



Title Protocol 26 Additional Information	Date 06/23/2020
CDE Number M-2006005	CDE Credit Hours .5 HRS

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

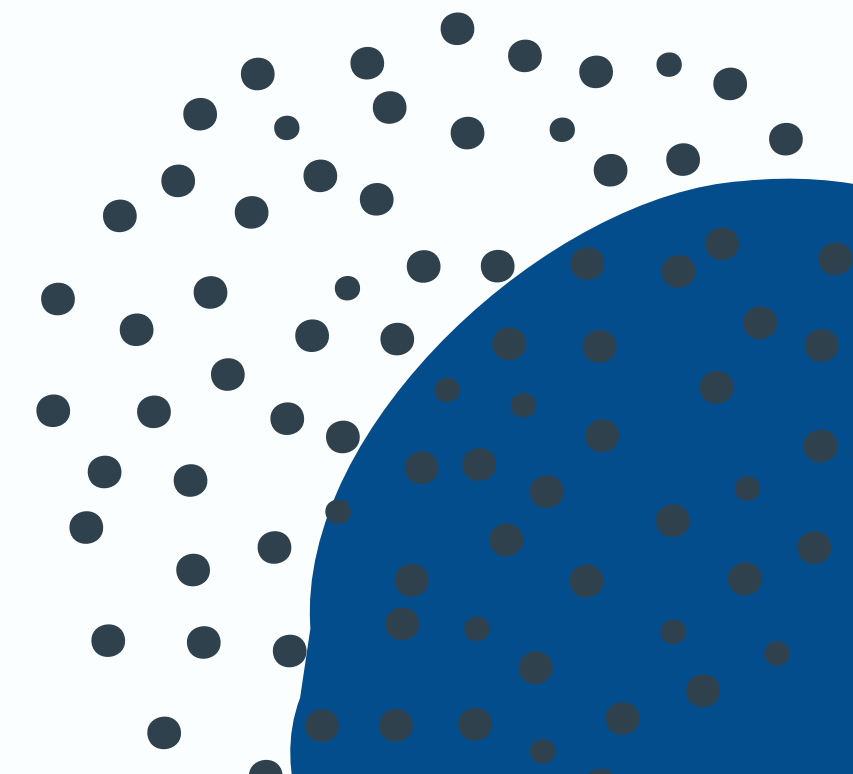
X _____

Agency

PROTOCOL

26

Additional Information

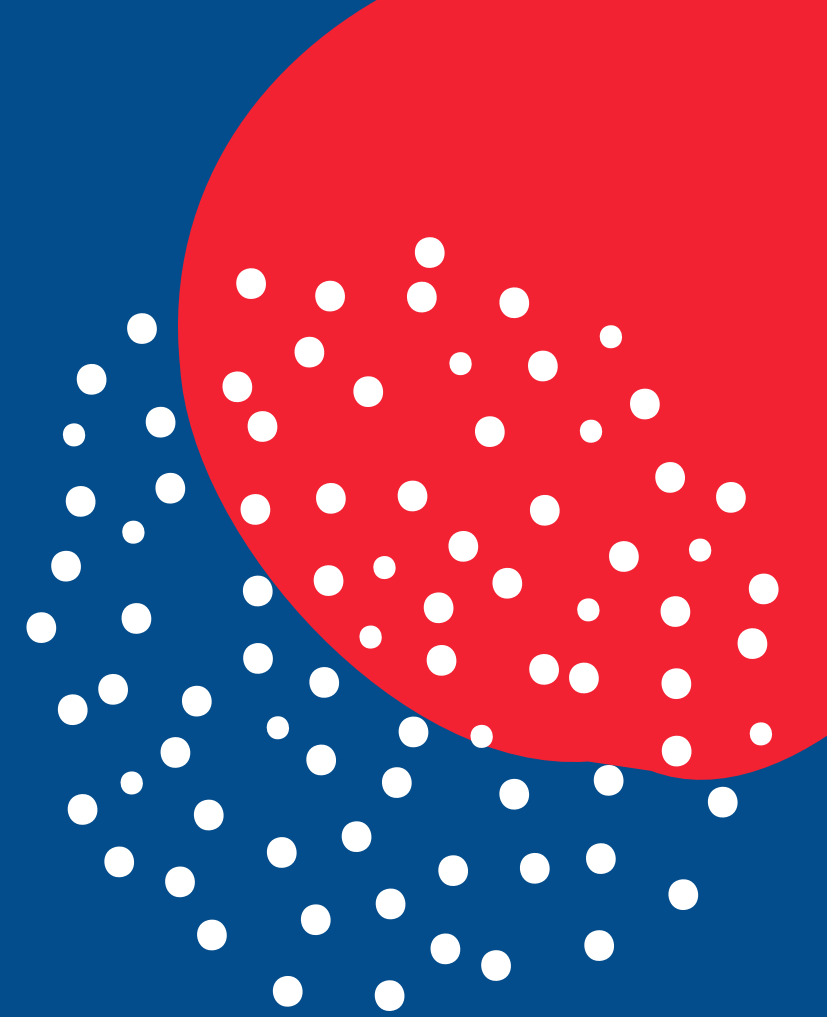


Sick Person

Fill in the blank

DEFINITION:

A patient with a _____ Chief
Complaint who does not have an identifiable
priority symptom.



