



<b>Title</b> Medical ProQA Update	<b>Date</b> 04/15/2020
<b>CDE Number</b> M-2004005	<b>CDE Credit Hours</b> 1.5 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](mailto:911training@elpasoteller911.org)

X \_\_\_\_\_

**Signature**

\_\_\_\_\_

**DATE**

X \_\_\_\_\_

**Printed Name**

X \_\_\_\_\_

**Agency**



Recently both EFD and EPD protocols were updated in ProQA for the EIDS Tool to be added. Soon EMD ProQA will also be updated as well. With this update, there are going to be a few changes to some of the protocols as well as the EIDS Tool. The changes in this CDE are not all of the changes you will see working through ProQA, these are the major ones identified.

**Case Entry:**

No big changes are occurring in case entry; just remember to look through the ECHO level responses to make sure none apply. Also, when talking with a 1<sup>st</sup> party caller (the patient) we want to make sure and clarify if they are by themselves. This information is required if it is not obvious. Clarifying helps to select the correct answer to this question.

<b>Are you with the patient now?</b>	Yes	Ask only if <b>not</b> obvious.  Clarify whether or not <b>1st party</b> callers are <b>alone</b> (if <b>not</b> obvious).  <b>4th party = referring agency</b> such as police, airport, or other <b>professional comm. center.</b>
Number of hurt/sick is:	No (3rd party)	
Patient's age is:	First (1st) party	
Patient's gender is:	First (1st) party alone	
	Fourth (4th) party	

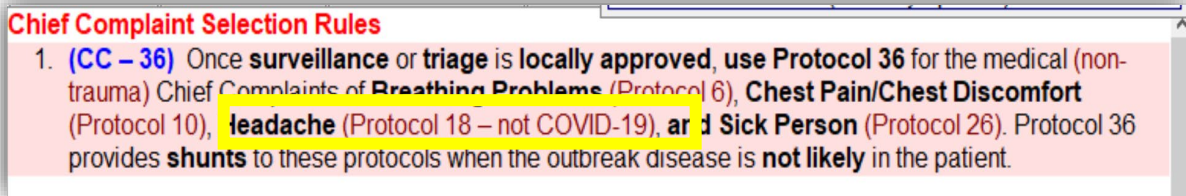
\*Always remember to look to the right column when in case entry. There is additional information and questions that are available.\*

**Chief Complaint Selection:**

Headache has been taken out of the list for going to Protocol 36 while tracking Coronavirus. This means that if the caller is complaining of only a headache, we want to be on Protocol 18: Headache.

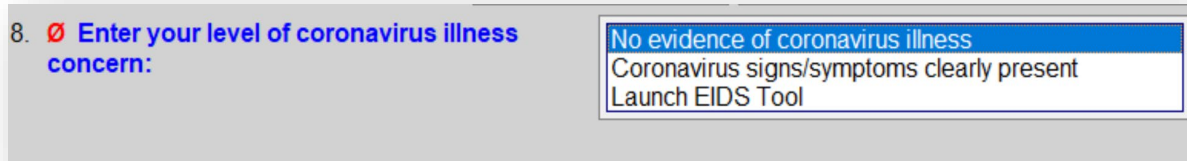


**The information about "Headache" can be found in Additional Information on Protocol 36: Pandemic/Epidemic/Outbreak (Surveillance or Triage)**



**Coronavirus (COVID-19) Question within Protocols:**

A new blue question was added to ProQA: "Enter your level of coronavirus illness or concern"



If an agency chooses to have enable this question in ProQA, it will show up on multiple chief complaint protocols:

- Protocol 6: Breathing Problems
- Protocol 10: Chest Pain/Chest Discomfort (non-traumatic)
- Protocol 13: Diabetic Problems
- Protocol 26: Sick Person (Specific Diagnosis)

This is also another way the EIDS Tool can be launched by the call taker to gather further information.



If the EIDS Tool was launched from the previous question, the next blue question will ask about the EIDS Tool findings. We want to select the most appropriate answer based on what was found during the EIDS Tool questioning. If there two or more symptoms selected, choose the answer "Coronavirus signs/symptoms clearly present".

