



EMD UPDATE

April 2026



CASE ENTRY

A new rule, axiom, and pop-up warning were added to Case Entry regarding incidents when multiple medical patients are identified for specific chief complaints.

These patients are best evaluated and cared for individually, and dispatchers should direct the caller to have any additional bystanders call 911.

The reasoning is because disparities between patients might significantly affect patient care and coding on the call. Use best judgement on when to encourage additional 911 calls as needed.



WHAT YOU NEED TO KNOW

Unusual Chief Complaint for Multiple Patients



You have entered more than 1 patient for this Chief Complaint. This might be an error. Please enter a comment for responders to continue:

Keep multiple (enter reason)

Revert to 1 patient

Warning



Multiple patients with a **MEDICAL** complaint are best handled individually. If possible, direct the caller to ask any available bystander(s) to call 9-1-1 and tell another Emergency Dispatcher what's happening (there's an active medical call there but more than one patient is involved).

OK

8. In multiple **MEDICAL** patient events, determine **bystander availability** and request **additional calls** to 9-1-1 as needed. Communication center staff should be made aware of such events to **avoid** duplicate call concerns.

6. Multiple **MEDICAL** patients pose a **significant challenge** to the Emergency Dispatcher due to **evaluation complexity** and the potential **disparities** in **coding** and **Pre-Arrival care**. Whenever possible, **MEDICAL** patients should be **evaluated** and **cared for** with the help of **additional bystanders** and **Emergency Dispatchers**.

MULTIPLE PROTOCOLS

**A NEW KEY QUESTION HAS BEEN ADDED
TO PROTOCOL 3, 4, 17, 29, AND 30.**



This question is “blue is for you” addressing, “Any mention of neurological symptoms?” if the injury reported is to the head, neck or back.

5. Any mention of **neurological symptoms** – such as **loss of sensation (feeling)** or **loss of movement (paralysis)** below the injury, including **tingling** or **numbness** in the extremities – may indicate a **spinal cord injury**. These patients should receive an **immediate response that is not subject to delay**.

PROTOCOL 2: ALLERGIC REACTION

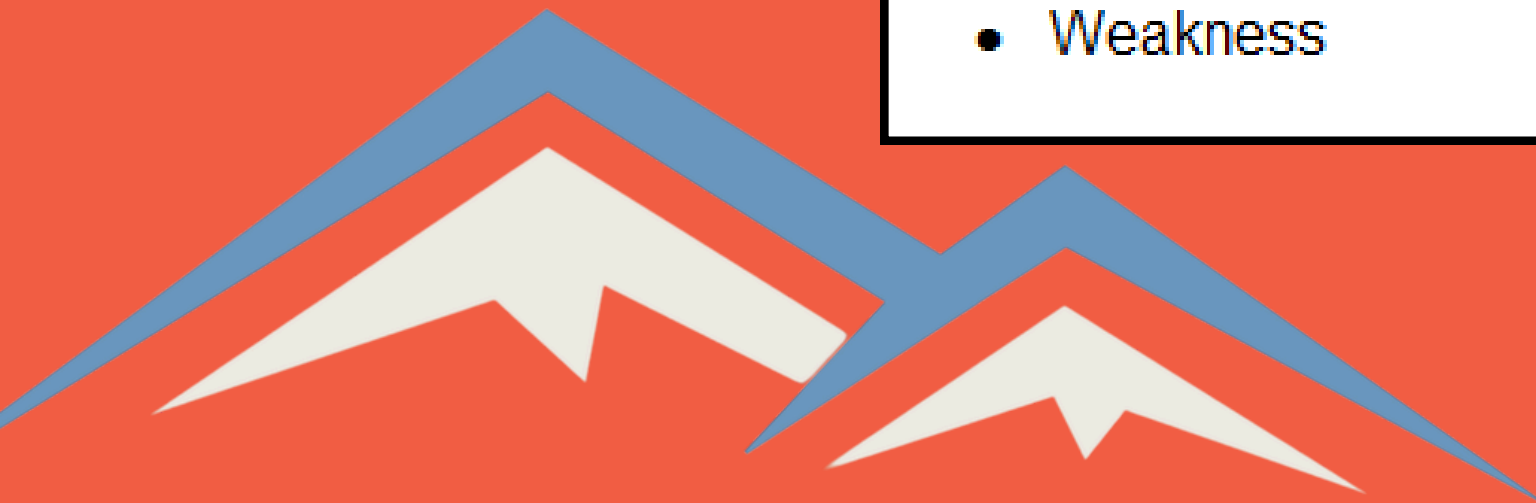
A new blue Key Question has been added looking for CLEAR SYMPTOMS of Allergic Reaction. This appears if the patient is not alert/unknown if alert, does not have difficulty breathing or unknown, and there is a medication available at the scene that is NOT the patient's.


