

# 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  
January 2004/Updated April 2006/March 2007/July 2009



### Traumatic Incident Types

ANIMAL BITES  
ASSAULT/DOMESTIC VIOLENCE/ SEXUAL ASSAULT  
BLEEDING / LACERATION  
BURNS  
EYE PROBLEMS / INJURIES  
FALL VICTIM  
HEAT / COLD EXPOSURE  
INDUSTRIAL ACCIDENT  
STABBING / GUNSHOT VICTIM / ASSAULT  
TRAUMATIC INJURY  
VEHICULAR RELATED INJURIES

### Medical Chief Complaint Types

ABDOMINAL PAINS  
ALLERGIES/STINGS  
BACK PAIN  
BREATHING PROBLEMS  
CHEST PAIN / HEART PROBLEMS  
DIABETIC PROBLEMS  
HEADACHE  
OD/POISONINGS/INGESTIONS  
PSYCHIATRIC / BEHAVIORAL PROBLEMS  
SEIZURES / CONVULSIONS  
SICK PERSON  
STROKE / CVA  
UNKNOWN / MAN DOWN

## GUIDECARD INDEX

### Time / Life-Critical Events

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- ADULT CPR INSTRUCTIONS
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- INFANT CHOKING INSTRUCTIONS

DROWNING (POSSIBLE)

ELECTROCUTION

PREGNANCY / CHILDBIRTH

- CHILDBIRTH INSTRUCTIONS

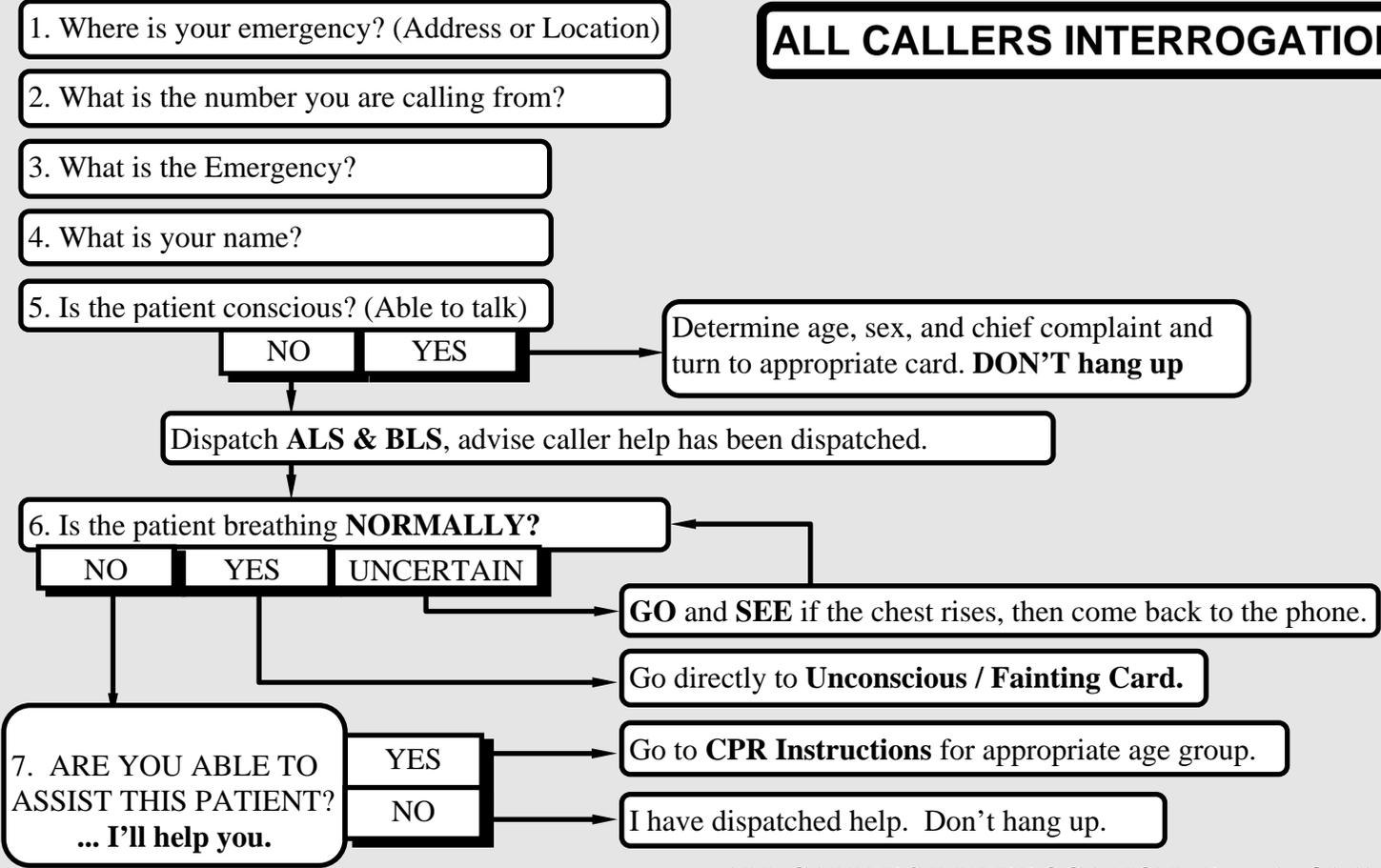
UNCONSCIOUS / FAINTING

- UNCONSCIOUS AIRWAY CONTROL (NON-TRAUMA) INSTRUCTIONS
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# ANIMAL BITES