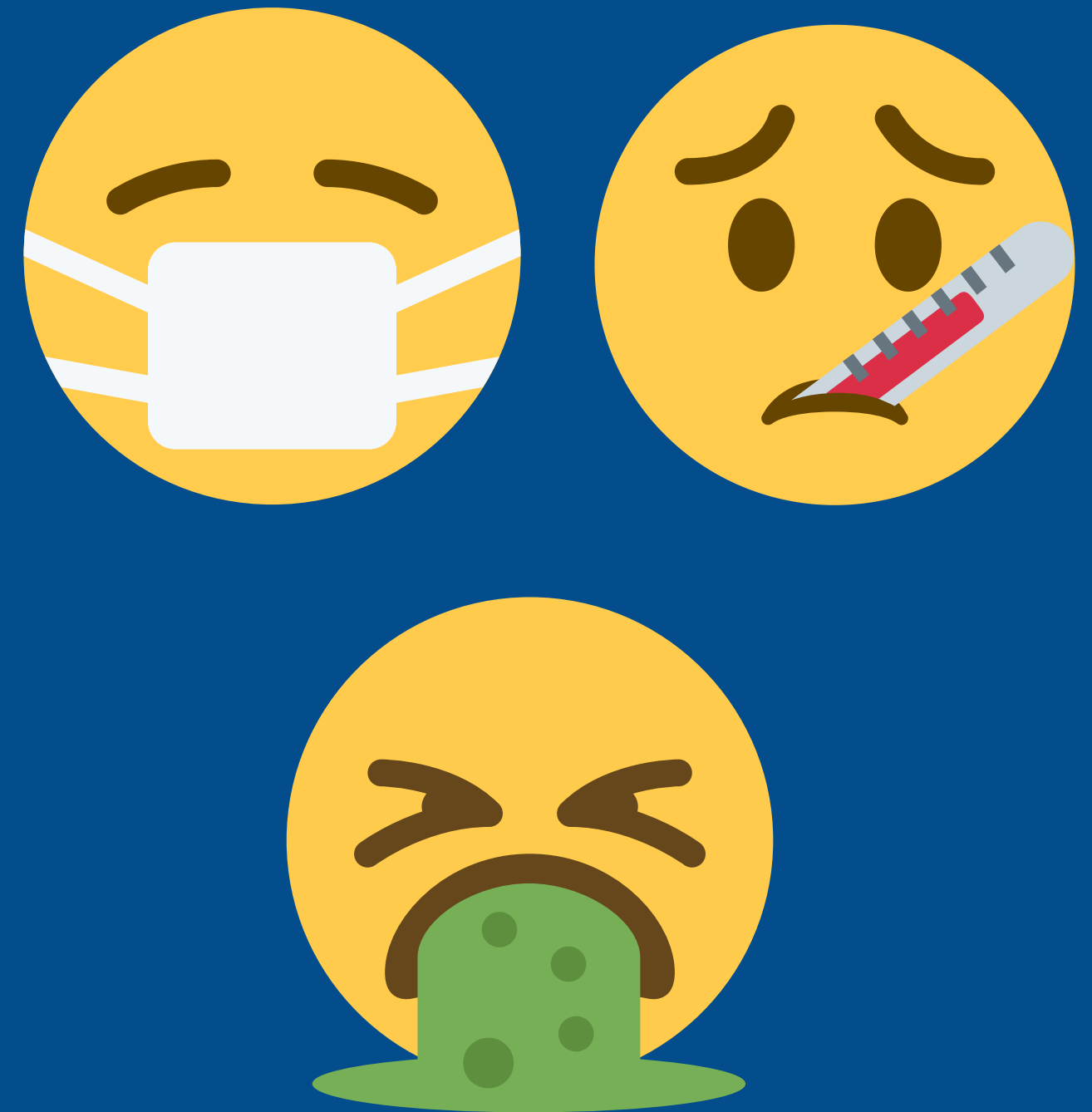


Fill in the blank:

NON-PRIORITY Complaints (ALPHA-level)

1. **No** priority symptoms (complaint conditions 2–12 **not** identified)
- 2.
3. Dizziness/Vertigo
4. Fever/Chills
5. General weakness
6. Nausea
- 7.
8. Other pain (non-OMEGA-level)
- 9.
10. Unwell/Ill
11. Vomiting
12. Coronavirus illness (suspected)

NON-PRIORITY COMPLAINTS (ALPHA-LEVEL)



NON-PRIORITY COMPLAINTS (OMEGA-LEVEL)

