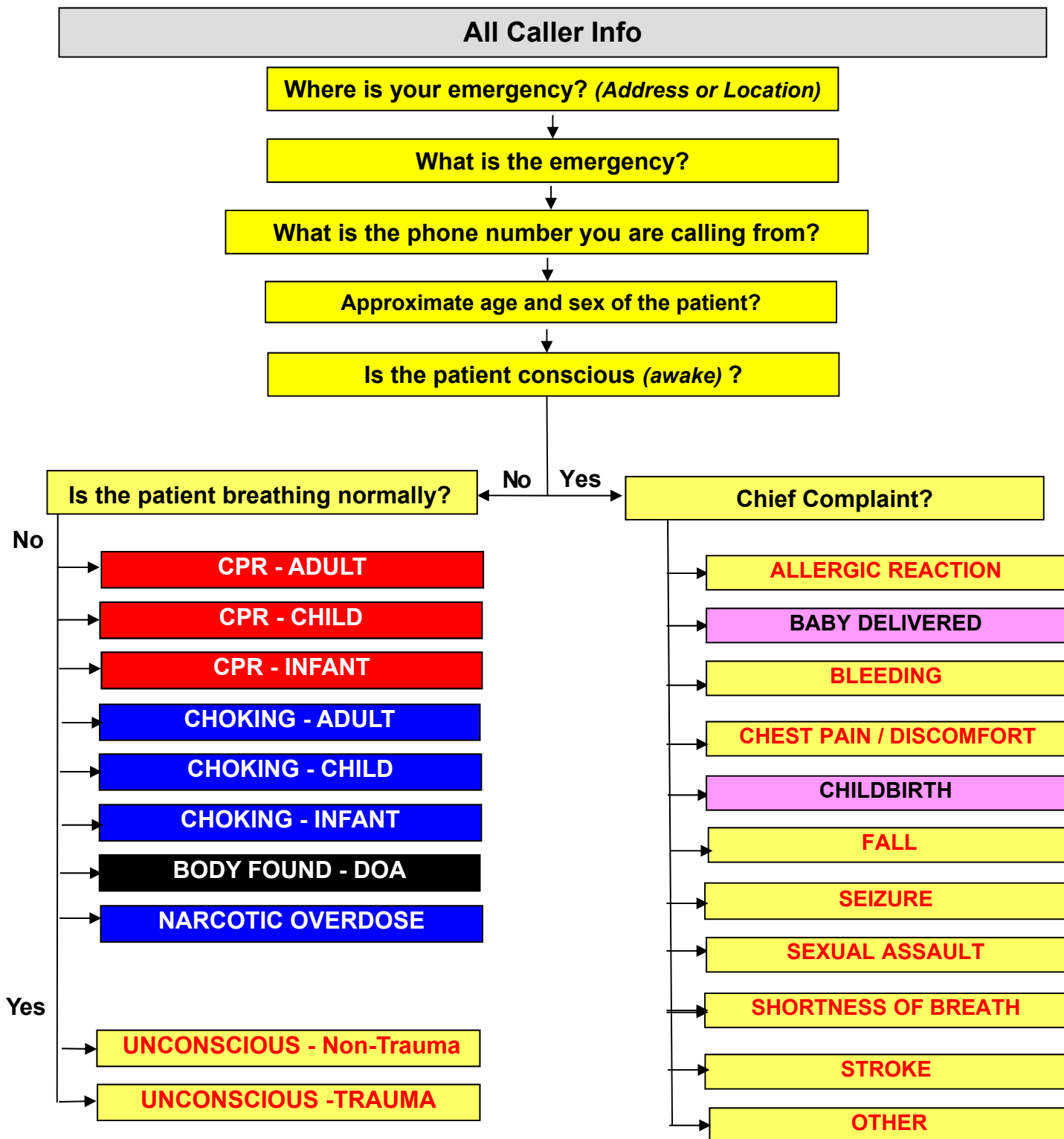


# EMS Pre-Arrival



## Cardiac Arrest – ADULT CPR – Age 8 and Older

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Get the phone next to the patient

Is the patient awake?

No

Can you relay instructions to someone else?

Help is on the way. I will stay on the phone with you. Tell me if anything changes.

