# State of New Jersey
## Emergency Medical Dispatch Guidecards

Approved by the
State of New Jersey Department of Health and Senior Services
Office of Emergency Medical Services

Adopted by the
State of New Jersey
Office of Information Technology
Office of Emergency Telecommunications Services

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1. Where is your emergency? (Address or Location)
2. What is the number you are calling from?
3. What is the Emergency?
4. What is your name?
5. Is the patient conscious? (Able to talk)
   - NO
   - YES
   - UNCERTAIN
   Determine age, sex, and chief complaint and turn to appropriate card. DON’T hang up
   Dispatch ALS & BLS, advise caller help has been dispatched.
6. Is the patient breathing NORMALLY?
   - NO
   - YES
   - UNCERTAIN
   GO and SEE if the chest rises, then come back to the phone.
   Go directly to Unconscious / Fainting Card.
   Go to CPR Instructions for appropriate age group.
7. ARE YOU ABLE TO ASSIST THIS PATIENT? ... I’ll help you.
   - YES
   - NO
   I have dispatched help. Don’t hang up.

ANIMAL BITES

Is the animal contained?
What type of animal bit the patient?
Is the patient short of breath or does it hurt to breathe?
What part of the body was bitten?
Is the patient bleeding?
IF YES,
- From where?
- How much?
- How long?
- Can it be controlled with pressure?
- How long ago did they receive the bite?

SIMULTANEOUS ALS/BLS
Unconscious/not breathing normally.
Decreased level of consciousness.
Uncontrolled bleeding, after attempts to control.
Serious neck or face, bites from animal attacks.
Bites from known poisonous animals.

BLS DISPATCH
Controlled bleeding.
Swelling at bite site.
Bite below neck, non-poisonous.
**ANIMAL BITES**  
**Pre-Arrival Instructions**

Contain the animal, if possible.

Keep patient calm and still.

If bleeding, use clean cloth and apply pressure directly over it.
If cloth becomes soaked, do not remove, add to what is already there.

Elevate bleeding extremities.

Use care not to obstruct the airway or breathing.

For snake bites;
- Do not elevate extremity.
- Do not use ice.
- Do not attempt to remove venom.

Lock away any pets.

If the patient’s condition changes, call me back.

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**ASSAULT/ DOMESTIC, SEXUAL**

Is the assailant nearby?
Are you safe?

Was it a physical assault vs. sexual assault?

How was the victim assaulted?
(Stabbing, gunshot or major trauma go to appropriate card)

Where is the patient injured?

**SIMULTANEOUS ALS/BLS**

Unconscious/not breathing normally.
Decreased level of consciousness.
Crushing injury (except to hands or feet.)
Puncture injury (head, neck, torso, thigh.)
Multiple extremity fractures.
Femur (thigh) fracture.
Uncontrolled bleeding.

**BLS DISPATCH**

Penetrating/crushing injury to hands or feet.
Isolated extremity fracture.
Minor injuries.
Unknown injuries.
Concerned caller without apparent injuries to victim.
Police request stand-by/check for injuries.

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**FOLLOW AEROMEDICAL DISPATCH GUIDELINES**

Sexual Assault- non-injured, Follow County SART Protocols
Domestic Violence- non-injured, Follow local police protocols

Is the patient bleeding?

**IF YES,**
- From where?
- How much?
- How long?
- Can it be controlled with pressure?
- Can the patient answer your questions?

---

**Prompts**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY
AIRWAY CONTROL
Has law enforcement been notified?
Has Animal Control been notified?

**Short Report**

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units
ASSAULT/ DOMESTIC, SEXUAL Pre-Arrival Instructions

| Remain in a safe place, away from the assailant. | Advise patient not to change clothing, bathe or shower. |
| Do not remove or touch impaled object. | Keep patient warm. |
| Have patient lie down and keep calm. | Gather patient medications, if possible. |
| Do not touch weapons. | Do not allow the patient any food or drink. |
| If bleeding, use clean cloth and apply pressure directly over it. If cloth becomes soaked, do not remove, add to what is already there. Use care not to obstruct the airway or breathing. | Lock away any pets. |
| If the patient’s condition changes, call me back. |

**Prompts**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Has law enforcement been notified?

**Short Report**

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

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**FOLLOW AEROMEDICAL DISPATCH GUIDELINES**

**BLEEDING / LACERATION**

<table>
<thead>
<tr>
<th>KEY QUESTIONS</th>
<th>IF INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is patient alert?</td>
<td>From where?</td>
</tr>
<tr>
<td>Is patient breathing normally?</td>
<td>How much?</td>
</tr>
<tr>
<td>Where is the bleeding from?</td>
<td>How long?</td>
</tr>
<tr>
<td>If vaginal, is she pregnant?</td>
<td>Can it be controlled with pressure?</td>
</tr>
<tr>
<td>Is blood squirting out?</td>
<td>Can the patient answer your questions?</td>
</tr>
<tr>
<td>Is the patient a hemophiliac (a bleeder)?</td>
<td></td>
</tr>
</tbody>
</table>

**SIMULTANEOUS ALS/BLS**

| Unconscious/not breathing normally. |
| Decreased level of consciousness. |
| Any arterial bleeding. |
| Hemophilia. |
| Rectal bleeding with significant blood loss. |
| Vomiting blood or coffee ground material. |
| Bleeding from mouth with difficulty breathing. |
| Bleeding from the neck, groin, or armpit with significant blood loss. |
| Vaginal bleeding if over 20 weeks pregnant, associated with lower abdominal pain or fainting. |

**BLS DISPATCH**

Minor bleeding from any other area
BLEEDING / LACERATION  Pre-Arrival Instructions

If bleeding, use clean cloth and apply pressure directly over wound. Do not remove. If cloth becomes soaked, add more to what is already there.

If nosebleed, tell the patient to apply direct pressure by pinching the nose tightly between their index finger and thumb, sit forward and hold it until help arrives. Attempt to spit out blood, swallowing may make patient nauseous. Advise patient not to move.

Cover patient with blanket and try to keep them calm.

Nothing to eat or drink.

Gather patient medications, if possible.

Locate any amputated part and place in clean plastic bag, not ice. If teeth, place them in milk.

If the patient’s condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL

If unconscious, NOT breathing normally, go to CPR for appropriate age group

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

BURNS

How was the patient burned?

CHEMICAL  What chemical caused the burn?
Can the patient answer your questions?
Is the patient short of breath or does it hurt to breathe?
Is the patient having difficulty swallowing?
Where is the patient burned?

IF HEAD OR FACE:
Are they coughing?
Are their nose hairs burned?
Are there burns around their mouth and nose?
If male, is any facial hair burned?
Are there any other injuries?

THERMAL  Is anything on the patient still burning?
Stop the burning, (Go to pre-arrival instructions).

ELECTRICAL  Is the patient still in contact with the electric source?
How was patient electrocuted?
If household, was it the stove, clothes dryer or other 220 volt source?

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Unconscious/not breathing normally.
Decreased level of consciousness.
Burns to airway, nose, mouth.
Hoarseness, difficulty talking or swallowing.
Burns over 20% of body surface.
Electrical Burns/electrocution from 220 volts or greater power lines/panel boxes.
2nd & 3rd degree burns (partial or full thickness) to Palms (hands)
Soles (feet)
Groin

Less than 20% body surface burned.
Spilled hot liquids.
Chemical burns to eyes.
Small burn from match, cigarette.
Household electric shock.
Battery explosion.
Freezer burns.
BURNS  Pre-Arrival Instructions

Turn power off, (if safe).
Have patient remove contaminated clothing, if possible.
If chemical, get information on chemical
(MSDS Sheet if available).
If chemical is powder, brush off, no water.
Flush chemical burns from eyes. Remove contact lenses if present.
Place burned area in cool water (not ice), if convenient.
Gather patient medications, if possible.
If the patient’s condition changes, call me back.

Rule of Nines

1 year old
5 years old
Adult

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY
AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Dispatch Fire Department, according to local protocol.

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

EYE PROBLEMS / INJURIES

Is patient alert?
Is patient breathing normally?
What caused the injury?

Is eyeball cut open or leaking fluid?
Are there any other injuries?

KEY QUESTIONS

Is patient alert?
Is patient breathing normally?
What caused the injury?

Chemicals
Foreign object
Impaled object
Direct blow
Flying object
Welding/near welder

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SIMULTANEOUS ALS/BLS

Unconscious/not breathing normally.
Decreased level of consciousness.

Any eye injury

BLS DISPATCH
**EYE PROBLEMS / INJURIES**  
**Pre-Arrival Instructions**

- Do not remove any penetrating objects.
- If eyeball is cut or injured, do not touch, irrigate, or bandage.
- If a chemical injury, flush immediately with water.
- Continue until help arrives. Remove contact lenses.
- Advise patient not to move.
- Have patient SIT down.
- Cover patient with blanket and try to keep them calm.
- Nothing to eat or drink
- Gather patient medications, if possible.
- If the patient's condition changes, call me back.

<table>
<thead>
<tr>
<th>Prompts</th>
<th>Short Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY</td>
<td>Age</td>
</tr>
<tr>
<td>AIRWAY CONTROL</td>
<td>Sex</td>
</tr>
<tr>
<td>FOLLOW AEROMEDICAL DISPATCH GUIDELINES</td>
<td>Specific location</td>
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<td></td>
<td>Chief complaint</td>
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<tr>
<td></td>
<td>Pertinent related symptoms</td>
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<td>Medical/Surgical history, if any</td>
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<td>Other agencies responding</td>
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<td>Any dangers to responding units</td>
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</table>

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**FALL VICTIM**

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**KEY QUESTIONS**

- Is patient breathing normally?
- Is patient alert?
- How far did the patient fall?
- What kind of surface did the patient land on?
- Are there any obvious injuries? What are they?
- Did the patient complain of any pain or illness just prior to the fall?
- Is the patient able to move their fingers and toes? (Do not have them move any other body part).
- Is the patient bleeding?  
  **IF YES,**
  - From where?  
  - How much?  
  - How long?

