

PROBLEM CARD 0 – 000 FIRE OVERFLOW

“The Fire Appliance is being sent. I need to ask you some more questions about the incident”

- ◀ Are you calling from the residence that is on fire?
- ◀ Where is the fire located in the house?
- ◀ What is burning?
- ◀ Is anyone in the house and if so where?
- ◀ Is there any other relevant information?

DISPATCH PRIORITY:

***Not created on ACTAS
CAD – ACT F&R only.***

Additional Information**Pre-Arrival Advice**

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow the patient, if conscious, to get comfortable. Legs elevated if feeling faint or dizzy unless injury to legs
- ◀ IF BLEEDING – direct pressure over wound to stop bleeding. If no other injury, try to elevate bleeding part
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move conscious patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back 000

PROBLEM CARD 1 – 000 AMBULANCE OVERFLOW

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
**Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR**
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ What is the nature of the problem?
- ◀ Any priority signs & symptoms? **(Breathing difficulties, chest pain, sudden behavioural changes, dizziness/fainting, sweating/very pale skin)**
- ◀ Is there any bleeding? **(No, Minimal, Significant)**
- ◀ Has anyone attempted first aid?
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:

P1

***To be revised by Clinician or
Dispatcher if created by ACTF&R***

Additional Information

- 000 Ambulance Overflow is to be reviewed by the Clinician or the Dispatcher when created by ACTF&R
- The case type will then be changed to accurately reflect the nature of the case – and priority adjusted appropriately
- If created by ACTAS operator – this will remain as original case type for closure when Interstate Comcen has been contacted

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow the patient, if conscious, to get comfortable. Legs elevated if feeling faint or dizzy
- ◀ IF BLEEDING – direct pressure over wound to stop bleeding. If no other injury, try to elevate bleeding part
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move conscious patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door if able
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 2 – ABDOMINAL PAIN

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?

**Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR**

- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ How long has the patient had the pain? **Consider if patient could be pregnant.**

SUDDEN ONSET <4 hours duration

- Any previous episodes?
- Any associated pain? **(Check especially for chest, back, groin pain)**
- Any other symptoms? **(Syncope, Dizziness, Sweating, Pale skin)**

LONG STANDING PAIN >4 hours duration

- Has this condition been treated by a doctor in the past?
- What is the diagnosis? And is the episode similar to the previous problem?
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P2*****P1 if high risk***

Additional Information

- Severity of pain is not a good indicator of seriousness of underlying condition
- Be suspicious in older patients with past history of heart disease or aortic aneurysm

HIGH RISK IF:

- **Sudden onset AND age >45**
- **AND/OR syncope/dizziness**
- **AND/OR pain radiating to back, groin or chest**

THEN UPGRADE TO P1 – Clinician to review all abdo pain cases

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow the patient, if conscious, to get comfortable. Legs elevated if feeling faint or dizzy unless injury to legs
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not give them anything to eat or drink
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 3 – ALLERGIC REACTIONS

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is there any difficulty breathing or swallowing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? (**Ward, Room #, Level, Wing, Shop, etc**)
- ◀ When did this start?
- ◀ Any idea what might have caused this reaction?
- ◀ Any previous reactions?
- ◀ Any other signs/symptoms? (**Rash/itching, dizziness/fainting, abdominal pain, vomiting**)
- ◀ Does the patient have any self-administered medication to be used for this problem?
- ◀ Has it been given? (**consider EPI-Pen or Anapen administration**)
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information**LOW RISK IF:**

- **NO decreased LOC AND**
- **NO breathing difficulties AND**
- **NO change in symptoms and signs for >1 hour since reaction began**

THEN DOWNGRADE TO P2**Pre-Arrival Advice**

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ If patient has self-administered medication suggest to take as per instructions. If patient has EpiPen (adrenaline) advise to administer only if it appears patient has significant difficulty breathing or swallowing
- ◀ Let patient get comfortable usually sitting if has breathing difficulties; if dizzy or faint – lying down with legs elevated unless injury to legs
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not give them anything to eat or drink
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

Epi-Pen instructions

- Remove the EpiPen from its packaging (protective carry tube)
- Be careful of the black tip as it holds the needle. Always hold the middle of the pen – not the ends
- Check solution through the “viewing window” on the pen to ensure the fluid is clear
- Make a fist around the EpiPen with your thumb nearest to the grey safety cap
- Remove the grey safety cap with your other hand
- The EpiPen is now ready to inject
- Hold the EpiPen at right angles to, and about 5cm away from the fleshy upper outer part of the thigh. The black tip should be pointing toward to thigh
- Expose area of skin if possible – if not, administer through clothing
- Jab the black tip **HARD** into the upper outer part of the thigh until a click is heard or felt
- Keep pressing the EpiPen against the thigh for 10 seconds
- Gently remove the EpiPen and be careful of the needle that will now be sticking out of the black tip
- Note the time

Ana-Pen instructions

- ◀ **Remove by pulling the black needle shield.** This may require reasonable force to remove.
- ◀ Do not dispose of this cap. It can be used to transport the used **ANAPEN®** to the hospital for safe disposal.
- ◀ **Remove by pulling the grey safety cap from the red firing button**
- ◀ The ANAPEN is now activated and ready use, Be careful of the needle tip.
- ◀ Do not touch Red button until needle end is placed against thigh and ready to administer.
- ◀ **Hold needle end firmly against the outer thigh at 90° angle.**
- ◀ **Press the red firing button so it clicks and hold for 10 seconds**, if necessary, inject through clothing. This will ensure that the full dose is administered.
- ◀ Gently massage the injection site for approximately 10 seconds after removal
- ◀ **Note the time.**

PROBLEM CARD 4 – ASSAULT

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ Is the assailant still present? **NOTIFY THE AFP**
- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ What injuries does the patient have? **Consider Stabbing/Shooting**
- ◀ Is there any bleeding? **(No, Minimal, Significant)**
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P2*****P1 if high risk***

Additional Information

- Includes all types of assault
- Ensure crew safety - provide all relevant details to the crew (mindful of next point); AFP notification; use of address flagging capacity
- Be cautious of providing sensitive case details over the radio

HIGH RISK IF:

- **Altered LOC OR**
- **Breathing not normal OR**
- **Significant bleeding**

THEN UPGRADE TO P1

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow patient to get comfortable usually lying down. Legs elevated if feeling faint or dizzy, unless injury to leg/s
- ◀ If bleeding – direct pressure over wound to stop bleeding. If no other injury, try to elevate the bleeding part
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ In case of sexual assault – advise not to change clothes, shower or have a bath
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 5 – BACK PAIN/INJURY

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?

**Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR**

- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Is this pain caused by an injury? (<24 hours)

IF YES

- What happened?
- When did it happen?
- Any other injuries? **(if yes provide details)**
- Is the patient able to move their arms and legs ok?