Yes

No

I want you to gently shake his shoulder and see if you can awaken him

Yes

No

Yes

Is the patient breathing normally?  
(NO if unsure, shallow, weak barely or gasping)

No

**OK, you need to do CPR. I will help you.**

- If an AED is available, send someone to get it (church, school, factory, office, etc)
- Let me know when the AED arrives (**AED PROTOCOL**)

- Place them flat on their back on the floor. (Carefully move them if you need to)
- Kneel down near the chest
- Place the heel of your hand on the center of the patients chest
- Put your other hand on top of the first hand
- Push down firmly on the chest at least 2 inches, only on the heels of your hands
- Now push down 30 times, just like you're pumping the chest.
- Count out loud...1, 2, 3, 4, 5, 6, 7, 8, 9, 10...28, 29, 30.
- OK, now keep doing it. Keep pumping on the chest until help takes over.
- Press down hard and fast...1, 2, 3, 4, 5, 6, 7, 8, 9, 10...28, 29, 30.
- Keep pumping the chest until help takes over.

### Panic:

- Listen to me.
- You must follow my instructions to help him.  
(Repetitive persistence and encouragement)

### Cracking ribs:

- It's OK, even properly performed CPR can sometimes cause this.
- Be sure your hands are on the center of the chest and press down at least 2 inches.
- It is important to keep trying.

## Cardiac Arrest – CHILD CPR – Age 1 to 8 years

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Get the phone next to the child

Is the child awake?

No

Can you relay instructions to someone else?

Help is on the way. I will stay on the phone with you. Tell me if anything changes.

Yes

No

I want you to gently shake his shoulder and see if you can awaken him

Yes

No

Yes

Is the child breathing normally?  
(NO if unsure, shallow, weak barely or gasping)

No

**OK, you need to do CPR. I will help you.**

- If an AED is available, send someone to get it (church, school, factory, office, etc)
- Let me know when the AED arrives (**AED PROTOCOL**)

- Place them flat on their back on the floor. (Carefully move them if you need to)
- Kneel down near the chest
- Place the heel of your hand on the center of the patients chest
- Put your other hand on top of the first hand
- Push down firmly on the chest at least 2 inches, only on the heels of your hands
- Now push down 30 times, just like you're pumping the chest.
- Count out loud...1, 2, 3, 4, 5, 6, 7, 8, 9, 10...28, 29, 30.
- OK, now keep doing it. Keep pumping on the chest until help takes over.
- Press down hard and fast...1, 2, 3, 4, 5, 6, 7, 8, 9, 10...28, 29, 30.
- Keep pumping the chest until help takes over.

### **Panic:**

- Listen to me.
- You must follow my instructions to help him.  
(Repetitive persistence and encouragement)

### **Cracking ribs:**

- It's OK, even properly performed CPR can sometimes cause this.
- Be sure your hands are on the center of the chest and press down at least 2 inches.
- It is important to keep trying.

## Cardiac Arrest – INFANT CPR – Age 0 to 12 months

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Get the phone next to the child

Is the child awake?

No

Can you relay instructions to someone else?

Help is on the way. I will stay on the phone with you. Tell me if anything changes.

Yes

No

I want you to gently shake his shoulder and see if you can awaken him

Yes

No

Yes

Is the child breathing normally?  
(NO if unsure, shallow, weak barely or gasping)

No

**OK, you need to do CPR. I will help you.**

- Place the baby flat on his back on the floor or a firm surface like a table
- Kneel down near the chest
- Place two fingers in the center of the baby's chest between the nipples
- Push straight down on the tips of your fingers
- Push down firmly on the chest at least 1-1/2 inches
- Now push down 30 times, just like you're pumping the chest.
- Count out loud...1, 2, 3, 4, 5, 6, 7, 8, 9, 10...28, 29, 30.
- OK, now keep doing it. Keep pumping on the chest until help takes over.
- Press down hard and fast...1, 2, 3, 4, 5, 6, 7, 8, 9, 10...28, 29, 30.
- Keep pumping the chest until help takes over.

### **Panic:**

- Listen to me.
- You must follow my instructions to help him.  
(Repetitive persistence and encouragement)

### **Cracking ribs:**

- It's OK, even properly performed CPR can sometimes cause this.
- Be sure your fingers are on the center of the chest and press down at least 1-1/2 inches.
- It is important to keep trying.

## AED PROTOCOL – 1 Year and Older

From CPR Protocol

### **Continue CPR until AED arrives at Patient**   [Back to CPR Protocol](#)

- Remove all clothing from the patient's chest
- Make sure patient is not in water or in a puddle (remove from tub or pool)
- Open AED cover and/or turn on AED (usually marked "1" or "On")

### **• Follow the AED Voice Prompts**

#### **• If additional prompts are needed:**

- If the patient is a child – try to use PEDIATRIC PADS
- Open the pad package and place pads on patient as pictured on pads
- Do not place pads over medication patch (foil) or pacemaker
- Make sure the pads are plugged into the AED
- Wait for the AED to analyze
- Do not touch the patient during analysis

