



Title Early Critical Care Instructions	Date 06/016/2020
CDE Number M-2006002	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

Early Critical Care Instructions Tool

"The target tool"



At any point during the call,
we can pause questioning for
patient care instructions. It is
important we give these
correctly.



We have access to this tool as soon as we find out if someone is with the patient. In Case Entry, the tool is yellow since we don't have enough information yet to provide some of the instructions protocol has to offer.

amount for Medical (5.1.1.33 - 2/7/2020 10:43:08 AM)

View Spec Logs Options Go to Language Tabs Version About ProQA

X [Document Icon] [Yellow Circle Icon] [Up/Down Arrow Icon] [Lightbulb Icon] [X Icon] [Radiation Icon] [Green Shield Icon] [V Icon] [Skull and Crossbones Icon] [Question Mark Icon] [Heart Icon] [Down Arrow Icon] [Hand Icon] [Smiley Face Icon] ASA [Red Circle Icon] [Person Icon]

Entry KQ PDI/CEI DLS Summary

Entry Additional Information CC Selection Rules

Location is:

Phone number is:

Caller's problem description is:

With patient now:

How many people are hurt/sick?

Patient's age is:

Patient's gender is:

Is he awake (conscious)?

Is he breathing?

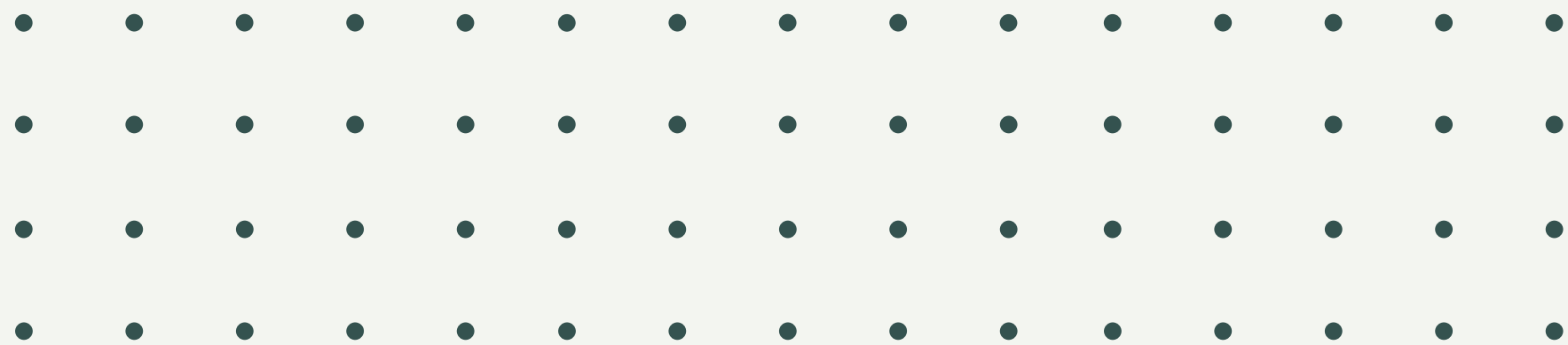
Chief Complaint is:

The **number** of people **injured sick**. More than one **serious** patient will trigger a **DELTA** response on Protocols **4, 7, 8, 15, 17, 20, 22, 27, 29, 32**.

M = obviously **more than 1**, but exact number is not known.

U = simply **unknown** by a **3rd party caller**; not considered as multiple (see logic exceptions in

Critical Caller Danger Instructions



Paramount for Medical (5.1.1.33 - 2/7/2020 10:43:08 AM)

Specific PAI Target Tool

Case Exit X-1

Arrival Interface

Urgent Disconnect

Cord around Neck / Body

Monitor Baby / Mother

Control Bleeding

Amputation

Seizure PDIs

Critical Caller Danger

➔ Case Entry PDIs

Adult
 Child
 Infant
 Newborn/Neonate

PAI Protocol

- C. Airway / Arrest / Choking (Unconscious) – Adult ≥ 8 yrs
- D. Choking (Conscious) – Adult / Child / Infant / Neonate
- F. Childbirth – Delivery
- G. Miscarriage
- K. Person in Water
- L. Vehicle in Water
- M. Childbirth – Delivery (1st Party)
- P. Epinephrine (Adrenaline) Auto-Injector Instructions
- Q. Narcan/Naloxone Nasal Instructions
- R. Naloxone Auto-Injector (Evzio) Instructions
- S. Naloxone Injection Instructions
- T. Tourniquet
- X. Case Exit
- YC. Tracheostomy (Stoma) Airway / Arrest / Choking (Unconscious) – Adult ≥ 8 yrs
- Z. AED Support

