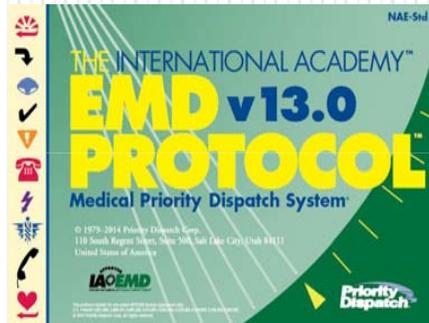


Medical Priority Dispatch System



Emergency Medical Dispatch Protocol
Field Responder Orientation

EMD is a critical link in the patient care *chain of survival*

- Recognition of cardiac arrest and activation of the emergency response system
- Early cardiopulmonary resuscitation (CPR)
- Rapid defibrillation
- Effective Advanced Cardiovascular Life Support (ACLS)
- Integrated post-cardiac arrest care

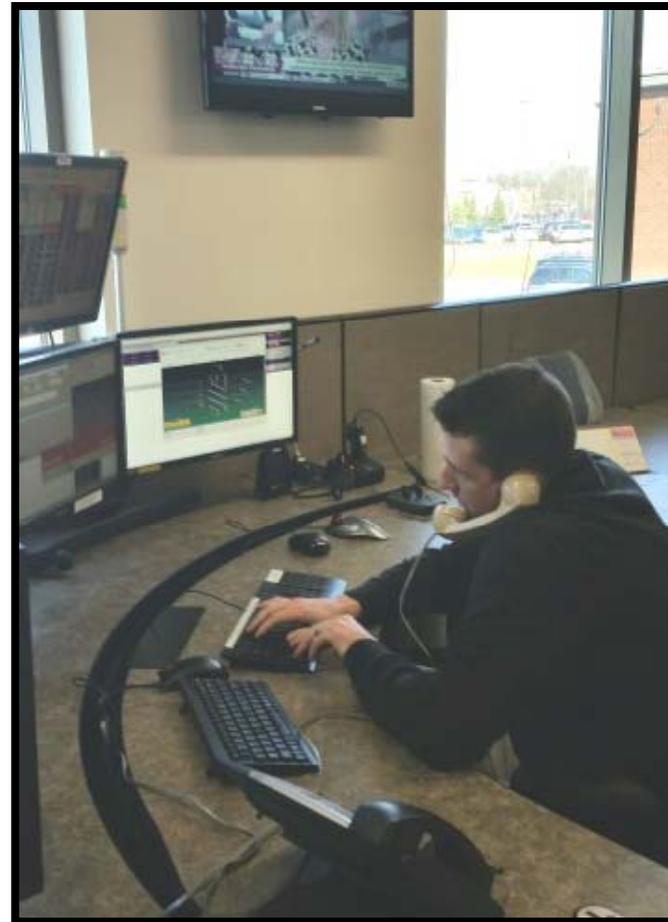
Why Use EMD?



- Dispatchers are the first, First Responders.
- Even though they are physically removed from the scene, they can still have an impact.
- They use the information that they gather to prioritize, address scene safety concerns, initiate a response and provide Dispatch Life Support Instructions (DLS).

The Roles and Responsibilities of EMD

- Telephone interrogation
- Dispatch Life Support Instruction
- Resource allocation
- Logistics coordination
- Field communication

