Milwaukee County
EMS Dispatch Guidelines
And
Pre-Arrival Instructions
For a
3-Tiered Response

Updated, Reviewed and Approved by:

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TO BE DETERMINED ON ALL CALLS WHEN THE CALLER IS NOT THE PATIENT

ASK: Is the person breathing?

1. No ---------- **ALSAC**
   (See CPR Instructions for the appropriate age group)

ANSWER: Yes/don't know

ASK: Is the person awake now?

1. Yes ----------See Appropriate Chief Complaint
   Note: *Instruct caller to call 911 again if patient's condition worsens*

2. **(Listen for "I tried to wake him/her but they do not respond")** ---**ALSAC1**

ANSWER: No/don't know

ASK: Can/will you try to wake the person, without putting down the telephone?

1. No/can't/will not (Unconfirmed) ---------- **BLSAC**
   (See Unconscious/Unresponsive/Passed out instructions)

   Note: *Must put down telephone to find out….*
   Instruct caller to find out more information and call 911 again

2. Yes, still no response (Confirmed unconscious) ---------- **ALSAC1**
   (See Unconscious/Unresponsive/Passed out Instructions)

3. Yes, person is coming to/ in & out of consciousness --- **BLSAC1**
   (See Unconscious/Unresponsive/Passed out Instructions)

*******EXCEPTION TO THE RULE IS "DECEASED/ASSISTANCE WITH BODY" ******
(SEE PRE-ARRIVAL INSTRUCTIONS FOR DECEASED/ASSISTANCE WITH BODY)

ABDOMINAL PAIN / STOMACH COMPLAINT

ASK: Is the person pregnant? (If the complainant is female)

1. Yes ➢➢➢➢➢➢➢➢➢ ➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢**See Labor/OB**

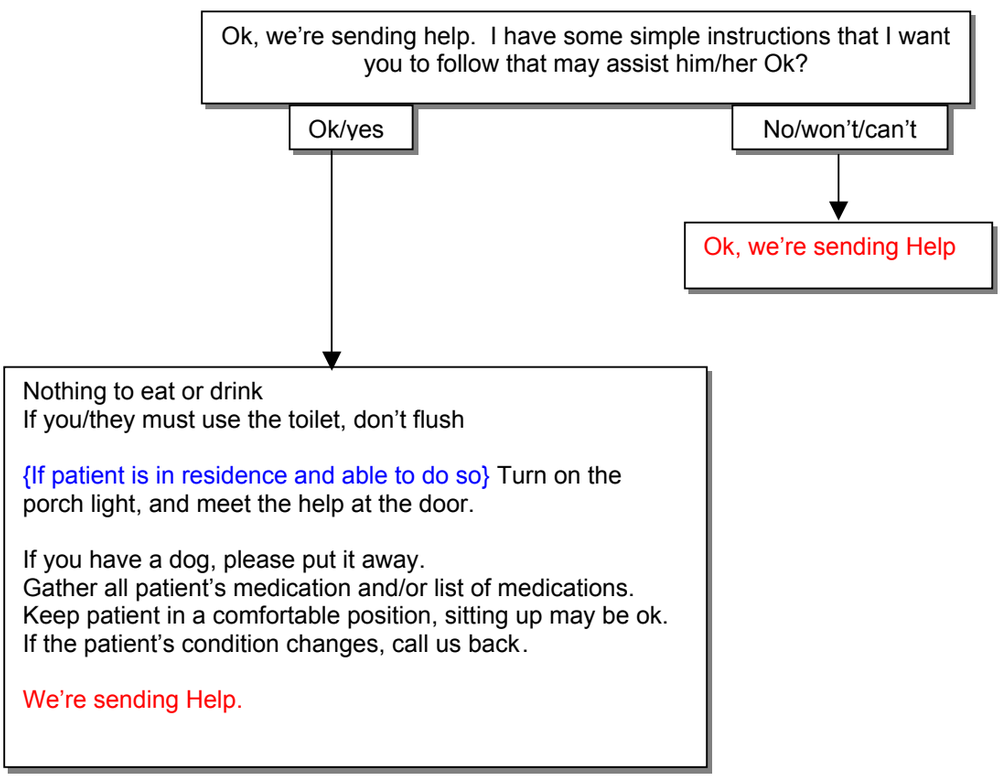
ANSWER: No/don't know

ASK: Is anything else wrong?

1. No/don't know ---------- **PRIAP**
2. Yes ➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢**See appropriate chief complaint**

PRE-ARRIVAL INSTRUCTIONS

ABDOMINAL PAIN



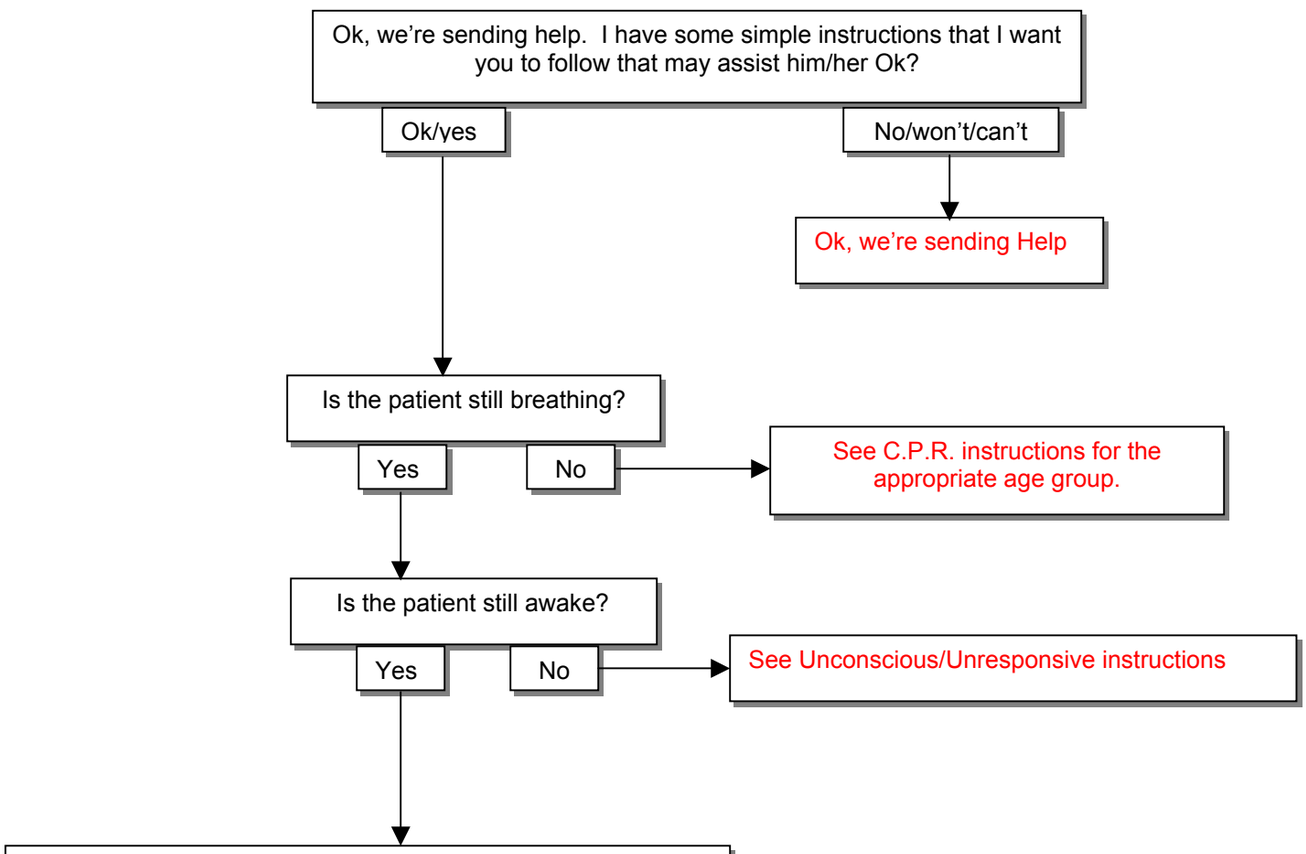
ALLERGIC REACTION

ASK: Is the person having trouble breathing/wheezing/have difficulty swallowing?

1. Yes ---------- **ALSAR**
2. No ---------- **PRIAR**
3. Don't know ---------- **BLSAR**
4. (Listen for previous reaction or used own "Epi-pen" ----- **ALSAR1**

PRE-ARRIVAL INSTRUCTIONS

ALLERGIC REACTION / INSECT STINGS



{If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away. Gather all patient's medication and/or list of medications.
Keep patient in a comfortable position, sitting up may be ok.
Watch patient for signs of difficulty breathing or if he/she passes out.

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

We're sending help.

INSECT STINGS

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

{If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away. Gather all patient's medication and/or list of medications.
Rest or have the patient rest in a comfortable position, sitting up may be ok.

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

We're sending help.

ASSAULT / SEXUAL ASSAULT / BATTERY

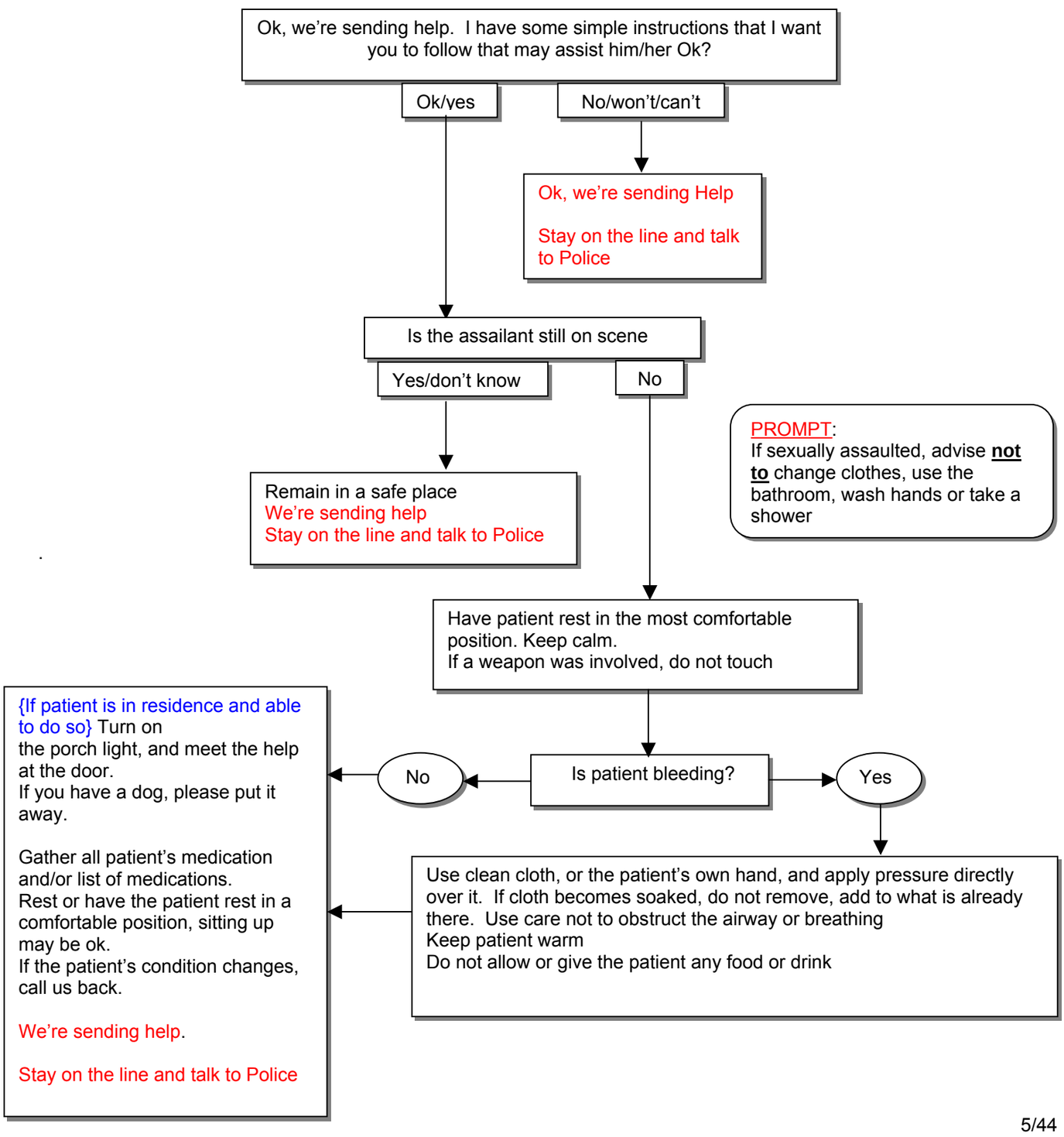
1. (Minor bruises, broken bones, cuts, scrapes, etc ---------- **PRISA**
2. (Listen for other complaint) ➢➢➢➢➢➢ ➢➢➢➢➢➢**See appropriate chief complaint**
3. (Listen for uncontrolled bleeding / amputation) ---------- **BLSSA**
4. (Listen for seizures) ---------- **ALSSA**

ASK: Is the assailant still on the scene?

*****Note*** Notify the Police**

PRE-ARRIVAL INSTRUCTIONS

ASSAULT / SEXUAL ASSAULT /BATTERY



PATIENT ASSISTANCE

ASK: Does the patient have any other complaints?

1. No/don't know ---------- **BLSPA**
2. Yes ➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢ **See appropriate chief complaint**

PRE-ARRIVAL INSTRUCTIONS

PATIENT ASSISTANCE

Ok, we're sending help. I have some simple instructions that I want you to follow that may assist him/her Ok?

Ok/yes

No/won't/can't

Ok, we're sending Help

Stay calm.

{If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away.
Gather all patient's medication and/or list of medications.
If the patient's condition changes, call us back.

We're sending help.

BLEEDING

ASK: Where is the person bleeding?

ANSWER: Vomiting / rectal / unknown / other ---------- **PRIBL**

(Listen for uncontrolled or can't stop the bleeding) ---------- **BLSBL**

ANSWER: Vaginal

ASK: Is the person pregnant?

1. Yes ➢➢➢➢➢➢ ➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢ **See labor/OB/delivery/miscarriage**
2. No/don't know ---------- **BLSBL1**

PRE-ARRIVAL INSTRUCTIONS

BLEEDING / LACERATION

Ok, we're sending help. I have some simple instructions that I want you to follow that may assist him/her Ok?

- Ok/yes → Use clean cloth, or the patient's own hand, and apply pressure directly over the wound.
  If cloth becomes soaked, do not remove, add to what is already there.
  Keep patient warm and calm.
  Do not allow or give the patient any food or drink.

  {If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
  If you have a dog, please put it away.

  Gather all patient's medication and/or list of medications.
  Rest or have the patient rest in the most comfortable position.
  If the patient's condition changes, call us back.

  We're sending help

- No/won't/can't → Ok, we're sending Help

NOSEBLEED

Tell the patient to apply direct pressure by pinching the nose tightly between two fingers, sit forward and hold it until help arrives. Attempt to spit out blood. Swallowing may make patient vomit.
Advise patient not to move.

{If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away.
Gather all patient's medication and/or list of medications.
Rest or have the patient rest in the most comfortable position.
If the patient's condition changes, call us back.