New CLEAR SYMPTOMS added to additional information.

CLEAR SYMPTOMS of Allergic Reaction

- Collapse
- Difficulty breathing
- Difficulty swallowing
- Not alert
- Pallor (ashen/gray)
- Reaction premonition
- Shallow breathing
- Sweating
- Weakness

If CLEAR SYMPTOMS are identified, ProQA qualifies the instruction to use the medication now.





PROTOCOL 2: ALLERGIC REACTION

Critical EMD Information

- * **Stay on the line** with the caller if patient has a **history of severe allergic reaction** to the **same type** of insect or substance or if her condition seems **unstable** or is **worsening**. If an auto-injector has **already been used** and a second dose is available, the **second dose should be advised** if the patient's condition has **worsened** or has **not improved** after **5 minutes**. If possible, the **second dose should be administered** in the **opposite thigh**.

Critical EMD information has been updated and addresses remaining on the line and additional doses of medication.

ALLERGY MEDS

The answers to the Key Question about medications has been updated to include a new option for nasal spray.

6. Does he have any **specific injections** or **other medicines** to treat this type of reaction?

No

- Injectable/EpiPen/Nasal spray (patient's)
- Injectable/EpiPen/Nasal spray (available at scene)
- Inhaler
- Oral medication
- Topical (cream/lotion)
- Other:
- Unknown

KQ Answers | Additional Info | Problem Suffixes | Deter

1. **He has an allergic reaction.**

If medication available at the scene is NOT the patient's and CLEAR SYMPTOMS are not identified or unknown, a new PAI panel "P12" has been added.

P12 - No CLEAR SYMPTOMS (Meds Not Prescribed)

Let's **wait** to use it at the moment.

I'll **stay on the line** with you as **long** as I can.

Watch him very closely and look for any **changes**.

If he becomes **less awake**, has any **difficulty breathing** or **swallowing**, or **gets worse** in any way, tell me **immediately**.

(Tell me **when** the **paramedics (EMTs)** are right **with** him.)

Main | Additional Info | Child Dosages | Neffy Image

Getting worse | Go to PDIs

Go to KQs | Last instruction - Close case

New PAI panels have been added for administering the Neffy nosespray.

P1a - Medicine Brand

What **brand** of device is it? (Read the label.)

* The use of non-prescribed devices will be instructed for symptomatic patients regardless of patient age/weight.

Main | Additional Info | Child Dosages | Neffy Image

EpiPen® / EpiPen Jr.® | Anapen® / Anapen Jr.® / Chenpen® 0.3mg or 0.5mg

Auvi-Q®

Jext® 0.15mg or 0.3mg

Neffy®

not listed

P8a - Neffy® Instructions

Hold the device with your **thumb** on the **bottom** of the plunger and a **finger** on either side of the **nozzle**.

Insert the nozzle into **either nostril** until your **fingers** touch the **bottom** of his **nose**.

With the nozzle pointed **straight** into his **nose (towards his forehead)**, **press** the plunger **firmly** until it **snaps up** and sprays liquid into the **nostril**. (Tell him **not to sniff during** or **after** the dose is given.)

Tell me when it's **done**.

* The device should not be tested or primed before actual use. Each device has only 1 spray.

* If Neffy® nasal spray has been used and the patient's condition has worsened or not improved after 5 minutes, advise the caller/patient to administer a second dose in the same nostril, if available.

Main | Additional Info | Child Dosages | Neffy Image

Stay on Line (≈ unstable) | Go to PDIs

Last instruction - Close case | Go to KQs



ALLERGY MEDS

Critical EMD information has been updated to address patients age and weight. The Child Dosages information on PAI-P previously caused confusion and was mistaken as a directive not to use when indicated. This helps clear up the confusion.

P1a - Medicine Brand

What **brand** of device is it? (Read the label.)

* The use of non-prescribed devices will be instructed for symptomatic patients regardless of patient age/weight.

P1a - Medicine Brand

Child Dosages

Generally recommended dose ranges for children (by weight) are:

< 33 lbs (< 15kg) → not recommended for infants unless the patient's physician has advised the dose and how to administer it.

33–54 lbs (15–24kg) → 0.15mg injector.

≥ 55 lbs (≥ 25kg) → 0.30mg injector.

* These are general dosage recommendations only and are not meant to restrict the administration of any delivery device for symptomatic patients. The use of non-prescribed devices will be instructed for symptomatic patients regardless of patient age/weight.

