



Title What just happened?	Date June 3, 2019
CDE Number M-1906010	CDE Credit Hours ## HRS

In EMD training, we learn about the Four Commandments, these are addressed in case entry as questions:

- **Chief Complaint:** "Okay, tell me exactly what happened"
- Patient's age (or approximate): "How old is s/he?"
- Status of consciousness: "Is s/he awake?"
- **Status of breathing:** "Is s/he breathing?"

Chief Complaint:

Our goal during case entry is to figure out why the patient/victim needs medical assistance so we can provide appropriate care for their situation until medical personnel arrives on scene to take over. The statement: "Okay, tell me exactly what happened" helps to determine a usable Chief Complaint. We talk about painting a picture for the responders, which is important, but we also want to make sure and understand what is occurring so we can provide proper patient care instructions. The best way to do this is to make sure and get a true Chief Complaint. The definition of a true Chief Complaint is the reason the patient or caller is seeing emergency medical care. It must contain sufficient information to allow categorization into one of the defined Chief Complaints within protocol. (Jeff J Clausen, Kate Boyd Dernocoeur, & Murray, 2015)

Callers can be pretty vague when explaining what is occurring with the patient/victim. When this occurs, using acceptable clarifications is **required** as stated in Universal Standard 3. If the caller is being vague, a good practice is to ask what type of symptoms the patient is having. This helps with getting the caller to focus on what is going on with the patient/victim and hopefully give a more specific symptoms. Sometimes callers will give a lot of medical history on



the patient and not address what is occurring right now. For these types of callers asking, "Tell me what is occurring right now" is a good way clarifying to get the caller to give a more specific symptoms. Another time this phrase is useful is when the caller has given a long list of symptoms occurring with the patient. Listen for any scene safety issues, priority symptoms, trauma phrases and if there isn't anything specific ask a clarifying question about what is occurring right now that made them call 911. We want to be careful and not start asking leading questions to narrow down the patient's symptoms. Do not give options for callers to choose from such as: "Where is their pain, is it chest pain or stomach pain?" Also, we want to make sure and not ask other protocol questions during this time unless there are specific agency policies that allow for it. Some agencies are on multiple disciplines and asking if a fall patient is injured during case entry determines if they select fire or medical protocol. Focus on getting complete information during "Okay, Tell me exactly what happened" will help to select the correct Chief Complaint in protocol.



Some callers seem to be giving specific information on what is occurring, but there may be more to the story that we need to know. A caller saying "He's having a heart attack!" sounds like it could be handled on protocol 10: Chest pain, but does it really give the full picture on what symptoms the patient is experiencing? We need to get more specific information by asking "Okay, tell me exactly what happened?" The caller could reply with better information that narrows down a chief complaint by saying: "While we were talking his speech started slurring and he fell over". This is specific information about what happened and why the patient needs medical assistance. There are times when callers may only give a diagnosis of what they believe to be occurring. It is our responsibility to ensure we are clarifying what type of symptoms need to be addressed. Someone calling in saying their friend is having a panic attack doesn't give any information about what type of problem their friend is having. The only exceptions to this that can be taken



at face value are if a caller is saying that their friend or family member is having a stroke or diabetic issue. We can use these diagnoses' and just select these chief complaints because of their high degree of accuracy.

Diabetic Problems is one of the few Chief Complaints not named for priority symptoms or incident types, but diagnostic groupings. Historically, it has been demonstrated that callers do not report that a patient is diabetic unless they have actual knowledge of the patient's condition

(Jeff J Clausen, Kate Boyd Dernocoeur, & Murray, 2015)

Working in a visually impaired environment can make it challenging to know when there are scene safety issues that need to be addressed. Making sure to understand what is happening also helps to identify as well as address scene safety issues for the caller and responders. If a caller is reporting that his friend is bleeding, we need to know more. The bleeding could be caused by a gunshot, but they don't think to disclose this information until further clarification is asked of them. Clarification in these situations can be done by acknowledging what the caller is saying and then asking questions to clarify: "I understand your friend is bleeding, tell me exactly what happened." Doing this is an example of good customer service because the caller knows that what they said was heard, but we need to get more specific information.



Obvious Statements:

There are times when "Okay, tell me exactly what happened" doesn't need to be asked. If the caller spontaneously provides an answer to the complaint description question before it is asked, the call taker may accept that answer without any clarification as long as the is not ambiguous or vague per universal standard 23. If there is any doubt regarding the Chief Complaint or the caller description of the scene or patient/victim circumstances, the caller must



ask the question or clarify the answer. If a call taker answers the phone and the caller is saying, "My mom can't breathe, she's having an asthma attack". After gathering address/phone number, "Tell me exactly what happened" does not need to be asked. We have enough information to move forward and select a chief complaint with the information the caller provided.



