prioritized .
	25-16	Deafness	25-32	Toothache	3. Complaints such as cancer, leukemia, chronic illness, stroke, dehydration, infection, meningitis, etc. may cause incorrect response from the dispatcher. The caller's "diagnosis" may have nothing to do with the actual reason the patient needs the help now.
	25-17	Ear pain / ache	25-33	Unable to sleep	
			25-34	Unable to urine / Pain	

SICK PERSON
(Specific Diagnosis)

25

PRIMARY QUESTIONS

PAC

Code

1. Is the assailant nearby? How many? • Yes. One assailant (Danger CC at end of Questions) • Yes. More than one assailant (Danger CC at end of Questions) • No		
2. (GSW to head) Are you sure we should not try to resuscitate her/him (do CPR)? • Yes (OBVIOUS DEATH CC at end of Questions) ----- • Unconscious or ARREST (per Case Entry) ----- PAI – C ☠ • Not Applicable	P3 P1+	9 1
3. Can s/he respond in the usual way when you call/tap (alert)? • Yes • No (i.e. not alert) ----- • Unknown	P1+	2
4. Which part of the body is injured ? • CENTRAL wounds ----- • PERIPHERAL wounds	P1+	3
5. Is there more than one wound ? • Yes ----- • No / Unknown	P1+	4
6. Is there any blood ? • Yes - Has it stopped ? Approximately, how much is the blood loss ? • No. More than 1 cup (Bleeding Control PDI) ----- • No. Less than 1 cup (Bleeding Control PDI) ----- • Yes (Patient < 1yr ----- P1) • No / Unknown (Patient < 1yr ----- P1)	P1+ P1 P2 P3	5 6 7 8

26

STAB/GUNSHOT INJURY (Penetrating)

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- (**Danger**) Ensure you **remain safe** until the ambulance arrive.
- (**Penetrating object**) **Do not pull** it out.
- (**Bleeding control**) / **Info. volunteered***
 - (**Extremities**) **Do not tie** anything **tightly** around the injured part. (If already **applied**, **don't remove**. Let the paramedic handle).
 - Get a **clean, dry cloth** or **towel** and place on the wound.
 - (**Impaled/stuck object**) **Avoid direct pressure** to the area.
 - Press down** hard to **stop the bleeding**.
- (**OBVIOUS DEATH**) **Do not approach** (or **touch**) the patient **at all** until the ambulance arrive.
- Let her/him **rest** in the most **comfortable position**.
- (**Not alert**) If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS	
P1+	26-1	Unconscious / Arrest	
	26-2	Not Alert	
	26-3	CENTRAL wounds	
	26-4	Multiple wounds	
	26-5	NON-STOP Bleeding (> 1cup)	<p>PERIPHERAL Wounds</p> <ul style="list-style-type: none"> • Elbow • Forearm • Wrist • Hand • Finger • Knee • Lower leg • Ankle • Foot • Toe <p>NON-STOP Bleeding</p> <p>Bleeding (spurting or flowing) from any area. Volume of blood loss matters. Severe loss (more than 1 cup) may cause cardiac arrest faster.</p> <p>SUPERFICIAL Injury</p> <p>Minor, usually shallow (non-penetrating) wounds without priority symptoms.</p> <p>Rules</p> <ol style="list-style-type: none"> 1. EMDs should not delay transport for serious trauma cases. 2. From a prehospital standpoint, CENTRAL wounds are generally much more serious than PERIPHERAL wounds. 3. PERIPHERAL wounds are considered those below the elbow or the knee. Any area that is not clearly PERIPHERAL is considered CENTRAL until proven otherwise.
P1	26-6	NON-STOP Bleeding (< 1cup)	
P2	26-7	Bleeding Stopped	
P3	26-8	SUPERFICIAL Injury / No Bleeding	
	26-9	OBVIOUS Death	
CENTRAL Wounds			
<ul style="list-style-type: none"> • Abdomen • Arm / armpit • Back • Buttock • Chest • Groin • Head • Hip • Neck • Shoulder • Thigh <p>OBVIOUS Death (GSW to Head)</p> <p>OBVIOUS DEATH due to an explosive GSW (gunshot wound) to the head should be unquestionable.</p>			
<p>STAB / GUNSHOT INJURY (Penetrating) 26</p>			
<p>4. Direct pressure on the wound should be avoided in the presence of visible fractured bone or foreign objects.</p> <p>5. Protocol 26 should not be used for insignificant or peripheral puncture wounds such as household pins, needles, tacks or stepping on nails. Use Protocols 6 or 28 as appropriate.</p> <p>Points to Note...</p> <ol style="list-style-type: none"> 1. Immediate transport for CENTRAL wounds should always be considered vital since patients often require operative intervention and trauma center care. 2. When a problem is NON-RECENT, the presence of current priority symptoms is the issue of most concern, not the location of the injuries per se. 3. Medical Dispatch should always try to obtain complete information. Even if law enforcement personnel initially request "paramedic", response should be driven by specific priority problems. 			

PRIMARY QUESTIONS

PAC

Code

1. Can s/he respond in the **usual way** when you call/tap (**alert**)?

- Yes -----
- No (i.e. not alert) -----
- Unknown -----

P1+

1

2. Tell me **why** you think it's a **STROKE**.

- None -----
- Slurred Speech -----
- Weakness / Numbness -----
- Paralysis / Facial droop -----
- Movement problems -----
- Vision problems -----
- Sudden onset of severe headache -----
- Unknown -----

P1

2

P1

3

P1

4

P1

5

P1

6

P1

7

3. Exactly **what time** did these symptoms (**problem**) **start**?

- Less than 3 hours -----
- More than 3 hours -----

4. Has s/he ever had a **STROKE** before?

- Yes -----
- No -----
- Unknown -----

P2

8

P3

10

P2

9

27

STROKE / CVA

CALL CLOSURE (CC)