### **• If the AED says to "Shock Patient",**   [Back to CPR Protocol](#)

- Make sure no one is touching patient and press the shock button.
- Continue to follow the AED voice prompts until help arrives

### **If the AED says "No Shock Indicated",**   [Back to CPR Protocol](#)

- Continue CPR until help arrives
- Place them flat on their back on the floor. (Carefully move them if you need to)
- Kneel down near the chest
- Place the heel of your hand on the center of the patients chest
- Put your other hand on top of the first hand
- Push down firmly on the chest at least 2 inches
- Now push down 30 times, just like you're pumping the chest.
- Count out loud...1, 2, 3, 4, 5, 6, 7, 8, 9, 10...28, 29, 30.
- OK, now keep doing it. Keep pumping on the chest until help takes over.
- Press down hard and fast...1, 2, 3, 4, 5, 6, 7, 8, 9, 10...28, 29, 30.
- Keep pumping the chest until help takes over.

### **Panic:**

- Listen to me.
- You must follow my instructions to help him.  
(Repetitive persistence and encouragement)

### **Cracking ribs:**

- It's OK, even properly performed CPR can sometimes cause this.
- Be sure your hands are on the center of the chest and press down at least 2 inches.
- It is important to keep trying.

## CHOKING – ADULT / CHILD – Age 2 and Older

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCY

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Get the phone next to the patient

Is the patient awake?

No

Can you relay instructions to someone else?

Is the patient still choking?

Yes

No

**GO TO UNCONSCIOUS CHOKING PROTOCOL**

Yes

Can the patient speak or cough?

No

- OK, help is on the way. They will want to check to make sure he is ok.
- I'll stay on the phone with you. Let me know if anything changes.

Yes

- OK, help is on the way.
- We want him to continue to cough on his own
- Don't slap his back or squeeze his stomach as long as he can speak or cough, OK?
- I'll stay on the phone with you. Let me know if anything changes.

No

**OK, you need help him:**

- Stand behind the patient
- Wrap your arms around his waist
- Make a fist with one hand and place it just above the belly button with your thumb against the stomach.
- Wrap your other hand over your fist.
- Now pull your fist into his abdomen with quick upward thrusts
- Do this 10 times or until the object comes out
- Let me know if he passes out (**GO TO UNCONSCIOUS PROTOCOL**)
- 
- (If the patient is obviously **PREGNANT** or **OBESE**)
  - (Use the same technique as above but place fist in center of chest)
  - (Like a CPR compression instead of abdominal thrust)

## UNCONSCIOUS CHOKING – ADULT / CHILD – Age 2 and Older

From Adult / CHILD CHOKING PROTOCOL

### **If the patient is unconscious:**

- Place them flat on their back on the floor. (Carefully move them if you need to)
- Tilt the patient's head back and look in the mouth.
- If you can't see the object, DO NOT REACH IN.
- If you can see the object, carefully sweep it from the patient's mouth with your finger. Be careful not to push it deeper. Remove the object.
- Is the patient breathing normally?
- (If the object is out but the patient is still not breathing – **CPR PROTOCOL**)

### **If the object is not seen:**

- Kneel down near the chest
- Place the heel of your hand on the center of the patient's chest
- Put your other hand on top of the first hand
- Push down firmly on the chest at least 2 inches, only on the heels of your hands
- Now push down 30 times, just like you're pumping the chest.
- Count out loud...1, 2, 3, 4, 5, 6, 7, 8, 9, 10...28, 29, 30
- **Keep repeating until help arrives at the patient or patient breathes normally.**

### **If Object is Removed and Patient is Breathing Normally:**

- OK, help is on the way. The paramedics will want to check to make sure he is ok.
- I'll stay on the phone with you until they arrive. Let me know if anything changes.

## CHOKING – INFANT – Age 0 to 2 years

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Get the phone next to the baby

Is the baby awake?

No

Can you relay instructions to someone else?

Is the baby still choking?

Yes

No

**GO TO UNCONSCIOUS CHOKING PROTOCOL**

Yes

Can the baby cry or cough?

No

• OK, help is on the way. They will want to check to make sure he is ok.  
• I'll stay on the phone with you. Let me know if anything changes.

Yes

• OK, help is on the way.  
• We want him to continue to cough on his own  
• Don't slap his back or squeeze his stomach as long as he can cry or cough, OK?  
• I'll stay on the phone with you. Let me know if anything changes.