* Remember, blue to sky, orange to thigh.

PROTOCOL 9: CARDIAC ARREST

We now have more options for caller refusing CPR.

The screenshot shows a software interface with tabs for 'Entry', 'KQ', 'PDI/CEI', 'DLS', and 'Summary'. The 'KQ' tab is active. A question '1. Type of situation?' is displayed. A dropdown menu is open, listing several options: 'Witnessed or Just Occurred Cardiac Arrest', 'Unwitnessed Cardiac Arrest (time unknown)', 'Respiratory Arrest', 'OBVIOUS DEATH (suspected)', and 'EXPECTED DEATH'. Below the dropdown, a text box contains the text 'Caller refusing resuscitation/CPR:'. The 'Caller Statement' field shows 'Obviously NOT BREATHING & Uncor'. At the bottom, there are tabs for 'KQ Answers', 'Additional Info', 'Problem Suffixes', and 'Det'.

You may have noticed it as the last option on the “type of situation” question. It now has a text box added so we can include additional information. If this option is selected, we will no longer get the question, “Do you think she is beyond any help?”

d. (Caller refusing CPR) I'm sending the **paramedics** (ambulance) to help you now. Please **leave** everything **as you found it**. Is there **anything else** we can do for you (or your family)?

The pre instruction qualifier now reads “caller refusing CPR” when the situation warrants it. It will still read “OBVIOUS DEATH unquestionable” in other situations.



PROTOCOL 9

- A new button was added to Panel 2 for “caller refusing CPR”. If the call started on Protocol 9, it will direct us to the new panel C18.
- From C18, we will confirm they do not want to try CPR, confirm if anyone else on scene would be willing to try, and if not then treat this similar to how we addressed obvious death calls in the past. Go to KQs, and select “caller refusing CPR” from the key question answers.

C2 - Position Patient AED: **No** | Sent | At pt. | Started | Used

Listen carefully.

(Not pregnant or Not 3rd TRIMESTER) Lay them flat on their back on the floor/ground and remove anything under their head.

(3rd TRIMESTER) Lay her on her back on the floor/ground and quickly wedge a pillow or like object under her right buttock.

Continue M-T-M Narcan administration

Main | Additional Info | Reassure | Clear Airway | Remove Object | Control Bleeding | Extra Reassurance

Not Breathing/AGONAL/UNCERTAIN	Breathing
Unable to Move Patient	OBVIOUS DEATH
EXPECTED DEATH	Caller Refusing CPR

C18 - Caller Refusing CPR (not OBVIOUS DEATH) AED: **No** | Sent | At pt. | Started | Used

Okay, stay on the line while we make sure of their situation.

Are you sure you're not willing to start compressions/CPR?
(Caller still unwilling) Is there anyone else there who is willing to start compressions/CPR?

* Select <Go to KQs> below, reopen KQ 1, answer as Caller refusing resuscitation/CPR, then go to PDIs.

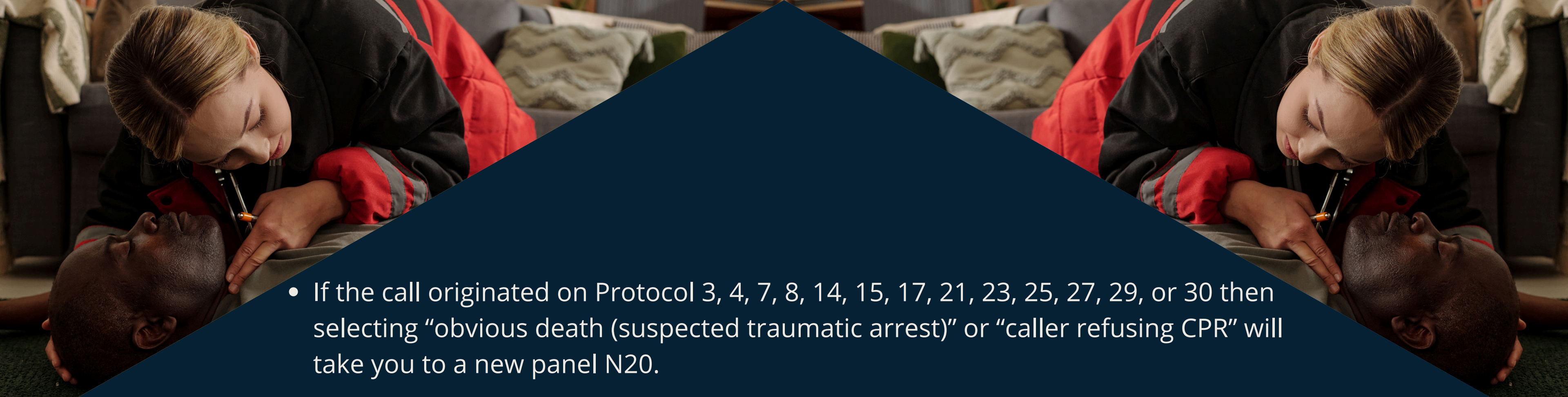
Continue M-T-M Maintain airway Narcan administration

