

ALABAMA EMERGENCY MEDICAL DISPATCH GUIDEBOOK



This publication is distributed by the Alabama 9-1-1 Board in partnership with the Alabama Department of Public Health Office of Emergency Medical Services in the interest of providing a common protocol for Emergency Medical Dispatch for those agencies operating within the State of Alabama. The protocol meets or exceeds the National Highway Traffic Safety Administration: National Standard Curriculum for Emergency Medical Dispatch.

Use of the Alabama Emergency Medical Dispatch Guidebook is strictly intended to be used by individuals that have successfully completed the required prerequisites and training for the program when affiliated with an agency that has implemented the program. If trade or manufacturer's names or products are mentioned, it is only because they are considered essential to the objective of the publication and should not be considered an endorsement.

Information about the Alabama Emergency Medical Dispatch program may be requested from the office of:



1 Commerce Street, Suite 620
Montgomery, AL 36104
334-440-7911
www.al911board.com

ALL CALLERS INTERROGATION

KEY QUESTIONS

- 1) Where is your emergency?
Address or Location?
 - 2) What is the number you are calling from?
 - 3) What is the emergency?
 - 4) Have you been tested for COVID-19?
If YES, do you know your results?
 - 5) Is the scene accessible to emergency personnel?
 - 6) Is it safe for emergency personnel to enter?
 - 7) What is your name?
 - 8) What is the age and sex of the patient?
 - 9) Is the patient conscious and able to talk?
If NO, is the patient breathing normally?
 - If NO, go to: [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
 - If YES, go to: [UNCONSCIOUS/FAINTING](#).
 - If UNCERTAIN, go to: [CARDIAC ARREST](#).
- If YES, is the patient breathing normally?
- If YES, determine chief complaint and go to: [APPROPRIATE CARD](#).
 - If NO, go to: [BREATHING PROBLEMS](#).

PROMPTS

- Follow agency policy and procedure for dispatching responders.
- Follow agency policy and procedure in recording a short report.
- Consider the appropriate series of questions, if there are any active [ALERTS](#).

ADDITIONAL INFORMATION

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ABDOMINAL PAIN

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KEY QUESTIONS

- 1) Is the patient a female between 12 and 50 years of age?
 - If YES, has there been any vaginal bleeding?
 - If YES, could she be pregnant?
 - If YES, **go to: [PREGNANCY/CHILDBIRTH.](#)**
 - If NO, how much bleeding has occurred?
 - Does she feel dizzy or weak?
- 2) Is the pain due to an injury to the patient?
 - If YES, **consider: [APPROPRIATE CARD](#)** for the injury.
- 3) How does the patient feel sitting up?
- 4) Is the pain above or below the belly button?
- 5) Has the patient vomited?
 - If YES, does the vomit appear to be red blood or coffee ground looking?
- 6) Are the patient's bowel movements black and tarry?
- 7) Does the patient have any medical or surgical history?
- 8) Has the patient recently traveled outside the country?
 - If YES, where? (**Check: [ALERTS](#)**)

PROMPTS

- If unconscious, **go to: [AIRWAY CONTROL INSTRUCTIONS.](#)**
- If unconscious, NOT breathing normally, **go to:**
 - [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 - [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 - [CPR INSTRUCTIONS-INFANT \(<1YOA\).](#)
- Follow [HELICOPTER ACTIVATION CRITERIA.](#)

ADDITIONAL INFORMATION

ABDOMINAL PAIN

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PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Do not give the patient anything to eat or drink. 2) Have the patient sit or lie down, whichever is most comfortable. 3) Keep the patient calm, if possible. 4) Gather the patient's medications, if any. 5) If the patient's condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Vomiting blood (red/dark red) or coffee ground-like • Black tarry stool • Lower abdominal pain • Upper abdominal pain with history of heart problems • Fainting or near fainting 	<ul style="list-style-type: none"> • Pain with vomiting • Flank pain (Kidney stone) • Abdominal pain unspecified
Agency Specific Criteria	

ALLERGIC REACTIONS/STINGS[Back to TOC](#)**KEY QUESTIONS**

- 1) Does the patient have a history of a reaction to anything?
If YES, to what?
- 2) Is the patient having:
Difficulty swallowing?
Difficulty breathing?
Or both?
- 3) Is the patient complaining of itching, hives, rash, or swelling?
If YES, where?
- 4) Are the symptoms getting worse?
- 5) How does the patient act if they sit up?

PROMPTS

- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

ALLERGIC REACTIONS/STINGS

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PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Does the patient have an Epi-Pen or reaction kit? If YES, is it available? <ul style="list-style-type: none"> - If YES, has it been used as directed? - If it has not been used, advise them to use it as directed. 2) For STINGS: Scrape away the stinger and poison sac with a dull edge. Do not grasp the stinger or squeeze the sac. Apply ice for up to 20 minutes. 3) Do not give the patient anything to eat or drink. 4) Have the patient sit or lie down, whichever is more comfortable. 5) Monitor the patient for any changes in breathing or responsiveness. If indicated, go to: APPROPRIATE CARD. 6) Gather the patient's medications, if any. 7) If the patient's condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Difficulty breathing • Difficulty swallowing • Cannot talk in full sentences • Swelling in throat or face • Fainting • History of severe reaction • Itching/hives in multiple areas 	<ul style="list-style-type: none"> • Concern about reaction, no history • Reaction present for long time (hours), no difficulty breathing • Itching/hives in one area
Agency Specific	

ALTERED MENTAL STATUS

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KEY QUESTIONS

- 1) Is the patient acting in their normal manner?
If NO, what is different?
- 2) Is the patient:
 - acting violent, aggressive, shouting or yelling?
 - removing their clothing or naked?
 - sweating profusely?
 - breathing rapidly or drooling?
- 3) Does the patient have access to any weapons?
- 4) Is the patient a diabetic?
If YES, **consider** [DIABETIC PROBLEMS](#).
- 5) Has the patient harmed themselves or are they under the influence of any substance?
If YES, **consider:** [APPROPRIATE CARD](#) for the injury or condition.
- 6) Does the patient have a history of depression?
- 7) Does the patient have a history of harming themselves or others?
- 8) Has the patient ever attempted suicide?
- 9) Has the patient recently traveled outside the country?
If YES, where? (**Check:** [ALERTS](#))

PROMPTS

- Has law enforcement been notified?
- Suicidal callers may be reluctant to give location. Follow agency policy and procedure for utilizing interrogation skills, ALI screen, Phase II wireless information, contacting telephone service provider, etc.
- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

Psychiatric and behavioral problems are usually not life threatening. However, that can change quickly if the patient is not treated appropriately. Specialized training and resources are available to help assist dispatch and field responders encountering these situations.

ALTERED MENTAL STATUS

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PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Keep the patient in the area, if safe to do so. 2) Keep the patient calm, if possible. 3) If you feel you are in danger, leave the scene. 4) Gather the patient's medications, if any. 5) If suicide is indicated, try to determine the method. 6) Attempt to help patient using the APPROPRIATE CARD as injuries become known. 7) Alert responders to hazards such as gas, chemicals, weapons, etc.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Patient presenting with: <ul style="list-style-type: none"> extreme violent or aggressive behavior sweating profusely removing clothes or nakedness rapid breathing or drooling incoherent shouting or yelling • Threats against self or others 	<ul style="list-style-type: none"> • Lacerated wrists with controlled bleeding • Unusual behavior with psychiatric history • Known alcohol intoxication with other drug or substance use, can be roused • Police request for stand-by • Patient out of psychiatric medication
Agency Specific	

ANIMAL BITES[Back to TOC](#)**KEY QUESTIONS**

- 1) Is the patient short of breath or does it hurt to breathe?
- 2) What type of animal bit the patient?
- 3) Is the animal contained?
- 4) What part of the body was bitten?
- 5) How long ago was the patient bitten?
- 6) Is the patient bleeding?

If YES, go to: [BLEEDING/LACERATION](#).

PROMPTS

- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Has law enforcement been notified?
- Has animal control been notified?
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

Any tourniquet that has been applied should be left in place.

ANIMAL BITES

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS	
<ol style="list-style-type: none"> 1) Contain the animal, if possible and safe to do so. Lock away any other pets. 2) If little or no bleeding, irrigate human and animal bites with copious amounts of water. 3) Do not give the patient anything to eat or drink. 4) Have the patient lie down. 5) Keep the patient calm, if possible. 6) For SNAKE BITES: <ul style="list-style-type: none"> Apply direct pressure to the wound. Do not elevate the extremity. Do not use ice. Do not attempt to remove venom. Do not apply a tourniquet. 7) For JELLYFISH STINGS: <ul style="list-style-type: none"> Wash with vinegar or baking soda. 8) Gather the patient’s medication, if any. 9) If the patient’s condition changes, call 9-1-1 back. 	

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Uncontrolled bleeding, after attempts to control • Serious neck or face bites from animal attacks • Bites from known poisonous animals 	<ul style="list-style-type: none"> • Controlled bleeding • Swelling at bite site • Bite below neck, non-poisonous
Agency Specific	

ASSAULT/GUNSHOT/STABBING

[Back to TOC](#)

KEY QUESTIONS

- 1) Are there any obvious injuries?
If YES, what are they?
- 2) When did this happen?
- 3) Is the scene safe?
- 4) Was it intentional or an accident?
If intentional, is there an assailant present?
-If YES, can you provide a description?
- 5) What type of weapon was used?
- 6) Is the weapon still present?
- 7) How many people are injured?
- 8) Is there any bleeding?
If YES, go to: [BLEEDING/LACERATION](#).

PROMPTS

- Has law enforcement been notified? Relay details of incident and description of assailant(s).
- Advise responders when scene is secure.
- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- If specific chief complaint is identified the EMD should go to the [APPROPRIATE CARD](#) for the patient's complaint.
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

ASSAULT/GUNSHOT/STABBING

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS	
<ol style="list-style-type: none"> 1) Tell caller to remain safe. Beware of assailant. 2) Do not disturb the scene or move weapons. 3) Do not pull out any penetrating weapons. 4) Have the patient sit or lie down, whichever is most comfortable. 5) Keep the patient calm, if possible. 6) Do not give the patient anything to eat or drink. 7) Gather the patient's medications, if any. 8) If the patient's condition changes, call 9-1-1 back. 	

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Uncontrolled bleeding • Leg injury above the knee • Wounds to head, neck, torso, or thigh 	<ul style="list-style-type: none"> • Wounds to the arms below the elbow or on the leg below the knee • Minor injuries: scrapes, bumps, bruises
Agency Specific	

BACK PAIN[Back to TOC](#)**KEY QUESTIONS**

- 1) Is the patient's pain due to an injury or recent fall?
If YES, go to: [FALL VICTIM](#).
- 2) Has the patient felt dizzy or fainted?
- 3) Does the patient have any medical or surgical history?
If YES, for cardiac history, consider: [CHEST PAIN/HEART PROBLEMS](#).
- 4) Is the patient having any difficulty urinating?

PROMPTS

- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

BACK PAIN

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) If the pain is due to an injury, tell the patient not to move unless hazards are present. 2) Do not give the patient anything to eat or drink. 3) Have the patient sit or lie down, whichever is more comfortable. 4) Keep the patient calm, if possible. 5) Gather the patient's medication, if any. 6) If the patient's condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Non-traumatic back pain with a medical or surgical history • Back pain with fainting or near fainting 	<ul style="list-style-type: none"> • Flank pain (kidney stone) • Back pain (non-traumatic) • Back pain unspecified • Chronic back pain
Agency Specific	

BLEEDING/LACERATION

[Back to TOC](#)

KEY QUESTIONS

- 1) Where is the patient bleeding from?
 If the patient is a female with vaginal bleeding, could she be pregnant?
 - If YES, go to: [PREGNANCY/CHILDBIRTH](#).
- 2) How much blood can you see?
- 3) How long have they been bleeding?
- 4) Is blood squirting out?
- 5) Is the patient:
 a Hemophiliac or free bleeder?
 on blood thinners?
- 6) Has the patient recently traveled outside of the country?
 If YES, where? (Check: [ALERTS](#))

PROMPTS

- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
 [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Any bleeding that cannot be controlled should be considered critical.
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

- Use of tourniquets cannot be properly instructed over the phone. They should only be used by people who have had proper training and should be applied according to the instructions on the package.

