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

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- BACK PAIN
- BREATHING PROBLEMS
- CHEST PAIN / HEART PROBLEMS
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- HEADACHE
- OD/POISONINGS / INGESTIONS
- PSYCHIATRIC / BEHAVIORAL PROBLEMS
- SEIZURES / CONVULSIONS
- SICK PERSON
- STROKE / CVA
- UNKNOWN / PERSON DOWN

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  - ADULT CHOKING INSTRUCTIONS
  - CHILD CHOKING INSTRUCTIONS
  - INFANT CHOKING INSTRUCTIONS
- DROWNING (POSSIBLE)
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- PREGNANCY / CHILDBIRTH
  - CHILDBIRTH INSTRUCTIONS
- UNCONSCIOUS / FAINTING
  - UNCONSCIOUS AIRWAY CONTROL (NON-TRAUMA) INSTRUCTIONS
  - UNCONSCIOUS AIRWAY CONTROL (TRAUMA) INSTRUCTIONS

### Miscellaneous
- AIRCRAFT / TERRORISM
- HAZMAT
- VEHICLE IN WATER
- AIR MEDICAL DISPATCH PROCEDURE
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. Determine age and sex of patient

6. “Is the patient conscious?” (Able to talk)

7. “Is the patient breathing NORMALLY?”
   - YES
   - NO
   - UNCERTAIN

   - NO
     - Dispatch ALS & BLS

   - UNCERTAIN
     - Go to CPR Instructions for age group

   - YES
     - Go to CARDIAC ARREST/DOA
     - Go to UNCONSCIOUS/FAINTING

   - NO / UNCERTAIN
     - Go to BREATHING PROBLEMS

Determine chief complaint and turn to appropriate card.
Traumatic Incident Types

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

### Key Questions

- 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?

### Simultaneous ALS/BLS

| Unconscious/not breathing normally.  |
| Deceased 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

## ANIMAL BITES

### Pre-Arrival Instructions

- **Contain the animal, if possible.**
- **Lock away any pets.**
- **If severe bleeding go to**
  - [BLEEDING/LACERATION](#)  
  - [Pre-Arrival Instructions](#)

- **If little or no bleeding, irrigate human and animal bites with copious amounts of water.**
- **Keep patient calm and still.**

### Pre-Arrival Instructions

**For snake bites:**
- Apply direct pressure to the wound.
- Do not elevate extremity.
- Do not use ice.
- Do not attempt to remove venom.

**For jellyfish stings:**
- Wash with vinegar or baking soda.
- If the patient’s condition changes, call me back.

### Prompts

- Has law enforcement been notified?
- Has Animal Control been notified?
## Assault / Domestic Violence / Sexual Assault

### 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) |

| “What part of the patient is injured?” |
| “Is the patient bleeding?” |
| IF YES, Go to **BLEEDING/LACERATION** |

### 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. |
# Assault / Domestic Violence / Sexual Assault

## Pre-Arrival Instructions

<table>
<thead>
<tr>
<th>ASSAULT / DOMESTIC, SEXUAL</th>
<th>Pre-Arrival Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remain in a safe place, away from the assailant.</td>
<td>Advise patient not to change clothing, bathe or shower.</td>
</tr>
<tr>
<td>Obtain description of assailant(s),</td>
<td>Keep patient warm.</td>
</tr>
<tr>
<td>Have patient lie down and keep calm.</td>
<td>Gather patient medications, if possible.</td>
</tr>
<tr>
<td>Do not touch weapons.</td>
<td>Do not allow the patient any food or drink.</td>
</tr>
<tr>
<td></td>
<td>If the patient’s condition changes, call me back.</td>
</tr>
</tbody>
</table>

## Prompts

Has law enforcement been notified? Relay details of incident and description of assailant(s).

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

**Key Questions**

- **“Where is the bleeding from?”**
- **“Could she be pregnant?”**
  - If the patient is female with vaginal bleeding
  - If YES, go to PREGNANCY/CHILDBIRTH
- **“Does she have pain in the abdomen”**
  - If YES consider ABDOMINAL PAIN
- **“How much blood can you see?”**
- **“How long have they been bleeding?”**
- **“Is blood squirting out?”** (arterial bleeding)
- **“Is the patient a hemophiliac (a bleeder)?”**

**SIMULTANEOUS ALS/BLS**

- Decreased level of consciousness.
- Any arterial bleeding.
- Bleeding with history of 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 that can be controlled by direct pressure.
# 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. Elevate bleeding extremities.

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.

Locate any amputated part(s) and place in clean plastic bag, **NOT ON ICE**.

If teeth, locate, **DO NOT** touch the root, and place them in container with milk or clean water.

Cover patient with blanket and try to keep them calm.

Nothing to eat or drink.

Advise patient not to move.

Gather patient medications, if possible.

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

## Prompts

Any bleeding that cannot be controlled by direct pressure should be considered critical.

Use of tourniquets cannot be properly instructed over the phone. They should be used only by people who have had proper training.

**FOLLOW AIR MEDICAL DISPATCH GUIDELINES**
**BURNS**

**Key Questions**

- "How was the patient burned?"
- "Is anything on the patient still burning?"
- "Place burned area in cool water (not ice), if convenient"

**Go to** ELECTROCUTION

**Chemical**

- "What chemical caused the burn?"
- "Where is the patient burned?"

**If Head or Face:**

- "Is the patient short of breath, coughing or does it hurt to breathe?"
- "Is the patient having difficulty swallowing?"
- "Are there burns around their mouth and nose?"
- "Are there any other injuries?"

**Simultaneous ALS/BLs**

<table>
<thead>
<tr>
<th>Dispatch</th>
<th>BLS Dispatch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased level of consciousness.</td>
<td>Less than 20% body surface burned.</td>
</tr>
<tr>
<td>Burns to airway, nose, mouth.</td>
<td>Spilled hot liquids.</td>
</tr>
<tr>
<td>Hoarseness, difficulty talking or swallowing.</td>
<td>Chemical burns to eyes.</td>
</tr>
<tr>
<td>Burns over 20% of body surface.</td>
<td>Small burn from match, cigarette.</td>
</tr>
<tr>
<td>Electrical Burns/electrocution from 220 volts or greater power lines/panel boxes.</td>
<td>Household electric shock.</td>
</tr>
<tr>
<td>2nd &amp; 3rd degree burns (partial or full thickness) to Palms (hands), Soles (feet), Groin</td>
<td>Battery explosion.</td>
</tr>
<tr>
<td>Freezer burns.</td>
<td></td>
</tr>
</tbody>
</table>

**State of New Jersey EMD Guidecards Version 1/12**
**BURNS**  
**Pre-Arrival Instructions**

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

**CHEMICAL**  
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 with water.  
Remove contact lenses if present.  
Gather patient medications, if possible.  
If the patient’s condition changes, call me back.

**Rule of Nines**

<table>
<thead>
<tr>
<th>Age</th>
<th>9%</th>
<th>14%</th>
<th>18%</th>
<th>36%</th>
<th>16%</th>
<th>9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year old</td>
<td>9%</td>
<td></td>
<td>14%</td>
<td>18%</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>5 years old</td>
<td>9%</td>
<td></td>
<td>14%</td>
<td>14%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Adult</td>
<td>9%</td>
<td></td>
<td>14%</td>
<td>18%</td>
<td>18%</td>
<td>9%</td>
</tr>
</tbody>
</table>

**Prompts**

Dispatch Fire Department/HAZMAT, according to local protocol.

**FOLLOW AIR MEDICAL DISPATCH GUIDELINES**
**Key Questions**

- “What caused the injury?”
- “Is eyeball cut open or leaking fluid?”
- “Are there any other injuries?”

If YES go to appropriate Guidecard

<table>
<thead>
<tr>
<th>SIMULTANEOUS ALS/BLS</th>
<th>BLS DISPATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious/not breathing normally. Decreased level of consciousness Uncontrolled bleeding.</td>
<td>Any eye injury.</td>
</tr>
</tbody>
</table>
Eye Problems / Injuries

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.