No

**OK, you need to help him:**

- Turn the baby face down on your forearm.
- Support the baby's jaw with your hand.
- Lower your arm, so the baby's head is tilted down slightly.
- Use the heel of your other hand to strike the baby's back 5 times, right between the shoulder blades.
- Do this 10 times or until the object comes out
- Now look in the baby's mouth. Has the object been dislodged?
- If you can't see the object, DO NOT REACH IN.
- If you can see the object, carefully sweep it from the patient's mouth with your finger. Be careful not to push it deeper. Remove the object.
- Let me know if he passes out **(GO TO UNCONSCIOUS PROTOCOL)**



## CHOKING – INFANT – Age 0 to 2 years

### Next you're going to perform chest thrusts:

- Place the baby flat on his back on the floor or a firm surface like a table
- Place two fingers in the center of the baby's chest between the nipples
- Push straight down on the tips of your fingers
- Push down firmly on the chest at least 1-1/2 inches
- Now push down 30 times, just like you're pumping the chest.
- Count out loud...1, 2, 3, 4, 5, 6, 7, 8, 9, 10..28, 29, 30
- Now look in the baby's mouth. Has the object been dislodged?
- If you can't see the object, DO NOT REACH IN.
- If you can see the object, carefully sweep it from the baby's mouth with your finger.
  - Be careful not to push it deeper. Remove the object.
  - Is the patient breathing normally?
- (If the object is out but the patient is still not breathing – Continue Compressions)
- **Keep repeating until the object is removed or help arrives at the patient.**

### Perform chest thrusts:

- Place two fingers in the center of the baby's chest between the nipples
- Push straight down on the tips of your fingers
- Push down firmly on the chest at least 1-1/2 inches
- Now push down 30 times, just like you're pumping the chest.
- Count out loud...1, 2, 3, 4, 5, 6, 7, 8, 9, 10..28, 29, 30
- Now look in the baby's mouth. Has the object been dislodged?
- If you can't see the object, DO NOT REACH IN.
- If you can see the object, carefully sweep it from the baby's mouth with your finger.
  - Be careful not to push it deeper. Remove the object.
  - Is the patient breathing normally?
- (If the object is out but the patient is still not breathing – Continue Compressions)
- **Keep repeating until the object is removed or help arrives at the patient.**

### If Object is Removed and Patient is Breathing Normally:

- OK, help is on the way. The paramedics will want to check to make sure he is ok.
- I'll stay on the phone with you until they arrive. Let me know if anything changes.

## External Severe Bleeding

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Are you in a safe location?

No

Move to a safe location

Locate the source of the bleeding.  
Remove clothing over the wound so  
you can see it clearly.

**Is blood spurting out of the wound?**  
**Is blood pooling on the ground?**  
**Have they cut off part or all of an arm or leg?**

No

**GO TO  
Other  
Bleeding**

Yes

**Do you have  
Bleeding Control Kit?**

No

- Use any clean cloth
- Apply steady pressure directly on the wound

Yes

Where is the wound?

Arm or leg

Neck, Shoulder, Groin

Yes

**Is Tourniquet  
available?**  
**Tourniquet  
Reference**

No

- Pack the wound with gauze or any clean cloth
- Apply steady pressure directly on the wound
- Push down hard and hold pressure until paramedics arrive

- Wrap the tourniquet around the bleeding arm or leg about 3" above the bleeding site
- Be sure not to apply over a joint, go above if necessary
- Pull the free end of the tourniquet to make it as tight as possible, secure the free end
- Twist or wind the windlass (cross bar) until the bleeding stops
- Secure the windlass to keep the tourniquet tight
- Note the time the tourniquet was applied

- Do not remove penetrating objects
- If cloth becomes blood-soaked, do not remove, add to what is already there
- Tourniquet will cause pain, but is necessary to stop the bleeding

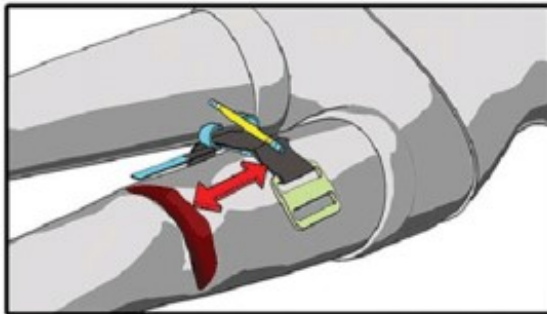
**Home**

## Tourniquet Reference

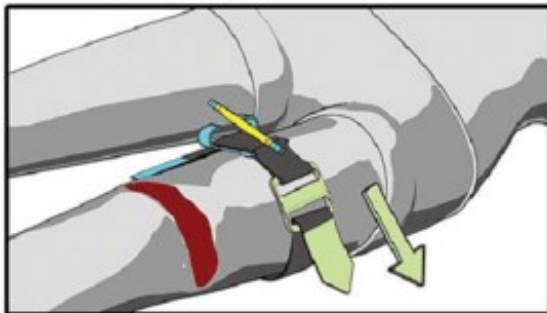
[Go Back to Bleeding Protocol](#)