**SIMULTANEOUS ALS/BLS**

- Unconscious/not breathing normally.  
- Decreased level of consciousness.  
- Falls greater than 10 feet.  
- Falls associated with or preceded by, pain, discomfort in chest, dizziness, headache, or diabetes.  
- Patient paralyzed.  
- Uncontrolled bleeding.  
- Multiple extremity fractures  
- Femur (thigh) fracture.

**BLS DISPATCH**

- Unconscious, but now conscious without critical symptoms.  
- Falls less than 10 feet.  
- Neck or back pain without critical symptoms.  
- Controlled bleeding.  
- Cuts, bumps, or bruises.  
- Patient assist.  
- Involved in accident, no complaints.  
- Isolated extremity fracture.
**FALL VICTIM**  
**Pre-Arrival Instructions**

Turn off any machinery.  
Do not move the patient if there are no hazards  
Advise patient not to move  
Cover patient with blanket and try to keep them calm.  
No food or drink.  
If bleeding, use clean cloth and apply pressure directly over it. If cloth becomes soaked, do not remove, add to what is already there. Use care not to obstruct the airway or breathing.  
Gather patient medications, if possible.  
If the patient's condition changes, call me back.

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<table>
<thead>
<tr>
<th>Prompts</th>
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</thead>
</table>
| Is Rescue needed?  
If unconscious, go to  
UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL  
If unconscious, NOT breathing normally, go to CPR for appropriate age group. | Age  
Sex  
Specific location  
Chief complaint  
Pertinent related symptoms  
Medical/Surgical history, if any  
Other agencies responding  
Any dangers to responding units |

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**HEAT / COLD EXPOSURE**  
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| KEY QUESTIONS | Does the patient respond to you and follow simple commands?  
Does the patient have any complaints?  
Is the patient complaining of pain? If so where?  
Can the patient talk in full sentences?  
Is the patient alert?  
Is patient breathing normally?  
What happened?  
What was the source of the heat or cold?  
What was the length of exposure?  
Does the patient have any complaints?  
Is the patient complaining of pain? If so where?  
Can the patient talk in full sentences? |

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**SIMULTANEOUS ALS/BLS**  
**BLS DISPATCH**

<table>
<thead>
<tr>
<th>DISPATCH</th>
<th>BLS DISPATCH</th>
</tr>
</thead>
</table>
| Unconscious/not breathing normally.  
Decreased level of consciousness.  
Confused/disoriented.  
Fainting (Syncpe).  
Cold Water Submersion | Patient with uncontrollable shivering.  
Heat Exhaustion with no critical symptoms |
HEAT / COLD EXPOSURE

Pre-Arrival Instructions

Remove from hot/cold environment as necessary.

If patient is cold and dry, cover patient.

If patient is cold and wet, remove clothing and cover patient.

If patient is over-heated, loosen clothing to assist cooling.

Nothing by mouth if there is a decrease of consciousness.

Do not rub frostbitten extremities.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY

AIRWAY CONTROL

If unconscious, NOT breathing normally, go to CPR for appropriate age group.

FOLLOW AEROMEDICAL DISPATCH GUIDELINES

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

INDUSTRIAL ACCIDENTS

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KEY QUESTIONS

Is patient alert?

Is patient breathing normally?

Are there any obvious injuries? What are they?

What part of the body has been amputated?

Do you have the amputated parts?

Is the patient able to move their fingers and toes? (Do not have them move any other parts of their body).

Is the patient bleeding?

IF YES,

From where?
How much?
How long?
Can it be controlled with pressure?

Is the patient entrapped?

SIMULTANEOUS ALS/BLSDISPATCH

Unconscious/not breathing normally.
Decreased level of consciousness.
Accident with crushing or penetrating injury to; head, neck, torso, thigh.
Patient entrapped. PROMPT (Dispatch Rescue Unit)
Amputation other than finger/toes.
Patient paralyzed.
Uncontrolled bleeding.
Multiple extremity fractures
Femur (thigh) fracture.

BLSDISPATCH

Unconscious, but now conscious without critical symptoms.
Amputation/entrainment of fingers/toes.
Neck or back pain without critical symptoms.
Controlled bleeding.
Cuts, bumps, or bruises.
Patient assist.
Involved in accident, no complaints.
**INDUSTRIAL ACCIDENTS**

**Pre-Arrival Instructions**

- If machinery involved, turn it off (attempt to locate maintenance person).
- Do not move patient if there are no hazards.
- Advise patient not to move.
- Do not enter a confined space to tend to the patient.
- Have someone meet the ambulance to guide them to the patient.
- Cover patient with blanket and try to keep them calm.
- Nothing to eat or drink.
- If bleeding, use clean cloth and apply pressure directly over wound. Do not remove. If cloth becomes soaked, add more to what is already there.
- Locate any amputated parts and place in clean plastic bag, not on ice. If teeth, place them in milk.
- If the patient’s condition changes, call me back.

<table>
<thead>
<tr>
<th>Prompts</th>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>If unconscious, NOT breathing normally, go to CPR for appropriate age group.</td>
<td></td>
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<tr>
<td>Is Rescue needed?</td>
<td></td>
</tr>
<tr>
<td>Is Fire Department needed?</td>
<td></td>
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<tr>
<td>Is Aeromedical Evacuation needed?</td>
<td></td>
</tr>
<tr>
<td>Age</td>
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<tr>
<td>Sex</td>
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<tr>
<td>Specific location</td>
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<tr>
<td>Chief complaint</td>
<td></td>
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<tr>
<td>Pertinent related symptoms</td>
<td></td>
</tr>
<tr>
<td>Medical/Surgical history, if any</td>
<td></td>
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<tr>
<td>Other agencies responding</td>
<td></td>
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<tr>
<td>Any dangers to responding units</td>
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</tr>
</tbody>
</table>

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**STABBING/GUNSHOT/ASSAULT**

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**KEY QUESTIONS**

- When did this happen?
  - If recent, is assailant still present?
- Is there a weapon present?
- Is patient alert?
- Is patient breathing normally?
- Is there more than one person injured?
- Is there more than one wound?
- What part(s) of the body is injured?
- Is there bleeding?
  - IF YES,
    - From where?
    - How much?
    - How long?
    - Can it be controlled with pressure?

**SIMULTANEOUS ALS/BLS**

- Unconscious/not breathing normally.
- Decreased level of consciousness.
- Uncontrolled Bleeding
- Leg injury above the knee.
- Wounds to head, neck, torso, or thigh.
- Multiple Casualty Incident.

**BLS DISPATCH**

- Wounds to the arms or on the leg below the knee.
### STABBING/GUNSHOT/ASSAULT

**Pre-Arrival Instructions**

Tell caller to remain safe (beware of assailant).

Do not disturb the scene or move weapons.

Do not pull out any penetrating weapons.

If bleeding, use clean cloth and apply pressure directly over wound. Do not remove.

If cloth becomes soaked, add more to what is already there.

Have the patient lie down and remain calm.

Keep the patient warm.

If the patient's condition changes, call me back.

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### Prompts

<table>
<thead>
<tr>
<th>If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>If unconscious, NOT breathing normally, go to CPR for appropriate age group.</td>
<td>Sex</td>
</tr>
<tr>
<td>Has law enforcement been notified? Advise responders when scene is secure.</td>
<td>Specific location</td>
</tr>
</tbody>
</table>

**FOLLOW AEROMEDICAL DISPATCH GUIDELINES**

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### Key Questions

<table>
<thead>
<tr>
<th>Is patient alert?</th>
<th>Is the patient bleeding?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is patient breathing normally? (Consider breathing card)</td>
<td>IF YES,</td>
</tr>
<tr>
<td>How was the patient injured?</td>
<td>From where?</td>
</tr>
<tr>
<td>Where is the patient injured?</td>
<td>How much?</td>
</tr>
<tr>
<td>Describe what happened.</td>
<td>How long?</td>
</tr>
<tr>
<td></td>
<td>Can it be controlled with pressure?</td>
</tr>
</tbody>
</table>

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### Traumatic Injury

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**SIMULTANEOUS ALS/BLS**

Unconscious/not breathing normally.
Decreased level of consciousness.
Penetrating/crushing injury to head, neck, torso, thigh.
Multiple extremity fractures
Leg injury above the knee.
Uncontrolled bleeding.

**BLS DISPATCH**

Penetrating/crushing injury to hands or feet.
Unknown or internal injuries.
Minor injuries
Concerned caller without apparent injuries to victim.
Isolated extremity fracture.
Police request stand-by/check for injuries.
TRAUMATIC INJURY

Pre-Arrival Instructions

Do not move patient, unless there are hazards.
Do not remove or touch impaled object.
If bleeding, use clean cloth and apply pressure directly over it.
If cloth becomes soaked, do not remove, add to what is already there.
Use care not to obstruct the airway or breathing.

Keep patient warm.
Do not disturb anything.
Gather patient medications, if possible.
Locate any amputated parts and place in clean plastic bag, not on ice. If teeth, place in milk.
If the patient’s condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY
AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Is law enforcement needed?

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

VEHICULAR RELATED INJURIES

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Are there any hazards present? (Is the scene safe).
  Fire
  Water
  HazMat
  Wires down
  Is patient alert?
  Is patient breathing normally?
    (Consider breathing card).
  Did you stop or drive by?
  How many patients are injured?

Can the patient(s) describe where their pain is located?
What type of vehicle(s) are involved?
Describe what happened?
Are all of the patients free of the vehicle?
Is anyone trapped in the vehicle?
Was anyone thrown from the vehicle?