We're sending help

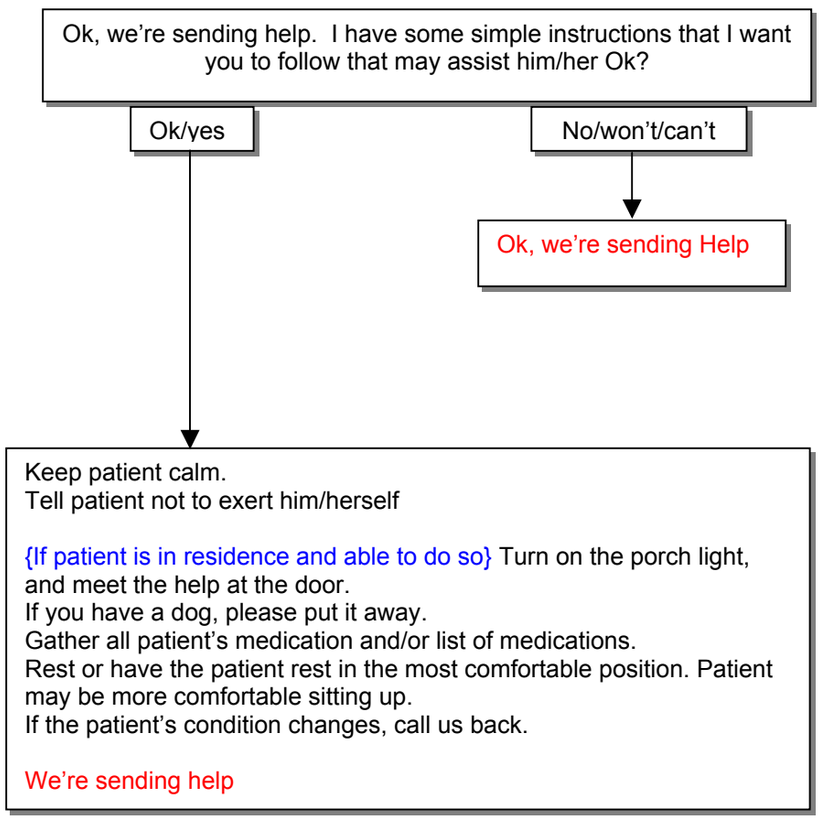
BREATHING DIFFICULTY

ASK: How old is the person?

1. Age 50 and over ---------- **ALSDB**
2. Age under 50/don't know ---------- **BLSDB**
3. (Listen for: asthma, wheezing, emphysema, allergic reaction, history of heart problems, tracheostomy, C.O.P.D., chest pains & age 40 and over) ---------- **ALSDB1**

PRE-ARRIVAL INSTRUCTIONS

BREATHING DIFFICULTY



BURNS

ASK: How was the person burned?

ANSWER: Electrical/electrocution ---------- **BLSEL**

(See Electrical Pre-Arrival Instructions)

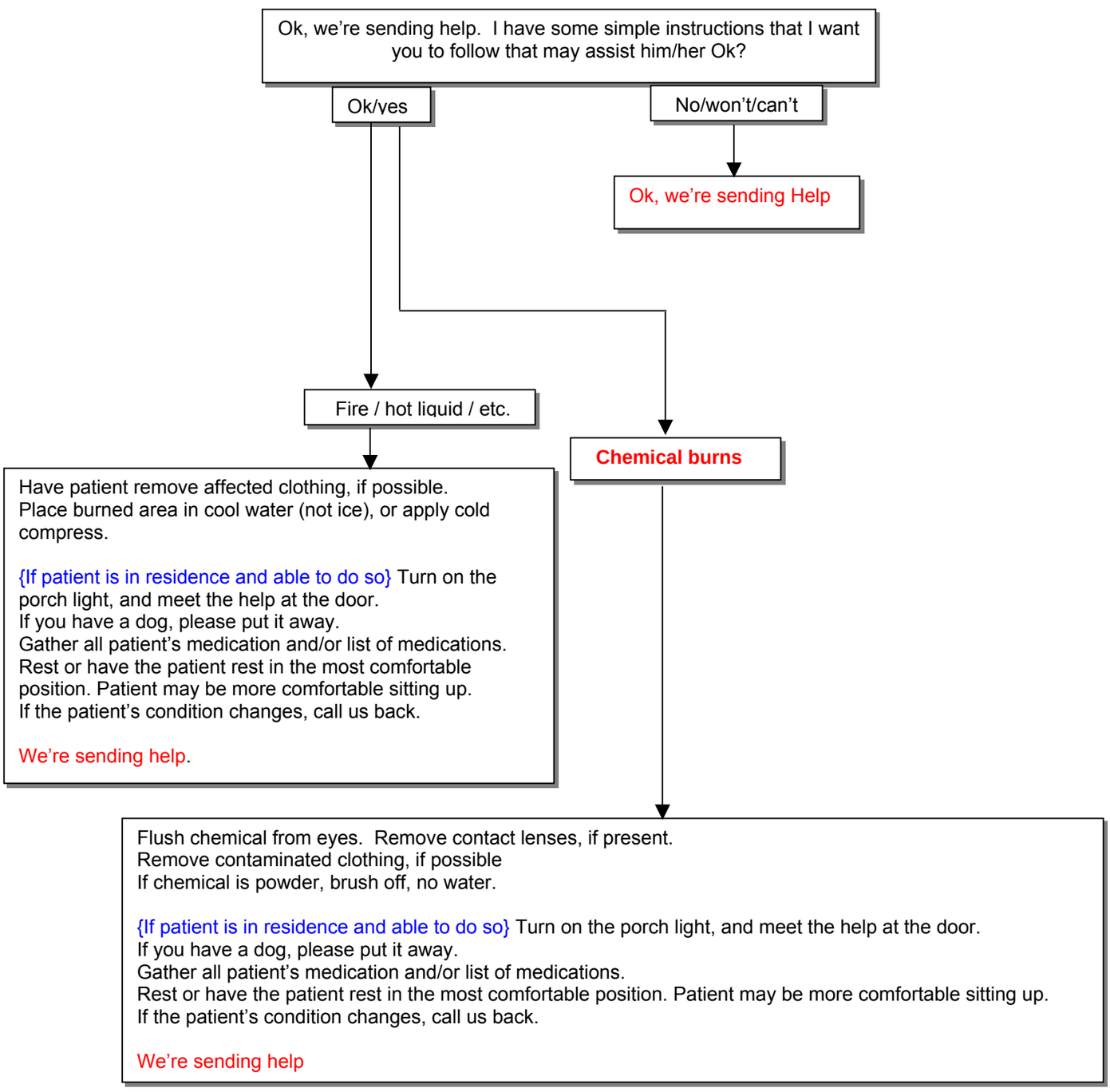
ANSWER: Non-electrical

ASK: What parts of the body were burned?

1. Large area/face or mouth (airway) ---------- **ALSBR**
2. Small area ---------- **PRIBR**
3. Unknown ---------- **BLSBR**
4. (Listen for burned infant – ages 0-1 years old) ---------- **ALSBR1**
5. (Listen for chemical spill) ---------- **HAZMAT**

PRE-ARRIVAL INSTRUCTIONS

BURNS



CHEST PAIN (TIGHTNESS - PRESSURE)

ASK: How old is the person?

1. Age 40 and over ---------- **ALSCP**

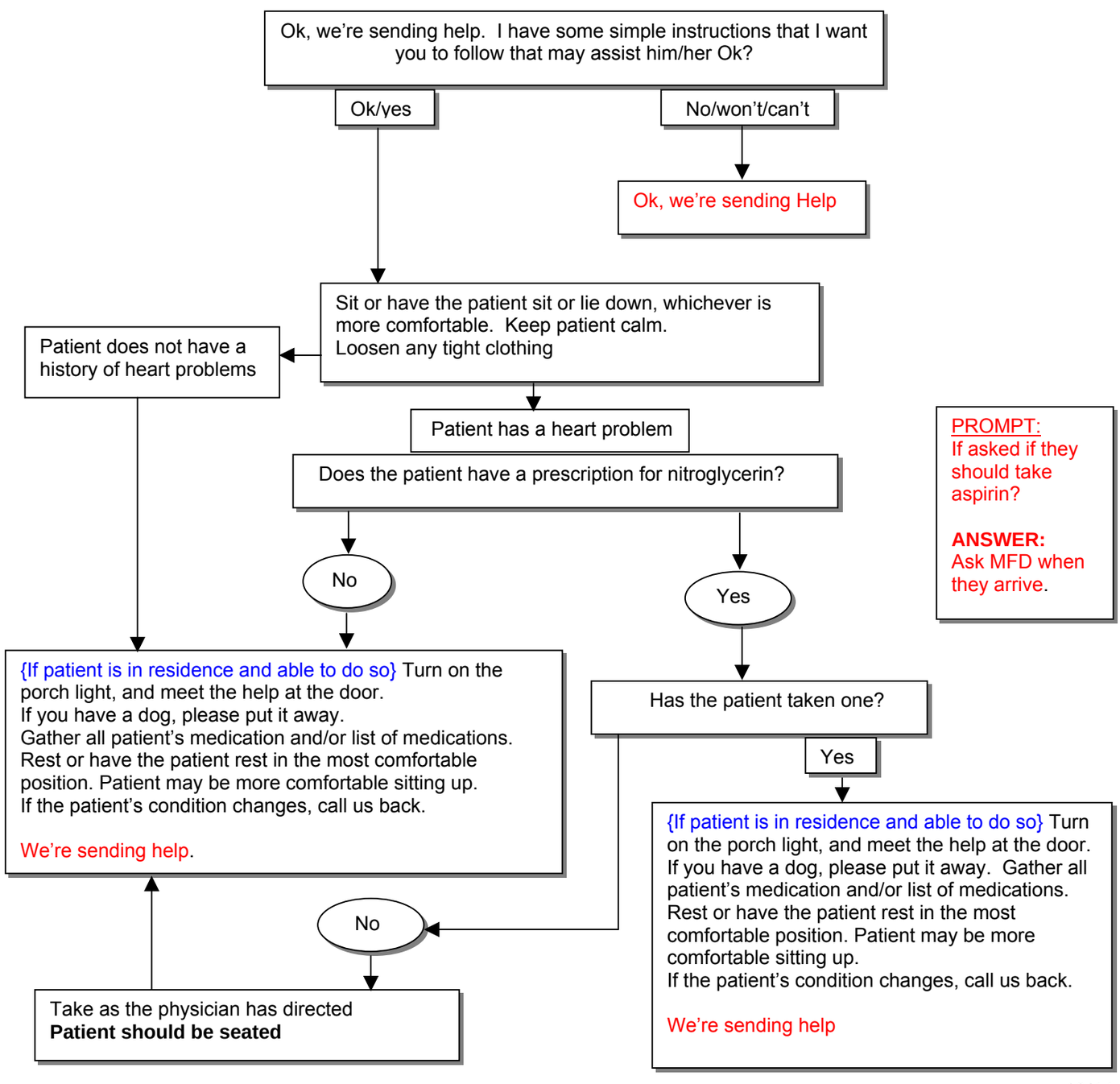
ANSWER: Age under 40/don't know

ASK: Does the person have a heart problem?

1. Yes---------- **ALSCP1**
2. No/don't know ---------- **BLSCP**
3. **(Listen for: the use of cocaine, diabetes, automated implanted cardiac defibrillator [AICD] has fired)**-- ------- **ALSCP2**

PRE-ARRIVAL INSTRUCTIONS

CHEST (PAINS – TIGHTNESS – PRESSURE)



CHOKING

CHOKING ---------- **BLSCK**

(Listen for not breathing) ---------- **ALSAC**

(See CPR Instructions for the appropriate age group)

PRE-ARRIVAL INSTRUCTIONS

CHOKING

Ok, we're sending help. I have some simple instructions that I want you to follow that may assist him/her Ok?

- Ok/yes → CHOKING ADULT INSTRUCTIONS
- No/won't/can't → Ok, we're sending Help

CHOKING ADULT INSTRUCTIONS (2 years old and older)

Is the patient able to **talk** or **cough?**

- No → Is the patient awake?
- Yes → Reassess:

Is the patient awake?

- No → **See CPR instructions for the appropriate age group**
- Yes → Listen carefully. I'll tell you what to do.

Reassess:

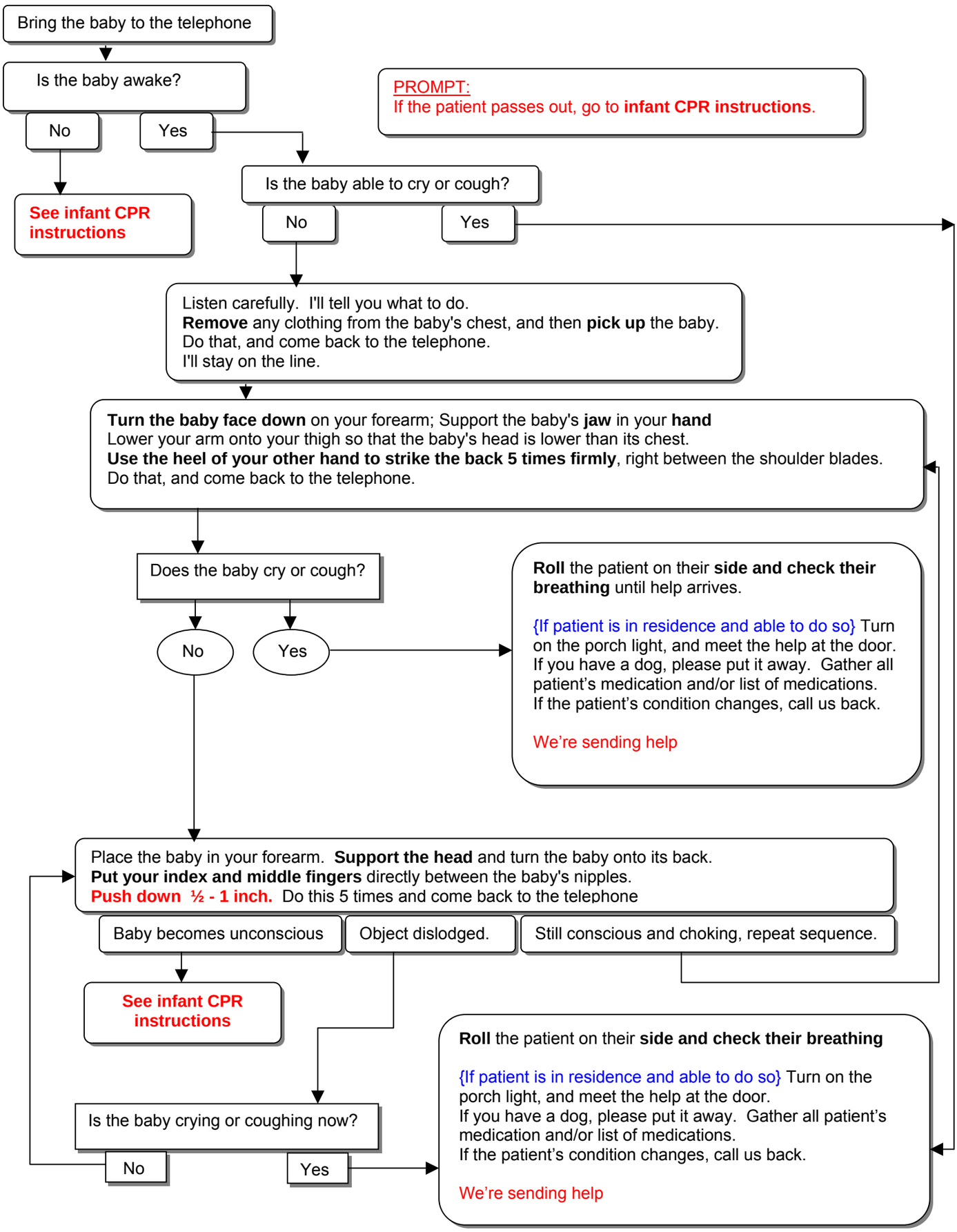
{If patient is in residence and able to do so}
Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away. Gather all patient's medication and/or list of medications.
Have the patient rest in the most comfortable position. Patient may be more comfortable sitting up.
If the patient's condition changes, call us back.

PROMPT:
If the patient passes out, go to **CPR instructions for the appropriate age group.**

Listen carefully. I'll tell you what to do.
Stand **behind** the patient and **wrap** your arms **around** the patient's waist.
Make a fist with **one** hand and place the thumb side against the **stomach**, in the **middle**, slightly above the **bellybutton**. **Grasp** your fist with the other hand.
Press into the stomach with **quick upward** thrusts. Repeat thrust until the item is expelled. If the patient becomes unconscious, come back to the telephone

- Patient becomes unconscious → See CPR instructions for the appropriate age group
- Object dislodged → Reassess

CHOKING INFANT (0-1 YRS) INSTRUCTIONS



DECEASED / ASSISTANCE WITH BODY

ASK: How do you know the person has died?

