

Milwaukee County
EMS Dispatch Guidelines
And
Pre-Arrival Instructions
For a
Lights & Sirens-Tiered Response

Updated and Reviewed by:

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Version Date: July 23, 2008

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02/15/03

TO BE DETERMINED ON ALL CALLS CALLER LOCATION AND PHONE NUMBER VERIFICATION

The caller's location is verified in 1 of 2 ways:

1. If an ANI/ALI record is available, the EMS Communicator just asks the caller to confirm the address to make sure it matches the location information received.
2. If no ANI/ALI is received, the caller's location is confirmed by having the caller say the address twice. (Example: caller gives location upon initial receipt of the caller either from the caller themselves or from another agency relaying the information, the EMS Communicator will ask the caller to revivify that location one more time)

If the caller hangs up any time after providing their location at least enough information is known to send a response. After verification of the location, the EMS Communicator will then obtain a telephone number for the caller.

The caller's telephone number is verified in 1 of 2 ways:

1. If the call is received by an ANI/ALI record and is the location where the help is needed, the EMS Communicator does not need to ask for the telephone number of the caller. This is because the caller's location of the emergency and matches the ANI/ALI information.
2. If the call is not received with an ANI/ALI record, EMS Communicator will ask the caller vivify their telephone number after the initial receipt of the telephone (Example: What is your telephone number? Can you revivify that telephone number for me one more time?)

This will also lead the EMS Communicator to the appropriate triage category.

ASK: What is the problem, tell me exactly what happened?

This will lead the EMS Communicator to ask the appropriate questions, if not obvious:

ASK: Are you with the patient now?"

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

ASK: Is the person breathing?

1. No ----- **ALSLAC**
(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") ---**ALSLAC1**

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) ----- **BLSLAC**
(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) ----- **ALSLAC1**
(See Unconscious/Unresponsive/Passed out Instructions)

3. Yes, person is coming to/ in & out of consciousness --- **BLSLAC1**
(See Unconscious/Unresponsive/Passed out Instructions)

*******EXCEPTION TO THE RULE IS "DECEASED/ASSISTANCE WITH BODY" *******

(SEE PRE-ARRIVAL INSTRUCTIONS FOR DECEASED/ASSISTANCE WITH BODY)

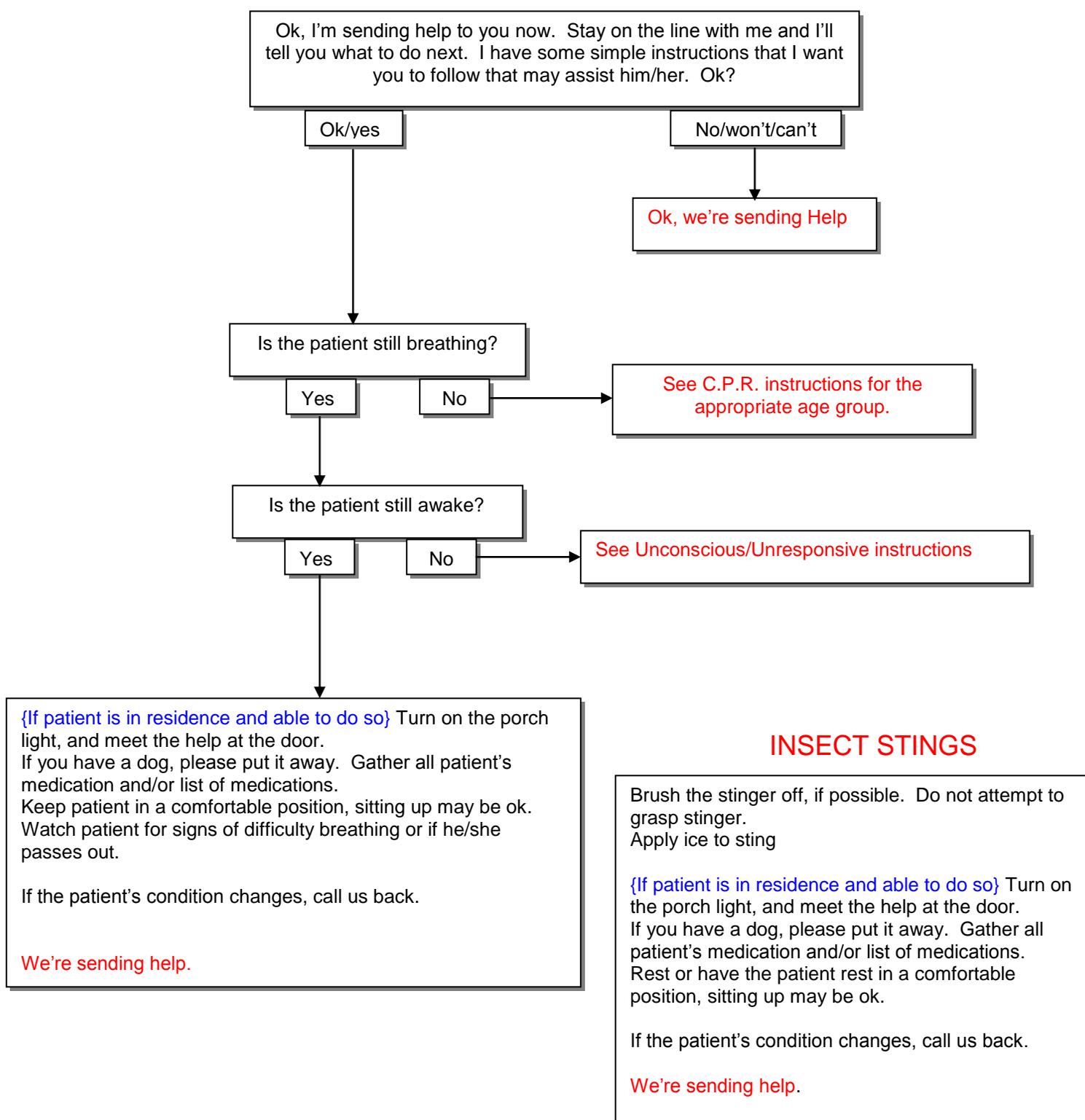
ALLERGIC REACTION

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

1. Yes **ALS_LAR**
2. No **BLS_NAR**
3. Don't know **BLS_LAR**
4. (Listen for previous reaction or used own "Epi-pen" ----- **ALS_LAR1**

PRE-ARRIVAL INSTRUCTIONS

ALLERGIC REACTION / INSECT STINGS



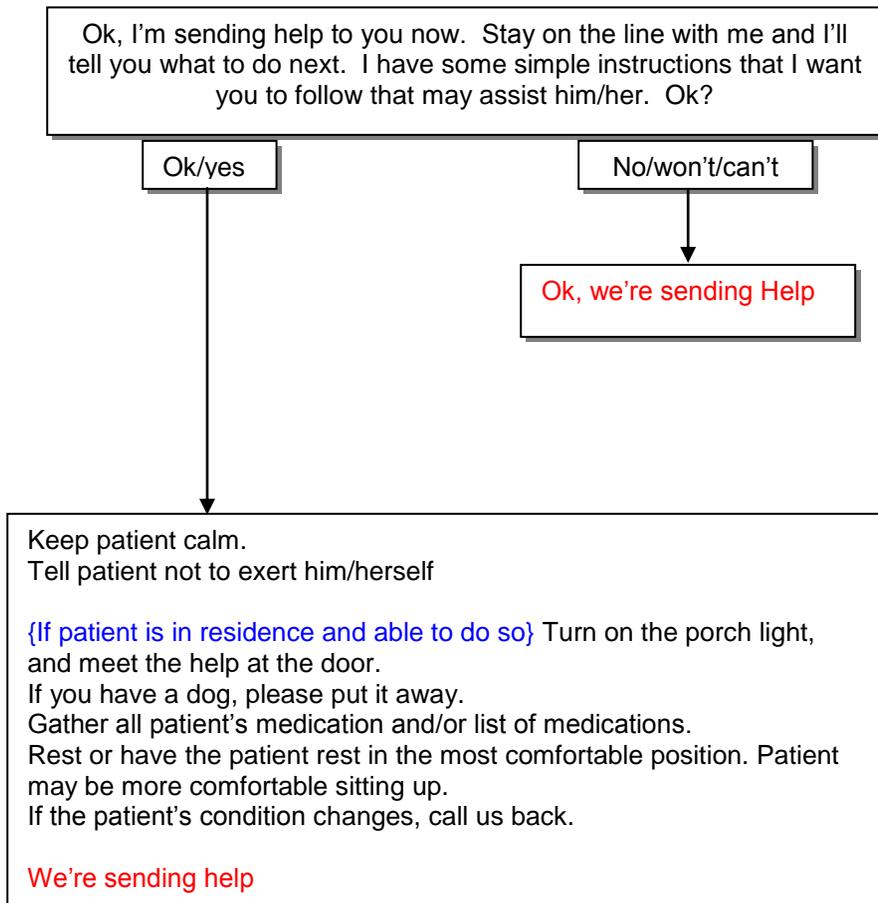
BREATHING DIFFICULTY

ASK: How old is the person?

1. Age 50 and over ----- **ALS_LDB**
2. Age under 50/don't know ----- **BLS_LDB**
3. (Listen for: asthma, wheezing, emphysema, allergic reaction, history of heart problems, tracheostomy, C.O.P.D., chest pains & age 40 and over) ----- **ALS_LDB1**

PRE-ARRIVAL INSTRUCTIONS

BREATHING DIFFICULTY



BURNS

ASK: How was the person burned?

ANSWER: Electrical/electrocution -----

BLSL**EL**

(See Electrical Pre-Arrival Instructions)

ANSWER: Non-electrical

ASK: What parts of the body were burned?