<b>KEY QUESTIONS</b>	<p>Is the animal contained?</p> <p>What type of animal bit the patient?</p> <p>Is the patient short of breath or does it hurt to breathe?</p> <p>What part of the body was bitten?</p>	<p>Is the patient bleeding?</p> <p><b>IF YES,</b></p> <p>From where?</p> <p>How much?</p> <p>How long?</p> <p>Can it be controlled with pressure?</p> <p>How long ago did they receive the bite?</p>
	<b>SIMULTANEOUS ALS/BLS</b>	<b>BLS DISPATCH</b>
<b>DISPATCH</b>	<p>Unconscious/not breathing normally.</p> <p>Decreased level of consciousness.</p> <p>Uncontrolled bleeding, after attempts to control.</p> <p>Serious neck or face, bites from animal attacks.</p> <p>Bites from known poisonous animals.</p>	<p>Controlled bleeding.</p> <p>Swelling at bite site.</p> <p>Bite below neck, non-poisonous.</p>

## ANIMAL BITES Pre-Arrival Instructions

<p>Contain the animal, if possible.</p> <p>Keep patient calm and still.</p> <p>If bleeding, use clean cloth and apply pressure directly over it.</p> <p>If cloth becomes soaked, do not remove, add to what is already there.</p> <p>Elevate bleeding extremities.</p>	<p>Use care not to obstruct the airway or breathing.</p> <p>For snake bites;</p> <p style="padding-left: 20px;">Do not elevate extremity.</p> <p style="padding-left: 20px;">Do not use ice.</p> <p style="padding-left: 20px;">Do not attempt to remove venom.</p> <p>Lock away any pets.</p> <p>If the patient's condition changes, call me back.</p>
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### Prompts

### Short Report

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL

Has law enforcement been notified?  
Has Animal Control been notified?



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

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KEY QUESTIONS

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?

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?

### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

DISPATCH

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.

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.

# ASSAULT/ DOMESTIC, SEXUAL Pre-Arrival Instructions

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

## Prompts

## Short Report

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?



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

# BLEEDING / LACERATION

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KEY QUESTIONS

- Is patient alert?
- Is patient breathing normally?
- Where is the bleeding from?  
If vaginal, is she pregnant?
- Is blood squirting out?
- Is the patient a hemophiliac (a bleeder)?

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

## SIMULTANEOUS ALS/BLS

## BLS DISPATCH

DISPATCH

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.

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  
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# BURNS

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KEY QUESTIONS

How was the patient burned?

**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?

**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?

## SIMULTANEOUS ALS/BLS

## BLS DISPATCH

DISPATCH

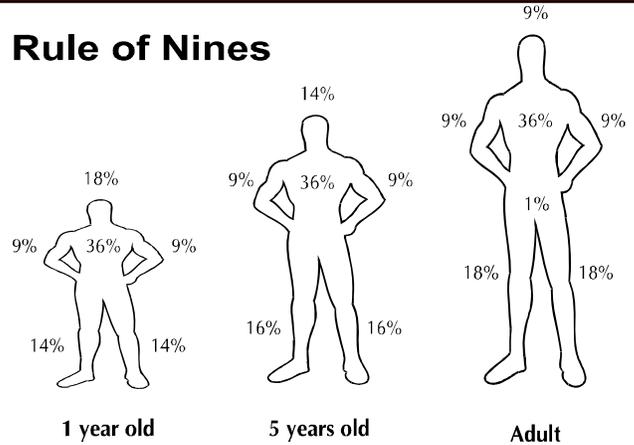
Unconscious/not breathing normally.  
Decreased level of consciousness.  
Burns to airway, nose, mouth.  
Hoarseness, difficulty talking or swallowing.  
Burns over 20% of body surface.  
Electrical Burns/electrocution from 220 volts or greater power lines/panel boxes.  
2<sup>nd</sup> & 3<sup>rd</sup> 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



### 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

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KEY QUESTIONS

<p>Is patient alert?</p> <p>Is patient breathing normally?</p> <p>What caused the injury?</p> <ul style="list-style-type: none"> <li>Chemicals</li> <li>Foreign object</li> <li>Impaled object</li> <li>Direct blow</li> <li>Flying object</li> <li>Welding/near welder</li> </ul>	<p>Is eyeball cut open or leaking fluid?</p> <p>Are there any other injuries?</p>
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### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

DISPATCH

<p>Unconscious/not breathing normally.              Decreased level of consciousness.</p>	<p>Any eye injury</p>
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# 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.

## Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL



## Short Report

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

# 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.

## DISPATCH

## 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.

### Prompts

Is Rescue needed?  
 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

## HEAT / COLD EXPOSURE

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### KEY QUESTIONS

Is 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?

Does the patient respond to you and follow simple commands?  
 Can the patient answer your questions?  
 Is the patient acting normal for him or her?  
 If not, what is different?  
 Is the patient sweating profusely?  
 How does the patient act when he/she sits up?  
 Is the patient dizzy, weak, or feeling faint?

### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

### DISPATCH

Unconscious/not breathing normally.  
 Decreased level of consciousness.  
 Confused/disoriented.  
 Fainting (Syncope).  
 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.



### 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/BLS

### BLS DISPATCH

**DISPATCH**

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.

Unconscious, but now conscious without critical symptoms.  
Amputation/entrapment 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.

## Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL

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

Is Rescue needed?

Is Fire Department needed?