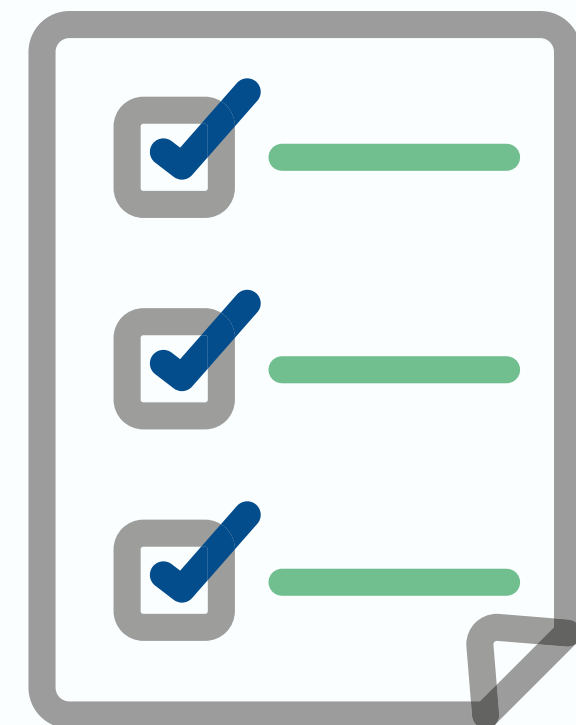
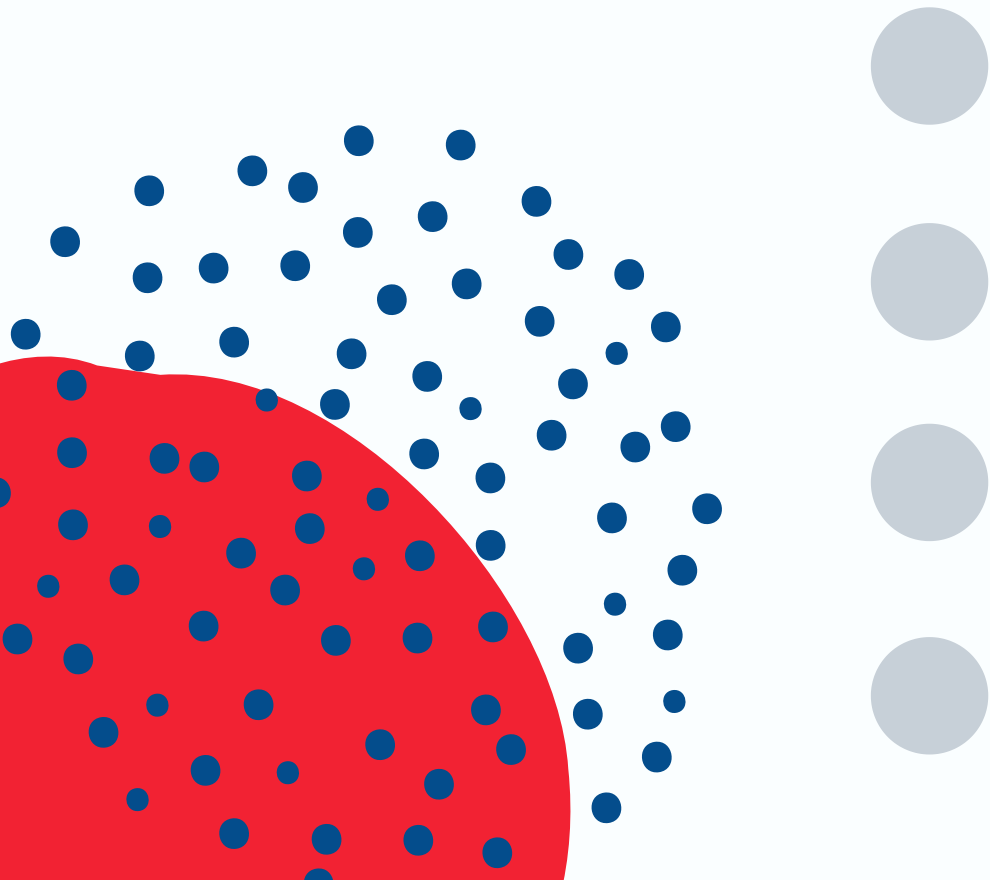
NON-PRIORITY Complaints (OMEGA-level)

1. (THIS CODE NOT IN USE)
2. Boils
3. Bumps (non-traumatic)
4. Can't sleep
5. Can't urinate (without abdominal pain)
6. Catheter (urinary – in/out without hemorrhaging)
7. Constipation
8. Cramps/Spasms/Joint pain (in extremities and non-traumatic)
9. Cut-off ring request
10. Deafness
11. Defecation/Diarrhea
12. Earache
13. Enema
14. Gout
15. Hemorrhoids/Piles
16. Hepatitis
17. Hiccups
18. Itching
19. Nervous
20. Object stuck (nose, ear, vagina, rectum, penis)
21. Object swallowed (without choking or difficulty breathing, can talk)
22. Painful urination
23. Penis problems/pain
24. Rash/Skin disorder (without difficulty breathing or swallowing)
25. Sexually transmitted disease (STD)
26. Sore throat (without difficulty breathing or swallowing)
27. Toothache (without jaw pain)
28. Wound infected (focal or surface)

26

What are the four Priority Symtoms?