1. Body is cold / stiff / decomposed / decapitated etc -------- **BLSDOA**
2. Don't know for sure

ASK: Is the person breathing?

1. No ---------- **ALSAC**

(See CPR Instructions for the appropriate age group)

ANSWER: Yes/don't know

ASK: Is the person awake now?

1. Yes ---------- See Appropriate Chief Complaint

ANSWER: No/don't know

ASK: Can/will you try to wake the person, without putting down the telephone?

1. No/can't/will not (Unconfirmed) ---------- **BLSAC**

(See Unconscious/Unresponsive/Passed out instructions)

2. Yes, still no response (Confirmed unconscious) ---------- **ALSAC1**

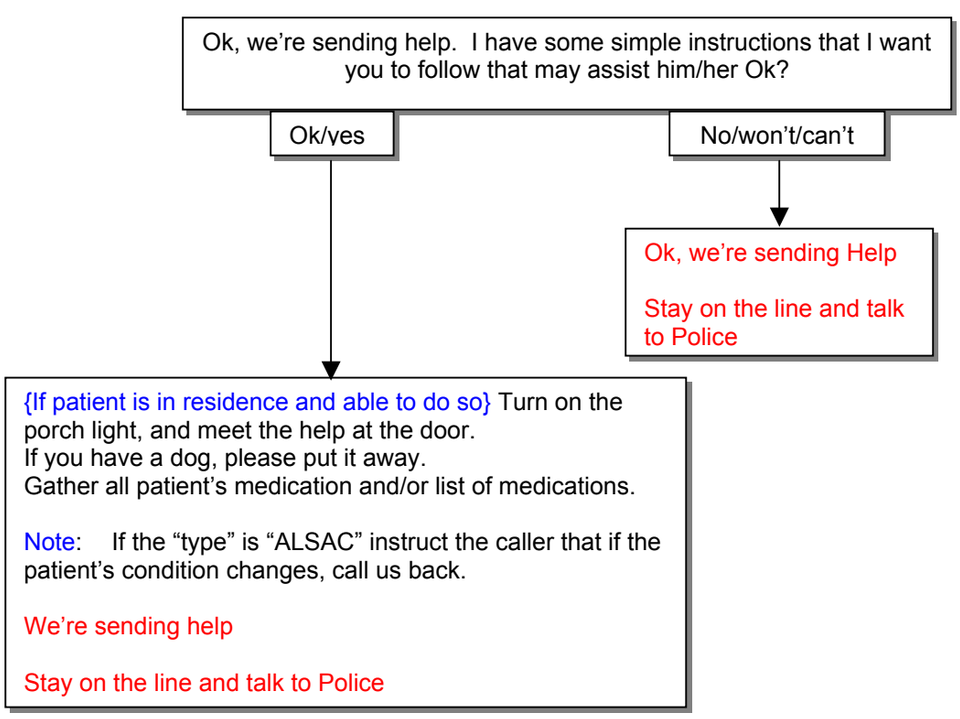
(See Unconscious/Unresponsive/Passed out Instructions)

3. Yes, person is coming to/ in & out of consciousness --- **BLSAC1**

(See Unconscious/Unresponsive/Passed out Instructions)

PRE-ARRIVAL INSTRUCTIONS

DECEASED / ASSISTANCE WITH BODY



DIABETIC

ASK: What is the patient's condition now?

1. (Listen for: not acting normally, chest pains, nausea, vomiting, sweating, seizures, blood sugar >400 or less than 80) ---------- **ALSDI**
2. **(**Listen for: age ≥50 with one of the following: back, arm, neck or jaw pain**.)** ---------- **ALSDI**
3. Don't know/other ---------- **BLSDI**

PRE-ARRIVAL INSTRUCTIONS

DIABETIC PROBLEMS

Ok, we're sending help. I have some simple instructions that I want you to follow that may assist him/her Ok?

- Ok/yes → Do not give anything by mouth if the patient is unable to take it by himself/herself
  If the patient can take it by himself/herself, give regular soda **(not diet),** or juice with 2 or 3 teaspoons of sugar in it.

  {If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
  If you have a dog, please put it away.
  Gather all patient's medication and/or list of medications.
  Rest or have the patient rest in the most comfortable position. Patient may be more comfortable sitting up.
  If the patient's condition changes, call us back.

  We're sending help

- No/won't/can't → Ok, we're sending Help

PROMPT:
Patient's blood sugar is high (M**ore** than 80.)

{If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away.
Gather all patient's medication and/or list of medications.
Rest or have the patient rest in the most comfortable position. Patient may be more comfortable sitting up.
If the patient's condition changes, call us back.

We're sending help

DROWNING

ASK: Is the person awake now?

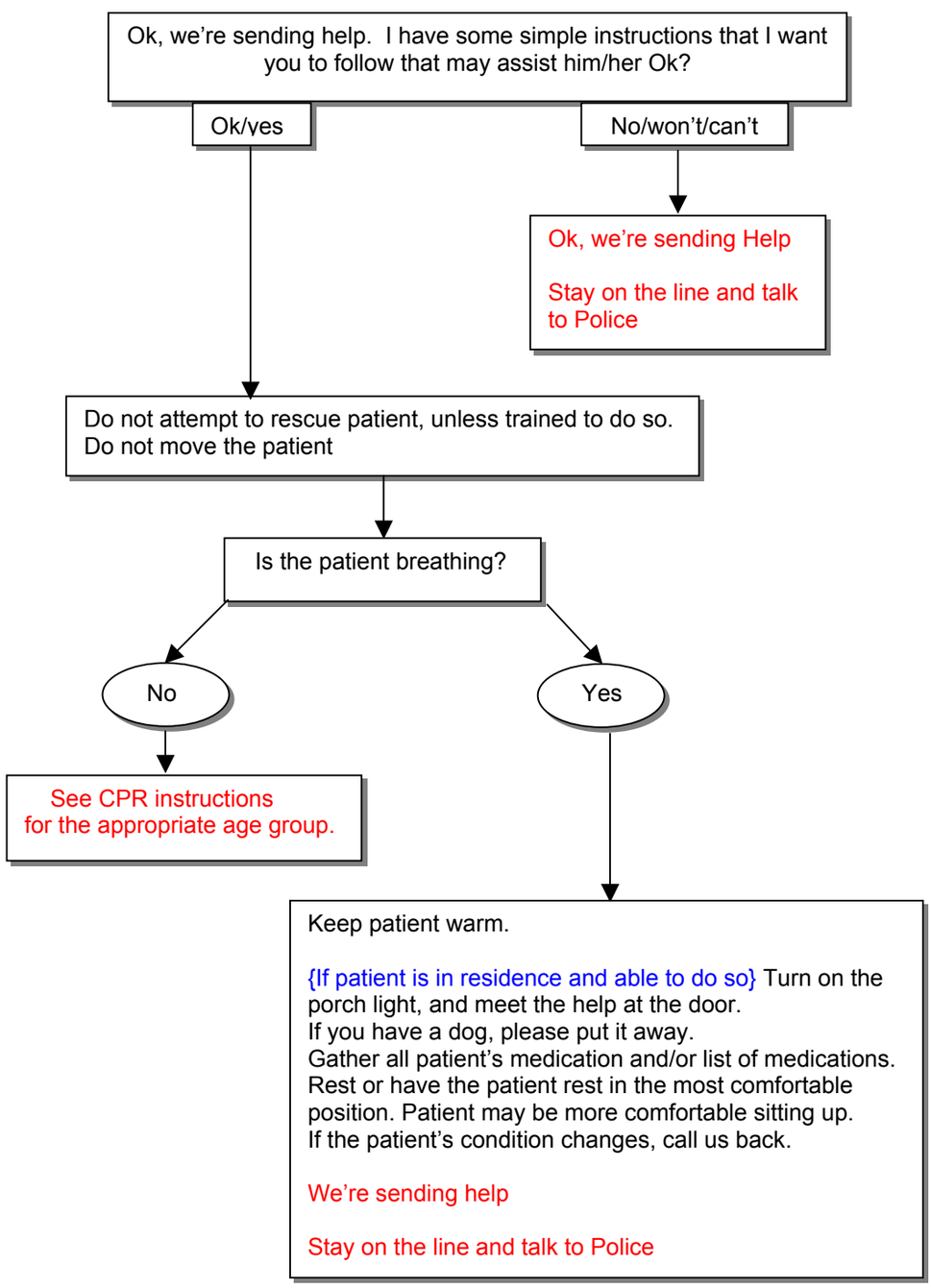
1. Yes ---------- See appropriate chief complaint
2. No/don't know

ASK: Can/will you try to wake the person, without putting down the telephone?

1. No/can't/will not (Unconfirmed) ---------- **BLSAC**
2. Yes, still no response (Confirmed unconscious) ---------- **ALSAC1**
3. Yes, person is coming to/in & out of consciousness ---------- **BLSAC1**
4. (Listen for "party in river, lake, etc.") ---------- **FDIVE**

PRE-ARRIVAL INSTRUCTIONS

DROWNING



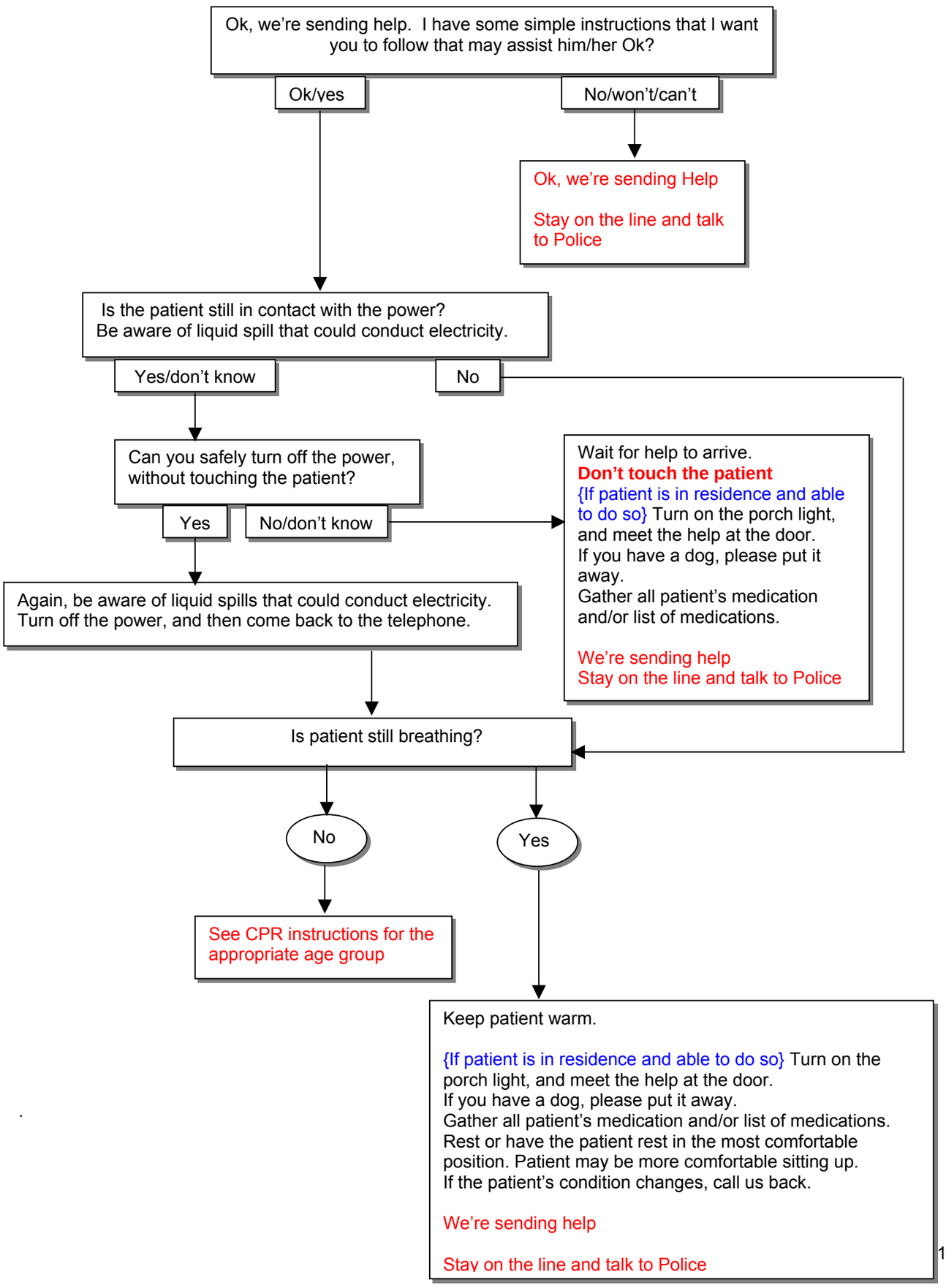
ELECTROCUTION

ASK: How was the person burned?

ANSWER: Electrical/electrocution ---------- **BLSEL**
ANSWER: Non-electrical ---------- **(See "Burns")**

PRE-ARRIVAL INSTRUCTIONS

ELECTROCUTION



FALLS

ASK: How far did the person fall?

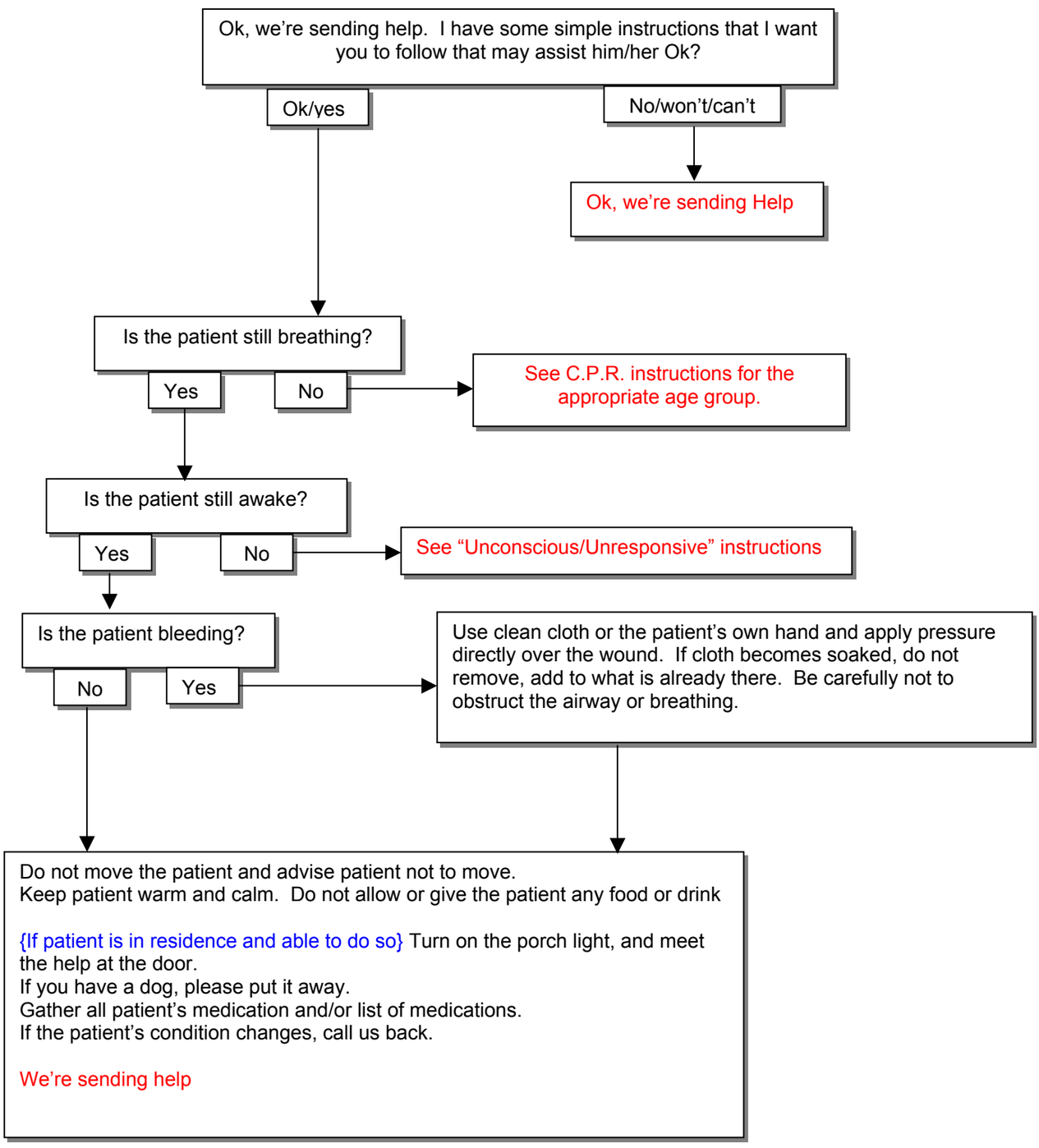
1. 20 feet or greater ---------- **ALSFL**
2. Unknown height ---------- **BLSFL**
3. (Listen for fall from 2nd story or higher) ---------- **ALSFL**

ANSWER: Less than 20 feet

ASK: What's wrong with the person? ➢➢➢➢➢➢➢➢➢➢**See appropriate chief complaint**

PRE-ARRIVAL INSTRUCTIONS

FALLS



HEAT / COLD EXPOSURE

ASK: Is anything else wrong?