SIMULTANEOUS ALS/BLS

Unconscious/not breathing normally.
Decreased level of consciousness.
Chest pain prior to accident.
Reported injuries with following mechanisms:
  Vehicle (car/motorcycle) vs. immovable objects.
  Vehicles involved in head-on or T-bone collision.
  Car vs. pedestrian, motorcycle or bicycle.
  Patient(s) trapped or ejected.
  Vehicle roll over.
  Critical criteria – injuries to head, neck, torso, thigh.
  Multiple Casualty Incident

BLS DISPATCH

Accident with injury, no critical criteria.
Police request stand-by/check for injuries.
Do not move patient unless there are hazards.

If bleeding, use clean cloth and apply pressure directly over wound.

Do not remove cloth. If cloth becomes soaked, add more to what is already there.

Gather patient medications, if possible.

If the patient’s condition changes, call me back.

### Prompts

<table>
<thead>
<tr>
<th>If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL</th>
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<tr>
<td>If unconscious, NOT breathing normally, go to CPR for appropriate age group</td>
<td>Sex</td>
</tr>
<tr>
<td>Has law enforcement been notified?</td>
<td>Specific location</td>
</tr>
<tr>
<td>Is Rescue needed?</td>
<td>Chief complaint</td>
</tr>
<tr>
<td>Is the Fire Department needed?</td>
<td>Pertinent related symptoms</td>
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<tr>
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### ABDOMINAL PAIN

Is patient alert?

Is patient breathing normally? (Consider breathing card)

Is the pain due to an injury to the patient?

Has the patient vomited? If yes, What does the vomit look like?

Are the patient’s bowel movements different than normal?

If yes, How would you describe them?

Is the pain above the belly button?

If the patient is a woman between 12-50 years, ask

Could she be pregnant?

Has she said she felt dizzy?

Has there been vaginal bleeding? If yes, how much?

How does the patient act when he/she sits up?

Does the patient have any other medical or surgical history?

Is the patient wearing a Medic Alert tag?

If yes, what does it say?

### SIMULTANEOUS ALS/BLSS

Unconscious/not breathing normally.

Decreased level of consciousness.

Vomiting blood (red/dark red) or coffee ground-like substance.

Black tarry stool.(Caution: Could be a resultant from diet supplements)

Lower abdominal pain, woman 12-50 years (if associated with dizziness or fainting or heavy vaginal bleeding).

Upper abdominal pain with prior history of heart problem.

Abdominal pain with fainting or near fainting, patient over 50 yrs.

Fainting/near fainting when sitting. (hypotension)

### BLS DISPATCH

Pain with vomiting.

Flank pain (Kidney stone).

Abdominal (non-traumatic).

Pain unspecified.

---

State of New Jersey EMD Guidecards Version 1/04
## ABDOMINAL PAIN

### Pre-Arrival Instructions

- Nothing to eat or drink.
- Gather patient medications, if any.
- If the patient’s condition changes, call me back.

---

### Prompts

| If unconscious, go to UNCONSCIOUS/ BREATHING NORMALLY AIRWAY CONTROL |
| If unconscious, NOT breathing normally, go to CPR for appropriate age group. |

### Short Report

| Age |
| Sex |
| Specific location |
| Chief complaint |
| Pertinent related symptoms |
| Medical/Surgical history, if any |
| Other agencies responding |
| Any dangers to responding units |

---

### ALLERGIES / STINGS

- Does the patient have a history of a reaction to anything?
  - **IF YES:**
    - Describe the reaction the patient had before.
    - How long ago was the patient exposed?
- Are the symptoms getting worse?
- Is the patient wearing a Medic Alert tag?
  - If yes, what does it say?

---

### SIMULTANEOUS ALS/BLS

- Unconscious/not breathing normally.
- Decreased level of consciousness.
- Difficulty breathing.
- Difficulty swallowing.
- Cannot talk in full sentences.
- Swelling in throat or on face.
- Fainting.
- History of severe reaction.
- Itching or hives in multiple areas.

### BLS DISPATCH

- Call delayed longer than 30 minutes with history of reaction.
- Concern about reaction, but no history.
- Reaction present for long time (hours), no difficulty breathing.
- Itching or hives in one area.
### ALLERGIES / STINGS

**Pre-Arrival Instructions**

- Have the patient rest in the most comfortable position.
- Keep neck straight – remove pillows.
- Watch patient for signs of difficulty breathing (slow breathing), or cardiac arrest.
- Keep calm.
- Brush the stinger off, if possible. Do not attempt to grasp stinger.
- Ice to sting.
- Gather patient medications, if any.
- Do you have a Epi-Pen or reaction kit? Yes or No
  - **If yes**, have you used it as the physician has directed?
  - If the patient's condition changes, call me back.

<table>
<thead>
<tr>
<th>Prompts</th>
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</tr>
</thead>
<tbody>
<tr>
<td>If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL&lt;br&gt; If unconscious, NOT breathing normally, go to CPR for appropriate age group.</td>
<td>Age&lt;br&gt;Sex&lt;br&gt;Specific location&lt;br&gt;Chief complaint&lt;br&gt;Pertinent related symptoms&lt;br&gt;Medical/Surgical history, if any&lt;br&gt;Other agencies responding&lt;br&gt;Any dangers to responding units</td>
</tr>
</tbody>
</table>

### BACK PAIN

**State of New Jersey EMD Guidecards Version 1/04**

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>Simultaneous ALS/BLS</th>
<th>BLS Dispatch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is patient alert?</td>
<td>Does the patient have any other medical or surgical history?</td>
<td>Flank pain/back (Kidney stone).</td>
</tr>
<tr>
<td>Is patient breathing normally? (Consider breathing card)</td>
<td>Is the patient wearing a Medic Alert tag? If yes, what does it say?</td>
<td>Back pain (non-traumatic).</td>
</tr>
<tr>
<td>Is the pain due to an injury to the patient?</td>
<td></td>
<td>Back pain unspecified.</td>
</tr>
<tr>
<td>Has the patient felt dizzy or fainted?</td>
<td></td>
<td>Chronic back pain.</td>
</tr>
</tbody>
</table>
**BACK PAIN** Pre-Arrival Instructions

If the pain is due to an injury, tell the patient not to move unless hazards are present.

Nothing to eat or drink.

Have the patient rest in the most comfortable position.

Gather patient medications, if any.

If the patient’s condition changes, call me back.

---

**Prompts**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY

AIRWAY CONTROL

If unconscious, **NOT** breathing normally, go to CPR for appropriate age group

---

**Short Report**

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

---

**STATEMENT PROBLEMS**

Is patient alert?

Is patient breathing normally?

How long has this been going on?

What has changed in their breathing to prompt you to call?

Is the patient able to speak in full sentences?

Does the patient have to sit up to breathe?

Is the patient experiencing any other problems right now?

Has the patient ever had this problem before?

What was the patient doing just prior to when he/she became short of breath?

If sudden onset:

- Has the patient been hospitalized recently for childbirth or a broken leg?
- If female, does the patient take birth control pills?
- Could the patient be having an allergic reaction?
- Is the patient drooling or having a hard time swallowing?
- Are they on asthma medication, or ever used them?
- Does the patient have any other medical or surgical history?
- Is the patient on oxygen?

---

**SIMULTANEOUS ALS/BLS**

Unconscious.

Decreased level of consciousness.

Any patient complaining of breathing or respiratory difficulty, examples of symptoms may include:

- Difficulty breathing with chest pain.
- Unable to speak in full sentences.
- History of Asthma or respiratory problems.
- Inhaled substance.
- Recent childbirth/broken leg/hospitalization (within 2-3 months).
- Drooling/difficulty swallowing.
- Tingling or numbness in extremities/around mouth, 35 or older.

---

**BLS DISPATCH**

Cold symptoms.

Stuffed nose.

Oxygen bottle empty.

Patient assist.

Long term, no change.

---

State of New Jersey EMD Guidecards Version 1/04
### BREATHING PROBLEMS Pre-Arrival Instructions

Keep patient calm.

Patient may be more comfortable sitting up.

Tell patient not to exert him/herself.

Gather patient medications, if possible.

If the patient’s condition changes, call me back.

---

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<td>If unconscious, NOT breathing normally, go to CPR for appropriate age group.</td>
<td>Sex</td>
</tr>
</tbody>
</table>

### CHEST PAIN/HEART PROBLEMS

**State of New Jersey EMD Guidecards Version 4/06**

#### Key Questions

- Is patient alert?
- Is patient breathing normally? (Consider breathing card)
- Where in the chest is the pain located?
- Does the patient feel pain anywhere else? If so, where?
- How long has the pain been present?
- Does the pain change when the person breathes or moves?
- Does the patient take nitroglycerin? Have they taken it?
- Has the patient ever had heart surgery or a previous heart attack?
- Has the patient ever had a heart problem?
- Is the patient nauseated or vomiting?

#### BLS Dispatch

Unconscious/not breathing normally.
Decreased level of consciousness.
Patient complaining of chest pain with any of the critical symptoms:
- Short of breath.
- Nausea.
- Diaphoretic.
- Rapid heart rate
- Syncope
- With cocaine/crack (drug) use.

Patients under 35, without critical symptoms
CHEST PAIN/HEART PROBLEMS

Pre-Arrival Instructions

Have the patient sit or lie down, whichever is more comfortable.

Keep patient calm.

Loosen any tight clothing.

Does the patient have nitroglycerin?
- If yes: Has the patient taken one?
- If not taken, take as the physician has directed (patient should be seated).

Can the patient take aspirin?
- If yes: then ask-Have they had any bleeding from mouth or rectum?
- If no bleeding, advise caller to assist patient to take 1 adult aspirin.

Gather patient medications, if any.

