



<b>Title</b> Commonly Overlooked ECHO Level Calls/Fast Tracks	<b>Date</b> 08/29/2019
<b>CDE Number</b> M-1908001	<b>CDE Credit Hours</b> 1 HRS



Case entry is the first level of triage when a caller activates the 9-1-1 system, this is when our clock starts for quick hands-to-chest, AED, and Advanced Life Support (ALS) intervention.

ECHO level responses are for early recognition and closer response initiation based on extreme conditions of breathing and other dire circumstances. In order to better identify when these responses are applicable, we need to be sure and understand exactly what happened to the patient. Usually by the time an agency is entering into ProQA, this question has already been asked. It is a habit for call takers to tab through this field since the question has already been asked before launching ProQA; however, there are many options available here that will help to determine if the call is an ECHO level call:

Okay, tell me exactly what happened.

- Obviously NOT BREATHING & Unconscious (non-traum)
- Verified Choking – COMPLETE obstruction
- Narcotic/Opioid arrest (obvious)
- Hanging
- Strangulation (no assailant present)
- Suffocation
- Underwater (non-SPECIALIZED rescue)
- Underwater (SPECIALIZED rescue)
- Sinking vehicle – Caller inside
- Vehicle in floodwater – Caller inside
- Person on fire

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

For NOT BREATHING or INEFFECTIVE/AGONAL BREATHING, code as ECHO on Protocols 2, 6, 9, 11, 14, 15, 31 only, dispatch, give PDIs, and return to question sequence.

If any of these scenarios fit what the caller is telling you, be sure to select one from the drop down box.



We will review a few of the more commonly used ones. It is suggested to run practice scenarios with all of these fast tracks frequently. This will ensure when one of these low frequency-high risk call types come in, we are prepared and understand what pathway to take.

### **Obviously NOT BREATHING & Unconscious (non-traum)**

(After selecting this pathway, send point is a 9-E-1, give the defibrillator instruction, then ProQA goes directly into the arrest instructions)

This pathway is for when the caller reports that the patient is obviously not breathing and is unconscious. There can be no scene safety issues or mechanism of injury concerns to select this.

If a caller only gives a part of the problem (ex: "My dad was walking next to me and collapsed"), this is covered in case entry rule 14: A sudden, unexplained collapse resulting in unconsciousness, even when reported as a ground-level fall, should be considered a MEDICAL cardiac arrest until proven otherwise. Our goal at this point is to get the patient on their back and start compressions. This will give them a better chance of survival since it is a witnessed cardiac arrest. Some call takers are hesitant to follow this pathway because they do not want to lay someone down and start pushing on their chest if they are not in cardiac arrest. This can be avoided by clarifying information during "Tell me exactly what happened" to ensure we understood what occurred with the patient. In addition, if at any time, the patient starts fighting with the caller or if the caller is giving the instructions to the patient for them to perform, we can stop and go a different route with patient care.





### Verified Choking-COMplete Obstruction

Before selecting the verified choking complete obstruction fast track, remember to ask the choking question off to the right of the ECHO list. This sometimes get forgotten because it is off to the right hand side and not in the direct line of sight through ProQA. Make it a habit to glance over there for every call to ensure there is nothing that needs to be asked. These are high stress calls, so if it is a habit for low stress calls, it should be a little easier to remember for these high stress/low frequency calls.

Okay, tell me exactly what happened. Verified Choking – COMPLETE obstruction

- Obviously NOT BREATHING & Unconscious (non-traum)
- Verified Choking – COMPLETE obstruction
- Narcotic/Opioid arrest (obvious)
- Hanging
- Strangulation (no assailant present)
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- Underwater (non-SPECIALIZED rescue)
- Underwater (SPECIALIZED rescue)
- Sinking vehicle – Caller inside
- Vehicle in floodwater – Caller inside
- Person on fire

**(Choking – verify) "Are they breathing or coughing at all? (You go check and tell me what you find.)"**

For **NOT BREATHING** or **INEFFECTIVE/AGONAL BREATHING**, code as **ECHO** on Protocols **2, 6, 9, 11, 14, 15, 31** only, dispatch, give PDIs, and return to question sequence.

It is very important to determine if the patient is able to breathe or cough at all as this will determine if it is an 11-E-1 response and will bring up further dispatch instructions for the caller:

Case Entry Post-Dispatch Instructions

- a. I'm sending the **paramedics (ambulance)** to help you now. **Stay on the line.**
- f. **Do not slap** her/him on the back.

Continue



After case entry instructions are given, the rest of the case entry questions will be asked, one key question about what did they choke on will be asked, then on to instructions for the Heimlich maneuver. Remember to look to the right in case entry to ensure the breathing/coughing at all question is asked to help determine if this is a complete obstruction.

### Narcotic/Opioid arrest (obvious)

This is a fast track for rapid processing of narcotic/opioid arrest cases. The goal is to decrease the time to definitive therapy (Narcan) as well as hands to chest. This is a new code released at the end of April 2019. If the caller has said the patient has overdosed and they are not awake/not breathing, select narcotic/opioid arrest from the drop down list. This will assign a 23-E-1 code, give PDIs, protocol will then have a blue is for you question:

3.  Any mention of Fentanyl, Carfentanil, or U4 (Pink or Pinky)?

No
Fentanyl
Carfentanil
U4 (Pink, Pinky, U-47700)

Caller Statement: Narcotic/Opioid arrest (obvious)

Self-answer this question based on the information that has already been provided by the caller. If the answer to this question is unknown, it is acceptable to rephrase it and then ask the caller this question or "No" can be selected as the answer. If no is chosen at this point, the next question will ask about Narcan (Naloxone).

4. Is there any **Narcan (naloxone) available?**

Yes
No
Unknown
One dose given already
Two doses given already

Caller Statement: Narcotic/Opioid arrest (obvious)

The goal is the early intervention of Narcan for these types of calls and then hands to chest if the Narcan does not work.



## Hanging

The fast track/ECHO level for hanging is a 9-E-3 and is used for callers reporting someone hanging, or that they found someone hanging and have cut them down already. If the caller does not give any approved obvious death statements, after sending the code, give the appropriate PDIs (a,b). From here, you will finish case entry information and then go through mouth-to-mouth instructions as well as chest compressions.

### Case Entry Post-Dispatch Instructions

- a. I'm sending the **paramedics (ambulance)** to help you now. **Stay on the line.**
- b. **(Not OBVIOUS DEATH)** (**Cut her/him down** immediately,) **loosen** the noose, then tell me if s/he's **breathing**.
- h. **(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**.

Continue



## Things to Remember:

These are only a few of the available Fast Track/ECHO level options. These types of calls need immediate care and dispatch. We want to identify these early on in the call so we can quickly start instructions on how to help the patient.



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I verify that I read and am familiar with the contents of this document.

Please return this to your agency's training coordinator for CDE credit. If you have any questions please contact us at [911training@elpasoteller911.org](mailto:911training@elpasoteller911.org)

X \_\_\_\_\_

**Signature**

\_\_\_\_\_

**DATE**

X \_\_\_\_\_

**Printed Name**

X \_\_\_\_\_

**Agency**