1. No / Don't know ---------- **PRIEX**

ANSWER: Yes ➢➢➢➢➢➢➢➢➢➢ ➢➢➢➢➢➢➢ **See appropriate chief complaint**

PRE-ARRIVAL INSTRUCTIONS

HEAT/ COLD EXPOSURE

Ok, we're sending help. I have some simple instructions that I want you to follow that may assist him/her Ok?

Ok/yes

No/won't/can't

Ok, we're sending Help

COLD

Remove from cold environment.
If patient is cold and dry, cover patient with a blanket.
If patient is cold and wet, remove clothing and cover patient with blanket.
Give nothing by mouth if the patient is unable to take by him/herself.
Do not rub frostbitten extremities.

{If patient is in residence and able to do so}
Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away.
Gather all patient's medication and/or list of medications.
Rest or have the patient rest in the most comfortable position.
If the patient's condition changes, call us back.

We're sending help

HEAT

Remove from hot environment.
Loosen clothing to assist cooling.
Give nothing by mouth if the patient is unable to take by him/herself.

{If patient is in residence and able to do so}
Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away.
Gather all patient's medication and/or list of medications.
Rest or have the patient rest in the most comfortable position.
If the patient's condition changes, call us back.

We're sending help

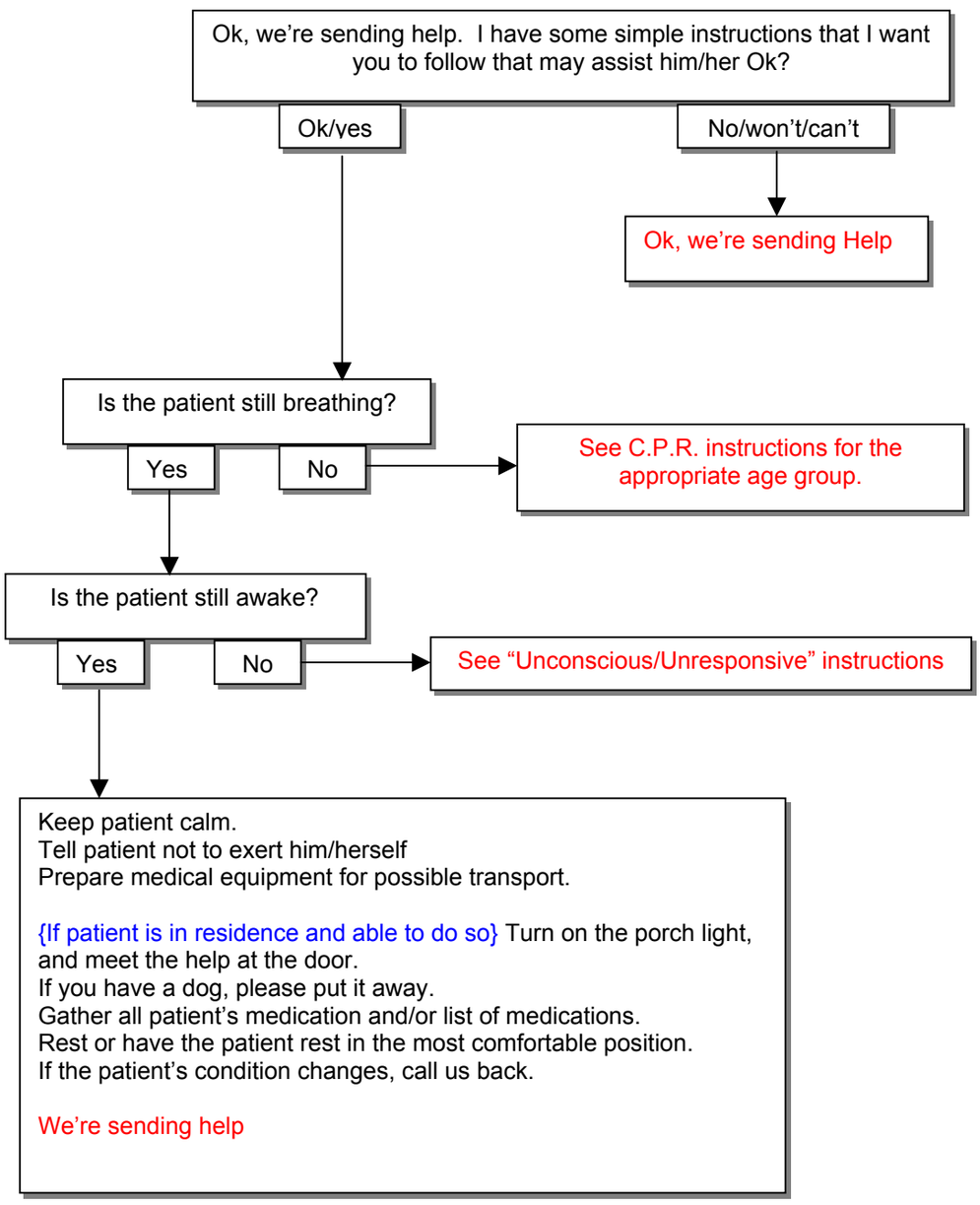
HOME MEDICAL EQUIPMENT

1. (Listen for: malfunction or alarm on apnea monitor, ventilator or IV pump, automatic implanted cardiac defibrillator has fired)---------- **ALSHM**

2. (Listen for trouble with or out of home oxygen) ---------- **PRIHM**

PRE-ARRIVAL INSTRUCTIONS

Home Medical Equipment



LABOR / OB / DELIVERY / MISCARRIAGE

ASK: How far along is the person?

1. Already delivered/delivery in progress---------- **ALSLD**
   (See "Child Already Delivered" pre-arrival instructions)

2. Full term (33 weeks & over)---------- **PRILD**
   (See " Labor" pre-arrival instructions)

3. Less than 5 months(< 20 weeks)/don't know---------- **PRILD1**
   (See " Labor" pre-arrival instructions)

ANSWER: 5 to 8 months (20 to 32 weeks)

ASK: Is she having contractions?

1. No/don't know ---------- **PRILD1**
(See " Labor" pre-arrival instructions)

ANSWER: Yes

ASK: How far apart are the contractions?

1. 5 minutes or less ---------- **ALSLD1**
   (See " Childbirth" pre-arrival instructions)

ANSWER: More than 5 minutes apart/don't know

ASK: Is there a strong urge to push?

2. Yes ---------- **ALSLD1**
   (See " Childbirth" pre-arrival instructions)

3. No/don't know ---------- **PRILD2**
   (See " Childbirth" pre-arrival instructions)

4. **(**Listen for: seizures, toxemia, high blood pressure, uncontrolled bleeding placenta previa, ectopic pregnancy, or eclampsia) ---------- **ALSLD2**
   (If seizing, see "Seizures" pre-arrival Instructions)

PRE-ARRIVAL INSTRUCTIONS

LABOR

Ok, we're sending help. I have some simple instructions that I want you to follow that may assist him/her Ok?

Ok/yes

No/won't/can't → Ok, we're sending Help

Have the patient lie down on her left side.
Keep the patient warm.
If the patient uses the toilet, do not flush. Do not dispose of used pads.

{If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away.
Gather all patient's medication and/or list of medications.
Rest or have the patient rest in the most comfortable position.
If the patient's condition changes, call us back.

We're sending help

PRE-ARRIVAL INSTRUCTIONS

CHILDBIRTH INSTRUCTIONS

Ok, we're sending help. I have some simple instructions that I want you to follow that may assist him/her Ok?

- Ok/yes → Has she had a baby before?
- No/won't/can't → Ok, we're sending Help

Has she had a baby before?

- No/Yes → Does she have a strong desire to push?

Does she have a strong desire to push?

- Yes → Ask her to **RESIST** the urge to **PUSH** or **BEAR DOWN**.
- No → Listen carefully, I'll tell you what to do.

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.**

Have the patient lie down on her left side.
Keep the patient warm.
If the patient uses the toilet, do not flush. Do not dispose of used pads.

{If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away.
Gather all patient's medication and/or list of medications.
Rest or have the patient rest in the most comfortable position.
If the patient's condition changes, call us back.

We're sending help

Ask her to **RESIST** the urge to **PUSH** or **BEAR DOWN**.
Get the phone next to her if you can.
Ask her to lie on her back and relax, instruct her to **Breathe deeply** through her mouth. Ask her to remove her underwear. Place clean towels under her buttocks and have additional towels ready.
If the patient's condition changes, call us back.

We're sending help

PROMPT: SHE STARTS TO DELIVER (baby's head appears)

If the baby head's appears 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 its' **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 **does not** begin to breathe **immediately**, come back to the telephone.

- Complications with delivery → If there are any complications (leg, arm, buttocks, or umbilical cord presenting), **reassure** the mother. Tell her that we're sending help.
  Ask her to **relax** and **breathe** through her **mouth.**
  Tell her **not to push.**

  I'll stay on the line
- Baby delivered and breathing → When the placenta (tissue on the other end of the umbilical cord) is delivered, wrap it in a dry blanket or towel. This delivery may take as long as twenty minutes.
  Keep the placenta **level** with or **slightly above** the baby.
  I'll stay on the line
- Baby delivered and **not breathing** → Go to infant CPR instructions

PRE-ARRIVAL INSTRUCTIONS

CHILD ALREADY DELIVERED INSTRUCTIONS

Ok, we're sending help. I have some simple instructions that I want you to follow that may assist him/her Ok?

Ok/yes

No/won't/can't

Ok, we're sending Help

Clean out the baby'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 **does not** begin to breathe, **immediately,** come back to the phone.

Complications with delivery

Baby delivered and breathing

Baby delivered and **not breathing**

Go to infant CPR instructions

When the placenta (tissue on the other end of the umbilical cord) is delivered, wrap it in a dry blanket or towel. This delivery may take as long as twenty minutes.
Keep the placenta **level** with or **slightly above** the baby.

If there is complications (leg, arm, buttocks, or umbilical cord presenting)
Reassure the mother. Tell her you help is on the way.
Ask her to **relax** and **breathe** through her **mouth.**
Tell her not to push.

I'll stay on the line

Have the patient lie down on her left side.
Keep the patient warm.
Do not flush toilet or dispose of used pads.

{If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away.
Gather all patient's medication and/or list of medications.
Rest or have the patient rest in the most comfortable position.

I'll stay on the line

DOCTOR, NURSE, EMT, OR PHYSICIAN ASSISTANT REQUESTS EMERGENCY MEDICAL ASSISTANCE

ASK: What do you need?

ANSWER: Paramedics/ambulance/other
ASK: What's wrong with the person? ➢➢➢ **See appropriate chief complaint**

ANSWER: Med unit only
ASK: Where is the patient?

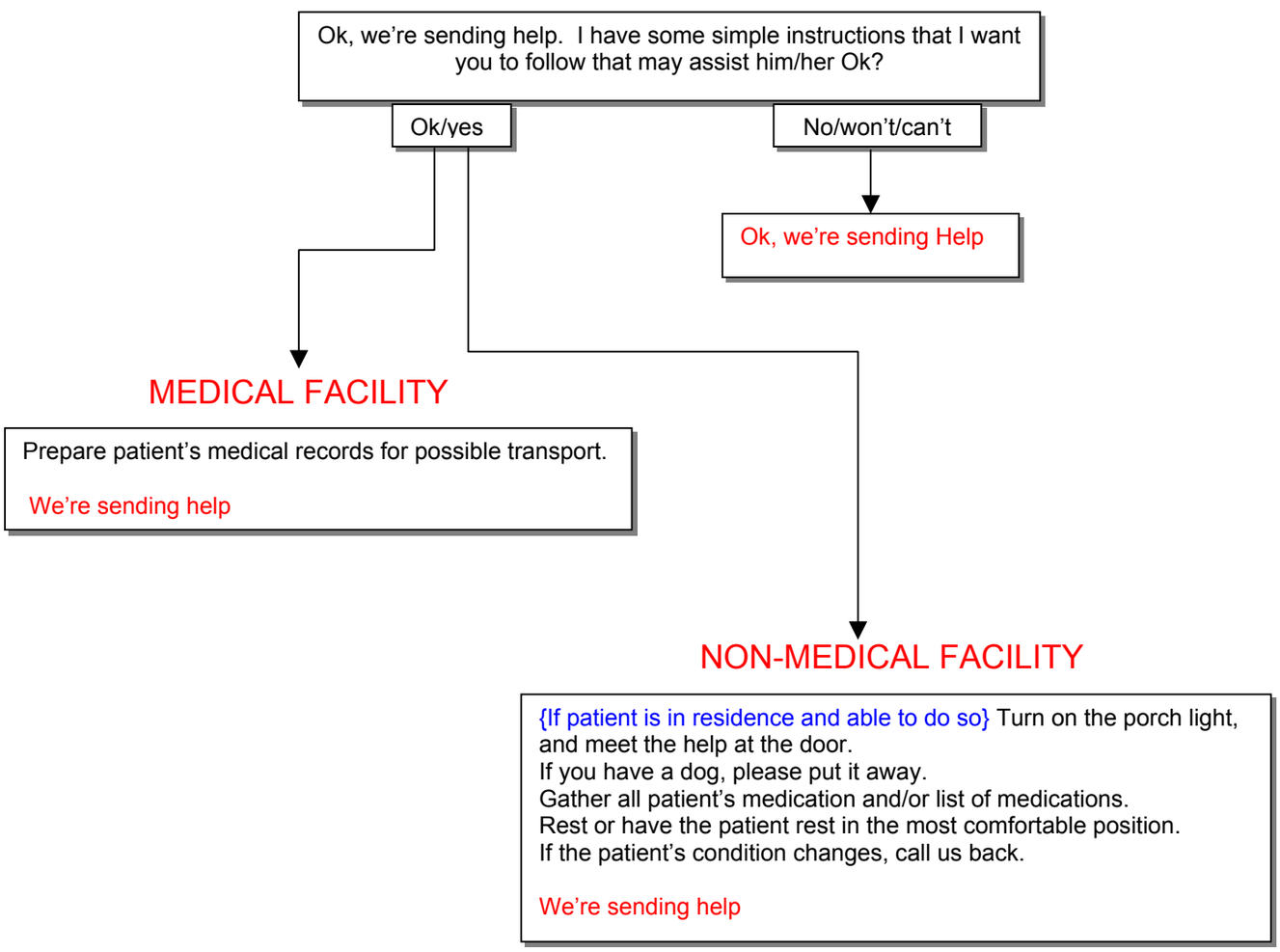
ANSWER: Medical Clinic, hospital, special event, or with County Fire Department on-duty personnel ---------**MEDMF**
(Clarify to caller what type of response they're getting)

ANSWER: Other ➢➢➢➢➢➢ ➢➢➢➢➢**See appropriate chief complaint**

1. (Listen for IV running or infusing or medication given) ---------- **ALSMF**
2. **(Listen for off-duty MFD or County FD members requesting Paramedics)** ------- **ALSMF**

PRE-ARRIVAL INSTRUCTIONS

Medical Facility, Doctor, Nurse, EMT, Or Physician Assistant Requests Emergency Medical Assistance



NON-TRAUMA PAIN (BACK / ARM / NECK / JAW)

ASK: How old is the person?