If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY
AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units
Advise of any Hospitals with Special Services Diversion

DIABETIC PROBLEMS

KEY QUESTIONS

Is patient alert?
Is patient breathing normally?
(Consider breathing card)
Do they know who they are and where they are?
Is the patient acting in their normal manner. If not, what is different?
Is the patient complaining of any pain? Where is it located?
How does the patient act when he/she sits up?
Are they dizzy, weak, or feeling faint?

Is the patient sweating profusely?
Has the patient had a seizure?
Is the patient on insulin? If so, when did they take their medication?
When did the patient last eat?

SIMULTANEOUS ALS/BLSDISPATCH

Unconscious/not breathing normally.
Decreased level of consciousness.
Unusual behavior/acting strange.
Profuse sweating.
Seizure.

BLSDISPATCH

Awake/alert
Not feeling well.
### DIABETIC PROBLEMS

**Pre-Arrival Instructions**

- Nothing by mouth if the patient is unable to take it by himself/herself.
- If the patient can take it by himself/herself, give juice with 2 to 3 teaspoons of sugar in it.
- Allow patient to find a comfortable position.
- Gather patient medications, if any.
- If the patient’s condition changes, call me back.

### Prompts | Short Report
---|---
If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group. | Age
Sex
Specific location
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Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

### HEADACHE

State of New Jersey EMD Guidecards Version 1/04

**Key Questions**

- Is patient alert?
- Is patient breathing normally? (Consider breathing card)
- How is the patient acting? If unusual, what is different about them?
- Does the patient know where they are and who they are?
- Is the headache different than headaches the patient has had in the past?
- Did the headache come on suddenly or gradually?

**Simultaneous ALS/BLS**

- Headache with these critical symptoms:
  - Decreased level of consciousness.
  - Mental status change.
  - Worst headache ever.
  - Sudden onset.
  - Visual disturbance, with no history of migraines.

**BLS Dispatch**

- Headache without critical symptoms.
HEADACHE Pre-Arrival Instructions

Nothing by mouth.

Allow the patient to find position of comfort.

Gather patients medications, if any.

If the patient’s condition changes, call me back.

Prompts

| If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL | Age              |
| If unconscious, NOT breathing normally, go to CPR for appropriate age group. | Sex              |
| | Specific location |
| | Chief complaint |
| | Pertinent related symptoms |
| | Medical/Surgical history, if any |
| | Other agencies responding |
| | Any dangers to responding units |

State of New Jersey EMD Guidecards Version 1/04

OD/POISONINGS/INGESTION

Key Questions

- Is patient alert?
- Is patient breathing normally? (Consider breathing card)
- Do you have any idea what the patient took?
- Is the patient acting normally for him or her? If not, what is different?
- If the patient took medications, were they prescription medications?
- What medication did they take? How much?
- If it was not medication, what type of substance did the patient take?
- Is the patient having difficulty swallowing?
- How old is the patient?
- Has the patient used street or non-prescription drugs?
- If yes, with alcohol?
- If cocaine or crack, is the patient complaining of any pain?
- (If chest pain go to chest pain card)
- Where?
- Is the patient violent? Do they have access to a weapon?
- Has the patient vomited?
- If yes, describe.

Simultaneous ALS/BLS

- OD/Poisoning/Ingestions with these critical symptoms.
- Unconscious/not breathing normally.
- Any overdose of medication with altered level of consciousness.
- Cocaine/crack with chest pain.
- Ingestion of household cleaners, antifreeze, solvents, methanol, cyanide, insecticides.
- Difficulty swallowing.
- Alcohol intoxication, patient can not be aroused.
- Combined alcohol and drug overdose.

BLS Dispatch

- Drugs without critical symptoms.
- Intentional/accidental, with medications.
- 3rd party report, caller not with patient.
- Reported OD, patient denies taking medications or unknown if medications/substance taken.
- Known alcohol intoxication without other drugs, can be aroused.
OD/POISONINGS/INGESTIONS  Pre-Arrival Instructions

Keep patient in area/house, if safe.

Get container of substance taken if at the scene.

Don't force coffee or place patient in shower.

Nothing by mouth, including Ipecac, unless advised by poison control.

If the patient’s condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY
AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Consider Poison Control Center (1-800-222-1222, or one button transfer)
Is law enforcement needed?

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PSYCHIATRIC/BEHAVIORAL PROBLEMS

KEY QUESTIONS

Is patient alert?
Is patient breathing normally?
(Consider breathing card)
What happened?
Has the patient harmed himself?
IF YES:  (Consider traumatic injury card)
With what?
Where are the injuries?
Is the patient acting in their normal manner?
If not, what is different or unusual?
Where is the patient now?
Do you think the patient might harm himself?
If so, with what?

Can the patient talk to you?
Can the patient answer your questions?
Has the patient taken any drugs or alcohol?
(Consider OD/POISIONING card)
Does the patient have a weapon or access to a weapon?
Is patient a diabetic?  (Consider diabetic card)
Is the scene secure?

SIMULTANEOUS ALS/BLS

Decreased level of consciousness

BLS DISPATCH

Lacerated wrist(s) with controlled bleeding.
Unusual behavior with a psychiatric history.
Known alcohol intoxication without other drugs (can be aroused).
Threats against self or others.
Police request for stand-by.
Patient out of psychiatric medications
PSYCHIARTIC / BEHAVIORAL PROBLEMS

Pre-Arrival Instructions

- Keep the patient in area, if safe.
- Keep patient calm, if possible.
- If you feel you are in danger, leave the scene.
- Gather patient medications, if any.

<table>
<thead>
<tr>
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<td>If unconscious, <strong>NOT</strong> breathing normally, go to CPR for appropriate</td>
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<tr>
<td>age group.</td>
<td>Chief complaint</td>
</tr>
<tr>
<td>Consider Crisis Center.</td>
<td>Pertinent related symptoms</td>
</tr>
<tr>
<td>Is law enforcement needed?</td>
<td>Medical/Surgical history, if any</td>
</tr>
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</tr>
<tr>
<td></td>
<td>Any dangers to responding units</td>
</tr>
</tbody>
</table>

SEIZURES / CONVULSIONS

State of New Jersey EMD Guidecards Version 1/04

**KEY QUESTIONS**

- Is patient alert?
- Is patient breathing normally?
- Describe what the patient is doing.
- Is the patient still seizing?
- How long has the patient been seizing?
- Has the patient had a seizure before?
- Does the patient have a medic alert bracelet on?
  - If yes, what does it say?

**SIMULTANEOUS ALS/BLS**

- Unconscious/not breathing normally.
- Decreased level of consciousness.
- Not breathing after seizure stops.
- Extended seizures greater than 5 minutes.
- Multiple seizures.
- Febrile seizures.
- First time seizure or seizure, unknown history.
- Diabetic.
- Pregnant.
- Secondary to drug overdose.
- Secondary to recent head injury.
- Any seizure that is different than normal

**BLS DISPATCH**

- Single seizure with history of seizure disorder

- Is the patient a diabetic?  (Consider diabetic card).
  - If child:
    - Has the child been sick?
    - Does the child have a fever or feel hot?
  - If female:
    - Is the woman pregnant?
  - Is the patient a recreational drug user?
  - Has the patient had a recent head injury?
    - If yes, before or after the seizure?
    - Within the last three days?
SEIZURES / CONVULSIONS  Pre-Arrival Instructions

Clear area around the patient.

Do not restrain patient.

Do not place anything in patient's mouth.

After seizure has stopped, check to see if patient is breathing.
   If not, Determine appropriate age group.
   Go to CARDIAC/RESPIRATORY ARREST instructions
   for appropriate age group

Have patient lie on side.

If patient is a child, remove clothing to cool patient if hot
and feverish.

Gather patient medications, if any.

If the patient’s condition changes, call me back.

Any seizure with an unknown medical history is assumed to be a
first time seizure.
If unconscious after seizure, go to UNCONSCIOUS/BREATHING
NORMALLY AIRWAY CONTROL

SICK PERSON

Is patient alert?  Is patient breathing normally?
Can I talk to the patient?

Yes:  What is the problem?
   Are you short of breath or is it hard to breath?
   Are you feeling pain anywhere? If so where?
   (Consider appropriate card. Back, chest, abdomen)
   Do you feel light headed or dizzy?

No:  Does the patient answer your questions?
   What is the patient complaining of?
   Does the patient feel when he/she sits up?
   Is the patient complaining of pain? Where?
   How does the patient feel when he/she sits up?
   Is the patient acting normally for him or her?
      If not, what is different?
   How does the patient look?

Decreased level of consciousness.
Multiple fainting episodes

Does the patient respond to you and follow simple
commands?
Have you checked for a medic alert tag?
   If there is an alert tag, what does it say?
Is there insulin in the refrigerator?
Was the onset sudden or gradual?

Does the patient complain of:
   Fever (usually high)
   Headache
   Tiredness (can be extreme)
   Cough, Sore throat
   Runny or stuffy nose
   Body aches
   Diarrhea and vomiting (more common among
   children than adults)

Generalized weakness.
Medic alert from alarm company.
Flu symptoms.
   (Without critical signs, symptoms or other medical
   options)
High blood pressure without critical symptoms.
High temperature.
Patient assist.

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FLU SYMPTOMS
SICK PERSON  Pre-Arrival Instructions

Gather patient medications, if possible.
If the patient’s condition changes, call me back.

If the caller is requesting information about the Flu, have them call the NJDHSS Hotline at:
1-866-321-9571

Prompts

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Specific location</td>
</tr>
<tr>
<td>Chief complaint</td>
</tr>
<tr>
<td>Pertinent related symptoms</td>
</tr>
<tr>
<td><em>(Flu Symptoms Take Precautions)</em></td>
</tr>
<tr>
<td>Medical/Surgical history, if any</td>
</tr>
<tr>
<td>Other agencies responding</td>
</tr>
<tr>
<td>Any dangers to responding units</td>
</tr>
</tbody>
</table>

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY**
AIRWAY CONTROL
If unconscious, **NOT** breathing normally, go to CPR for appropriate age group.