Things to Remember:

When taking calls for service there can be a lot going on in dispatch and on the phone, make sure not to move on from tell me exactly what happened unless there is a clear understanding of what happened with the situation. There will be times when all good practices are used and there is still no clear pathway because the caller just doesn't have any information to give you or they are refusing to give it to you. Do the best you can with the situation and address scene safety, mechanism of injury, or the medical condition that has been given by the caller. We want to try and get what happened, while not delaying patient care. Follow your agencies policies and procedures on these issues.



Complaints vs Chief Complaints

Identify which are chief complaints that can be categorized and which are not. Use what chief complaint selection you would select and find it in the word find

1. "He's dying, come quick"
2. "She had really bad chest pain"
3. "She's having an anxiety attack"
4. "The baby hurt his head"
5. "My stomach hurts"
6. "He's bleeding"
7. "My dad is having a stroke"
8. "My mom is having an asthma attack"
9. "He's having heart issues"
10. "My brother's blood sugar is high"

L T V O E N V Y C J Z Y H K S I T L P Z
U K T P K C N H S I P G Z F S U D T Q S
M M F U O U E D W F O W S X C S B G J N
D V L U R S Z U E X T B V Y C A F C W M
B R E A T H I N G P R O B L E M S E W A
Q W J P S E U S S I C I T E B A I D Z S
Y R A Z J H S S U P I J Q W J W O F J E
V I X F F D T G P Y T J Z O T V L C S R
N I A P L A N I M O D B A F D U Z Q Z G
C J A X A U H P J T Q F F O K J L D H G

ABDOMINAL PAIN
DIABETIC ISSUE

BREATHING PROBLEMS
STROKE

CHEST PAIN



Scoring Standards:

UNIVERSAL STANDARD 3: (ACCEPTABLE CLARIFICATIONS OR ENHANCEMENTS) THE CALL TAKER MAY PROVIDE AN ACCEPTABLE CLARIFICATION OR ENHANCEMENT TO ANY PROTOCOL QUESTION OR INSTRUCTION. ONCE THE SCRIPTED PROTOCOL QUESTION OR INSTRUCTION HAS BEEN READ AS WRITTEN, THE CALL TAKER MAY REPHRASE THE QUESTION OR INSTRUCTIONS USING LANGUAGE EQUIVALENT OR NEARLY EQUIVALENT IN MEANING TO THE SCRIPT IN THE FOLLOWING SITUATIONS:

- THE CALLER DOES NOT UNDERSTAND THE SCRIPTED PROTOCOL QUESTION OR INSTRUCTION
- THE CALLER ANSWERS AMBIGUOUSLY
- THE CALLER DOESN'T ANSWER AFTER A REASONABLE PERIOD OF TIME

IF THE CALL TAKER DOES NOT CLARIFY IN THESE SITUATIONS, THE QUESTION/INSTRUCTION IS REVIEWED AS ASKED INCORRECTLY/GIVEN INCORRECTLY.

THE CALL TAKER MAY REFER TO PREVIOUS STATEMENTS MADE BY THE CALLER (INCLUDING THOSE SPONTANEOUSLY PROVIDED) TO INTRODUCE THE CLARIFICATION, BUT THE CALLER TAKER MUST THEN ASK A COMPLETE QUESTION TO CONFIRM AN OBJECTIVE ANSWER TO THE QUESTION.

CORRECT EXAMPLES:

- "YOU SAID SHE CAN'T GET OUT OF THE CAR, BUT I NEED TO CONFIRM-IS SHE TRAPPED?"
- "YOU SAID SHE'S TRAPPED IN THE VEHICLE, IS THAT CORRECT?"
 - THIS IS ACCEPTABLE AS THE CALL TAKER REFERS TO THE CALLER'S STATEMENT AND THEN REQUIRES THE CALLER TO CONFIRM WHETHER THIS STATEMENT IS CORRECT BY ASKING A COMPLETE STATEMENT

INCORRECT EXAMPLES:

- "YOU SAID SHE'S TRAPPED, RIGHT?"
 - THIS IS INCORRECT AS THE CALL TAKER PROVIDES THE CALLER AN ANSWER AND THEN LEADS THE CALLER INTO AGREEING WITH THE PROVIDED ANSWER

UNIVERSAL STANDARD 23: (OBVIOUS ANSWERS) THE CALL TAKER IS NOT REQUIRED TO ASK A QUESTIONS WHEN THE ANSWER IS ALREADY OBVIOUS. ANSWERS ARE CONSIDERED OBVIOUS ONLY IN THE FOLLOWING CASES:

- WHEN AN ANSWER TO A SPECIFIC QUESTION HAS ALREADY BEEN EXPLICITLY STATED BY THE CALLER
- WHEN THE CALLER HAS ALREADY PROVIDED THE ANSWER THROUGH A CLEAR AND DIRECT REFERENCE TO THE PATIENT/VICTIM OR SCENE CIRCUMSTANCES



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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

X _____

Signature

DATE

X _____

Printed Name

X _____

Agency