1. Less than 50 / don't know ---------- **PRINTP**

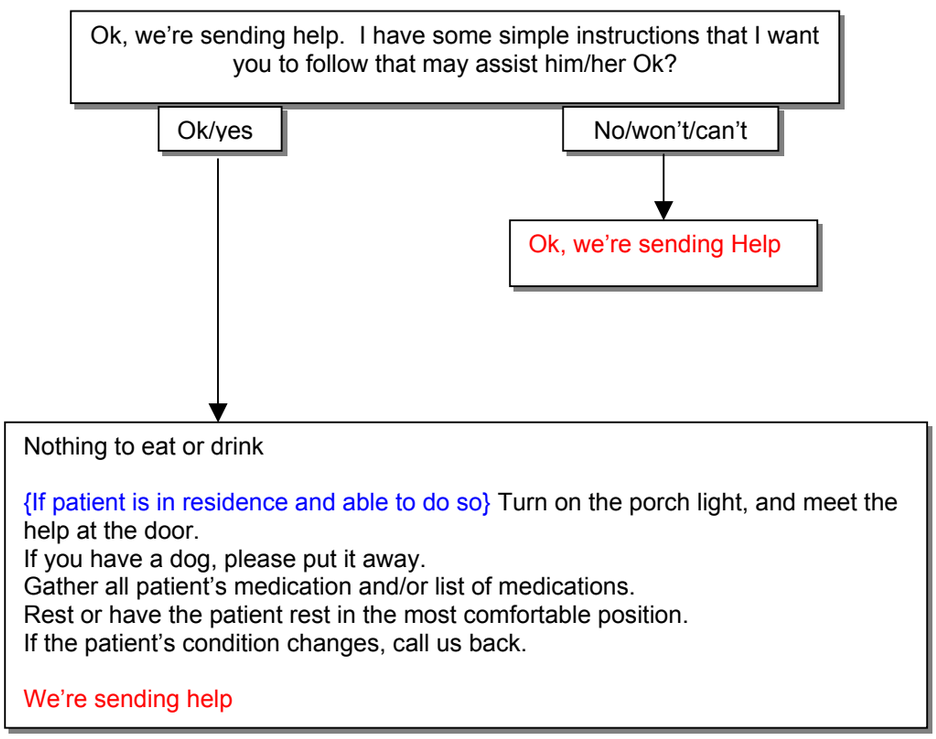
ANSWER: 50 or older

ASK: Is there any difficulty breathing, nausea or sweating?

2. Yes ---------- **ALSNTP**
3. No/don't know ---------- **BLSNTP**
4. (Listen for diabetic) ---------- **ALSNTP1**

PRE-ARRIVAL INSTRUCTIONS

NON-TRAUMA PAIN



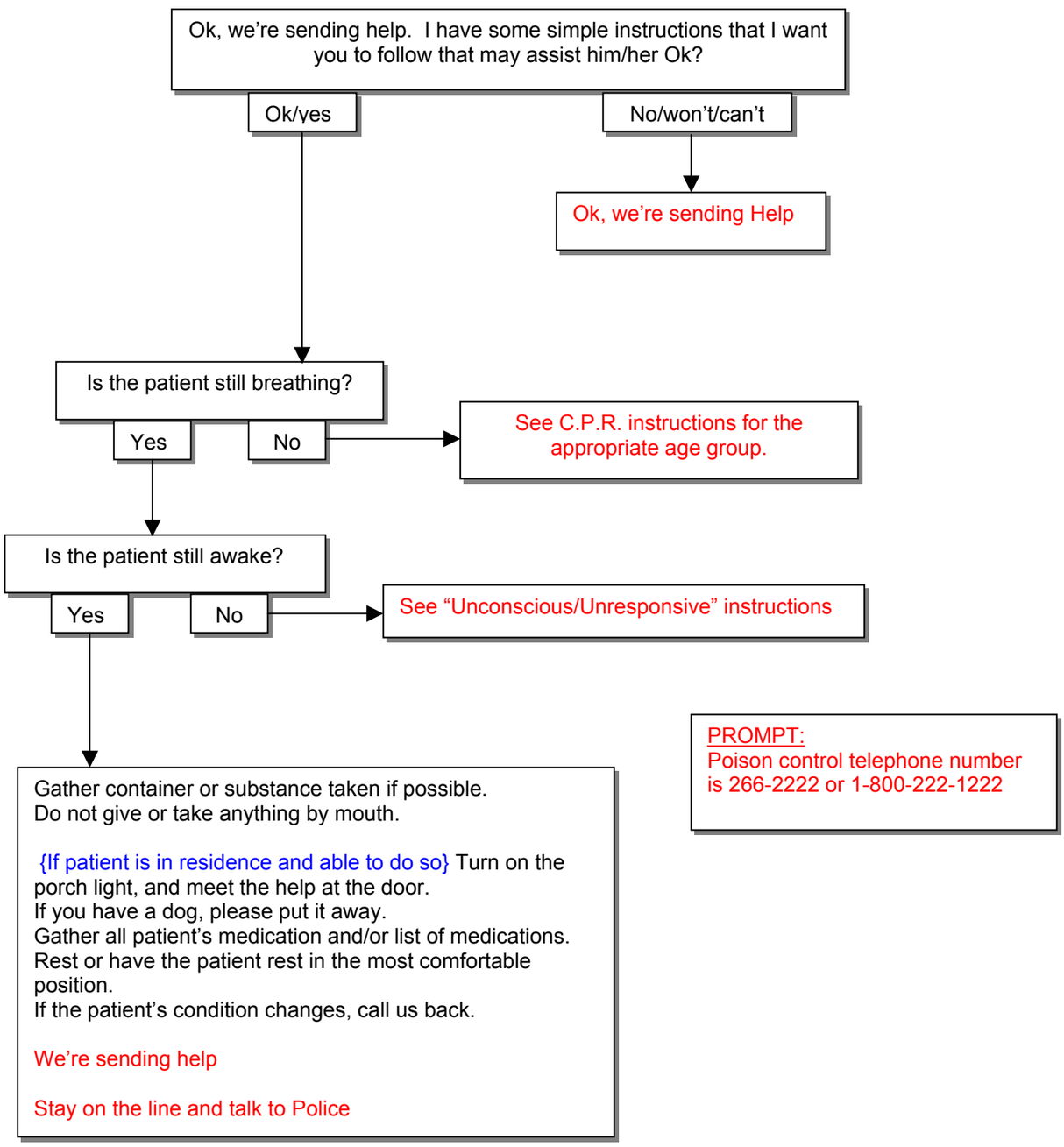
OVERDOSE / ALCOHOL / INTOXICATION

1. (Listen for seizures) ---------- **ALSOD**
   (Notify Police)
2. (Listen for: Detox, Ed, or MO request) ---------- **PRIOD**
   (Notify Police)
3. Other ---------- **BLSOD**
   (Notify Police)

*****NOTE** Consider* documenting type of overdose**

PRE-ARRIVAL INSTRUCTIONS

OVERDOSE / POISONINGS / INGESTIONS



PERSONAL INJURY ACCIDENT

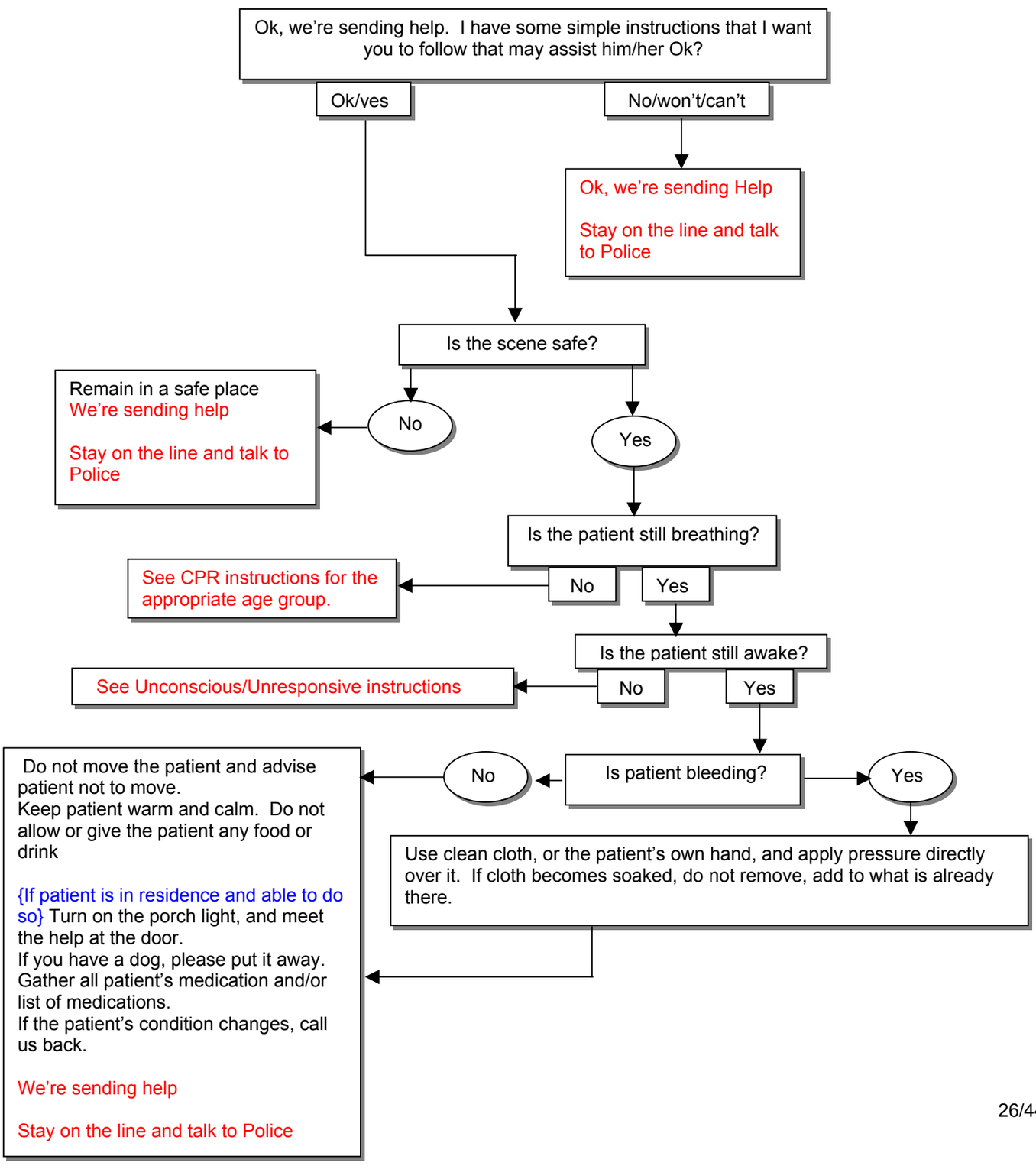
ASK: Where are the injuries?

1. Head, face, neck, chest, abdomen, back ---------- **BLSPI**
2. Arm/leg ---------- **PRIPI**
3. Other/don't know ---------- **BLSPI2**
4. (Listen for: pedestrian/motorcyclist/bicyclist struck by auto. Auto crash resulting in person thrown from auto or death of occupant inside the auto. High-speed crash (>40 mph.) ------- **ALSPI**
5. (Listen for person trapped/roll over crash) ---------- **AUTOX**
6. (Listen for multiple people injured) ---------- **AUTOM**

***Note** Notify* the Police**

PRE-ARRIVAL INSTRUCTIONS

PERSONAL INJURY ACCIDENT



PSYCHIATRIC / SUICIDAL

ASK: Did the person take an overdose?

1. Yes ---------- **BLSPS**

(See overdose pre-arrival instructions)

ANSWER: No/don't know

ASK: Did person try to hurt himself/herself?

1. No/don't know ---------- **PRIPS**

ANSWER: Yes

ASK: What did the person do?

2. (Listen for hanging) ---------- **BLSHG**
3. Other ➢➢➢

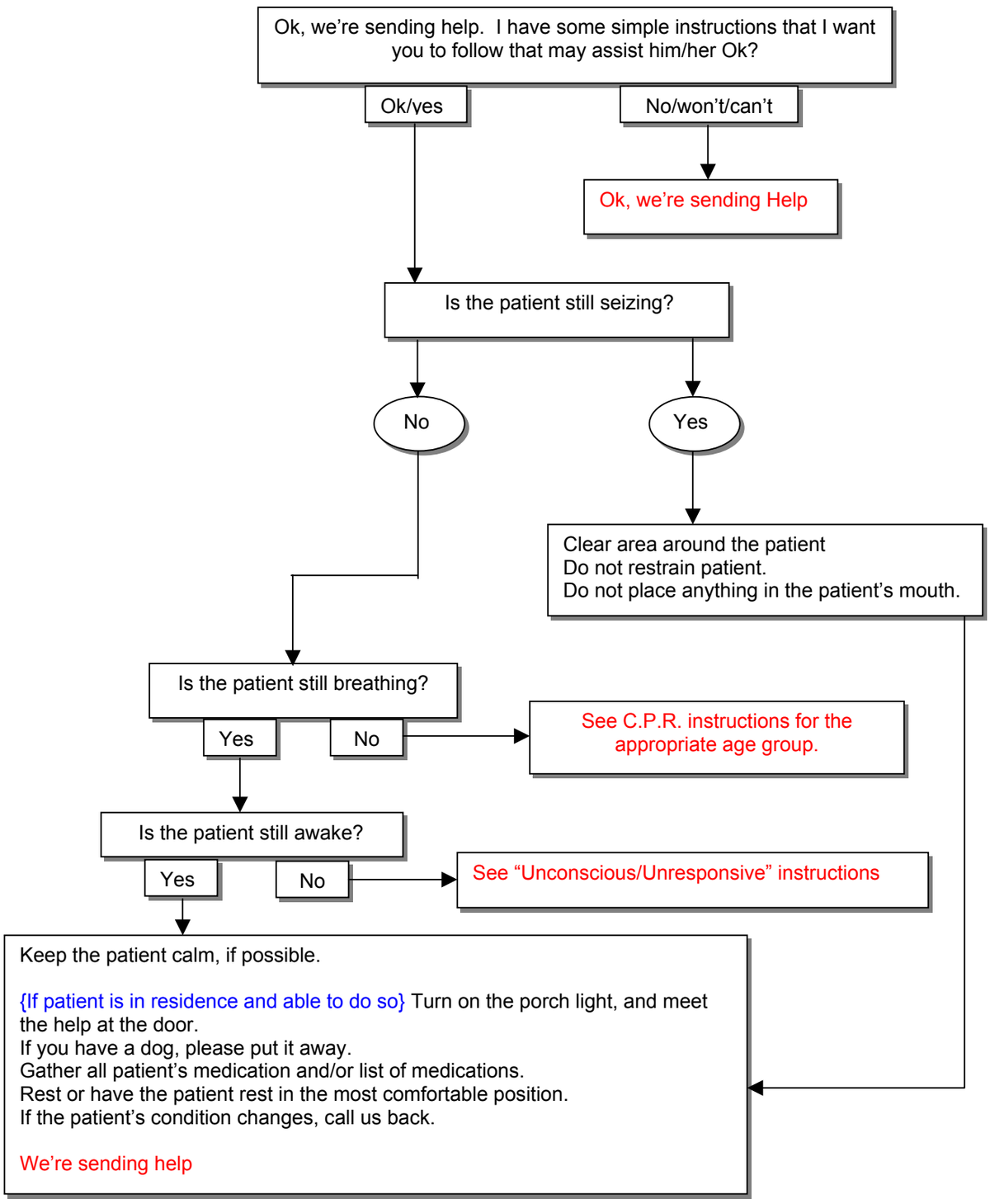
SEIZURES

ASK: Is the person still seizing?