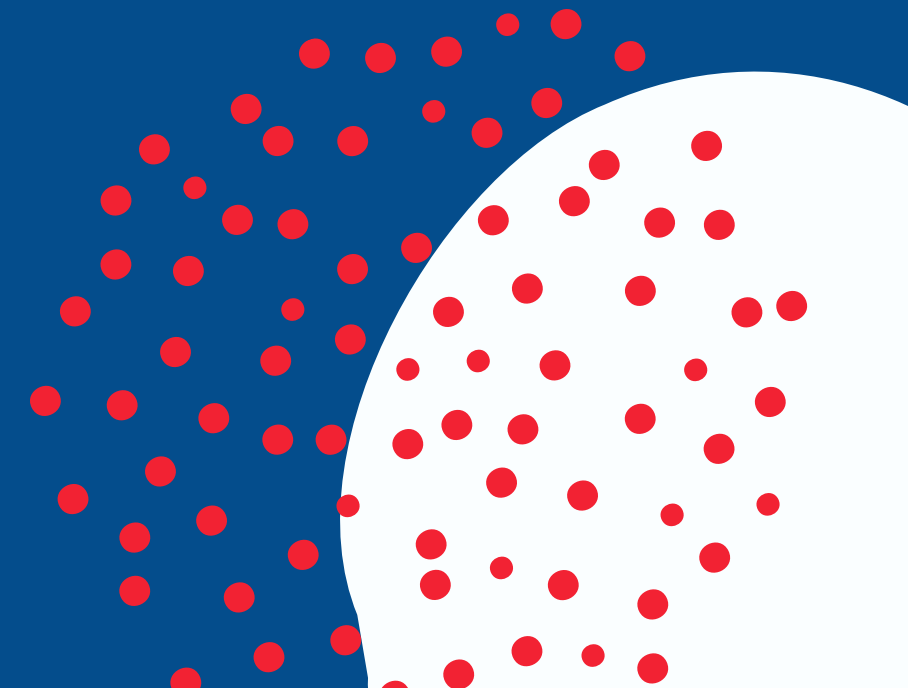
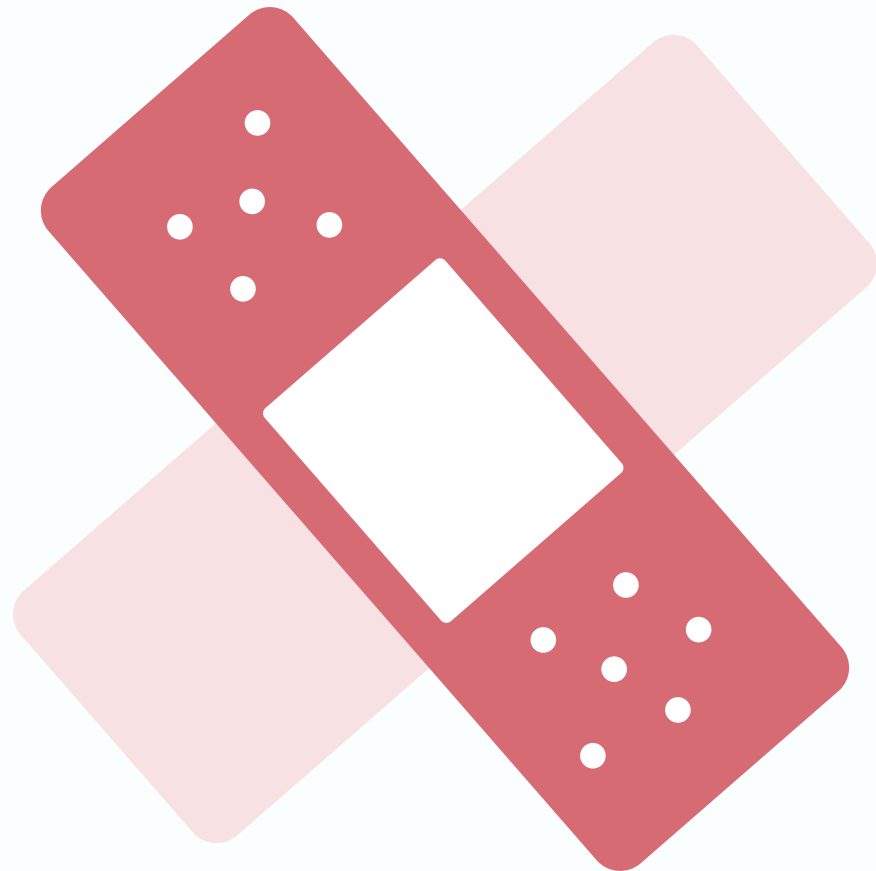
Fill in the blank:



RULES:

Fill in the blank

1. _____ codes should **not** be **selected** if the caller (*especially 3rd/4th party*) **cannot personally verify** the patient's condition and/or **cannot provide** for the **alternate care/referral** needed for the patient as an _____. In some **circumstances**, this may occur even with **1st and 2nd party** callers.