1. Large area/face or mouth (airway) -----

ALSL**BR**

2. Small area -----

BLSN**BR**

3. Unknown -----

BLSL**BR**

4. (Listen for burned infant – ages 0-1 years old) -----

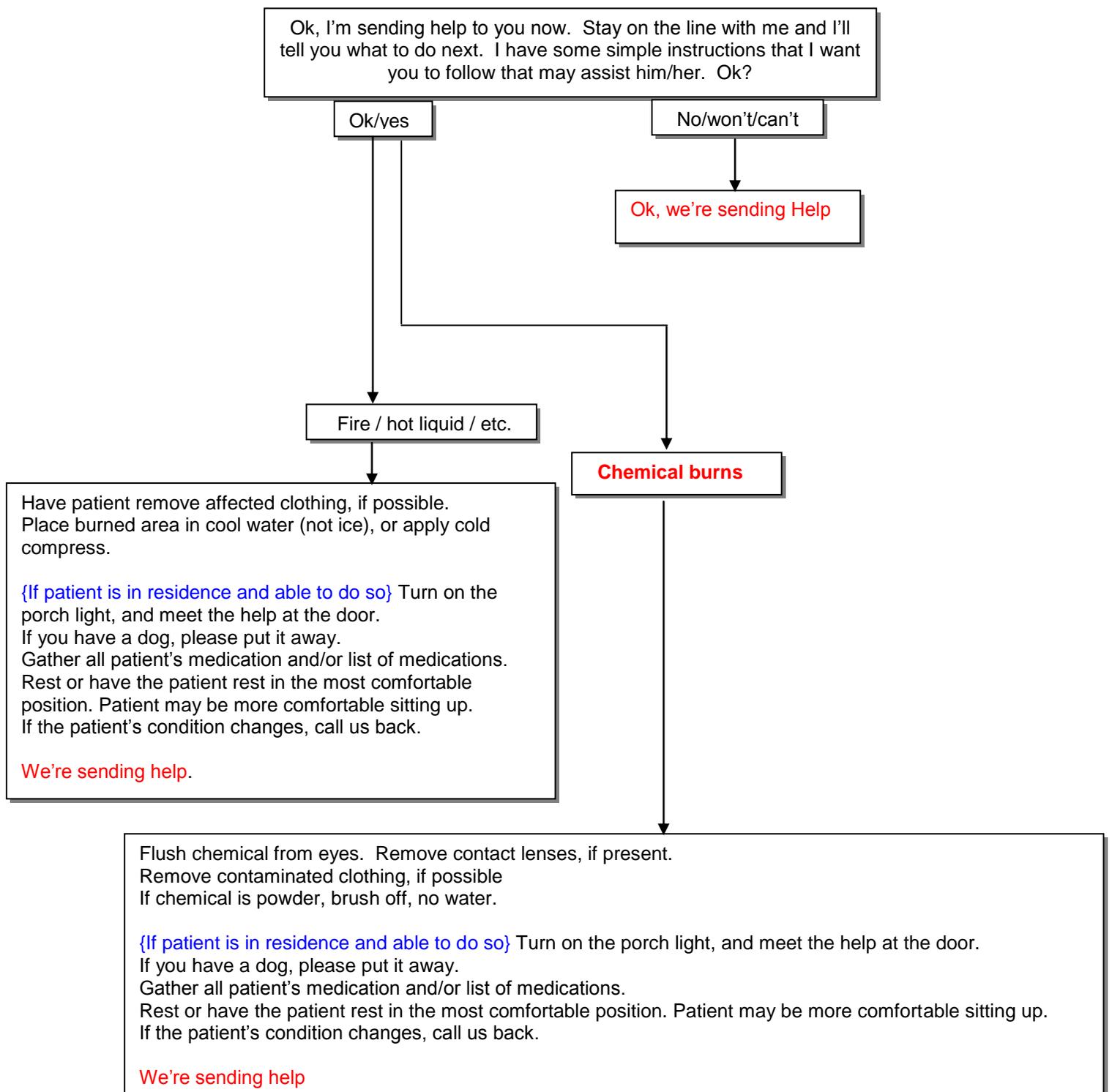
ALSL**BR1**

(Listen for chemical spill) -----

HAZMATF

PRE-ARRIVAL INSTRUCTIONS

BURNS



CHEST PAIN (TIGHTNESS - PRESSURE)

ASK: Does the person have a heart problem?

1. Yes ----- **ALS_LCP**

ANSWER: No/don't know

ASK: How old is the person?

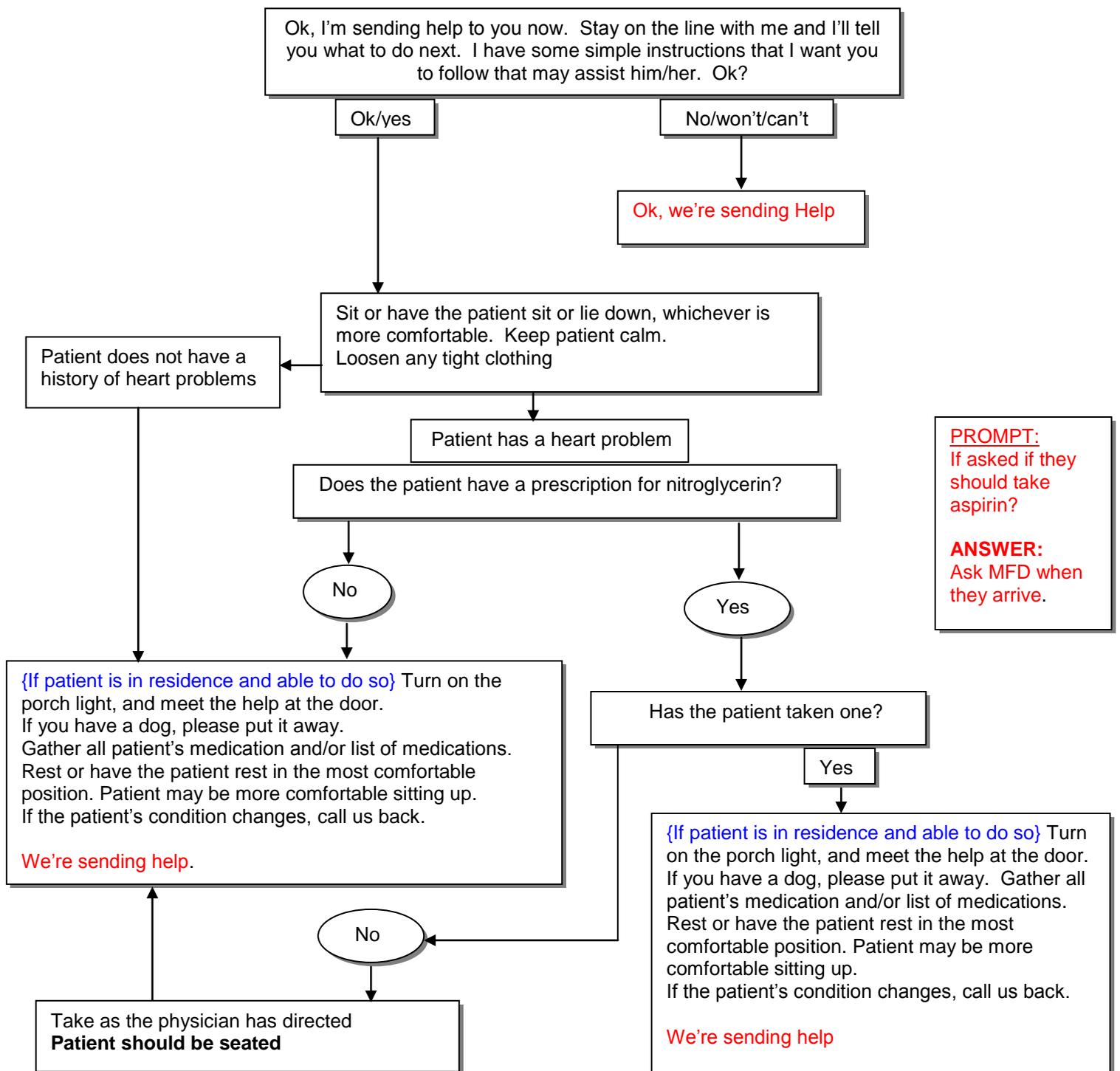
1. Age 40 and over----- **ALS_LCP1**

2. Under 40/don't know ----- **BLS_LCP**

3. **(Listen for: the use of cocaine, diabetes, automated implanted cardiac defibrillator [AICD] has fired)**----- **ALS_LCP2**

PRE-ARRIVAL INSTRUCTIONS

CHEST (PAINS – TIGHTNESS – PRESSURE)



CHOKING

CHOKING

(Listen for not breathing)

BLS LCK

ALS LAC

(See CPR Instructions for the appropriate age group)

PRE-ARRIVAL INSTRUCTIONS

CHOKING

Ok, I'm sending help to you now. Stay on the line with me and I'll tell you what to do next. 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

CHOKING ADULT INSTRUCTIONS (2 years old and older)

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

No

Yes

Is the patient awake?

No

Yes

See CPR instructions for the appropriate age group

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.

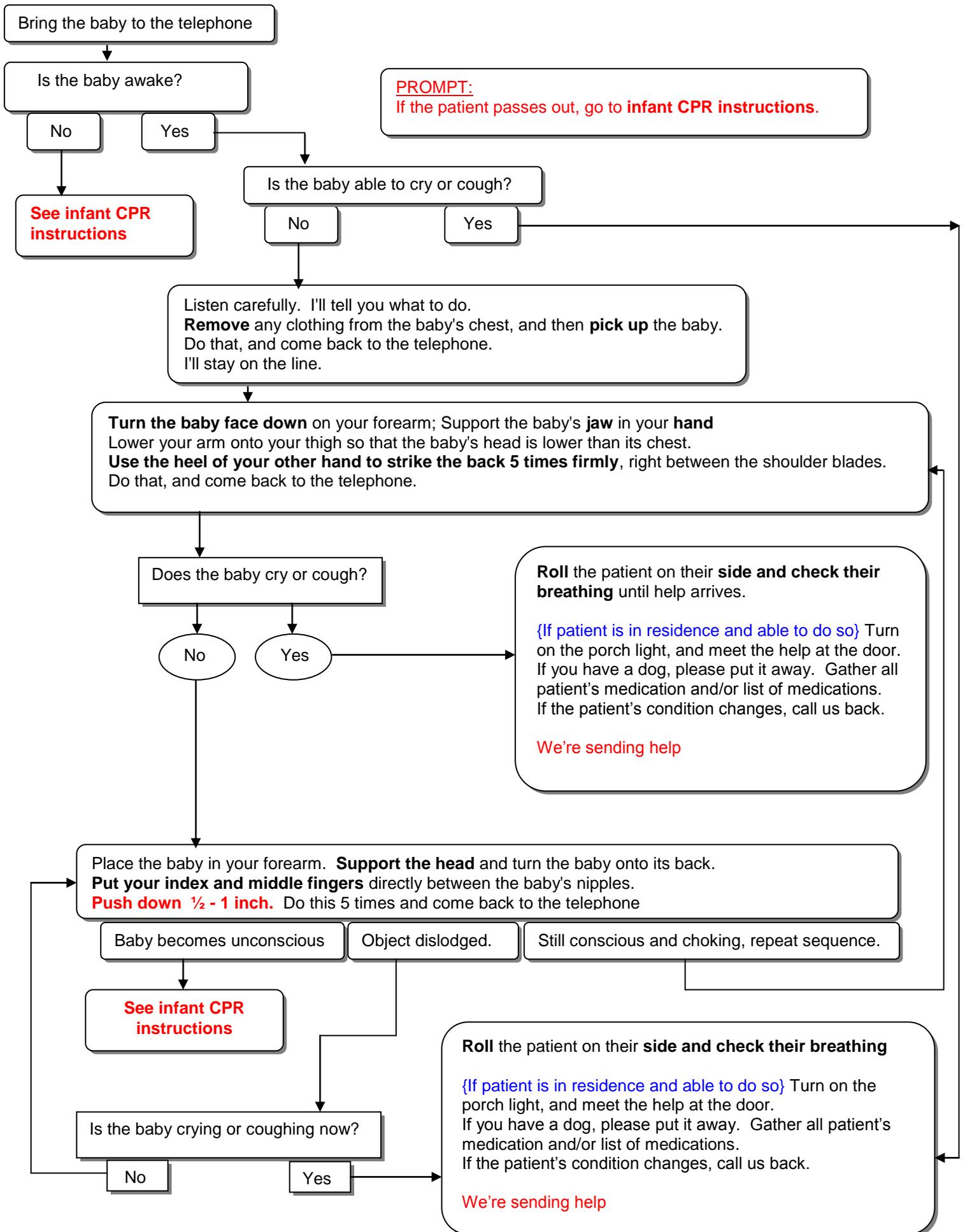
Make a fist with **one** hand and place the thumb side against the **stomach**, in the **middle**, slightly above the **bellybutton**. **Grasp** your fist with the other hand.