If a specific chief complaint is identified the EMD should use the guidecard that suits the patient’s chief complaint.

STROKE / CVA

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>Short Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is patient alert?</td>
<td>Is the patient complaining of any pain? Where is the pain located?</td>
</tr>
<tr>
<td>Is patient breathing normally? (Consider breathing card)</td>
<td>(Consider appropriate card. Back, chest, abdomen)</td>
</tr>
<tr>
<td>Describe what the patient looks like.</td>
<td>Has the patient had a headache?</td>
</tr>
<tr>
<td>What is the patient doing?</td>
<td>(Consider headache card)</td>
</tr>
<tr>
<td>Can the patient respond to you and follow simple commands?</td>
<td>Has the patient had any recent injury/trauma?</td>
</tr>
<tr>
<td>Can the patient answer your questions?</td>
<td>Does the patient have any other medical or surgical history?</td>
</tr>
<tr>
<td>How is the patient acting?</td>
<td>What?</td>
</tr>
<tr>
<td>If acting unusually, what is different?</td>
<td>Has the patient had a stroke before?</td>
</tr>
<tr>
<td>Is the patient able to speak in full sentences?</td>
<td>Does the patients speech sound normal?</td>
</tr>
</tbody>
</table>

SIMULTANEOUS ALS/BLS

Unconscious/not breathing normally.
Marked change in level of consciousness.
New onset of one sided weakness with paralysis, facial droop, slurred speech.

BLS DISPATCH

Past history of stroke (CVA) with no new changes
STROKE / CVA  Pre-Arrival Instructions

Keep patient calm.

Don't allow patient to move around.

If unconscious or having difficulty breathing, keep neck straight and remove pillows.

Nothing by mouth (to eat or drink).

Gather patient medication, if any.

If the patient’s condition changes, call me back.

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<tr>
<td></td>
<td>Any dangers to responding units</td>
</tr>
<tr>
<td></td>
<td>Advise of any Hospitals with Special Services Diversion.</td>
</tr>
</tbody>
</table>

**UNKNOWN / MAN DOWN**

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**KEY QUESTIONS**

- Is patient alert?
- Is patient breathing normally? (Consider breathing card)
- Why is the patient down?
  - If determined, go to appropriate card.
- Is patient able to talk?
- What was patient doing?
  - Is patient able to move at all?
- Where exactly is the patient?

**SIMULTANEOUS ALS/BLS**

Unconscious/not breathing normally.
Decreased level of consciousness.
Multiple Casualty Incident Criteria.

**BLS DISPATCH**

Unknown (Third Party Call) without indications of unconsciousness.
Patient talking, moving, sitting, or standing.
UNKNOWN / MAN DOWN

Pre-Arrival Instructions

If there is no danger, go to patient to see if patient is awake, breathing normally, or moving at all.

Return to the phone and let me know

Watch for the emergency unit and direct them to the patient.

If the patient’s condition changes, call me back.

CO / INHALATION / HAZMAT

State of New Jersey EMD Guidecards Version 1/04

**Prompts**

| If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL |
| If unconscious, NOT breathing normally, go to CPR for appropriate age group |

**Short Report**

| Age |
| Sex |
| Specific location |
| Chief complaint |
| Pertinent related symptoms |
| Medical/Surgical history, if any |
| Other agencies responding |
| Any dangers to responding units |

**KEY QUESTIONS**

- Is patient alert?
- Is patient breathing normally? (Consider breathing card)
- What is the source of the contamination?
- Has the patient been removed from the area or source of contamination?
- Is a CO Detector activated?
- What is the name of the contaminating agent?

**SIMULTANEOUS ALS/BLS**

- Critical Symptoms:
  - Unconscious/LOC/not breathing normally.
  - Decreased level of consciousness.
  - Ingestion / inhalation household cleaners, antifreeze, solvents, methanol, cyanide, or insecticides.
  - Difficulty swallowing/breathing.
  - Multiple Casualty Incident.

**BLS DISPATCH**

- Chemicals on patient’s skin or clothing, no critical symptoms.
- Third party report, caller not with patient.
**Pre-Arrival Instructions**

- Prevent self contamination.
- Have patient remove contaminated clothing, if possible.
- Remove contact lenses, if possible.
- If chemical, get information on chemical (MSDS Sheet if available).
- If chemical is powder, brush off, no water.
- Flush chemicals from burns to eyes, remove contacts.
- Place burned area in cool water (not ice), if convenient.
- If the patient’s condition changes, call me back.

**Prompts**

| If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL |
| Ask for information from MSDS |
| CO Detector, Get everyone out of the house |
| Consider Poison Control Center (1-800-222-1222, or one button transfer) |
| Dispatch Fire Department |
| Is HazMat team needed? |

| Short Report |
| Age |
| Sex |
| Specific location |
| Chief complaint |
| Pertinent related symptoms |
| Medical/Surgical history, if any |
| Other agencies responding |
| Any dangers to responding units |

**CARDIAC ARREST / DOA**

**KEY QUESTIONS**

- Is patient alert?
- Is patient breathing normally? (Consider breathing card)
- If unsure about consciousness, interrogate further:
  - a. Does the patient respond to you?
  - Talk to you? Answer questions? Hear you?
  - b. Does the patient move?
  - Flinch? Move arms or legs?
  - c. Are the pupils fixed and dilated?
- If unsure about breathing, interrogate further:
  - a. Have the caller go and see if the chest rises, then come back to the phone.
  - b. Listen for the sound, frequency and description of breaths.
  - Agonal respirations are often reported as:
    - gasping, snoring, or gurgling
    - barely breathing
    - moaning weak or heavy
    - occasional

**SIMULTANEOUS ALS/BLS**

- Unconscious/not breathing adequately or at all. Possible DOA’s, of unknown origin

**BLS DISPATCH**

- FOLLOW LOCAL PROTOCOL
- CONFIRMED HOSPICE
- EXPECTED DEATH
Go to CPR card for the appropriate age group.

### Prompts

- Agonal respirations are ineffective breaths which occur after cardiac arrest

### Short Report

- Age
- Sex
- Specific location
- Chief complaint
- Pertinent related symptoms
- Medical/Surgical history, if any
- Other agencies responding
- Any dangers to responding units

---

**ADULT CPR INSTRUCTIONS**

Does anyone there know how to do CPR?

- NO
- YES

Do you need help in remembering the procedures?

- YES
- NO

Begin CPR on the patient now.
I’ll stay on the line if you need me until help arrives.

Do you have a cordless phone?

- Is there a phone that may be closer to the patient?
- Can someone there relay my instructions to you?
- [If not] I’ll give you the instructions, then return to the phone.
- If I’m not here, stay on the line.

Listen carefully. I’ll tell you what to do.
Get the patient FLAT on their back, on the floor.

- OK
- CAN’T

Is there anyone there that can help you gently roll or slide the patient to the floor?
- [If not] Can you get help and return to the phone?

- OK
- NO HELP / CAN’T

Begin attempts as best as possible.

ARE YOU WILLING TO DO MOUTH TO MOUTH?

- YES
- NO

COMPRESSION ONLY ENTRY POINT PAGE 3
Keep the patient's head STRAIGHT.
COMPLETELY COVER the STOMA with your mouth.
COVER the patient's MOUTH and NOSE with your hand.
GIVE TWO BREATHS OF AIR into the patients LUNGS—just like you’re blowing up a balloon.
Make sure the CHEST GENTLY RISES.

REMEMBER, FLAT on their BACK. BARE the CHEST. PINCH the NOSE SHUT.
With your OTHER hand, LIFT the CHIN so the head BENDS BACK.
GIVE TWO BREATHS, THEN COME BACK TO THE PHONE!
If I’m not here stay on the line.

You’re going to have to calm down to be able to help!

Did the CHEST RISE?

YES NO

GO TO CHOKING ADULT INSTRUCTIONS

Is there an automatic defibrillator in the area?

NO YES

OPEN THE MACHINE AND TURN IT ON. FOLLOW THE VOICE PROMPTS AND INSTRUCTIONS FROM THE MACHINE.

Use large size pads on adults.

Come back to the phone when the machine tells you to do CPR and I will help you.

DO NOT OPERATE AED IN/OR AROUND:
- Water, snow or ice.
- Bathtubs, pools or Jacuzzis.
- Metal, street ventilation gates.
- Hazardous materials.
- Any type of conductive medium.

Keep the patient’s head STRAIGHT.
COMPLETELY COVER the STOMA with your mouth.
COVER the patient’s MOUTH and NOSE with your hand.
GIVE TWO BREATHS OF AIR into the patients LUNGS. Make sure the CHEST GENTLY RISES.

Turn his/her head to the side. Sweep it all out with your fingers before you start mouth-to-mouth.
Put the HEEL of your HAND on the CENTER of their CHEST, right BETWEEN the NIPPLES.
Put your OTHER HAND ON TOP of THAT hand.
PUSH DOWN on the HEELS of your hands, 1-½ to 2 inches.
Do it 30 times, PUSH HARD AND FAST.
MAKE SURE the HEEL of your hand is on the CENTER of their chest, RIGHT BETWEEN THE NIPPLES.

IF NOT PERFORMING MOUTH TO MOUTH BREATHING, ADVISE to PUMP the CHEST 200 times and then come back to the phone.

IF WILLING TO PERFORM MOUTH-TO-MOUTH BREATHING. Then, PINCH the NOSE SHUT and LIFT the CHIN so the head BENDS BACK.
TWO MORE BREATHS and PUMP the CHEST 30 times.
KEEP DOING IT; PUMP the CHEST 30 times. Then TWO BREATHS.
KEEP DOING IT UNTIL HELP CAN TAKE OVER.
I'll stay on the line.