RULES:



Fill in the blank

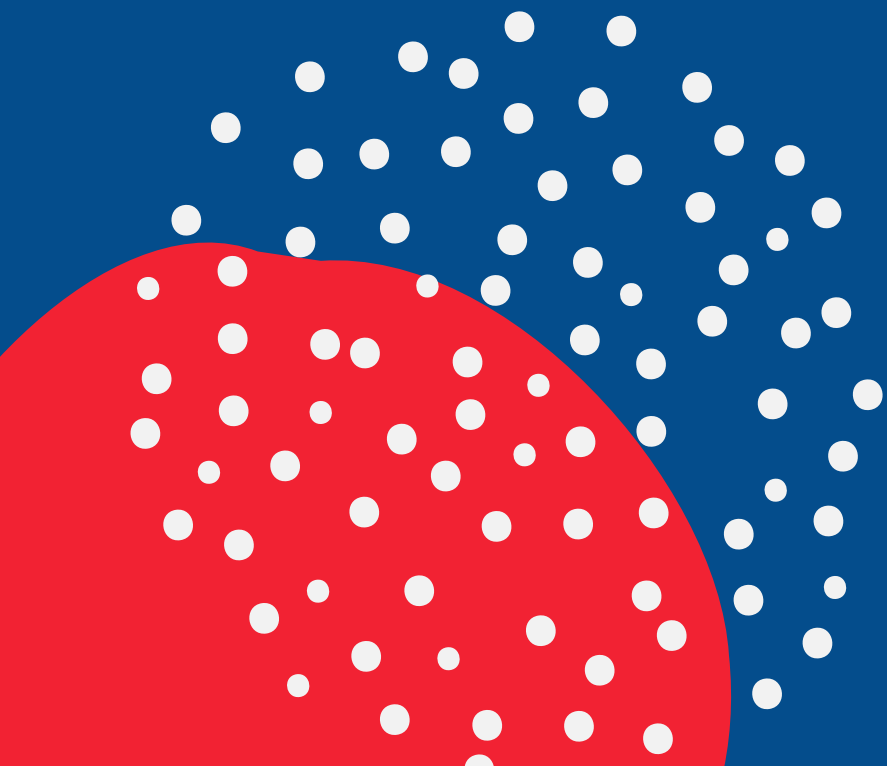
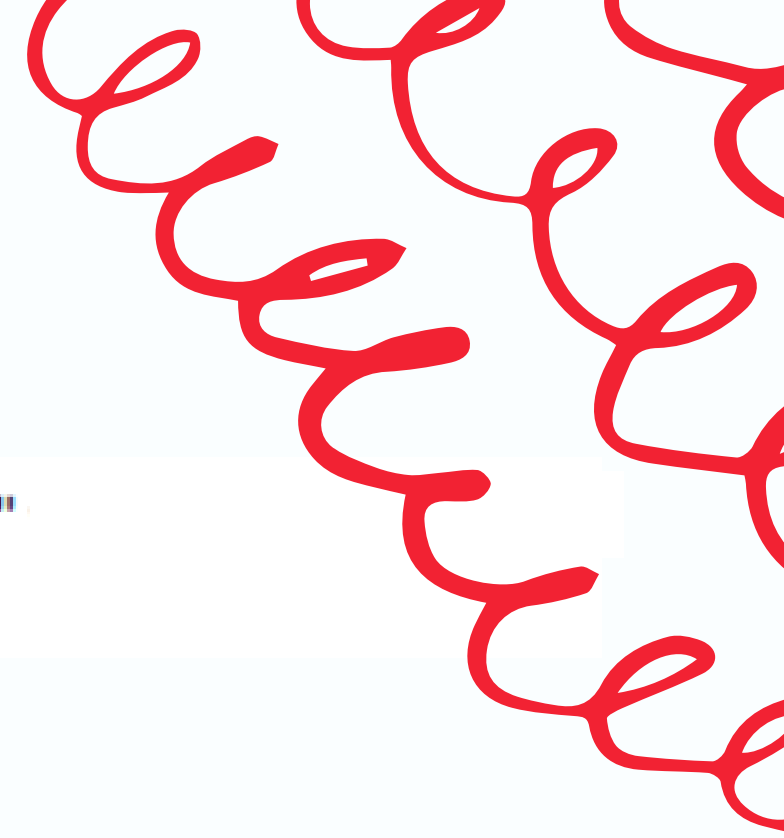
2. The EMD should _____ for symptoms **other than chest pain/discomfort** "discovered" in Key Question 4 (e.g., abdominal pain, back pain, or headache).