Removing object from the eye, direct pressure or flushing with water may cause further damage.

Large penetrating objects can cause damage to the upper airway. Monitor patient for breathing difficulties.

**FOLLOW AIR MEDICAL DISPATCH GUIDELINES**
**Fall Victim**

**FALL VICTIM**

**Key Questions**

- "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?"

**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.

"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, Go to **BLEEDING/LACERATION**
**FALL VICTIM** Pre-Arrival Instructions

<table>
<thead>
<tr>
<th>Do not move the patient if there are no hazards.</th>
<th>Gather patient medications, if possible.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise patient not to move</td>
<td>If the patient’s condition changes, call me back.</td>
</tr>
<tr>
<td>Monitor for shock;</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.</td>
<td></td>
</tr>
<tr>
<td>Cover patient with blanket and try to keep them calm.</td>
<td></td>
</tr>
<tr>
<td>No food or drink.</td>
<td></td>
</tr>
</tbody>
</table>

**Prompts**

<table>
<thead>
<tr>
<th>Is Rescue needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If unconscious, go to <strong>UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL</strong></td>
</tr>
<tr>
<td>If unconscious, <strong>NOT</strong> breathing normally, go to <strong>CPR</strong> for appropriate age group.</td>
</tr>
</tbody>
</table>
# Heat / Cold Exposure

## Key Questions

**Heat Related**
- “What happened?”
- “What was the source of the heat or cold?”
- “Is the patient sweating profusely?”
- “Is the patient confused, disoriented or acting strange?”
- “Is the patient having hallucinations?”
- “Is the patient dizzy, weak, or feeling faint?”

**Cold Related**
- “Can the patient be moved to a warm area?”
- “What was the length of exposure?”
- “Is the patient complaining of pain? If so, where?”
- “Are there any obvious injuries?”
- “Is the patient taking any medications?”

## Simultaneous ALS/BLS

- Decreased level of consciousness.
- High body temperature **without** sweating.
- Confused/disoriented/hallucinations.
- Fainting (Syncope).
- Cold Water Submersion.
- Narcotics and Psych Medications may exacerbate and/or mask symptoms

## BLS Dispatch

- Patient with uncontrollable shivering.
- Heat Exhaustion:
  - Nausea, vomiting, fatigue, headaches, muscle cramps, dizziness, **with no critical symptoms**.
## HEAT / COLD EXPOSURE

### Pre-Arrival Instructions

**Remove from hot/cold environment if possible.**

**Heat Related**

- **If patient is over-heated,** have them lie down in a cool place. Loosen clothing to assist cooling.
- **Nothing by mouth if heat stroke is indicated or there is a decrease of consciousness.**

**Cold Related**

- **If patient is cold and dry,** move to a warm environment and cover patient.
- **If patient is cold and wet,** move to a warm environment, remove clothing and cover patient.
- **Do not rub frostbitten extremities.**
- Gather patient medications, if possible.
- If the patient’s condition changes, call me back.

### Prompts

**Heat Exhaustion:**
Nausea, vomiting, fatigue, headache, muscle cramps and dizziness.

**Heat Stroke:**
High body temperature, absence of sweating, rapid pulse, strange behavior, hallucinations, agitation, seizure and/or coma.

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**FOLLOW AIR MEDICAL DISPATCH GUIDELINES**
Industrial Accidents

INDUSTRIAL ACCIDENTS

Key Questions

“What happened?”
If patient is trapped in or under an object:
“What part of the person is trapped?”

“Are there any obvious injuries? What are they?”
If amputation:
“What part of the body has been amputated?”
“Do you have the amputated parts?”

BLS DISPATCH

Decreased level of consciousness.
Accident with crushing or penetrating injury to: head, neck, torso, thigh.
Patient entrapped. PROMPT (Dispatch Rescue Unit)
Amputation other than fingers/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.

If bleeding: Go to BLEEDING/LACERATION
If burned: Go to BURNS
If Electrocution: Go to ELECTROCUTION

“Is the patient able to move their fingers and toes?”
(DO NOT have them move any other parts of their body).
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.

Locate any amputated parts and place in clean plastic bag, **NOT ON ICE**.

If teeth, locate, **DO NOT** touch the root, place in milk or clean water.

Monitor for shock:
- Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.

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

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If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**.

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

Is Fire Department/Rescue needed?
### Key Questions

- **What part(s) of the body is injured?**
- **When did this happen?**
- **Was it intentional or an accident?**
  - If intentional, "Is assailant still present?"
- **What type of weapon was used?**
- **Is the weapon still present?**

### SIMULTANEOUS ALS/BLS

- Unconscious/not breathing normally.
- Decreased level of consciousness.
- Uncontrolled Bleeding
- Leg injury above the knee.
- Wounds to head or trunk of body.
- Multiple Casualty Incident Criteria.

### BLS DISPATCH

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

<table>
<thead>
<tr>
<th>Instruction</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell caller to remain safe (beware of assailant).</td>
<td>Have the patient lie down and remain calm.</td>
</tr>
<tr>
<td>Do not disturb the scene or move weapons.</td>
<td>Keep the patient warm.</td>
</tr>
<tr>
<td>Do not pull out any penetrating weapons.</td>
<td>If the patient’s condition changes, call me back.</td>
</tr>
</tbody>
</table>

**Monitor for shock:**
- Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.

### 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 AIR MEDICAL DISPATCH GUIDELINES](#)
**TRAUMATIC INJURY**

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>Indications of Shock</th>
</tr>
</thead>
<tbody>
<tr>
<td>“How was the patient injured?”</td>
<td>“Is the patient’s skin cool and clammy, mottled, or profusely sweating?”</td>
</tr>
<tr>
<td>“Where is the patient injured?”</td>
<td>“Is the patient’s breathing rapid and shallow?”</td>
</tr>
<tr>
<td>“Describe what happened.”</td>
<td>“Are the patient’s pupils dilated?”</td>
</tr>
<tr>
<td>“Is the patient bleeding?”</td>
<td>“Does the patient appear confused?”</td>
</tr>
<tr>
<td>IF YES, Go to</td>
<td>“Does the patient feel weak or fatigued?”</td>
</tr>
<tr>
<td></td>
<td>“Is the patient’s mouth dry or do they feel thirsty?”</td>
</tr>
</tbody>
</table>

**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. |
| Indications of shock. |

**BLS DISPATCH**

| Penetrating/crushing injury to hands or feet. |
| Unknown or internal injuries without indication of shock. |
| Minor injuries. |
| Concerned caller without apparent injuries to victim. |
| Isolated extremity fracture. |
| Police request stand-by/check for injuries. |
# Traumatic Injury

## Pre-Arrival Instructions

<table>
<thead>
<tr>
<th>TRAUMATIC INJURY</th>
<th>Pre-Arrival Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not move patient, unless there are hazards to the patient.</td>
<td>Keep patient warm.</td>
</tr>
<tr>
<td>Do not remove or touch impaled object.</td>
<td>Do not disturb anything.</td>
</tr>
<tr>
<td>Monitor for shock: Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.</td>
<td>Gather patient medications, if possible.</td>
</tr>
<tr>
<td>Use care not to obstruct the airway or breathing.</td>
<td>Locate any amputated parts and place in clean plastic bag, <strong>NOT ON ICE</strong>.</td>
</tr>
<tr>
<td>If teeth, locate, <strong>DO NOT</strong> touch the root, place in milk or clean water.</td>
<td>If the patient’s condition changes, call me back.</td>
</tr>
</tbody>
</table>

### 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 and/of Fire Rescue needed?
# Vehicular Related Injuries

**VEHICULAR RELATED INJURIES**

**Key Questions**

- "Did you stop or drive by?"
- "What type of vehicle(s) are involved?"
- "How many patients are injured?"
- "Are all of the patients free of the vehicle?"
- "Is anyone trapped in the vehicle?"
- "Was anyone thrown from the vehicle?"