IF NO

- When did the pain occur?
- What was the patient doing when the pain came on?
- Does the patient have pain anywhere else? **(Details)**
- ◀ Does the patient have any other signs/symptoms? **(Sweating, Dizziness/fainting, tingling/
Weakness/numbness in arms or legs)**
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P2*****P1 if high risk***

Additional Information

- Most cases of back pain or injury do not warrant an urgent response
- Be more suspicious of elderly patients – irrespective of cause

HIGH RISK IF:

- Any LOC
- OR breathing difficulties
- OR significant mechanism of injury
- OR suspected spinal cord problem
- OR patient over 50 years with sudden onset of back pain with sweating, dizziness or fainting

THEN UPGRADE TO P1 – Clinician to review all back pain/injury cases

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ **Do not move patient** if recent injury – otherwise allow patient to get comfortable, usually lying down.
- ◀ If able, elevate legs if feeling faint or dizzy unless injury to legs
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 6 – BITES/STINGS

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ Are you safe from the animal/creature?
- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing and/or swallowing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Can you further identify the animal/creature without touching it?
- ◀ What part of the body is involved?
- ◀ When did the bite occur
- ◀ Does the patient have any other signs/symptoms? **(Bleeding, swelling, sweating, pain, nausea/vomiting)**
- ◀ Any previous reactions to stings/bites? **(Details) Consider revising case type to ALLERGIC REACTION**
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information

- Assume all snake bites are venomous unless absolutely reliable information to the contrary. This will usually only be available if bitten by an identified snake in captivity
- Assume all spider bites by largish black spiders are serious
- High risk: - facial or neck involvement with any bite or sting.
 - extremes of age; any bite or sting,
 - multiple bites / stings (any creature)
 - large animal involvement (bull terriers; Rottweilers; exotic animals)

LOW RISK IF:

- **Isolated animal bite (not snake or spider) to limb with no significant bleeding**
- **Insect/spider bite with no significant symptoms and no history of reaction**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Avoid further contact with creature
- ◀ If snake or large black spider – DO NOT allow patient to move around. Keep bitten limb down. Bandage – firm; over bite, down limb then all the way back up again. Splint limb if possible and keep still. DO NOT elevate bite site
- ◀ If definite identification of red-back spider – use cold compresses on bite area. Do not bandage
- ◀ If animal bite + bleeding – place direct pressure over wound to stop bleeding. Try to elevate bleeding part
- ◀ Allow patient to get comfortable
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not give them anything to eat or drink
- ◀ Get patient’s medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient’s condition changes – ring back on 000

PROBLEM CARD 7 – BLEEDING

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
**Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR**
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? (**Ward, Room #, Level, Wing, Shop, etc**)
- ◀ Where is the blood coming from?
- ◀ Is the blood squirting out? **IF YES – APPLY DIRECT PRESSURE**
- ◀ How much blood loss? (**minimal or significant**)
- ◀ How did the bleeding start?
- ◀ If vaginal, could the patient be pregnant? **If yes**, how many weeks?
- ◀ Does the patient take any blood thinning medications or have a bleeding disorder?
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information**LOW RISK IF:**

- **Minimal bleeding from any area**
- **AND no signs of shock**
- **AND no decreased LOC**
- **AND no breathing difficulties**
- **AND no high risk mechanism of injury**
- **AND no anticoagulants or bleeding disorder**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow patient to get comfortable usually lying down. Legs elevated if feeling faint or dizzy, unless injury to legs
- ◀ If bleeding – direct pressure over wound to stop bleeding. If no other injury, try to elevate the bleeding part
- ◀ If nose bleed – sit up, head forward, pinch nose just under the bony part
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 8 – BREATHING DIFFICULTY

“An ambulance is being sent. I need to ask you some more questions about the incident”

A diagnosis of hyperventilation due to anxiety is not to be made over the phone

◀ How old is the patient?

◀ Is the patient awake/talking?

◀ Tell me how they are breathing?

Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.

If unconscious or not breathing normally – COMMENCE CPR

◀ Is the patient male or female? **Male/Female/Unknown**

◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**

◀ Can the patient talk in normal sentences/short sentences/just words/too breathless to speak?

◀ Do they appear pale? Blue? Sweaty?

◀ Has this come on suddenly?

◀ Does the patient have any other medical conditions? Any other relevant medical information?

If asthma – does the patient have action plan/medications? If so – have they used it?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information**LOW RISK IF – reliable information only:**

- **No sudden onset**
- **AND present for >4 hours with no deterioration**
- **AND able to speak in sentences**
- **AND no cyanosis**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow patient to get comfortable usually sitting up
- ◀ If patient has specific medications for this condition – assist them in using it. If allergic reaction consider Epi-Pen PAA
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not give them anything to eat or drink
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 9 – BURNS

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? (**Ward, Room #, Level, Wing, Shop, etc**)
- ◀ What caused the burn?
- ◀ On what part of the body are the burns?
- ◀ Are there any other injuries?
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information**LOW RISK IF:**

- **No decreased LOC**
- **No breathing difficulty**
- **No burn to face or eyes**
- **Not caused by explosion, chemical or electrical injury**
- **No other injuries**
- **Sunburn**
- **Patient is not <5 yrs or >65 yrs old**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ Ensure scene safety
- ◀ Remove patient from problem
- ◀ Extinguish smouldering clothes, then remove unless they stick to the skin. Remove jewellery if possible
- ◀ If patient not conscious, but still breathing normally – place patient on side. Tilt head back gently. Keep checking breathing
- ◀ Cool burnt area with water; make sure patient does not get too cold
- ◀ Allow patient to get comfortable, usually lying down. Legs elevated if feeling faint or dizzy, unless injury to legs
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not give them anything to eat or drink
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 10 – CHEST PAIN/PALPITATIONS/TACHYCARDIA

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Any chest pain present now?
- ◀ How long has it been present?
- ◀ Can you describe the pain? **(Heavy, crushing, sharp, tight, vague, unspecified)**
- ◀ Past cardiac history?
- ◀ Any other priority signs/symptoms? **(SOB, nausea, sweating, palpitations, fainting/dizziness)**
- ◀ Does the pain go anywhere else?
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information

- All chest pain is not cardiac in origin but ALL chest pains are potentially life threatening
- Patients over 35 years are initially assumed to have cardiac chest pain
- Watch for atypical presentations – especially in older or diabetic patients

LOW RISK CHEST PAIN IF:

- **Patient <35 years old AND**
- **No cardiac history AND**
- **“Non-typical” chest pain AND**
- **No associated priority signs/symptoms AND**
- **No history of diabetes**

LOW RISK PALPITATIONS/TACHYCARDIA IF:

- **Patient <35 years old AND**
- **No cardiac history AND**
- **No chest pain AND**
- **No associated priority signs/symptoms**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ If patient not conscious, but still breathing normally – place patient on side. Tilt head back gently. Keep checking breathing
- ◀ Let patient get comfortable – usually sitting; if dizzy or faint – lying down
- ◀ Does the patient have any medication to take under the tongue for this condition? If not already used, take as directed on the label and recline the patient
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not give them anything to eat or drink
- ◀ Get patient’s medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient’s condition changes – ring back on 000

FULL PRE-ARRIVAL ADVICE
CARDIO-PULMONARY RESUSCITATION - ADULT

If not responsive OR not moving OR not conscious AND not breathing normally

◀ What does the patient look and feel like? (**White, Blue, Cold?**) (**“Funny” or gasping breathing?**)

◀ Is there someone there who can help you?