1. Yes/don't know ---------- **BLSSZ**
2. No ---------- **PRISZ**
3. (Listen for: trauma, pregnancy, overdose, diabetic, back-to-back, prolonged, administered valium or diastat) ---------- **ALSSZ**

PRE-ARRIVAL INSTRUCTIONS

SEIZURES / CONVULSIONS



SICK / DIZZY / VOMITING / DIARRHEA - OTHER COMPLAINT NOT LISTED

ASK: Is anything else wrong?

1. No/don't know ---------- **PRISK**

ANSWER: Yes ➢➢➢➢➢➢➢➢➢➢➢➢ ➢➢➢➢ **See appropriate chief complaint**

PRE-ARRIVAL INSTRUCTIONS

SICK / DIZZY / VOMITING / DIARRHEA / COMPLAINT NOT LISTED

Ok, we're sending help. I have some simple instructions that I want you to follow that may assist him/her Ok?

- Ok/yes → (below)
- No/won't/can't → Ok, we're sending Help

{If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door.
If you have a dog, please put it away.
Gather all patient's medication and/or list of medications.
Rest or have the patient rest in the most comfortable position.
If the patient's condition changes, call us back.

We're sending help

SHOOTING / STABBING

ASK: Where is the person injured?

1. Head, neck, chest, body
   [arm pit, abdomen, back, buttocks, pelvis, groin] ---------- **ALSSH**

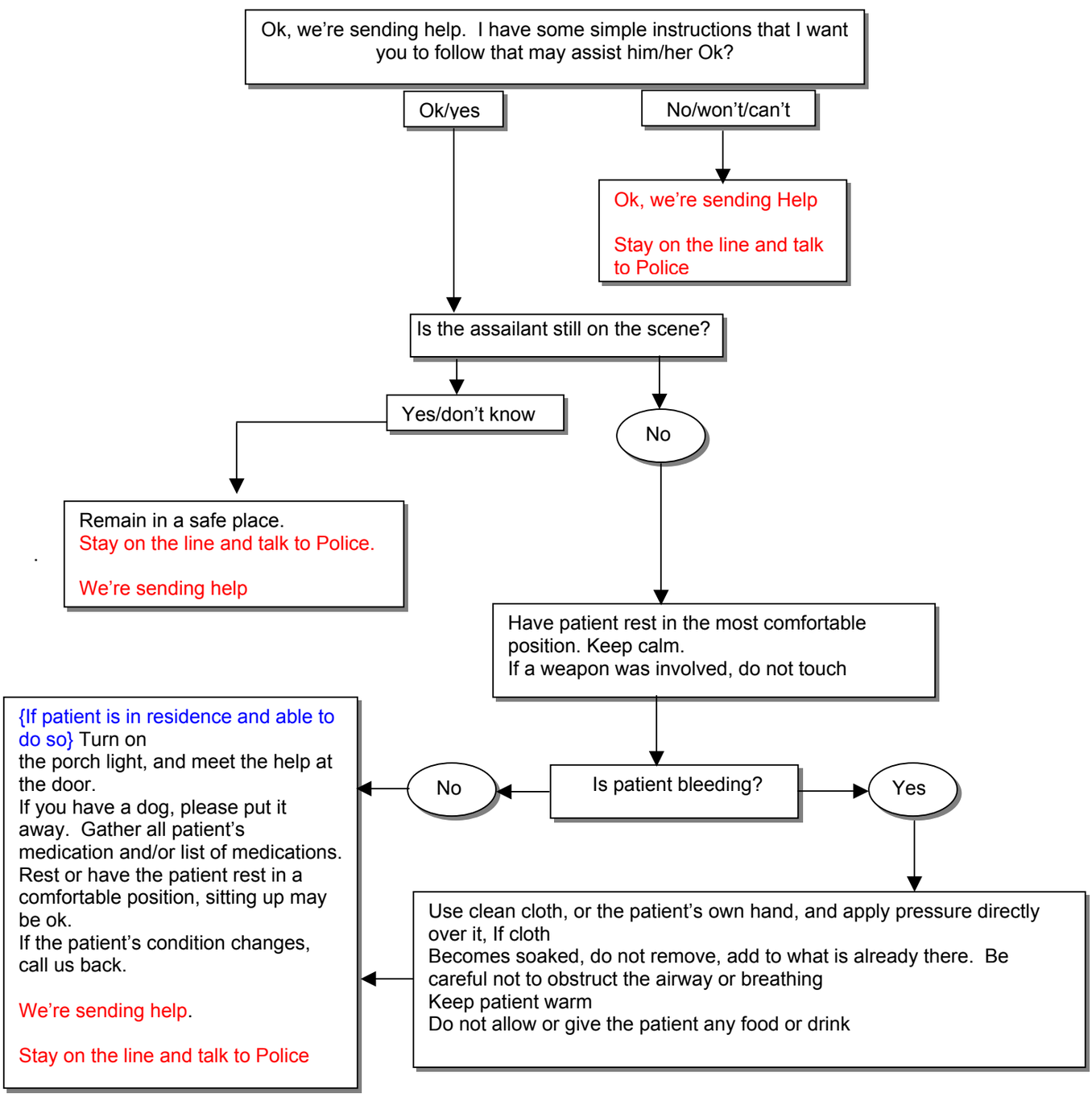
2. Arm/leg/don't know ---------- **BLSSH**

ASK: Is the assailant still on the scene?

*****Note** Notify* the Police**

PRE-ARRIVAL INSTRUCTIONS

STABBING / SHOOTING



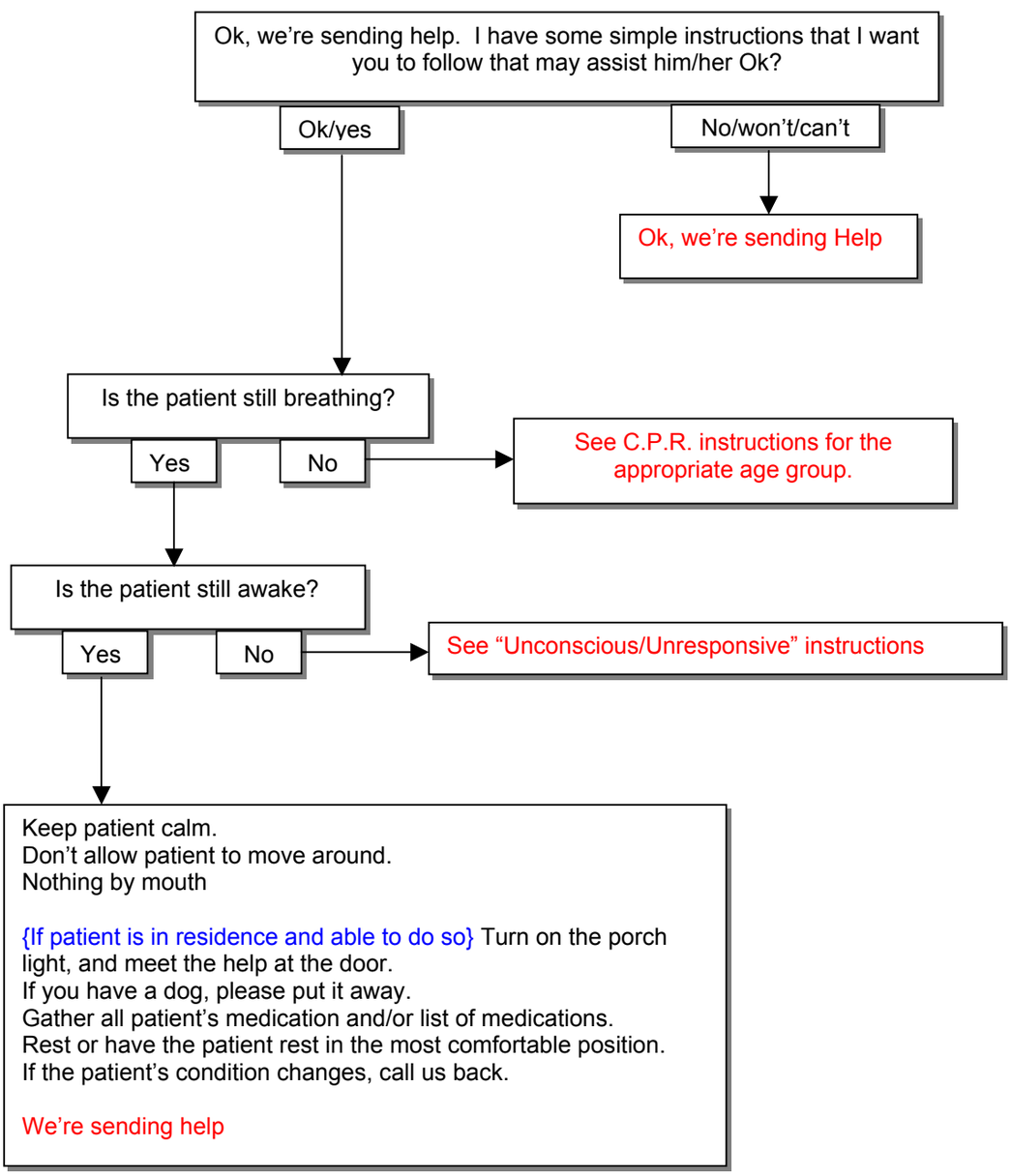
STROKE

ASK: Why do you think the person is having a stroke?
What are the symptoms?

1. Can't talk, slurred speech,
   can't move one side of body ---------- **PRIST**
2. Don't know ---------- **BLSST**
3. (Listen for diabetic) ---------- **ALSST**
4. Other ➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢➢ **See appropriate chief complaint**

PRE-ARRIVAL INSTRUCTIONS

STROKE / CVA

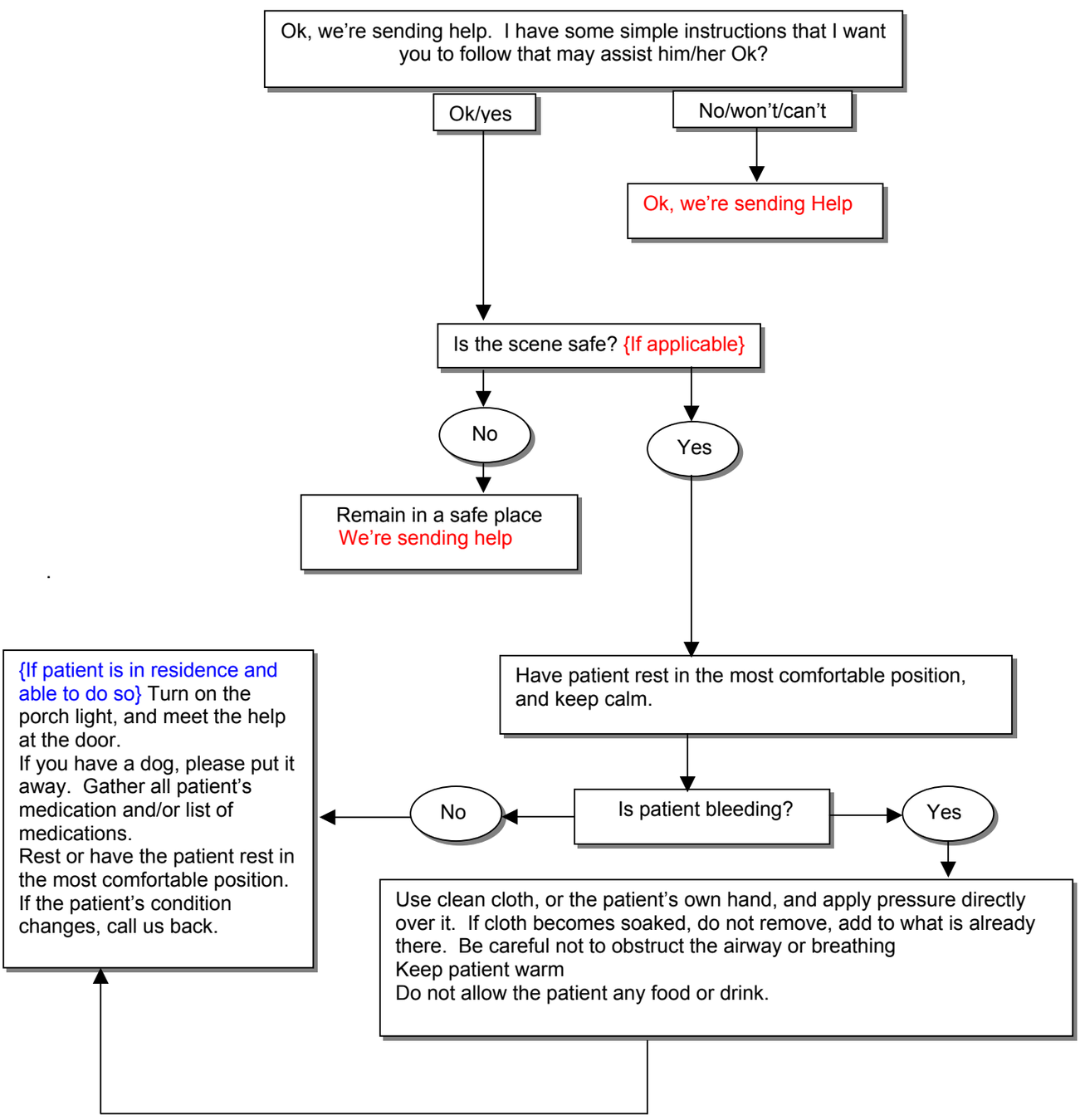


TRAUMATIC INJURY NOT OTHERWISE SPECIFIED

1. (Minor bruises, broken bones, cuts, scrapes, etc) ---------- **PRITI**
2. (Listen for other complaint) ➢➢➢➢➢➢➢➢➢➢➢➢➢**See appropriate chief complaint**
3. (Listen for uncontrolled bleeding / amputation) ---------- **BLSTI**
4. (Listen for seizures) ---------- **ALSTI**
5. (Listen for caught in machinery) ---------- **EMERGE**

PRE-ARRIVAL INSTRUCTIONS

TRAUMATIC INJURY NOT OTHERWISE SPECIFIED



UNCONSCIOUS/UNRESPONSIVE
PASSED-FELL OUT/UNKNOWN/PARTY DOWN

ASK: Is the person awake now?