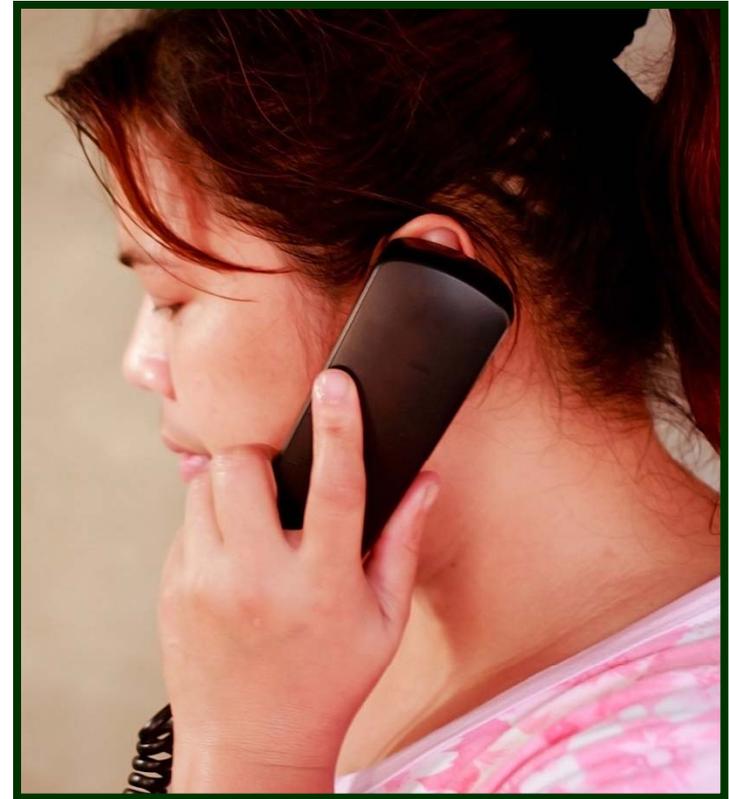


What Are the Benefits of Using a Protocol?

- Knowing that all essential questions will be asked on all calls allows agencies to predetermine their responses.
- The use of specifically defined Determinant Descriptors allows response mode decisions to be pre-planned based on incident characteristics.
- Protocols allow for QA and QI to measure dispatch performance.
- All callers can expect the same level of service.
- Use of protocols reduces inconsistency which lessens the risk for errors thus reducing liability.

Components of the Protocols

- Case Entry—a primary caller interrogation
- Chief Complaint—helps to further assess the situation
- Diagnostic and Instruction Tools—Provide valuable instructions when appropriate
- Pre-Arrival Instructions—scripted, life saving instructions
- Case Exit Protocol—standardized call termination





All calls begin with the Case Entry Protocol. The information that is gathered during Case Entry directs the EMD to the most appropriate protocol pathway.

Case Entry Questions

- What's the **address** of the emergency?
- What's the **phone number** you're calling from?
- Okay, tell me **exactly** what happened.
- How **old** is s/he?
- Is s/he **awake**?
- Is s/he **breathing**?

ENTRY QUESTIONS

1. What's the **address** of the emergency?

House/Apartment/Business/Intersection/Landmark/Jurisdiction/GPS

2. What's the **phone number** you're calling from?

3. Okay, tell me **exactly** what happened.

Hanging (now) _____ 

Underwater _____ 

a. **(Not obvious)** Are you **with** the patient **now**?

b. **(Not obvious)** How **many** (other) people are **hurt** (sick)?

Traffic/Transportation incident _____

Multiple victims _____

c. **(Choking)** Is s/he **breathing** or **coughing** at all? (You go check and tell me what you find.)

No _____ 

i. **Do not slap** her/him on the back.

4. How **old** is s/he?

a. **(Unsure)** Tell me **approximately**, then.

5. Is s/he **awake** (conscious)?

Yes

No

Unknown

6. Is s/he **breathing**? 

a. **(Hasn't checked – 2nd party caller)** You go check and tell me what you find.

Yes

No/NOT BREATHING _____ 

Uncertain/INEFFECTIVE/AGONAL BREATHING (1st or 2nd party caller) 

Unknown (3rd or 4th party caller)



9-E-3

9-E-6

29

CC

11-E-1



?-E-?

?-E-?

THE NATIONAL ACADEMY™

**EMD
PROTOCOL™**

Medical Priority Dispatch System®

CRITICAL EMD INFORMATION

* For **NOT BREATHING** situations or **INEFFECTIVE/AGONAL BREATHING**, code as **ECHO** on Protocols 2, 6, 9, 11, 15, 31 **only**, initiate **dispatch**, give **PDI**s, and **return** to question sequence when directed by  symbol.

POST-DISPATCH INSTRUCTIONS

- a. **(ECHO)** I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line.**
- b. **(Hanging and not OBVIOUS DEATH)** **Cut** her/him **down** immediately, **loosen** the noose, then tell me if s/he's **breathing**.
- c. **(Underwater)** **Do not go in the water** unless it's **safe** to do so. 
- d. **(Strangulation and not OBVIOUS DEATH)** **Loosen** anything around the **neck**, then tell me if s/he's **breathing**.
- e. **(Suffocation)** **Remove** anything **covering** the **face** or **in the mouth**, then tell me if s/he's **breathing**.
- f. **(Critical Caller Danger)** (If it's too **dangerous to stay** where you are, and you think you can leave safely,) **get away** and **call us** from somewhere **safe**. 