YES – stay on the phone – relay advice

NO – can you move the patient closer or take the phone to the patient?

◀ Can you put the phone on loudspeaker or speakerphone?

◀ Have you ever learned CPR? If not, I will talk you through it

◀ Make sure the patient is on a hard surface **e.g. ground – NOT A BED**

◀ Does the patient have anything in their mouth? **If YES** – turn their head gently to the side and scoop it out with 2 fingers.

If this is a Choking event – disregard this step

◀ Gently tilt the patient’s head back and squeeze the nose shut with your fingers

◀ If you are willing (and it’s ok, if you aren’t)

◀ Place your mouth over their mouth – blow out gently until you see the chest rise. Do that once more

NOTE – Problems with the resuscitation are usually with the mouth to mouth. If there is any difficulty encountered with the first attempt of mouth to mouth then this step should be abandoned and compressions only continued

◀ Expose the patient’s chest and place the heel of one hand in the middle of the patient’s chest then place your other hand on top of the first hand

◀ Lean forward over the top of the patient, keeping your arms straight and lean down onto the chest so that it is pushed down about 2in/5cm (**1/3 chest depth**) Do that 30 times (**count the rate on the phone if possible and correct if slow**). Aim for 10 compressions every 6 seconds or so

Talk rescuer through repeating 2 breaths and 30 compressions (until the ambulance crew arrives) “Push hard. Push Fast”

◀ Do you have an AED? **IF YES** – Get someone to go and get it. Do not stop the compressions. Have the other person follow instructions

◀ **IF NO – Continue with CPR**

◀ Place the pads on the patient’s chest. Turn machine on. Follow prompts

◀ If the prompt says “Press to Shock” make sure no one is touching the patient

◀ After a “shock” or “no shock” advised, go straight back to compressions. After 2 minutes, check the patient

If the patient vomits – roll them onto their side and clear their mouth with your 2 fingers or a cloth and return the patient to their back. **Cease mouth to mouth and continue compressions only.**

Aim for 100 compressions per minute. If there are 2 rescuers, rotate every 2 minutes

FULL PRE-ARRIVAL ADVICE
CARDIO-PULMONARY RESUSCITATION – CHILD – less than 9 years

If not responsive OR not moving OR not conscious AND not breathing normally

❖ What does the patient look and feel like? (**White, Blue, Cold?**) (**“Funny” or gasping breathing?**)

❖ Is there someone there who can help you?

YES – stay on the phone – relay advice

NO – can you move the patient closer or take the phone to the patient?

❖ Can you put the phone on loudspeaker or speakerphone?

❖ Have you ever learned CPR? If not, I will talk you through it

❖ Make sure the patient is on a hard surface **e.g. ground – NOT A BED**

❖ Does the patient have anything in their mouth? **If YES** – turn their head gently to the side and scoop it out with 2 fingers.

If this is a Choking event – disregard this step

❖ Gently tilt the patient’s head back and squeeze the nose shut with your fingers

❖ If you are willing (and it’s ok, if you aren’t)

❖ Place your mouth over their mouth – blow out gently until you see the chest rise. Do that once more

NOTE – Problems with the resuscitation are usually with the mouth to mouth. If there is any difficulty encountered with the first attempt of mouth to mouth then this step should be abandoned and compressions only continued

❖ Expose the patient’s chest and place the heel of one hand in the middle of the patient’s chest then place your other hand on top of the first hand

❖ Lean forward over the top of the patient, keeping your arms straight and lean down onto the chest so that it is pushed down about 2in/5cm

(1/3 chest depth) Do that 30 times (**count the rate on the phone if possible and correct if slow**). Aim for 10 compressions every 6 seconds or so

Talk rescuer through repeating 2 breaths and 30 compressions (until the ambulance crew arrives) “Push hard. Push Fast”

If the patient vomits – roll them onto their side and clear their mouth with your fingers or a cloth and return the patient to their back. **Cease mouth to mouth and continue compressions only.**

Aim for 100 compressions per minute. If there are 2 rescuers, rotate every 2 minutes

FULL PRE-ARRIVAL ADVICE**CARDIO-PULMONARY RESUSCITATION – INFANT/NEONATE – 12 months or less**

If not responsive OR not moving OR not conscious AND not breathing normally

◀ What does the patient look and feel like? (**White, Blue, Cold?**) (**“Funny” or gasping breathing?**)

◀ Is there someone there who can help you?

YES – stay on the phone – relay advice

NO – can you move the patient closer or take the phone to the patient?

◀ Can you put the phone on loudspeaker or speakerphone?

◀ Have you ever learned CPR? If not, I will talk you through it

◀ Where is the patient? **If a bed or chair or lounge** – you need to move the patient onto a hard surface OR hold the baby in your hand and up forearm

◀ Does the patient have anything in their mouth? **If YES** – turn their head gently to the side and scoop it out with a finger

If this is a Choking event – disregard this step

◀ Gently lift the chin and keep the head level

◀ Hold the patient’s chin between your thumb and first finger and hold the mouth open

◀ Place your mouth over their mouth and nose – blow out gently until you see the chest rise. Do that once more

NOTE – Problems with the resuscitation are usually with the mouth to mouth. If there is any difficulty encountered with the first attempt of mouth to mouth then this step should be abandoned and compressions only continued

◀ Expose the patient’s chest and place two fingers in the middle of the patient’s chest

◀ Push down with your two fingers onto the chest so that it is pushed down about 1in/2-3cm

(1/3 chest depth) Do that quickly 30 times (**count the rate on the phone if possible and correct if slow**). Aim for 10 compressions every 6 seconds or so
Talk rescuer through repeating 2 breaths and 30 compressions (until the ambulance crew arrives) “Push hard. Push Fast”

If the patient vomits – roll them onto their side and clear their mouth with your finger or a cloth and return the patient to their back.

Start compressions and breathing again

If vomiting occurs more than twice, cease mouth to mouth and continue cardiac compressions only

PROBLEM CARD 11 – CHOKING

“An ambulance is being sent. I need to ask you some more questions about the incident”

◀ How old is the patient?

◀ Is the patient still choking?

◀ Is the patient conscious and awake?

IF NO – then COMMENCE CPR IMMEDIATELY

Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.