BLEEDING/LACERATION

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PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) If bleeding, use clean cloth and apply pressure directly over wound. Do not remove. If cloth becomes soaked, add more to what is already there. 2) Elevate bleeding extremities. 3) For NOSEBLEEDS tell patient to: <ul style="list-style-type: none"> Apply direct pressure by pinching the nose tightly. Lean forward and hold pressure until help arrives. Attempt to spit out blood; swallowing it may make patient nauseous. 4) Any tourniquet that has been applied should be left in place. 5) If possible, locate amputated part(s) and place in clean plastic bag, NOT ON ICE. 6) If teeth, locate if possible, DO NOT touch the root and place them in container with milk or clean water. 7) Have the patient lie down and be still. 8) Keep the patient calm, if possible. 9) Do not give the patient anything to eat or drink. 10) Gather the patient's medication, if any. 11) If the patient's condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Any sign of arterial bleeding • Bleeding with a history of Hemophilia • Rectal bleeding with significant blood loss • Vomiting blood or coffee ground material • Bleeding from mouth with difficulty breathing • Bleeding from neck, groin or armpit with significant blood loss • Vaginal bleeding if over 20 weeks pregnant or fainting 	<ul style="list-style-type: none"> • Minor bleeding that can be controlled by direct pressure
Agency Specific	

BREATHING PROBLEMS

[Back to TOC](#)

KEY QUESTIONS

- 1) How long has this been going on?
- 2) Has the patient ever had this problem before?
- 3) Has the patient had any recent hospitalizations, illnesses, or injuries?
- 4) What was the patient doing just prior to your call?
- 5) Is the patient able to speak in full sentences?
- 6) Does the patient have to sit up to breathe?
- 7) Does the patient have a history of asthma or respiratory problems?
- 8) Is the patient drooling or having a hard time swallowing?
- 9) Does the patient have any known allergies?
 If YES, consider: [ALLERGIC REACTIONS/STINGS](#).
- 10) Is the patient on oxygen?

PROMPTS

- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
 [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

BREATHING PROBLEMS

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PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Does the patient have a rescue inhaler? If YES, is it available? If YES, has it been used as directed? If it has not been used, advise the patient to use it as directed. 2) Have the patient sit or lie down, whichever is more comfortable. 3) Tell patient not to exert themselves. 4) Keep the patient calm, if possible. 5) Do not give the patient anything to eat or drink. 6) Gather the patient’s medication, if any. 7) If the patient’s condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Any patient complaining of breathing or respiratory difficulty • Difficulty breathing with chest pain • Unable to speak in full sentences • History of asthma or respiratory problems • Inhaled substance • Recent childbirth/injury/hospitalization (2 to 3 months) • Drooling or difficulty swallowing • Tingling or numbness in extremities or around mouth 	<ul style="list-style-type: none"> • Cold symptoms • Oxygen bottle empty • Patient assist • Chronic history with no new changes
Agency Specific	

BURNS

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KEY QUESTIONS

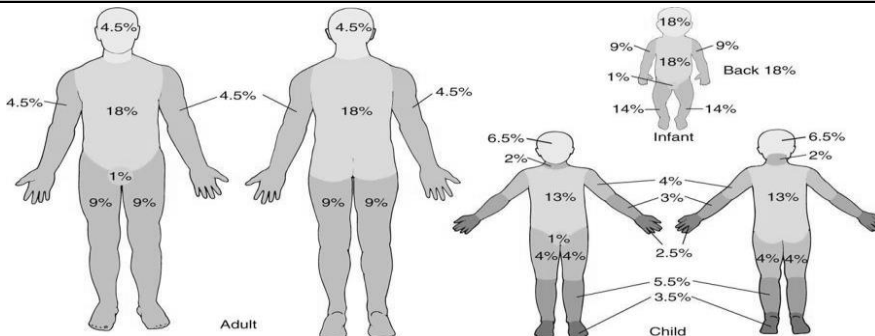
- 1) How was the patient burned?
- 2) Where is the patient burned?
If HEAD or FACE:
 - Is the patient short of breath, coughing or does it hurt to breathe?
 - Is the patient having difficulty swallowing?
 - Are there burns around their mouth or nose?
- 3) THERMAL BURNS:
 - Is anything on the patient still burning?
 - If YES, stop the burning.
 ELECTRICAL BURNS (including lightning strikes):
Go to: [ELECTROCUTION](#).
 CHEMICAL BURNS:
 What chemical caused the burn?
 Is the material hazardous?
- 4) Are there any other injuries?

PROMPTS

- If unconscious, **go to: [AIRWAY CONTROL INSTRUCTIONS](#).**
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Dispatch Fire Department or HAZMAT, according to protocol.
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

Rule of 9s



BURNS

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PREARRIVAL INSTRUCTIONS	
1)	<p>THERMAL: Place the burned area in cool water, NOT ICE, if possible. If possible, have patient remove clothing only if easily removable.</p>
2)	<p>CHEMICAL: If possible, have patient remove clothing only if easily removable. Get information on chemical. (Material Safety Data Sheet or MSDS, if available) If chemical is powder, brush it off, if safe to do so. DO NOT use water. Flush chemical burns from eyes with water. Remove contact lenses, if present.</p>
3)	Keep the patient calm, if possible.
4)	Do not give the patient anything to eat or drink.
5)	Gather the patient’s medications, if any.
6)	If the patient’s condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Burns to head, neck or face area • Hoarseness; Difficulty talking or swallowing • Burns over 20% of body surface • 2nd or 3rd degree burns to hands, feet, or groin • Chemical burns to eyes • Battery explosion 	<ul style="list-style-type: none"> • Burns less than 20% of body surface • Spilled hot liquids • Small burn from match or cigarette • Household electric shock • Freezer burns
Agency Specific	

CARBON MONOXIDE EXPOSURE[Back to TOC](#)**KEY QUESTIONS**

- 1) Is a Carbon Monoxide detector activated?
- 2) Is patient complaining of:
 - Headache?
 - Confusion?
 - Weakness or dizziness?
 - Fatigue?
 - Nausea or vomiting?
- 3) Is this a commercial property?
 - If YES, is the Material Safety Data Sheet or MSDS available?

PROMPTS

- CO detector activation, get everyone out of the structure.
- Dispatch Fire Department/HAZMAT team per local protocol.
- Consider **POISON CONTROL: 1-800-222-1222**.
- If unconscious, **go to: [AIRWAY CONTROL INSTRUCTIONS](#)**.
- If unconscious, NOT breathing normally, **go to:**
 - [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 - [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 - [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

CARBON MONOXIDE EXPOSURE

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PREARRIVAL INSTRUCTIONS	
<ol style="list-style-type: none"> 1) Get the patient to fresh air. 2) If unable to go outside, open all the doors and windows. 3) If the caller is unable to move the patient or open the doors and windows, ask the caller to remain outside until help arrives. 4) If safe to do so, turn off any possible source. 5) If the patient’s condition changes, call 9-1-1 back. 	

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Carbon monoxide detector activation with critical symptoms: <ul style="list-style-type: none"> Unconscious/not breathing normally Loss of consciousness Decreased level of consciousness • Inhalation involving household cleaners, antifreeze, solvents, methanol, cyanide, or insecticides with difficulty swallowing or breathing 	<ul style="list-style-type: none"> • Third party report, caller not with patient
Agency Specific	

CARDIAC ARREST

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KEY QUESTIONS

- 1) If unsure about consciousness:
Does the patient:
 - Respond to you?
 - Talk to you?
 - Answer questions?
 - Hear you?
 - Move or Flinch?
 - Move arms or legs?
 - Open their eyes?
- 2) If unsure about breathing:
Does the patient's chest rise or fall?
Does the patient make any sounds?

PROMPTS

- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

- Agonal respirations are ineffective breaths which occur after cardiac arrest and indicate the need for CPR.
- Agonal respirations are often reported as: gasping, snoring, gurgling, barely breathing, moaning, weak, heavy or occasional breaths.
- Brief generalized seizures may be an indication of cardiac arrest.

CARDIAC ARREST

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PREARRIVAL INSTRUCTIONS
<p>1) Go to: CPR INSTRUCTIONS-ADULT (8+YOA) or CPR INSTRUCTIONS-CHILD (1-8YOA) or CPR INSTRUCTIONS-INFANT (<1YOA).</p> <p>2) For an adult patient in cardiac arrest after asphyxia (unable to breathe), a drug overdose or drowning, CPR should be attempted with ventilations. Go to: CPR INSTRUCTIONS-ADULT (8+YOA)</p>

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Unresponsive • Not breathing • Not breathing adequately • Possible DOA of unknown origin • Delayed response 	<ul style="list-style-type: none"> • Confirmed Hospice • Expected death
Agency Specific	

CHEST PAIN/HEART PROBLEMS

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KEY QUESTIONS

- 1) Where in the chest is the pain located?
- 2) Does the patient feel pain anywhere else?
If YES, where?
- 3) How long has the pain been present?
- 4) Is the patient sweating profusely?
- 5) Is the patient nauseated or vomiting?
- 6) Is the patient weak, dizzy or faint?
- 7) Does the pain change when the patient breathes or moves?
- 8) Does the patient have any history of:
Heart problems?
Breathing problems?
- If YES, consider: [BREATHING PROBLEMS](#).
- 9) Is the patient experiencing rapid heart rate with chest pain?

PROMPTS

- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
[CPR INSTRUCTIONS-ADULT \(8+ YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8 YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1 YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).
- If the patient has a ventricular assist device, (may be called a VAD, heart pump, RVAD, LVAD, BVAD or LVAS) **do not perform chest compressions**.
- If the patient has a pacemaker or internal defibrillator, chest compressions can be performed as needed.
- Follow agency policy or procedure in recording times of administration of any medicine.

ADDITIONAL INFORMATION

CHEST PAIN/HEART PROBLEMS

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS
<p>1) Can the patient take Aspirin? If YES, has the patient taken any Aspirin in the last 24 hours? If NO, does the patient have any history of bleeding disorders? Does the patient take any blood thinners? Is the patient allergic to Aspirin?</p> <p style="margin-left: 40px;">- If all 3 answers are NO: IF the patient is conscious enough to swallow, advise caller to have patient take 1 full-dose (325mg) Aspirin or 4 low dose (81mg) tablets. Have the patient chew them before swallowing.</p> <p>2) Is the patient prescribed Nitroglycerin? If YES, has the patient taken any? If not taken and if the patient is conscious enough to swallow, have the patient sit or lie down and take as their physician has directed.</p> <p>3) Have the patient sit or lie down, whichever is more comfortable.</p> <p>4) Keep the patient calm, if possible.</p> <p>5) Loosen any restrictive clothing.</p> <p>6) Gather the patient's medication, if any.</p> <p>7) If the patient's condition changes, call 9-1-1 back.</p>

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> Unconscious/not breathing normally Decreased level of consciousness Patient complaining of chest pain with any of the critical symptoms: Shortness of breath, nausea, diaphoretic (sweating), rapid heart rate, syncope (faint, weak, dizzy), or illicit drug use Patient over 35 with any critical symptom 	<ul style="list-style-type: none"> Chest pain with flu-like symptoms
Agency Specific	

CHOKING[Back to TOC](#)**KEY QUESTIONS**

- 1) Is the patient alert?
- 2) Is the patient able to speak or cry?
- 3) Describe the breathing:
 - Does the chest rise?
 - Does air enter freely?
- 4) Is the patient turning blue?

PROMPTS

- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Determine age group, **go to:**
[CHOKING INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CHOKING INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CHOKING INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

CHOKING

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PREARRIVAL INSTRUCTIONS

1. **Go to:**
[CHOKING INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CHOKING INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CHOKING INSTRUCTIONS-INFANT \(<1YOA\)](#).
2. If the patient is alert and able to speak, continue to monitor for changes.
3. Have the patient sit or lie down, whichever is most comfortable.
4. If the patient's condition changes, call 9-1-1 back.

CRITERIA

ALS	BLS
<ul style="list-style-type: none"> Unconscious/not breathing normally Unable to talk or cry Turning blue 	<ul style="list-style-type: none"> Able to speak or cry Exchanging air with no difficulty breathing Airway cleared, patient assist
Agency Specific	

DIABETIC PROBLEMS

[Back to TOC](#)

KEY QUESTIONS

- 1) Does the patient take any diabetic medications?
If YES, when did they last take it?
- 2) When did the patient last eat?
- 3) Is the patient acting in their normal manner?
If NO, what is different?
- 4) Is patient feeling:
Dizzy?
Weak?
Faint?
- 5) Is the patient complaining of any pain?
If YES, where?
- 6) Is the patient sweating profusely?
- 7) Has the patient had a seizure?
- 8) Was onset sudden?
If YES, consider: [STROKE/CVA](#).

PROMPTS

- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

- Consider Stroke/CVA for sudden onset.

DIABETIC PROBLEMS

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS

- 1) Nothing by mouth if the patient is not able to take it by himself/herself.
- 2) Does the patient have glucose tablets or paste?
 If YES, has the patient taken any?
 If not taken and if the patient is conscious enough to swallow, have the patient sit or lie down and take as directed.
- 3) As long as the patient is conscious enough to swallow, give juice or tea with 2 to 3 tablespoons of sugar in it. (Giving this amount of sugar to a person with high blood glucose levels will not hurt them and will help a person with low levels.)
- 4) Does the patient have a blood glucose meter?
 If YES, can you get a current reading?
- 5) Allow patient to find a comfortable position.
- 6) Gather the patient's medication, if any.
- 7) If the patient's condition changes, call 9-1-1 back.

CRITERIA

ALS	BLS
<ul style="list-style-type: none"> Unconscious/not breathing normally Decreased level of consciousness Unusual behavior/acting strange Profuse sweating Seizure 	<ul style="list-style-type: none"> Awake/alert Not feeling well
Agency Specific	

DROWNING/NEAR DROWNING

[Back to TOC](#)

KEY QUESTIONS

- 1) Has the patient been removed from the water?
 - If YES, is the patient on land or in a boat?
 - How long has the patient been under water?
 - Is this a diving accident?
 - If NO, can the patient be removed from the water?
- 2) What was the patient doing before the accident?
- 3) Is the caller in a car that is sinking in water or stuck in rising water?
 - If YES, go to: [VEHICLE IN WATER](#).