Is Aeromedical Evacuation 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

# 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.

## DISPATCH

# STABBING/GUNSHOT/ASSAULT Pre-Arrival Instructions

Tell caller to remain safe (beware of assailant).

Have the patient lie down and remain calm.

Do not disturb the scene or move weapons.

Keep the patient warm.

Do not pull out any penetrating weapons.

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

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.

## 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?

Advise responders when scene is secure.

### 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

# TRAUMATIC INJURY

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## KEY QUESTIONS

Is patient alert?

Is the patient bleeding?

Is patient breathing normally?  
(Consider breathing card)

**IF YES,**

From where?

How was the patient injured?

How much?

Where is the patient injured?

How long?

Describe what happened.

Can it be controlled with pressure?

## SIMULTANEOUS ALS/BLS

## BLS DISPATCH

## DISPATCH

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.

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.

Keep patient warm.

Do not remove or touch impaled object.

Do not disturb anything.

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

Gather patient medications, if possible.

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

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

Use care not to obstruct the airway or breathing.

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.

Is law enforcement needed?

**FOLLOW AEROMEDICAL  
DISPATCH GUIDELINES**



Age  
Sex  
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## VEHICULAR RELATED INJURIES

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**KEY QUESTIONS**

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

### BLS DISPATCH

**DISPATCH**

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

Accident with injury, no critical criteria.  
Police request stand-by/check for injuries.

# VEHICULAR RELATED INJURIES Pre-Arrival Instructions

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

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?

Is Rescue needed?

Is the 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

# ABDOMINAL PAIN

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## KEY QUESTIONS

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/BLS

## DISPATCH

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.

## 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  
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Medical/Surgical history, if any  
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## ALLERGIES / STINGS

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### KEY QUESTIONS

Is patient alert?  
Is patient breathing normally? (Consider breathing card)  
What is the patient complaining of?  
Is the patient having difficulty swallowing?  
How does the patient act when they sit up?  
Does the patient have a rash or hives?  
Is the patient complaining of itching?

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

### BLS DISPATCH

### DISPATCH

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.

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.

Gather patient medications, if any.

Keep neck straight – remove pillows.

Do you have a Epi-Pen or reaction kit? Yes or No  
**If yes**, have you used it as the physician has directed?

Watch patient for signs of difficulty breathing (slow breathing), or cardiac arrest.

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

Keep calm.

Brush the stinger off, if possible. Do not attempt to grasp stinger.

Ice to sting.

### 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  
 Chief complaint  
 Pertinent related symptoms  
 Medical/Surgical history, if any  
 Other agencies responding  
 Any dangers to responding units

## BACK PAIN

State of New Jersey EMD Guidecards Version 1/04

### KEY QUESTIONS

Is patient alert?

Does the patient have any other medical or surgical history?

Is patient breathing normally? (Consider breathing card)

Is the patient wearing a Medic Alert tag? If yes, what does it say?

Is the pain due to an injury to the patient?

Has the patient felt dizzy or fainted?

### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

### DISPATCH

Unconscious/not breathing normally.  
 Decreased level of consciousness.  
 Non-traumatic back pain with prior history of heart problem.  
 Back pain with fainting or near fainting, patient over 50 yrs.

Flank pain/back (Kidney stone).  
 Back pain (non-traumatic).  
 Back pain unspecified.  
 Chronic back pain.

# 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

# BREATHING PROBLEMS

State of New Jersey EMD Guidecards Version 1/04

**KEY QUESTIONS**

<p>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?</p>	<p>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?</p>
--	--

## SIMULTANEOUS ALS/BLS

## BLS DISPATCH

**DISPATCH**

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.

Cold symptoms.  
 Stuffed nose.  
 Oxygen bottle empty.  
 Patient assist.  
 Long term, no change.

# 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.

## 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

# 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?

Is the patient sweating profusely?  
 Is the patient experiencing rapid heart rate with chest pain?  
 Does the patient have a history of rapid heart rate?  
 How does the patient act when he/she sits up?  
 Is the patient weak, dizzy, or faint?

## SIMULTANEOUS ALS/BLS

## BLS DISPATCH

## 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

State of New Jersey EMD Guidecards Version 1/04

**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/BLS

## BLS DISPATCH

**DISPATCH**

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

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  
 Chief complaint  
 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?

What was the patient doing when the headache started?  
 Does the patient have pain anywhere else? If so, where?  
 Has the patient had a recent illness or injury? If so, what?  
 Does the patient have a headache history?  
 Is the patient wearing a Medic Alert Tag? If so, what does it say?

### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

### DISPATCH

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

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  
 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

# OD/POISONINGS/INGESTION

State of New Jersey EMD Guidecards Version 1/04

**KEY QUESTIONS**

<p>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?</p>	<p>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.</p>
---	--

## SIMULTANEOUS ALS/BLS

## BLS DISPATCH

**DISPATCH**

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.

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

## Short Report

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?

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

State of New Jersey EMD Guidecards Version 1/04

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/POISONING 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

## BLS DISPATCH

DISPATCH

Decreased level of consciousness

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.

## Prompts

## Short Report

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

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

# 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?

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?