If unconscious or not breathing normally – COMMENCE CPR

◀ Is the patient male or female? **Male/Female/Unknown**

◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**

◀ Can the patient talk/cough? **If yes, then go to Choking Mild PAA**
If no then:

◀ Are they breathing normally?

If no then go to Choking Severe PAA

◀ What is the patient’s skin colour – especially around the mouth?

◀ Any idea on what they might have choked on?

◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information

- Choking should be considered a possibility in the setting of a sudden collapse while eating or sudden unconsciousness in a previously healthy child under 6 years
- Cardiac arrests may be described by the caller as a choking episode. Conversely, unrelieved choking episodes can lead to cardiac arrests

LOW RISK IF:

- **Patient appears not to be still choking**
- **AND talking and breathing normally**
- **AND not cyanosed**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

MILD

- ◀ **Patient able to talk/cough/breathe = mild or partial obstruction**
- ◀ Encourage the patient to cough repeatedly – **DO NOT** attempt back blows, chest thrusts or to remove any objects
- ◀ Assist to a sitting position
- ◀ Stay with patient and provide reassurance
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not give them anything to eat or drink
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

Pre-Arrival Advice
SEVERE – Adult or Child

CONSCIOUS – Patient not able to talk or cough effectively?

- ◀ Is there someone there who can help you?
YES – stay on the phone – relay advice
NO – can you move the patient closer or take the phone to the patient?
- ◀ Can you put the phone on loudspeaker or speakerphone?
- ◀ Attempt to put patient into head down position (lean across chair or table). If this is too difficult, abandon and move patient into a position where you can access their back – standing or sitting
- ◀ Give 5 short sharp back blows using the heel of one hand between the shoulder blades.
Check after each blow to see if the obstruction has cleared
- ◀ If still obstructed, give 5 chest thrusts. Ensure the patient's back is supported by either a chair/wall/lying down/another person. Give 5 short sharp chest thrusts using the same hand placement as for CPR.
Check after each blow to see if the obstruction has cleared
- ◀ If not cleared, alternate between 5 back blows and 5 chest thrusts, remembering to check between each

UNCONSCIOUS – Check airway for any visible material and remove gently with fingers. If patient is not conscious, COMMENCE CPR

Pre-Arrival Advice
SEVERE – Infant

Warning – Ensure incident priority is 1

CONSCIOUS – Patient not able to talk or cough effectively?

- ◀ Is there someone there who can help you?
YES – stay on the phone – relay advice
NO – can you move the patient closer or take the phone to the patient?
- ◀ Can you put the phone on loudspeaker or speakerphone?
- ◀ Put patient into a head down position (lay across lay or arm) with face to the floor. Ensure the patient's head is gently supported
- ◀ Give 5 short sharp back blows using the heel of one hand between the shoulder blades.
Check after each blow to see if the obstruction has cleared
- ◀ If still obstructed, give 5 chest thrusts. Roll patient onto their back ensuring that the head is gently supported. Give 5 short sharp chest thrusts using the same hand placement as for CPR.
Check after each blow to see if the obstruction has cleared
- ◀ If not cleared, alternate between 5 back blows and 5 chest thrusts, remembering to check between each

UNCONSCIOUS – Check airway for any visible material and remove gently with fingers. If patient is not conscious, COMMENCE CPR

PROBLEM CARD 12 – DIABETIC

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? (**Ward, Room #, Level, Wing, Shop, etc**)
- ◀ Any changes in behaviour/personality?
- ◀ Have they been sick in the last week?
- ◀ Any other priority symptoms? (**Pale, sweaty, confused, chest pain, breathing difficulty, fitting**)
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:

P1

P2 if low risk

Additional Information

- Hypoglycaemic patients may appear intoxicated. Be highly suspicious of patients with a history of diabetes & alcohol consumption.
- Patients with insulin dependent diabetes may have non-typical presentations of serious underlying conditions such as ischaemic heart disease.

LOW RISK IF:

Patient feels unwell but no:

- **Decreased LOC**
- **Chest pain**
- **Breathing difficulties**
- **Behavioural changes**
- **Fitting**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow the patient, to get comfortable. Legs elevated if feeling faint or dizzy
- ◀ Stay with patient & keep checking patient
- ◀ Do not give them anything to eat or drink (NB – Confused patient behaving abnormally can be considered for a sweet drink – if they are able to talk)
- ◀ Keep patient at temperature comfortable to them
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 13 – DROWNING (NEAR)

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient out of the water?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Any other injuries? (If yes, provide details)
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:

P1

Additional Information

- All near drowning cases require an urgent response, even if talking at time of call
- Under no circumstances will a near drowning case not be resourced by the Communications Centre

Pre-Arrival Advice

- ◀ Patient still in water – attempt rescue only if safe to do so, and if you are sure of your capabilities
- ◀ If patient not conscious, but still breathing normally – place patient on their side. Tilt head back gently. Keep checking breathing
- ◀ Stay with patient
- ◀ Dry patient off and keep warm
- ◀ Do not give anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 14 – ELECTROCUTION (INCLUDING LIGHTNING STRIKE)

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ Is there still an electrical threat to the patient/others? **If yes – go to first 3 steps in PAA**
- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Has the patient fallen or been thrown? **(If yes, how far?)**
- ◀ Does the patient have any injuries?
- ◀ Does the patient have any other medical conditions? Any other relevant medical information?
- ◀ Do you know what voltage the electrical current was? **(e.g. 12V, 240V)**

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information**LOW RISK IF ALL THE FOLLOWING:**

- **Domestic current (240V) AND**
- **NO decreased LOC**
- **NO fall of significance**
- **NO obvious injury**
- **NO significant past medical history**

THEN DOWNGRADE TO P2**Pre-Arrival Advice**

- ◀ **ENSURE YOU ARE SAFE!!**
- ◀ Turn off power at meter box if possible
- ◀ Don't approach patient if any doubt as to safety. Be especially cautious if any water about
- ◀ If patient not conscious, but still breathing normally – place patient on their side. Tilt head back gently. Keep checking breathing
- ◀ Allow patient to get comfortable usually lying down. Don't move if fallen or thrown
- ◀ Cool burnt areas with water; make sure patient does not get too cold (Don't do this if any likelihood of power still being on)
- ◀ Keep patient at temperature comfortable to them
- ◀ Stay with patient
- ◀ Do not give anything to eat or drink
- ◀ Get patient's medications ready
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 15 – EYE EMERGENCIES

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? (**Ward, Room #, Level, Wing, Shop, etc**)
- ◀ When did this happen/how long has it been going on?
- ◀ Any pain? Any change in vision?
- ◀ **If injury** What happened?
- ◀ If chemical involvement – which chemical? **Consider Chemical Database search**
- ◀ Any fluid leaking out of the eye?
- ◀ Does the patient have any other relevant medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P2*****P1 if high risk***

Additional Information

- Eye emergencies such as small foreign bodies and corneal abrasions are painful but not high risk
- Burns to the face with eye involvement (other than chemicals) should be managed as for burns