1. Yes ----------**See appropriate chief complaint**

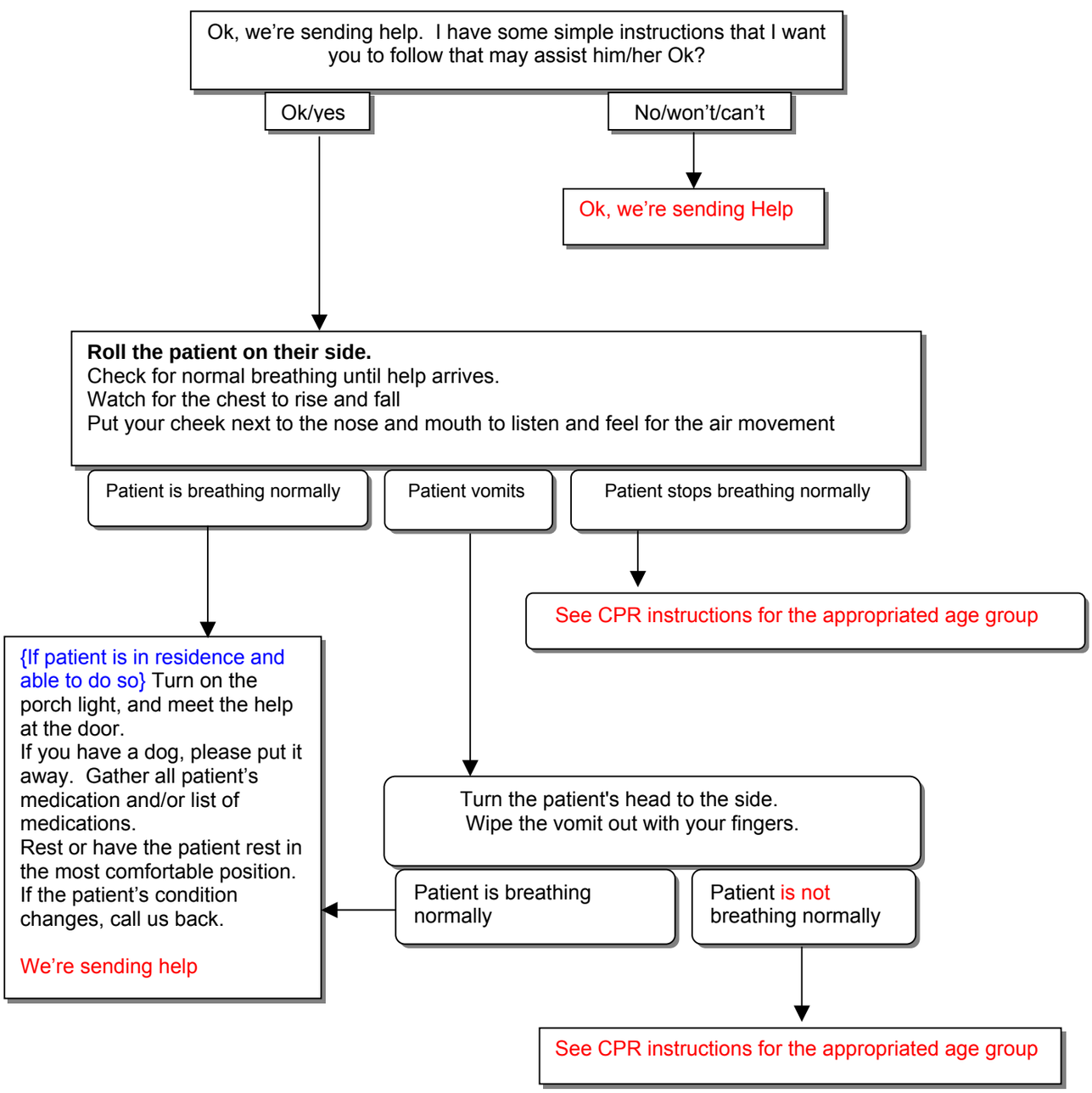
ANSWER: No/don't know

ASK: Can/will you try to wake the person, without putting down the telephone?

1. No/can't/will not (Unconfirmed) ---------- **BLSAC**
2. Yes, still no response (Confirmed unconscious) ---------- **ALSAC1**
3. Yes, person is coming to/in & out of consciousness ---- **BLSAC1**

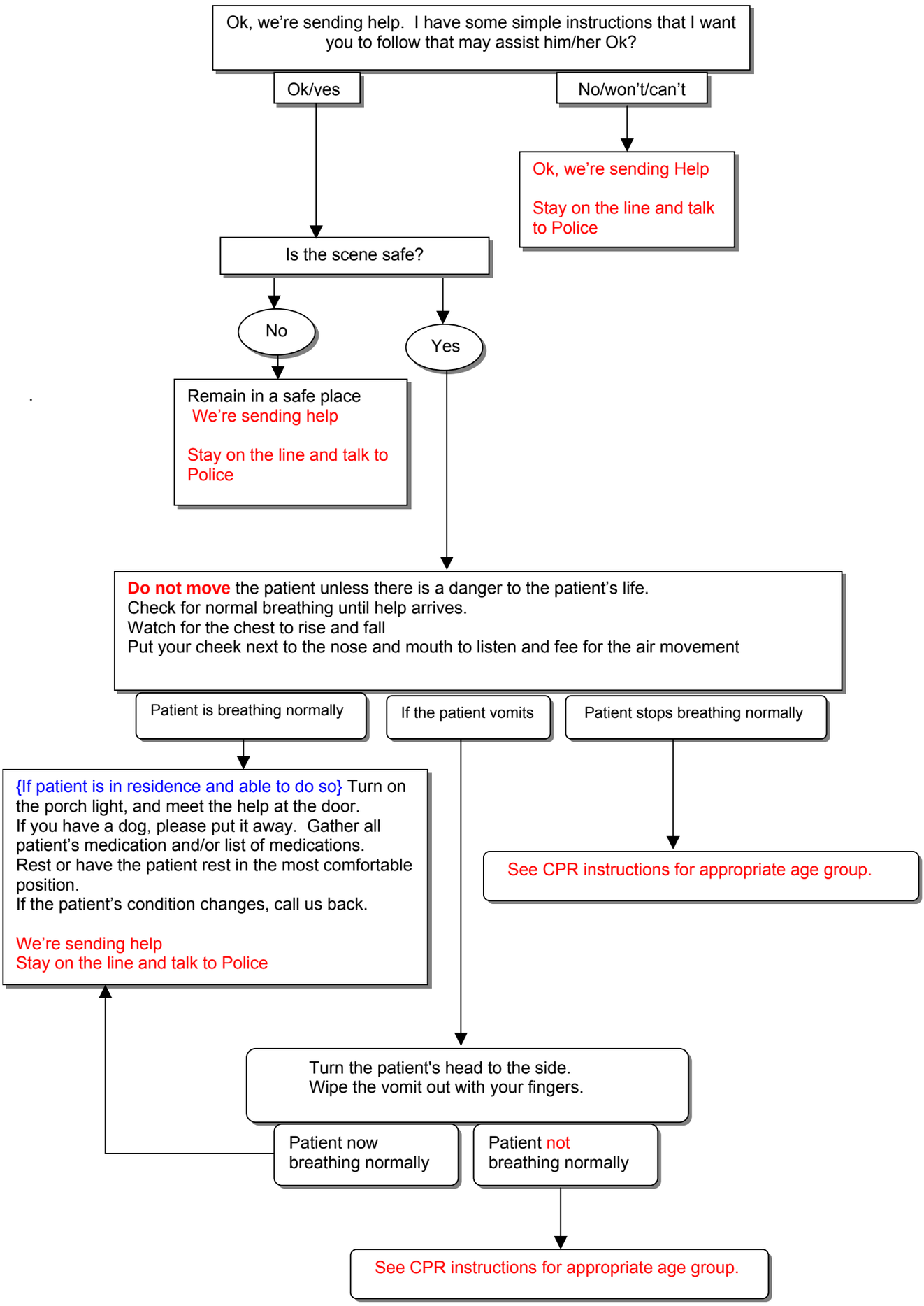
PRE-ARRIVAL INSTRUCTIONS

UNCONSCIOUS - NON-TRAUMA / FAINTING



PRE-ARRIVAL INSTRUCTIONS

UNCONSCIOUS - TRAUMA



C.P.R. INSTRUCTIONS

Ok, we're sending help. I have some simple instructions that I want you to follow that may assist him/her Ok?

- Ok/yes → How old is the person? See C.P.R. instructions for the appropriate age group
- No/won't/can't → Ok, we're sending Help

If a patient has a tracheostomy or neck stoma, regardless of age, instruct the caller to:

Completely cover the **opening in the neck** with your mouth. Blow into the opening in the neck.

Note: The number of breathes and amount of air to be administered is unchanged from the current mouth to mouth breathing.

C.P.R. INSTRUCTIONS (Adult 8 years and older)

Is the scene safe?

- Yes → Is anyone there willing to do CPR?
- No → Remain in a safe place We're sending help.

Is anyone there willing to do CPR?

- Yes → Does anyone there know how to do CPR?
- No → {If patient is in residence and able to do so} Turn on the porch light, and meet the help at the door. If you have a dog, please put it away. Gather all patient's medication and/or list of medications.

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

  We're sending help

Does anyone there know how to do CPR?

- No → Can you get the phone next to the patient?
- Yes → Do you need help in remembering the procedure?

Do you need help in remembering the procedure?

- Yes → Can you get the phone next to the patient?
- No → Begin CPR with 15 chest compressions and 2 breaths now. I'll stay on the line if you need me or until help arrives.

Can you get the phone next to the patient?

- Yes → Listen carefully. I'll tell you what to do. Get the patient flat on their back, on the floor
- Can't → Can someone there relay my instructions to you? If not, I'll give you the instructions as to what to do. Do them, and then return to the telephone
  - Ok → Listen carefully. I'll tell you what to do. Get the patient flat on their back, on the floor

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

- Ok → Will you be willing to breath in their mouth for them?
- Can't → Is there anyone there that can help you gently roll or slide the patient on to the floor?

Is there anyone there that can help you gently roll or slide the patient on to the floor?

- Ok → Will you be willing to breath in their mouth for them?
- No help/can't → Begin attempts as best as possible

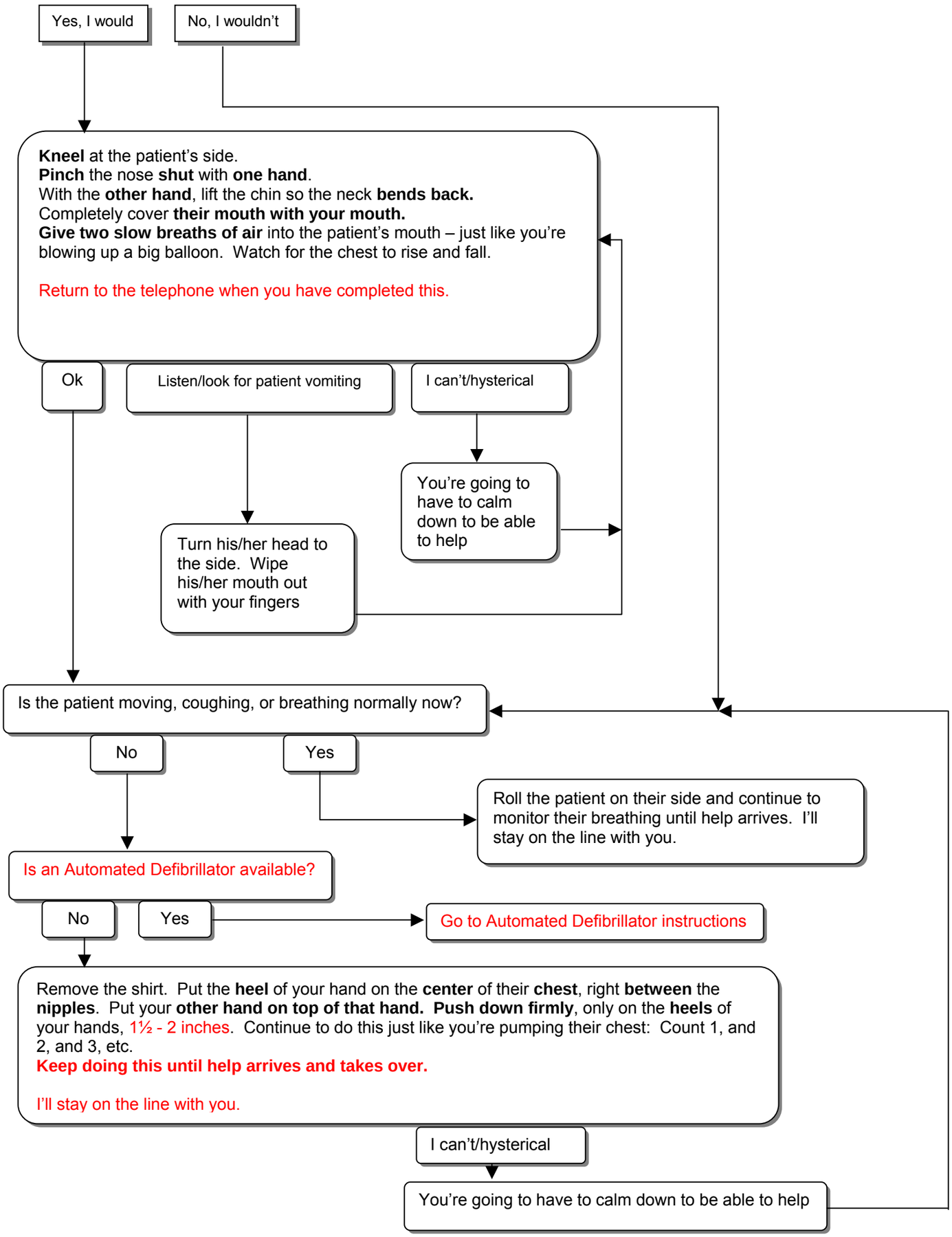
Will you be willing to breath in their mouth for them?

- Yes, I would
- No, I wouldn't

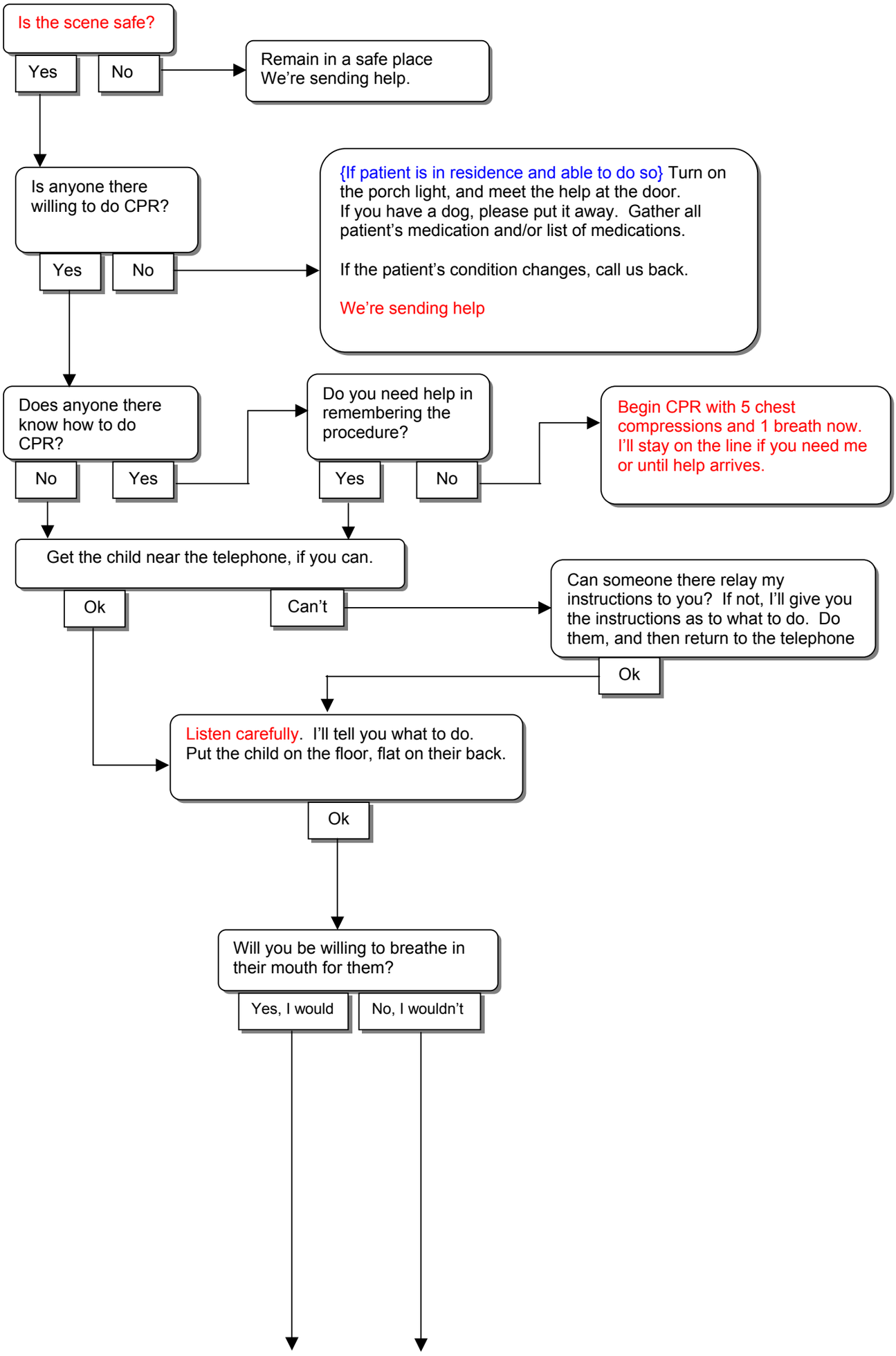
Resume

Continue

C.P.R. INSTRUCTIONS (Adult 8 years and older)



C.P.R. INSTRUCTIONS (Child 1-7 years old)



Continue

C.P.R. INSTRUCTIONS (Child 1-7 years old)

Yes, I would

No, I wouldn't

Resume

Remove everything off the child's chest.
Kneel at the child's side.
Pinch the nose **shut** with **one hand.**
With the **other hand, lift the chin** so the head **bends back.**
Completely cover **their mouth with your mouth.**
Give 2 slow breaths of air into the patient's mouth – just like you're blowing up a balloon.