Main | Additional Info | Reassure | Clear Airway | Remove Object | Control Bleeding | Extra Reassurance

Go to KQs Go to PDIs

Last instruction – Close case

Entry	KQ	PDI/CEI	DLS	Summary
1. Type of situation?				
Caller Statement: Obviously NOT BREATHING & Uncor				
KQ Answers Additional Info Problem Suffixes Deter				
OBVIOUS DEATH (B-1, D-2)				
a. Cold and stiff in a warm environment				
b. Decapitation				
c. Decomposition				
d. Incineration				
e. NON-RECENT death				
f. Severe injuries obviously incompatible with life				
g. * If locally defined (see approval box)				
h. * If locally defined (see approval box)				
EXPECTED DEATH (O-1, D-2)				



- If the call originated on Protocol 3, 4, 7, 8, 14, 15, 17, 21, 23, 25, 27, 29, or 30 then selecting “obvious death (suspected traumatic arrest)” or “caller refusing CPR” will take you to a new panel N20.

C20 - OBVIOUS DEATH/Caller Refusing CPR AED: Yes Sent At pt Started Used

Okay, **stay on the line** while we **make sure** of his situation.

(Suspected traumatic arrest) Please tell me, **why** does it look like he's **dead**?
OBVIOUS DEATH conditions – if approved:
 Severe injuries incompatible with life
 Incineration
 Decapitation

Do you think he is **beyond any help** (resuscitation/CPR)?
(Yes and OBVIOUS DEATH) Help is on the way. **Do not move** the patient, and please **leave everything as you found it**.
 * Enter the **OBVIOUS DEATH** condition in the comment box here:
 * **(OBVIOUS DEATH unquestionable)** Notify proper **authorities**.

(No/Questionable) Continue/Start **resuscitation/CPR**.
(Caller refusing CPR) Are you **sure** you're **not willing** to start compressions/CPR?
(Caller still unwilling) Is there **anyone else there** who is **willing** to start compressions/CPR?
(No other rescuers) Help is on the way. **Do not move** the patient.
 * Enter a reason for refusing resuscitation/CPR instructions in the comment box here:

(Multiple patients) Is **anyone else injured** in the incident? You may be able to **help** them.

Is there **anything else** we can do for you (or **anyone else** at the scene)?
 * If no, select <Last instruction – Close case>.

Maintain airway Continue M-T-M Narcan administration

Main Additional Info Reassure Bereavement Statements Control Bleeding Extra Reassurance

Go to PDIs Go to KQs PAI Arrest/Airway Last instruction – Close case

C20 - OBVIOUS DEATH/Caller Refusing CPR AED: Yes Sent At pt Started Used

Okay, **stay on the line** while we **make sure** of his situation.

(Suspected traumatic arrest) Please tell me, **why** does it look like he's **dead**?
OBVIOUS DEATH conditions – if approved:
 Severe injuries incompatible with life
 Incineration
 Decapitation

Do you think he is **beyond any help** (resuscitation/CPR)?
(Yes and OBVIOUS DEATH) Help is on the way. **Do not move** the patient, and please **leave everything as you found it**.
 * Select <Go to KQs> below, reopen KQ 2, answer as **OBVIOUS DEATH**, then go to PDIs.

(No/Questionable) Continue/Start **resuscitation/CPR**.
(Caller refusing CPR) Are you **sure** you're **not willing** to start compressions/CPR?
(Caller still unwilling) Is there **anyone else there** who is **willing** to start compressions/CPR?
(No other rescuers) Help is on the way. **Do not move** the patient.
 * Enter a reason for refusing resuscitation/CPR instructions in the comment box here:

(Multiple patients) Is **anyone else injured** in the incident? You may be able to **help** them.

Is there **anything else** we can do for you (or **anyone else** at the scene)?
 * If no, select <Last instruction – Close case>.

Maintain airway Continue M-T-M Narcan administration

Main Additional Info Reassure Bereavement Statements Control Bleeding Extra Reassurance

Go to KQs Go to PDIs Last instruction – Close case

This panel is for Protocol 27 only. Notice it has you go back to KQs to update our answer to obvious death. Protocol 27 is the only traumatic arrest protocol with an obvious death determinant code.