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

Object dislodged

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 ----- **BLS**N**DOA**
2. Don't know for sure

ASK: Is the person breathing?

1. No ----- **ALS**L**AC**
(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

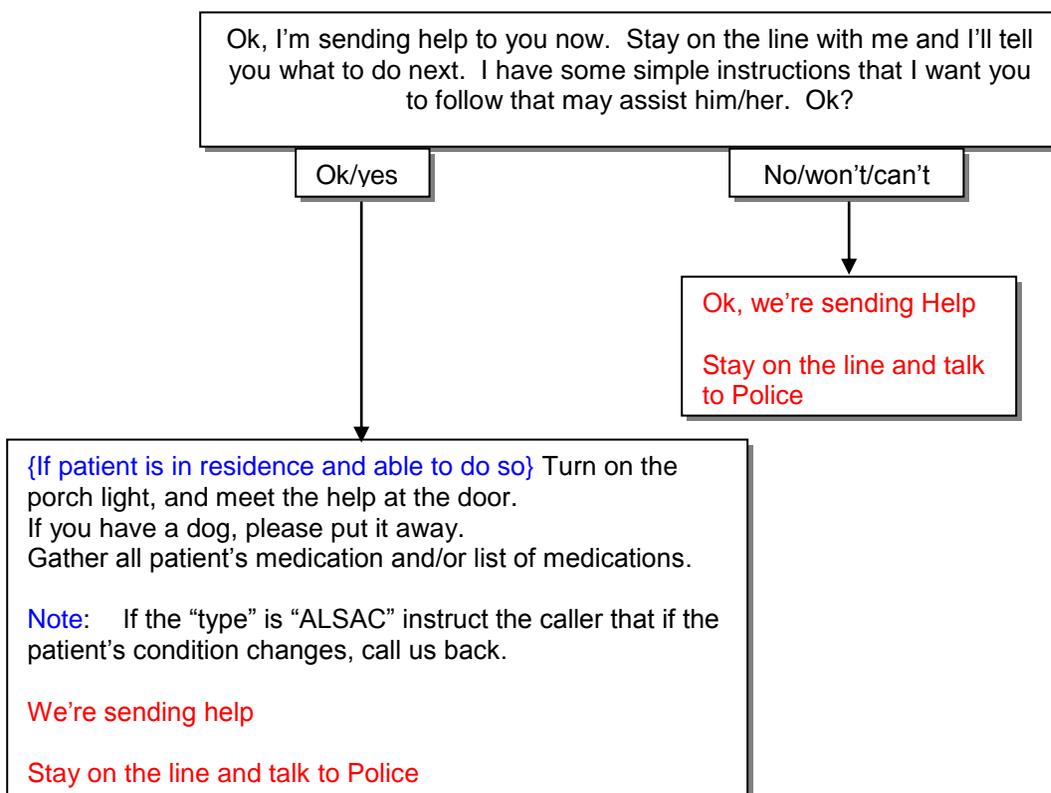
ANSWER: No/don't know

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

1. No/can't/will not (Unconfirmed) ----- **BLS**L**AC**
(See Unconscious/Unresponsive/Passed out instructions)
2. Yes, still no response (Confirmed unconscious) ----- **ALS**L**AC1**
(See Unconscious/Unresponsive/Passed out Instructions)
3. Yes, person is coming to/ in & out of consciousness --- **BLS**L**AC1**
(See Unconscious/Unresponsive/Passed out Instructions)

PRE-ARRIVAL INSTRUCTIONS

DECEASED / ASSISTANCE WITH BODY



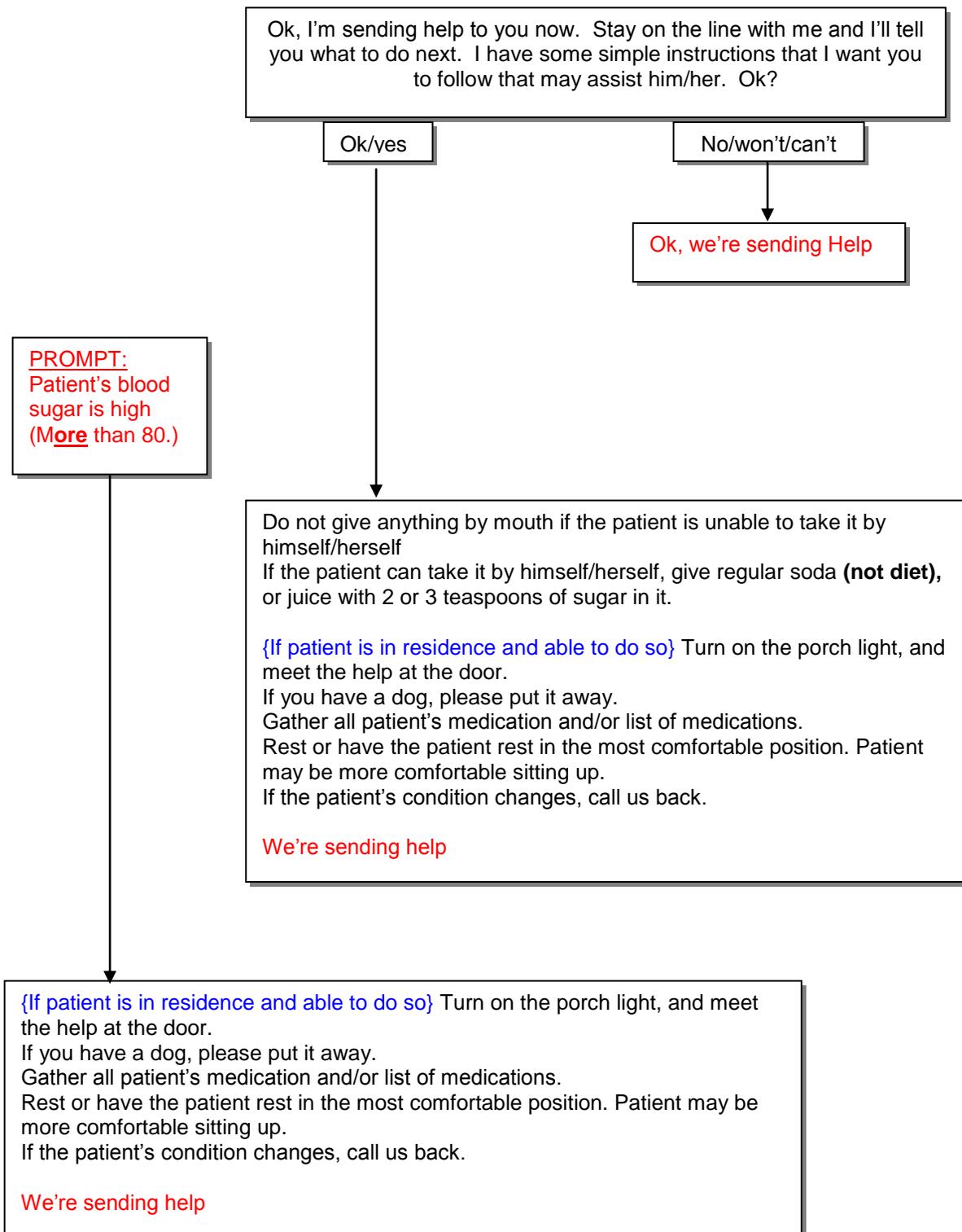
DIABETIC

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) ----- **ALS_LDI**
2. (Listen for: age ≥50 with one of the following: back, arm, neck or jaw pain.) ----- **ALS_LDI**
3. Don't know/other ----- **BLS_LDI**

PRE-ARRIVAL INSTRUCTIONS

DIABETIC PROBLEMS



DROWNING

ASK: Is the person awake now?

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

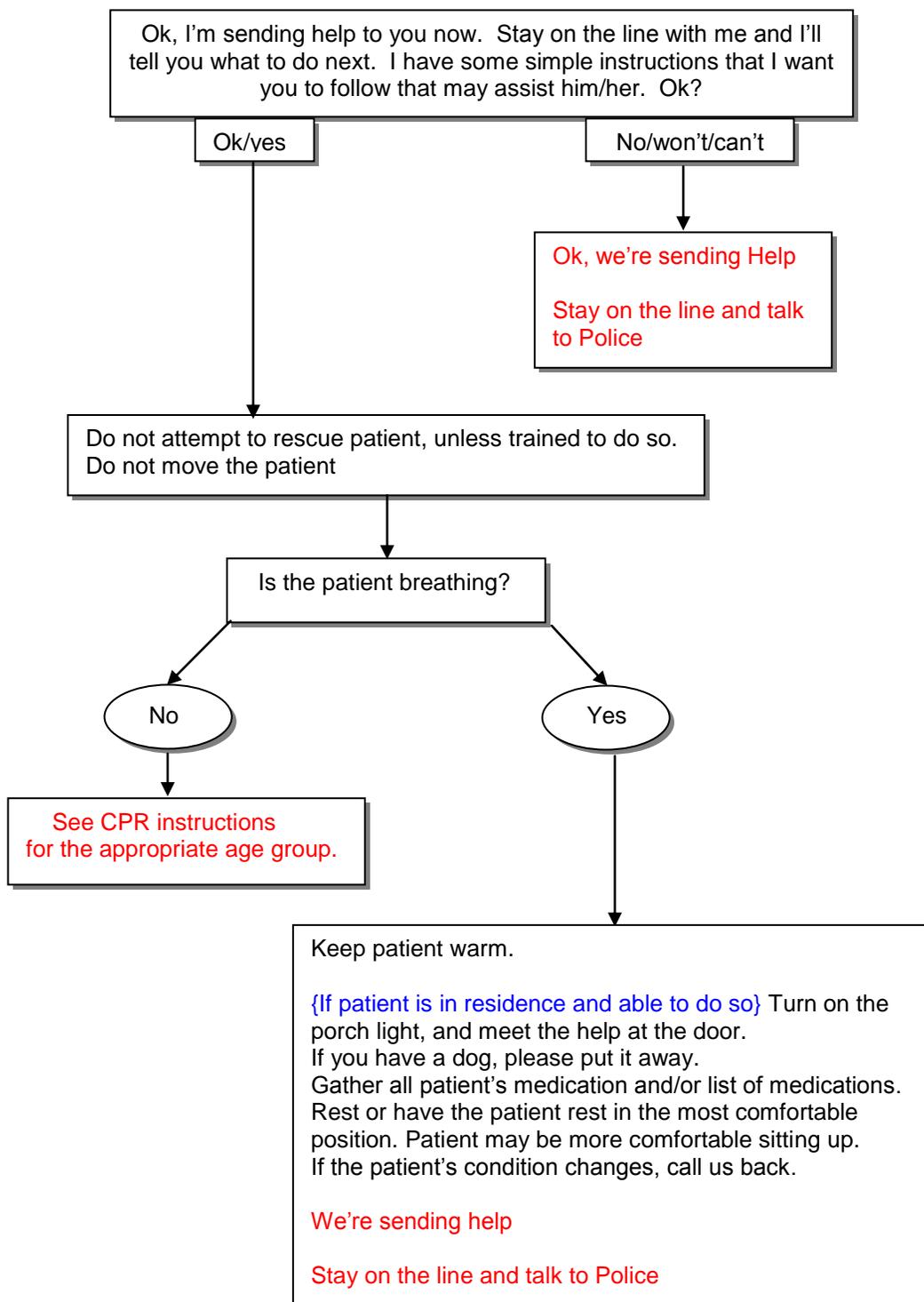
ASK: Can/will you try to wake the person, without putting down the telephone?