### Tourniquet Application Instructions

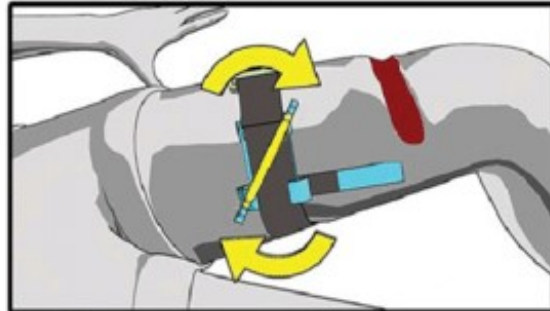
Place the tourniquet 2-3 inches above the wound. It should be between the torso and the wound.



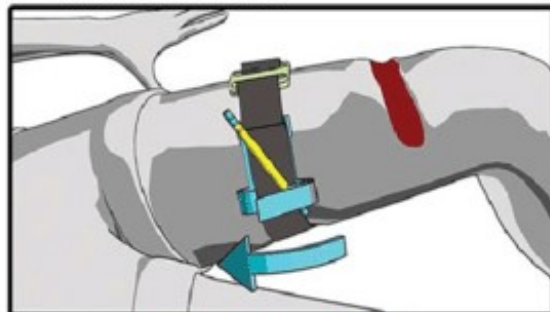
- 1. Pull** the free end of the Velcro strap. Thread it through the buckle. Securely fasten it back onto itself.



- 2. Twist** the rod. Keep twisting until bleeding stops. It is normal for this to cause some pain.



- 3. Clip** and secure the rod with the small Velcro strap so that it does not untwist. If bleeding hasn't stopped, apply a second tourniquet above the previous one, closer to the torso.



## Other Bleeding

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Get the phone next to the patient

What do you think caused the bleeding?

No

Can you relay instructions to someone else?

What Part of the body is bleeding?

### Head, Face, Chest, Abdomen or Back:

- Do not remove penetrating objects
- Apply direct pressure with clean dry cloth or clean hand
- If cloth becomes soaked, do not remove, add to what is already there
- Hold pressure on bleeding area until paramedics arrive

### Arms or Legs (Not Severe):

- Do not remove penetrating objects
- Apply direct pressure with clean dry cloth or clean hand
- If cloth becomes soaked, do not remove, add to what is already there
- Locate and save any amputated parts for the paramedics
- Hold pressure on bleeding area until paramedics arrive

### Nosebleed:

- Have patient sit up and lean forward
- Spit out blood, try not to swallow
- Pinch nostrils together and apply direct pressure with clean dry cloth
- Hold pressure on nostrils until paramedics arrive

### Rectum, Vagina, Urine or Vomit

- Is patient pregnant? **CHILDBIRTH PROTOCOL**
- Place patient in position of comfort
- Nothing to eat or drink
- Keep warm and await arrival of paramedics

## EMERGENCY CHILDBIRTH

### OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

#### I need to ask a few questions:

- Is this her first baby?
- How many month's pregnant?
- Have there been previous childbirth problems?
- Is bleeding present?
- Has her water broken?
- Are contractions (Labor pains) present?
- How many minutes apart? (beginning to beginning)

#### OK, there are a few things we have to do to prepare:

- Have the mother lay down on her back and try to relax.
- Try not to push and Don't try to prevent the birth.
- Don't sit on the toilet, even if you feel like you have to go to the bathroom.
- If she did use the toilet, don't flush the toilet.
- Take deep breathes through her mouth during contractions, or patterned breathing learned in childbirth class.
- Ask her to remove her underwear and spread legs with knees up
- Place clean towels under her buttocks and have additional towels ready

#### If the baby is visible in the birth canal: (delivery imminent)

- Support the baby's head as it comes out of the birth canal. Do Not Pull!
- As the baby's head comes out, check to see if the cord is wrapped around the baby's neck. If it is, gently loosen and unwrap the cord before continuing delivery.
- Once the head comes out, gently wipe fluid out of the baby's nose and mouth.
- Gently guide the baby out, supporting and protecting the head.
- Be careful to hold the baby with both hands as babies are slippery.
- Once delivered, turn the baby on its side, and wipe out the nose and mouth.
- Baby should be dried off with towels, which will usually stimulate crying.
- Be careful not to pull the umbilical cord.
- Check to be sure the baby is breathing. (If not follow **INFANT CPR PROTOCOL**)
- Wrap baby in dry towels. Keep baby warm until paramedics arrive.
- Put baby to mother's breast if cord will reach.
- Place sanitary napkin or towel between mother's legs and have her close legs.
- Keep mother warm and lying down until paramedics arrive.