- a. The **ambulance** is already **on its way** now.
- b. Let her/him **rest** in the most **comfortable position**.
- c. **(Not alert)** If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- d. **Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS
P1+	27-1	Not Alert
P1	27-2	Speech problem
	27-3	Weakness or Numbness (one side)
	27-4	Paralysis or Facial droop (one side)
	27-5	Loss of Balance or co-ordination
	27-6	Vision problem
	27-7	Sudden onset of Severe headache
	27-8	STROKE history
P2	27-9	Unknown Status (3 rd Party)
P3	27-10	No Symptoms
Thrombolytic Therapy		
<p>The use of drugs such as tissue Plasminogen Activator (t-PA) and Streptokinase within the first 3hrs of onset helps to break down the blood clots that may precipitate a STROKE. Hence EMD is a vital first link in the chain of recovery for these patient.</p>		
<p>STROKE / CVA 27</p>		
<p>STROKE</p> <p>Disruption of blood flow to the brain or part of the brain due to a blood clot to hemorrhage. Hemorrhage also causes increased pressure within the skull. Clots can be spontaneous or traumatic. Paralysis or weakness to one side, trouble speaking, altered level of consciousness, respiratory changes, vision problems, and sudden onset of severe headache are all common symptoms.</p>		<p>Points to Note...</p> <ol style="list-style-type: none"> 1. Cerebrovascular Accident (CVA) and “brain attack” are commonly used terms for STROKE. 2. Just because the caller says the problem is a “stroke” does not necessarily mean that this diagnosis is correct 3. Alert STROKE patients should be treated as if they can hear and are aware of their surroundings. If the patient is conscious but not talking, verbal reassurance may be helpful. 4. The likelihood of a patient who has a history of STROKE having another STROKE is greater than a first episode. 5. Some younger people have STROKES (often fatal) from a ballooned blood vessel called berry aneurysm that expands and then breaks. This condition is present from birth (congenital). Early symptoms include sudden, severe headache.

TRAUMATIC INJURIES

28

PRIMARY QUESTIONS

- | Primary Question | PAC | Code |
|--|-----------------------|------------------|
| 1. Can s/he respond in the usual way when you call/tap (alert)?
<ul style="list-style-type: none"> • Unconscious & breathing (per Case Entry) ----- • No (i.e. not alert) ----- • Yes ----- • Unknown ----- | P1+
P1+ | 1
2 |
| 2. (Machinery ENTRAPMENT) Is s/he released from the machine?
<ul style="list-style-type: none"> • No (Entrapment CC) ----- • Yes ----- • Not Applicable ----- | R-Industrial
(P1) | |
| 3. Which part of the body is injured?
<ul style="list-style-type: none"> • CENTRAL body (i.e. head, body, arm, thigh) ----- • PERIPHERAL limbs (i.e. forearm, lower legs) ----- • Unknown ----- | P1+ | 3 |
| 4. (Amputation) Have the parts been found ?
<ul style="list-style-type: none"> • Yes (Amputation CC at end of Question) ----- • No / Unknown ----- • Not Applicable ----- | | |
| 5. Is there any broken bones (deformity) ?
<ul style="list-style-type: none"> • Yes (Fracture CC at end of Question) ----- • No (Swelling CC at end of Question) ----- • Unknown ----- | | |
| 6. Is there any blood ?
<ul style="list-style-type: none"> • Yes - Has it stopped? Approximately, how much is the blood loss?
 <ul style="list-style-type: none"> • No. More than 1 cup (Bleeding Control CC) ----- • No. Less than 1 cup (Bleeding Control CC) ----- • Yes (Patient < 1yr ----- P1) ----- • No / Unknown (Patient < 1yr ----- P1) ----- | P1+
P1
P2
P3 | 4
5
6
7 |

CALL CLOSURE (CC)

- The **ambulance** is already **on its way** now.
- (Entrapment)** **Switch off** the machine. **Do not attempt to rescue**. Tell her/him **not to move**.
- (Bleeding control) / Info. volunteered***
 - (Extremities)** **Do not tie** anything **tightly** around the injured part. (If already **applied**, **don't remove**. Let the paramedic handle).
 - Get a **clean, dry cloth** or **towel** and place on the wound.
 - (Fracture)** **Avoid direct pressure** for **broken bone** or foreign object **impaled/stuck**.
 - Press down** hard to **stop the bleeding**.
- (Swelling)** **Put cold compress** (ice pack) to area. Remove any **tight fitting** jewelry near the area.
- (Avulsed tooth)** Locate the tooth if possible and place it in milk. Give to the paramedics.
- (Amputation)** Locate all amputated parts and place in a **clean plastic bag**. **Do not put in direct ice or water** as this may damage it.
- Let her/him **rest** in the most **comfortable position**. **Stay still** until help arrives.
- (Not alert)** If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS	
P1+	28-1	Unconscious	
	28-2	Not Alert	
	28-3	CENTRAL body injury	
	28-4	NON-STOP Bleeding (> 1cup)	
P1	28-5	NON-STOP Bleeding (< 1cup)	
P2	28-6	Bleeding Stopped	
P3	28-7	SUPERFICIAL Injury (PERIPHERAL limb) / No Bleeding	
PERIPHERAL Limbs			
<ul style="list-style-type: none"> • Elbow • Forearm • Wrist • Hand • Finger 		<ul style="list-style-type: none"> • Knee • Lower leg • Ankle • Foot • Toe 	
CENTRAL body			
<ul style="list-style-type: none"> • Abdomen • Arm/armpit • Back • Buttock 		<ul style="list-style-type: none"> • Chest • Groin • Head • Hip 	<ul style="list-style-type: none"> • Neck • Shoulder • Thigh
TRAUMATIC INJURIES			
28			
Rules			Points to Note...
<p>1. Direct pressure on the wound should be avoided in the presence of visible fractured bone or foreign objects.</p> <p>2. From a prehospital standpoint, CENTRAL wounds are generally much more serious than PERIPHERAL wounds.</p> <p>3. Cases under this Classification:</p> <ul style="list-style-type: none"> • Industrial Accidents • Sports/Recreational Accidents 			<p>1. The presence of SERIOUS hemorrhage requires a rapid response from the closest available resource.</p> <p>2. When a problem is NON-RECENT, the presence of current priority symptoms is the issue of most concern, not the location of the injuries per se.</p> <p>3. Medical Dispatch should always try to obtain complete information. Even if law enforcement personnel initially request "paramedic", response should be driven by specific priority problems.</p>
ENTRAPMENT			Suspect Spinal Injury if:
<p>A situation involving prevention of escape in which there is an increased threat of injury, illness, or death to a victim.</p>			<ul style="list-style-type: none"> • Abnormal breathing • Diving accident (or jumping into water from a height) • EXTREME / LONG FALL has occurred • Massive facial or head injury present • No pain or movement below injury • Tingling sensation or numbness in extremities • Unconsciousness at a trauma scene
NON-STOP Bleeding			
<p>Bleeding (spurting or flowing) from any area.</p> <p>Volume of blood loss matters. Severe loss (more than 1 cup) may cause cardiac arrest faster.</p>			
SUPERFICIAL Injury			
<p>Minor, usually shallow (non-penetrating) wounds without priority symptoms.</p>			

PRIMARY QUESTIONS

PAC

Code

*UNCONSCIOUS & NO/UNCERTAIN breathing (per Case Entry) –

PAI – A / B / C ☠

29

UNCONSCIOUS / FAINTING (Near)

1. (Initially unconscious) Has s/he **woken** up?