PROMPTS

- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
[CPR INSTRUCTIONS-ADULT \(8+ YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8 YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1 YOA\)](#).
- Are rescue boats needed?
- Is SCUBA/Dive Team needed?
- Has law enforcement been notified?
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

DROWNING/NEAR DROWNING

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Mark where the patient was last seen, if no longer visible. 2) Do not attempt to rescue patient, unless trained to do so. 3) Do not move patient around. 4) Gather the patient's medications, if any. 5) Keep the patient warm. 6) If the patient's condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Difficulty breathing • Diving accident (possibility of head, neck or back injury) • Fractured femur 	<ul style="list-style-type: none"> • Patient not submerged • Patient coughing • Other injuries without critical symptoms • Minor injury (lacerations/fractures)
Agency Specific	

ELECTROCUTION

[Back to TOC](#)

KEY QUESTIONS

- 1) What was the source of electrocution:
 - Small household appliance, 110-volt?
 - Dryer or Stove, 220-volt?
 - Industrial equipment, high voltage?
 - Lightning?
- 2) Is the patient still in contact with the source?
 - If YES, can the electricity be turned off safely?
 - If NO, is the patient awake or alert?
 - Is the patient breathing normally?
 - If NO, **go to:**
 - [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 - [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 - [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- 3) Are there any other injuries?
 - If YES, what are they?
 - **Go to:** [APPROPRIATE CARD](#).

PROMPTS

- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
 - [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 - [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 - [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Is the Fire Department needed?
- If outside electric wires or meters are involved, notify electric utility.
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

ELECTROCUTION

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Beware of liquid spills or ground moisture that could conduct electricity. 2) DO NOT TOUCH the source or the patient(s) if they are still in contact with the source of electricity or the possibility of being struck by lightning. 3) If it is safe to do so, turn off the power. 4) If the patient has visible burn injuries, go to: BURNS to determine extent of injuries. 5) If patient has any other injuries, go to: APPROPRIATE CARD. 6) If the patient's condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Unable to move patient from electrical circuit • Burns to head, neck, or face • Burns from 220-volt or higher source • 2nd or 3rd degree burns to hands, feet, or groin • Reported DOA until evaluation by responsible party • Lightning strike 	<ul style="list-style-type: none"> • Household electrical shock without critical symptoms
Agency Specific	

EYE INJURIES[Back to TOC](#)**KEY QUESTIONS**

- 1) What caused the injury?
- 2) Is the eyeball cut open or leaking fluid?

PROMPTS

- Removing objects from the eyeball, direct pressure or flushing with water may cause further damage.
- Large penetrating objects can cause damage to the upper airway. Monitor for breathing changes.
- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+ YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8 YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1 YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

EYE INJURIES

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Do not remove any penetrating objects. 2) If eyeball is cut or injured; DO NOT touch, irrigate or bandage. 3) If a chemical injury; flush immediately with water. 4) If possible, have patient close both eyes and keep them closed. 5) If patient has any other injuries, go to: APPROPRIATE CARD. 6) Have the patient sit or lie down, whichever is most comfortable, and remain still. 7) Keep the patient calm, if possible. 8) Do not give the patient anything to eat or drink. 9) Gather patient’s medications, if any. 10) If the patient’s condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Uncontrolled bleeding 	
Agency Specific	

FALL VICTIM[Back to TOC](#)**KEY QUESTIONS**

- 1) How far did the patient fall?
- 2) What kind of surface did the patient land on?
- 3) Are there any obvious injuries?
If YES, what are they?
- 4) Did the patient complain of any pain or illness just prior to the fall?
- 5) Is the patient able to move their fingers and toes?

PROMPTS

- Is any type of special rescue needed?
- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

FALL VICTIM

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) DO NOT MOVE THE PATIENT, especially head and neck, unless there is an immediate danger to life. 2) Advise the patient to remain still. 3) If bleeding, use clean cloth and apply pressure directly over wound. Do not remove. If cloth becomes soaked, add more to what is already there. 4) Elevate bleeding extremities. 5) For NOSEBLEEDS tell patient to: <ul style="list-style-type: none"> Apply direct pressure by pinching the nose tightly. Lean forward and hold pressure until help arrives. Attempt to spit out blood; swallowing it may make patient nauseous. 6) If possible, locate amputated part(s) and place in clean plastic bag, NOT ON ICE. 7) If teeth, locate if possible, DO NOT touch the root and place them in container with milk or clean water. 8) If patient has any other injuries, go to: APPROPRIATE CARD. 9) Keep the patient calm, if possible. 10) Do not give the patient anything to eat or drink. 11) Gather the patient's medications, if any. 12) If the patient's condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Falls greater than 10 feet • Falls associated with or preceded by: chest pain, chest discomfort, dizziness, headache, or diabetes • Patient paralyzed • Uncontrolled bleeding • Multiple extremity fractures • Femur fracture 	<ul style="list-style-type: none"> • Unconscious, but now conscious with no critical symptoms • Falls less than 10 feet • Controlled bleeding • Cuts, bumps, or bruises
Agency Specific	

HEADACHE[Back to TOC](#)**KEY QUESTIONS**

- 1) Does the patient have a headache history?
- 2) Is this headache different than the headaches the patient has had in the past?
- 3) Did the headache come on suddenly?
If YES, consider: **STROKE/CVA**.
- 4) What was the patient doing when the headache started?
- 5) How is the patient acting?
- 6) Does the patient take blood thinners?
- 7) Does the patient know where they are and who they are?
- 8) Does the patient have pain anywhere else?
- 9) Has the patient had any recent hospitalizations, illnesses, or injuries?

PROMPTS

- If unconscious, go to: **AIRWAY CONTROL INSTRUCTIONS**.
- If unconscious, NOT breathing normally, go to:
CPR INSTRUCTIONS-ADULT (8+YOA) or
CPR INSTRUCTIONS-CHILD (1-8YOA) or
CPR INSTRUCTIONS-INFANT (<1YOA).
- Follow **HELICOPTER ACTIVATION CRITERIA**.

ADDITIONAL INFORMATION

- Consider Stroke/CVA for sudden onset.

HEADACHE[Back to TOC](#)**PREARRIVAL INSTRUCTIONS**

- 1) Do not give the patient anything to eat or drink.
- 2) Have the patient sit or lie down, whichever is more comfortable.
- 3) Gather the patient's medications, if any.
- 4) If the patient's condition changes, call 9-1-1 back.

CRITERIA**ALS**

- Unconscious/not breathing normally
- Headache with critical symptoms:
 - decreased level of consciousness
 - mental status change
 - worst headache ever
 - sudden onset
 - visual disturbance, with no history of migraines

BLS

- Headache with no critical symptoms

Agency Specific

HEAT/COLD EXPOSURE

[Back to TOC](#)

KEY QUESTIONS

- 1) What happened?
- 2) What was the source of the heat or cold?
- 3) FOR HEAT RELATED:
 - Can the patient be moved to a cooler area?
 - Is the patient sweating profusely?
 - Is the patient confused, disoriented, or acting strange?
 - Is the patient dizzy, weak, or feeling faint?
 FOR COLD RELATED:
 - Can the patient be moved to a warm area?
 - Is the patient complaining of any pain?
 - If YES, where?
- 4) What was the length of exposure?
- 5) Are there any obvious injuries?
- 6) Is the patient taking any medications?

PROMPTS

- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

- Heat Exhaustion: nausea, vomiting, fatigue, headache, muscle cramps, and dizziness.
- Heat Stroke: high body temperature, absence of sweating, rapid heart rate, strange behavior, hallucinations, agitation, seizure and/or coma.
- Narcotic and/or Psychiatric medications may exaggerate and/or mask symptoms.

HEAT/COLD EXPOSURE

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Remove patient from hot/cold environment, if possible. 2) FOR HEAT RELATED: <ul style="list-style-type: none"> -If patient is over-heated, have them lie down in a cool place. -Loosen clothing to assist cooling. -Nothing by mouth if patient has a decreased level of consciousness. 3) FOR COLD RELATED: <ul style="list-style-type: none"> -If the patient is cold and dry; move to a warm place and cover patient. -If patient is cold and wet; move to a warm place, remove wet clothing and cover patient. -DO NOT rub frostbitten extremities. 4) Gather the patient’s medication, if any. 5) If the patient’s condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • High body temperature with NO sweating • Confused/disoriented/hallucinations • Fainting • Cold Water Submersion • Narcotics or Psychiatric medication use 	<ul style="list-style-type: none"> • Patient shivering • Nausea, vomiting, fatigue, headache, muscle cramps, or dizziness with no critical symptoms
Agency Specific	

INDUSTRIAL ACCIDENTS

[Back to TOC](#)

KEY QUESTIONS

- 1) What happened?
- 2) Is the patient trapped in or under an object?
What part of the patient is trapped?
- 3) Are there any obvious injuries?
What are they?
 - If bleeding, **go to:** [BLEEDING/LACERATION](#).
 - If burned, **go to:** [BURNS](#).
 - If electrocution, **go to:** [ELECTROCUTION](#).
- 4) Are there any amputations?
What part(s) of the body has been amputated?
Do you have the amputated part(s)?
- 5) Is the patient able to move their fingers and toes?

PROMPTS

- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+ YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8 YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1 YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

INDUSTRIAL ACCIDENTS

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Can the machine involved be turned off safely? 2) DO NOT MOVE THE PATIENT, especially head and neck, unless there is immediate danger to life. 3) Advise the patient to remain still. 4) Do not enter confined space to tend to the patient. 5) Have someone to meet the ambulance to guide them to the patient. 6) Keep the patient calm, if possible. 7) Do not give the patient anything to eat or drink. 8) Locate any amputated parts and place in clean plastic bag. NOT ON ICE. 9) If teeth, DO NOT touch the root. Place in milk or clean water. 10) Gather the patient's medications, if any. 11) If the patient's condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Accident with crushing or penetrating injury to: head, neck, torso, or thigh • Patient entrapped • Amputation other than fingers or toes • Patient paralyzed • Uncontrolled bleeding • Multiple extremity fractures • Femur fracture 	<ul style="list-style-type: none"> • Unconscious, but now conscious with no critical symptoms • Amputation/entrapment of fingers/toes with controlled bleeding • Neck or back pain with no critical symptoms • Controlled bleeding • Cuts, bumps, or bruises • Patient assist • Involved in accident, no complaints
Agency Specific	

INFECTIOUS DISEASE

[Back to TOC](#)

KEY QUESTIONS

- 1) Is the patient complaining of:
 - Fever?
 - Headache?
 - Tiredness or fatigue?
 - Cough, congestion, or sore throat?
 - Body aches?
 - Nausea, vomiting or diarrhea?
- 2) Is the patient short of breath or unable to speak in complete sentences?
 - If YES, **consider:** [BREATHING PROBLEMS](#).
- 3) Is there any unusual bleeding from any part of the body?
 - If YES, where? **Consider:** [BLEEDING/LACERATION](#).
- 4) Does the patient have a rash or blisters on their body?
 - If YES, where?
- 5) Has the patient recently traveled outside the country?
 - If YES, where? (**Check:** [ALERTS](#))

PROMPTS

- If patient's signs and symptoms match those of current [ALERTS](#), advise all responding units and follow appropriate protocol.
- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
 - [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 - [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 - [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

INFECTIOUS DISEASE

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Keep the patient isolated. Prevent others from close contact, if possible. 2) Keep the patient still and calm, if possible. 3) Do not give the patient anything to eat or drink. 4) Try to obtain names of people who have been in close contact with the patient. If they are present, ask them to remain until emergency personnel arrive to obtain their information. 5) Gather patient's medications, if any. 6) If the patient's condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Difficulty breathing • Uncontrolled bleeding 	<ul style="list-style-type: none"> • No critical symptoms
Agency Specific	

OVERDOSE/POISONING

[Back to TOC](#)

KEY QUESTIONS

- 1) Do you know what the patient took or was exposed to? If so, what?
If the patient took a product or substance, get the name of the product or substance for **POISON CONTROL 1-800-222-1222**.
- 2) FOR INHALATIONS:
What is the name of the inhaled substance?
What is the source of the inhaled substance?
- 3) Was it a prescription medication, over-the-counter medication, herbal supplement, street drug, or a combination of medications?
- 4) Does the caller know if it was intentional or not?
- 5) Has the patient consumed any alcohol?
- 6) Is the patient complaining of any pain?
If YES, where?
- 7) Is the patient having any difficulty swallowing or difficulty breathing?
If YES, consider: **[BREATHING PROBLEMS](#)**.
- 8) Is the patient acting normally?
If NO, what is different?

PROMPTS

- Contact **POISON CONTROL: 1-800-222-1222**, if needed.
- Is law enforcement needed?
- If unconscious, go to: **[AIRWAY CONTROL INSTRUCTIONS](#)**.
- If unconscious, NOT breathing normally, go to:
[CPR INSTRUCTIONS-ADULT \(8+ YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8 YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1 YOA\)](#).
- Follow **[HELICOPTER ACTIVATION CRITERIA](#)**.