1. No/can't/will not (Unconfirmed) ----- **BLS**L**AC**
2. Yes, still no response (Confirmed unconscious) ----- **ALS**L**AC1**
3. Yes, person is coming to/in & out of consciousness ----- **BLS**L**AC1**

(Listen for "party in river, lake, etc.") ----- **FDIVEF**

PRE-ARRIVAL INSTRUCTIONS

DROWNING



ELECTROCUTION

ASK: How was the person burned?

ANSWER: Electrical/electrocution -----

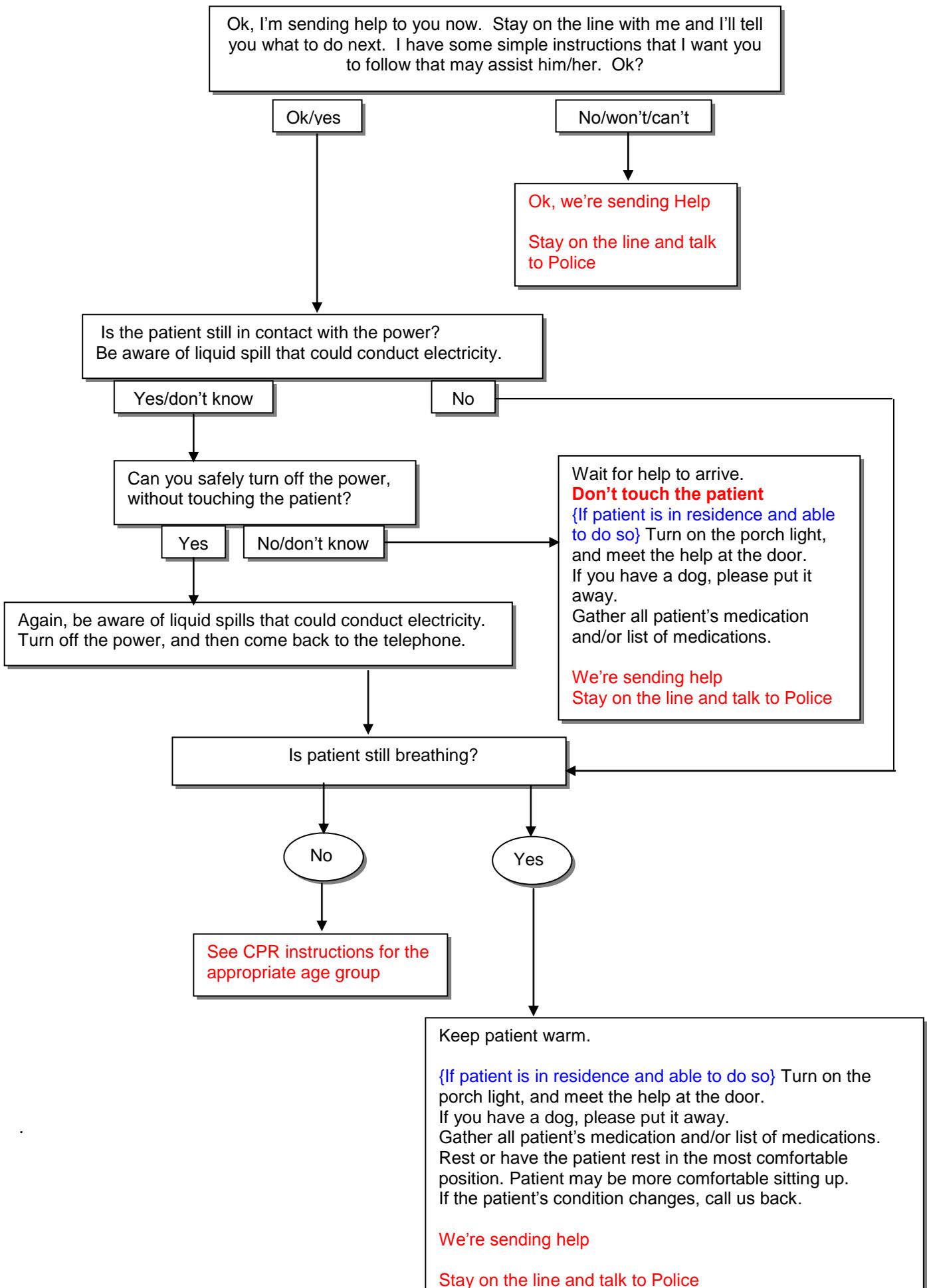
ANSWER: Non-electrical -----

BLS_LEL

(See "Burns")

PRE-ARRIVAL INSTRUCTIONS

ELECTROCUTION



FALLS

ASK: How far did the person fall?

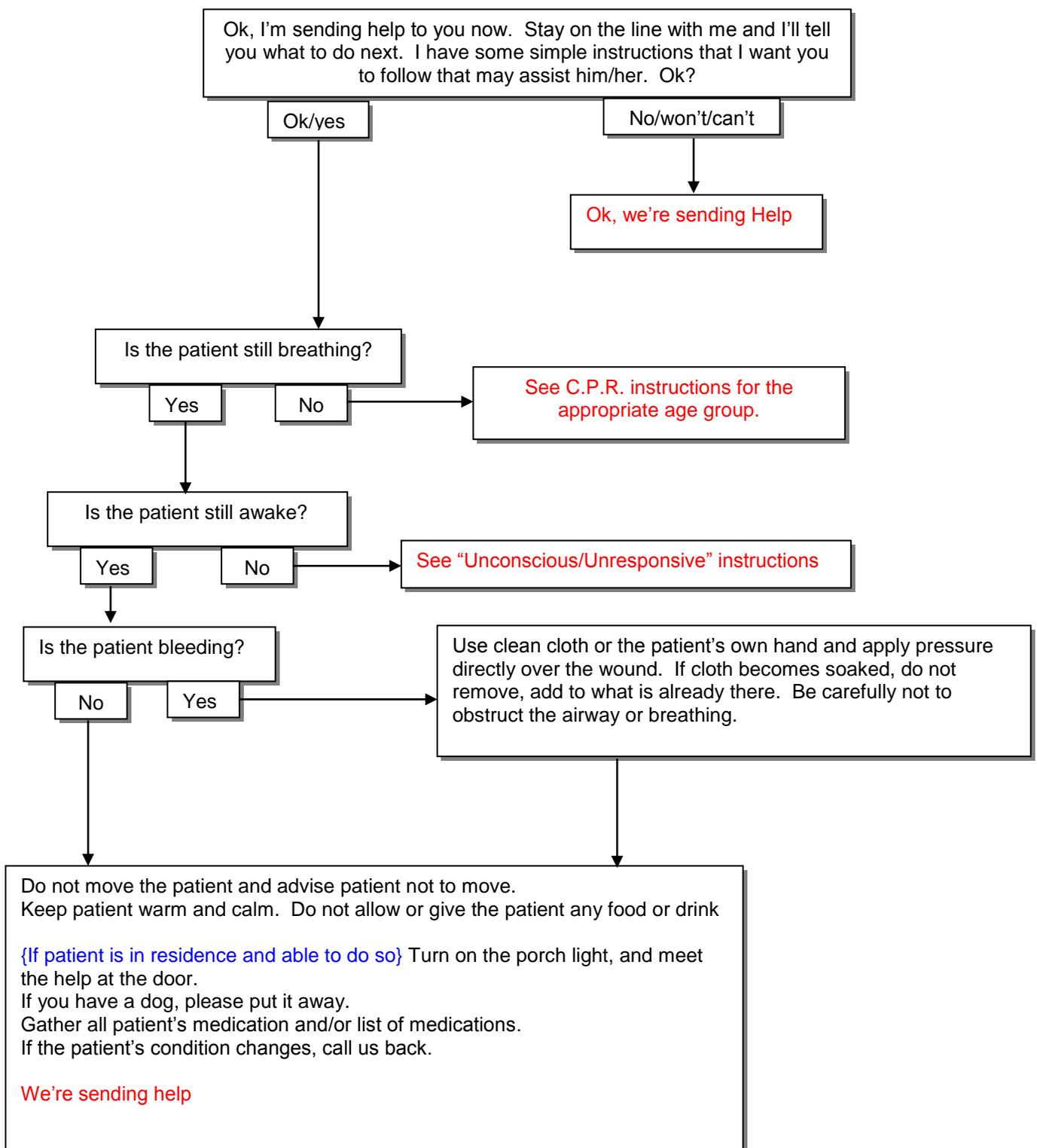
- | | | |
|----|--|-------------------------------|
| 1. | 20 feet or greater | ALS <u>L</u> FL |
| 2. | Unknown height | BLS <u>L</u> FL |
| 3. | (Listen for fall from 2nd story or higher) | ALS <u>L</u> FL |