PANEL C20



Once you have selected “OBVIOUS DEATH” in PAIs from any arrest protocol, the footnotes for “clear airway” and “remove object” are replaced with a new “bereavement statements”.

Maintain airway	Continue M-T-M	Narcan administration			
Main	Additional Info	Reassure	Bereavement Statements	Control Bleeding	Extra Reassurance
←	Go to PDIs	Go to KQs			
PAI Arrest/Airway	Last instruction – Close case				

C20 - OBVIOUS DEATH/Caller Refusing CPR	AED: No Sent At pt. Started Used
<ul style="list-style-type: none">• "I understand this situation is very difficult. The responders will be there as soon as possible."• "I'll stay on the line with you as long as you want. Is there anything I can do for you?"• "It's okay to be feeling the way you are right now. I'll help the best I can until help arrives."	

UNABLE TO MOVE PATIENT

The options for “unable to move patient” have been updated to more effectively distinguish between patients who are on a bed/lying down/reclined, on a chair/toilet, or on the floor in a prone position.

C21 - Unable to Move Patient AED: **No** | Sent | At pt | Started | Used

Listen carefully. We need to get him on his **back** on the **floor/ground**. Don't worry about hurting him.

Maintain airway | Continue M-T-M | Narcan administration

Main | Additional Info

Where is he located?

On bed/Lying down/Reclined | On chair/toilet (Still seated)

On floor (On belly/Prone)

C24 - Unable to Move Patient from Chair/Toilet (Still Seated) AED: **No** | Sent | At pt | Started | Used

I want you to try to **move** him to the **floor/ground**. If **someone else** is there, **ask them to help** you.

Grab him by the **wrists** and **pull him towards you** to the **floor/ground**.

Maintain airway | Continue M-T-M | Narcan administration

Main | Additional Info

Is he on the **floor/ground** now?

No | Yes

OBVIOUS DEATH

Instructions were updated for patients who are in a chair or on the toilet. This now advises pulling them by their wrists rather than their ankles.



CONTINUED

If they are still unable to move the patient, we now have updated instructions to help us return to the CPR pathway for whatever position they are in.

C25 - Unable to Move Patient to Floor/Ground AED: **No** | Sent | At pt. | Started | Used

Don't worry. We can **still help** him. I will tell you what to do next.

(Bed/Lying down/Reclined) Remove anything **under** his **head**. Now place your **hand** on his **forehead**, your **other hand** under his **neck**, then **tilt** the head **back**.

(Recliner/Vehicle) Lay the chair/seat **back** as **far** as possible. Now place your **hand** on his **forehead**, your **other hand** under his **neck**, then **tilt** the head **back**.

(Chair/Toilet) Lean him **back** as **far** as possible. Now put one **hand** on the **top** of his **head**, your **other hand** under his **chin**, then **tilt** the head **back**.

(Bathtub) Drain the water from the bathtub. Now get him as **flat** on his **back** as possible. (If necessary, **bend** his **knees** and **slide** him down until his **head** is **flat**.) Now place your **hand** on his **forehead**, your **other hand** under his **neck**, then **tilt** the head **back**.

Look at him very **carefully**.

Maintain airway | Continue M-T-M | Narcan administration

Main | Additional Info

Can you **see** or **hear** any breathing?

No | UNCERTAIN/Just a little | Yes | OBVIOUS DEATH



C27a - Try Again to Roll Patient Over (On Belly/Prone) AED: **No** | Sent | At pt. | Started | Used

Don't worry. We need to **check** his **breathing**. Look at him **very closely**. Tell me **exactly** what you **see** and **hear** him **doing**.

* If the caller doesn't understand the instructions, encourage the caller to look for breathing-like movement of the belly and back to determine breathing.

Maintain airway | Continue M-T-M | Narcan administration

Main | Additional Info

Can you **see** or **hear** any breathing?

Yes | No

If we are unable to move him while in the prone position, a new panel has been added to try and check for breathing or move into instructions for back compressions.



PROTOCOL 11

Choking

The name of the protocol has been changed from “Choking” to “Choking (Near Choking/Aspiration)”.



ASPIRATION

The **inhaled entry** of a foreign substance or object into the airway usually resulting in **continuous or periodic coughing**. This condition is generally associated with liquids or small bits of food or medicine, and it most often affects very young, elderly, or disabled persons. While quite rare, the occasional progression to partial airway compromise or even full airway obstruction (**true choking**) is possible.