9.  Enter EIDS Tool findings:

No evidence of coronavirus illness  
Coronavirus signs/symptoms clearly present

KQ Answers	Additional	w/ Suffixes	Det. Codes	CC Selection Rules
1. He is completely				<input type="checkbox"/> COVID-19
2. He is not breathi				<input type="checkbox"/> measured body temperature ≥
3. He does not hav				<input type="checkbox"/> fever (hot to the touch in
4. He is not changi				<input type="checkbox"/> chills
5. He is not clammy				<input type="checkbox"/> difficulty breathing or
6. He has not had a heart attack or angina (heart pains) before.				
7. He did not take any drugs (medications) in the past 12hrs.				
8. The EMD launched the EIDS Tool.				

**Answers selected in the EIDS Tool will show at the bottom of key questions**

**\*Seeing these blue questions will depend on if your agency chooses to have them active\***

### Protocol 10: Chest Pain/Chest Discomfort (non-traumatic)

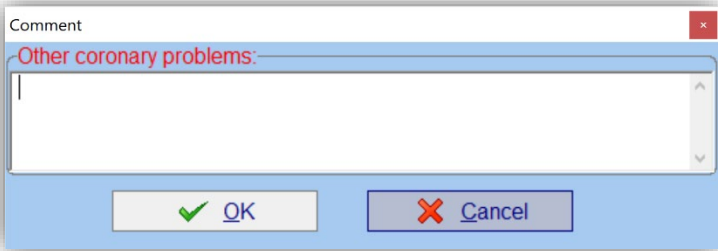
When asking if the patient has ever had a heart attack or angina, the answers "Both" and "Other coronary problems:" have been added.

5. Has he ever had a heart attack or angina (heart pains)?

No  
Yes  
Both  
Other coronary problems:  
Unknown



If "Other coronary problems" is selected, there will be a text box to document the caller's answer.

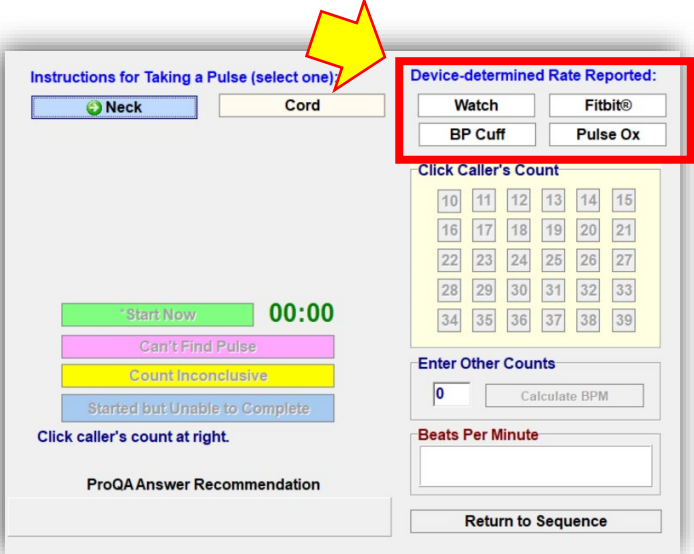


**Protocol 17: Falls:**

If the caller is reporting a non-recent fall (more than 6 hours ago), and the reason for the fall is "Fainted or Nearly Fainted" or "Dizziness with fall", ProQA will not shunt to Protocol 31: Unconscious/Fainting (Near). It will continue with the Fall Protocol key questions.

**Protocol 19: Heart Problems/A.I.C.D.:**

There is now an option within the Pulse Diagnostic that will allow call takers to select a device. Once the device is selected, the count can be manually entered and it will calculate a beats per minute:





### **Protocol 20: Heat/Cold Exposure:**

Same changes as the Chest Pain Protocol. "Both" and "Other Coronary Problems" answers for the heart attack or angina question have been added to better obtain the patient's cardiac history.

### **Protocol 26: Sick Person (Specific Diagnosis)**

Due to some confusion for changing the "Possible meningitis" code to "Coronavirus illness (suspected)", the option for Coronavirus illness (suspected) has been removed and the possible meningitis answer has been changed back. With this change, a new "C" suffix has been added to the Sick Person Protocol. This will be added based on the answer for the blue question: Enter your level of coronavirus illness concern as well as the EIDS Tool information if launched from key questions. (As shown previously in this CDE)

### **Protocol 36: Pandemic/Epidemic/Outbreak (Surveillance or Triage)**

With the COVID-19 (Coronavirus), a new blue question has been added to address the type of outbreak:

A screenshot of a software interface showing a question and a dropdown menu. The question is "1. Select the disease outbreak." with a red 'X' icon. The dropdown menu is open, showing two options: "Coronavirus (COVID-19)" which is highlighted in blue, and "Other disease outbreak".

