



<b>Title</b> Case Exit	<b>Date</b> 02/15/2019
<b>CDE Number</b> M-1901004	<b>CDE Credit Hours</b> .5 HRS

We spend a lot of time making sure that we ask all of the right questions and gather all of the correct description essential information that sometimes by the end of the call we get a little bit complacent. We can say all of the Case Exit PDIs in our sleep, but it is best practice to slow down and pay attention to all of our DLS link choices so we can make sure that we are giving the best patient care instructions possible.

Selecting the correct Case Exit Card depends mainly on agency policy and the condition of the patient. If we need to stay on the line with the patient, then we must select either the Unstable, Stable but Stay on Line, or Not Alert Case Exit Cards. Once we are completely through the protocol and waiting for responders to get on scene, we can go ahead and make sure to let them know they need to put up pets, make sure the door is unlocked, etc.

<input type="radio"/> Stable – Routine Disconnect		<input type="radio"/> Unstable
<input type="radio"/> Stable but Stay on Line		<input type="radio"/> Not Alert
<b>jelwell</b> MPDS 13.1.144 7/9/2018 19055	O: NAE C: NAE P: STD	22-year-old, Male, Conscious, Breathing. Code: 26-A-2: Blood pressure abnormality (asymptomatic)

If they are stable and we plan to get off the phone with the patient, then we will need to utilize the Routine Disconnect Case Exit card. We will ONLY go to this card if we are planning to get off of the phone! If the patient’s condition worsens or they request to stay on the line while we are giving instructions off of this panel, then we can use the “Stay on Line” DLS link at the bottom of the page to change pathways.



*\*For our agencies that also utilize fire and police protocols, this still applies but is located on the initial PDI page. We still need to make sure we are selecting the "Stay on Line" DLS link.\**

**DLS Links**

- [X-Card](#)
- [Stay on the Line](#)
- [Urgent Disconnect](#)
- [Safety Disconnect](#)
- [Caller in Danger](#)
- [Caller in Danger PDIs](#)

There are also situations where we are waiting on the line for responders to get on scene and another call comes in, or the caller says they want to get off the line. In this situation, we need to make sure to select the "Urgent Disconnect" DLS link at the bottom of ProQA. This takes the liability off the calltaker by making sure the caller knows they are responsible for calling back if the condition of the patient worsens in any way.

<b>Main</b>   Additional Info   Special Information		
←	Airway	➡ <b>Urgent Disconnect</b>
Arrival Interface		
<b>jelwell</b> MPDS 13.1.144 7/9/2018 19055	O: NAE C: NAE P: STD	22-year-old, Male, Conscious, Breathing. Code: 26-A-2: Blood pressure abnormality (asymptomatic)

**X4 - Urgent Disconnect – 2nd Party**

I **need** to hang up now (to take **another** call). **Help** is on the way.

If he becomes **less awake** and **vomits**, quickly turn him on his **side**.

If he gets **worse** in any way, call us back **immediately** for further **instructions**.



Selecting the correct Case Exit card is critical in ensuring patient care. By using an incorrect DLS link, we could be putting the patient's health and safety in jeopardy. It is also important not to read these cards from memory, and instead make sure to actually click on the link and read all possible and appropriate instructions from that panel. This will prepare us for sudden changes in patient status so we can quickly and efficiently access things such as airway maintenance. Failure to fully navigate through the protocol is now against academy standards.





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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**