• (If any other part of the baby is showing in the birth canal other than the head (arm, leg, buttocks, cord) DO NOT ALLOW THE MOTHER TO PUSH! Elevate hips and take panting breathes to await arrival of paramedics.)

## CHILDBIRTH – BABY ALREADY BORN

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

### **BABY CARE:**

- Turn the baby on its side, and wipe out the nose and mouth.
- Baby should be dried off with towels, which will usually stimulate crying.
- Be careful not to pull the umbilical cord.
- Check to be sure the baby is breathing. (If not follow **INFANT CPR PROTOCOL**)
- Wrap baby in dry towels. Keep baby warm until paramedics arrive.
- Put baby to mother's breast, if cord will reach.

### **MOTHER CARE:**

- Have the mother lay down
- Place sanitary napkin or towel between mother's legs and have her close legs.
- Keep mother warm and lying down until paramedics arrive.

## Caller Reports Possible DOA or Body Found

These questions are only asked if caller reports possible DOA or Body Found

### Additional Questions after Determination of Unresponsive and Not Breathing:

- When was the last time the person was seen alive?
- Is the person rigid?
- Is the persons skin cold?
- Describe the scene?

### CPR Instructions are not needed if patient has any of the following:

- Cold skin and rigid limbs (other than cold water drowning)
- Pooling of blood that appears like bruising in dependent areas of body
- Burned beyond recognition
- Decapitated
- Hanging by neck with cold skin, rigid limbs, pooling of blood

## ALLERGIC REACTION

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

**Conscious, Alert, Breathing?**

Yes

No

**GO TO  
Unconscious  
Protocol**

### Triage Questions:

- What makes you think it is an allergic reaction?
- Is the reaction from food or an insect sting?
- Have they had allergic reactions before?
- When did this start?
- Is there a medic alert tag? What does it say?

- Presence of insect stinger? -> Brush away stinger, place ice on the site

What is the Chief Complaint?

- Difficulty Breathing?
- Difficulty Swallowing?
- Difficulty Speaking?
- Presence of a rash or hives?

Yes to any

Does the patient have an Epi-Pen prescribed for them?

Yes

Has it been used?

No

**Administer Epi-Pen**

No

Yes

No

- Keep the patient calm
- Watch for signs of difficulty breathing



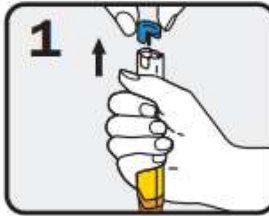
## EPI-PEN

[Go Back to Allergic Reaction Protocol](#)

### Administer Epi-Pen

- Uncover upper leg to bare mid thigh
- Hold syringe firmly in fist
- Pull off safety cap (grey or blue)
- Place tip (black or orange) against outer mid-thigh
- Push down hard until click is heard or felt and hold in place for 3 seconds
- Remove Epi-Pen and do not touch needle
- Massage medication into site for 10 seconds
- Keep patient calm
- Watch for signs of breathing difficulty

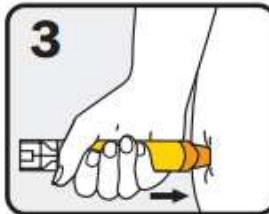
### How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds  
REMOVE EpiPen®

[If Breathing Stops - Go Back to CPR Protocol](#)

## Suspected Opioid Overdose

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Get the phone next to the patient

Is the patient awake?

No

Can you relay instructions to someone else?

Help is on the way. I will stay on the phone with you. Tell me if anything changes.

Yes

No

I want you to gently shake his shoulder and see if you can awaken him

Yes

No

Roll the patient on their side

Yes

Is the patient breathing normally?

No

**Do you suspect a drug overdose?**

- Have they had a drug overdose before?

- What kind? Alcohol involved? Recreational? Prescription?
- Evidence of drug use?
- Needles, syringes, pill bottles, paraphernalia?

No

Yes

• **Do You Have an OVERDOSE KIT or Naloxone (NARCAN)?**  
**If Yes, GO TO NARCAN PROTOCOL**

No

**GO TO CPR PROTOCOL**

• **Common Opiates**

- Heroin, Morphine, Codeine

• **Common Opioids**

- Hydrocodone (Lortab, Lorcet, Vicodin)
- Oxycodone (Oxycontin, Percocet, Percodan)
- Buprenorphine (Subutex, Suboxone)
- Methadone
- Tramadol
- Fentanyl and Carfentanyl

## Naloxone (Narcan) Opioid Overdose Kit

Get the kit and get the phone next to the patient

What Type of Kit Do You Have?