Chief Complaint Protocols

- Accurate selection is fundamental to MPDS
- Scene safety issues are addressed through the selection of the Chief Complaint
- If trauma is present, the Chief Complaint will be chosen that addresses the Mechanism of Injury
- If the chief complaint is medical, the Chief Complaint will address the foremost symptom

Pre-Arrival Instructions

- Pre-Arrival Instructions (PAI) provide medically approved and scripted instructions to provide necessary aid to the patient prior to EMS arrival.
- Not all patients will receive PAIs.
- Some PAIs include:
 - CPR
 - Childbirth
 - Choking



Chief Complaint Determinant Levels

- ECHO—extreme conditions of breathing
- DELTA—imminent life-threatening emergency
- CHARLIE—urgent conditions; in need of treatment
- BRAVO—injuries in need of treatment
- ALPHA—non-urgent BLS care

Additional Components of the Protocols

- Post Dispatch Instructions—definitive action statements designed to ensure scene safety and improve the response
- Critical EMD Information—essential information for the EMD to consider
- Dispatch Life Support Links—these links refer to the specific situation most likely to be encountered on a particular Chief Complaint
- Additional Information—useful information specific to each Chief Complaint

Routine Case Exit

CASE EXIT		X-CARD	
1	1 st Party Caller	Universal Instructions	1
<p>(Help is on the way.) Don't have anything to eat or drink. It might make you sick or cause problems for the doctor.</p> <p>(MEDICAL) Just rest in the most comfortable position for you.</p> <p>(TRAUMA) Don't move around unless it's absolutely necessary. Just be still and wait for help to arrive.</p> <p style="text-align: right;">Stable → 2 Unstable or Not alert → 3</p> <p>* The "nothing to eat or drink" instruction above should be omitted for the alert diabetic.</p>		<p>(Reassure her/him that help is on the way.) Don't let her/him have anything to eat or drink. It might make her/him sick or cause problems for the doctor.</p> <p>(MEDICAL) Just let her/him rest in the most comfortable position and wait for help to arrive.</p> <p>(TRAUMA) Don't move her/him unless it's absolutely necessary. Just tell her/him to be still and wait for help to arrive.</p> <p style="text-align: right;">Stable → 2 Unstable or Not alert → 3</p> <p>* The "nothing to eat or drink" instruction above should be omitted for the alert diabetic.</p>	
2	Routine Disconnect (= stable) → 1 st Party	Universal Instructions	2
<p>(I'm going to give you some instructions before I let you go.) (Appropriate) If you can, please:</p> <ul style="list-style-type: none"> Put away any family pets. Gather your medications. Unlock the door. Turn on the outside lights. <p>(Always) If anything changes, call us back immediately for further instructions.</p> <p style="text-align: right;">End</p> <p>* Use caution when advising 1st party callers to do anything that would unduly exert themselves if their condition is traumatic, unstable, or worsening.</p>		<p>* If the patient is outside: Protect her/him from the elements. then if necessary: If s/he is cold, keep her/him warm.</p> <p style="background-color: #4B0082; color: white; text-align: center;">Airway</p> <p>* The airway of an unconscious patient must be constantly maintained. * The sitting up position is usually best for alert patients with any breathing difficulty.</p>	
		Universal Instructions	2
		<p>(Reassure her/him that help is on the way.) Don't let her/him have anything to eat or drink. It might make her/him sick or cause problems for the doctor.</p> <p>(MEDICAL) Just let her/him rest in the most comfortable position and wait for help to arrive.</p> <p>(TRAUMA) Don't move her/him unless it's absolutely necessary. Just tell her/him to be still and wait for help to arrive.</p> <p style="text-align: right;">Stable → 2 Unstable or Not alert → 3</p> <p>* The "nothing to eat or drink" instruction above should be omitted for the alert diabetic.</p>	
		Universal Instructions	2
		<p>I want you to watch her/him very closely. (Appropriate) If s/he becomes less awake and vomits, quickly turn her/him on her/his side.</p> <p>(Appropriate) Please:</p> <ul style="list-style-type: none"> Put away any family pets. Gather her/his medications. Unlock the door. Turn on the outside lights. Have someone meet the paramedics. <p>(Always) If s/he gets worse in any way, call us back immediately for further instructions.</p> <p>(Seizure) If s/he has another seizure, call us back immediately for further instructions.</p> <p style="text-align: right;">End</p>	

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- The Case Exit Protocol provides a standardized method for ending calls.
- Routine Disconnect provides 2 versions—one for 1st party callers and one for 2nd party callers.
- There are also Urgent Disconnect when the EMD is not able to stay on the line and Stay on the Line when it is advisable to stay on the call till EMS arrives.

In conclusion:

- The MPDS is designed to standardize the operation of EMD while promoting safe and effective patient care.
- MPDS uses a system of caller interrogation that allows the EMD to prioritize response with predetermined agency-specific response configurations.