ADDITIONAL INFORMATION

OVERDOSE/POISONING

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) If the substance can be identified as an opioid: Do you have a Narcan or Naloxone kit? <ul style="list-style-type: none"> - If YES, have you used it as directed? - If not used, use it following the directions on the package. 2) Keep the patient in area/house, if safe. 3) FOR INHALATIONS: Get the patient to fresh air. If unable to go outside, open all the doors and windows. 4) Get container of substance taken or medication bottles, if available. 5) Nothing by mouth unless advised by POISON CONTROL. 6) Monitor patient’s breathing and level of consciousness. 7) Gather the patient’s medication, if any. 8) If the patient’s condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Overdose/Poisoning/Ingestions with critical symptoms: <ul style="list-style-type: none"> Unconscious/not breathing normally Any overdose with altered level of consciousness Cocaine/crack/illicit street drugs with chest pain Ingestion of household cleaners, antifreeze, solvents, methanol, cyanide, insecticides Difficulty swallowing or breathing Alcohol intoxication, unable to rouse Combined drug and alcohol use • Inhalation involving household cleaners, antifreeze, solvents, methanol, cyanide, or insecticides with difficulty swallowing or breathing 	<ul style="list-style-type: none"> • Ingestion with no critical symptoms • 3rd party report, caller not with the patient • Reported OD, patient denies taking anything • Known alcohol intoxication with no other drugs or substances, can be roused
Agency Specific	

PREGNANCY/CHILDBIRTH

[Back to TOC](#)

KEY QUESTIONS

- 1) Is this the first pregnancy?
 - If NO, how long was she in labor before delivery with her other pregnancies?
 - Were there any complications?
 - Was the delivery vaginal or surgical?
- 2) How far along is she?
 - If less than 20 weeks: Has there been any discharge of blood or tissue?
- 3) Has she had any problems during pregnancy or anticipated problems?
- 4) Is she having cramping pains that come and go?
 - If YES, how often?
 - Timing is from beginning of one contraction to the beginning of the next contraction.

PROMPTS

- IMMINENT DELIVERY, regular contractions at 1- to 2-minute intervals and an urge to push or bear down, or POST DELIVERY,
Go to: [PREGNANCY/CHILDBIRTH INSTRUCTIONS](#).
- Miscarriage is defined as loss of pregnancy before 20 weeks of gestation. May include bleeding, abdominal cramping, lower back pain, and/or discharge of tissue.
- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

PREGNANCY/CHILDBIRTH

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PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Have the patient lie down on her left side. 2) Watch for the baby's head to show. 3) If the patient feels the urge to go to the bathroom, do not allow her to use the toilet. 4) If the patient was on the toilet and noticed discharge of blood or tissue, DO NOT flush the toilet or dispose of used pads. 5) If POST DELIVERY: Is the baby breathing? If NO, go to: CPR INSTRUCTIONS – INFANT (<1YOA). 6) Gather patient medications, if any.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Imminent delivery OR post delivery • Vaginal bleeding with fainting • Fainting/near fainting with patient sitting up • Prior history of complicated delivery • Bleeding, greater than 20 weeks pregnant • Premature active labor • Abdominal injury • Seizure • Multiple births 	<ul style="list-style-type: none"> • Delivery not imminent • Vaginal bleeding without fainting under 20 weeks • Water broke • Pregnant less than 20 weeks with cramps, pelvic pain, or spotting
Agency Specific	

SEIZURES/CONVULSIONS

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KEY QUESTIONS

- 1) Is the patient still seizing?
How long has the patient been seizing?
- 2) Has the patient had a seizure before?
- 3) Is the patient on medication or have they taken any drugs?
- 4) Has the patient had a recent head injury?
- 5) Is the patient a diabetic?
If YES, consider: [DIABETIC PROBLEMS](#).
- 6) Is the patient pregnant?
If YES, consider: [PREGNANCY/CHILDBIRTH](#).

PROMPTS

- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

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

SEIZURES/CONVULSIONS

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS	
<ol style="list-style-type: none"> 1) Clear area around the patient. 2) Do not restrain patient. 3) Do not place anything in patient’s mouth. 4) If patient is a child that is hot and feverish, remove clothing to assist cooling. 5) After seizure has stopped, check to see if patient is breathing. If NO, go to: CPR INSTRUCTIONS-ADULT (8+YOA) or CPR INSTRUCTIONS-CHILD (1-8YOA) or CPR INSTRUCTIONS-INFANT (<1YOA). If YES, have patient lie on side. Monitor breathing. 6) Gather patient’s medications, if any. 7) If the patient’s condition changes, call 9-1-1 back. 	

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Not breathing after seizure stops • Seizure greater than 5 minutes • Multiple seizures • Febrile seizures • First time seizure • Seizure, unknown history • Secondary to drug overdose, diabetic, pregnancy, or recent head injury • Any seizure that is different than normal 	<ul style="list-style-type: none"> • Single seizure with history of seizure disorder
Agency Specific	

SEXUAL ASSAULT/RAPE[Back to TOC](#)**KEY QUESTIONS**

- 1) Is the assailant nearby?
If YES, can you provide a description?
- 2) Are you safe?
- 3) What happened to the victim?
- 4) Is the victim complaining of any pain or physical injury?
If YES, go to: [APPROPRIATE CARD](#).
- 5) Is the victim bleeding?
If YES, go to: [BLEEDING/LACERATION](#).

PROMPTS

- Has law enforcement been notified? Relay details of incident and description of assailant(s).
- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

SEXUAL ASSAULT/RAPE

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS	
<ol style="list-style-type: none"> 1) Remain in a safe place, away from the assailant. 2) Have the victim sit or lie down, whichever is most comfortable. 3) Do not disturb the scene. 4) Do not touch weapons. 5) Advise victim not to change clothes, bathe, or shower. 6) Do not give the victim anything to eat or drink. 7) Gather victim's medications, if any. 8) If the victim's condition changes, call 9-1-1 back. 	

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness • Crushing injury • Puncture injury • Unknown injuries • Multiple extremity fractures • Femur fracture • Uncontrolled bleeding 	<ul style="list-style-type: none"> • Concerned caller without apparent injuries to victim • Police request stand-by/check for injuries
Agency Specific	

SICK PERSON

[Back to TOC](#)

KEY QUESTIONS

- 1) What is the patient complaining of?
- 2) Does the patient feel lightheaded or dizzy?
- 3) Does the patient have any medical or surgical history?
- 4) How does the patient look/feel?
 - Pale or flushed?
 - Sweaty?
 - Warm or cool?
- 5) Is the patient complaining of flu-like symptoms:
 - Fever/chills?
 - Headache?
 - Cough/congestion?
 - Sore throat?
 - Body aches?
 - Diarrhea or vomiting?
 - Feeling weak/faint?
- 6) Does the patient feel pain anywhere?
 - If YES, where? **Go to: [APPROPRIATE CARD](#).**
- 7) Are there any diabetic medications in the refrigerator?
- 8) Has the patient recently traveled outside of the country?
 - If YES, where? (**Check [ALERTS](#)**)

PROMPTS

- If unconscious, **go to: [AIRWAY CONTROL INSTRUCTIONS](#).**
- If unconscious, NOT breathing normally, **go to:**
 - [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 - [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 - [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- If specific chief complaint is identified the EMD should go to the [APPROPRIATE CARD](#) for the patient's complaint.
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

SICK PERSON

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS

- 1) Gather patient's medications, if any.
- 2) If the patient's condition changes, call 9-1-1 back.
- 3) For a more detailed interrogation, go to: [INFECTIOUS DISEASE](#).

CRITERIA

ALS	BLS
<ul style="list-style-type: none"> • Unconscious/not breathing normally • Decreased level of consciousness 	<ul style="list-style-type: none"> • Generalized weakness • Flu-like symptoms with no critical symptoms • High blood pressure with no critical symptoms • High temperature • Patient assist
Agency Specific	

STROKE/CVA

[Back to TOC](#)

KEY QUESTIONS

- 1) Why do you think this is a stroke?
- 2) When did this start?
- 3) Does the patient have:
 - Sudden numbness or weakness of the face, arm or leg?
 - If YES, is it located on one side of the body?
 - Sudden confusion, trouble speaking, slurred speech or trouble understanding?
 - Sudden trouble seeing in one or both eyes?
 - Sudden trouble walking, dizziness, loss of balance or coordination?
 - Sudden onset of severe headache?
- 4) Has the patient ever had a stroke?
- 5) Does the patient have a history of diabetes?
 - If yes, **consider:** [DIABETIC PROBLEMS](#).
- 6) Has the patient had any recent injury or trauma?
- 7) Does the patient have any other medical or surgical history?

PROMPTS

- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
 - [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 - [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 - [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

- American Stroke Association: **FAST** Stroke Scale
 - F** – Facial drooping
 - A** – Arm weakness
 - S** – Speech difficulty or slurred speech
 - T** – Time to call 9-1-1, don't delay.

STROKE/CVA[Back to TOC](#)**PREARRIVAL INSTRUCTIONS**

- 1) Have the patient sit or lie down, whichever is most comfortable.
- 2) Keep the patient calm, if possible.
- 3) Do not give the patient anything to eat or drink.
- 4) Gather patient's medications, if any.
- 5) If the patient's condition changes, call 9-1-1 back.

CRITERIA**ALS**

- Unconscious/not breathing normally
- Change in level of consciousness
- New onset of one-sided weakness with paralysis, facial droop, slurred speech, confusion, loss of vision, loss of coordination, or severe headache

BLS

- Past history of stroke with no new changes

Agency Specific

TRAUMATIC INJURY[Back to TOC](#)**KEY QUESTIONS**

- 1) How was the patient injured?
- 2) Where is the patient injured?
- 3) Are there any other obvious injuries?
If YES, what are they?
- 4) Is the patient bleeding?
If YES, go to: [BLEEDING/LACERATION](#).

PROMPTS

- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

TRAUMATIC INJURY

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS

- 1) Do not move the patient unless there is an immediate danger to life.
- 2) Do not disturb the scene.
- 3) Do not remove or touch impaled object.
- 4) Use care not to obstruct airway or breathing.
- 5) Locate any amputated parts and place in a clean plastic bag. NOT ON ICE.
- 6) If teeth, DO NOT touch root. Place in milk or clean water.
- 7) Have the patient sit or lie down, whichever is most comfortable.
- 8) Keep the patient calm, if possible.
- 9) Do not give the patient anything to eat or drink.
- 10) Gather the patient's medications, if any.
- 11) If the patient's condition changes, call 9-1-1 back.

CRITERIA

ALS

- Unconscious/not breathing normally
- Decreased level of consciousness
- Penetrating/crushing injury to head, neck, torso or thigh
- Multiple extremity fractures
- Leg injury above the knee
- Uncontrolled bleeding
- Unknown or internal injuries

BLS

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

Agency Specific

UNCONSCIOUS/FAINTING

[Back to TOC](#)

KEY QUESTIONS

- 1) Has the patient regained consciousness?
- 2) What was the patient doing before they became unconscious?
- 3) Is this the first time today that the patient has been unconscious?
- 4) Has the patient taken any alcohol, medication or recreational drugs?
If YES, go to: [OVERDOSE/POISONING](#).
- 5) If now conscious, how does the patient act when they sit up?
- 6) Is the patient able to respond to you and follow simple commands?
- 7) Does the patient have any medical or surgical history?

PROMPTS

- If unconscious, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, go to:
[CPR INSTRUCTIONS-ADULT \(8+ YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8 YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1 YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

- Syncope/syncopal episodes are medical terms for fainting.

UNCONSCIOUS/FAINTING[Back to TOC](#)**PREARRIVAL INSTRUCTIONS**

- 1) Have the patient lie down.
- 2) If the patient is vomiting, lay patient on their side.
- 3) Monitor patient's breathing.
- 4) Do not leave patient, be prepared to do CPR.
- 5) Keep the patient calm, if possible.
- 6) Do not give the patient anything to eat or drink.
- 7) Gather patient's medications, if any.
- 8) If the patient's condition changes, call 9-1-1 back.

CRITERIA**ALS**

- Unconscious/not breathing normally
- Multiple fainting episodes in same day
- Confirmed unconscious/unresponsive
- Combined drugs and alcohol overdose
- Fainting associated with: headache, chest pain, chest discomfort, chest palpitations, diabetic, bleeding, abdominal pain, sitting/standing, or decreased level of consciousness
- Single fainting over the age of 50
- Alcohol intoxication; cannot be roused

BLS

- Unconscious but now conscious with no critical symptoms
- Conscious with minor injuries
- Known alcohol intoxication without other substance, can be roused
- Near fainting without critical criteria

Agency Specific

UNKNOWN/PERSON DOWN[Back to TOC](#)**KEY QUESTIONS**

- 1) Are there any obvious injuries?
- 2) Can you see blood or any other fluid around the patient?
- 3) Does anything look unusual or out of place?
- 4) If the caller knows the patient:
 - Has the patient recently traveled outside of the country?
 - If YES, where? (**Check [ALERTS](#)**)
- 5) Does the patient have any medical or surgical history?