PAI Panel

<ol style="list-style-type: none"> 1. (Phone to Patient – Adult) 2. Position Patient 3. Check Breathing 4. Pathway Director (select one) 5. Start Mouth-to-Mouth 6. CPR Landmarks 7. CPR (Ventilations 1st/Unconscious Choking) 8. Continue CPR plus Mouth-to-Mouth 9. Continue CPR 10. Reassure/Continue CPR 	<ol style="list-style-type: none"> 11. CPR (Compressions 1st) 11a. CPR (Compressions Only/Refused M-T-M) 13. Change Head Tilt 13a. Mouth-to-Mouth 14. Continue Mouth-to-Mouth 15. Clear Airway 16. Maintain and Monitor 17. Breathing Evaluation 19. EXPECTED DEATH 20. OBVIOUS DEATH
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QUICK, FAST INSTRUCTIONS



This gets you quick access to things like bleeding control and seizure PDIs. Sometimes patients need help before we can get through all of the questions.

WHAT EXAMPLE DO WE HEAR A LOT OF?

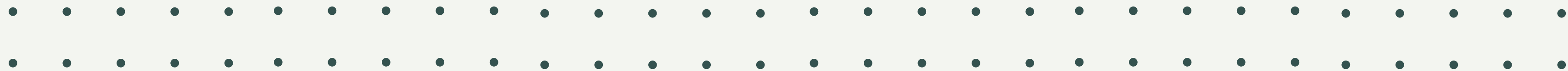
Mom calls because her son is having a seizure and says, "What do I do???" This tool lets us quickly provide seizure PDIs. This helps to calm the mom down and ensures the patient is receiving the best care possible from the start of the call.



FINAL DETERMINANT CODE

Once we have finished asking Key Questions and have established a final determinant code, then the tool turns red.

The screenshot shows a dispatch software interface. At the top, a red status bar displays the text "Overdose / Poisoning (Ingestion)". A red arrow points to this bar. Below the status bar, there are tabs for "Entry", "KQ", "PDI/CEI", "DLS", and "Summary". The "Post-Dispatch Instructions" tab is active, showing two instructions: "a. I'm sending the paramedics (ambulance) to help you now. Stay on the line and I'll tell you exactly what to do next." and "b. (Narcan/Naloxone help requested) I'm going to help you give the Narcan to him now." Below these instructions is a section titled "Critical EMD Information" with several bullet points: "* (Appropriate) Connect and confirm transfer of the caller to Poison Control Center.", "* Stay on the line with the caller if his condition seems unstable or is worsening.", "* Utilize the Narcan/Naloxone Admin. Instructions if help is requested by the caller.", "* If the caller expresses reluctance to approach or physically assist the patient due to scene or patient circumstances, the EMD should not encourage the caller to do so, but rather assure them that help is on the way.", and "* In volatile or criminal situations, refer to applicable law enforcement protocol." At the bottom, a pink highlighted box contains a referral message: "(Referral) The information you have provided us indicates the most appropriate care for him would be to speak with the experts at the Poison Control Center about his further care. An ambulance will not be sent at this time. If the experts there feel that an ambulance transport is needed, they will call us back." On the right side, there is a "DLS Links" section with buttons for "X-Card", "Danger or Violent", "Unconscious or Arrest", and "Narcan/Naloxone Admin. Instructions".



Specific PAI Target Tool

Case Exit X-1	Control Bleeding
Arrival Interface	Amputation
Urgent Disconnect	Seizure PDIs
Cord around Neck / Body	Critical Caller Danger
Monitor Baby / Mother	Case Entry PDIs

Adult
 Child
 Infant
 Newborn/Neonate

Protocol

- Airway / Arrest / Choking (Unconscious) – Adult ≥ 8 yrs
- Choking (Conscious) – Adult / Child / Infant / Neonate
- Childbirth – Delivery
- Miscarriage
- Person in Water
- Vehicle in Water
- Childbirth – Delivery (1st Party)
- Epinephrine (Adrenaline) Auto-Injector Instructions
- Narcan/Naloxone Nasal Instructions
- Naloxone Auto-Injector (Evzio) Instructions
- Naloxone Injection Instructions
- Tourniquet

Case Exit

- Tracheostomy (Stoma) Airway / Arrest / Choking (Unconscious) – Adult ≥ 8 yrs
- AED Support