- No -----
- Yes -----
- Not Applicable -----

P1+

1

P1+

2

2. (Conscious/Woke up) Can s/he **respond** in the **usual way** when you call/tap (**alert**)?

- Yes -----
- No (i.e. not alert) -----
- Unknown -----

P1+

3

3. Is s/he **breathing** at a **normal pace**?

- No (**Patient < 1yr ----- P1**) -----
- Yes (**Skip Qn.4**) -----
- Unknown -----

4. When s/he speaks, is it in **full sentence** or only **one word** at a time (**long/short cry**)?

- One/few words -----
- Full Sentence -----
- Not Applicable -----

P1+
P1

4
5

5. Does s/he have a **history of heart problem**?

- Yes (**Patient < 1yr ----- P1**) -----
- No -----
- Unknown -----

P1

6

6. (Female,12-50yrs) Does she have **abdominal pain**?

- Yes -----
- No -----
- Not Applicable -----

P1

8

7. Has s/he fainted **more than once** today?

- Yes (**Patient < 1yr ----- P1**) -----
- No (**Patient < 1yr ----- P1**) -----
- Unknown (**Patient < 1yr ----- P1**) -----

P1

7

P2

10

P2

9

CALL CLOSURE (CC)

- a. The **ambulance** is already **on its way** now.
- b. Let her/him **rest** in the most **comfortable position**.
- c. (**Not alert**) If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
- d. **Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS	Determining AGONAL BREATHING	Points to Note...	
P1+	29-1	Uncertain (INEFFECTIVE BREATHING)	<p>When the patient is unconscious or not alert and is breathing abnormally or irregularly, the EMD should tell the caller to state when the patient takes each breath. If the time between breaths is 10 seconds or more, this should be immediately be considered INEFFECTIVE BREATHING that is likely a fading, AGONAL (dying) respiratory pattern. Check a maximum of four breaths (three intervals tested).</p> <p>Rules</p> <ol style="list-style-type: none"> 1. An unconscious person in whom breathing cannot be verified by a 2nd party caller (with the patient) is considered to be in cardiac arrest until proven otherwise. 2. The initial Chief Complaint of seizure, even if the patient is unconscious and not breathing (or if breathing status uncertain), should be handled in Protocol 12. 3. The airway of an unconscious patient must be constantly maintained. 4. Always assume there is a pillow or other object behind the patient's head unless you know otherwise. 	<ol style="list-style-type: none"> 1. Fainting implies a state of unconsciousness from which the patient has "come to". While this is generally less serious than prolonged unconsciousness , it does not imply a benign condition and should be medically evaluated. 2. The Chief Complaint and the main associated symptoms (such as fainting) are sometimes reversed by the caller in ectopic pregnancy and aneurysm cases. 3. "Funny noises" reported by the caller generally means the patient is unconscious with an uncontrolled airway and often represents AGONAL (dying) respirations at the beginning of a cardiac arrest. 	
	29-2	Unconscious			
	29-3	Not Alert			
	29-4	SEVERE RESPIRATORY DISTRESS			
P1	29-5	ABNORMAL BREATHING			
	29-6	Cardiac history			
	29-7	Multiple fainting episodes			
	29-8	Female, 12-50yr with Abdominal pain			
P2	29-9	Unknown Status (3 rd Party)			
	29-10	Single or near fainting episode			
ABNORMAL BREATHING			Cause of Sudden Unconsciousness		
<ul style="list-style-type: none"> • Children (3-5yr) = 22–34 breath/min • Children (6-12yr) = 18-30 breath/min • Adult (≥ 13yr) = 12-18 breath/min <p>If caller is unsure of normal breathing rate, the EMD should tell the caller to state when the patient takes each breath.</p> <p>(Adult) ≥ 6sec interval OR ≤ 3sec interval, is considered ABNORMAL breathing. (Max. 3 intervals)</p>			<ul style="list-style-type: none"> • Cardiac arrest • Diabetic problems • Fainting (syncope) • Head injury • Heart attack • Hypovolemic shock (low blood volume) • Intoxication • Irregular heart rhythm • Overdose, poisoning, drugs • Respiratory insufficiency • Seizures • STROKE (CVA) 		
<h1>UNCONSCIOUS / FAINTING (Near)</h1>			<p style="text-align: center;">29</p>		

PRIMARY QUESTIONS

PAC

Code

1. Can s/he respond in the **usual way** when you call/tap (**alert**)?
- Yes
 - No (i.e. not alert)
 - Unknown (3rd Party)
 - Language Barrier (btwn Call-taker & Caller) (**Patient < 1yr ----- P1**) -----

P2

4

2. Do you ever hear her/him **talk (cry)**?
- Yes (**Patient < 1yr ----- P1**)-----
 - No
 - Unknown (3rd Party)

P2

2

3. What is s/he doing? – **Standing, sitting, or lying down?**
- Standing (**Patient < 1yr ----- P1**)-----
 - Sitting
 - Lying
 - Unknown (3rd party) (**Patient < 1yr ----- P1**)-----

P2

2

P2

3

4. (**Sitting or Lying**) Is s/he **moving** at all?
- Yes (**Patient < 1yr ----- P1**)-----
 - No / Unknown -----

P2

2

P1+

1

30

UNKNOWN

CALL CLOSURE (CC)

- a. The **ambulance** is already **on its way** now.
 - b. If it is **safe**, **check** to see if s/he is **conscious** and **breathing**, or **moving** at all, and tell me.
- ** Prepare to commence TCPR if required****
- c. Let her/him **rest** in the most **comfortable position**. **Stay still** until help arrives.
 - d. If s/he **vomits**, quickly **turn** her/him to the **side** to prevent choking.
 - e. **Watch closely**. If s/he gets **worse** in any way, **call back immediately** for more **instructions**.