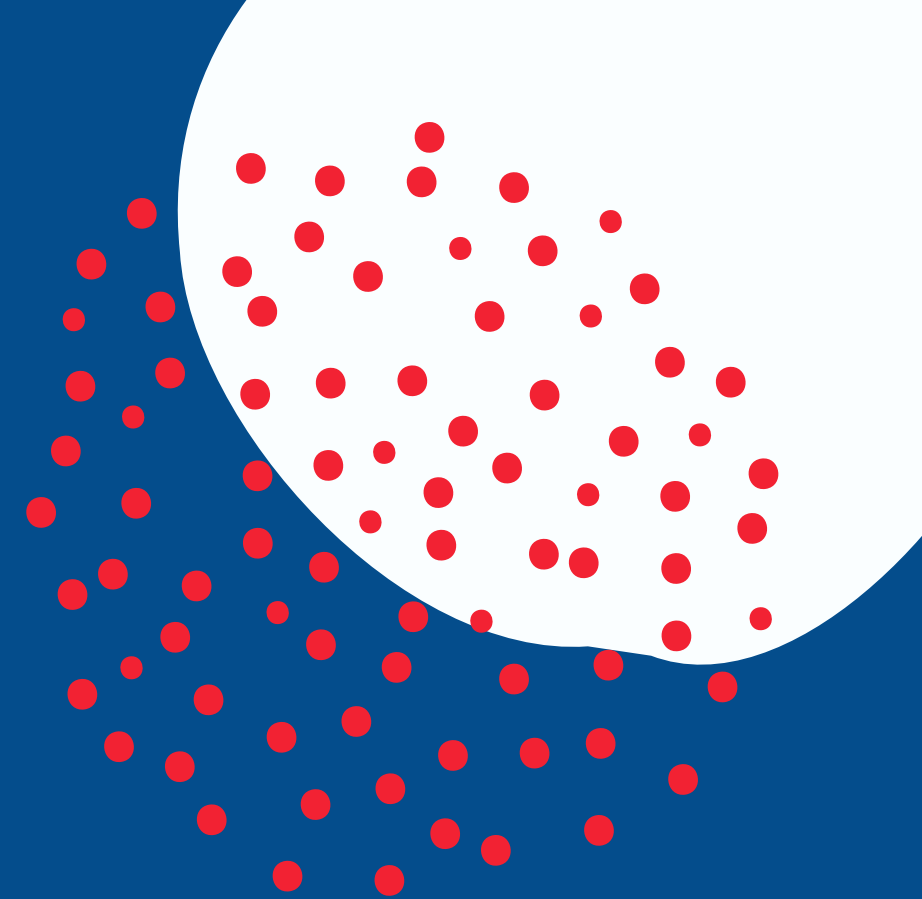
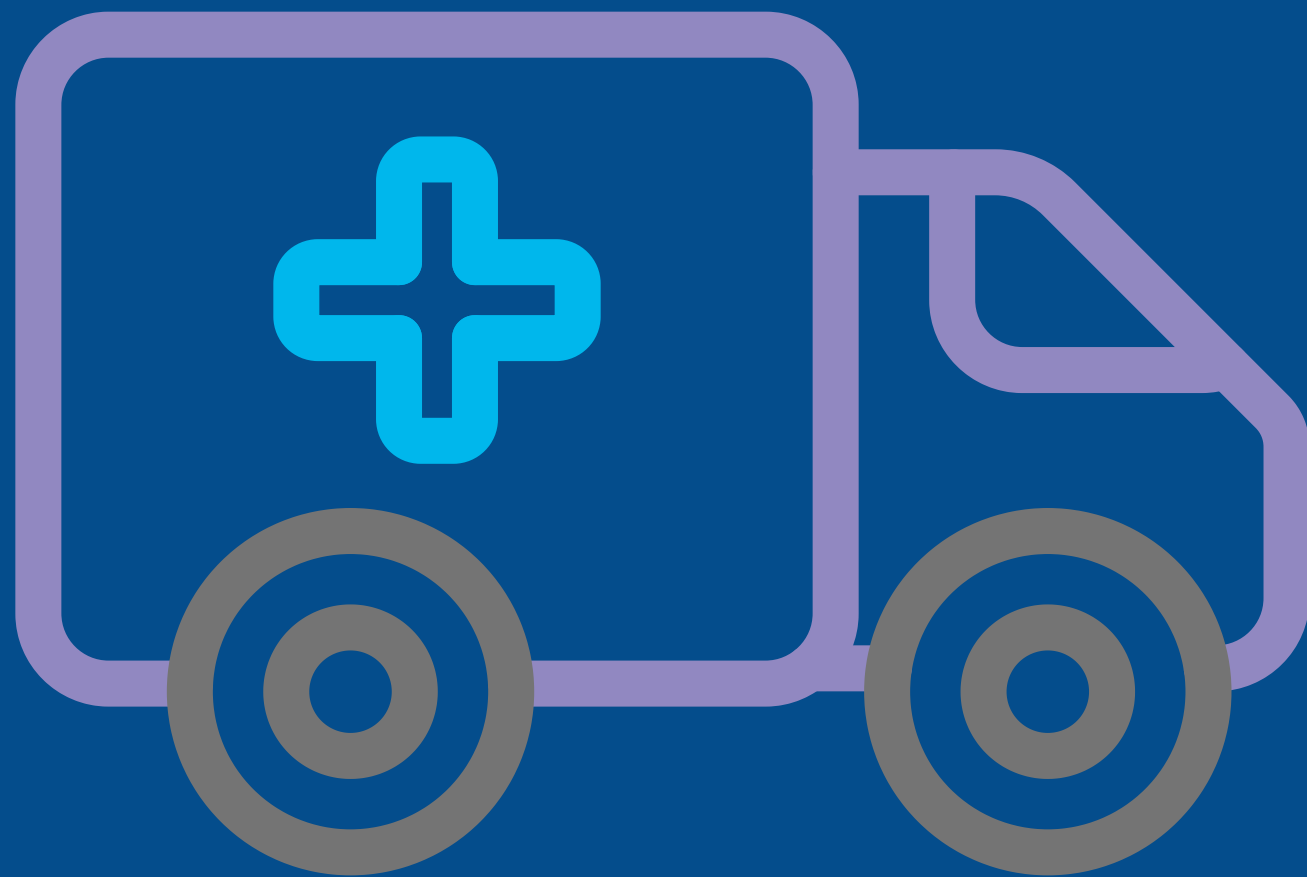