5. **ASPIRATION** of an object or substance, commonly described as inhaling "down the wrong tube," is **often mistaken** for actual obstructive choking. This condition should be **handled on Protocol 11** to enable careful assessment and monitoring to be sure it doesn't progress to **PARTIAL** or **COMPLETE** obstruction.

4. **ASPIRATION** of **foreign substances**, commonly liquids or other non-solid material, especially in infants, children, and the elderly, is **very rarely** a true choking event and is better **described as "gagging."** Reflexively, as the airway reacts to the foreign substance, children may even turn "blue" **for a brief period**. Although usually not a prehospital emergency, **ASPIRATION** should be clinically evaluated to prevent potential lung infection.

A new definition, rule, and axiom have been added to address ASPIRATION and why this should be handled under Protocol 11.



CHOKING VS ASPIRATION

Understanding the difference

- Imagine your airway is like a hallway with two doors.
 - One goes to your lungs (airway)
 - One goes to your stomach (esophagus)

ASPIRATION: “Oops, wrong door”

- Something accidentally goes down the airway instead of the stomach.
 - Like when you take a sip of water and start coughing like your life depends on it.
 - Air is still moving.
 - The body is trying to “fix the mistake” by coughing.

Choking: “The hallway is blocked”

- Something is stuck and stopping air from moving.
 - Like someone shoved a couch into the hallway so no one can get through.
 - Airflow is partially or completely blocked.

Aspiration can turn into choking, wrong pipe can become no pipe.




PROTOCOL 12: CONVULSIONS/SEIZURES

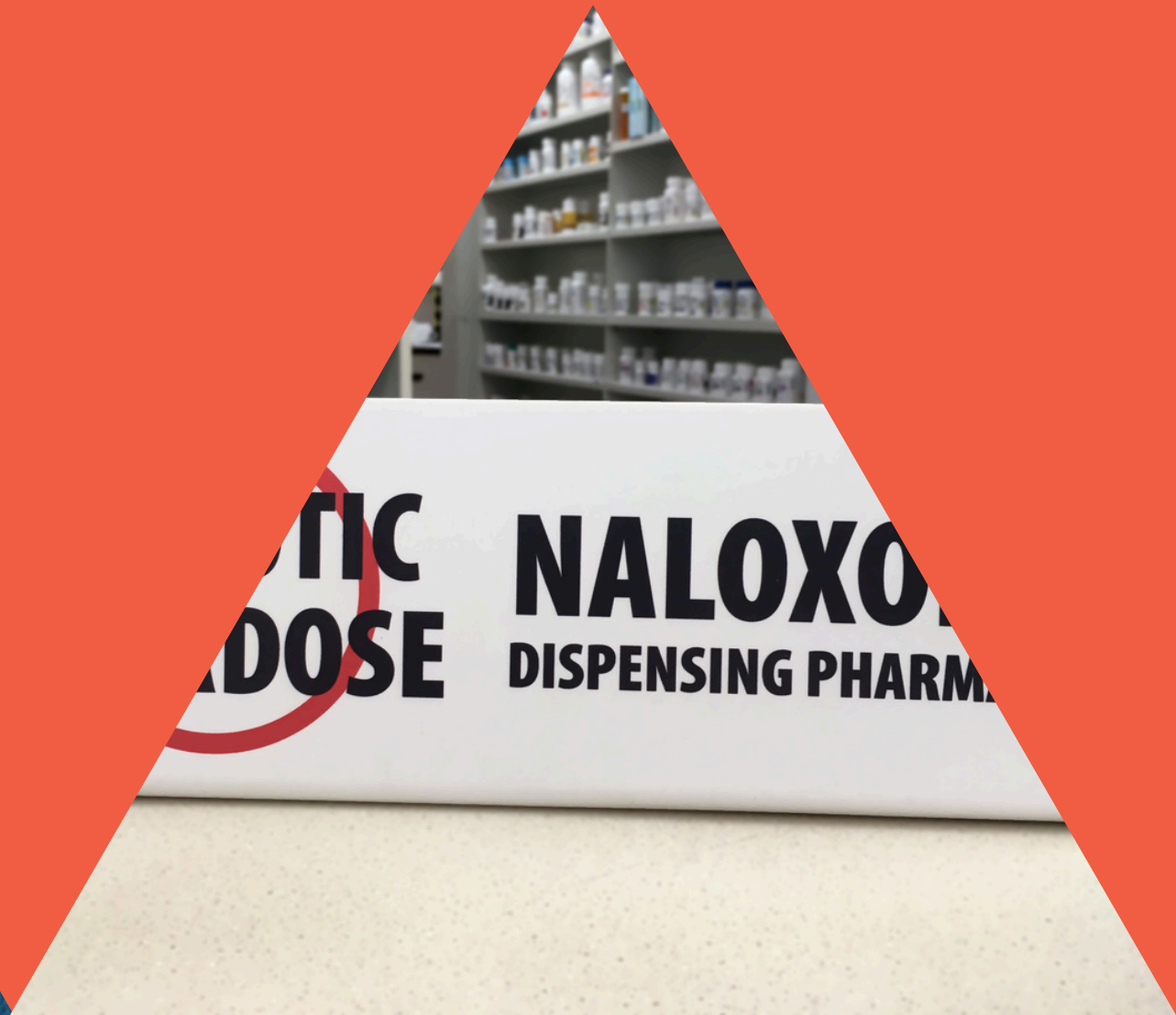
A new Key Question is asked if a GENERALIZED or ATYPICAL seizure is selected that addresses if they mentioned a possible OD or poisoning. If so, Narcan instructions are now also available for Protocol 12.