Panel

Second Party Caller Routine Disconnect (≈ stable) – 2nd Party Stay on Line (≈ unstable) – 2nd Party Urgent Disconnect – 2nd Party Control Bleeding (external) Nosebleed Control Amputation / Avulsed Tooth Danger Present – Scene/HAZMAT Danger Present – Chemical Suicide	7b. Contamination – Chemical Suicide 8. Danger Present – Violent/Combative Patient 9. Danger Present – Assailant/Animal Nearby 10. Danger Gone – Verification 11. Danger Uncertain – Monitor Safety on Line 12. Danger Present – Leave Now 13. Cooling and Flushing 21. First Party Caller 22. Routine Disconnect (≈ stable) – 1st Party 23. Stay on Line (≈ unstable) – 1st Party
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ALL PDIS/PAIS

At this point, we are able to access any Post Dispatch instruction or Pre Arrival Instruction that protocol has to offer.

Step 1: Under "Protocol" click where in ProQA the instruction lives.

Step 2: Under "Panel" select the instruction we need to give.



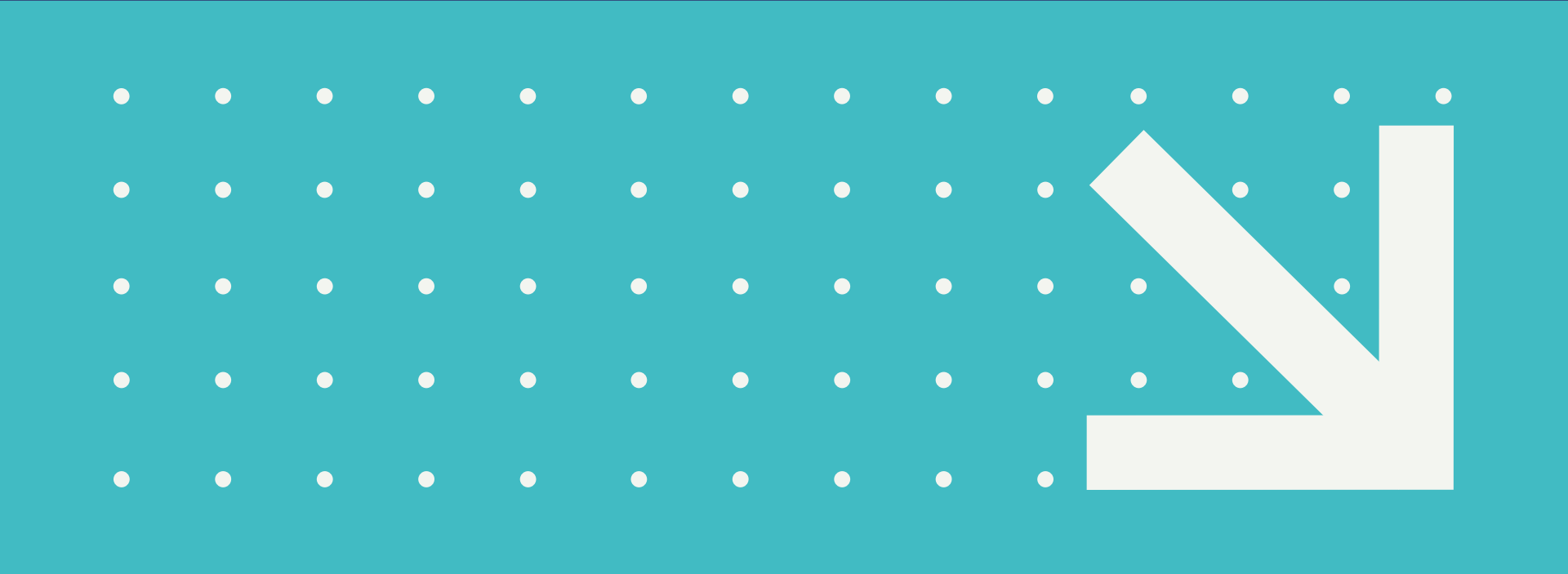
OTHER SCENARIOS

An 80 year old female wants to go to the hospital because she is dizzy. During PDIs on Protocol 26, she gets a nosebleed. We can go to the target icon and access nosebleed control.

Caller says her brother is not responding and reports that he is not awake. We process this on Protocol 31 and during PDIs it is learned that he was actually having a seizure. We don't have to shunt because we are already through Key Questions, but we can use the target icon to access seizure PDIs.

REMEMBER!

If we click on the target icon to give PDIs correctly instead of reading them from memory, then we don't have to repeat them at the end of the call!



QUESTIONS?

911training@elpasoteller911.org



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