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 pty caller]  
   Unknown [3rd or 4th pty caller]

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**THE NATIONAL ACADEMY**

**EMD PROTOCOL**

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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

- The Case Exit Protocol provides a standardized method for ending calls.

- Routine Disconnect provides 2 versions—one for 1\textsuperscript{st} party callers and one for 2\textsuperscript{nd} 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.