PAC	Code	DESCRIPTIONS
P1+	30-1	LIFE STATUS QUESTIONABLE
P2	30-2	Standing, Sitting, Lying or Talking
	30-3	Unknown Status (3 rd Party)
	30-4	Language Barrier
LIFE STATUS QUESTIONABLE		Points to Note...
<p>Existence of any information suggesting:</p> <ul style="list-style-type: none"> • Abnormal breathing • Cardiac arrest • Major injury • Unconsciousness • Uncontrollable bleeding 		<ol style="list-style-type: none"> 1. Often, unknown problems are 3rd party. Obtaining specific symptoms may be difficult; however, a problem isn't "unknown" until all required questioning has been completed. 2. Even though callers may be some distance from the patient, they might have seen the patient moving, heard them talking, or observed or been told the patient's position (standing, sitting, lying). 3. Standing patients are less likely to be in cardiac arrest than sitting patients, who are, in turn, less likely to be in cardiac arrest than patients lying motionless.
Rules		
<ol style="list-style-type: none"> 1. Relay the type of location (if known) to responding units, not just the address. 2. If the actual type of problem (Chief Complaint) becomes apparent during interrogation, go to and dispatch from that more specific protocol. 3. If LIFE STATUS is QUESTIONABLE at the end of all interrogation, a maximal response should be sent. 		

UNKNOWN

30

TRIAGING QUESTIONS (as of 6 August 2015)

1. Which country / areas was it?

- Middle East (MERS-CoV)
- China (H7N9)
- Africa (Ebola)
- MOH Identified areas
- Others ([Return to Call Closure](#))
- Unknown

2. Was there any contact with someone who has travelled from an infected area for the last 21 days?

- Yes
- No ([Return to Call Closure](#))

3. Tell me what symptoms does s/he has. ([SRI/ MERS](#))

- Temperature > 38.0° C (100.4° F)
- Fever (hot to touch)
- Difficulty breathing or shortness of breath
- Nasal congestion (blocked nose)
- Persistent cough
- Sore throat
- Runny or stuffy nose

4. Tell me what symptoms does s/he has. ([Ebola](#))

- Chills
- Unusual sweats
- Unusual body aches
- Headache
- Diarrhea
- Vomiting
- Blood discharge/ Unusual Bleeding
- Abdominal / Stomach pain

Infection Prevention Instructions:

- (Keep isolated) From now on, don't allow anyone to come in close contact with her/him. ([Return to Call Closure](#))

IDS

INFECTIOUS DISEASE SCREENING (SRI/MERS/EBOLA)

RULES

1. This tool does not require a specific order or number of questions to ask. Geographically, areas of recent travel concern can change based on updates from MOH.
2. There are several questions related to an elevated body temperature - one specifically asking about any measured temperature at or above 38.0°C/100.4°F and 3 other alternative temperature questions: fever (hot to the touch in room temperature), chills, and unusual sweats. A positive answer to any of these questions can eliminate the need to ask others.
3. Consider using EIDS Tool as 1st Tier triage on Protocols 1, 6, 19, and 25. 2nd Tier triage on Protocols 7, 10, and 30. However, these designation could change at any time.
4. For calls received from GP (suspected MERS/#EVD case) activate 995 only if pt is unstable (either one):
 - Low BP (< 90mmHg)
 - SOB (SpO₂ < 94%)
 - Unconscious
 - Abnormal Breathingotherwise, "According to MOH directive 13/2014, please call 993 ambulance at 6220 5298 or #MOH DO at 98171463 to activate PMIU" (Alert YELLOW onwards).

Ebola Virus Disease (EVD)

Ebola virus disease (**EVD**) is a severe, often fatal illness in humans.

The virus is **transmitted** through human-to-human transmission via **direct contact** (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids.

The **time interval** from infection with the virus to onset of symptoms is **2 to 21 days**. Humans are not infectious until they develop symptoms:

- **1 to 3 days:** Sudden onset of fever fatigue, muscle pain, headache and sore throat.
- **4 to 7 days:** Vomiting, diarrhea, rash, and low blood pressure.
- **7 to 10 days:** Internal and external bleeding (e.g. oozing from the gums, blood in the stools) and symptoms of impaired kidney and liver function.

Early supportive care with re-hydration, symptomatic treatment improves survival. There is as yet no licensed treatment proven to neutralize the virus but a range of blood, immunological and drug therapies are under development.

RULES of INFECTION CONTROL

Standard precautions include basic hand hygiene, respiratory hygiene, use of personal protective equipment (to block splashes or other contact with infected materials)

(Patients with suspected or confirmed Ebola virus)

Extra infection control measures to be taken to prevent contact with the patient's blood and body fluids and contaminated surfaces or materials such as clothing and bedding; using face protection (a face shield or a medical mask and goggles), a clean, non-sterile long-sleeved gown, and gloves

MERS - CoV

The Middle East Respiratory Syndrome Coronavirus (**MERS-CoV**) causes acute respiratory illness in infected patients.

The virus is **transmitted** through **exposures** from infected animals or humans. Currently there is no sustained evidence of human-to-human or airborne transmission.

Symptoms include **fever, cough and shortness of breath** and may progress to severe respiratory illnesses.

There is currently no known cure but infected patients can seek treatments to relieve the symptoms.

AIRWAY / ARREST / CHOKING (UNCONSCIOUS) – INFANT < 1yr

INFANT

1 PHONE TO PATIENT

Are you beside her/him now?

Yes → 2

(No) Bring the phone with you while you stay close to the baby. Do it now and tell me when it is done.

→ 2

4 CPR LANDMARKS

Place your **middle and ring finger** on the center of the **chest** and the **other hand** on the **forehead**; **tilting** the head back a little.

→ 5

7 VENTILATIONS

Now tilt the **head** back slightly to lift the **chin**; making sure the **neck** remains straight.

(Choking) **Look in the mouth. Remove visible obstruction using your little finger.**

Tightly cover the baby's **mouth and nose** completely with your mouth and give **2 quick breaths**. Make sure the **chest rise** as you blow.

Do it now and tell me when it is done.

Is there **any response/movement**?

No → 8

Movement/Start Breathing → 13

Vomit → 11

2 SPEAKER MODE

Put the phone on **speaker mode** now and **follow my instructions**.

Ok → 3

(Can't) Okay, listen to my instructions first. You will need to **put the phone down later**; but **don't hang up**. Stay on the line with me.

→ 3

5 COMPRESSIONS

Push **down 4 cm deep**. Pump the chest **hard and fast** for **30 times**.

Do you understand me so far?

Yes → 6

No → Clarify/Reassure

8 CONTINUE CPR & VENTILATION

(Choking) From now on, continue to give **30 pumps** then **check the mouth** for obstruction before giving **2 breaths**, **30 pumps**, **check mouth**, then **2 breaths**. Let's count together.