## SIMULTANEOUS ALS/BLS

## BLS DISPATCH

## DISPATCH

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

Single seizure with history of seizure disorder

# 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.

## Prompts

## Short Report

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**

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

# SICK PERSON

State of New Jersey EMD Guidecards Version 7/09

<b>K E Y Q U E S T I O N S</b>	Is patient alert?      Is patient breathing normally?  Can I talk to the patient?  <b>Yes:</b> 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?  <b>No:</b> Does the patient answer your questions? What is the patient complaining of? 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?	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?  <div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p style="text-align: right; background-color: yellow; margin: 0;"><b>FLU SYMPTOMS</b></p> <p>Is the patient complaining of:</p> <ul style="list-style-type: none"> <li>Fever (<i>usually high</i>)</li> <li>Headache</li> <li>Tiredness (<i>can be extreme</i>)</li> <li>Cough, Sore throat</li> <li>Runny or stuffy nose</li> <li>Body aches</li> <li>Diarrhea and vomiting (<i>more common among children than adults</i>)</li> </ul> </div>
	<b>SIMULTANEOUS ALS/BLS</b>	<b>BLS DISPATCH</b>

<b>D I S P A T C H</b>	Decreased level of consciousness. Multiple fainting episodes	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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# 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

## Short Report

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.

Age  
Sex  
Specific location  
Chief complaint  
Pertinent related symptoms  
(*Flu Symptoms Take Precautions*)  
Medical/Surgical history, if any  
Other agencies responding  
Any dangers to responding units

# STROKE / CVA

State of New Jersey EMD Guidecards Version 4/06

## KEY QUESTIONS

Is patient alert?  
Is patient breathing normally? (Consider breathing card)  
Describe what the patient looks like.  
What is the patient doing?  
Can the patient respond to you and follow simple commands?  
Can the patient answer your questions?  
How is the patient acting?  
If acting unusually, what is different?  
Is the patient able to speak in full sentences?

Is the patient complaining of any pain? Where is the pain located?  
(Consider appropriate card. Back, chest, abdomen)  
Has the patient had a headache?  
(Consider headache card)  
Has the patient had any recent injury/trauma?  
Does the patient have any other medical or surgical history?  
What?  
Has the patient had a stroke before?  
Does the patients speech sound normal?

## SIMULTANEOUS ALS/BLS

## BLS DISPATCH

## DISPATCH

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

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.

### 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.

## UNKNOWN / MAN DOWN

State of New Jersey EMD Guidecards Version 1/04

### KEY QUESTIONS

<p>Is patient alert?</p> <p>Is patient breathing normally? (Consider breathing card)</p> <p>Why is the patient down? If determined, go to appropriate card.</p> <p>Is patient able to talk?</p>	<p>What was patient doing? Is patient able to move at all?</p> <p>Where exactly is the patient?</p>
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### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

### DISPATCH

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

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.

### 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

## CO / INHALATION / HAZMAT

State of New Jersey EMD Guidecards Version 1/04

### 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

### BLS DISPATCH

### DISPATCH

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.

Chemicals on patient's skin or clothing, no critical symptoms.  
 Third party report, caller not with patient

## CO / INHALATION / HAZMAT Pre-Arrival Instructions

Prevent self contamination.

Flush chemicals from burns to eyes, remove contacts

Have patient remove contaminated clothing, if possible.

Place burned area in cool water (not ice), if convenient.

Remove contact lenses, if possible.

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

If chemical, get information on chemical (MSDS Sheet if available).

If chemical is powder, brush off, no water.

### Prompts

### Short Report

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?

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

State of New Jersey EMD Guidecards Version 1/04

### 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

### BLS DISPATCH

### DISPATCH

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

**FOLLOW LOCAL PROTOCOL**  
**CONFIRMED HOSPICE**  
**EXPECTED DEATH**

# CARDIAC ARREST / DOA Pre-Arrival Instructions

Go to CPR card for the appropriate age group.