**Simultaneous ALS/BLS**

Reported injuries with following mechanisms:
- Vehicle 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.

"Are there any hazards present?" (Is the scene safe?) Is there:
- Fire?
- Fluids leaking? (Consider HAZMAT)
- Wires down?

"Describe what happened." "Did the airbags deploy?" "How fast was the vehicle moving?"

As injuries or medical conditions become known go to appropriate Guidecard(s).
Do not approach vehicle if any indication of fire, downed wires or other hazards.

If able to enter crash scene, **DO NOT** move patient(s) unless there are hazards.

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

<table>
<thead>
<tr>
<th>Prompts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Law Enforcement been notified?</td>
</tr>
<tr>
<td>Is Fire Department /Rescue/HAZMAT needed?</td>
</tr>
<tr>
<td>If caller can provide information about patient(s) go to appropriate Guidecard(s).</td>
</tr>
</tbody>
</table>
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 / PERSON DOWN
# Abdominal Pain

## Key Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is the pain due to an injury to the patient?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>How does the patient feel sitting up?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Is the pain above or below the belly button?</strong></td>
<td></td>
</tr>
<tr>
<td>If the patient is female between 12-50 years:</td>
<td></td>
</tr>
<tr>
<td><strong>Could she be pregnant?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Has there been vaginal bleeding?</strong></td>
<td></td>
</tr>
<tr>
<td>If yes, <strong>How much?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Has she said she felt dizzy?</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Simmons ALS/BLS

| Vomiting blood (red/dark red) or coffee ground-like substance.           | Pain with vomiting.                                                    |
| Pain with prior history of Addisons disease or adrenal insufficiency.   | Flank pain (Kidney stone).                                             |
| Black tarry stool.                                                      | Abdominal (non-traumatic).                                             |
| Lower abdominal pain, woman 12-50 years (if associated with dizziness or fainting or heavy vaginal bleeding). | Pain unspecified                                                      |
| 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)                     |                                                                        |
# Abdominal Pain

## Pre-Arrival Instructions

Nothing to eat or drink.

Monitor for shock:
- Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.

Gather patient medications, if any.

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

### Symptoms of an Addison or “adrenal” crisis include:

- Severe vomiting and diarrhea
- Dehydration
- Low blood pressure
- Loss of consciousness

If not treated, an Addison crisis can be fatal.

## 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

**Key Questions**

- "Does the patient have a history of a reaction to anything?"
  - IF YES: "Describe the reaction the patient had before."

- "Is the patient having:"
  - difficulty swallowing?"
  - difficulty breathing?"
  - or both?"

- "Is the patient complaining of itching, hives, or rash?"

- "Are the symptoms getting worse?"

- "Is the patient wearing a Medic Alert tag?"
  - IF YES "What does it say?"

- "How does the patient act when they sit up?"

### Simultaneous ALS/BLS

<table>
<thead>
<tr>
<th>Dispatch</th>
<th>BLS Dispatch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious/not breathing normally.</td>
<td>Call delayed longer than 30 minutes with history of reaction.</td>
</tr>
<tr>
<td>Decreased level of consciousness.</td>
<td>Concern about reaction, but no history.</td>
</tr>
<tr>
<td>Difficulty breathing.</td>
<td>Reaction present for long time (hours), no difficulty breathing.</td>
</tr>
<tr>
<td>Difficulty swallowing.</td>
<td>Itching or hives in one area.</td>
</tr>
<tr>
<td>Cannot talk in full sentences.</td>
<td></td>
</tr>
<tr>
<td>Swelling in throat or on face.</td>
<td></td>
</tr>
<tr>
<td>Fainting.</td>
<td></td>
</tr>
<tr>
<td>History of severe reaction.</td>
<td></td>
</tr>
<tr>
<td>Itching or hives in multiple areas.</td>
<td></td>
</tr>
</tbody>
</table>
**ALLERGIES / STINGS**

<table>
<thead>
<tr>
<th>Pre-Arrival Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Do you have a Epi-Pen or reaction kit?”</td>
</tr>
<tr>
<td>If Yes, “Have you used it as the physician has directed?”</td>
</tr>
<tr>
<td>If they have not used it, “Use it following the directions on the kit.”</td>
</tr>
<tr>
<td>Brush the stinger off, if possible. Do not attempt to grasp stinger.</td>
</tr>
<tr>
<td>Apply ice to site of sting.</td>
</tr>
<tr>
<td>Have the patient rest in the most comfortable position.</td>
</tr>
<tr>
<td>Keep neck straight – remove pillows.</td>
</tr>
<tr>
<td>Watch patient for signs of difficulty breathing (slow breathing), or cardiac arrest. <strong>Go to appropriate GUIDE CARD if indicated.</strong></td>
</tr>
<tr>
<td>Gather patient medications, if any.</td>
</tr>
<tr>
<td>If the patient's condition changes, call me back.</td>
</tr>
</tbody>
</table>

**Prompts**

<table>
<thead>
<tr>
<th>Short Report</th>
</tr>
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<tbody>
<tr>
<td>If unconscious, go to UNCONSCIOUS/ BREATHING NORMALLY AIRWAY CONTROL.</td>
</tr>
<tr>
<td>If unconscious, <strong>NOT</strong> breathing normally, go to CPR for appropriate age group.</td>
</tr>
<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>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>
### Back Pain

#### Key Questions

- "Has the patient felt dizzy or fainted?"
- "Does the patient have any other medical or surgical history?"
- "Is the patient's pain due to an injury or recent fall?"
- "Is the patient incontinent of urine or have urinary retention?"

#### SIMULTANEOUS ALS/BLS

- Decreased level of consciousness.
- Non-traumatic back pain with prior history of Addisons disease or adrenal insufficiency.
- Non-traumatic back pain with prior history of heart problem.
- Back pain with fainting or near fainting, patient over 50 years.

#### BLS DISPATCH

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

---

Does the patient have Addison's Disease or adrenal insufficiency?"

"Does the patient take blood thinners?"

"Is the patient wearing a Medic Alert tag?"

IF YES "What does it say?"

"Does the patient have Addisons Disease or adrenal insufficiency?"
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.

Symptoms of an Addison or “adrenal” crisis include:

- Severe vomiting and diarrhea
- Dehydration
- Low blood pressure
- Loss of consciousness

If not treated, an Addison crisis can be fatal.

## Prompts

<table>
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<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.
Breathing Problems

**BREATHING PROBLEMS**

**Key Questions**

- “Is the patient on asthma medication, or ever used them?”
- “Is the patient able to speak in full sentences?”
- “Is the patient drooling or having a hard time swallowing?”
- “What has changed about their breathing to prompt you to call?”
- “Has the patient ever had this problem before?”
- “How long has this been going on?”
- “Does the patient have to sit up to breathe?”
- “What was the patient doing just prior to when he/she became short of breath?”

- “Does the patient have any other medical or surgical history?”
- “Does the patient have any allergies?”

If sudden onset:

- “Has the patient been hospitalized recently for childbirth or a broken leg?”

If female:

- “Does the patient take medication for birth control?”

**SIMULTANEOUS ALS/BLS**

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.
Stuff nose / congestion.
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.