From now on, continue to give **30 pumps** then **2 breaths**, **30 pumps** then **2 breaths** for **5 rounds**. Let's count together.

If there's **another person**, get him to **guide the ambulance** to your location. Leave the gate and door open.

→ 9

Vomit → 11

Hysterical → 12

3 POSITION PATIENT/AIRWAY

Listen carefully.

Lay the baby **flat** on his/her back on a table & remove any pillows. Look in the mouth for any **obvious obstruction**. Remove it with your **little finger**.

Do it now and tell me when it is done.

→ 4

6 COUNTING COMPRESSIONS

Count each pump **together** with me. Ready!

1,2,3,4,5,6,7,8,9,10; **2,2,3,4,5,6,7,8,9,10;**
3,2,3,4,5,6,7,8,9,10.

→ 7

Hysterical → 12

9 REASSURING

You are doing **good**. Continue the chest compressions and blows until the ambulance **arrive** & take over (or the baby **wakes up**). **Don't give up**. If anything **changes**, tell me **immediately**.

*Good job. Keep going!

→ 10

Movement/Start Breathing → 13

2nd Rescuer Present → 15

10 AMBULANCE ARRIVE

Has the paramedic **arrive** and taken over the CPR?

No → 9

(Yes) I'm going to **let you go**. The **paramedic** will **take over now**.

13 BREATHING

Stop the CPR. Check to see:

Is the baby **breathing now**?

No → 6

(Breathing) Ok, tell me **every time** s/he takes a breath. Start **now**.

10 or more seconds – AGONAL/INEFFECTIVE

AGONAL → 6

→ 14

11 VOMITING

Turn the head to **one side** and **sweep only** what you can **see** with your **little finger**.

When all is **clear**, **continue** with the **CPR**. (It's okay to have a **little fluid** remaining.)

→ 8

14 RECOVERY POSITION

Turn the baby gently to the **left** and make sure s/he **continues breathing** while waiting for the ambulance to arrive.

If anything **changes**, tell me **immediately**.

Stop BREATHING → 3



12 SITUATIONAL CONTROL

You have to **calm down** so that you can **help** the baby. I will **guide** you. Let's do it **together**.

→ 6

(Slows down) I need you to **speed up** the compression a little. Do it **together** in my count.

→ 6

15 2ND RESCUER

If you feel **tired** and there's **another** person to help, get him to **replace** you in doing **CPR** while you **open** the door for the paramedic; but **don't hang up**. **Stay** on the line with me.

Do it now and tell me when you have changed.

→ 4

1 PHONE TO PATIENT

Are you beside her/him now?

Yes → 2

(No) Bring the phone with you while you stay close to the child. Do it now and tell me when it is done.

→ 2

4 CPR LANDMARKS

Place one hand on the center of the **chest**, right between the **nipples**. Keep your hand straight.

→ 5

7 VENTILATIONS

Now **pinch** the nose (with the hand closer to the head) and use your other **hand** to **tilt the head back slightly**; by **lifting the chin up**.

Make sure the neck remains **straight**.

(Choking) **Look in the mouth. Remove visible obstruction using your little finger.**

With the **nose still pinched**, **cover** the child's **mouth completely** with your mouth and give **2 breaths**, about **1 second** each. Make sure the **chest rise** as you blow.

Do it now and tell me when it is done.

Is there any response/movement?

No → 8

Movement/Start Breathing → 13

Vomit → 11

2 SPEAKER MODE

Put the phone on **speaker mode** now and **follow my instructions**.

Ok → 3

(Can't) Okay, listen to my instructions first. You will need to **put** the phone **down** later; but **don't hang up**. Stay on the line with me.

→ 3

5 COMPRESSIONS

Push down **5 cm deep**. Pump the chest **hard and fast** for **30 times**.

Do you understand me so far?

Yes → 6

No → Clarify/Reassure

8 CONTINUE CPR & VENTILATION

(Choking) From now on, continue to give **30 pumps** then **check the mouth** for obstruction before giving **2 breaths**, **30 pumps**, **check mouth**, then **2 breaths**. Let's count together.

From now on, continue to give **30 pumps** then **2 breaths**, **30 pumps** then **2 breaths** for **5 rounds**. Let's count together.

If there's another person, get him to guide the ambulance to your location. Leave the gate and door open.

→ 9

Vomit → 11

Hysterical → 12

3 POSITION PATIENT/AIRWAY

Listen carefully.

Lay the child **flat** on his/her back on the ground & **remove** any **pillows**. Kneel next to the child and **look** in the **mouth** for any **obvious obstruction**. Remove it with your **little finger**.

Do it now and tell me when it is done.

→ 4

6 COUNTING COMPRESSIONS

Count each pump **together** with me.

Ready!

1,2,3,4,5,6,7,8,9,10; 2,2,3,4,5,6,7,8,9,10;
3,2,3,4,5,6,7,8,9,10.

→ 7

Hysterical → 12

9 REASSURING

You are doing **good**. Continue the chest compressions and blows until the ambulance **arrive** & take over (or the child **wakes up**). **Don't give up**. If anything changes, tell me immediately.

*Good job. Keep going!

→ 10

Movement/Start Breathing → 13

2nd Rescuer Present → 15

10 AMBULANCE ARRIVE

Has the paramedic **arrive** and taken over the CPR?

No → 9

(Yes) I'm going to **let you go**. The **paramedic** will **take over now**.

13 BREATHING

Stop the **CPR**. Check to see:

Is the child **breathing now**?

No → 6

(Breathing) Ok, tell me **every time** s/he takes a breath. Start **now**.

10 or more seconds – AGONAL/INEFFECTIVE

AGONAL → 6

→ 14

11 VOMITING

Turn the head to **one side** and **sweep** it all out with your **little finger**.

When all is **clear**, **continue** with the **CPR**. (It's okay to have a **little fluid** remaining.)

→ 8

14 RECOVERY POSITION

Turn the child gently to the **left** and make sure s/he **continues breathing** while waiting for the ambulance to arrive.

If anything **changes**, tell me **immediately**.

Stop BREATHING → 3



12 SITUATIONAL CONTROL

You have to **calm down** so that you can **help** the child. I will **guide** you. Let's do it **together**.

→ 6

(Slows down) I need you to **speed up** the compression a little. Do it **together** in my count.