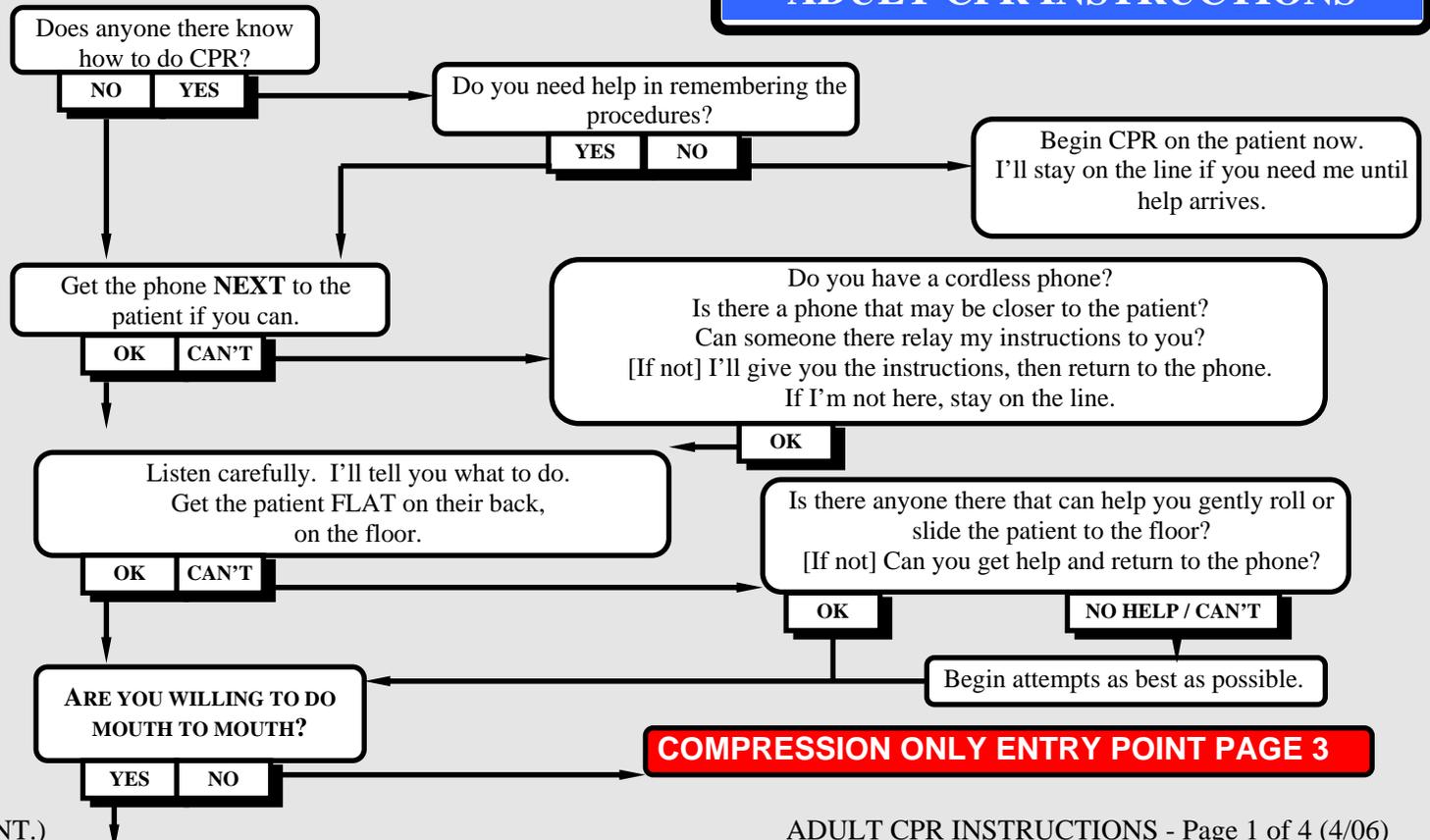
## Prompts

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



**COMPRESSION ONLY ENTRY POINT PAGE 3**

(RESUME)

**BARE** the chest. **KNEEL** at the patient's side.  
**PINCH** the nose **SHUT** with **ONE HAND**. With your **OTHER** hand, **LIFT** the **CHIN**  
**COMPLETELY COVER** their mouth with your mouth.  
**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.

**OK**   **Reported Patient Vomited**   **HYSTERICAL**   **STOMA**

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

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**.

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

(CONT.)

(RESUME)

Did the CHEST RISE?

**YES**   **NO**

**GO TO CHOKING ADULT INSTRUCTIONS** ☒

**← COMPRESSION ONLY ENTRY POINT**

**← CHOKING ADULT ENTRY POINT**

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.

(CONT.)

(RESUME)

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.

OK

HYSTERICAL

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

CONTINUE TO ASSIST UNTIL HELP ARRIVES!

(CONT.)

### CHILD CPR (1-8 YRS) INSTRUCTIONS

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

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.

OK

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

YES CAN'T

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

ARE YOU WILLING TO DO MOUTH TO MOUTH?

YES NO

Begin attempts as best possible.

**COMPRESSION ONLY ENTRY POINT PAGE 3**

(CONT)

(RESUME)

**BARE** the chest. **KNEEL** at the child's side.  
**PINCH** the nose **SHUT** with **ONE HAND**. With your **OTHER** hand, **LIFT** the **CHIN**  
**COMPLETELY COVER** the child's mouth with your mouth.  
**GIVE TWO BREATHS OF AIR** into the child's **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.

OK

Reported Patient Vomited

HYSTERICAL

STOMA

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

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**.

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

(CONT)

(RESUME)

Did the CHEST RISE?

YES

NO

GO TO CHOKING CHILD INSTRUCTIONS

← COMPRESSION ONLY ENTRY POINT

← CHOKING CHILD ENTRY POINT

Put the **HEEL** of **ONE HAND** on the **CENTER** of the child's **CHEST**, right **BETWEEN** the **NIPTLES**.  
**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.