<table>
<thead>
<tr>
<th>Prompts</th>
<th>Short Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>If unconscious, go to <strong>UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL</strong></td>
<td>Age, Sex, Specific location, Chief complaint, Pertinent related symptoms, Medical/Surgical history, if any, Other agencies responding, Any dangers to responding units</td>
</tr>
<tr>
<td>If unconscious, <strong>NOT</strong> breathing normally, go to <strong>CPR</strong> for appropriate age group.</td>
<td></td>
</tr>
</tbody>
</table>
**CHEST PAIN/HEART PROBLEMS**

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>BLS Dispatch</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Where in the chest is the pain located?”</td>
<td>Decreased level of consciousness.</td>
</tr>
<tr>
<td>“Does the patient feel pain anywhere else? If so, where?”</td>
<td>Patient complaining of chest pain with any of the critical symptoms:</td>
</tr>
<tr>
<td>“How long has the pain been present?”</td>
<td>Short of breath, nausea, diaphoretic (sweating profusely), rapid heart rate, syncope (weak, dizzy or faint) or with cocaine/crack (drug) use.</td>
</tr>
<tr>
<td>“Is the patient sweating profusely?”</td>
<td></td>
</tr>
<tr>
<td>“Is the patient nauseated or vomiting?”</td>
<td></td>
</tr>
<tr>
<td>“Is the patient weak, dizzy, or faint?”</td>
<td></td>
</tr>
<tr>
<td>“How does the patient act when he/she sits up?”</td>
<td>Patients under 35, without critical symptoms.</td>
</tr>
<tr>
<td>“Does the pain change when the person breathes or moves?”</td>
<td></td>
</tr>
<tr>
<td>“Has the patient ever had a heart problem, heart surgery, a device to help their heart work or a previous heart attack?”</td>
<td></td>
</tr>
<tr>
<td>“Is the patient experiencing rapid heart rate with chest pain?”</td>
<td></td>
</tr>
</tbody>
</table>
### CHEST PAIN/HEART PROBLEMS

#### Pre-Arrival Instructions

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Does the patient have nitroglycerin?&quot;</td>
<td>If yes: &quot;Has the patient taken one?&quot;</td>
</tr>
<tr>
<td></td>
<td>if not taken, &quot;Take as the physician has directed&quot; (patient should be seated).</td>
</tr>
<tr>
<td></td>
<td>Have the patient sit or lie down, whichever is more comfortable.</td>
</tr>
<tr>
<td></td>
<td>Keep patient calm.</td>
</tr>
<tr>
<td></td>
<td>Loosen any tight clothing.</td>
</tr>
<tr>
<td></td>
<td>Gather patient medications, if any.</td>
</tr>
<tr>
<td></td>
<td>If the patient's condition changes, call me back.</td>
</tr>
</tbody>
</table>

If the patient does not have nitroglycerin

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| "Can the patient take aspirin?"                                          | If yes: "Have they had any bleeding from mouth or rectum?"  
If no bleeding, advise caller to assist patient to take 1 full size (325mg) adult aspirin or 4 low dose (81mg) tablets. Have the patient chew the pills before swallowing. |
|                                                                          |                                                                                                                                                                                                         |
|                                                                          | Have the patient sit or lie down, whichever is more comfortable.                                                                                                                                          |
|                                                                          | Keep patient calm.                                                                                                                                                                                         |
|                                                                          | Loosen any tight clothing.                                                                                                                                                                                |
|                                                                          | 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.
- If the patient has a ventricular assist device, (may be called a VAD, heart pump, RVAD, LVAD, BVAD, or LVAS) **do not perform chest compressions**.
- If patient has a pacemaker or internal defibrillator CPR can be performed if needed.
**DIABETIC PROBLEMS**

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>BLS Dispatch</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Is the patient on insulin?&quot; If so, &quot;When did they take their medication?&quot;</td>
<td>&quot;Are they dizzy, weak, or feeling faint?&quot;</td>
</tr>
<tr>
<td>&quot;When did the patient last eat?&quot;</td>
<td>&quot;Is the patient complaining of any pain? Where is it located?&quot;</td>
</tr>
<tr>
<td>&quot;Does the patient have a glucose meter?&quot; If Yes, &quot;Do you have a current level?&quot; (Range usually between 70 and 180)</td>
<td>&quot;Is the patient sweating profusely?&quot;</td>
</tr>
<tr>
<td>&quot;Is the patient acting in their normal manner? If not, &quot;What is different?&quot;</td>
<td>&quot;Has the patient had a seizure?&quot;</td>
</tr>
</tbody>
</table>

**SIMULTANEOUS ALS/BLS**

<table>
<thead>
<tr>
<th>Dispatch</th>
</tr>
</thead>
</table>
## DIABETIC PROBLEMS

### Pre-Arrival Instructions

- Nothing by mouth if the patient is unable to take it by himself/herself/
- If the patient is conscious enough to swallow and the patient's blood glucose level is known and is below 70 mg/dl **OR** the blood glucose level is **NOT KNOWN** and the patient is acting inappropriately, then give juice with 2 to 3 teaspoons of sugar in it. (Giving this amount of sugar to a person with high blood glucose levels will not hurt them and may help a person with low levels)
- Allow patient to find a comfortable position.
- Gather patient’s 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
## Headache

**Key Questions**

- "Does the patient have a headache history?"
- "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?"
- "How is the patient acting? If unusual, how?"
- "Does the patient take blood thinners?"

**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**

- Head injury, without critical symptoms.

**INDEX**

State of New Jersey EMD Guidecards Version 1/12
Nothing by mouth

Allow patient to find position of comfort

Gather patients medications if any

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 <strong>UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL</strong></td>
<td>Age</td>
</tr>
<tr>
<td>If unconscious, <strong>NOT</strong> breathing normally, go to <strong>CPR</strong> for appropriate age group.</td>
<td>Sex</td>
</tr>
<tr>
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<td>Specific location</td>
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<tr>
<td></td>
<td>Any dangers to responding units</td>
</tr>
</tbody>
</table>
### OD / POISONINGS / INGESTIONS

#### Key Questions

1. **“Do you have any idea what the patient took?”**
   - Get the name of the product or substance. Contact Poison Control.

2. **“Was it a prescription medication, non-prescription over-the-counter medication, herbal supplement, street drug or a combination of medications?”**

3. **“Has the patient consumed alcohol?”**

   - If cocaine or crack, **“Is the patient complaining of any pain?”**
   - **“Is the patient having difficulty swallowing?”**
   - **“Is the patient acting normally?”**
     - IF NOT, **“What is different?”**

#### 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 **cannot** 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

<table>
<thead>
<tr>
<th>Prompts</th>
</tr>
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<tbody>
<tr>
<td>If unconscious, go to <strong>UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL</strong>.</td>
</tr>
<tr>
<td>If unconscious, <strong>NOT</strong> breathing normally, go to <strong>CPR</strong> for appropriate age group.</td>
</tr>
<tr>
<td>Is Law Enforcement needed?</td>
</tr>
<tr>
<td><strong>Poison Control Center</strong> <em>(1-800-222-1222, or one button transfer)</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<tr>
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<tr>
<td>Other agencies responding</td>
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<tr>
<td>Any dangers to responding units</td>
</tr>
</tbody>
</table>
Psychiatric / Behavioral Problems

**PSYCHIATRIC / BEHAVIORAL PROBLEMS**

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>SIMULTANEOUS ALS/BLS</th>
<th>BLS DISPATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Is the patient acting in their normal manner?”</td>
<td>Decreased level of consciousness.</td>
<td>Lacerated wrist(s) with controlled bleeding.</td>
</tr>
<tr>
<td>IF NOT, “What is different or unusual?”</td>
<td></td>
<td>Unusual behavior with a psychiatric history.</td>
</tr>
<tr>
<td>“Is patient a diabetic?”</td>
<td></td>
<td>Known alcohol intoxication without other drugs (can be aroused).</td>
</tr>
<tr>
<td>Consider [DIABETIC PROBLEMS]</td>
<td></td>
<td>Threats against self or others.</td>
</tr>
<tr>
<td>“Has the patient harmed themselves?”</td>
<td></td>
<td>Police request for stand-by.</td>
</tr>
<tr>
<td>IF YES: (Consider traumatic injury card)</td>
<td></td>
<td>Patient out of psychiatric medications.</td>
</tr>
<tr>
<td>IF NO,” Do you think the patient might harm themselves? “</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Psychiatric / Behavioral Problems

**PSYCHIARTIC / BEHAVIORAL PROBLEMS**  Pre-Arrival Instructions

<table>
<thead>
<tr>
<th>Prompts</th>
<th>Short Report</th>
</tr>
</thead>
</table>
| Psychiatric and behavioral problems are usually not life threatening.  | Age
| However, that can change quickly if the patient is not treated        | Sex
| appropriately. Specialized training and resources are available to    | Specific location
| help assist dispatch and field responders encountering these situations.| Chief complaint
| Consider Crisis Center.                                                | Pertinent related symptoms
| Has Law Enforcement been notified?                                     | Medical/Surgical history, if any
|                                                                       | Other agencies responding
|                                                                       | Any dangers to responding units

- 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.
- If suicide is indicated, try to determine the means. Attempt to help the patient using the appropriate Guidecard. Alert responders to hazards such as gas, chemicals, weapons etc.
- Suicidal callers may be reluctant to give location. Use interrogation skills, ALI screen, Phase II wireless information and contacting telephone service provider.
Seizures / Convulsions

Key Questions

“Is the patient still seizing?”
IF YES “How long has the patient been seizing?”