HIGH RISK IF:

- **Decreased LOC**
- **OR chemical involvement**
- **OR acute decrease in vision**
- **OR penetrating injury**
- **OR fluid leaking from eye**
- **OR significant mechanism of injury**

THEN UPGRADE TO P1**Pre-Arrival Advice**

- ◀ If patient not conscious, but still breathing normally – place patient on their side. Tilt head back gently. Keep checking breathing
- ◀ If eye injured – do not let patient move around; don't flush with water; attempt to cover both eyes with eye pads
- ◀ If chemical injury – stop washing with copious amounts of water if recommended
- ◀ Any object poking out of eye – DO NOT TOUCH!
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not give anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 16 – FALLS

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Does the patient appear to have been injured?
- ◀ Is there any serious bleeding?
- ◀ Is the patient able to move all limbs?
- ◀ How far did the patient fall?
- ◀ Does the patient have any other relevant medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P2*****P1 if high risk***

Additional Information

- Falls usually mean a fall on one level
- Be suspicious of falls in elderly people - there may be an underlying reason for the fall that is more serious than the actual fall

HIGH RISK IF:

- **Altered LOC or**
- **Unknown/uncertain LOC or**
- **Fall >2 metres or**
- **Serious bleeding or**
- **Breathing difficulties or**
- **Suspected major fracture (pelvis or femur) or**
- **Multiple fractures**

THEN UPGRADE TO P1

Pre-Arrival Advice

- ◀ If patient not conscious, but still breathing normally – place patient on their side. Tilt head back gently. Keep checking breathing
- ◀ Allow patient to get comfortable – usually lying down. Legs elevated if feeling faint or dizzy, unless injury to leg/s
- ◀ **If significant mechanism or height of injury**, attempt to keep patient as still as possible
- ◀ **If bleeding** – direct pressure over wound to stop bleeding. If no other injury, try to elevate the bleeding part
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move patient unless in significant danger
- ◀ Do not give anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 17 – FITTING

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ Is the patient still fitting? If yes – how long?
- ◀ How old is the patient?
- ◀ If not still fitting - is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Have they ever had a fit before?
If NO – Consider cardiac arrest, especially in adults who have been sleeping
- ◀ Have there been any other recent medical problems? **(Injury to head, Severe headache, Diabetic, Overdose, Unusual behaviour/speech, Pregnancy, Child – illness with increased temperature)**
- ◀ Does the patient have any other relevant medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information

- Seizures may be the obvious manifestation of a great range of more serious underlying conditions (e.g. cardiac arrest; drug overdose; hypoglycaemia; stroke, overheating)
- Breathing assessment is difficult, as initially all seizure patients will have absent or unusual breathing
- Most seizures in children under 5 are febrile convulsions

LOW RISK IF:

- **Previous seizure history AND**
- **No active fitting AND**
- **Talking**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ Still fitting – gently attempt to roll onto side; do not attempt to restrain patient; protect patient from injury
- ◀ Don't put anything in patient's mouth
- ◀ Fit stopped – roll onto side; tilt head back gently. Keep checking patient, especially breathing
- ◀ Child with temperature – remove clothes down to singlet and nappy – Do not let them shiver
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not give anything further to eat or drink
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 18 – HEADACHE

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Does the patient have any of the following – strange feeling in arms/legs, Inability to move arms/legs, nausea & vomiting, sudden confusion, new or sudden visual disturbances, or new or sudden speech deficit?
- ◀ Did it come on suddenly?
- ◀ How long has the patient had the headache?
- ◀ How severe is the headache? Mild, Moderate or Severe?
- ◀ Does the patient have any other relevant medical conditions? Any other medical information?

DISPATCH PRIORITY:**P2*****P1 if high risk***

Additional Information

- Most headaches cases are not urgent – however it is vital to establish those that may be serious

HIGH RISK IF (any):

- **New or sudden inability to speak normally**
- **Decreased LOC or**
- **Sudden confusion or**
- **Sudden onset visual disturbances or**
- **Sudden onset “worst headache ever”**

THEN UPGRADE TO P1 – Clinician to review all headache cases

Pre-Arrival Advice

- ◀ If patient not conscious, but still breathing normally – place patient on side. Tilt head back gently. Keep checking breathing
- ◀ Allow the patient to get comfortable, preferably sitting up a little
- ◀ Stay with patient
- ▶ Keep patient at temperature comfortable to them
- ▶ If photophobic adjust lights
- ◀ Do not give anything to eat or drink
- ◀ Get patient’s medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient’s condition changes – ring back on 000

PROBLEM CARD 19 – HEAT AND COLD EMERGENCIES

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Is the patient complaining of – Chest pain, SOB, faint/dizziness, altered LOC/unusual behaviour, any other symptoms?
- ◀ What is the nature of the exposure?
- ◀ What is the length of the exposure?

IF HEAT:

- Is the patient experiencing sweatiness, flushed/red skin, pale or dry skin, nausea and/or vomiting?
- Are they sunburnt? If so where?
- Do they feel hot to touch?

IF COLD:

- Does the patient have blue or pale skin? Are they shivering?
- Do they feel cold to touch?
- Do they have any frostbite? If so where?
- ◀ Does the patient have any other relevant medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information

- Exposure to heat or cold may not be immediately apparent as the cause of the initial problem
- Underlying conditions may be made worse by heat/cold exposure
- People of extremes of age are most at risk – the very young and the very old

LOW RISK IF:

- **Normal LOC AND**
- **No significant priority symptoms**

THEN DOWNGRADE TO P2**Pre-Arrival Advice****HEAT**

- ◀ If patient not conscious, but still breathing normally – place patient on side. Tilt head back gently. Keep checking breathing
- ◀ Move patient to light, shaded and cool area if possible
- ◀ Remove outer clothing
- ◀ Apply cool water to skin with fanning if possible
- ◀ Conscious patient, not nauseated – give ice to suck or small sips of cool water
- ◀ Rest the patient

COLD

- ◀ If patient not conscious, but still breathing normally – place patient on side. Tilt head back gently. Keep checking breathing
- ◀ Keep patient warm and protected from environment
- ◀ Do not vigorously rub patient
- ◀ Do not move unless unavoidable; gentle handling
- ◀ Do not give anything to eat or drink (including alcohol)

GENERAL

- ◀ Keep checking patient
- ◀ Allow the patient to get comfortable, usually lying down
- ◀ Stay with patient
- ◀ No alcohol
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 20 – INJURED PERSON

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ How was the patient injured?
- ◀ What part of the body appears to be injured?
- ◀ Does the patient appear trapped? If yes – how?
- ◀ Are there any hazards? **(gas, electricity, chemicals, leaking fuel, etc)**
- ◀ Does the patient have any other relevant medical conditions? Any other relevant medical information?