3

Fill in the blank

3. This Chief Complaint should be used for patients with an "unknown problem"





Fill in the blank

4. Patients who are _____ should be _____ in the dispatch environment.

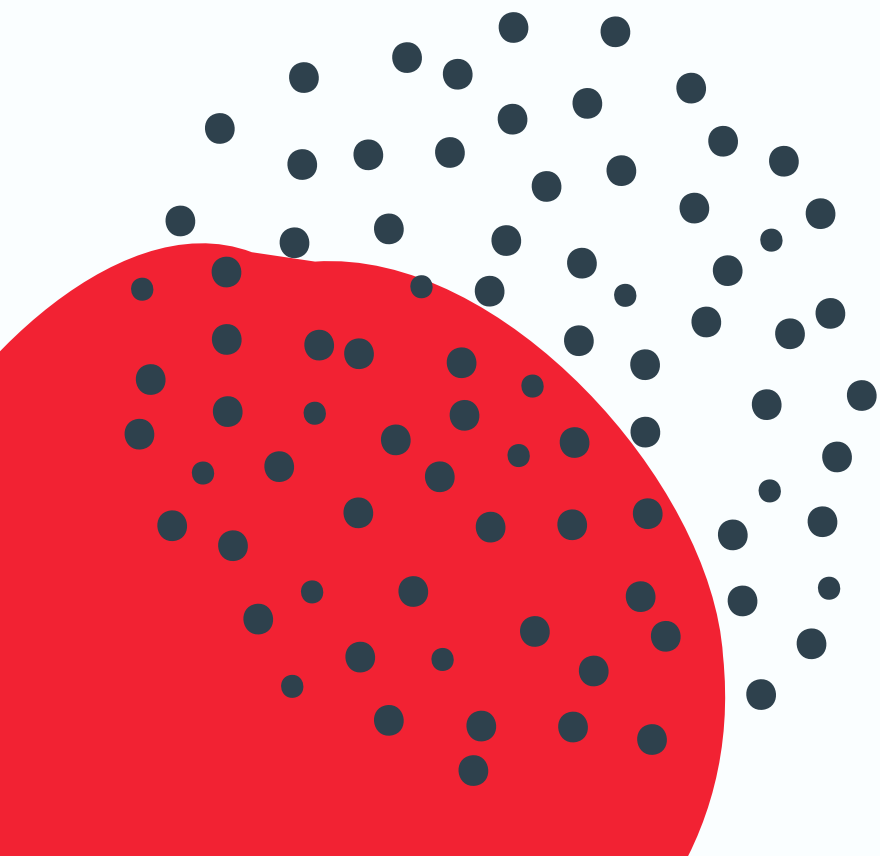


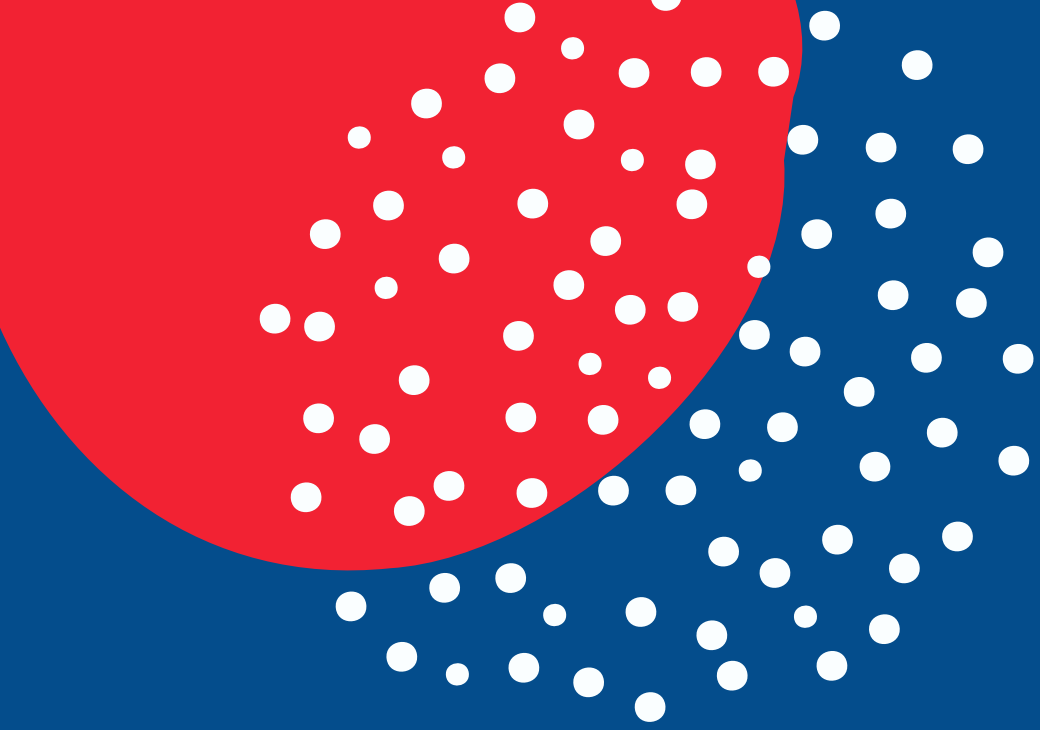
Fill in the blank

5. The complaint of

or **thalassemia** should be **handled on Protocol 26.**

5





Fill in the blank

6. The complaint of **autonomic dysreflexia/hyperreflexia** should be **handled on**



ALTERED LEVEL OF CONSCIOUSNESS

Fill in the blank

ALTERED LEVEL OF CONSCIOUSNESS

Sick persons present in many clinical states. The **identification** of _____ can be **problematic**. This code (26-C-1) should be used whenever certain descriptors (of recent onset) are **offered by the caller**:

- Combative
- Confused
- Dazed
- Delirious
- Disoriented
- Incoherent
- Lethargic
- Non-/unresponsive
- Not acting normal
- Not acting right
- Not aware
- Not thinking right
- Not with it
- Out of it
- Semi-conscious
- Slurred speech
- Won't respond

All **other not fully awake** states should be considered