CONTINUE TO ASSIST UNTIL HELP ARRIVES!

Does anyone there know how to do CHILD CPR?

NO  YES

Do you need help in remembering the procedures?

YES  NO

Begin CPR on the child now.
I'll stay on the line if you need me until help arrives.

Get the CHILD near the phone if you can.

YES  CAN'T

Listen carefully. I'll tell you what to do.
Get the child on the floor, FLAT on their BACK.

YES  CAN'T

Are you WILLING TO DO MOUTH TO MOUTH?

YES  NO

Can you GENTLY roll or slide the child to the floor?
[If not] Can you get help and return to the phone?

OK  NO HELP / CAN'T

Begin attempts as best possible.
Keep the patient's head STRAIGHT COMPLETELY COVER the STOMA with your mouth.
COVER the patient's MOUTH and NOSE with your hand.
GIVE TWO BREATHS OF AIR into the patients LUNGS. Make sure the CHEST GENTLY RISES.

REMEMBER, FLAT on their BACK. BARE the CHEST. PINCH the NOSE SHUT.
With your OTHER hand, LIFT the CHIN so the head BENDS BACK.
GIVE TWO BREATHS. THEN COME BACK TO THE PHONE!
If I’m not here stay on the line.

Put the HEEL of ONE HAND on the CENTER of the child’s CHEST, right BETWEEN the NIPPLES.
PUSH DOWN FIRMLY, ONLY on the HEEL of your hand, HALFWAY DOWN.
Do it 30 times, PUSH HARD AND FAST.
Then, PINCH the NOSE SHUT and LIFT the CHIN so the head TILTS BACK. (If being performed).
TWO MORE BREATHS and PUMP the CHEST 30 times.
KEEP DOING IT; PUMP the CHEST 30 times. Then TWO BREATHS. (If being performed).
KEEP DOING IT UNTIL HELP CAN TAKE OVER.
I’ll stay on the line.
After 2 minutes of CPR

Is there an automatic defibrillator in the area?

No  Yes

Open the machine and turn it on. Use child AED pads if equipped. *(If using adult pads on a child be sure they do not touch each other)*. Follow the voice prompts and instructions from the machine. Come back to the phone when the machine tells you to do CPR and I will help you again.

DO NOT OPERATE AED IN/OR AROUND:
- Water, snow or ice.
- Bathtubs, pools or Jacuzzis.
- Metal, street ventilation grates.
- Hazardous materials.
- Any type of conductive medium.

CONTINUE CPR. UNTIL HELP ARRIVES

INFANT CPR (0-1 yr) INSTRUCTIONS

Does anyone there know how to do INFANT CPR?

No  Yes

Do you need help in remembering the procedures?

Yes  No

Begin CPR on the baby now. I’ll stay on the line if you need me until help arrives.

BRING THE BABY TO THE PHONE!
Listen carefully. I’ll tell you what to do.
Lay the baby FLAT on it’s back on a hard surface, such as the floor or a table.
BARE the baby’s chest.
Tilt the head back SLIGHTLY by LIFTING the CHIN.
TIGHTLY COVER the baby’s MOUTH AND NOSE with your mouth.
Blow 2 SMALL PUFFS of air SLOWLY into the baby’s LUNGS.
Make sure the baby’s CHEST GENTLY RISES with each puff.
Then come back to the phone. If I’m not here, stay on the line.

OK

Reported Patient Vomited

HYSTÉRICAL

STOMA

Keep the patient’s head STRAIGHT
COMPLETELY COVER the STOMA with your mouth.
COVER the patient’s MOUTH and NOSE with your hand
GIVE TWO BREATHS OF AIR into the patients LUNGS.
Make sure the CHEST GENTLY RISES.

Turn his/her head to the side.
Sweep it all out with your fingers before you start mouth-to-mouth.

You’re going to have to calm down to be able to help!

Did the CHEST RISE?

YES

NO

GO TO CHOKING INFANT INSTRUCTIONS

Did the CHEST RISE?

YES

NO

CONTINUE TO ASSIST UNTIL HELP

You’re going to have to calm down to be able to help!

Listen carefully. I’ll tell you what to do next.
Put your INDEX AND MIDDLE FINGERTIPS on the CHEST, right BELOW the NIPPLE LINE.
PUSH HALFWAY DOWN. Do it thirty times RAPIDLY Hard and Fast.
THEN, Tilt the head back SLIGHTLY by LIFTING the CHIN and GIVE TWO SMALL PUFFS of air SLOWLY.
Make sure the baby’s CHEST GENTLY RISES with each puff.
THEN, rapidly pump thirty more times, and then give two more SLOW PUFFS.
KEEP DOING IT UNTIL HELP CAN TAKE OVER. I’ll stay on the line.
<table>
<thead>
<tr>
<th>KEY QUESTIONS</th>
<th>BLS DISPATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is patient alert?</td>
<td>Is the patient able to speak or cry?</td>
</tr>
<tr>
<td>Is patient breathing normally?</td>
<td>Is the patient turning blue?</td>
</tr>
<tr>
<td>(Consider breathing card)</td>
<td>How old is the patient?</td>
</tr>
<tr>
<td>Describe the breathing.</td>
<td></td>
</tr>
<tr>
<td>Does the chest rise?</td>
<td></td>
</tr>
<tr>
<td>Does air enter freely?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIMULTANEOUS ALS/BL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious/not breathing normally.</td>
<td>Able to speak or cry.</td>
</tr>
<tr>
<td>Unable to talk or cry.</td>
<td>Exchanging air with no breathing difficulty.</td>
</tr>
<tr>
<td>Turning blue.</td>
<td>Airway cleared, patient assist.</td>
</tr>
</tbody>
</table>
CHOKING  Pre-Arrival Instructions

Determine age group.
Go to choking card for the appropriate age group

<table>
<thead>
<tr>
<th>Prompts</th>
<th>Short Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine age group</td>
<td>Age</td>
</tr>
<tr>
<td>Go to CHOKING (OBSTRUCTED AIRWAY) instructions</td>
<td>Sex</td>
</tr>
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<td>Chief complaint</td>
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<td>Medical/Surgical history, if any</td>
</tr>
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<td></td>
<td>Other agencies responding</td>
</tr>
<tr>
<td></td>
<td>Any dangers to responding units</td>
</tr>
</tbody>
</table>

CHOKING ADULT INSTRUCTIONS

START

Is the patient able to TALK or COUGH?

| NO | YES |

STOP

Reassess until help arrives

Listen carefully. I’ll tell you what to do next.
Stand BEHIND the patient.
Wrap your arms AROUND the waist.
Make a fist with ONE hand and place the thumb side against the STOMACH, in the MIDDLE, slightly above the NAVEL.
GRASP your fist with the other hand.
PRESS into the stomach with QUICK, UPWARD thrusts.
Repeat thrusts until the item is expelled.

Patient becomes unconscious.
Object dislodged.

(CONT)
Is the patient MOVING or BREATHING?

- NO
- YES

ROLL the patient on their SIDE and CHECK BREATHING until help takes over.

Listen carefully, I'll tell you what to do. Get the patient FLAT on their back on the floor.

PINCH the nose SHUT. With your OTHER hand, LIFT the CHIN so the head BENDS BACK. COMPLETELY COVER their mouth with your mouth. GIVE TWO BREATHS OF AIR into the patients LUNGS--just like you’re blowing up a balloon. Watch to see if the CHEST GENTLY RISES.

Did the CHEST RISE?

- NO
- YES

Is the patient MOVING or BREATHING?

- NO
- YES

ROLL the patient on their SIDE and CHECK BREATHING until help takes over.

Repeat sequence one more time then proceed.

GO TO ADULT CPR INSTRUCTIONS ➔
CHOKING CHILD (1-8yrs) INSTRUCTIONS

START

Is the child able to TALK or COUGH?

NO    YES

Is the child CONSCIOUS?

NO    YES

PROMPT:
If the event is NOT WITNESSED and the child is UNCONSCIOUS: Go to CPR CHILD.

Listen carefully. I’ll tell you what to do next.
Stand BEHIND the child.
Wrap your arms AROUND the waist.
Make a fist with ONE hand and place the thumb side against the STOMACH, in the MIDDLE, slightly above the NAVAL.
GRASP your fist with the other hand.
PRESS into the stomach with QUICK, UPWARD thrusts.
Repeat thrusts until the item is expelled.

Object dislodged.

Child becomes unconscious.

Reassess until help arrives.

Do NOT OPERATE AED IN/OR AROUND:
- Water, snow or ice.
- Bathtubs, pools or Jacuzzis.
- Metal, street ventilation gates.
- Hazardous materials.
- Any type of conductive medium.

ADULT CHOKING INSTRUCTIONS

Is the child CONSCIOUS?

NO    YES

Listen carefully. I’ll tell you what to do next.
Stand BEHIND the child.
Wrap your arms AROUND the waist.
Make a fist with ONE hand and place the thumb side against the STOMACH, in the MIDDLE, slightly above the NAVAL.
GRASP your fist with the other hand.
PRESS into the stomach with QUICK, UPWARD thrusts.
Repeat thrusts until the item is expelled.

Object dislodged.

Child becomes unconscious.
Listen carefully, I’ll tell you what to do.
Get the child FLAT on their back on the floor.

PINCH the nose SHUT. With your OTHER hand, LIFT the CHIN so the head TILTS BACK.
COMPLETELY COVER their mouth with your mouth.
GIVE TWO BREATHS OF AIR into the child’s LUNGS--just like you’re blowing up a balloon.
Watch to see if the CHEST GENTLY RISES.

Did the CHEST RISE?

Did the CHEST RISE?