PROMPTS

- Has law enforcement been notified?
- If unconscious, **go to: [AIRWAY CONTROL INSTRUCTIONS](#).**
- If unconscious, NOT breathing normally, **go to:**
 - [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 - [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 - [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).
- If specific chief complaint is identified the EMD should go to the [APPROPRIATE CARD](#) for the patient's complaint.

ADDITIONAL INFORMATION

UNKNOWN/PERSON DOWN[Back to TOC](#)**PREARRIVAL INSTRUCTIONS**

- 1) If there is no danger, go to patient to see if patient is awake, breathing normally, or moving at all.
- 2) Watch for the emergency units and direct them to the patient.
- 3) If the patient's condition changes, call 9-1-1 back.

CRITERIA**ALS**

- Unconscious/not breathing normally
- Decreased level of consciousness

BLS

- Unknown or third-party call without indication of unconsciousness
- Patient alert and talking, moving, sitting or standing

Agency Specific

VEHICLE IN WATER[Back to TOC](#)**KEY QUESTIONS**

- 1) What kind of water are you in?
- 2) Is the vehicle sinking?
- 3) Can the vehicle's doors be opened?
- 4) Can the vehicle's windows be opened?
- 5) If the caller is a witness, ask if they can relay instructions to the occupants of the vehicle.

PROMPTS

- Determine need for rescue boats, SCUBA or dive teams, water rescue teams.
- If vehicle is sinking or in fast-moving water, concentrate on getting the occupants out of the vehicle and onto the roof. Once on the roof, verify location.
- If unconscious, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- If unconscious, NOT breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

VEHICLE IN WATER

[Back to TOC](#)

PREARRIVAL INSTRUCTIONS	
1)	VEHICLE IN STILL WATER: Release your seatbelts and open vehicle doors or windows, exit vehicle and wade to shore. - If unable to wade to shore: Exit vehicle and go to vehicle roof.
2)	VEHICLE IN WATER AND SINKING: Release your seatbelts and open the windows. If your windows will not open, try to break them. Hit the corner of the window with a key, seat belt buckle or metal headrest post. Exit through the window and get onto the roof of the vehicle. Mark where the vehicle was last seen, if no longer visible.
3)	VEHICLE IS UNDER WATER: Release your seatbelts and open the windows. If you are unable to open a window there should be enough air for the minute or two that it will take to prepare to escape. When the car is nearly full of water, take a deep breath and push a door open. You may need to do this with your feet. Exhale slowly as you swim to the surface.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> Vehicle in water and sinking Vehicle submerged or stuck in fast moving water 	<ul style="list-style-type: none"> Vehicle in still water, not sinking, water not rising
Agency Specific	

VEHICULAR COLLISIONS

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KEY QUESTIONS

- 1) Are you involved or a passer-by?
- 2) What type of and how many vehicle(s) are involved?
- 3) How many patients are injured?
- 4) What are the injuries?
- 5) Are all patients able to exit their vehicle?
- 6) Is anyone trapped in their vehicle(s) or is the vehicle(s) overturned?
- 7) Was anyone ejected from their vehicle?
- 8) Are there any hazards present?
 - Is there fire?
 - Are there any fluids leaking?
 - Are there any wires down?
- 9) Describe what happened?
 - Did the airbags deploy?
 - How fast was the vehicle moving?

PROMPTS

- Has law enforcement been notified?
- Is Fire Department/Rescue/HazMat needed? If YES, have they been notified?
- Identify contents for any commercial transportation vehicles involved.
- If caller can provide information about patient's injuries, **go to: [APPROPRIATE CARD](#)**.
- If unconscious, **go to: [AIRWAY CONTROL INSTRUCTIONS](#)**.
- If unconscious, NOT breathing normally, **go to:**
 - [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
 - [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
 - [CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- Follow [HELICOPTER ACTIVATION CRITERIA](#).

ADDITIONAL INFORMATION

VEHICULAR COLLISIONS

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PREARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1) Do not approach vehicle if any indication of fire, downed wires or other hazards. 2) If able to safely enter crash scene, DO NOT move patient(s) unless there is an immediate danger to life. 3) If patient’s condition changes, call 9-1-1 back.

CRITERIA	
ALS	BLS
<ul style="list-style-type: none"> • Reported injuries with following mechanisms: <ul style="list-style-type: none"> Vehicle vs. immovable objects Vehicles involved in head-on or T-bone collisions Car vs. pedestrian, motorcycle, or bicycle Patient(s) trapped or ejected Vehicle roll over • Injuries to head, neck, torso, or thigh 	<ul style="list-style-type: none"> • Accident with minor injuries, no critical criteria • Police request stand-by/check for injuries
Agency Specific	

AIRWAY CONTROL INSTRUCTIONS

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TRAUMA PATIENT - PREARRIVAL INSTRUCTIONS

- 1) Listen carefully. I will tell you what to do.
- 2) **DO NOT MOVE THE PATIENT**, especially head and neck, unless there is immediate danger to life.
- 3) Check for normal breathing until help arrives.
- 4) Put your cheek next to the nose and mouth to listen and feel for the air movement.
- 5) Watch for the chest to rise and fall.
- 6) If the patient **STOPS** breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- 7) If the patient vomits, roll the patient onto their side, sweep it all out of the mouth with your fingers and continue to monitor breathing. If patient is **NOT** breathing normally, **go to:**
[CHOKING INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CHOKING INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CHOKING INSTRUCTIONS-INFANT \(<1YOA\)](#).

ADDITIONAL INFORMATION

- Use caution when sweeping vomit or material out of patient's mouth.
- To help stabilize a patient on their side, extend one of the patient's arms above their head and roll them onto that side. Bend the patient's knees slightly.

AIRWAY CONTROL INSTRUCTIONS

[Back to TOC](#)

NON-TRAUMA PATIENT - PREARRIVAL INSTRUCTIONS

- 1) Listen carefully. I will tell you what to do.
- 2) Roll the patient onto their side.
- 3) Check for breathing until help arrives.
- 4) Put your cheek next to the nose and mouth to listen and feel for the air movement.
- 5) Watch for the chest to rise and fall.
- 6) If the patient STOPS breathing normally, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CPR INSTRUCTIONS-INFANT \(<1YOA\)](#).
- 7) If the patient vomits, sweep it all out of the mouth with your fingers and continue to monitor breathing. If patient is NOT breathing normally, **go to:**
[CHOKING INSTRUCTIONS-ADULT \(8+YOA\)](#) or
[CHOKING INSTRUCTIONS-CHILD \(1-8YOA\)](#) or
[CHOKING INSTRUCTIONS-INFANT \(<1YOA\)](#).

ADDITIONAL INFORMATION

- Use caution when sweeping vomit or material out of patient's mouth.
- To help stabilize a patient on their side, extend one of the patient's arms above their head and roll them onto that side. Bend the patient's knees slightly.

CHOKING INSTRUCTIONS-ADULT (8+YOA)

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KEY QUESTIONS

1) Is the patient able to talk or cough?

-If NO, if the event is NOT WITNESSED and the patient is unconscious, **go to:**
[CPR INSTRUCTIONS-ADULT \(8+YOA\)](#).

-If NO and the event IS witnessed, continue to Step 2.

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

Attempt to dislodge the obstruction only if the cough becomes silent, the patient's respiratory difficulty increases, or the patient becomes unresponsive.

2) Is the patient conscious?

If YES, continue to **CONSCIOUS PATIENT INSTRUCTIONS**.

If NO, continue to **UNCONSCIOUS PATIENT INSTRUCTIONS**.

SPECIAL CONSIDERATIONS

- If the patient has wires or tubes protruding from chest or abdomen they may have a ventricular assist device. May be called: VAD, Heart Pump, RVAD, LVAD, BVAD, or LVAS. **DO NOT** perform chest compressions. If the patient has a pacemaker or internal defibrillator, Continue Choking Instructions.
- If the patient has a Stoma/Tracheostomy: Keep the patient's head straight. Cover the patient's mouth AND nose with your hand. Completely cover the stoma with your mouth. Give 2 breaths of air. Watch for chest rise.
- Patient has a pulse but is NOT breathing: If caller is willing to give breaths, lay the patient flat on their back and bare the chest. Use one hand to lift up on the chin so the head bends back. With your other hand, pinch the nose shut. Completely cover their mouth with your mouth. Give 2 breaths. Watch for chest rise. Continue giving 1 breath every 5 seconds.
- If the patient has vomited: Turn the patient's head to the side. Sweep the mouth clean with your fingers before giving breaths. Resume.

CHOKING INSTRUCTIONS-ADULT (8+YOA)[Back to TOC](#)**PREARRIVAL INSTRUCTIONS****CONSCIOUS PATIENT INSTRUCTIONS**

- 1) Listen carefully, I will tell you what to do.
- 2) Stand **BEHIND** the patient and wrap your arms around the patient's **WAIST**.**
- 3) Make a fist with one hand and place the thumb side against the stomach, in the middle, just above the navel/belly button. Grasp your fist with the other hand. Press into the stomach with **QUICK, UPWARD** thrusts.
- 4) Repeat thrusts until the item is expelled or the patient becomes unconscious.
- 5) If the patient becomes unconscious, ease the patient to the floor and onto their back.

**If unable to reach around the waist or the patient is pregnant, reach under the patient's arms and place hands on center of chest. Make a fist with one hand and place the thumb side against the chest. Grasp your fist with the other hand. Press into the chest with quick, upward thrusts until the item is expelled. If patient becomes unconscious, ease patient to the floor and onto their back.

For **UNCONSCIOUS PATIENT INSTRUCTIONS**, continue to the next page.

CHOKING INSTRUCTIONS-ADULT (8+YOA)--CONTINUED[Back to TOC](#)**PREARRIVAL INSTRUCTIONS (continued)****UNCONSCIOUS PATIENT INSTRUCTIONS**

- 1) Are you willing to give the patient breaths?

If YES, continue to **UNCONSCIOUS PATIENT INSTRUCTIONS – WITH VENTILATIONS**.

If NO, continue to **UNCONSCIOUS PATIENT INSTRUCTIONS – COMPRESSIONS ONLY**.

UNCONSCIOUS PATIENT INSTRUCTIONS - WITH VENTILATIONS

- 1) Get the patient flat on their back on the floor.
- 2) Kneel at the patient's side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?

If YES, **go to:** the **SPECIAL CONSIDERATIONS** section.

If NO, place the **HEEL** of one hand on the **CENTER** of the patient's chest, between the nipples.

- 3) Place your other hand on top of that hand. Push down on the heels of your hands at least 2 inches.
- 4) Do 30 compressions. **PUSH HARD AND PUSH FAST**.
- 5) Lift the chin so the head bends back. Look in the mouth for object.
- 6) If seen, remove it and continue. Be careful not to push the object backwards.
- 7) If object is not removed, continue.
- 8) Pinch the patient's nose shut and completely cover the patient's mouth with your mouth. Give 2 breaths, each lasting 1 second.
- 9) Continue doing cycles of 30 compressions then looking in the patient's mouth before giving 2 breaths.
- 10) Continue cycles until help arrives or patient begins to move, cough or breathe.
- 11) If patient starts breathing, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- 12) If AED becomes available, **go to:** the **AED INSTRUCTIONS** section of [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#).

CHOKING INSTRUCTIONS-ADULT (8+YOA)[Back to TOC](#)**PREARRIVAL INSTRUCTIONS****UNCONSCIOUS PATIENT INSTRUCTIONS – COMPRESSIONS ONLY**

- 1) Get the patient flat on their back on the floor.
- 2) Kneel at the patient's side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?

If YES, **go to:** the **SPECIAL CONSIDERATIONS** section.

If NO, place the **HEEL** of one hand on the **CENTER** of the patient's chest, between the nipples.
- 3) Place your other hand on top of that hand. Push down on the heels of your hands at least 2 inches.
- 4) Do 30 compressions. **PUSH HARD AND PUSH FAST.**
- 5) Lift the chin so the head bends back. Look in the mouth for object.
- 6) If seen, remove it. Be careful not to push the object backwards.
- 7) If object is not removed, resume chest compressions. After 30 compressions, re-evaluate airway.
- 8) Continue doing cycles of 30 compressions then looking in the mouth.
- 9) Continue cycles until help arrives or patient begins to move, cough or breathe.
- 10) If patient starts breathing, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).

If AED becomes available, **go to:** the **AED INSTRUCTIONS** section of [CPR INSTRUCTIONS-ADULT \(8+YOA\)](#).

CHOKING INSTRUCTIONS-CHILD (1-8YOA)

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KEY QUESTIONS

1) Is the patient able to talk or cough?

-If **NO** and the event is **NOT WITNESSED** and the patient is unconscious, **go to: [CPR INSTRUCTIONS-CHILD \(1-8YOA\)](#)**.

-If **NO** and the event **IS** witnessed, continue to Step 2.

-If **YES**, if a mild obstruction is present and the patient is coughing forcefully, do not interfere with the patient's spontaneous coughing and breathing efforts.

Attempt to dislodge the obstruction only if the cough becomes silent, the patient's respiratory difficulty increases, or the patient becomes unresponsive.

2) Is the patient conscious?

If **YES**, continue to **CONSCIOUS PATIENT INSTRUCTIONS**.

If **NO**, continue to **UNCONSCIOUS PATIENT INSTRUCTIONS**.