Educational Tip: Remember that if altered level of consciousness is volunteered from case entry then we want to go to Protocol 31.

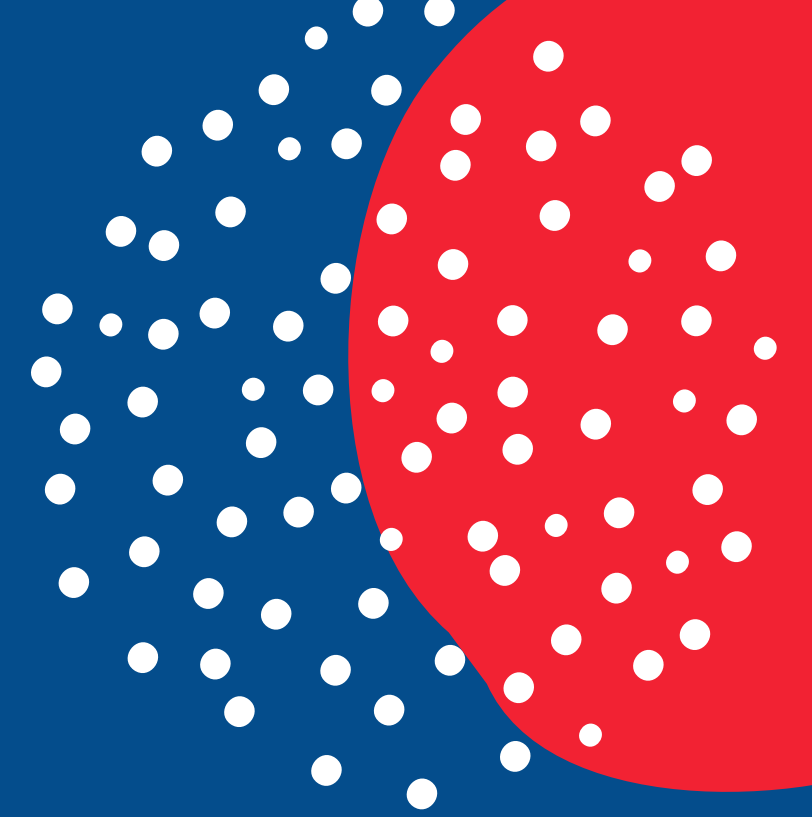
Axioms

Fill in the blank

Axioms

1. When the caller gives dispatch a previous disease or a current diagnosis, it may be because the **caller**
2. A complete interrogation obtains symptoms that can be
3. Complaints such as cancer, leukemia, chronic illness, stroke, dehydration, infection, meningitis, etc. may incorrectly elicit an emotional response from EMDs since these diagnosis-based terms sound serious. **The caller's** **may have nothing to do with the actual reason the patient needs help now.**
4. Autonomic dysreflexia/hyperreflexia is a condition **unique to spinal cord injury patients** that is often **stimulated by a distended bladder**. This condition is generally recognized by the patient or caregiver and requires a prompt response to relieve the offending cause.

Questions?



Phone

719-785-1900



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