6. Caller mention of potential overdose/poisoning (ingestion)?

Yes
No

- j. **(Narcan/Naloxone help requested)** I'm going to help you give the Narcan to him now.
- k. **(Narcotics)** If there is Narcan available, send someone to get it now in case we need it later.

DLS Links	
	X-Card
	Not breathing (after KQs)
	INEFF BR & Unconscious
	Narcan/Naloxone Admin. Instructions





PDIs have been updated to provide better airway maintenance for postictal seizure patients and other unconscious patients encountered using Protocol 12.

PROTOCOL 12



f. (Effective breathing) Turn him gently on his **side**, then place your **hand** on his **forehead** and **tilt** the head **back**. Stay **right with him**, **check his breathing** often, and tell me **exactly** what's happening.

➔ **ADULT PATIENTS**

g. (Effective breathing) Turn him gently on his **side**, then place your **hand** on his **forehead** and **carefully tilt** the head **back**. Stay **right with him**, **check his breathing** often, and tell me **exactly** what's happening.

➔ **CHILD PATIENTS**

h. (Effective breathing) Turn him gently on his **side**, then place your **hand** on his **forehead** and **slightly tilt** the head **back**. Stay **right with him**, **check his breathing** often, and tell me **exactly** what's happening.

➔ **INFANT PATIENTS**

i. (Waking up) He may be **confused** as he **wakes up**. **Reassure** him and **tell him not** to get up or move around.

PROTOCOL 15: ELECTROCUTION

2. Has the **power** been **turned off**?

Yes
 No – Hazard still present:
 Power lines/Wires down
 Unnecessary/No Hazard
 Unknown

New Key Question answers have been added to address power lines down and vehicles on fire.

4. (**Suspected**) Is **anything** still on fire?

No
 Unknown
 House
 Shed
 Building
 Patient/Clothes
 Trees/Grass
 Vehicle
 Other (specify):
 Not suspected

KQ Answers Additional Info Problem Suffixes Deter

1. **The patient was electrocuted.**
 2. **The power lines are down.**
 3. **He is away from the power source.**

New PDIs have been added. These align with the PDIs already existing in EFD.

- g. (Downed power lines/Involved electrical equipment) Beware of electrical risks and electrified water.**
- h. (Downed power lines/Involved electrical equipment) Do not touch anyone or anything in contact with the electrical hazard.** If it's safe to do so, **stay 300 feet (90 meters) away** from the hazard and keep all **bystanders** away from the **area**.

- i. (Not 1st party, occupant trapped in vehicle by downed power lines) Advise the occupant not to leave the vehicle unless there are signs of a fire.**
- j. (1st party trapped in vehicle by downed power lines/in contact with electrical equipment) Do not leave the vehicle unless there are signs of a fire.**

PROTOCOL 15

DLS Links
X-Card
➔ Danger
Unconscious or Not breathing
AED available
Cooling & Flushing*
Power Lines/Wires in Contact with Vehicle on Fire

A NEW DLS LINK FOR “POWER LINES/WIRES IN CONTACT WITH VEHICLE ON FIRE” HAS BEEN ADDED.



X7o - Power Lines/Wires in Contact – Vehicle on Fire

Stay calm and **listen carefully** to **all** of my instructions so that I can help you get out. I will tell you **exactly** what to do next.

You will need to **jump clear** of the vehicle so that you **do not touch any part** of the vehicle and the ground **at the same time**.

Jump as **far** as possible **away** from the vehicle with **both feet landing** on the ground **at the same time**. **Immediately move away** from the vehicle. **Do not touch** the vehicle or any power line, and **do not touch** any **person** who is still **in the vehicle**.