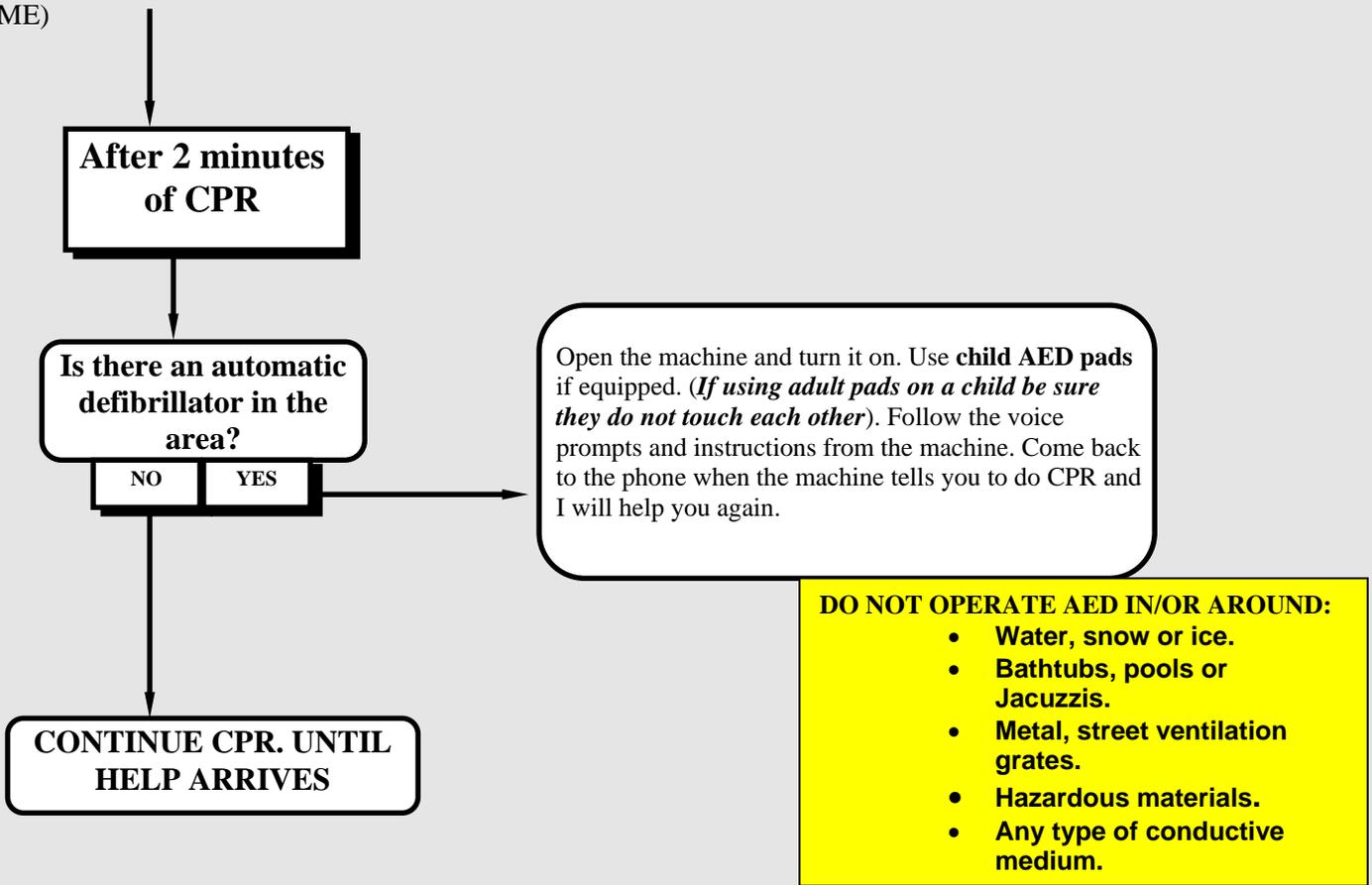
OK

I CAN'T OR HYSTERICAL

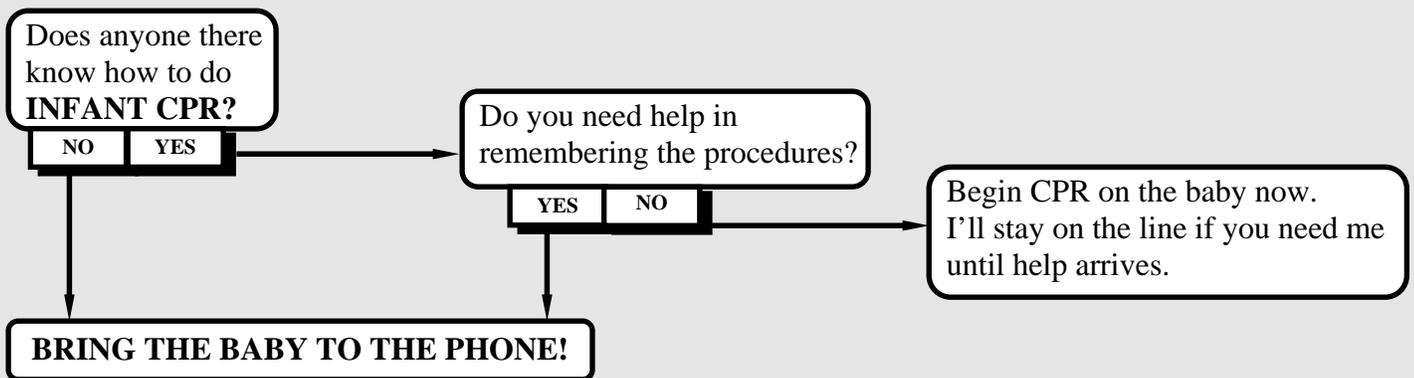
You're going to have to calm down to be able to help!

(CONT.)

(RESUME)



## INFANT CPR (0-1 yr) INSTRUCTIONS



(CONT.)

(RESUME)

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
- HYSTERICAL
- STOMA

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

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**.

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

(CONT)

(RESUME)

Did the CHEST RISE?  
 YES  NO

**GO TO CHOKING INFANT INSTRUCTIONS** ☒

← **CHOKING INFANT ENTRY POINT**

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.

- OK
- HYSTERICAL

CONTINUE TO ASSIST UNTIL HELP

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

# CHOKING

State of New Jersey EMD Guidecards Version 1/04

<b>K E Y  Q U E S T I O N S</b>	Is patient alert?	Is the patient able to speak or cry?
	Is patient breathing normally? (Consider breathing card)	Is the patient turning blue?
	Describe the breathing. Does the chest rise? Does air enter freely?	How old is the patient?
	<b>SIMULTANEOUS ALS/BLS</b>	<b>BLS DISPATCH</b>
<b>D I S P A T C H</b>	Unconscious/not breathing normally. Unable to talk or cry. Turning blue.	Able to speak or cry. Exchanging air with no breathing difficulty. Airway cleared, patient assist.