ANSWER: Less than 20 feet

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

PRE-ARRIVAL INSTRUCTIONS

FALLS



HOME MEDICAL EQUIPMENT

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

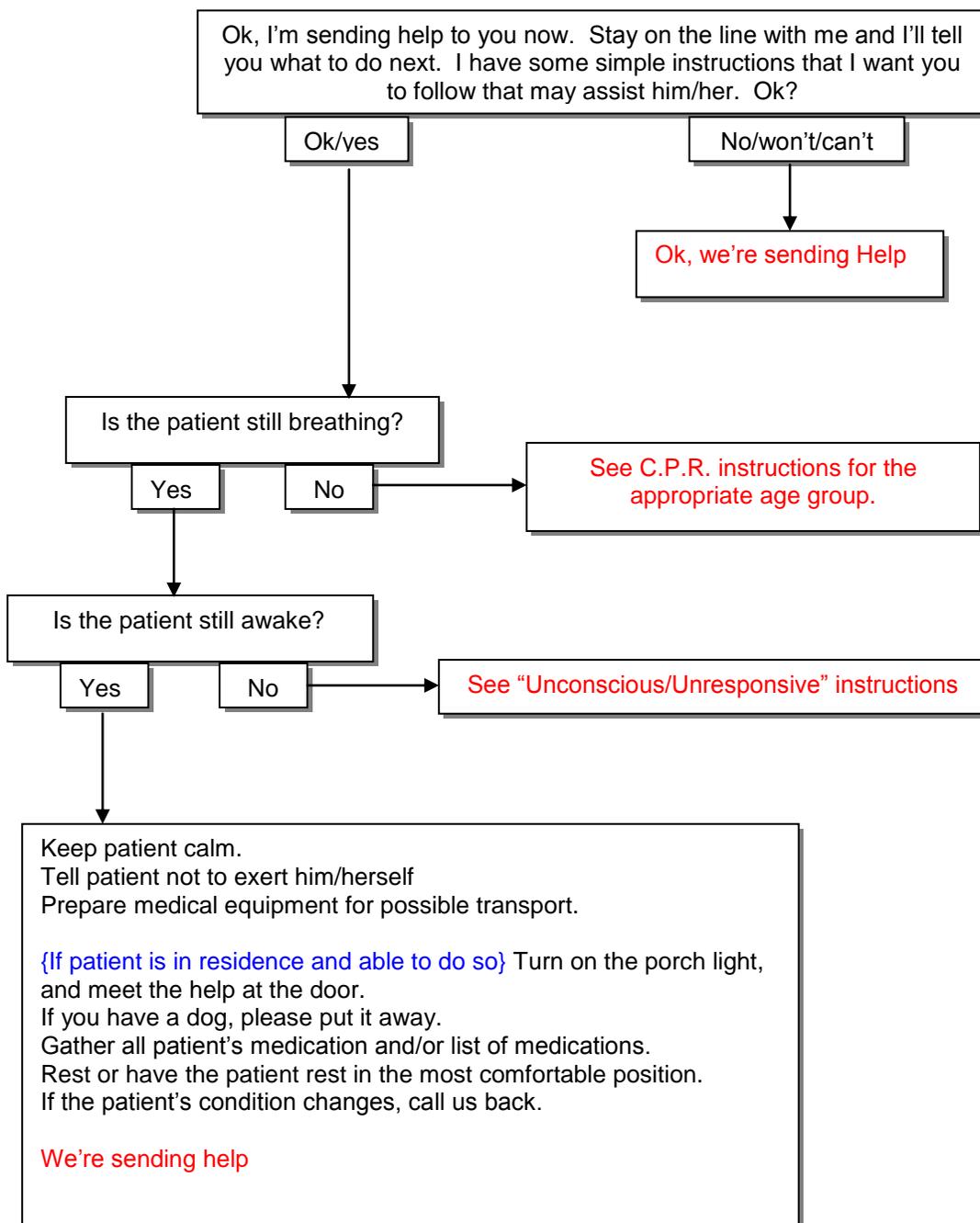
ALS_LHM

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

BLS_NHM

PRE-ARRIVAL INSTRUCTIONS

Home Medical Equipment



LABOR / OB / DELIVERY / MISCARRIAGE

ASK: How far along is the person?

1. Already delivered/delivery in progress----- **ALS_LLD**
(See "Child Already Delivered" pre-arrival instructions)
2. Full term (33 weeks & over)----- **BLS_LLD***
(See "Labor" pre-arrival instructions)
3. Less than 5 months(< 20 weeks)/don't know----- **BLS_NLD**
(See "Labor" pre-arrival instructions)

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

ASK: Is she having contractions?

1. No/don't know ----- **BLS_NLD1**
(See "Labor" pre-arrival instructions)

ANSWER: Yes

ASK: How far apart are the contractions?

1. 5 minutes or less ----- **ALS_LLD1**
(See "Childbirth" pre-arrival instructions)

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

ASK: Is there a strong urge to push?

2. Yes ----- **ALS_LLD1**
(See "Childbirth" pre-arrival instructions)
3. No/don't know ----- **BLS_NLD2**
(See "Childbirth" pre-arrival instructions)

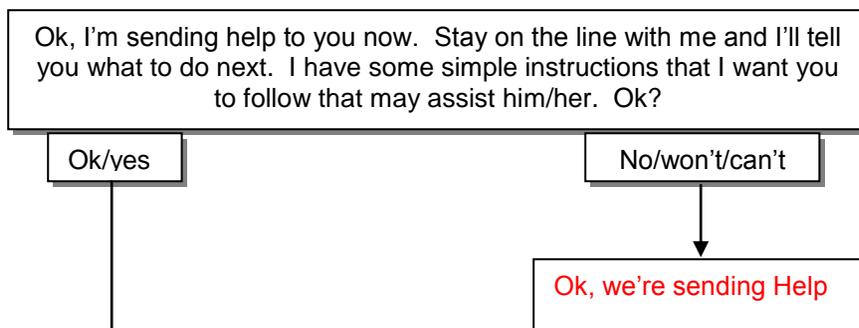
4. (Listen for: seizures, toxemia, high blood pressure, uncontrolled bleeding placenta previa, ectopic pregnancy, or eclampsia) ----- **ALS_LLD2**
(If seizing, see "Seizures" pre-arrival Instructions)

* Send a transporting unit (ambulance)

Note: If BLS_LLD is a non-transporting unit, upgrade to ALS_LLD

PRE-ARRIVAL INSTRUCTIONS

LABOR



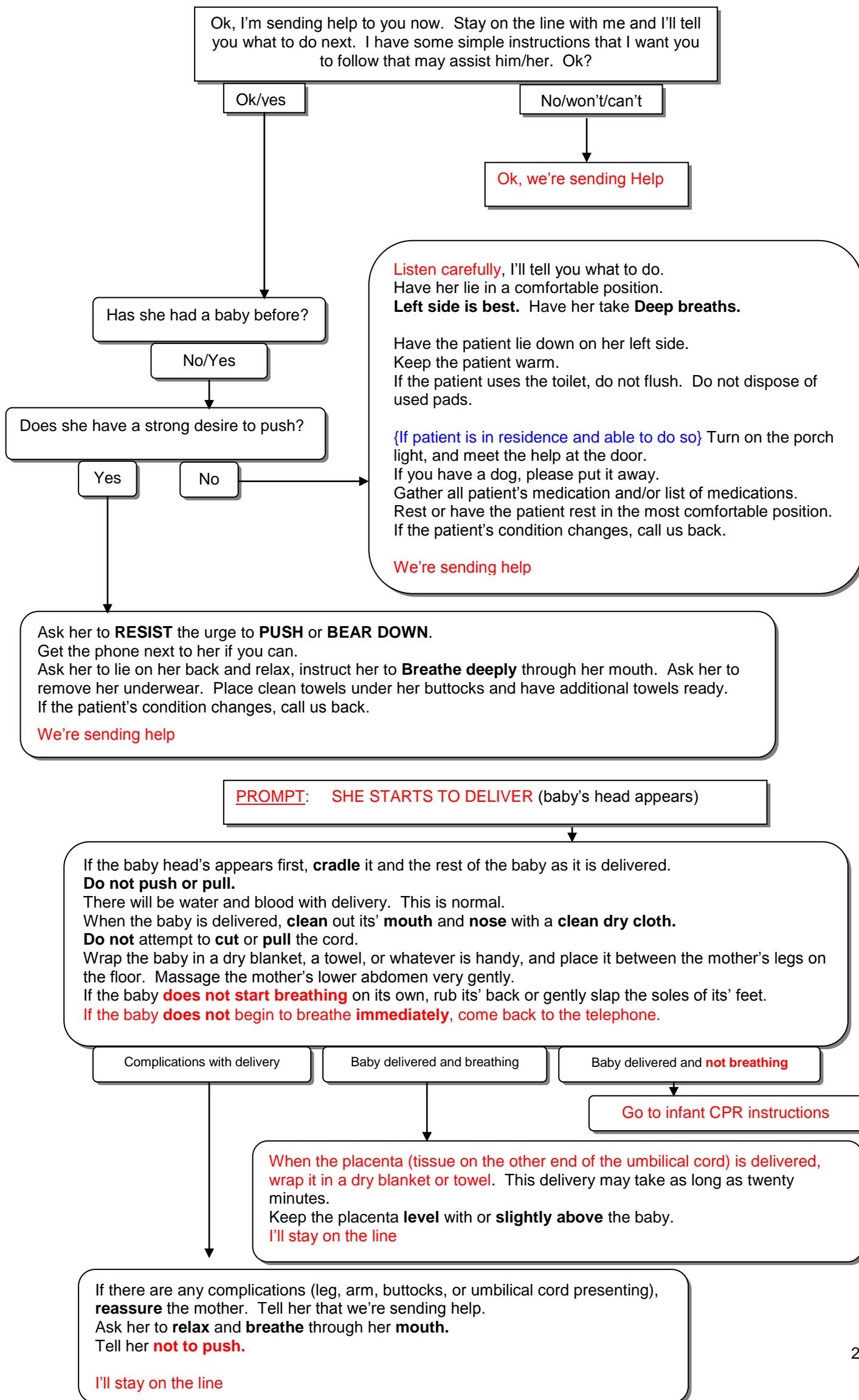
Have the patient lie down on her left side.
Keep the patient warm.
If the patient uses the toilet, do not flush. Do not dispose of used pads.

{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



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?

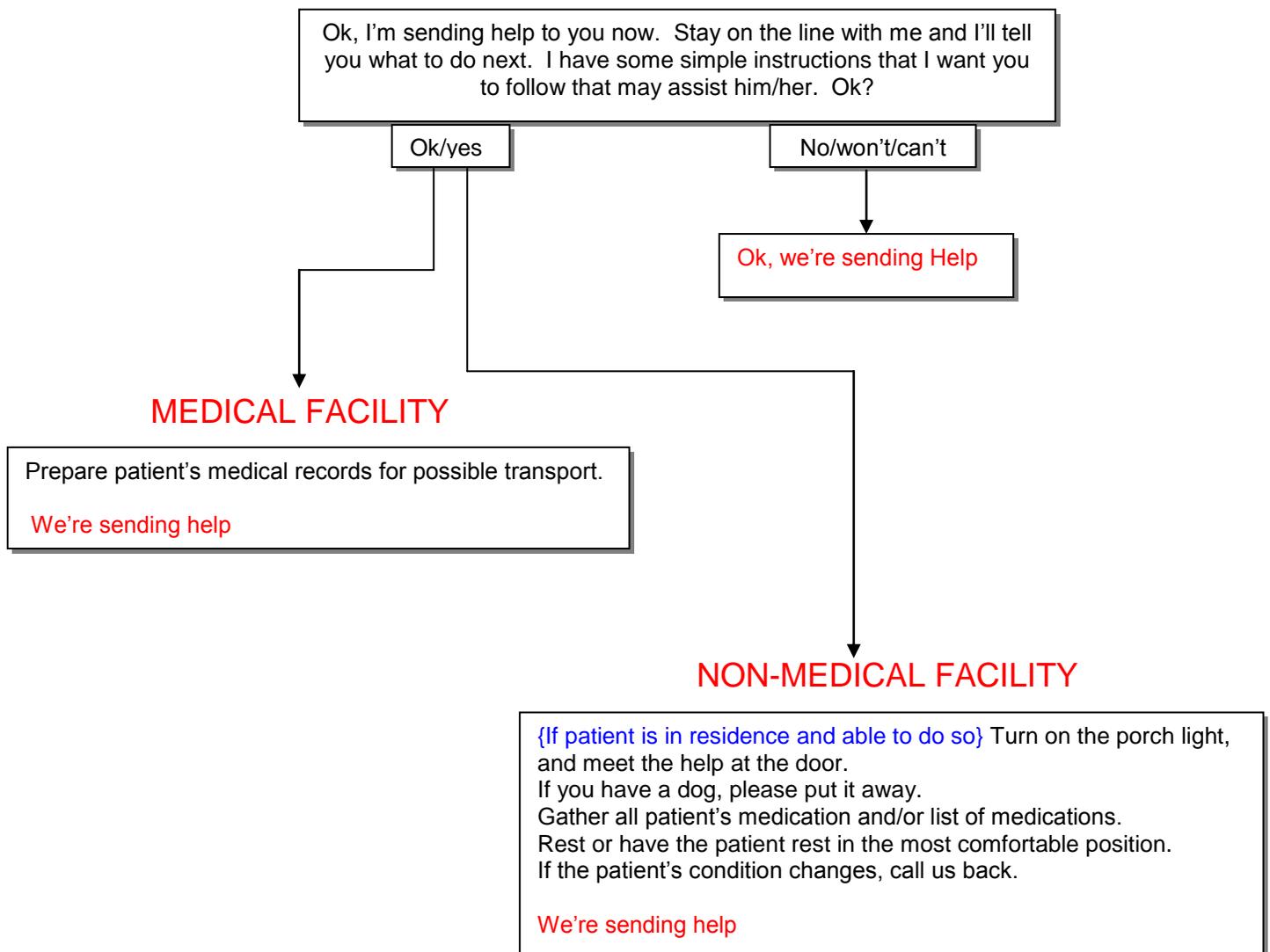
ANSWER: Medical Clinic, hospital, special event, or with County Fire Department on-duty personnel -----**ALS****N****MF**
(Clarify to caller what type of response they're getting)