Once **clear** of the vehicle, **shuffle away** with **both feet** on the ground, or **hop away** with **both feet landing** on the ground **at the same time**.

Once **clear** of the **downed power line**, **stay 300 feet (90 meters) away**.



PROTOCOL 29: TRAFFIC COLLISION

“Hazardous roadway” has been changed to “Dangerous location”.

Dangerous Location

Unsafe roadways posing a potential for **secondary collisions** with vehicles or persons. These include, but are not limited to, **high speed** or **icy/wet (slick)** roads, vehicle **obstructing traffic**, or **low visibility** conditions.

7. Advice on **moving vehicles** following a **traffic collision** may vary according to **jurisdiction** or **legislation**. Additionally, some circumstances may **prevent** their movement, e.g., vehicle **damage** or **position**, or other specific scene conditions.

b. (1st/2nd party caller) If it's **safe** to do so, turn on flashing **hazard lights**. For **everyone's safety**, (tell any bystanders to) **stand** well **clear** of approaching **traffic** (on a sidewalk, in an emergency lane, beyond a guardrail, or up an embankment).

c. If you think the vehicle(s) are in a **dangerous location** and it's **safe** to do so, **move** them to a **safer** location (out of the flow of traffic/off to the side of the road).

A new axiom has been added addressing moving vehicles following a traffic accident and they have reworded the PDIs to fit. These changes allow local agencies to address occupant safety at the scene and allow agencies to determine when advice to move a vehicle should be given.



PROTOCOL 32: UNKNOWN PROBLEM

Medical Alarms

Medical Alarms have received a complete overhaul. Rather than most key questions not applying to a no contact situation, there is a new key question pathway that addresses subscriber information.

2. What is the name of the subscriber/resident?	Knows (enter information): Unknown
3. What is the phone number of the subscriber/resident?	Knows (enter information): Unknown
4. What is the subscriber's/resident's date of birth ?	Knows (enter information): Unknown
5. Is there current voice contact with the subscriber/resident?	Yes No – had, but not in current contact No contact with those at scene
6. What is the type of activation?	Pendant Mobile GPS Home/Stationary device Cell phone automatic alert Other:
7. What is the current location of the subscriber/resident?	Knows (enter information): Unknown
8. Is there any access information?	Lock box: Hidden key: Other: No Unknown
9. Is there any medical information on file?	Yes: No
10. Do you have an MPDS code ?	Yes (enter information): No
11. What is the reference number for this alarm?	Knows (enter information): Unknown No reference number





PROTOCOL 32



- New Axiom

4. Some medical complaints, even with limited information, have a **high risk** of critical or **poor patient outcomes**.

- New Rules

2. If the caller is in contact with the patient/subscriber and the Chief Complaint is obtained, go to and **dispatch from that more specific protocol**.

5. **Medical Alarm (Alert)** notifications should drive a **locally determined** response assignment, followed by an attempt to **contact the patient** for further information, prioritization, and care. If and when **patient contact** is made, a more **specific protocol should be used**.

ASA TOOL

New instructions have been added to the Aspirin Diagnostic Tool when a qualified patient declines taking aspirin.

ASA ProQA Diagnostic Tools Version: 5.2.0.13

Abbreviations Additional Info Limitations Warning

Aspirin Diagnostic and Instruction Tool

Select one for a chest pain/discomfort (HEART ATTACK symptoms) patient who is functionally alert, ≥ 16, not pregnant, and has no reported STROKE symptoms:

1st Party 2nd Party

Does **anyone there** have any aspirin or medication containing aspirin **available**? (Ask them now.) YES NO UNSURE

Is s/he **allergic** to aspirin? YES NO UNSURE

Has s/he vomited **blood** or **coffee ground material** in the last 24 hours? YES NO

Has s/he passed **black** or **bloody stools** in the last 24 hours? YES NO

(Sent someone for ASA) Did they **return** with aspirin? YES NO

Recommendations
Get one adult aspirin or four low-dose (baby) aspirins and tell me when you have them.
(Which type do you have?) ADULT (325mg) LOW-DOSE or BABY (81mg) SPECIAL DOSES

Administration Instructions
Tell her/him to chew one adult aspirin right now.

Unable to chew Request to wash down ASA
Doesn't want to chew Recommended dose not available
Tastes bad Took aspirin earlier
Expired date Doctor previously told patient not to use

Close



THANK YOU!

Remember, this training has major updates listed only. It is important to read the protocol as written to make sure you aren't missing minor updates not covered here.

Any Questions? Reach out to us!

911training@eptc911.org