Nasal Narcan Spray

Prefilled Syringe with Nose Cone



Red and White Box



Orange and White Box

[Go Back to Overdose Protocol](#)

## Narcan Nasal Spray

[Go Back to Naloxone Protocol](#)

### Administer Nasal Narcan Spray

- Remove from the box
- Peel back the tab to open the device
- Hold the device with your thumb on the bottom of the plunger and your fingers on either side of the nozzle
- Tilt the patients head back and support the head
- Place the tip of the nozzle into either nostril until your fingers touch the bottom of the patients nose
- Press the plunger firmly to spray the dose of into the patient's nose
- Remove from the nose after giving the medication and keep the syringe to show to the paramedics



### NARCAN® Nasal Spray

**1** Peel back the package to remove the device.



**2** Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.



**3** Press the plunger firmly to release the dose into the patient's nose.



**If Not Breathing Normally: [GO TO CPR PROTOCOL](#)**

### If Breathing is Normal

- Roll the patient on their side
- Stay with them and watch their breathing until paramedics arrive

## Narcan Pre-Filled Syringe with White Foam Cone

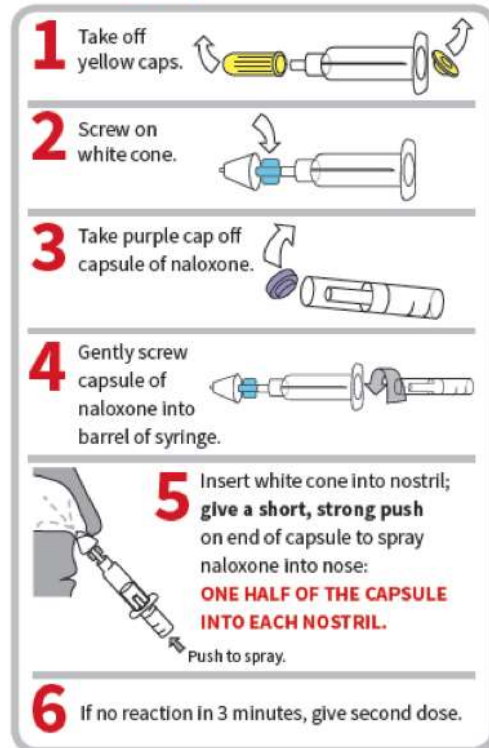
[Go Back to Naloxone Protocol](#)

### Administer Nasal Naloxone (Narcan)

- Remove from the box
- Take off both yellow caps
- Pull off cap on medication (red or purple)
- Open the clear package with the white foam cone
- Grip plastic wings on white foam cone and screw onto the syringe (plastic tube)
- Gently screw the medication tube of naloxone into the barrel of the syringe
- Tilt the patients head back and support the head
- Insert the white foam cone firmly into the nostril
- Give a short, vigorous push on the end of the medication vial to spray **ONE HALF** of the naloxone into the nostril.
- **REPEAT** in the other nostril.
- Remove from the nose after giving the medication and keep the syringe to show to the paramedics



### Nasal spray naloxone



If Not Breathing Normally: [GO TO CPR PROTOCOL](#)

### If Breathing is Normal

- Roll the patient on their side
- Stay with them and watch their breathing until paramedics arrive

## Adult Chest Pain

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Does patient have previous history of heart issues?

Was it a sudden onset of pain OR did it begin gradually over time?

Any shortness of breath?

Is the patient allergic to aspirin?

NO

Has the patient been instructed to take aspirin by their physician?

YES

Chew or grind a baby or adult aspirin

### \*\*Diabetes

History of diabetes in heart related illness can have masking of symptoms

If use of nitroglycerin:

Instruct PT. not to take more than 3 doses.

Pertinent Medical History if stated:

- Previous Heart attack
- Pace Maker
- Implanted Defibrillator
- Diabetes\*\*
- Aneurysm
- Cardiac Catheterization
- Bypass surgery
- Heart Surgery
- Heart Transplant
- Stent placement
- Angina
- Use of Nitro per caller (medication)
- Use of Cocaine

Have patient sit or lie down. Keep patient calm. Loosen tight clothing.

## Shortness of Breath / Respiratory Distress / Difficulty Breathing

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Is Patient able to \*speak in full sentences?

Does patient  
have any  
history of  
breathing  
problems?

### \*Full Sentences

- If patient is talking and does not sound short of breath and doesn't speak in partial sentences while trying to catch their breath. Truly SOB is easy to distinguish
- Patient calling for oxygen or oxygen help because of power or oxygen failure is considered MED-3

Previous Breathing History for MED-2 may include:

- Congestive Heart Failure
- COPD
- Asthma
- Emphysema
- Lung Cancer

# Stroke

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Is Patient awake and alert?