# CHOKING Pre-Arrival Instructions

Determine age group.

Go to choking card for the appropriate age group

## Prompts

Determine age group

Go to CHOKING (OBSTRUCTED AIRWAY) instructions

## Short Report

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

## CHOKING ADULT INSTRUCTIONS

**START**

Is the patient able to **TALK** or **COUGH**?

NO YES

**STOP**

**PROMPT:**

If the event is **NOT WITNESSED** and the patient is **UNCONSCIOUS**: Go to **CPR ADULT**.

Reassess until help arrives

Is the patient **CONSCIOUS**?

NO YES

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)

(RESUME)

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**.

(CONT)

ADULT CHOKING INSTRUCTIONS - Page 2 of 4 (4/06)

(RESUME)

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.

**GO TO ADULT CPR INSTRUCTIONS →**

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

**☒ CPR ENTRY POINT**

(CONT.)

ADULT CHOKING INSTRUCTIONS - Page 3 of 4 (4/06)

(RESUME)

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**.

Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **BENDS BACK**.  
**OPEN THE MOUTH**. If you see something, try to sweep it out. **DON'T** push the object backwards.  
**TWO MORE BREATHS** and **PUMP** the **CHEST 30 times**.  
**KEEP DOING IT; PUMP** the **CHEST 30 times**. Then **TWO BREATHS**  
**OPEN THE MOUTH**. If you see something, try to sweep it out. **DON'T** push the object backwards.

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.

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

**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.

If patient moves or begins breathing normally  
**ROLL** the patient on their **SIDE** and **CHECK**  
**BREATHING** until help takes over.

**CHOKING CHILD (1-8yrs) INSTRUCTIONS**

**START**

Is the child able to  
**TALK** or **COUGH**?

NO YES

**STOP**

Reassess until help  
arrives

**PROMPT:**

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

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 **NAVEL**.  
**GRASP** your fist with the other hand.  
**PRESS** into the stomach with **QUICK, UPWARD** thrusts.  
 Repeat thrusts until the item is expelled.

Child becomes unconscious.

Object dislodged.

(CONT)

(RESUME)

Is the child  
**MOVING** or  
**BREATHING?**

NO YES

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

**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**.

(CONT)

(RESUME)

Did the **CHEST RISE?**

NO YES

Is the child  
**MOVING** or  
**BREATHING?**

NO YES

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

**GO TO CHILD CPR INSTRUCTIONS →**

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

**⊠ CPR ENTRY POINT**

(CONT.)

(RESUME)

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**.  
**OPEN THE MOUTH**. If you see something, try to sweep it out. **DON'T** push the object backwards.  
**TWO MORE BREATHS** and **PUMP** the **CHEST 30 times**.  
**KEEP DOING IT; PUMP** the **CHEST 30 times**.  
**OPEN THE MOUTH**. If you see something, try to sweep it out. **DON'T** push the object backwards.  
 Then **TWO BREATHS**.  
 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.

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

**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.**

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

**CHOKING INFANT (0-1 yr) INSTRUCTIONS**

**START**

**BRING the BABY to the PHONE!**

**Is the baby CONSCIOUS?**

**NO**   **YES**

**PROMPT:**

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

**Is the baby able to CRY or COUGH?**

**NO**   **YES**

**STOP**

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

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**.

(CONT.)

(RESUME)

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

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

(CONT)

(RESUME)

Listen carefully. I'll tell you what to do. Lay the baby **FLAT** on its 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

⊗ CPR ENTRY POINT

GO TO INFANT CPR INSTRUCTIONS →

(CONT.)

(RESUME)

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.

(CONT)

INFANT CHOKING INSTRUCTIONS - Page 4 of 5 (3/07)

(RESUME)

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

NO

YES

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

INFANT CHOKING INSTRUCTIONS - Page 5 of 5 (3/07)

## DROWNING (POSSIBLE)

State of New Jersey EMD Guidecards Version 1/04

**K  
E  
Y  
Q  
U  
E  
S  
T  
I  
O  
N  
S**

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

### BLS DISPATCH

**D  
I  
S  
P  
A  
T  
C  
H**

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

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

State of New Jersey EMD Guidecards Version 1/04

### 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

### BLS DISPATCH

### DISPATCH

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

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

### BLS DISPATCH

### DISPATCH

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.

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

# PREGNANCY / CHILDBIRTH Pre-Arrival Instructions

- 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.

## Prompts

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

## 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?

YES NO

**PROMPT: DO NOT allow patient to use the toilet!**

How far apart are the contractions (pains)?

Less than 5 Min. More than 5 Min.

How far apart are the contractions (pains)?

More than 2 Min. Less than 2 Min.

Does she have a strong desire to push?

YES NO

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.

Does she have a strong desire to push?

NO YES

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.



<<< 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.

COMPLICATIONS with delivery

Baby delivered and **BREATHING**

Baby delivered and **NOT BREATHING**

**GO TO CHOKING INFANT INSTRUCTIONS**

<<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

State of New Jersey EMD Guidecards Version 1/04

**KEY QUESTIONS**

- Is patient alert?
- Is patient breathing normally?  
(Consider breathing card)
- Is this the first time today the patient has been unconscious?
- Have you or anyone else tried to wake the patient up?
- Has the patient taken any medication or recreational drugs with alcohol?
- What was the patient doing before they became unconscious?
- Does the patient have any medical or surgical history?  
What?