“Has the patient had a seizure before?”

“Is the patient on medication or is he/she a recreational drug user?”

“Has the patient had a recent head injury?”

“Is the patient a diabetic?”
Consider.

“Has the child been sick?”

“Does the child have a fever or feel hot?”

“If patient is female:
“Is the woman pregnant?”

“Does the patient have a medic alert bracelet on?”
IF YES, “What does it say?”

Seizures / Convulsions

SIMULTANEOUS ALS/BLS

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.
Secondary to drug overdose, diabetic, pregnancy, or recent head injury.
Any seizure that is different than normal.

BLS DISPATCH

Single seizure with history of seizure disorder
# Seizures / Convulsions

## SEIZURES / CONVULSIONS

### Pre-Arrival Instructions

<table>
<thead>
<tr>
<th>Clear area around the patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not restrain patient.</td>
</tr>
<tr>
<td>Do not place anything in patient’s mouth.</td>
</tr>
<tr>
<td>If patient is a child, remove clothing to cool patient if hot and feverish</td>
</tr>
</tbody>
</table>

**After seizure has stopped, check to see if patient is breathing.**

- **IF NO**, Determine appropriate age group.  
  Go to [CARDIAC ARREST/DOA](#) instructions for appropriate age group.

- **IF YES**, Have patient lie on side. Monitor breathing.

- Gather patient medications, if any.

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

## Prompts

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<tr>
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</tbody>
</table>

**Any seizure with an unknown medical history is assumed to be first time seizure.**

**If unconscious after seizure, go to [UNCONSCIOUS/BREATHEING NORMALLY AIRWAY CONTROL](#)**
**SICK PERSON**

**Key Questions**

- "Does the patient feel pain anywhere? If so, where?"
  (Consider appropriate card: Back, chest, abdomen)
- "Does the patient feel lightheaded or dizzy?"
- "Does the patient have Addisons Disease or any other medical or surgical history?"
- "What is the patient complaining of?"
- "How does the patient look?"

**Simultaneous ALS/BLS**

- Decreased level of consciousness.
- Prior history of Addisons disease or adrenal insufficiency with dehydration, severe vomiting and diarrhea or low blood pressure.
- Multiple fainting episodes.

**BLS Dispatch**

- 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.

**FLU SYMPTOMS**

- 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)

State of New Jersey EMD Guidecards Version 1/12
### SICK PERSON Pre-Arrival Instructions

Gather patient’s medications, if possible.

If patient’s condition changes, call me back.

**Symptoms of an Addison's or “adrenal” crisis include:**

- Severe vomiting and diarrhea
- Dehydration
- Low blood pressure
- Loss of consciousness

  • If not treated, an Addison’s crisis can be fatal.

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

### Prompts

<table>
<thead>
<tr>
<th>If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL.</th>
<th>Symptoms of an Addison’s or “adrenal” crisis include:</th>
</tr>
</thead>
</table>
| If unconscious, NOT breathing normally, go to CPR for appropriate age group. | • Severe vomiting and diarrhea  
• Dehydration  
• Low blood pressure  
• Loss of consciousness  
If not treated, an Addison’s crisis can be fatal. |

If a specific chief complaint is identified the EMD should use the Guidecard that suits the patient’s chief complaint.
**STROKE / CVA**

**Key Questions**

- "When did this start?"
- Does the patient have:
  - "Sudden numbness or weakness of the face, arm or leg?" *(Especially on one side of the body.)*
  - "Sudden confusion, trouble speaking (slurring) or understanding?"
  - "Sudden trouble seeing in one or both eyes?"
- "Sudden trouble walking, dizziness, loss of balance or coordination?"
- "Sudden severe headache?"
- "Has the patient ever had a stroke?"
- "Has the patient had any recent injury/trauma?"
- "A history of diabetes?"
- "Any other medical or surgical history?"

**Unconscious/not breathing normally.**

Marked change in level of consciousness.

New onset of one sided weakness with paralysis, facial droop, slurred speech, confusion, loss of vision, loss of coordination, severe headache.

**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, go to UNCONSCIOUS AIRWAY CONTROL.

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.

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

**Key Questions**

- "Are there any obvious injuries?"
- "Can you see blood or any other fluid around the patient?"
- "Have you checked for a medic alert tag? If YES "What does it say?”

**Simultaneous ALS/BLS Dispatch**

- 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.

If the caller knows the patient:

- "Does the patient have Addisons Disease or any other medical or surgical history?"
**UNKNOWN / PERSON DOWN**  
**Pre-Arrival Instructions**

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

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

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 <strong>UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL</strong>.</td>
<td>Age</td>
</tr>
<tr>
<td>If unconscious, <strong>NOT</strong> breathing normally, go to <strong>CPR</strong> for appropriate age group.</td>
<td>Sex</td>
</tr>
</tbody>
</table>

Specific location  
Chief complaint  
Pertinent related symptoms  
Medical/Surgical history, if any  
Other agencies responding  
Any dangers to responding units
Time / Life-Critical Events

CO POISONING / INHALATION

CARDIAC ARREST
- ADULT CPR INSTRUCTIONS
- CHILD CPR INSTRUCTIONS
- INFANT CPR INSTRUCTIONS

CHOKING
- ADULT CHOKING INSTRUCTIONS
- CHILD CHOKING INSTRUCTIONS
- INFANT CHOKING INSTRUCTIONS

DROWNING (POSSIBLE)

ELECTROCUTION

PREGNANCY / CHILDBIRTH
- CHILDBIRTH INSTRUCTIONS

UNCONSCIOUS / FAINTING
- UNCONSCIOUS AIRWAY CONTROL (NON-TRAUMA) INSTRUCTIONS
- UNCONSCIOUS AIRWAY CONTROL (TRAUMA) INSTRUCTIONS
CO Poisoning / Inhalation

**CO / INHALATION**

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>Inhalations</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Is a CO Detector activated?”</td>
<td>“What is the name of the inhaled substance?”</td>
</tr>
<tr>
<td>“Is patient complaining of: Headache, confusion, weakness, fatigue, nausea, vomiting or dizziness?”</td>
<td>“What is the source of the inhaled substance?”</td>
</tr>
<tr>
<td>“Is patient breathing normally?” If NO go to BREATHING PROBLEMS</td>
<td>If a commercial property, “Is the MSDS sheet available?”</td>
</tr>
</tbody>
</table>

**SIMULTANEOUS ALS/BLS**

<table>
<thead>
<tr>
<th>Dispatch</th>
<th>BLS DISPATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO Detector activation with Critical Symptoms: Unconscious/LOC/not breathing normally. Decreased level of consciousness. Inhalation household cleaners, antifreeze, solvents, methanol, cyanide, or insecticides with difficulty swallowing/breathing.</td>
<td>Chemicals on patient’s skin or clothing, no critical symptoms. Third party report, caller not with patient</td>
</tr>
</tbody>
</table>
**CO / INHALATION**  Pre-Arrival Instructions

Get patient to fresh air immediately.

If unable to go outside, open all doors and windows.

Turn off any appliance with an open flame. (heaters, stoves, fireplaces, etc.)