SPECIAL CONSIDERATIONS

- If the patient has a Stoma/Tracheostomy, keep the patient's head straight. Cover the patient's mouth **AND** nose with your hand. Completely cover the stoma with your mouth. Give 2 breaths of air. Watch for chest rise.
- If the patient has a pulse, but is **NOT** breathing and the caller is willing to give breaths, lay the patient flat on their back and bare the chest. Use one hand to lift up on the chin, so the head bends back. With your other hand, pinch the nose shut. Completely cover their mouth with your mouth. Give 2 breaths. Watch for chest rise. Continue giving 1 breath every 5 seconds.
- If the patient has vomited, turn the patient's head to the side. Sweep the mouth clean with your fingers before giving breaths. Resume.

CHOKING INSTRUCTIONS-CHILD (1-8YOA)[Back to TOC](#)**PREARRIVAL INSTRUCTIONS****CONSCIOUS PATIENT INSTRUCTIONS**

- 1) Listen carefully. I will tell you what to do.
- 2) Stand **BEHIND** the child and wrap your arms around the child's **WAIST**.**
- 3) Make a fist with one hand and place the thumb side against the stomach, in the middle, just above the navel/belly button.
- 4) Grasp your fist with the other hand. Press into the stomach with **QUICK, UPWARD** thrusts.
- 5) Repeat thrusts until the item is expelled or the patient becomes unconscious.
- 6) If the patient becomes unconscious, ease the patient to the floor and onto their back.

**If unable to reach around the waist, reach under the patient's arms and place hands on center of chest. Make a fist with one hand and place the thumb side against the chest. Grasp your fist with the other hand. Press into the chest with quick, upward thrusts until the item is expelled. If patient becomes unconscious, ease patient to the floor and onto their back.

For **UNCONSCIOUS PATIENT INSTRUCTIONS**, continue to the next page.

CHOKING INSTRUCTIONS- CHILD (1-8YOA)--CONTINUED[Back to TOC](#)**PREARRIVAL INSTRUCTIONS (continued)****UNCONSCIOUS PATIENT INSTRUCTIONS**

- 1) Are you willing to give the patient breaths?

If YES, continue to **UNCONSCIOUS PATIENT INSTRUCTIONS – WITH VENTILATIONS**.

If NO, continue to **UNCONSCIOUS PATIENT INSTRUCTIONS – COMPRESSIONS ONLY**.

UNCONSCIOUS PATIENT INSTRUCTIONS - WITH VENTILATIONS

- 1) Get the patient flat on their back on the floor.
- 2) Kneel at the patient's side and bare the chest.
- 3) Place the HEEL of one hand on the CENTER of the patient's chest, between the nipples.
- 4) Push down firmly only on the heel of your hand. Push about 2 inches.
- 5) Do 30 compressions. PUSH HARD AND PUSH FAST.
- 6) Lift the chin so the head bends back. Look in the mouth for object.
- 7) If seen, remove it and continue. Be careful not to push the object backwards.
- 8) If object is not removed, continue.
- 9) Pinch the patient's nose shut and completely cover the patient's mouth with your mouth. Give 2 breaths, each lasting 1 second.
- 10) Continue doing cycles of 30 compressions then looking in the patient's mouth before giving 2 breaths.
- 11) Continue cycles until help arrives or patient begins to move, cough or breathe.
- 12) If patient starts breathing, go to: [AIRWAY CONTROL INSTRUCTIONS](#).
- 13) If AED becomes available, go to: the **AED INSTRUCTIONS** section of [CPR INSTRUCTIONS – CHILD \(1-8YOA\)](#).

CHOKING INSTRUCTIONS-CHILD (1-8YOA)[Back to TOC](#)**PREARRIVAL INSTRUCTIONS****UNCONSCIOUS PATIENT INSTRUCTIONS – COMPRESSIONS ONLY**

- 1) Get the patient flat on their back on the floor.
- 2) Kneel at the patient's side and bare the chest.
- 3) Place the HEEL of one hand on the CENTER of the patient's chest, between the nipples.
- 4) Push down firmly only on the heel of your hand. Push about 2 inches.
- 5) Do 30 compressions. PUSH HARD AND PUSH FAST.
- 6) Lift the chin so the head bends back. Look in the mouth for object. If seen, remove it. Be careful not to push object backwards.
- 7) If object is not removed, resume chest compressions. After 30 compressions, re-evaluate airway.
- 8) Continue doing cycles of 30 compressions then looking in the mouth.
- 9) Continue cycles until help arrives or patient begins to move, cough or breathe.
- 10) If patient starts breathing, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- 11) If AED becomes available, **go to:** the **AED INSTRUCTIONS** section of [CPR INSTRUCTIONS – CHILD \(1-8YOA\)](#).

CHOKING INSTRUCTIONS-INFANT (<1YOA)

[Back to TOC](#)

KEY QUESTIONS

1) Is the baby conscious?

If NO, continue to Step 3.

If NO and if the event is NOT WITNESSED and the patient is unconscious, **go to: [CPR INSTRUCTIONS – INFANT \(<1YOA\)](#).**

If YES, continue to Step 2.

2) Is the baby able to cry or cough?

If NO and the event IS witnessed, continue to the **CONSCIOUS PATIENT INSTRUCTIONS**.

If YES, roll the baby over on its side and monitor breathing until help arrives.

3) Is the baby breathing or crying?

If YES, roll the baby over on its side and monitor breathing until help arrives.

If NO, continue to **UNCONSCIOUS PATIENT INSTRUCTIONS**.

SPECIAL CONSIDERATIONS

- If the patient has a Stoma/Tracheostomy, keep the patient's head straight. Cover the patient's mouth AND nose with your hand. Completely cover the stoma with your mouth. Give 2 breaths of air. Watch for chest rise.
- Patient has a pulse but is NOT breathing: If caller is willing to give breaths, lay the patient flat on their back and bare the chest. Use one hand to lift up on the chin so the head bends back slightly. Completely cover their mouth and nose with your mouth. Give 2 breaths. Watch for chest rise. Continue giving 1 breath every 5 seconds.
- If the patient has vomited, turn the patient's head to the side. Sweep the mouth clean with your fingers before giving breaths. Resume.

CHOKING INSTRUCTIONS-INFANT (<1YOA)[Back to TOC](#)**PREARRIVAL INSTRUCTIONS****CONSCIOUS PATIENT INSTRUCTIONS**

- 1) Listen carefully, I will tell you what to do.
- 2) Bare the baby's chest.
- 3) Pick up the baby.
- 4) Turn the baby face down so it rests on your forearm, support the baby's jaw in your hand.
- 5) Lower your arm onto your thigh so that the baby's head is lower than its chest.
- 6) Use the **HEEL** of your other hand to strike the back, **RIGHT BETWEEN THE SHOULDER BLADES**.
- 7) Make 5 **FIRM** strikes between the baby's shoulder blades.
- 8) Sandwich the baby between your forearms, support the head and turn the baby onto its back.
- 9) Place your **INDEX AND MIDDLE FINGERTIPS** in the **CENTER** of the baby's chest, **JUST BELOW THE NIPPLE LINE**.
- 10) Forcefully push down at least 1 ½ inches. Do 5 chest thrusts.
- 11) Continue cycles of 5 back strikes and 5 chest thrusts until help arrives or until the baby begins to move, cough, breathe, or cry.
- 12) If the object is expelled or baby begins to move, cough, breathe, or cry then monitor consciousness and breathing.
- 13) If the baby becomes unconscious, continue to **UNCONSCIOUS PATIENT INSTRUCTIONS**.

For **UNCONSCIOUS PATIENT INSTRUCTIONS**, continue to the next page.

CHOKING INSTRUCTIONS-INFANT (<1YOA)[Back to TOC](#)**PREARRIVAL INSTRUCTIONS****UNCONSCIOUS PATIENT INSTRUCTIONS**

1) Are you willing to give the patient breaths?

If YES, continue to **UNCONSCIOUS PATIENT INSTRUCTIONS – WITH VENTILATIONS.**

If NO, continue to **UNCONSCIOUS PATIENT INSTRUCTIONS – COMPRESSIONS ONLY.**

UNCONSCIOUS PATIENT INSTRUCTIONS - WITH VENTILATIONS

- 1) Listen carefully. I will tell you what to do.
- 2) Lay the baby flat on its back on a hard surface, such as the floor, a sturdy table, or countertop and bare the baby's chest.
- 3) Put your INDEX AND MIDDLE FINGERTIPS in the CENTER of the baby's chest, JUST BELOW THE NIPPLE LINE.
- 4) Push down at least 1 ½ inches. Do 30 compressions. PUSH HARD AND PUSH FAST.
- 5) Tilt the head back slightly by lifting up on the chin.
- 6) Look into the baby's mouth. If you see anything, try to remove it with your little finger by sweeping it out. Be careful not to push the object backwards.
- 7) Completely cover the baby's mouth and nose with your mouth. Give 2 small puffs of air.
- 8) Continue doing cycles of 30 compressions then looking in the baby's mouth before giving 2 breaths.
- 9) Continue cycles until help arrives or the baby begins to move, cough, breathe or cry.
- 10) If the baby begins to move, cough, breathe, or cry then monitor consciousness and breathing.

CHOKING INSTRUCTIONS-INFANT (<1YOA)[Back to TOC](#)**PREARRIVAL INSTRUCTIONS****UNCONSCIOUS PATIENT INSTRUCTIONS – COMPRESSIONS ONLY.**

- 1) Listen carefully. I will tell you what to do.
- 2) Lay the baby flat on its back on a hard surface, such as the floor, a sturdy table, or countertop and bare the baby's chest.
- 3) Put your INDEX AND MIDDLE FINGERTIPS in the CENTER of the baby's chest, JUST BELOW THE NIPPLE LINE.
- 4) Push down at least 1 ½ inches. Do 30 compressions. PUSH HARD AND PUSH FAST.
- 5) Tilt the head back slightly by lifting up on the chin.
- 6) Look into the baby's mouth. If you see anything, try to remove it with your little finger by sweeping it out. Be careful not to push the object backwards.
- 7) Continue doing cycles of 30 compressions then looking in the baby's mouth for object.
- 8) Continue cycles until help arrives or the baby begins to move, cough, breathe or cry.
- 9) If the baby begins to move, cough, breathe, or cry then monitor consciousness and breathing.

CPR INSTRUCTIONS-ADULT (8+YOA)[Back to TOC](#)**KEY QUESTIONS**

1) Does anyone there know CPR?

If YES, do they need help remembering the procedures?

- If YES, continue to Step 2.
- If NO, stay on the line to offer instructions if needed.

If NO, if I give instructions, are you or someone else that is there willing and able to perform CPR?

2) Before we start, is the door unlocked?

3) Is there an AED (Automatic External Defibrillator) available?

If YES, send someone to get it and let me know when it arrives at the patient's side. If caller is alone, have caller obtain AED and return to the patient. Continue to Step 4.

- When AED arrives at patient, continue to **AED INSTRUCTIONS**.

4) Can you get the phone next to the patient?

If YES, place phone on speaker.

If NO, do you have a cordless phone?

- Is there a phone that may be closer to the patient?
- Can someone there relay my instructions to you?
- Can I give you instructions and then you return to the phone?
- If I am not here, stay on the line.

5) Listen carefully. I will tell you what to do.

6) Get the patient flat on their back on the floor or a stable and hard surface.

7) Kneel by the patient's side and bare the patient's chest.

Do you see any tubes or wires coming out of the chest or abdomen?

If YES, do not begin CPR. Continue to the **SPECIAL CONSIDERATIONS** section.

8) Are you willing to give the patient breaths?

If YES, continue to **CPR – WITH VENTILATIONS**.

If NO, continue to **COMPRESSIONS ONLY**.

CPR INSTRUCTIONS-ADULT (8+YOA)[Back to TOC](#)**SPECIAL CONSIDERATIONS**

- If the patient has wires or tubes protruding from chest or abdomen they may have a ventricular assist device. May be called: VAD, Heart Pump, RVAD, LVAD, BVAD, or LVAS. DO NOT perform chest compressions. If the patient has a pacemaker or internal defibrillator, Continue CPR Instructions.
- If the patient has a Stoma/Tracheostomy: Keep the patient's head straight. Cover the patient's mouth AND nose with your hand. Completely cover the stoma with your mouth. Give 2 breaths of air. Watch for chest rise.
- Patient has a pulse but is NOT breathing: If caller is willing to give breaths, lay the patient flat on their back and bare the chest. Use one hand to lift up on the chin so the head bends back. With your other hand, pinch the nose shut. Completely cover the patient's mouth with your mouth. Give 2 breaths. Watch for chest rise. Continue giving 1 breath every 5 seconds.
- If the patient has vomited, turn the patient's head to the side. Sweep the mouth clean with your fingers before giving breaths. Resume CPR.