DISPATCH PRIORITY:**P2*****P1 if high risk***

Additional Information**HIGH RISK IF:**

- **Decreased LOC OR**
- **Breathing difficulties OR**
- **Entrapment of major body part OR**
- **Multiple major fractures OR**
- **Significant mechanism of injury**

THEN UPGRADE TO P1**Pre-Arrival Advice**

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow patient to get comfortable usually lying down. Legs elevated if feeling faint or dizzy, unless injury to the leg/s
- ◀ If significant mechanism or height of injury, attempt to keep patient as still as possible
- ◀ If bleeding – direct pressure over wound to stop bleeding. If no other injury, try to elevate the bleeding part
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 21 – MOTOR VEHICLE/BIKE ACCIDENT

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How many vehicles are involved?
- ◀ How many people are injured?
- ◀ Are injured people still in the vehicles,
- ◀ **(If NO)** are they moving around?
- ◀ Does there appear to be anyone unconscious?
- ◀ Does anyone appear to be trapped?
- ◀ What types of vehicles are involved? **(E.g. bus, truck, etc)**
- ◀ Are the vehicles on or off the road?

If vehicle is off the road, attempt to collect the following information:

- ◀ Where is the vehicle located? **(E.g. down slope, river bed, etc)**
- ◀ What is the best access point?
- ◀ Approximate distance from main road?
- ◀ Is the time of the accident known?
- ◀ Do they have a GPS – what are the co-ordinates?
- ◀ Are the vehicles easily accessed from the road?
- ◀ Are there any hazards? **(E.g. gas, electricity, chemicals, leaking fuel)**
- ◀ Any other relevant medical information?

DISPATCH PRIORITY:

P1

P2 if low risk

Additional Information**Pre-Arrival Advice**

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently (even if still in vehicle). Keep checking breathing
- ◀ Allow patient to get comfortable usually lying down. Legs elevated if feeling faint or dizzy, unless injury to the leg/s
- ◀ If bleeding – direct pressure over wound to stop bleeding. If no other injury, try to elevate the bleeding part
- ◀ If motorcycle accident – Do not remove helmet
- ◀ Stay with patient
- ◀ Keep patient warm
- ◀ Do not move patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door
- ◀ (night) outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 22 – OVERDOSE OR POISONING

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?

Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.

If unconscious or not breathing normally – COMMENCE CPR

- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ What substance/s are involved? Prescription drugs, Chemicals, Illicit drugs, Alcohol?
- ◀ Do you have any idea how much was taken?

IF YES:

- **Strength?**
- **Number of tablets?**
- **Volume of fluid?**
- ◀ When did this occur?
- ◀ Any other priority symptoms? Sweaty, Confused, Chest Pain, SOB, Fitting, Nausea/vomiting?
- ◀ Is this thought to be a suicide attempt?
- ◀ Does the patient have any other relevant medical conditions? Any other relevant information?

DISPATCH PRIORITY:

P1

P2 if low risk

Additional Information

- Consider Poisons Information or a VISION CAD Chemical database search
- Alcohol involvement, alone or in combination, is a significant problem, & still requires an urgent response in combination with other factors

LOW RISK IF:

- **Very reliable information as to what has been taken, when and how much AND**
- **Recent exposure AND**
- **Patient talking AND**
- **NO priority symptoms**

THEN DOWNGRADE TO P2 – This will generally only be in the setting of an accidental overdose

Pre-Arrival Advice

- ◀ Ensuring your own safety – remove patient from danger/exposure
- ◀ If carbon monoxide – ensure engine is not running, open windows/doors, move patient outside if possible
- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Don't induce vomiting. However – if patient has already vomited, try to keep vomited material
- ◀ Stay with patient
- ◀ Do not give them anything to eat or drink
- ◀ Keep patient at temperature comfortable to them
- ◀ Keep packaging of anything patient may have taken. Get patient's usual medication together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 23 – PEDESTRIAN & PUSHBIKE ACCIDENT

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **Down slope, river bed, on road, etc**
 - What is the best access point?
 - Approximate distance from main road?
 - Do they have a GPS – what are the co-ordinates?
- ◀ What happened?
- ◀ When did the accident occur?
- ◀ What part of the body appears injured?
- ◀ Is there any bleeding? **(No, Minimal, Significant)**
- ◀ Does the patient have any other relevant medical conditions? Any other relevant information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information**LOW RISK:**

- **No decreased LOC AND**
- **No breathing difficulties AND**
- **No significant bleeding AND**
- **No major fractures AND**
- **No high risk mechanism of injury AND**
- **No entrapment**
- **Accident <4 hours and no significant symptoms and signs**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow patient to get comfortable, usually lying down. Legs elevated if feeling faint or dizzy unless injury to leg/s
- ◀ If bleeding – direct pressure over wound to stop bleeding. If no other injury, try to elevate bleeding part
- ◀ Do not remove helmet
- ◀ Stay with patient
- ◀ Do not move patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 24 – PREGNANCY - CHILDBIRTH

“An ambulance is being sent. I need to ask you some more questions about the incident”

◀ How old is the mother?

◀ Is she awake/talking?

◀ Is she breathing normally?

Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.

If unconscious or not breathing normally – COMMENCE CPR

◀ Where exactly is the patient located? (**Ward, Room #, Level, Wing, Shop, etc**)

◀ Has the baby been born yet?

IF YES – Is the baby alert/crying?

IF baby NOT alert and crying – go to Neonate CPR

IF baby not born yet – go onto next questions

◀ How many other children has she given birth to?

◀ How many months/weeks pregnant?

◀ Is any part of the baby showing? If yes – what part?

◀ What is the frequency of the pain/contractions? (**How many in 10 minutes/How long do they last?**)

◀ Does the mother have an urge to push/have bowels open?

◀ Is there any bleeding? (**No, Minimal, Significant**)

◀ Are there any other signs/symptoms? (**Sweaty, Faint, Dizzy, Severe headache**)

◀ Was this a normal pregnancy? (If not, describe)

◀ Does the patient have any other medical conditions? Any other relevant information?

◀ Is this a homebirth/or is a mid-wife with you?

DISPATCH PRIORITY:

P1

Pre-Arrival Advice**Baby born**

- ◀ If mother not conscious, but still breathing – place her onto side. Tilt head back gently. Keep checking breathing
- ◀ Imminent birth – got to Birth PAA
- ◀ Baby already delivered – place on mother’s abdomen or chest, do not pull the cord. Cover baby with dry towel. Keep baby warm
- ◀ Keep mother and baby at temperature comfortable to them
- ◀ Stay with mother and baby – ensure there is no significant haemorrhage
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If mother or baby’s condition changes – ring back 000

Pre-Arrival Advice - Delivery

- ◀ Is there someone there who can help you?

YES – stay on the phone – relay advice

NO – can you move the patient closer or take the phone to the patient?

- ◀ Can you put the phone on loudspeaker or speakerphone?