1. Select the disease outbreak.

Coronavirus (COVID-19)  
Other disease outbreak

There has also been some wording changed throughout the protocol. Most "Flu" statements have been changed to "Flu-like illness" throughout Protocol 36. This includes the previous key question, "Did s/he have any flu symptoms prior to this".



The blue question Enter the locally designated Flu Level is changed to “Enter the locally designated Triage Level”.

2.  Enter the locally designated Triage Level:

- Level 0 (surveillance only)
- Level 1 (low triage)
- Level 2 (moderate triage)
- Level 3 (high triage)

These levels are determined by management and the Medical Advisor. Any changes in this information should come through your supervisors or management staff.

For Coronavirus patients, “Headache” will not appear in the list for the most prominent complaint on Protocol 36 if Coronavirus is selected for the disease outbreak question:

3.  Select the most prominent complaint:

- Difficulty breathing
- Flu-like illness
- Cough (recent onset)
- Fever
- Chills
- Sweats
- Chest pain (including discomfort)
- Sore throat (no difficulty breathing or swallowing)
- Nasal congestion/Stuffy nose
- Runny nose
- Fatigue/Weakness
- Muscle or body aches
- General illness/Sick (other symptoms):



To ensure that we are gathering specific information about the symptoms the patient is having, the answer option of "Both" was added to the question for chills or sweats:

6. Is he having **chills** or **sweats**?

- Chills (shaking/shivering)
- Sweats
- Both
- No
- Unknown/Unsure

### PDI/PAI Changes in Protocol 36:

~~c. (If quarantine and no dispatch) Because of the extent of the flu epidemic, an ambulance cannot be sent to you. I will connect you to a flu care specialist who will advise you on what to do.~~

c. (No EMS response/Home quarantine instructions) Due to the extent of the epidemic, your condition requires that you remain at home and avoid close contact with others. A healthcare professional/specialist will (contact you soon to) give you further instructions. (Connect to a specialist if available.)

**Changes have been made to the PDI panel for when there is no EMS response:**

Based on your agencies policies, if this instruction is applicable, this is where we would connect them with the health line to talk with a specialist there.

In PAIs there is also some wording changes while opening up the patient's airway. We will no longer have them put their face near the patient's face to feel for breathing, we will ask, "Can you see or hear any breathing?" This helps to keep our callers from potentially being exposed to Coronavirus while trying to help the patient as much as possible.



## EIDS Tool Update:

Due to all of the changes with the Coronavirus, the EIDS Tool was added to EFD and EPD. In addition to adding them to all protocol types, the look of the EIDS Tool was updated to be more user friendly.

**Listen carefully:**

Ask only in early phases when new flu, respiratory illness, or hemorrhagic fever is emerging from specific areas (these early phase questions can be turned off or on in Admin):

Travel History/Patient Contact History

- has s/he traveled in the last 14 days (if so, where?)
- (If above is Yes) confirmed travel from a known infected ("hot") area
- contact with a person who has traveled from a known infected ("hot") area in the past 14 days (if so, what place?)
- contact with someone with flu-like illness (if so, when?)
- (If above is Yes) is s/he a healthcare worker?

One of the changes in the look is the travel questions. Based on agency policies, the travel questions can be deactivated so that they are greyed out and can't be answered.

Another change is that the Medical Director approved questions and instructions are at the bottom with the other symptoms. This helps with the flow of the EIDS Tool.

Now **tell me** if s/he has **any** of the following symptoms:

- measured body temperature  $\geq 100.4^{\circ}\text{F}$  ( $38.0^{\circ}\text{C}$ )
- fever (hot to the touch in room temperature)
- chills
- difficulty breathing or shortness of breath
- persistent cough
- any other new respiratory problems (e.g., persistent sneezing, wheezing, congestion, etc.)

**Medical Director–approved additional questions:**

**Infection Prevention Instructions:**  
**(Keep isolated)** From now on, **don't allow** anyone to come in **close contact** with her/him.

- Infection Prevention Instructions given

**Medical Director–approved Special Instructions:**

- Instruct the patient to get and wear a mask if fever and cough exists.

Remember with changes in software, there may be other small verbiage changes that are not covered in this CDE. Read through ProQA instead of trying to work ahead. This will help to see the changes while working through a call.