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

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

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

BLSN**NTP**

ANSWER: 50 or older

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

2. Yes

ALSL**NTP**

3. No/don't know

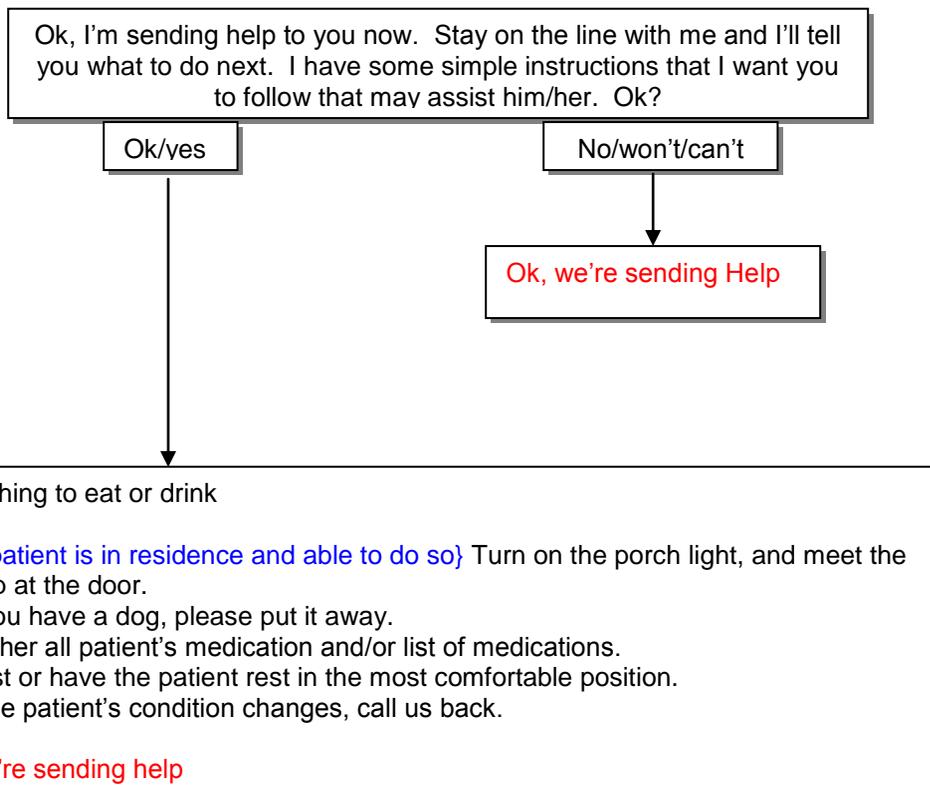
BLSL**NTP1**

4. (Listen for diabetic)

ALSL**NTP1**

PRE-ARRIVAL INSTRUCTIONS

NON-TRAUMA PAIN



PERSONAL INJURY ACCIDENT

ASK: Where are the injuries?

1. Head, face, neck, chest, abdomen, back -----
2. Arm/leg -----
3. Other/don't know -----
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.) -----
- (Listen for person trapped/roll over crash) -----
- (Listen for multiple people injured) -----

BLSLPI
BLSNPI
BLSLPI1

ALSLPI

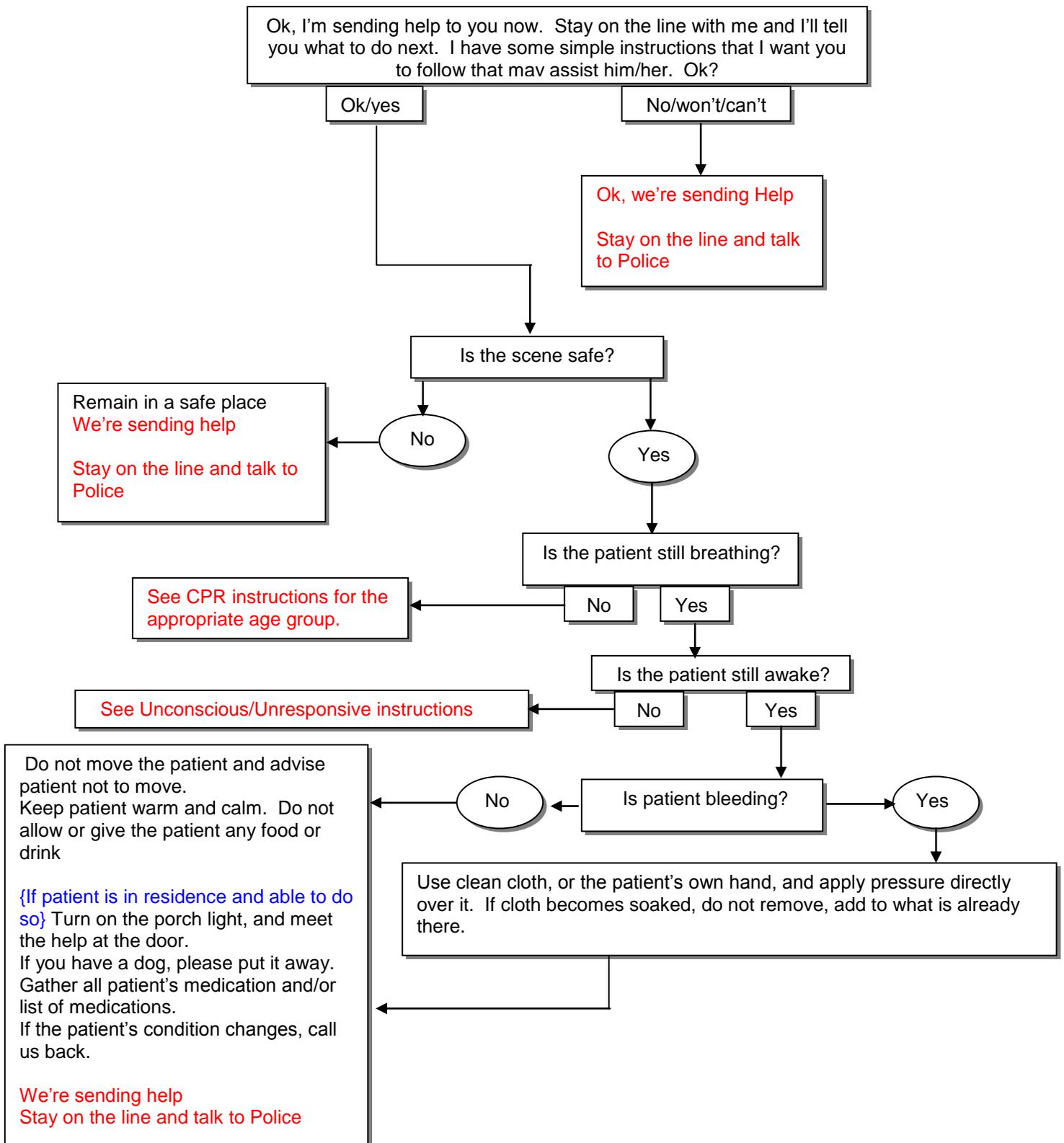
AUTOXF

AUTOMF

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

PRE-ARRIVAL INSTRUCTIONS

PERSONAL INJURY ACCIDENT



SEIZURES

ASK: Is the person still seizing?

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

BLS_LSZ*

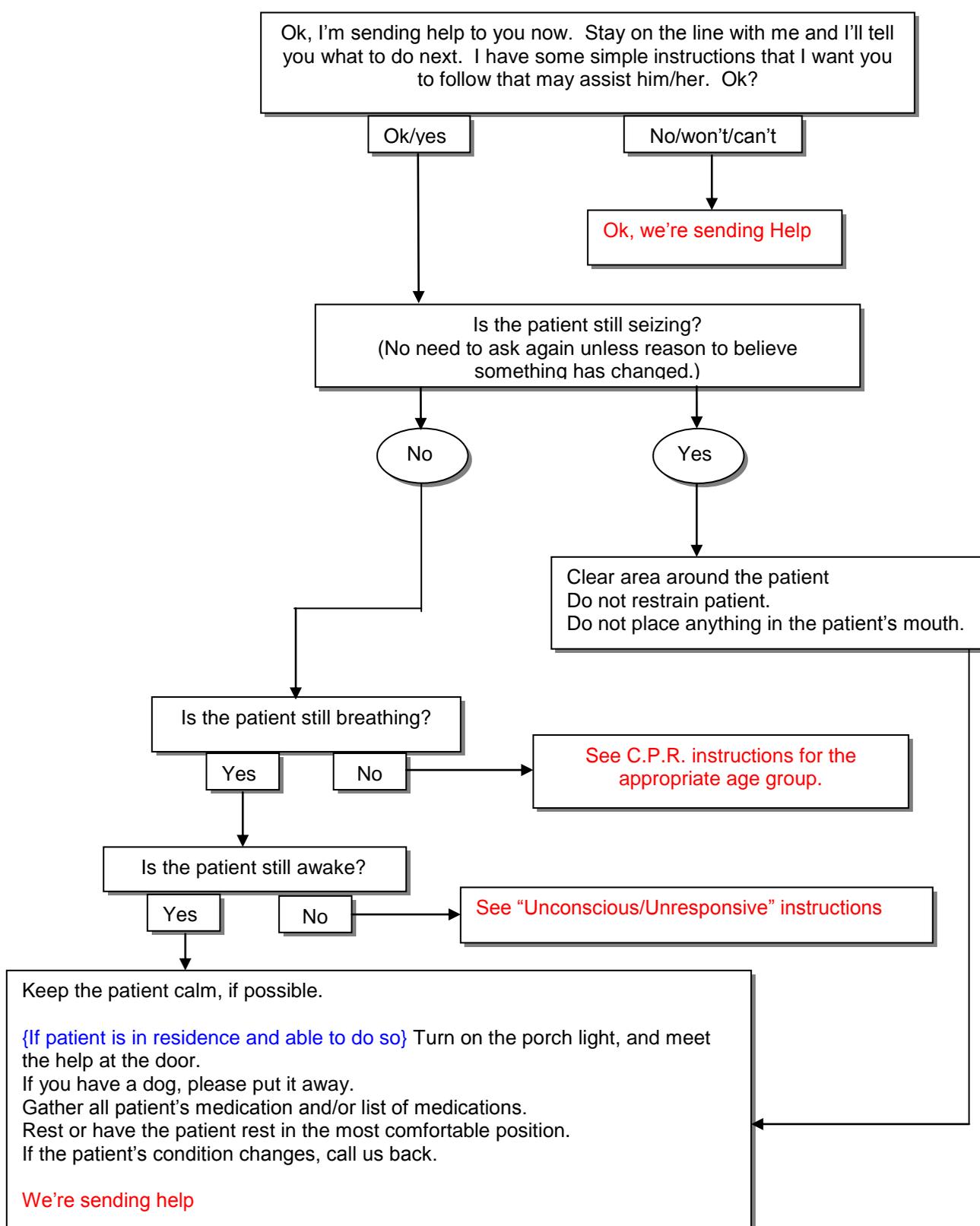
BLS_LSZ1

ALS_LSZ

* Send transporting unit (ambulance)

PRE-ARRIVAL INSTRUCTIONS

SEIZURES / CONVULSIONS



SHOOTING / STABBING

ASK: Where is the person injured?