◀ Check if mother has clothes covering the birthing area – **if yes advise to remove**

- ◀ Check position of the mother – if in a position of comfort and you are able to view the birth then don’t change

If unable to view suggest – lie on back with knees bent or kneel on all fours

- ◀ Get towels/sheets beneath the mother’s buttocks and have more available

- ◀ The baby’s head should appear first

Support head as the rest of the baby is delivered – **DO NOT** push or pull
Fluid/blood will come with the baby – this is normal

As baby is delivered – check the cord is not around the neck. **If so, refer immediately to Clinician**

Do not pull or cut the cord

Place the baby on mother’s abdomen or chest – careful not to pull the cord

Check baby is breathing OK – if not, rub gently but firmly with towel

If baby does not start breathing – go to Infant CPR

Cover baby and mother with a dry towel/sheet. Keep baby dry and warm

- ◀ Now check the mother – ensure she is awake/talking, bleeding has stopped, does everything seem to be ok? **If no – refer to Clinician**

BREECH PRESENTATION (Foot, arm or buttocks first presenting part)

- ◀ Place mother in kneeling or squatting position
- ◀ Support baby with your hands
- ◀ **DO NOT** attempt to pull baby by arm or leg – **REFER TO CLINICIAN**

PROLAPSED CORD

- ◀ Place mother in kneeling position with her head down and buttocks raised in the air
- ◀ **DO NOT TOUCH THE CORD**
- ◀ **DO NOT** allow mother to lie flat – **REFER TO CLINICIAN**

PROBLEM CARD 25 – PREGNANCY PROBLEM

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ How many weeks/months pregnant?
1st trimester – 0 to 3 months or 0 to 12 weeks
2nd trimester – 4 to 6 months or 13 to 24 weeks
3rd trimester – 7 to 9 months or 25 to 40 weeks
- ◀ Does the patient have abdominal pain/back pain/cramping/period-like pain? **If yes & >22 weeks – to go Pregnancy Childbirth**
- ◀ Does the patient have any – nausea, headache, confusion, altered behaviour?
- ◀ Is the patient fitting? **If yes – consider change case type to Fitting**
- ◀ Is there any bleeding? **(No, Minimal, Significant)**
- ◀ Has there been any injury to the abdomen? If yes, what happened?
- ◀ Does the patient have any other medical conditions? Any other relevant information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information**LOW RISK IF:**

- **“Cramps”; minor bleeding AND <20 weeks pregnant**
- **Illness or injury while pregnant with no significant mechanism of injury or priority symptoms**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow the patient, if conscious, to get comfortable. Legs elevated if feeling faint or dizzy
- ◀ **IF BLEEDING – direct pressure over wound to stop bleeding. If no other injury, try to elevate bleeding part**
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move conscious patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient’s condition changes – ring back on 000

PROBLEM CARD 26 – PSYCHIATRIC

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Where is the patient now?
- ◀ Does the patient have any previous mental health issues? If yes – what is the patient’s name?
- ◀ Has the patient attempted to harm themselves? If yes, how?
- ◀ Is the patient aggressive towards other people?
- ◀ Are there any weapons involved or easily available?
IF YES – request urgent AFP assistance and notify ACTAS Duty Officer
- ◀ Was this a sudden onset of behaviour?
- ◀ Does the patient have any other medical conditions? Any other relevant information?

DISPATCH PRIORITY:**P2*****P1 if high risk***

Additional Information

- Be suspicious of behavioural problems in people with no previous mental health issues

HIGH RISK IF:

- **Actual or potential serious medical problem or injury**
- **Suicide attempt by unknown method**
- **Third party and/or unreliable information**
- **Sudden onset of behavioural problems in patient with Diabetes or complex health problems**

THEN UPGRADE TO P1**Pre-Arrival Advice**

- ◀ **Leave if you feel threatened or in danger**
- ◀ Protect yourself and the patient if appropriate
- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Stay with patient; watch them; keep them calm if possible
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 27 – SHOOTING OR STABBING

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ When did this occur?
- ◀ Is this an assault or is it self-inflicted?
IF ASSAULT:
 - ◀ Is the assailant still present? **NOTIFY AFP and request URGENT attendance**
- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
**Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR**
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ Type of weapon/what happened?
- ◀ Location of wound/s?
- ◀ Number of wounds?
- ◀ Is there any bleeding? **(No, Minimal, Significant)**
- ◀ Does the patient have any other medical conditions? Any other relevant information?

DISPATCH PRIORITY:**P1*****P2 is low risk***

Additional Information**LOW RISK IF:**

- **Single peripheral injury below elbow or knee**
- **AND conscious**
- **AND no significant blood loss**
- **OR old injury - >4 hours; conscious with no priority symptoms**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ Ensure safety, especially if assailant nearby
- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ If bleeding – direct pressure over wound to stop bleeding. If no other injury, try to elevate the bleeding part
- ◀ Do not remove any impaled object
- ◀ Try not to move weapons/disturb crime scene
- ◀ Allow patient to get comfortable, usually lying down. Legs elevated if feeling faint or dizzy unless injury to legs
- ◀ Stay with patient
- ◀ Keep patient at a temperature comfortable to them
- ◀ Do not move patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 28 – SICK PERSON

“An ambulance is being sent. I need to ask you some more questions about the incident”

◀ How old is the patient?

◀ Is the patient awake/talking?

◀ Is the patient breathing normally?

Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.

If unconscious or not breathing normally – COMMENCE CPR

◀ Is the patient male or female? **Male/Female/Unknown**

◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**

◀ What is the nature of the problem?

◀ Any of the following sign/symptoms – SOB, Chest Pain, Sudden behavioural changes, Dizziness/fainting, sweating/very pale skin?

IF YES – consider changing case type to specific complaint – i.e. Cardiac Problem or Breathing Difficulty

◀ Is there any bleeding? **(No, Minimal, Significant)**

◀ Does the patient have any other medical conditions? Any other relevant information?

DISPATCH PRIORITY:**P2*****P1 if high risk***

Additional Information

- These calls require careful questioning to elicit relevant information. Some important information may be volunteered – this must also be carefully considered
- Be very cautious with patients who are elderly, diabetic or who have a complex medical history

HIGH RISK IF:

- **Decreased LOC or**
- **Breathing difficulties or**
- **Significant bleeding or**
- **Chest pain or**
- **Sudden behavioural changes with no previous history**

THEN UPGRADE TO P1

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow the patient, if conscious, to get comfortable. Legs elevated if feeling faint or dizzy
- ◀ IF BLEEDING – direct pressure over wound to stop bleeding. If no other injury, try to elevate bleeding part
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move conscious patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 29 – STROKE

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? (**Ward, Room #, Level, Wing, Shop, etc**)
- ◀ Does the patient have any of the following?:
 - Facial droop?
 - Can they move their arms normally?
 - Speaking normally?
 - Sudden behavioural changes?
- ◀ When did this occur?
- ◀ Does the patient have any other medical conditions? Any other relevant information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information

- Talking is obviously not as reliable a sign of level of consciousness with stroke. Use term “alert” as an alternative.