Repeat sequence one more time then proceed.
CHOKING INFANT (0-1 yr) INSTRUCTIONS

START

BRING the BABY to the PHONE!

Is the baby CONSCIOUS?

| NO | YES |

Is the baby able to CRY or COUGH?

| NO | YES |

Listen carefully. I’ll tell you what to do next.

Remove any clothing from the baby’s chest, then PICK UP the baby.

Do that, and come back to the phone. If I am not here, STAY ON THE LINE.

PROMPT:
If the event is NOT WITNESSED and the infant is UNCONSCIOUS: Go to CPR INFANT.

STOP

Roll the baby over on its side and check for breathing until help takes over.

After 2 minutes of CPR

Is there an automatic defibrillator in the area?

| NO | YES |

Continue CPR until help arrives, patient moves or breathes normally.

IF the child begins moving or breathing normally ROLL the child on their SIDE and CHECK BREATHING until help takes over.

DO NOT OPERATE AED IN/OR AROUND:
- Water, snow or ice.
- Bathtubs, pools or Jacuzzis.
- Metal, street ventilation gates.
- Hazardous materials.
- Any type of conductive medium.
Turn the baby **FACE DOWN** so it lies along your forearm; **SUPPORT** the baby’s **JAW** in your **HAND**.

Lower your arm onto your thigh so that the baby’s head is **LOWER** than its chest.

Use the **HEEL** of your other **HAND** to strike the **BACK 5 times FIRMLY**, right between the shoulder blades.

Do that, and come back to the phone.

**SANDWICH** the baby between your forearms, **SUPPORT** the head, and then turn the baby onto its back.

Put your **INDEX AND MIDDLE FINGERS** directly **BELOW** the baby’s **NIPPLES**.

Push down halfway, do it **5 TIMES** (1-2-3-4-5). Do that, and come back to the phone.

---

**Baby becomes unconscious.**

**Object dislodged.**

**Still conscious and choking, repeat sequence.**

---

Is the baby breathing or crying?

**NO**

**YES**

---

Listen carefully. I’ll tell you what to do. Lay the baby **FLAT** on it’s back on a hard surface, such as the floor or a table, and then **BARE** the baby’s chest.

Do that then come back to the phone. If I’m not here, stay on the line.

Tilt the head back **SLIGHTLY** by **LIFTING** the **CHIN**.

**TIGHTLY COVER** the baby’s **MOUTH AND NOSE** with your mouth.

Blow two **SMALL PUFFS** of air **SLOWLY** into the baby’s **LUNGS**.

Watch to see if the **CHEST GENTLY RISES**.

---

**Did the CHEST RISE?**

**NO**

**YES**

---

**Is the baby? BREATHING or CRYING?**

**NO**

**YES**

ROLL the child on their **SIDE** and CHECK **BREATHING** until help takes over.

---

Repeat sequence **one more time** then proceed.

**PROCEED**

---

GO TO INFANT CPR INSTRUCTIONS
Listen carefully. I’ll tell you what to do next.
Put your **INDEX AND MIDDLE FINGERTIPS** on the **CHEST**, right **BELOW** the **NIPPLE LINE**.
**PUSH HALFWAY DOWN.** Do it thirty times **RAPIDLY** Hard and Fast.
**THEN**, Tilt the head back **SLIGHTLY** by **LIFTING** the **CHIN**
**LOOK INTO THE BABY’S MOUTH**, if you see anything try to remove it with your little finger by
sweeping it out. **DON’T** push the object backwards
**GIVE TWO SMALL PUFFS** of air **SLOWLY**.

**THEN**, rapidly pump thirty more times,
**LOOK INTO THE BABY’S MOUTH**, if you see anything try to remove it with your little finger by
sweeping it out. **DON’T** push the object backwards
Then give two more **SLOW PUFFS**.
**KEEP DOING IT UNTIL HELP CAN TAKE OVER.** I’ll stay on the line.

**Is the baby? BREATHING or CRYING?**

ROLL the baby on their **SIDE** and **CHECK BREATHING** until help takes over.
**DROWNING (POSSIBLE)**

**KEY QUESTIONS**
- Is patient alert?
- Is patient breathing normally? (Consider breathing card)
- How long was the patient under water?
- Is this a scuba diving accident?
- Has the patient been removed from the water?
- Is the patient on land or in a boat?
- What was the patient doing before the accident?

**SIMULTANEOUS ALS/BLS**
- Unconscious, not breathing normally.
- Difficulty breathing.
- Scuba diving accident.
- Diving accident (possibility of C-spine injury.)
- Fractured femur (thigh).

**BLS DISPATCH**
- Patient not submerged.
- Patient coughing.
- Other injuries without critical symptoms.
- Minor injury (lacerations/fractures).
**DROWNING (POSSIBLE)**

**Pre-Arrival Instructions**

- Do not attempt to rescue patient, unless trained to do so.
- Do not move patient around
- Gather patient medications, if possible.
- If the patient’s condition changes, call me back.
- Keep patient warm.

**Prompts**

- If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY**
  - Airway Control
- If unconscious, **NOT** breathing normally, go to CPR for appropriate age group.
- Are boats needed?
- Is SCUBA team needed?

**Short Report**

- Age
- Sex
- Specific location
- Chief complaint
- Pertinent related symptoms
- Medical/Surgical history, if any
- Other agencies responding
- Any dangers to responding units

---

**ELECTROCUTION**

**KEY QUESTIONS**

- Is patient alert?
- Is patient breathing normally? (Consider breathing card)
- If household electrocution, was it the dryer, stove, or other 220 volt source.
- Is patient still in contact with the source?
- Are there any other injuries? If so what are they?

**SIMULTANEOUS ALS/BLS**

- Unconscious/not breathing normally.
- Decreased level of consciousness.
- Multiple Casualty Incident Criteria.
- Reported DOA until evaluation by responsible party.
- Burns to airway, nose, or mouth.
- Burns over 20% of body surface.
- Burns from 220 volt or higher source

**BLS DISPATCH**

- Household electrical shock without critical symptoms
**ELECTROCUTION**

Pre-Arrival Instructions

- Beware of ground moisture.
- Do not touch the patient if in contact with the source of electricity.
- Beware of liquid spills that could conduct electricity.
- If it is safe to do so, turn off the power.
- If the patient’s condition changes, call me back.

---

**Prompts**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY
AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Is fire department needed?

**Short Report**

- Age
- Sex
- Specific location
- Chief complaint
- Pertinent related symptoms
- Medical/Surgical history, if any
- Other agencies responding
- Any dangers to responding units

---

**PREGNANCY / CHILDBIRTH**

State of New Jersey EMD Guidecards Version 1/04

**KEY QUESTIONS**

- Is patient alert?
- Is patient breathing normally? (Consider breathing card)
- Was there an injury? What is it?
- Has she had a seizure?
- Is she bleeding?
- If yes, is the bleeding like a period, spotting, or heavy flow?
- How does she feel when she sits up?
- Has she had any problems during pregnancy or anticipated problems?
- Is she having cramping pains that come and go?
  - If yes, how often?
- Does she feel the urge to go to the bathroom?
- Is this the first pregnancy?
- How far along is she?
- If this is not the first pregnancy, during the previous pregnancy:
  - How long was she in labor before delivery?
  - Were there any complications?
  - Was the delivery vaginal or surgical?
- If post delivery, is the baby breathing?

**SIMULTANEOUS ALS/BLS**

- Unconscious/not breathing normally.
- Imminent delivery OR Delivery.
- Vaginal bleeding with fainting.
- Fainting/near fainting with patient sitting up.
- Prior history of complicated delivery.
- Bleeding, greater than 20 weeks pregnant
- Premature active labor greater than 4 weeks premature.
- Abdominal injury, if greater than 20 weeks pregnant.
- Seizure.
- Multiple births.

**BLS DISPATCH**

- Delivery not imminent.
- Vaginal bleeding without fainting if under 20 weeks pregnant.
- Abdominal injury, if less than 20 weeks pregnant.
- Water broke.
- Pregnant less than 20 weeks or menstrual with any of the following:
  - Cramps
  - Pelvic Pain
  - Spotting
Do not use the toilet.

Have the patient lie down on her left side.

Keep the patient warm.

Gather patient medications, if any.

Do not flush toilet or dispose of used pads.

If the patient’s condition changes, call me back.

---

**Pre-Arrival Instructions**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY
AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Imminent and post delivery, go to CHILDBIRTH instructions

**Prompts**

- Has she had a baby before?
- How far apart are the contractions (pains)?
- Does she have a strong desire to push?
- How far apart are the contractions (pains)?

**Short Report**

- Age
- Sex
- Specific location
- Chief complaint
- Pertinent related symptoms
- Medical/Surgical history, if any
- Other agencies responding
- Any dangers to responding units

---

**CHILDBIRTH INSTRUCTIONS**

START

Has she had a baby before?

Does she have a strong desire to push?

Listen carefully. I’ll tell you what to do. Have her LIE in a comfortable position, LEFT SIDE IS BEST. Have her take DEEP breaths.

Monitor patient’s condition. If a STRONG DESIRE TO PUSH develops delivery may be imminent, if so continue.

- Ask her to RESIST urge to PUSH or BEAR DOWN.
- Get the phone next to her if you can.
- Ask her to LIE on her BACK and relax, breathing DEEPLY through her MOUTH.
- Ask her to remove her underwear.
- Place clean towels UNDER her BUTTOCKS. Have additional towels ready.

(CONT.)
CHILDBIRTH INSTRUCTIONS - Page 2 of 2 (1/04)

### COMPLICATIONS with delivery

- **Baby delivered and BREATHING**
- **Baby delivered and NOT BREATHING**

---

<<If she starts to deliver (water broken, bloody discharge, baby’s head appears)>>

The baby’s head should appear first. CRADLE it and the rest of the baby as it is delivered.