→ 6

15 2ND RESCUER

If you feel **tired** and there's **another** person to help, get him to **replace** you in doing **CPR** while you **open** the door for the paramedic; but **don't hang up**. **Stay** on the line with me.

Do it **now** and tell me when you have changed.

→ 4

1 PHONE TO PATIENT

Are you **beside her/him now?**

Yes → 2

(No) Bring the phone with you while you stay close to the patient. Do it now and tell me when it is done.

→ 2

4 CPR LANDMARKS

Place **one hand** on the **center** of the **chest** and the **other hand on top** of the first hand. **Keep both hands straight.**

→ 5

7 VENTILATION**(Choking/Drowning ONLY)**

Now **pinch** the nose (with the hand closer to the head) and use your other **hand** to **lift** the chin up.

(Choking) **Look in the mouth. Remove visible obstruction using your index finger.**

With the **nose** still **pinched**, cover the **mouth completely** with your mouth and give **2 breaths**, about **1 second** each. Make sure the **chest rise** as you blow.

Do it now and tell me when it is done.

Is there **any response/movement?**

No → 8

Movement/Start Breathing → 13

Vomit → 12

2 SPEAKER MODE

Put the phone on **speaker mode** now and **follow my instructions**.

Ok → 3

(Can't) Okay, listen to my instructions **first**. You will need to **put the phone down later**; but **don't hang up. Stay on the line with me.**

→ 3

5 COMPRESSIONS

Push **down** at least **5 cm deep**, using your body weight. **Pump** the chest **hard and fast** for **100 times**.

Do you **understand** me so far?

Yes → 6

No → Clarify/Reassure

8 AED AVAILABLE

Is **AED available**?

No → 10

No (CHOKING/DROWNING) → 9

(Yes) Remove all clothing & accessories from the patient's chest and ensure s/he is on **dry surface** with **no dangers** before using the AED.

Do it now and tell me when it is done.

AED → E - 3

3 POSITION PATIENT/AIRWAY

Listen carefully.

(In public) **Shout for help** and get someone to **bring the AED** if available.

Lay the patient **flat** on his/her back on the **ground & remove any pillows**. **Kneel** next to the patient.

Do it now and tell me when it is done.

→ 4

6 COUNTING COMPRESSIONS

Count each pump **together** with me.
Ready!

1,2,3,4,5,6,7,8,9,10; **2,2,3,4,5,6,7,8,9,10;**
3,2,3,4,5,6,7,8,9,10, etc. (for 10 sets)

(After 1st 10 compressions ONLY)

Is there **any response/movement?**

No → 8

Movement/Start Breathing → 13

****ONLY FOR CHOKING/ DROWNING****

Count each pump **together** with me.
Ready!

1,2,3,4,5,6,7,8,9,10; **2,2,3,4,5,6,7,8,9,10;**
3,2,3,4,5,6,7,8,9,10.

Choking/Drowning → 7

Hysterical → 15

Vomit → 12

9

CONTINUE CPR & VENTILATION (Choking/Drowning ONLY)

(Choking) From now on, continue to give 30 pumps then check the mouth for obstruction before giving 2 breaths, 30 pumps, check mouth, then 2 breaths. Let's count together.

From now on, continue to give 30 pumps then 2 breaths, 30 pumps then 2 breaths for 5 rounds. Let's count together.

→ 6

Vomit → 12

Hysterical → 15

12 VOMITING

Turn the head to one side and sweep it all out with your index finger.

When all is clear, continue with the CPR. (It's okay to have a little fluid remaining.)

→ 6

15 SITUATIONAL CONTROL

You have to calm down so that you can help the patient. I will guide you. Let's do it together.

→ 6

(Slows down) I need you to speed up the compression a little. Do it together in my count.

→ 6

10

REASSURING

You are doing good. Continue the chest compressions (*AND blows) until the ambulance arrive & take over (or the patient wakes up). Don't give up. If anything changes, tell me immediately.

If there's another person, get him to guide the ambulance to your location. Leave the gate and door open.

*Good job. Keep going!

→ 11

Movement/Start Breathing → 13

2nd Rescuer Present → 16

13

BREATHING

Stop the CPR. Check to see: Is the patient breathing now?

No → 6

(Breathing) Ok, tell me every time s/he takes a breath. Start now.

10 or more seconds – AGONAL/INEFFECTIVE

AGONAL → 6

→

14

11

AMBULANCE ARRIVE

Has the paramedic arrive and taken over the CPR?

No → 10

(Yes) I'm going to let you go. The paramedic will take over now.

14

RECOVERY POSITION

Turn the patient gently to the left and make sure s/he continues breathing while waiting for the ambulance to arrive.

If anything changes, tell me immediately.

Stop BREATHING → 3



16

2ND RESCUER

If you feel tired and there's another person to help, get him to replace you in doing CPR while you open the door for the paramedic; but don't hang up. Stay on the line with me.

Do it now and tell me when you have changed.

→ 4



D

CHOKING (CONSCIOUS) – ADULT/CHILD/INFANT

ADULT/CHILD/INFANT

1 PHONE TO PATIENT

Are you beside her/him now? Yes → 2

(No) Bring the phone with you while you stay close to the patient. Do it now and tell me when it is done.

UNCONSCIOUS → ABC -2 → 2

4 STANDING/SITTING (ADULT/CHILD)

Is s/he obese / pregnant? Yes → 8

(No) Stand behind him/her and put both arms around the waist. Clench your right fist and place your left hand around it.

Place both hands above the belly button, below the breastbone.

Do you understand me so far? Yes → 5

No → Clarify/Reassure

UNCONSCIOUS → BC -3

7 MONITOR BREATHING

Watch closely for any funny noises, wheezing or if patient becomes unconscious; tell me immediately.

Tell me when the paramedics arrive.

Difficulty BREATHING > Adult/Child → 3



UNCONSCIOUS → BC -3

2 CHECK BREATHING

Put the phone on speaker mode now and follow my instructions.

Look at her/him closely.

Can s/he TALK/COUGH/CRY at all?

Yes > Adult/Child → 7
> Infant → 13

No > Adult/Child → 3
> Infant → 10

UNCONSCIOUS → ABC -3

5 HEIMLICH (ADULT/CHILD)

Jerk hard - up and into the stomach quickly. Continue until s/he can talk, cough or cry. If s/he becomes unconscious, tell me immediately.

Can s/he breathe (talk/cough/cry) at all?

Yes → 7

UNCONSCIOUS → BC -3

No/Uncertain → 6

8 OBESE / PREGNANT

Get patient to sit. Stand behind him/her and put both arms around the chest, under patient's arm. Clench your right fist and place your left hand around it.