LOW RISK IF:

- **Patient conscious and alert AND**
- **No signs or symptoms present OR**
- **Signs or symptoms completely resolved**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow the patient, if conscious, to get comfortable. Some stroke patients can encounter significant swallowing problems – even while conscious. Continually check that patient is maintaining an adequate airway. If airway maintenance is a problem, the patient needs to be placed on their side to allow saliva to drain. Tilt head back gently. Keep checking breathing
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient’s condition changes – ring back on 000

PROBLEM CARD 30 – UNCONSCIOUS OR ALTERED CONSCIOUSNESS

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? (**Ward, Room #, Level, Wing, Shop, etc**)
- ◀ Did you see/hear the patient collapse?
- ◀ Any other recent episodes of collapse?
- ◀ Does the patient have any other medical conditions? Any other relevant information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information

- Many conditions will lead to a period of unconsciousness. Some are critical and some are not
- Always assume a cardiac arrest event if unconscious and not breathing normally

LOW RISK IF:

- **Patient <50 years old AND**
- **No significant medical history AND**
- **Single episode with rapid recovery and patient now fully conscious**

THEN DOWNGRADE TO P2**Pre-Arrival Advice**

- ◀ If decreased level of consciousness – put patient on their side and tilt head slightly backwards. Keep checking patient
- ◀ Allow the patient to get comfortable, usually lying down. Legs elevated if feeling faint or dizzy unless injury to legs
- ◀ Stay with patient
- ◀ Keep patient warm
- ◀ Do not move patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Get patient's medications together
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 31 – MEDI-ALERT ACTIVATION

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ How old is the patient?
- ◀ Is there voice contact with the patient?
IF YES – go to question 3
IF NO – go to question 7
- ◀ Is the patient awake/talking?
- ◀ Is the patient breathing normally?
Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.
If unconscious or not breathing normally – COMMENCE CPR
- ◀ Is the patient male or female? **Male/Female/Unknown**
- ◀ Where exactly is the patient located? **(Ward, Room #, Level, Wing, Shop, etc)**
- ◀ What is the phone number of the address?
- ◀ **(If voice contact established)** What is the patient complaining of?
- ◀ Are there any special entry instructions for this address?
- ◀ What medical history do you have on record for this patient?
- ◀ What is the name, phone number and relationship of this patient’s primary contact?
- ◀ Does the patient have any other medical conditions? Any other relevant information?

DISPATCH PRIORITY:**P1*****P2 if low risk***

Additional Information

- ACTAS should always attempt to establish voice contact with the patient
- The medi-alert company may need to disconnect their call with the address in order for direct communication to be established
- In case of voice contact by ACTAS – case type may be revised to accurately reflect presenting problem
- If case type changed – use specific PAA

LOW RISK IF:

- **Voice contact established by ACTAS with low acuity presentation – i.e. Fall AND/OR**
- **Primary contact in contact with ACTAS and on scene with low acuity presentation**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow the patient, if conscious, to get comfortable. Legs elevated if feeling faint or dizzy unless injury to leg/s
- ◀ IF BLEEDING – direct pressure over wound to stop bleeding. If no other injury, try to elevate bleeding part
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move conscious patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 32 – UNKNOWN INCIDENT

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ Can you see a patient?

IF YES then continue

IF NO – then go to question 10

- ◀ How old is the patient?

- ◀ Is the patient awake/talking?

- ◀ Is the patient breathing normally?

Early recognition of cardiac arrest can often be delayed because of misunderstanding of the severity of breathing status.

If unconscious or not breathing normally – COMMENCE CPR

- ◀ Is the patient male or female? **Male/Female/Unknown**

- ◀ Did you hear them talk or cry?

- ◀ What is the patient doing now?

Standing?

Sitting down?

Lying down?

- ◀ Where exactly is the patient?

Location can often suggest the type of problem. For example:

- **Bank or golf course – cardiac arrest or fitting**
- **Garage – electrocution or carbon monoxide poisoning**
- **Park – injured person or assault**
- **Restaurant – choking or allergic reaction**
- **Street or intersection – MVA or pedestrian accident**

- ◀ Does the patient have any other medical conditions? Any other relevant information?

- ◀ What makes you believe an ambulance is required?

DISPATCH PRIORITY:

P1

P2 if low risk

Additional Information**LOW RISK IF:**

- **No LOC AND**
- **Normal breathing AND**
- **No serious bleeding AND**
- **No significant mechanism of injury AND**
- **Patient can be seen or accessed**

THEN DOWNGRADE TO P2

Pre-Arrival Advice

- ◀ If the patient is not conscious, but still breathing normally – place patient on their side – regardless of their injury/illness. Tilt head back gently. Keep checking breathing
- ◀ Allow the patient, if conscious, to get comfortable. Legs elevated if feeling faint or dizzy unless injury to leg/s
- ◀ IF BLEEDING – direct pressure over wound to stop bleeding. If no other injury, try to elevate bleeding part
- ◀ Stay with patient
- ◀ Keep patient at temperature comfortable to them
- ◀ Do not move conscious patient unless in significant danger
- ◀ Do not give them anything to eat or drink
- ◀ Unlock the front door
- ◀ (Night) Outside light on
- ◀ If possible, have someone meet the ambulance
- ◀ If patient's condition changes – ring back on 000

PROBLEM CARD 33 – URGENT TRANSFER

“An ambulance is being sent. I need to ask you some more questions about the incident”

- ◀ Is the transfer time critical?

The following presentations are considered to be time critical:

- **Cardiac STEMI**
- **AAAs**
- **Head injuries**
- ◀ Presenting problem/reason for transfer?
- ◀ Patient’s pick up location? **Hospital/ward/unit/room**
- ◀ Patient name?
- ◀ Date of birth?
- ◀ Requesting or authorising senior doctor? Best phone contact for same?
- ◀ Patient destination: Hospital and ward/unit? **Ensure crew is aware of patient destination**
- ◀ Is the receiving hospital aware of the transfer?

IF NO – refer to the Clinician

If Clinician is unavailable, collect remaining information and inform caller the Clinician will review the request and call back shortly.

- ◀ Who is the receiving medical officer?
- ◀ Is there an escort? **If yes, what type – EN, RN, MD, other**
- ◀ Special equipment/medications/requirements? **(Consider excessive weight/girth)**
- ◀ Any other relevant information?

DISPATCH PRIORITY:

P2A

P3 if low acuity

Additional Information

Urgent transfers must be triaged above all other P2 case types and be resourced immediately.

LOW RISK IF:

- **Low acuity presenting condition/injury following consultation with the Clinician**

THEN DOWNGRADE TO P3

Pre-Arrival Advice