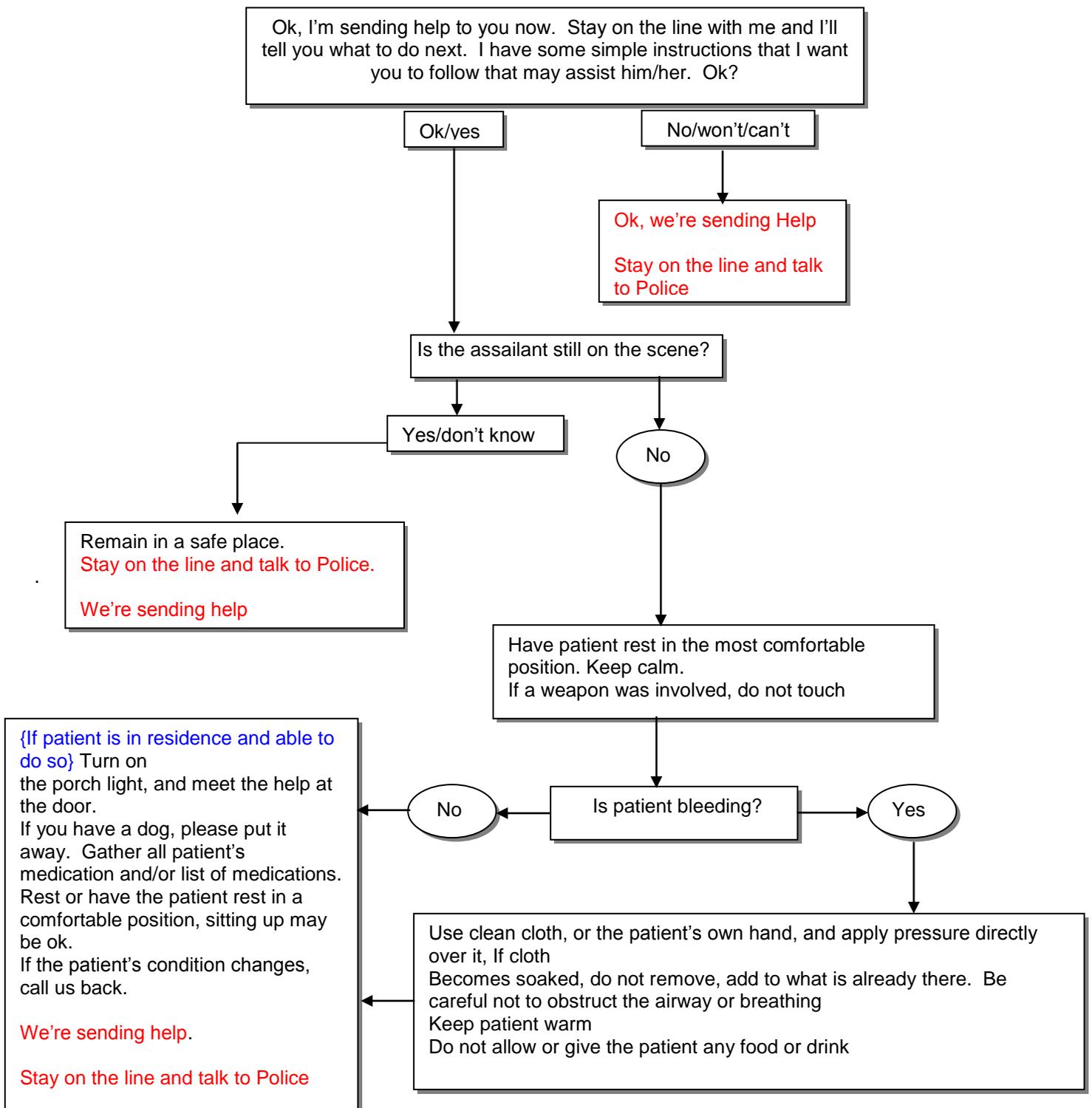
1. Head, neck, chest, body
[arm pit, abdomen, back, buttocks, pelvis, groin] ----- **ALS_LSH**
2. Arm/leg/don't know ----- **BLS_LSH**

ASK: Is the assailant still on the scene?

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

PRE-ARRIVAL INSTRUCTIONS

STABBING / SHOOTING



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?

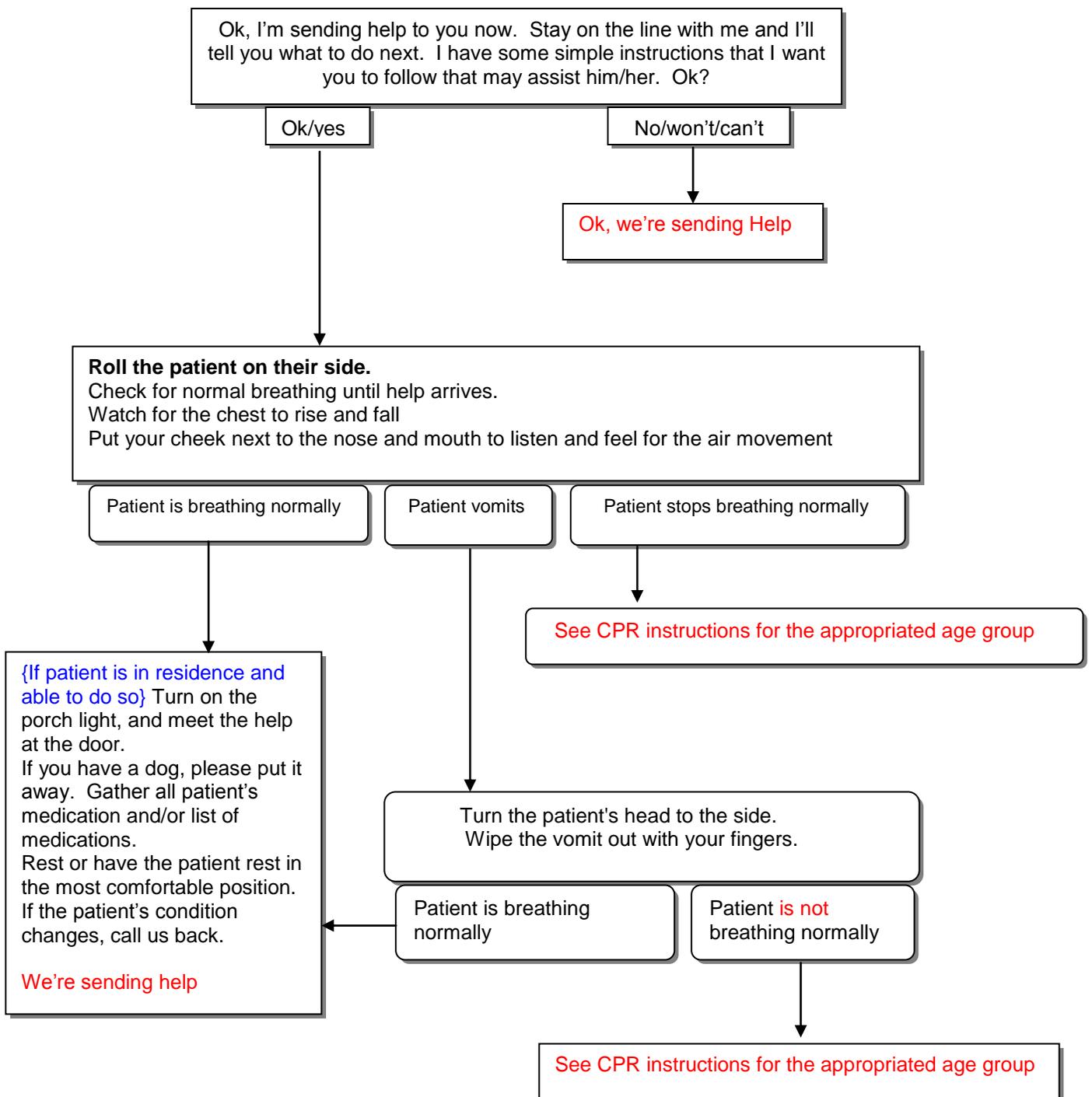
1. No/can't/will not (Unconfirmed) ----- **BLS**LAC