Place both hands on the breastbone.

Do you understand me so far?

Yes → 9

No → Clarify/Reassure

UNCONSCIOUS → BC -3

3 POSITION (ADULT/CHILD)

Listen carefully.
Is s/he standing, sitting or lying down?

(Lying) Place patient in sitting position.

UNCONSCIOUS → BC -3

→ 4

6 REASSURE

Don't give up. Keep doing until she can breathe (talk / cough / cry). If s/he becomes unconscious, tell me immediately.

Tell me when the paramedics arrive.

Can s/he breathe (talk/cough/cry) at all?

Yes → 7

No/Uncertain → 5/9

UNCONSCIOUS → BC -3

9 HEIMLICH (OBESE/PREGNANT)

Jerk hard inwards into chest quickly. Continue until s/he can talk, cough or cry. If s/he becomes unconscious, tell me immediately.

Can s/he breathe (talk/cough/cry) at all?

Yes → 7

No/Uncertain → 6

UNCONSCIOUS → BC -3

10 POSITION (INFANT)

Listen carefully.

Kneel down on the floor. Lie the baby along your forearm with the face looking down, supporting the face with your hand.

Rest your forearm onto your thigh. Ensure the baby's **head is lower than the chest.**

Do you understand me so far?

Yes → 11

No → Clarify/Reassure

UNCONSCIOUS → A -3

11 BACK BLOW / CHEST THRUST

Using the **palm (heel)** of the **free hand**, strike **hard between the shoulders 5 times.**

Turn the baby on its back.

Place your **middle and ring finger** on the **center of the chest.** Push down **4cm deep.**

Pump the chest hard and fast 5 times.

Do it now and tell me when it is done.

12 CHECK AIRWAY (INFANT)

Look in the mouth for any obvious obstruction. Remove it with your little finger.

From now on, continue to give **5 back blows** and **5 chest compressions** after **checking the mouth** for any obstruction. If the baby becomes **unconscious**, tell me **immediately.**

Can the baby cry at all?

Yes → 13

No → Clarify/Reassure

→ 12

UNCONSCIOUS → A -3

13 MONITOR BREATHING (INFANT)

Watch closely for any funny noises, wheezing or if the baby becomes unconscious; tell me immediately.

Tell me when the paramedics arrive.

Difficulty BREATHING > Infant → 10

UNCONSCIOUS → A -3



Last Updated: 30 Jun 2017

D

CHOKING (CONSCIOUS) – ADULT/CHILD/INFANT

ADULT/CHILD/INFANT

AUTOMATIC EXTERNAL DEFIBRILLATOR - ADULT

1 DETERMINE AGE	2 PREPARE PATIENT	3 PREPARE AED
<p>Is the patient at least 9 years old?</p> <p>Yes → 2 No > Infant → A -3 > Child → B -3</p>	<p>Remove all clothing and accessories from patient's chest and ensure patient is on dry surface with no dangers before using the AED.</p> <p>Do it now and tell me when it is done.</p>	<p>Listen carefully. Place the AED next to the patient. Open the cover and turn on the AED.</p> <p>Do it now and tell me when it is done.</p>
4 POSITION PADS	5 VOICE PROMPT	6 ANALYZING
<p>Open the pad package and place both pads on the patient, as shown in the picture on the pads.</p> <p>Do it now and tell me when it is done.</p>	<p>Make sure the pad cords are attached to the machine and follow the machine voice prompts.</p> <p>Do you understand me so far?</p> <p>Yes → 6 No → Clarify/Reassure</p>	<p>Is there any analyze button?</p> <p>(Yes) Push the analyze button. (No) Wait for the machine to analyze.</p> <p>DO NOT TOUCH the patient. Let me know what the voice prompt says.</p>
7 SHOCK ADVISED	8 CONTINUE CPR	9 NO SHOCK ADVISED
<p>Shout "STAND CLEAR" and make sure NO ONE is taking the patient before pressing the SHOCK Button.</p> <p>Do it now and tell me when it is done.</p>	<p>Follow the machine voice prompt and continue chest compression until the next voice prompt to analyze again.</p> <p>If anything changes, tell me immediately.</p> <p>Voice Prompt → 6 Ambulance Arrive → 10</p>	<p>SHOCK → 7 NO SHOCK → 9</p> <p>Continue chest compression until the next voice prompt to analyze again.</p> <p>If anything changes, tell me immediately.</p> <p>Voice Prompt → 6 Ambulance Arrive → 10</p>
10 AMBULANCE ARRIVE		
	<p>Has the paramedic arrive and taken over the CPR?</p> <p>No → 8 (Yes) I'm going to let you go. The paramedic will take over now.</p>	



Heart Sine Samaritan PAD (Public Access Defibrillator)

- Turn On
- Pull Green tab
- Paste pads
- Analyze
- Shock/No shock



Philips Heart Start Onsite

- Turn On
- Pull handle
- Paste pads
- Analyze
- Shock/No shock



ZOLL AED Plus (Semi/Full Automatic)

- Turn On
- Attach cable
- Paste pads
- Analyze
- Shock/No shock

Last Updated: 30 Jun 2017

E

AUTOMATIC EXTERNAL DEFIBRILLATOR - ADULT

AED

F CHILDBIRTH - DELIVERY

BIRTH

1 PHONE TO PATIENT

Listen carefully. I will **guide** you on what to do next.

Where is she now?

(Bring the **phone** with you while you **stay close** to her.)

Get her to **lie on her back** in the center of a bed or on the floor.

Has the **baby** been **born** yet?

Yes → 6

No → 2

4 CHECK CROWNING

I want you to **check** if any part of the baby can be **seen** yet?

Head → 5

Other Parts → 8

No → 

7 CHECK BABY

Is the baby **crying**?

No → AIRWAY → A -3

(**Yes**) Clean the baby's **mouth** and **nose** with a clean, dry cloth. Wrap the baby with a clean blanket and put the baby in the mother's arm. Ensure that the **umbilical cord** is **not pulled**. Do it **now** and tell me when it is done.

→ 9

2 CHECK PUSHING

Does she **feel like pushing/passing motion**?

Yes → 3

(**No**) Raise her **head** with pillows, **but** don't let her **sit up** or **go to the toilet**.

→ 10

5 START DELIVERY

Place the **palm** of your hand **against** her **vagina** to prevent the **baby's head** from **delivering too fast** and **cause a tear**.