*****CPR INSTRUCTIONS – ADULT (8+YOA)** continues on the next page.***

ADDITIONAL INFORMATION

PREARRIVAL INSTRUCTIONS**COMPRESSIONS ONLY**

- 1) Place the **HEEL** of one hand on the **CENTER** of the patient's chest, between the nipples.
- 2) Place your other hand on top of that hand. Push down on the heels of your hands at least 2 inches.
- 3) **PUSH HARD AND PUSH FAST.**
- 4) 100 to 120 times a minute or about 2 times a second.
- 5) Continue compressions until help arrives or the patient begins to move, cough, or breathe.
- 6) If the patient starts breathing, **go to: [AIRWAY CONTROL INSTRUCTIONS.](#)**
- 7) If AED becomes available, continue to **AED INSTRUCTIONS.**

CPR – WITH VENTILATIONS

- 1) 30 Compressions:2 Breaths
- 2) Place the **HEEL** of one hand on the **CENTER** of the patient's chest, between the nipples.
- 3) Place your other hand on top of that hand. Push down on the heels of your hands at least 2 inches.
- 4) Do 30 compressions. **PUSH HARD AND PUSH FAST.**
- 5) 100 to 120 times a minute or about 2 times a second.
- 6) After 30 compressions, use one hand to lift up on the patient's chin so the head bends back.
- 7) With your other hand, pinch the patient's nose shut and completely cover the patient's mouth with your mouth.
- 8) Give 2 breaths, each lasting 1 second. Watch for chest rise.
- 9) Continue cycles of 30 Compressions and 2 Breaths until help arrives or the patient begins to move, cough, or breathe.
- 10) If the patient starts breathing, **go to: [AIRWAY CONTROL INSTRUCTIONS.](#)**
- 11) If AED becomes available, continue to **AED INSTRUCTIONS.**

CPR INSTRUCTIONS-ADULT (8+YOA)--CONTINUED[Back to TOC](#)**PREARRIVAL INSTRUCTIONS (continued)****AED INSTRUCTIONS**

- 1) When AED arrives at the patient, position it close to the patient's body.
- 2) **DO NOT OPERATE AED IN/OR AROUND:** Water, snow, ice, bathtubs, pools, jacuzzies, metal, street ventilation grates, hazardous materials or any type of conductive medium.
- 3) Open the machine and turn it on.
- 4) **BEFORE** applying pads to patient's bare chest look for any medication patches or pacemakers. Medication patches should be removed, and the area wiped clean. Avoid getting the medicine from a medication patch on your skin.
- 5) Pacemakers are usually found just under the skin on the upper chest and appear as a small lump.
- 6) Do not place the pads on top of a medication patch or pacemaker.
- 7) Attach pads. Use the large pads on adults. The pads should be marked for proper placement. You may need to remove hair for the pads to adhere securely.
- 8) One pad is applied on the Right Upper Chest just below the collar bone and the other pad is applied on the Left Chest wall just below the armpit.
- 9) Follow the voice prompts and instructions from the machine.
- 10) **IF SHOCK IS ADVISED:** Remind caller to make sure no one is touching the patient before pressing the **SHOCK** button.
- 11) **IF NO SHOCK IS ADVISED,** continue CPR and reanalyze every 2 minutes.

CPR INSTRUCTIONS-CHILD (1-8YOA)

[Back to TOC](#)

KEY QUESTIONS

1) Does anyone there know CHILD CPR?

If YES, do they need help remembering the procedures?

- If YES, continue to Step 2.
- If NO, I will stay on the line if you need me until help arrives.

If NO, if I give instructions, are you or someone else that is there willing and able to perform Child CPR?

2) Before we start, is the door unlocked?

3) Is there an AED (Automatic External Defibrillator) available?

If YES, send someone to get it and let me know when it arrives at the patient's side. If caller is alone, have caller perform 2 minutes of CPR then obtain AED and return to the patient.

- When AED arrives at patient, continue to **AED INSTRUCTIONS**.

4) Can you get the phone next to the patient?

If YES, place phone on speaker.

If NO, do you have a cordless phone?

- Is there a phone that may be closer to the patient?
- Can someone there relay my instructions to you?
- Can I give you instructions and then you return to the phone?
- If I am not here, stay on the line.

5) Listen carefully. I will tell you what to do.

6) Get the patient flat on their back on the floor or a stable and hard surface.

7) Kneel by the patient's side and bare the patient's chest.

8) Are you willing to give the patient breaths?

If YES, continue to **CPR – WITH VENTILATIONS**.

If NO, continue to **COMPRESSIONS ONLY**.

CPR INSTRUCTIONS-CHILD (1-8YOA)[Back to TOC](#)**SPECIAL CONSIDERATIONS**

- If the patient has a Stoma/Tracheostomy: Keep the patient's head straight. Cover the patient's mouth AND nose with your hand. Completely cover the stoma with your mouth. Give 2 breaths of air. Watch for chest rise.
- Patient has a pulse but is NOT breathing: If caller is willing to give breaths, lay the patient flat on their back and bare the chest. Use one hand to lift up on the chin so the head bends back. With your other hand, pinch the nose shut. Completely cover the patient's mouth with your mouth. Give 2 breaths. Watch for chest rise. Continue giving 1 breath every 5 seconds.
- If the patient has vomited: Turn the patient's head to the side. Sweep the mouth clean with your fingers before giving breaths. Resume CPR.

CPR INSTRUCTIONS – CHILD (1-8YOA) continues on the next page.

ADDITIONAL INFORMATION

CPR INSTRUCTIONS-CHILD (1-8YOA)--CONTINUED[Back to TOC](#)**PREARRIVAL INSTRUCTIONS****COMPRESSIONS ONLY**

- 1) Place the HEEL of one hand on the CENTER of the patient's chest, between the nipples.
- 2) Push down firmly only on the heel of your hand. Push about 2 inches.
- 3) PUSH HARD AND PUSH FAST.
- 4) 100 to 120 times a minute or about 2 times a second.
- 5) Continue compressions until help arrives or the patient begins to move, cough, or breathe.
- 6) If patient starts breathing, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- 7) If AED becomes available, continue to **AED INSTRUCTIONS**.

CPR – WITH VENTILATIONS

- 1) 30 Compressions:2 Breaths
- 2) Place the HEEL of one hand on the CENTER of the patient's chest, between the nipples.
- 3) Push down firmly only on the heel of your hand. Push about 2 inches.
- 4) Do 30 compressions. PUSH HARD AND PUSH FAST.
- 5) 100 to 120 times a minute or about 2 times a second.
- 6) After 30 compressions, use one hand to lift up on the patient's chin so the head bends back.
- 7) With your other hand, pinch the patient's nose shut and completely cover the patient's mouth with your mouth.
- 8) Give 2 breaths, each lasting about 1 second. Watch for chest rise.
- 9) Continue cycles of 30 Compressions and 2 Breaths until help arrives or the patient begins to move, cough, or breathe.
- 10) If the patient starts breathing, **go to:** [AIRWAY CONTROL INSTRUCTIONS](#).
- 11) If AED becomes available, continue to **AED INSTRUCTIONS**.

CPR INSTRUCTIONS-CHILD (1-8YOA)--CONTINUED[Back to TOC](#)**PREARRIVAL INSTRUCTIONS (continued)****AED INSTRUCTIONS**

- 1) When AED arrives at the patient, position it close to the patient's body.
- 2) **DO NOT OPERATE AED IN/OR AROUND:** Water, snow, ice, bathtubs, pools, jacuzzies, metal, street ventilation grates, hazardous materials or any type of conductive medium.
- 3) Open the machine and turn it on.
- 4) **BEFORE** applying pads to patient's bare chest look for any medication patches or pacemakers. Medication patches should be removed, and the area wiped clean. Avoid getting the medicine from a medication patch on your skin.
- 5) Pacemakers are usually found just under the skin on the upper chest and appear as a small lump.
- 6) Do not place the pads on top of a medication patch or pacemaker.
- 7) Attach pads, using the **CHILD AED** pads. If **CHILD AED** pads are not available, **ADULT AED** pads can be used. You may need to remove hair for the pads to adhere securely.
- 8) If **ADULT AED** pads are used, make sure they do not overlap or touch when applied to the patient's chest. The pads should be marked for proper placement.
- 9) One pad is applied on the Right Upper Chest just below the collar bone and the other pad is applied on the Left Chest wall just below the armpit.
- 10) Follow the voice prompts and instructions from the machine.
- 11) **IF SHOCK IS ADVISED:** Remind caller to clear the patient and make sure no one is touching the patient before pressing the **SHOCK** button.
- 12) **IF NO SHOCK IS ADVISED,** continue CPR and reanalyze every 2 minutes.

CPR INSTRUCTIONS-INFANT (<1YOA)

[Back to TOC](#)

KEY QUESTIONS

1) Does anyone there know INFANT CPR?

If YES, do they need help remembering the procedures?

- If YES, continue to Step 2.
- If NO, begin CPR on the patient now. I will stay on the line if you need me until help arrives.

If NO, if I give instructions, are you or someone else that is there willing and able to perform Infant CPR?

2) Before we start, is the door unlocked?

3) Can you get the phone next to the patient?

If YES, place phone on speaker.

If NO, do you have a cordless phone?

- Is there a phone that may be closer to the patient?
- Can someone there relay my instructions to you?
- Can I give you instructions and then you return to the phone?
- If I am not here, stay on the line.

4) Listen carefully. I will tell you what to do.

5) Get the patient flat on their back on the floor or a stable and hard surface.

6) Kneel by the patient's side and bare the patient's chest.

7) Are you willing to give the patient breaths?

If YES, continue to **CPR – WITH VENTILATIONS.**

If NO, continue to **COMPRESSIONS ONLY.**

CPR INSTRUCTIONS- INFANT (<1YOA)[Back to TOC](#)**SPECIAL CONSIDERATIONS**

- If the patient has a Stoma/Tracheostomy: Keep the patient's head straight. Cover the patient's mouth AND nose with your hand. Completely cover the stoma with your mouth. Give 2 breaths of air. Watch for chest rise.
- Patient has a pulse but is NOT breathing: If caller is willing to give breaths, lay the patient flat on their back and bare the chest. Use one hand to lift up on the chin so the head bends back slightly. Completely cover their mouth and nose with your mouth. Give 2 breaths. Watch for chest rise. Continue giving 1 breath every 5 seconds.
- If the patient has vomited, turn the patient's head to the side. Sweep the mouth clean with your fingers before giving breaths. Resume CPR.

ADDITIONAL INFORMATION

CPR INSTRUCTIONS-INFANT (<1YOA)[Back to TOC](#)**PREARRIVAL INSTRUCTIONS****COMPRESSIONS ONLY**

- 1) Place your MIDDLE AND INDEX FINGERTIPS of one hand on the CENTER of the patient's chest, JUST BELOW THE NIPPLE LINE.
- 2) PUSH DOWN at least 1 ½ inches.
- 3) PUSH HARD AND PUSH FAST.
- 4) 100-120 times a minute or about 2 times a second.
- 5) Continue compressions until help arrives or the patient begins to move, cough, breathe, or cry.
- 6) If the baby begins to move, cough, breathe, or cry then monitor consciousness and breathing.

[Back to TOC](#)**PREARRIVAL INSTRUCTIONS****CPR – WITH VENTILATIONS**

- 1) 30 Compressions:2 Breaths
- 2) Place your MIDDLE AND INDEX FINGERTIPS of one hand on the CENTER of the patient's chest, JUST BELOW THE NIPPLE LINE.
- 3) PUSH DOWN at least 1 ½ inches.
- 4) Do 30 compressions. PUSH HARD AND PUSH FAST.
- 5) 100-120 times a minute or about 2 times a second.
- 6) After 30 compressions, use one hand to lift up gently on the patient's chin so the head bends back slightly.
- 7) Completely cover the patient's mouth and nose with your mouth.
- 8) Slowly give 2 small puffs of air. Watch for chest rise.
- 9) Continue cycles of 30 Compressions and 2 Breaths until help arrives or the patient begins to move, cough, breathe, or cry.
- 10)If the baby begins to move, cough, breathe, or cry then monitor consciousness and breathing.

PREGNANCY/CHILDBIRTH INSTRUCTIONS[Back to TOC](#)**PREARRIVAL INSTRUCTIONS**

- 1) Has she had a baby before?
If YES, how many?
- 2) How far apart are the contractions?
- 3) Does she have the strong urge to push or bear down?
If YES, ask her NOT to push or bear down and continue to Step 7.
If NO, continue to Step 4.
- 4) Have her lie down in a comfortable position. Left side is best.
- 5) Encourage her to take slow, deep breaths.
- 6) Monitor for changes. If patient develops the strong desire to push or bear down, delivery may be imminent.
- 7) Have her lie down on her back and encourage her to relax.
- 8) Ask her to remove any clothing from the waist down.
- 9) Place clean towels under her buttocks. Have additional towels ready.
- 10) The baby's head should appear first. **DO NOT PUSH OR PULL** on the baby. Cradle the head and rest of the body as it delivers. There will be water and blood with delivery, this is normal. If the baby's head does not appear first, continue to Step 16.
- 11) When the baby is delivered, **CLEAN** out its mouth and nose with a clean, dry cloth. **DO NOT** attempt to cut or pull the cord.
- 12) Check the cord. **DO NOT CUT IT**. If the cord is pulsating, **DO NOT TIE IT**. If the cord is not pulsating, tie it 6 to 8 inches from the baby. Use a thick string or a shoelace, etc., do not use anything too thin that might cut through the cord. Tie the knot carefully to avoid cutting through the cord.
- 13) If the baby is delivered without any complications and is breathing, wrap the baby in a clean, dry blanket or towel and place the baby between the mother's legs level with her body. Massage the mother's lower abdomen very gently. Continue to Step 15.