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

---

<table>
<thead>
<tr>
<th>Prompts</th>
<th>Short Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO Detector, Get everyone out of the house.</td>
<td>Age</td>
</tr>
<tr>
<td>Consider Poison Control Center (1-800-222-1222, or one button transfer).</td>
<td>Sex</td>
</tr>
<tr>
<td>Dispatch Fire Department / HAZMAT per local protocol and proceed to</td>
<td>Specific location</td>
</tr>
<tr>
<td>HAZMAT</td>
<td>Chief complaint</td>
</tr>
<tr>
<td></td>
<td>Pertinent related symptoms</td>
</tr>
<tr>
<td></td>
<td>Medical/Surgical history, if any</td>
</tr>
<tr>
<td></td>
<td>Other agencies responding</td>
</tr>
<tr>
<td></td>
<td>Any dangers to responding units</td>
</tr>
</tbody>
</table>
Cardiac Arrest

SIMULTANEOUS ALS/BLS

<table>
<thead>
<tr>
<th>Unresponsive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious/not breathing adequately (Agonal) or not at all. Possible DOA of unknown origin</td>
</tr>
<tr>
<td>Delayed response</td>
</tr>
</tbody>
</table>

If unsure about consciousness:
“Does the patient respond to you? Talk to you? Answer questions? Hear you?”
“Does the patient move? Flinch? Move arms or legs?”
“Are the pupils fixed and dilated?”

If unsure about breathing:
“Look and see if the chest rises and falls.”
“Listen for the sound, frequency and description of breaths.”

Agonal respirations are often reported as:
- gasping
- snoring
- gurgling
- barely breathing
- moaning
- weak or heavy

FOLLOW LOCAL PROTOCOL
CONFIRMED HOSPICE
EXPECTED DEATH
**CARDIAC ARREST / DOA Pre-Arrival Instructions**

**Go to CPR card for the appropriate age group.**

- **Age 8 years and ABOVE**
  - ADULT CPR INSTRUCTIONS

- **Age 1 year to 8 years**
  - CHILD CPR INSTRUCTIONS

- **Age 0 to 1 year**
  - INFANT CPR INSTRUCTIONS

<table>
<thead>
<tr>
<th>Prompts</th>
<th>Short Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agonal respirations are ineffective breaths which occur after Cardiac</td>
<td>Age</td>
</tr>
<tr>
<td>Arrest. Indicate the need for CPR.</td>
<td>Sex</td>
</tr>
<tr>
<td>Brief generalized seizures may be an indication of cardiac arrest.</td>
<td>Specific location</td>
</tr>
<tr>
<td></td>
<td>Chief complaint</td>
</tr>
<tr>
<td></td>
<td>Pertinent related symptoms</td>
</tr>
<tr>
<td></td>
<td>Medical/Surgical history, if any</td>
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<tr>
<td></td>
<td>Other agencies responding</td>
</tr>
<tr>
<td></td>
<td>Any dangers to responding units</td>
</tr>
</tbody>
</table>
“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.”

“Does anyone there know how to do CPR?”

“Do you need help in remembering the procedures?”

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

“Get the phone NEXT to the patient if you can.”

“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?”

Begin, make your best attempt.
**CHOKING ADULT ENTRY POINT**

**Is there an automatic defibrillator in the area?**

- **NO**
- **YES**

**AED Instructions**

**If alone**, have caller obtain AED and return to patient. Open the machine and turn it on. Follow the voice prompts and instructions from the machine. Use large size pads on adults.

**If others are present** have someone obtain AED while **caller begins CPR**. When AED arrives instruct person to set up AED for use without interrupting CPR in progress. Use large size pads on adults.

Advise when AED is ready to use.

Stop CPR and turn on the AED.

Follow the voice prompts and instructions from the machine.

**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.
CPR Instructions

“Kneel at the patient’s side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?”

If YES, STOP- DO NOT START CPR, Go to SPECIAL CONSIDERATIONS on Page 4

If NO

“Put the HEEL of your HAND on the CENTER of their CHEST, between the nipples”

“Put your OTHER HAND ON TOP of THAT hand.”

“PUSH DOWN on the HEELS of your hands, at least 2 inches.”

“Do it 30 times, PUSH HARD AND FAST.”

If not performing MOUTH TO MOUTH BREATHING, ADVISE caller to continue to PUMP the CHEST until help arrives or until the patient shows any signs of movement or breathing.

If doing mouth to mouth:

“Then, PINCH the NOSE SHUT and LIFT the CHIN so the head BENDS BACK.”

“Completely cover their mouth with your mouth”

“Give TWO BREATHS each lasting 1 second, then PUMP the CHEST 30 times.”

“KEEP DOING IT UNTIL HELP CAN TAKE OVER.”

If an AED becomes available see AED Instructions on Page 2
SPECIAL CONSIDERATIONS

**Patient has tubes or wires protruding from chest or abdomen:**

“*Does the patient have a ventricular assist device?*” (May be called a VAD, heart pump, RVAD, LVAD, BVAD, or LVAS.)

If YES, Do not perform chest compressions.

If patients has a pacemaker or internal defibrillator return to CPR instructions.

**Patient has vomited**

“*Turn his/her head to the side.*”

“*Sweep it all out with your fingers before doing mouth-to-mouth.*”

“*Resume CPR.*”

**Patient has a Stoma**

Breathing Instructions

“*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 inflating the patient’s LUNGS.*”

“*Make sure the CHEST GENTLY RISES.*”
Begin CPR on the child 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.

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

Begin attempts as best possible.

CHILD CPR (1-8 YRS) INSTRUCTIONS

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

Get the CHILD near the phone if you can.

Does anyone there know how to do CHILD CPR?

Do you need help in remembering the procedures?

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

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

Begin attempts as best possible.

CHILD CPR (1-8 Yrs) Instructions
“Kneel next to the child and bare the chest.”
“Put the HEEL of ONE HAND on the CENTER of the child’s CHEST, between the nipples.”
“PUSH DOWN FIRMLY, ONLY with the HEEL of your hand, 2 inches.”
“Do it 30 times, PUSH HARD AND FAST.”

If not performing MOUTH TO MOUTH breathing, advise to pump the chest until help arrives or patient starts breathing or moving.

If willing to perform mouth-to-mouth breathing.
“Then, PINCH the NOSE SHUT and LIFT the CHIN so the head TILTS BACK.”
“Completely cover the child’s mouth with your mouth.”
“Give TWO BREATHS each lasting about 1 second then PUMP the CHEST 30 times.”
“KEEP DOING IT UNTIL HELP CAN TAKE OVER.”

If there is more than one person present that is willing to perform CPR have them switch with the person doing CPR every 2 minutes.
AED Instructions

If alone 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.

If others are present have someone obtain AED while caller continues CPR. When AED arrives instruct person to set up AED for use without interrupting CPR in progress.
Use child AED pads if equipped. (If using adult pads on a child be sure they do not touch each other).
Advise when AED is ready to use
Stop CPR and turn on the AED.
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.
SPECIAL CONSIDERATIONS

Patient has vomited

“Turn his/her head to the side.”

“Sweep it all out with your fingers before doing mouth-to-mouth.”

Patient has a Stoma
Breathing Instructions

“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 each lasting about 1 second into the patients LUNGS.”

“Make sure the CHEST GENTLY RISES”
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 next.”
“Lay the baby FLAT on its back on a hard surface, such as a table or the floor.”
“Put your INDEX AND MIDDLE FINGERTIPS on the CHEST, just BELOW the NIPPLE LINE.”
“PUSH DOWN 1 ½ INCH. Do it 30 times RAPIDLY Hard and Fast.”

If not performing MOUTH-TO-MOUTH breathing, ADVISE to PUMP the CHEST 200 times and then come back to the phone.

If performing mouth-to-mouth
“THEN, Tilt the head back SLIGHTLY by LIFTING the CHIN and cover the baby’s mouth and nose with your mouth.”
“GIVE TWO SMALL PUFFS of air SLOWLY.”
“Make sure the baby’s CHEST GENTLY RISES with each puff.”
“THEN, rapidly pump 30 times, and then give two more SLOW PUFFS.”
“KEEP DOING IT UNTIL HELP CAN TAKE OVER or the baby starts to move or breath on its own.”
### Key Questions

"Is patient alert?"