- Did the patient have any complaints just before they became unconscious?
- What were they?
- How does the patient act when they sit up?
- Is the patient able to respond to you and follow simple commands?
- Can the patient answer your questions?
- Has the patient been drinking alcohol?
- Does the patient have a medic alert tag?
- If yes, what does it say?

## SIMULTANEOUS ALS/BLS

## BLS DISPATCH

**DISPATCH**

- Unconscious/not breathing normally.
- Multiple fainting (syncopal) episodes (same day).
- Confirmed unconscious/unresponsive greater than one minute.
- Combined drugs and alcohol overdose.
- Difficulty breathing.
- Fainting associated with: Headache, Chest pain/discomfort/palpitations, Diabetic, GI/Vaginal Bleeding, Abdominal pain, Sitting/Standing, or Continued decreased level of consciousness.
- Single fainting if over 50 years.
- Alcohol intoxication, can not be aroused

- Unconscious, but now conscious without critical symptoms.
- Unconfirmed slumped over wheel.
- Conscious with minor injuries.
- Known alcohol intoxication without other drugs, can be aroused.
- Near Syncope (fainting) without critical criteria.

# 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

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

**(NON-TRAUMA) BREATHING NORMALLY**

**UNCONSCIOUS PATIENT  
 AIRWAY CONTROL INSTRUCTIONS**

**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.

**GO TO CPR INSTRUCTIONS FOR AGE GROUP**

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 CHOKING INSTRUCTIONS FOR AGE GROUP**

(TRAUMA) BREATHING NORMALLY

# UNCONSCIOUS PATIENT AIRWAY CONTROL INSTRUCTIONS

**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.

Patient vomits.

Patient stops breathing normally.

**GO TO CPR INSTRUCTIONS FOR AGE GROUP**

**DO NOT** turn the patients head.  
Sweep it all out of the mouth with your fingers.

Patient **NOW**  
breathing  
normally.

Patient **NOT**  
breathing  
normally.

**GO TO CHOKING INSTRUCTIONS FOR AGE GROUP**

## AIRCRAFT / TERRORISM

State of New Jersey EMD Guidecards Version 1/04

KEY  
QUESTIONS

PSAP receives a call from a passenger or crewmember onboard an airborne aircraft, reporting a hijacking or other violent potential terrorist event.

- 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).

**If a medical problem exists go to appropriate guide card.**

### WHEN TO CALL

### WHEN NOT TO CALL

DISPATCH

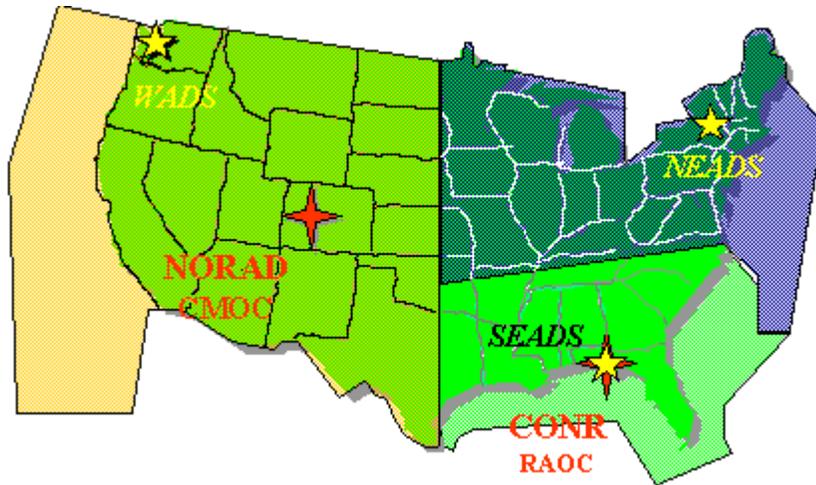
Emergency call from an airborne aircraft.

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

**NEADS-Northeastern States**  
**315-334-6311/6802 (ul)**

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.**

## HAZMAT INCIDENT GUIDE

State of New Jersey EMD Guidecards Version 1/04

KEY QUESTIONS

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                       | Odor Complaint  |
| Fire                            | Air release     |
| Motor Vehicle Accident          | Illegal dumping |
| Leak / Spill                    | Other:          |
| 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

### EMERGENCY MEDICAL DISPATCH

### Hazardous Materials Agency Dispatch

DISPATCH

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.**

# HAZMAT INCIDENT GUIDE Pre-Arrival Instructions

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.

## Prompts

## Short Report

Amount spilled or released:  
 Size / Type of container:  
 Is release: (Check as many as apply)  
     Continuous           \*Entering a waterway  
     Intermittent        \*Entering a storm drain or sewer  
     Contained            Other:  
  
 Have personnel been evacuated? YES      NO  
 Are there any emergency responders or HAZMAT trained personnel on the scene?  
     IF YES who are they?   fire brigade   security    other  
 Is chemical information available for responders?  
     (I.e.: MSDS, Hazardous Substance Fact Sheet)  
     IF NO go to next question  
     IF YES: Please have it ready for the emergency responders.  
 Wind Direction:   N    S    E    W  
     (If not available from caller, obtain from field units)  
 \*Is chemical listed as an inhalation hazard or is immediate isolation indicated?  
     (Refer to DOT Guidebook or NLETS)  
 \* **SEE "Hazardous Materials Agency Dispatch" block for these items**

Incident location  
 Access route  
 Type of HazMat incident  
 Number and nature of injuries  
 Release type  
 Wind direction

## 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.

**1-800-332-4356**  
**REMCS (Newark)**

