

# Staying on the line...



## Why could patients be unstable:



**Chest pain** patients may have a life-threatening compromise to their circulatory system. This ultimately may lead to a cardiac arrest. Remember that even if the chest pain has actually subsided at the time of the call, the correct protocol is still the chest pain protocol and the patient's condition may be serious.



**Respiratory distress** patients may have a critical lack of oxygen. The patient is again vulnerable and might go into respiratory or cardiac arrest.



**Fainting, or nearly fainting**, implies some kind of compromise to the blood flow to the brain and should be considered a very serious situation. Even if the patient regains consciousness, it is important for the call taker to understand that when a patient has fainted, it is because there was insufficient blood flow to the brain.

Please ask your EMDs to review the Universal Instructions titled, "Stay on the Line" found in blue, in the middle of block 3 in the **Case Exit, (X)**, instructions of the EMD protocol.

The term unstable is subjective. It is important for the call takers and dispatchers to understand the rationale for staying on the line. Remember that it is important to stay on the line whenever there are issues of safety and they need to monitor the "scene" until responders arrive, whenever there might be a need for Pre-Arrival Instructions, or when you might need to provide comfort and reassurance to a frightened caller. This could be part of good customer service.

Please follow your agency policy regarding when to "Stay on the Line".

### Stay on Line

\* In addition to obviously unstable/critical conditions, consider staying on the line for potentially unstable or worsening conditions including, but not limited to:

- Breathing problems
- Chest pain/discomfort  $\geq 35$
- Child callers
- Emotionally unstable
- Fainting
- Violent/Suicidal