"Is the patient able to speak or cry?"

"Describe the breathing."
  "Does the chest rise?"
  "Does air enter freely?"

"Is the patient turning blue?"

<table>
<thead>
<tr>
<th>Simultaneous ALS/BLS</th>
<th>BLS Dispatch</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

Go to choking card for the appropriate age group:

- **Age 8 years and ABOVE**  
  - ADULT INSTRUCTIONS
- **Age 1 year to 8 years**  
  - CHILD INSTRUCTIONS
- **Age 0 to 1 year**  
  - INFANT INSTRUCTIONS

<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)</td>
<td>Sex</td>
</tr>
<tr>
<td>instructions</td>
<td>Specific location</td>
</tr>
<tr>
<td></td>
<td>Chief complaint</td>
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<td></td>
<td>Pertinent related symptoms</td>
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<td></td>
<td>Medical/Surgical history, if any</td>
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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

CHOKING ADULT INSTRUCTIONS

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

If mild obstruction is present and the victim is coughing forcefully, do not interfere with the patient’s spontaneous coughing and breathing efforts.

Attempt to relieve the obstruction only if the cough becomes silent, respiratory difficulty increases or the victim becomes unresponsive.

(Cont.)
Choking Adult Instructions

Is the patient CONSCIOUS?

Conscious Patient Instructions

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

*If unable to reach around waist or if patient is in late stage of pregnancy, reach under the arms and place hands on center of chest.
GRASP your fist with the other hand.
PRESS into chest with QUICK thrusts until item is expelled.
Unconscious Patient Instructions
Compressions Only

“Get the patient FLAT on their back on the floor.”
“Kneel at the patient’s side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?”

If YES, STOP- DO NOT START CPR, Go to ADULT CPR SPECIAL CONSIDERATIONS
If NO:

“Put the HEEL of your HAND on the CENTER of their CHEST between the nipples.”
“Put your OTHER HAND ON TOP of THAT hand.”
“PUSH DOWN on the HEELS of your hands, at least 2 inches.”
“Do it 30 times, PUSH HARD AND FAST.”
“Then, PINCH the NOSE SHUT and LIFT the CHIN so the head BENDS BACK.”
“LOOK IN THE MOUTH FOR OBJECT. If seen, remove it.”

“KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts breathing.
GO TO UNCONCIOUS AIRWAY CONTROL”

If an AED becomes available go to ENTRY POINT FROM ADULT CHOKING
Unconscious Patient Instructions
With Ventilations

“Get the patient FLAT on their back on the floor.”
“Kneel at the patient’s side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?”

IF YES, STOP - DO NOT START CPR, Go to ADULT CPR SPECIAL CONSIDERATIONS.

IF NO:
“Put the HEEL of your HAND on the CENTER of their CHEST between the nipples.”
“Put your OTHER HAND ON TOP of THAT hand.”
“PUSH DOWN on the HEELS of your hands, at least 2 inches.”
“Do it 30 times, PUSH HARD AND FAST.”
“Then, PINCH the NOSE SHUT and LIFT the CHIN so the head BENDS BACK.”
‘LOOK IN THE MOUTH FOR OBJECT, If seen, remove it.”
“Completely cover their mouth with your mouth.”
“Give TWO BREATHS each lasting 1 second then PUMP the CHEST 30 times.”
“KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts breathing.”
IF PATIENT STARTS BREATHING GO TO UNCONSCIOUS AIRWAY CONTROL

If an AED becomes available go to ENTRY POINT FROM ADULT CHOKING

If there is more than one person present that is willing to perform CPR have them switch with the person doing CPR every 2 minutes.
Is the child able to TALK or COUGH?

NO

YES

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

STOP

If mild obstruction is present and the victim is coughing forcefully, do not interfere with the patient’s spontaneous coughing and breathing efforts.

Attempt to relieve the obstruction only if the cough becomes silent, respiratory difficulty increases or the victim becomes unresponsive.
Conscious Patient Instructions

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.

*If unable to reach around waist, reach under the arms and place hands on center of chest.
GRASP your fist with the other hand.
PRESS into chest with QUICK thrusts until item is expelled.
Unconscious Patient Instructions
Compressions Only

“Get the child FLAT on their back on the floor.”
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, 2 inches 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.
“KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts
breathing.” GO TO UNCONSCIOUS AIRWAY CONTROL

If an AED becomes available go to ENTRY POINT FROM CHILD CHOKING
Unconscious Patient Instructions
Compressions and Ventilations

“Get the child FLAT on their back on the floor.”
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, 1 ½ inches 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.

“Completely cover their mouth with your mouth”
“Give TWO BREATHS each lasting 1 second, then PUMP the CHEST 30 times.”
“KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts breathing.”
GO TO UNCONSCIOUS AIRWAY CONTROL

If an AED becomes available go to ENTRY POINT FROM CHILD CHOKING
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

STOP

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

Roll the baby over on it’s side and check for breathing until help takes over.

(CONT.)
Conscious Patient Instructions

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.

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 1 ½ inches, 5 TIMES. Do that, and come back to the phone.

“Continue until Infant can breath, cough or cry. Then monitor consciousness and breathing.”
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.

Put your INDEX AND MIDDLE FINGERTIPS on the CHEST, right BELOW the NIPPLE LINE. PUSH DOWN 1 1/2 INCHES. Do it 30 TIMES, 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.
**DROWNING (POSSIBLE)**

**Key Questions**

- “Has the patient been removed from the water?”
  
  IF YES
  
  - “Is the patient on land or in a boat?”
  
  - “How long was the patient under water?”
  
  - “Is this a scuba diving accident?”

- “What was the patient doing before the accident?”
  
  If the caller is in a car sinking in water or stuck in rising water go to

**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 | Short Report
---|---
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? | 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

**“What was the source of the electricity?”**
(Small household appliance (110 volt AC), dryer, stove, (220 volt AC) or industrial equipment (high voltage DC)).

**“Is patient still in contact with the source?”**
IF YES, “**Do you know how to turn off the electricity?**”

---

### Simultaneous ALS/BLS

<table>
<thead>
<tr>
<th>Dispatch</th>
<th>BLS Dispatch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased level of consciousness.</td>
<td>Household electrical shock without critical symptoms</td>
</tr>
<tr>
<td>Unable to remove patient from electrical circuit.</td>
<td></td>
</tr>
<tr>
<td>Multiple Casualty Incident Criteria.</td>
<td></td>
</tr>
<tr>
<td>Burns to airway, nose, or mouth.</td>
<td></td>
</tr>
<tr>
<td>Burns over 20% of body surface.</td>
<td></td>
</tr>
<tr>
<td>Burns from 220 volt or higher source.</td>
<td></td>
</tr>
<tr>
<td>2\textsuperscript{nd} &amp; 3\textsuperscript{rd} degree burns (partial or full thickness) to Palms (hands), Soles (feet) or Groin.</td>
<td></td>
</tr>
<tr>
<td>Reported DOA until evaluation by responsible party.</td>
<td></td>
</tr>
</tbody>
</table>

---

**“Are there any other injuries?”**
IF YES **“What are they?”**
Go to appropriate Guidecard.

---

After patient is removed from electrical circuit check breathing and level of consciousness. Go to appropriate guidecard.
## ELECTROCUTION

**Pre-Arrival Instructions**

Beware of liquid spills or ground moisture that could conduct electricity

Do not touch the patient(s) if they are in contact with the source of 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.
- If outside electric wires or meters are involved, notify electric utility.
- 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

*If patient has visible burn injuries go to BURNS and determine extent of injuries.*
### Pregnancy / Childbirth

**Key Questions**

- **Is this the first pregnancy***?
- If this is not the first pregnancy, "**How long was she in labor before delivery with her other pregnancies?**"
- "**Were there any complications?**"
- "**Was the delivery vaginal or surgical?**"
- "**How far along is she?**"
- If less than 20 weeks: "**Has there been any discharge of blood or tissue?**"

**SIMULTANEOUS ALS/BLS**

- 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

** simulation: ALS/BLS dispatch**

**state of New Jersey EMD Guidecards Version 1/12**
Pregnancy / Childbirth

PREGNANCY / CHILDBIRTH  Pre-Arrival Instructions

Have the patient lie down on her left side.
Keep the patient warm.
Watch for the baby’s head to show.
If the patient feels the urge to go to the bathroom, do not allow her to use the toilet!
If patient was on the toilet and noticed discharge of blood or tissue: “Do not flush toilet or dispose of used pads.”