2. Yes, still no response (Confirmed unconscious) ----- **ALS**LAC1

3. Yes, person is coming to/in & out of consciousness ---- **BLS**LAC1

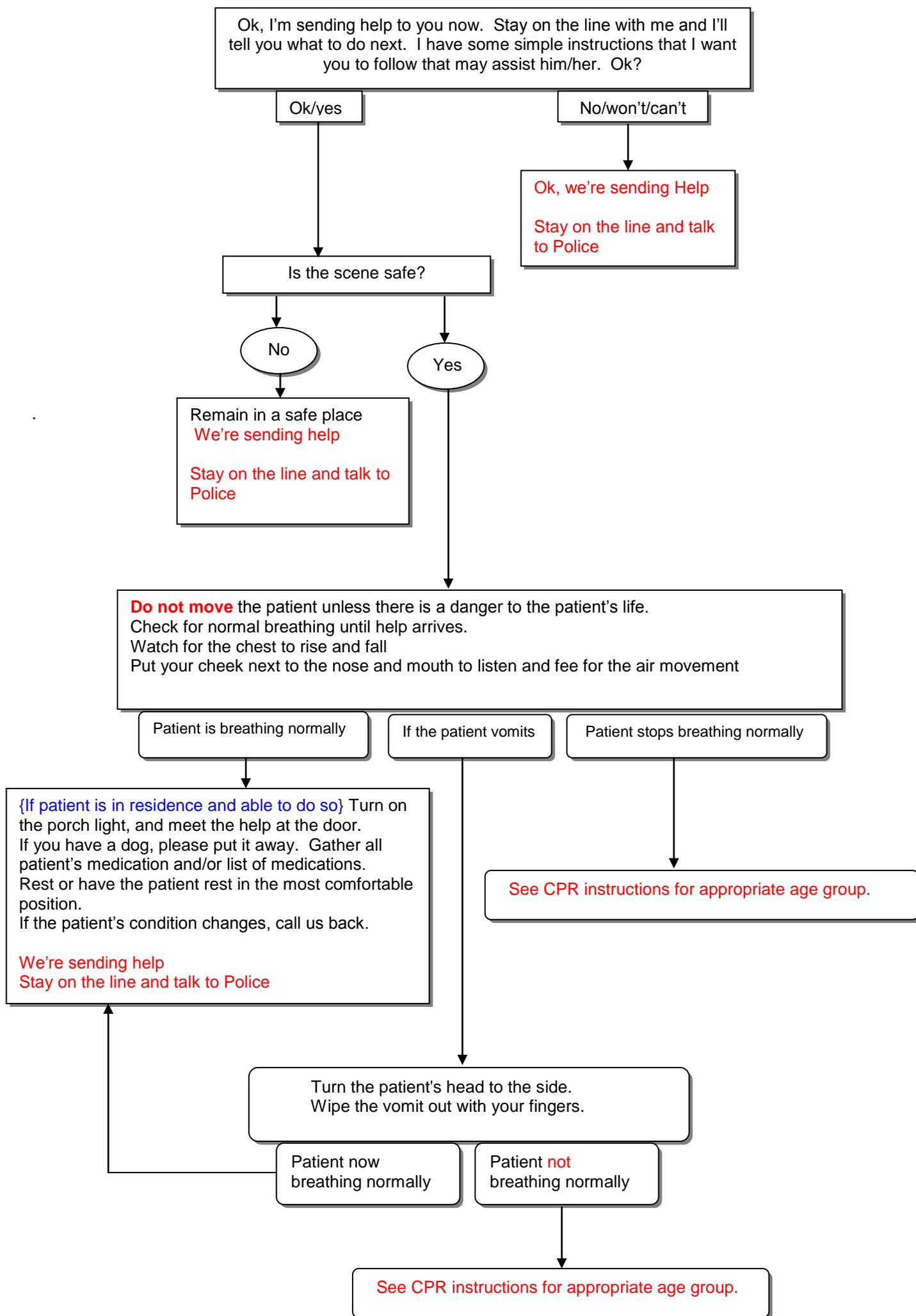
PRE-ARRIVAL INSTRUCTIONS

UNCONSCIOUS - **NON-TRAUMA** / FAINTING



PRE-ARRIVAL INSTRUCTIONS

UNCONSCIOUS - TRAUMA



Ok

Continue

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

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

No

Yes

Roll the patient 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 the shirt. Put the **heel** of your hand on the **center** of their **chest**, right **between** the **nipples**. Put your **other hand on top of that hand**. **Push down firmly**, only on the **heels** of your hands, **1½ - 2 inches**. Continue to do this just like you're pumping their chest: Count 1, and 2, and 3, etc. Push hard and fast and release off the chest completely.

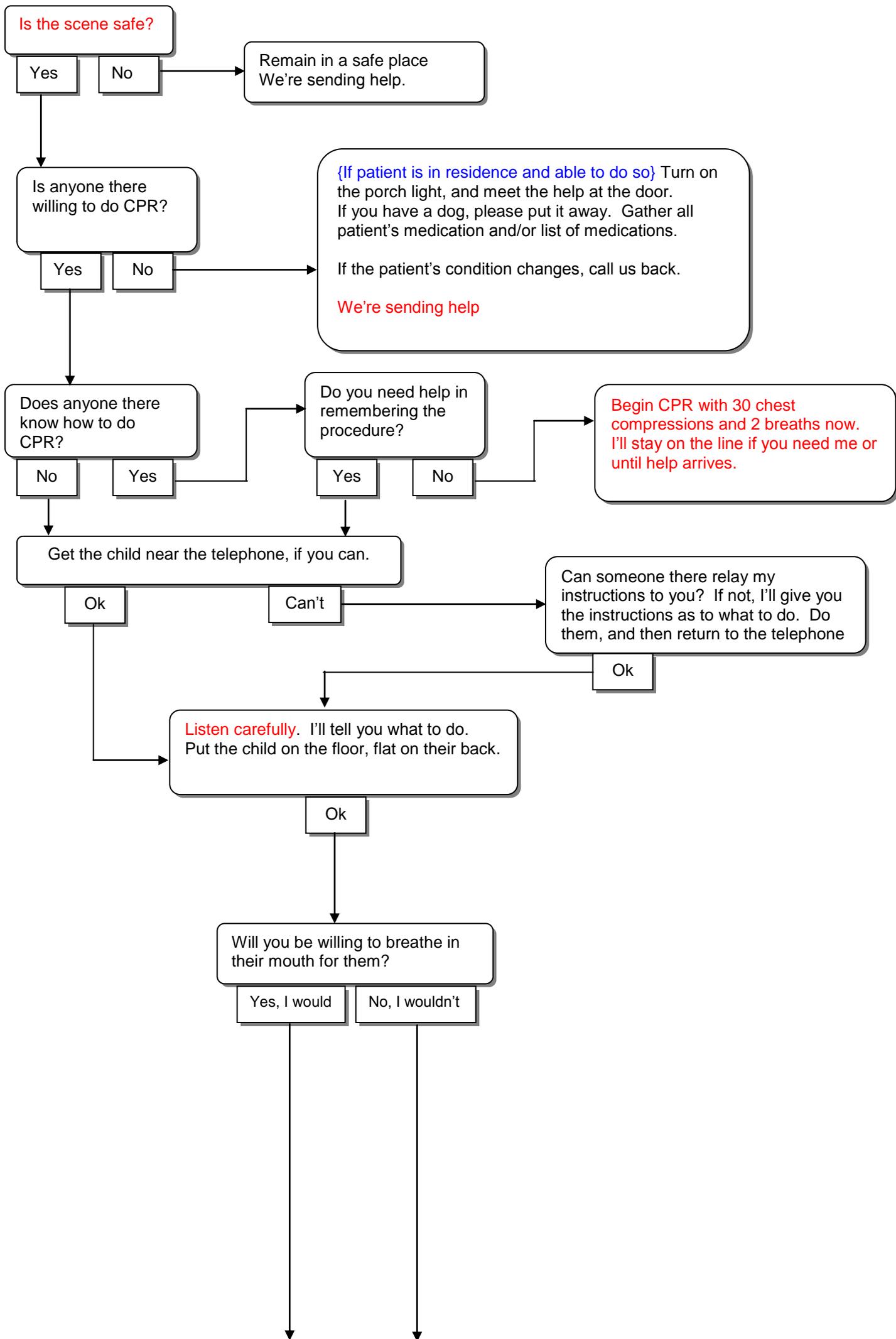
Keep doing this until help arrives and takes over.

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 (Child 1-7 years old)



Yes, I would

No, I wouldn't

Resume

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

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 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

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

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

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 30 times quickly, just like you're pumping their chest: Count 1, and 2, and 3, etc.

Push hard and fast and release off the chest completely.

Return to the telephone when you have completed this.

Keep doing 30 chest pushes and 2 breaths 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 30 times quickly, just like you're pumping their chest: Count 1, and 2, and 3, etc. Push hard and fast and release off the chest completely.

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 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.

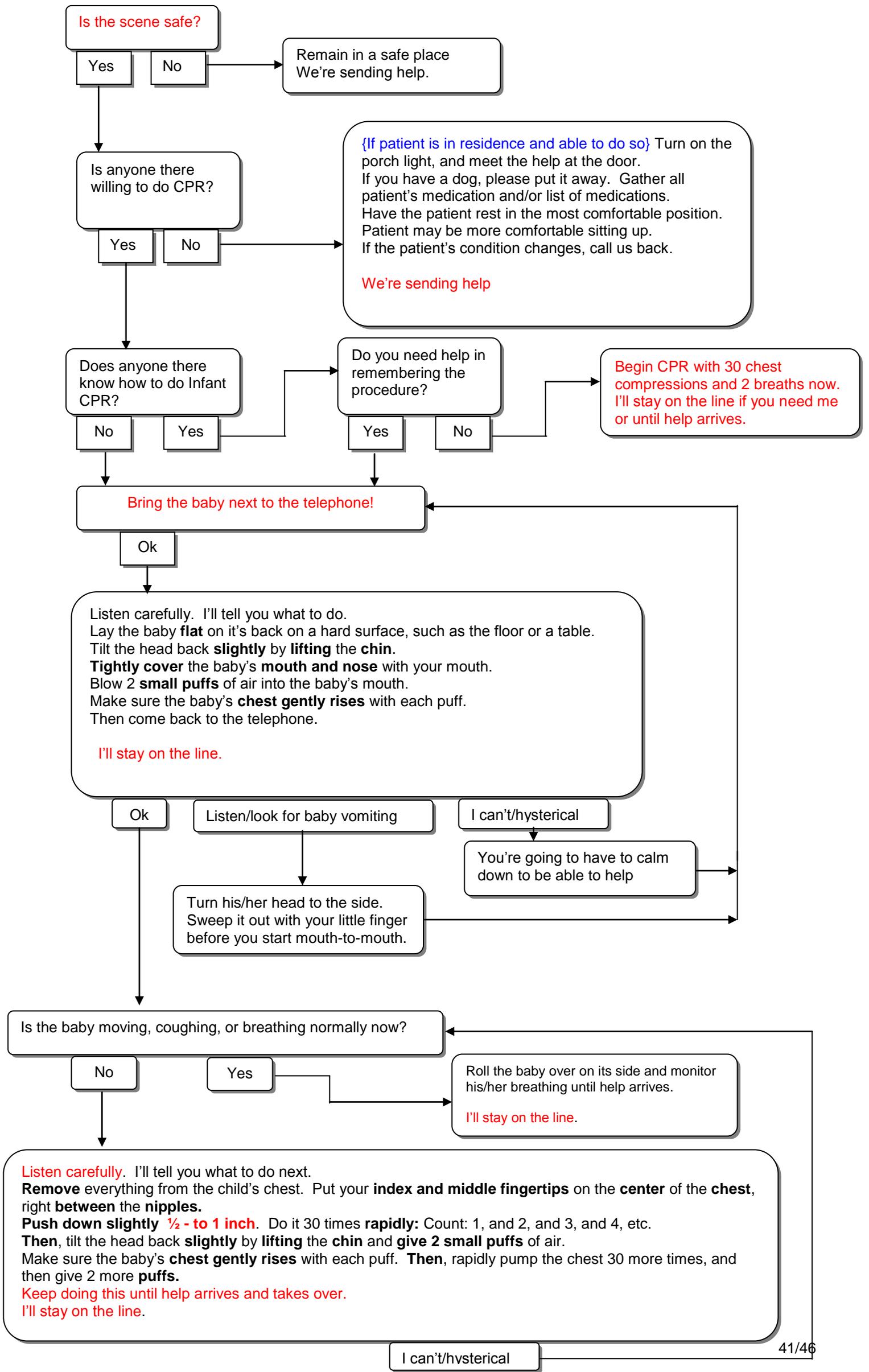
Keep doing 30 chest pushes and 2 breaths until help arrives and takes over.

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 than 1 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.

Diaphoretic / 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.

Facial Droop

One side of faces does not move as well as the other side.

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. A history of a heart murmur is not considered a heart problem for the purposes of these instructions.

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. For the purposes of these instructions, history of a murmur is not considered a heart problem.

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.

Vomit

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]

N: An emergent request for EMS services not requiring red-lights and siren response

L: An emergent request for EMS services requiring red-lights and siren response

BLSN: EMT-B. Response time 14 minutes 59 seconds or less, 90% of time.

BLSL: EMT-B. Response time 4 minutes 59 seconds or less, 90% of time.

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

Exceptions to non-lights and siren response:

Weather that may unacceptably delay a response

Traffic

Special call request by fire department or other medical personnel on scene

* Indicates need for response to include a transporting unit (ambulance). If **BLSL** is a non-transporting unit, upgrade to **ALS**.