**DO NOT PUSH OR PULL.**

There will be water and blood with delivery. **THIS IS NORMAL.**

- When the baby is delivered, CLEAN out it’s MOUTH and NOSE with a CLEAN, DRY CLOTH.
- DO NOT attempt to CUT or PULL the cord.
- Wrap the baby in a dry blanket, a towel, or whatever is handy, and place it between the mother’s legs on the floor. Massage the mother’s lower abdomen very gently.
- If the baby **DOES NOT** start breathing on its own, rub its back or gently slap the soles of its feet.
- If the baby **DOESN’T** begin breathing **IMMEDIATELY**, come back to the phone.

<<When the placenta (tissue on the other end of the umbilical cord) is delivered.>>

WRAP IT. This delivery may take as long as twenty minutes.

Keep the placenta LEVEL or SLIGHTLY ABOVE the baby.

<<If there are complications (leg, arm, buttocks, or umbilical cord presenting)>>

REASSURE the mother. Tell her you have dispatched aid.

- Ask her to remain on her BACK with her KNEES BENT.
- Ask her to RELAX and BREATHE through her MOUTH.
- Tell her NOT TO PUSH.

---

**UNCONSCIOUS / FAINTING**

<table>
<thead>
<tr>
<th>KEY QUESTIONS</th>
<th>SIMULTANEOUS ALS/BLS</th>
<th>BLS DISPATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is patient alert?</td>
<td>Did the patient have any complaints just before they became unconscious?</td>
<td>Unconscious, but now conscious without critical symptoms.</td>
</tr>
<tr>
<td>Is patient breathing normally?</td>
<td>(Consider breathing card)</td>
<td>Unconfirmed slumped over wheel.</td>
</tr>
<tr>
<td></td>
<td>Is this the first time today the patient has been unconscious?</td>
<td>Conscious with minor injuries.</td>
</tr>
<tr>
<td></td>
<td>Have you or anyone else tried to wake the patient up?</td>
<td>Known alcohol intoxication without other drugs, can be aroused.</td>
</tr>
<tr>
<td></td>
<td>Has the patient taken any medication or recreational drugs with alcohol?</td>
<td>Near Syncope (fainting) without critical criteria.</td>
</tr>
<tr>
<td></td>
<td>What was the patient doing before they became unconscious?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does the patient have any medical or surgical history?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>What?</td>
</tr>
</tbody>
</table>

State of New Jersey EMD Guidecards Version 1/04
UNCONSCIOUS / FAINTING     Pre-Arrival Instructions

Have patient lie down.

If patient is vomiting, lay patient on side.

Do not leave patient, be prepared to do CPR.

Gather patients medications, if possible.

If the patient’s condition changes, call me back.

---

Prompts | Short Report
--- | ---
Go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL If unconscious, NOT breathing normally, go to CPR for appropriate age group. | Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

---

(NON-TRAUMA) BREATHING NORMALLY

START

Listen carefully. I’ll tell you what to do.
Roll the patient on their side.
Check for normal breathing until help takes over.
Watch for the chest to rise and fall.
Put your cheek next to the nose and mouth to listen and feel for the air movement.

Patient vomits. Patient stops breathing normally.

Turn the patients head to the side.
Sweep it all out of the mouth with your fingers.

Patient NOW breathing normally. Patient NOT breathing normally.

GO TO CPR INSTRUCTIONS FOR AGE GROUP
GO TO CHOKING INSTRUCTIONS FOR AGE GROUP
**UNCONSCIOUS AIRWAY CONTROL**

**START**

Listen carefully. I’ll tell you what to do.

**DO NOT MOVE** the patient (especially head and neck) unless imminent danger to life.

Check for normal breathing until help takes over.

Watch for the chest to rise and fall.

Put your cheek next to the nose and mouth to listen and feel for the air movement.

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**GO TO CPR INSTRUCTIONS FOR AGE GROUP**

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**GO TO CHOKING INSTRUCTIONS FOR AGE GROUP**

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UNCONSCIOUS AIRWAY CONTROL - Page 2 of 2 (1/04)

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**AIRCRAFT / TERRORISM**

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**KEY QUESTIONS**

- Caller Information (name and seat number).
- Flight Information (airline, flight no., departure & destination airports).
- Caller cell number.
- Individual’s intentions or intended target.
- Is anyone hurt or injured? – Are you in a position to help with the victims?
- Initiate any local protocols.
- “STAY CALM”, “Tell me what happened”, keep caller on line.
- (Patch through to NEADS if requested).

**WHEN TO CALL**

Emergency call from an airborne aircraft.

- Suspicious airborne object or aircraft.
- Aircraft theft in progress or just occurred.
- Notify NEADS at

**NEADS-Northeastern States**

315-334-6311/6802 (ul)

**WHEN NOT TO CALL**

Complaints about sonic booms.

Aircraft noise complaints that are reported in the vicinity of airports.

Reporting a crop duster spraying an agricultural field.

Reporting a military aircraft flying in a typical military operations area.

**IF IN DOUBT…. PLEASE CALL**
Contact information details outlined below:

A. SEADS: Southeastern states would call (850) 283-5205/5207.
B. NEADS: Northeastern states would call (315) 334-6311/6802.
C. WADS: Western states would call (253) 382-4310/4311.
D. ANR: Alaska would call (907) 552-6222/6293.

The above phone numbers are privileged phone numbers and should not be shared with private citizens. These numbers are for PSAP use only.

HAZMATIC INCIDENT GUIDE

Where is the emergency? Actual incident location, direction of travel if applicable:

Best access route to facility:

Are you in a safe location? If YES: continue questioning
If NO: advise caller to move to safe location and call back

Type of hazardous material Incident:
- Explosion
- Fire
- Motor Vehicle Accident
- Leak / Spill
- Abandoned container / materials

Are there any injuries?
- IF NO: go to next question
- IF YES:
  - How many people are injured?
  - What is the nature of the injuries?
  - Refer to appropriate medical guidecard or local protocol

Name and/or ID # of material:

State of material: Solid Liquid Gas

Refer to the appropriate medical guidecard or follow local protocol.

Notify County and all applicable agencies (NJDEP, Local and/or County OEM, etc.) per local protocol on any affirmative responses to items marked * in the prompts section below.
GUIDELINES TO REQUEST AN ON-SCENE HELICOPTER

Air transportation should be considered when emergency personnel have evaluated the individual circumstances and found any one of the following situations present.

ENVIRONMENTAL FACTORS

- The time needed to transport a patient by ground to an appropriate facility poses a threat to the patient's survival and recovery.
- Weather, road, and traffic conditions would seriously delay the patient's access to Advanced Life Support (ALS).
- Critical care personnel and equipment are needed to adequately care for the patient during transport.
- Falls of 20 feet or more.
- Motor vehicle accident (MVA) of 20 MPH or more without restraints.
- Rearward displacement of front of car by 20 inches.
- Rearward displacement of front axle.
- Passenger compartment intrusion.
- Ejection of patient from vehicle.
- Rollover.
- Deformity of a contact point (steering wheel, windshield, dashboard).
- Death of occupant in the same vehicle.
- Pedestrian struck at 20 MPH or more.

INDICATORS OF SEVERE ANATOMIC OR PHYSIOLOGIC COMPROMISE

- Unconsciousness or decreasing level of consciousness.
- Systolic blood pressure less than 90 mmHg.
- Respiratory rate less than 10 per minute or greater than 30 per minute.
- Glasgow Coma Score less than 10.
- Compromised airway.
- Penetrating injury to chest, abdomen, head, neck, or groin.
- Two or more femur or humerus fractures.
- Flail chest.
- Amputation of an extremity.
- Paralysis or spinal cord injury.
- Severe burns.

HAZMAT INCIDENT GUIDE

If you are not in a safe location, leave the area and call back.
Gather available chemical information
Deny entry to affected area. Secure premises, isolate area.
Isolate injured from scene if safely possible.

<table>
<thead>
<tr>
<th>Prompts</th>
<th>Short Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount spilled or released:</td>
<td>Incident location</td>
</tr>
<tr>
<td>Size / Type of container:</td>
<td>Access route</td>
</tr>
<tr>
<td>Is release: (Check as many as apply)</td>
<td>Type of HazMat incident</td>
</tr>
<tr>
<td>Continuous</td>
<td>Entering a waterway</td>
</tr>
<tr>
<td>Intermittent</td>
<td>Entering a storm drain or sewer</td>
</tr>
<tr>
<td>Contained</td>
<td>Other:</td>
</tr>
<tr>
<td>Have personnel been evacuated? YES NO</td>
<td>Number and nature of injuries</td>
</tr>
<tr>
<td>Are there any emergency responders or HAZMAT trained personnel on the scene?</td>
<td>Release type</td>
</tr>
<tr>
<td>IF YES who are they? fire brigade security other</td>
<td>Wind direction</td>
</tr>
<tr>
<td>Is chemical information available for responders? (I.e.: MSDS, Hazardous Substance Fact Sheet)</td>
<td></td>
</tr>
<tr>
<td>IF NO go to next question</td>
<td></td>
</tr>
<tr>
<td>IF YES: Please have it ready for the emergency responders.</td>
<td></td>
</tr>
<tr>
<td>Wind Direction: N S E W</td>
<td></td>
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<tr>
<td>(If not available from caller, obtain from field units)</td>
<td></td>
</tr>
<tr>
<td>*Is chemical listed as an inhalation hazard or is immediate isolation indicated? (Refer to DOT Guidebook or NLETS)</td>
<td></td>
</tr>
<tr>
<td>* SEE “Hazardous Materials Agency Dispatch” block for these items</td>
<td></td>
</tr>
</tbody>
</table>

1-800-332-4356
REMCS (Newark)

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