No

Is patient  
breathing  
normally

No

**CPR PROTOCOL**

**Unconscious  
Non-Trauma  
Protocol**

Yes

Yes

Is patient  
breathing  
normally

Yes

Why do you  
believe the  
patient is  
having a  
stroke?

Any of these:  
History of stroke or TIA?  
(TIA=Transient Ischemic Attack)  
Facial Drooping on one side?  
Drooling?  
Slurred speech?  
Unable to speak?  
Weakness/paralysis on one side?  
Worst headache ever?

Is the patient having  
difficulty breathing?

Yes

**DIFFICULT BREATHING  
PROTOCOL**

[Home](#)



# Seizure

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Is the patient currently seizing?

Yes

- Clear the area around the patient.
- Do not restrain the patient.
- Do not place anything in the patient's mouth.
- Have the patient lie on their side.

Seizure Stopped

Is patient breathing normally

No

**CPR PROTOCOL**

Yes

If patient is a child,  
remove clothing to  
cool patient if hot  
and feverish.

**Unconscious  
Non-Trauma  
Protocol**

**Home**

No

Has the  
patient had  
seizures  
before?

Yes

Gather patient meds and  
history.

Keep patient comfortable.

## Falls / Injury

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Is Patient awake and alert?

No

Go To: UNCONSCIOUS  
TRAUMA

Yes

Did patient  
fall from a  
height of  
greater than  
4 feet?

No

Does patient  
have any obvious  
deformity of arms  
or legs?

No

Does patient  
weigh more than  
300 lbs?

## Unconscious –TRAUMA

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Get the phone next to the patient

Is the patient awake?

No

Can you relay instructions to someone else?

Help is on the way. I will stay on the phone with you. Tell me if anything changes.

Yes

No

I want you to gently shake his shoulder and see if you can awaken him

Yes

No

Yes

Is the patient breathing normally?  
(NO if unsure, shallow, weak barely or gasping)

No

**CPR PROTOCOL**

- DO NOT MOVE the patient unless there is danger to the patient's life. (fire, explosion, gunfire, etc)
- Continue to check for normal breathing until help arrives.
- Watch for the chest to rise and fall. Tell me if it changes.
- If normal breathing stops: **CPR PROTOCOL**
- Is there severe bleeding?

**BLEEDING PROTOCOL**

If patient vomits:  
Keep patient turned on their side.  
Wipe the vomit out with your fingers.

Is patient breathing normally?

Yes

No

**CPR PROTOCOL**

## Unconscious – NON-TRAUMA

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Get the phone next to the patient

Is the patient awake?

No

Can you relay instructions to someone else?

Help is on the way. I will stay on the phone with you. Tell me if anything changes.

Yes

No

I want you to gently shake his shoulder and see if you can awaken him

Yes

No

Yes

Is the patient breathing normally?  
(NO if unsure, shallow, weak, barely or gasping)

- **Roll the patient on their side.**
- Continue to check for normal breathing until help arrives.
- Watch for the chest to rise and fall. Tell me if it changes.
- If normal breathing stops: **CPR PROTOCOL**

No

**Is Drug Overdose Suspected?**

**If Yes, GO TO OPIOID OVERDOSE PROTOCOL**

No

**CPR PROTOCOL**

Yes

If patient vomits:  
Keep patient turned on their side.  
Wipe the vomit out with your fingers.

Is patient breathing normally?

No

**CPR PROTOCOL**

## OTHER EMS CALL

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES



Ok, the paramedics are on the way. Stay on the phone with me.



Does the patient weigh over 300 pounds?

YES



NO



- Have the patient rest in a comfortable position until help arrives
- Have Someone watch for the squad
- Turn on Porch Light
- Secure dogs in another room
- Gather meds for the squad
- Help is on the way, be sure to call me back if any thing gets worse

# SEXUAL ASSAULT

OBTAIN BASIC CALLER INFO - DISPATCH APPROPRIATE AGENCIES

Ok, the paramedics are on the way. Stay on the phone with me.  
I'm going to give you instructions on how to help until the paramedics arrive.

Is the assailant still on scene?

No

Yes

Are you in a  
safe place?

No

Move to  
a safe place

OK, I want you to rest in a  
comfortable position.  
Try to remain calm.

Yes

Is the patient bleeding?

No

**Bleeding Protocol**

If a weapon was involved, do not  
touch or move the weapon

Do not change clothes, use the  
bathroom, wash hands or take a  
shower

Do not eat or drink anything.  
Keep patient warm.  
Await the arrival of the paramedics.