Prompts  | Short Report
--- | ---
Imminent delivery (Regular contractions at 1-2 minute intervals and an urge to push or bear down) and post delivery, go to [CHILDBIRTH INSTRUCTIONS](#) | Age  
Sex  
Specific location  
Chief complaint  
Pertinent related symptoms  
Medical/Surgical history, if any  
Other agencies responding  
Any dangers to responding units

Miscarriage is defined as the loss of a pregnancy before 20 weeks of gestation. May include bleeding, abdominal cramps, lower back pain and/or discharge of tissue.

If post delivery:
*Is the baby breathing?*
If NO go to: [INFANT CPR INSTRUCTIONS](#)
Gather patient medications, if any.
If the patient’s condition changes, call me back.
Childbirth Instructions

START

How far apart are the contractions (pains)?
Less than 5 Min. More than 5 Min.

Does she have a strong desire to push?
YES NO

Has she had a baby before?
YES NO

PROMPT: DO NOT allow patient to use the toilet!

How far apart are the contractions (pains)?
More than 2 Min. Less than 2 Min.

Does she have a strong desire to push?
NO YES

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

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

**Key Questions**

- "What was the patient doing before they became unconscious?"
- "Is this the first time today the patient has been unconscious?"
- "Has the patient taken any alcohol, medication or recreational drugs?"
  
  If YES, go to

**Fainting**

- "How does the patient act when they sit up?"
- "Is the patient able to respond to you and follow simple commands?"
- "Does the patient have any medical or surgical history?"
- "Does the patient have a medic alert tag?"
  
  If YES, "What does it say?"

**SIMULTANEOUS ALS/BLS**

- Unconscious/not breathing normally.
- Multiple fainting (syncopal) episodes (same day).
- Confirmed unconscious/unresponsive at time of call.
- 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.

**BLS DISPATCH**

- 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

<table>
<thead>
<tr>
<th>Have patient lie down.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If patient is vomiting, lay patient on side.</td>
</tr>
<tr>
<td>Monitor patient’s breathing.</td>
</tr>
<tr>
<td>Do not leave patient, be prepared to do CPR.</td>
</tr>
<tr>
<td>Gather patient’s medications, if possible.</td>
</tr>
<tr>
<td>If the patient’s condition changes, call me back.</td>
</tr>
</tbody>
</table>

#### Agonal respirations

- gasping, snoring, or gurgling
- barely breathing
- moaning, weak or heavy
- occasional

Brief generalized seizures may be an indication of cardiac arrest.

### 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
Unconscious Patient Airway Control (Non-Trauma)

(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 patient’s 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 Patient Airway Control (Trauma)

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.

DO NOT turn the patient's head.
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 - Page 2 of 2 (1/04)
Miscellaneous

AIRCRAFT / TERRORISM
HAZMAT INCIDENT GUIDE
VEHICLE IN WATER
AEROMEDICAL DISPATCH PROCEDURE
## Aircraft / Terrorism

### AIRCRAFT / TERRORISM

**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).

If a medical problem exists go to appropriate guide card.

### 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 NORAD**
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

#### Key Questions

- **“Where is the emergency?”** Actual incident location, direction of travel, best access if applicable.

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

- **“What happened?”** (Type of hazardous material)
  - Explosion, Odor Complaint, Fire, Air release, Motor Vehicle Accident, Illegal dumping, Leak / Spill, Abandoned container / materials, Other.

- **“Are there any injuries?”**
  - IF YES:
    - How many people are injured?
    - What is the nature of the injuries?
  - Refer to appropriate medical guidecard or local protocol for MASS CASUALTY INCIDENT.

- **“What is the name and/or ID # of material?”**
  - Use DOT Guidebook or NLETS to obtain information about substance.

#### Emergency Medical Dispatch

- Refer to the appropriate medical guidecard or follow local protocol for Mass Casualty Incident.

#### Hazardous Materials Agency Dispatch

- 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.

<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>State of material: Solid Liquid Gas</td>
<td>Access route</td>
</tr>
<tr>
<td>Size / Type of container:</td>
<td>Type of HazMat incident</td>
</tr>
<tr>
<td>Is the release continuous, intermittent, or contained? Entering a waterway, a storm drain or sewer?</td>
<td>Number and nature of injuries</td>
</tr>
<tr>
<td>Have personnel been evacuated? YES NO</td>
<td>Release type</td>
</tr>
<tr>
<td>Are there any emergency responders or HAZMAT trained personnel on the scene? 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. IF YES: Please have it ready for the emergency responders.</td>
<td></td>
</tr>
<tr>
<td>Wind Direction: N S E W (If not available from caller, obtain from weather service)</td>
<td></td>
</tr>
</tbody>
</table>
**Vehicle in Water**

### VEHICLE IN WATER

<table>
<thead>
<tr>
<th>KEY QUESTIONS</th>
<th>SIMULTANEOUS ALS/BLS</th>
<th>BLS DISPATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What kind of water are you in?”</td>
<td>Vehicle in water sinking, submerged or stuck in fast moving water.</td>
<td>Vehicle in still water, not sinking, water not rising.</td>
</tr>
<tr>
<td>River, lake or flooded roadway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Is the car sinking?”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Can you open the vehicle doors?”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Can you open the vehicle windows?”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>go to Pre Arrival Instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the caller is a witness ask if they can relay instructions to occupants of the vehicle. If so go to Pre-Arrival Instructions.

State of New Jersey EMD Guidecards Version 01/12
## Vehicle in Still Water

**Open vehicle doors or windows, exit vehicle and wade to shore.**

If unable to wade to shore:

**Exit vehicle and go to vehicle roof.**

## Vehicle in Water and Sinking

**Release your seatbelts and open the windows.**

If your windows will not open, try to break them. Hit the corner of the window with a key, seat belt buckle or metal headrest post. Exit through the window and get onto the roof of the vehicle.

## Prompts

- If vehicle is sinking or in fast moving water concentrate on getting the occupants out of the vehicle and onto the roof. Once on the roof, verify location.

  Consider need for boats, SCUBA or Tactical/Rapid Water Rescue.

## Short Report

- Specific location
- Number of occupants
- Any dangers to responding units
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 crash (MVC) of 20 MPH or more without restraints.
- Rearward displacement of front of car by 20 inches.
- Rearward displacement of front axle.
- Compartment intrusion, including roof: >12 inches occupant site; >18 inches any site.
- 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 29 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 proximal to wrist or ankle.
- Paralysis or spinal cord injury.
- Severe burns.
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.

Compartment intrusion, including roof >12 inches occupant site, >18 inches any site.

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.
New Jersey Aeromedical Dispatch Procedure

START

Incident Occurs

First Responders Arrive. Helicopter is Requested

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

Dispatch Licensed Helicopter

Call for Dispatch of BLS/ALS

Ground BLS/ALS go to Incident Scene and Assess the Patient and Scene

Alert Appropriare Speciality Center (e.g., Trauma, Burn, Neonatal)

Can Speciality Center Accept Patients?

NO

Patient Flown to Closest Appropriate Speciality Center

YES

Patient Flown to Another Speciality Center

Abort Helicopter Flight

Is the Helicopter Necessary?

NO

YES

Helicopter Arrives

Helicopter Medical Control

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