Return to the telephone when you have completed this.

Ok

Listen/look for patient vomiting

I can't/hysterical

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

Turn his/her head to the side. Wipe his/her mouth out with your fingers

Is the child moving, coughing, or breathing normally now?

Yes

No

Remove everything off the child's chest. Put the heel of you hand on the **center** of their **chest**, right **between** the **nipples. Push down firmly** on the heel of your hands **1-1½ inches**. Do it 5 times quickly, just like you're pumping their chest:
Count 1, and 2, and 3, etc.

Return to the telephone when you have completed this.

Keep doing 5 chest pushes and 1 breath until help arrives and takes over.

I'll stay on the line with you

Is the child moving, coughing, or breathing normally now?

No

Yes

Roll the child on their side and continue to monitor their breathing until help arrives. I'll stay on the line with you.

Is an automated defibrillator available?

No

Yes

Go to Automated Defibrillator instructions

Remove everything off the child's chest. Put the heel of you hand on the **center** of their **chest**, right **between** the **nipples. Push down firmly** on the heel of your hands **1-1½ inches**. Do it 5 times quickly, just like you're pumping their chest:
Count 1, and 2, and 3, etc.

Kneel at the child's side.
Pinch the nose **shut** with **one hand.**
With the **other hand, lift the chin** so the head **bends back.**
Completely cover **their mouth with your mouth.**
Give 1 slow breath of air into the patient's mouth – just like you're blowing up a balloon.

Return to the telephone when you have completed this.

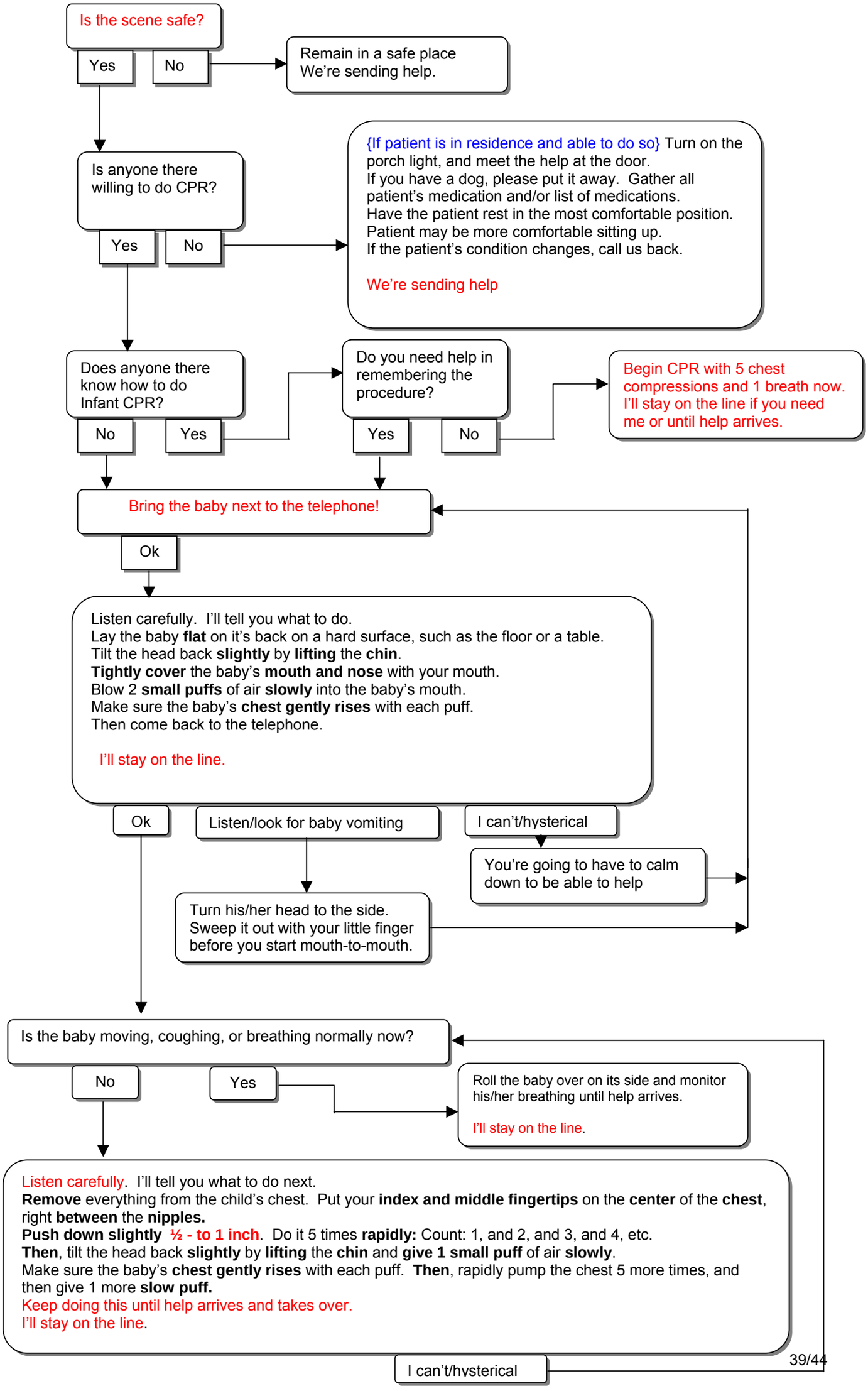
Keep doing 5 chest pushes and 1 breath until help arrives and takes over.

I'll stay on the line with you.

I can't/hysterical

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

C.P.R. INSTRUCTIONS (Infant less than1 years old)



AUTOMATED EXTERNAL DEFIBRILLATOR (A.E.D.) INSTRUCTIONS

Note: Appropriate to use A.E.D on patients 1 years old or older

Remove everything off the patient's chest. Make sure the patient is not in water or in a puddle.
Place defibrillator next to the patient's left side.
Open cover and/or turn on defibrillator.
Open the pad package and place pads on the patient as pictured on the pads.
Make sure the pad cords are attached to the machine.

Follow the machine's voice prompt next.
Wait for machine to analyze (push analyze button if present).
Do not touch the patient.
If the machine says "Shock patient", make sure nobody is touching the patient, and press shock button.

Follow the machine's prompts.
If the machine says "No shock indicated", return to CPR instructions.
If the machine says "Shock patient", make sure nobody is touching the patient, and press shock button again.

Continue following the machine's voice prompts until help arrives.

GLOSSARY

Acute myocardial infarction
Heart attack; specifically, death of the heart muscle from obstruction of its blood flow. The heart receives its blood flow through the coronary arteries.

Airway
Route for the passage of air into and out of the lung. The upper airway, or air passages above the larynx (voice box): including nose, mouth, and throat.

Anaphylaxis
The acute, generalized, severe, allergic reaction with simultaneous involvement of several organ systems, usually cardiovascular, respiratory, skin, and gastrointestinal.

Angina Pectoris
Chest pain from coronary artery disease that is brought on by excitement or exertion and often relived by rest and nitroglycerin tablet.

Apnea
Having no spontaneous breathing.

Arrhythmia
An irregular or abnormal heart beat.

Asthma
A disease of the lungs in which muscle spasms in the small air passageways and production of a large amount of mucus result in airway obstruction often causes wheezing breath sounds.

Automated external defibrillator (AED)
A portable medical device that performs a computer analysis of the patient's cardiac rhythm and is capable of delivering a defibrillatory shock when indicated. May be used by trained lay persons as part of a public access defibrillation (PAD) program.

Automated implanted cardiac defibrillator (AICD)
Device that analyzes the electrical activity of the patient's heart and, under the right condition, delivers an electrical charge to restore the heartbeat. This automated implanted cardiac defibrillator is installed inside the patient's heart chamber.

Bradycardia
Slow heart beat.

Bronchitis
The swelling and irritation of the bronchi, the airways that connect the windpipe to the lungs. May be acute (ie: a cold) or chronic (ie: repeated exposure to dust or smoke)

Burn
A lesion caused by heat, chemical or electricity exposure.

Cerebrovascular Accident (CVA), Brain Attack, Stroke
A sudden lessening or loss of consciousness, sensation, and voluntary movement caused by rupture or obstruction of an artery in the brain often showing signs of slurring speech, weakness in arm or leg, facial droop, or lack of movement.

Congestive Heart Failure
A disease in which the heart loses its ability to pump blood, usually as result of damage to the heart muscle often causing fluid build up in the lungs.

COPD (Chronic Obstructive Pulmonary Disease)
A set of breathing-related problems such as: chronic cough, spitting or coughing mucus, breathlessness upon exertion, and progressive reduction in the ability to exhale. The most common form of COPD is a combination of chronic bronchitis and emphysema that causes a loss of lung function.

Defibrillator
A battery-powered device that is used to record cardiac rhythm and to generate and deliver an electric charge to patients. There are two kinds of defibrillator, implanted cardiac defibrillator and external portable defibrillator often called an AED (Automated External Defibrillation).

Diabetes
Metabolic disorder in which the body cannot metabolize glucose, usually due to a lack of insulin.

Diaphortic / Diaphoresis
Sweaty; Profuse secretion of sweat.

Ectopic Pregnancy
A fetus that is growing outside of the uterus. Most commonly located in the fallopian tube; may cause life threatening internal or vaginal bleeding.

Emphysema
A chronic disease that slowly destroys the air sacs in the lung; most commonly caused by smoking. Patients are routinely prescribed oxygen at home.

Epi-pen
An automatic syringe that injects epinephrine (adrenaline) that may be self-administered and is used primarily to treat anaphylaxis.

Full Term
The usual gestation period for the development of a baby is nine calendar months or 40 weeks. A normal, full term baby will weigh approximately seven pounds at birth. Any baby that delivers before 36 weeks gestation or weighs less than 5.5 pounds at birth is considered preterm.

Glucometer
Medical device used to measure a patient's blood sugar (glucose) level. Used frequently by diabetic patients.

Hazardous Material (Haz-Mat)
The hazardous materials may be of many different types, including chemicals, radioactive materials, and poisons, in the form of solids, liquid, or gas. The hazardous may be obvious; other times, it is not. Sometimes the dangerous nature of situation is not recognized until many people have been needlessly exposed or injured. This is particularly true in case where odorless poisonous gases or vapor have been released.

Heart Problems
The heart problems are usually referred to heart attack and other forms of heart disease, which include but not limited to acute myocardial infarction, angina pectoris, arrhythmia, bradycardia, tachycardia, congestive heart failure, cardiomyopathy, angioplasty, by-pass surgery, stent placement, pacemaker and AICD.

Hypertension
High blood pressure. In the adult, defined as over 140/90mmHg (systolic over diastolic). In the child it depends on the patient's age.

Hypotension
Low blood pressure. In the adult, defined as under 90mmHg systolic.

Labor
The process by which the muscles of the uterus open the birth canal and push the baby down and through so that it can be born.

Miscarriage (abortion)
Delivery of the fetus before 20 weeks gestation, for any reason.

Murmur:
Cardiac murmurs result from vibrations set up in the bloodstream and the surrounding heart and great vessels as a result of turbulent blood flow. The murmur can be heard by putting stethoscope over the chest wall

Pacemaker
A device, usually implanted underneath the skin of the chest, that gives off regular electrical impulses that regulate the heart rate.

Placenta Previa
The placenta is located over or very near the internal opening of the birth canal.

Preterm (Also see Full term)
A baby who delivers before 36 weeks gestation or who weights less than 5.5 pounds at birth.

Prolong Seizure (Also see Seizure)
A single seizure lasting longer then ten minutes or repeated seizure closely followed one another (status epilepticus) with no return of full consciousness between them.

Rectum
The lowermost end of the large intestine.

Seizure
In general, most people take the term "seizure" to mean generalized, uncoordinated muscular activity usually with loss of consciousness. However, seizures occur in a variety of forms from a severe convulsion to simply "blacking out" for a few seconds. Many seizures are followed by a postictal state of sleeping or unconsciousness that last for a varying length of time.

Stoma
An artificial permanent opening made by a surgical procedure most commonly in the abdominal wall or neck.

Syncope / Syncopal episode
Fainting; Loss of consciousness resulting from insufficient blood flow to the brain.

Tracheostomy
A surgical opening in the neck that allows direct access to the trachea (windpipe) through which a patient can breath.

Tachycardia
Rapid heart beat.

Toxemia of Pregnancy
Toxemia of pregnancy is defined as the onset of hypertension, leg edema, and protein in urine after the 20th week of pregnancy. Pre-eclampsia is toxemia without the presence of seizures. If seizures occur in a toxemic patient without other apparent cause, the condition is then termed eclampsia. Toxemia occurs most commonly in young first time pregnant and older women after many pregnancies. The syndrome usually disappears after delivery.

Ventilator
A mechanical device that moves air into and out of the lungs. Often portable and battery operated.

Vomiting
Disgorging the contents of the stomach through the mouth.

Vomitus
Vomited material.

Wheeze
A high-pitched, whistling breath sound characteristically heard on expiration in patients with asthma.

Other Guidelines
1. Heart murmur and high blood pressure (hypertension) are not considered a “heart problem”
2. Infant: 0-1 years
3. Child: 2-7 years
4. Adult 8 years or older

TIME AND INTERVAL DEFINITIONS

[All time collection elements are HHMM.SS without a colon in the field]

1. ***Date Incident Reported*** - The date the call is first received by the dispatch center. The recommended date format is YYYYMMDD to permit sorting across multiple years. This format is also recommended for data export purposes.
2. ***Time Incident Reported*** - The time the call is first received by the dispatch center. This provides the start point of the EMS response.
3. ***Time Dispatch Notified*** - Time of the first connection with EMS dispatch. This provides the start point of the dispatch component of the EMS response.
4. ***Time Unit Notified*** - The time the response unit is notified by EMS dispatch. This permits measurement of the actual responder response or delays.
5. ***Time Unit Responding*** - The time that the response unit begins physical motion. This permits measurement of the delay between notification of EMS responder and the actual mobilization of the response unit.
6. ***Time of Arrival at Scene*** - The time the unit stops physical motion at scene (*last* place that the unit or vehicle stops prior to assessing the patient). This permits measurement of the time required for the response vehicle to go from the station to the scene.
7. ***Time of Arrival at Patient*** - The time response personnel establish direct contact with the patient. In certain situations there may be a significant delay between the time at which a response unit arrives at the scene and the time at which the personnel can access the patient.
8. ***Time Unit Left Scene*** - The time when the response unit began physical motion from the scene. This permits the calculation of scene time by subtracting the time of arrival at scene from the time unit left scene.
9. ***Time of Arrival at Destination*** - The time when the patient arrives at the receiving hospital. This permits the calculation of the time required to go from the scene to the receiving hospital.
10. ***Time Back in Service*** - The time the response unit is back in service and available for another response. This allows for planning of EMS resources, by assessing the delay between arrival at the receiving hospital and availability of the response unit
11. ***Time Back in Quarters*** - Not a Uniform Data Set element, but may be kept by the departments. The time the response unit stops physical motion after returning to the station.
12. ***Response Time*** - Not a Uniform Data Set element, but is kept by all departments within the Milwaukee County EMS system. This is measured by calculating the difference between the *Time Incident Reported* and the *Time of Arrival at Scene*.

RESPONSE DEFINITIONS (minimum)

[Send the next highest response if any inconsistency or confusion with the caller's information]

PRI: EMT-B with or without AED or advanced skills. Response time 12 minutes 59 seconds or less, 90% of time.

BLS: EMT-B with AED and advanced skills. Response time 4 minutes 59 seconds or less, 90% of time.

MED: EMT-P with simultaneous, closest **BLS** unit. Response time 9 minutes 59 seconds or less, 90% of the time.