Tell her to **give a good push** when the **contraction** comes until the baby's **head** is **out**.

Do you understand me so far?

→ 6

No → Clarify/Reassure

8 COMPLICATIONS

Reassure the mother that **ambulance** is already **on the way**.

Tell her **NOT TO PUSH**. Remain **calm** and **continue to breathe** through her mouth.

Do not try to push in back any presenting parts.

3 PREPARE MOTHER

Listen carefully.

Tell her to **avoid pushing** if possible.

Remove her **underwear** and place **clean towels under her buttocks**.

Get ready a **clean blanket** for the **baby**.

Do it **now** and tell me when it is done.

→ 4

6 DELIVER BABY

Support the **baby's head** and feel for any **umbilical cord around the baby's neck**.

(**Cord Round Neck**) Remove the **cord** by slipping it over the baby's **head**.

The baby will be **slippery**. Be **careful not to drop**! Give another **good push** with the next **contraction**, for the baby's **body** to be delivered.

→ 7

9 PLACENTA DELIVERY

Let the mother remain lying flat with her **knees bent**.

Delivery of the **placenta** may take at least 20 minutes. Once delivered, place it in a **clean plastic bag**.

Keep the placenta at the same level or slightly **above** the **baby**.



10

COMFORT POSITION

Get her to **lie** on her **left** in a **comfortable** position.

Take **slow, deep breaths**.

Do not allow her to **go** to the **toilet**.



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ANNEX ABBREVIATIONS

ACRONYM	DEFINITION
ABD	Abdominal
AF	Atrial Fibrillation
AI	Alcohol Intoxication
AMI / MI	(Acute) Myocardial Infarction
AMS	Altered Mental State
BP	Blood Pressure
C/O	Complaint Of...
CA	Cancer
CCF / CHF	Congestive Cardiac /Heart Failure
COPD	Chronic Obstructive Pulmonary Disease
CVA	Cerebral Vascular Accident (Stroke)
DKA	Diabetic Ketoacidosis
DM	Diabetes Mellitus
DO	Drug Overdose
DOA	Dead on Arrival
EDD	Estimated Date of Delivery
EPI	Epinephrine (Adrenaline)
FX / #	Fracture
GI	Gastro-Intestinal (stomach and intestine)
GTN	Glyceryl Tri-Nitrate (medicine for chest pain)
HI	Head Injury

ACRONYM	DEFINITION
HT	Hypertension
HX	History
LOC	Loss of Consciousness
PR	Per Rectal
PT	Patient
PV	Per Vagina
ROSC	Return of Spontaneous Circulation (Pulse return)
RTA	Road Traffic Accident
SOB	Short of Breath
SPO2	Saturation of Peripheral capillary Oxygen
SVT	Supra Ventricular Tachycardia
TCPR	Telephone – Cardio Pulmonary Resuscitation
TIA	Transient Ischemic Attack (Mild Stroke)
VF	Ventricular Fibrillation
BID	Brought In Dead
ACS	Acute Coronary Syndrome (Heart Problem)

TERM	DEFINITION	TERM	DEFINITION
ABRASION	Scrape to the skin (against rough surface)	EPITAXIS	Nose bleed
ANAPHYLAXIS	Sudden, severe, life-threatening allergic reaction	FEBRILE	Referring to fever
ANEURYSM	Ballooning of the artery (causing blood collection)	FEMUR	Thigh bone
ANGINA	Intermittent chest pain, relief with rest	GESTATION	No. of weeks pregnant (up to 42 weeks max.)
APNEA	No breathing	HEMATOMA	Swelling due to blood pool
ASPHYXIA	Suffocation	HEMORRHAGE	Severe bleeding
AVULSION	Forceful tear of tissue causing a flap	HYPERGLYCEMIA	High blood sugar level
BRADYCARDIA	Slow heart rate	HYPERTENSION	High blood pressure
CARDIAC	Referring to heart	HYPOGLYCEMIA	Low blood sugar level
CEREBRAL	Referring to brain	HYPOTENSION	Low blood pressure
COMBATIVE	Struggle or eager to fight	MENINGITIS	Inflammation of the brain membrane
CONTUSION	Bruise to the skin (no tear)	PALPITATION	Rapid, throbbing heart beat / flutter
CYANOSIS	Blue / Purple skin due to lack of oxygen	PNEUMONIA	Inflammation of lungs(w. fever, cough, SOB)
DESATURATION	Low Oxygen in the blood (Breathless)	SPOTTING	Vaginal bleeding that is less than normal period
DIAPHORETIC	Profuse sweating, cold and clammy skin	STATUS EPILEPTICUS	Continuous fits / seizure
EDEMA	Excessive amount of fluid in tissues	STOMA	Permanent surgical opening (neck/large intestine)
EMBOLISM	Obstruction in blood vessel (due to clot)	SYNCOPE	Fainting
EPILEPSY	Seizure / fits (altered mental state)	TACHYCARDIA	Fast heart rate
		TRACHEOSTOMY	Operation to create opening to trachea (airway)
		VERTIGO	An illusion of surrounding spinning. Dizzy
		FLUID OVERLOAD	Fluid in lungs (breathless)

GLOSSARY ANNEX

Dealing with Uncertainties

- **CONSCIOUS ??**

- Eyes open
- Eyes move to one side
- Staring with no response
 - “Is there any **response** when you **call** him?” (answer/moan → Choose “Conscious”)
 - “**Tap** on the shoulder. Any **response / movement?**”
- Semi-conscious, drowsy (Choose → “Conscious”)

- **BREATHING NORMALLY ??**

- Shallow (“breathing just a little”), slow, “barely breathing”, “can’t breathe”, fighting for air”, (Agonal breathing can go on several minutes after cardiac arrest)
- Groaning, moaning, gasping, gurgling (noisy breathing)
- “Turning blue, purple (or black)”
- Breathing hard
- Bradypnea/Slow breathing (< 12bpm):
Interval > 10sec between breaths (for 3 breaths)
 - “Ok, tell me **every time** s/he takes a **breath**. Start now.”

Question Asked	Answer given	Conscious Level	Choice (Entry Question)
“Is s/he awake (conscious)? ”	Yes	Conscious & Alert	Conscious
“Is there any response when you call him?”	Answers / Moan	Responds to verbal stimuli	Unsure (conscious)
“ Tap on the shoulder. Any response / movement? ”	Movement	Responds to pain stimuli	Unsure (conscious)
NIL	None of above	Unresponsive	Unconscious