[Back to TOC](#)**PREARRIVAL INSTRUCTIONS**

- 14) If the baby DOES NOT start breathing on its own, rub its back or slap the soles of its feet. If the baby DOES NOT respond, you need to cut the cord to perform CPR. To cut the cord, use a thick string or a shoelace to tie the cord 6 to 8 inches from the baby and make a second tie several inches closer to the mother; do not use anything too thin that might cut through the cord. Tie the knot carefully to avoid cutting through the cord. Now cut between the ties. Once the cord is cut, **go to: [CPR INSTRUCTIONS – INFANT \(<1YOA\)](#)**.
- 15) Keep the baby warm and dry. When the placenta delivers, wrap it, this could take as long as 20 minutes. Keep the placenta LEVEL or just slightly ABOVE the baby.
- 16) If there are complications with delivery: leg, arm, buttocks, umbilical cord presentations, or possible miscarriage. **DO NOT PUSH OR PULL** on the baby. **REASSURE** the mother that help is on the way. Miscarriage is defined as loss of pregnancy before 20 weeks of gestation. May include bleeding, abdominal cramping, lower back pain, and/or discharge of tissue.
- 17) Encourage her to relax and take slow, deep breaths. Ask her to remain on her back with her knees bent. Ask her **NOT** to push or bear down.

CORONAVIRUS DISEASE 2019 (COVID-19) ALERT[Back to TOC](#)**ADDITIONAL KEY QUESTIONS**

This query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g. CPR, airway control instructions, the Heimlich maneuver, etc.) are indicated.

- 1) Is the patient complaining of:
 - Fever (subjective or confirmed)?
 - Symptoms of acute respiratory illness (e.g., cough, difficulty breathing)?
- 2) Does the patient have a history of travel from China, Iran, Europe, or South Korea within 14 days of their symptom onset or has the patient had close contact with a suspected or laboratory-confirmed COVID-19 patient within 14 days of their symptom onset?
If YES, consider: [INFECTIOUS DISEASE](#).

PROMPTS

- In the event that a potential COVID-19 patient is identified, advise all responding units and follow appropriate protocol.
- A PSAP may notify the Alabama Trauma Communications Center at 1-800-359-0123 or 205-996-5230 if an Office of EMS physician consultation is desired.
- Return to [INFECTIOUS DISEASE](#).

Issued 03/13/2020.

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COMMON CONTACTS[Back to TOC](#)

Alabama Department of Environmental Management (**ADEM**): 334- 271-7700

Alabama Department of Public Health (**ADPH**): 334- 206-5200

Alabama Department of Public Health -Office of EMS (**OEMS**): 334- 206-5383

Alabama Department of Public Health Center for Emergency Preparedness (**CEP**): 1-866-264-4073

Alabama Trauma Communications Center (**ATCC**): 1-800-359-0123

ALABAMA 9-1-1 BOARD: 334-440-7911

CHEMTREC: 1-800-424-9300

POISON CONTROL: 1-800-222-1222

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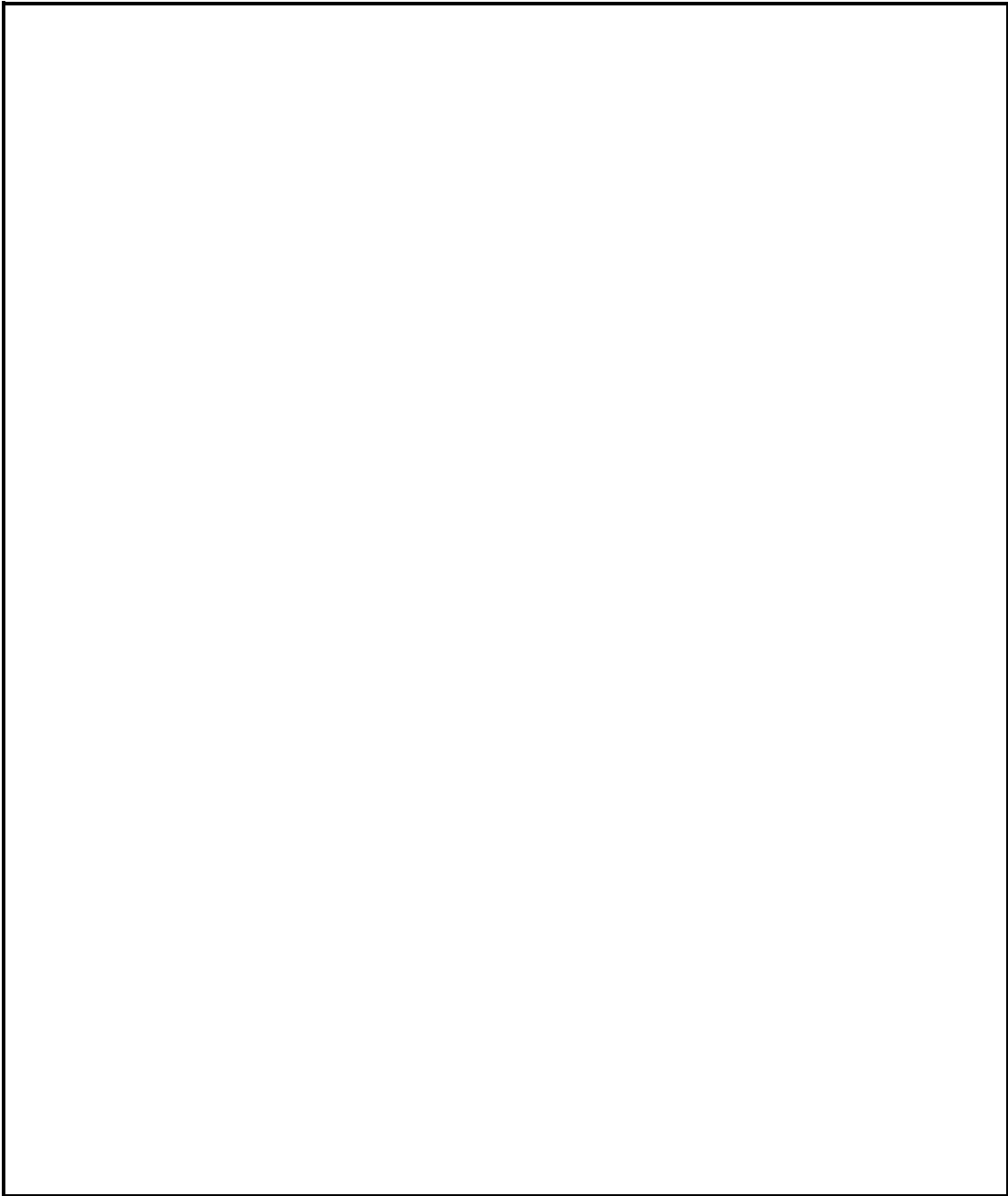
- Adult – 8 years of age or older
- AED - Automated external defibrillator; an automated external defibrillator is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and pulseless ventricular tachycardia, and is able to treat them through defibrillation, the application of electricity which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.
- Agonal - ineffective breaths; respirations are often reported as gasping, snoring, gurgling, barely breathing, moaning, weak, heavy or occasional breaths
- ALS – Advanced Life Support
- Amputated – cut off or detached from the body
- Asphyxia - the medical term for suffocation; can be caused by choking on an object, by lack of oxygen in the air, or by chemicals such as carbon monoxide, which reduce the amount of oxygen in the blood
- Assailant – a person who attacks
- BLS – Basic Life Support
- BVAD - Bifurcated Venous Access Device
- Child – 1 to 8 years of age
- CPR - Cardiopulmonary resuscitation; the administration of heart compression and artificial respiration to restore circulation and breathing
- CVA - cerebrovascular accident; medical term for stroke
- Cyanide - a chemical compound that contains the group $C\equiv N$; many cyanides are highly toxic
- DOA - Dead on arrival
- Extremities - a limb of the body or the end part of a limb, as a hand or foot.
- Generalized - spread or extended throughout the body; affecting many parts of the body
- Glucose - a sugar that is the main source of energy for the body
- Illicit - forbidden by law, rules, or custom
- Imminent – about to happen, fast approaching, or close at hand
- Infant – less than 1 year of age
- Ingestion - taking something into the body through the mouth
- Insecticides - a substance used for killing insects

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- LVAD - left ventricular assist device
- LVAS - Large vestibular aqueduct syndrome
- Methanol - the simplest alcohol, consisting of a methyl group linked to a hydroxyl group
- Naloxone - sold under the brand name Narcan, among others, is a medication used to block the effects of opioids, especially in overdose
- Narcan - naloxone hydrochloride injection, an opioid antagonist, is a synthetic congener of oxymorphone
- Nitroglycerin – medication that belongs to a class of drugs known as nitrates; used to prevent chest pain in people with a certain heart disease
- Opioid - a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.
- Profusely - to a great degree; in large amounts.
- RVAD - right ventricular assist device
- SCBA - self-contained breathing apparatus
- SCUBA - self-contained underwater breathing apparatus
- Solvents - usually a liquid, but can also be a solid, a gas, or a supercritical fluid; used for dissolving other substances
- Stoma - a surgically formed opening on a body surface
- Syncopal episode or syncope - a temporary loss of consciousness usually related to insufficient blood flow to the brain; medical term for fainting
- TOC – Table of Contents
- Tracheostomy - a surgically made hole that goes through the front of your neck into your trachea, or windpipe
- VAD - ventricular assist device
- YOA – years of age

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HELICOPTER ACTIVATION

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AIR TRANSPORTATION SHOULD BE CONSIDERED WHEN EMERGENCY PERSONNEL HAVE EVALUATED THE INDIVIDUAL CIRCUMSTANCES AND FOUND ANY ONE OF THE FOLLOWING:

- The time needed to transport a patient by ground to an appropriate facility, IF OVER 30 MINUTES, poses a threat to a patient's survival and recovery.
- Critical care personnel and equipment are needed to adequately care for the patient during transport.
- Severe burns and explosions.
- New onset focal weakness, paralysis, or difficulty speaking.
- ST Elevation MI or suspected acute coronary syndrome.
- Near drowning.
- Medical emergencies such as severe difficulty breathing, airway obstruction, or shock when in the EMSPs best judgement HEMS would be the most appropriate form of transportation.
- Report of serious injury in a patient whose location would be difficult to access by ground ambulance but is more accessible by helicopter.
- Head trauma with Glasgow Coma Scale score of 13 or less or head trauma with any neurological changes in a child less than 5 years or younger.
- The patient has a flail chest.
- The patient has two or more obvious long bone fractures.
- The patient has penetrating trauma to the head, neck, torso, or extremities above the elbow or knee.
- The patient has, in the same body area, a combination of trauma and burns (partial and full thickness) of fifteen percent or greater.
- Respiratory distress with rate <10 or >29 in adults.
- Respiratory distress with rate <12 or >29 in a child 4 years or older.
- Respiratory distress with rate <20 or >40 in a child 3 years or younger.
- Respiratory distress with rate <20 or >60 in a newborn.
- A systolic BP <90 mm/Hg in an adult or child 6 years or older.
- A systolic BP <80 mm/Hg in a child 5 years or younger.
- The patient has an amputation proximal (above) the wrist or ankle.
- The patient has one or more limbs which are paralyzed.
- The patient has a crushed, degloved, mangled, or pulseless extremity.
- The patient has an open or depressed skull fracture.
- A patient with the same method of restraint and in the same seating area as a deceased victim.

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AIR TRANSPORTATION SHOULD BE CONSIDERED WHEN EMERGENCY PERSONNEL HAVE EVALUATED THE INDIVIDUAL CIRCUMSTANCES AND FOUND ANY ONE OF THE FOLLOWING:

- Ejection of the patient from an enclosed vehicle.
- Motorcycle/bicycle/ATV crash with the patient being thrown at least 10 feet.
- Auto versus pedestrian with significant impact and patient being thrown or run over by the vehicle.
- Unbroken fall of 20 feet or more onto a hard surface. Unbroken fall of 10 feet or 3 times the height of the child onto a hard surface.
- **ATCC: 1-800-359-0123** [Alabama Trauma System 2018 Brochure](#)

After assessing a trauma situation and making the determination that the patient should be entered into the Alabama Trauma System, the EMSP licensed at the highest level should contact the ATCC at the earliest practical time before the receiving facility is selected and provide the following information.

- 1) EMSP service
- 2) Location of Trauma Scene
- 3) Age and Sex of the patient(s)
- 4) Reason for Entry and Mechanism of Injury
- 5) Patient assessment
 - a) Airway Status
 - b) Vital signs and GCS
 - c) Areas of Injury
 - d) Environmental issues or co-morbid factors
- 6) Transportation type
- 7) Transportation timing

ATCC will provide a unique identification number that must be entered into the e-PCR. Notify the ATCC of any change in the patient's condition. The receiving trauma center or ATCC should be updated by the transporting unit 5-10 minutes out. This update should only consist of any patient changes and patient's current condition. A repeat of information used to enter the patient into the Alabama Trauma System is not necessary since this information will be relayed by the ATCC to the receiving trauma center.

After the patient is delivered to the trauma center, the transporting provider should call the ATCC with the Patient Care Report times.

