MPDS v13.0 UPDATE
Emergency Medical Dispatch
Update Guide
The International Academy’s EMD Protocol™

ADVANCED MEDICAL PRIORITY DISPATCH SYSTEM™

MPDS v13.0 UPDATE
Determinant Code Conversions Inside

International Academy of Emergency Medical Dispatch
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Introduction

The new Medical Priority Dispatch System™ (MPDS®) version 13.0 is designed to provide a fast track to “hands on chest”; clearer definitions, Rules, and Axioms; and considerations for additional patient conditions throughout the protocol. This update brings several new dimensions to Emergency Medical Dispatch since the original release of the MPDS in 1979. These revisions represent a continued desire to uphold and improve upon our standards of excellence regarding caller, bystander, and responder safety.

The College of Fellows of the International Academy of Emergency Medical Dispatch® (IAEMD™) alone has the right to modify the core protocol content of the MPDS. Users of the MPDS are encouraged to submit Proposals for Change (PFCs) to be carefully considered by the Medical Council of Standards on behalf of the College of Fellows. The Council of Standards analyzes new research and evolving standards of practice from the medical community to determine which proposals should be accepted and how to best implement them.

Quick Overview—Updates in v13.0

- A new Case Entry Question 3 answer choice “Obviously NOT BREATHING and Unconscious (non-traumatic)” triggers a fast track to send a 9-E-1 Determinant Code and immediately provide PAIs, ultimately decreasing the time to “hands on chest.”
- The Determining AGONAL BREATHING text has been modified, and new Rules and definitions have been added to clarify the appropriate use of the AGONAL BREATHING Detector.
- The instructions for taking a pulse have been revised to direct the caller to use two fingers, take appropriate time to detect the pulse, notify the EMD when s/he has detected it, and count beats out loud.
- A new Protocol P: Epinephrine (Adrenaline) Auto-Injector Instructions has been added for patients experiencing an extreme allergic reaction or anaphylactic shock. These instructions include positioning the patient, removing the packaging, and using the epinephrine (adrenaline) injector.
- The Aspirin Diagnostic & Instruction Tool contains new Axioms clarifying aspirin allergy and whether it is advisable to take expired aspirin or a higher aspirin dosage.
• Two new ECHO-level Determinant Codes have been added to Protocol 14 to address drowning victims either currently underwater or out of the water and in cardiac arrest. In conjunction with these additions, a new Protocol K: Person in Water has been added, which provides instructions for ice rescue, person in water, swift water, and floodwater incidents.
• Protocols 8 and 25 now include an Additional Information section on Chemical Suicide. Additionally, new Case Exit Panels X-7a and X-7b have been added to instruct callers and bystanders to avoid (further) contamination at the scene of a chemical suicide.
• Protocol 18 has been modified to address the possibility of stroke or other serious brain conditions. A prompt to use the Stroke Diagnostic Tool has also been added to this Protocol.
• New Protocols Q: Narcan/Naloxone Nasal Instructions (Panels 1–5) and R: Naloxone Auto-Injector (Evzio) Instructions (Panels 1–4) have been added for patients in need of an antidote for drug overdose, when available. The EMD will select either Protocol Q or Protocol R depending on the medication device available (nasal spray or injector, respectively). These instructions include preparing the delivery device, administering or injecting the medication, and monitoring the patient to assure recovery.
• Protocol 24 has been modified to redefine the range of months/weeks for the 2nd and 3rd TRIMESTERS and the MISCARRIAGE and premature birth definitions. New Rules, Axioms, and an additional DLS Link to F-25 have been added for patients with cervical cerclage. The DLS Link for MISCARRIAGE has also been redirected to a new Protocol G: Miscarriage (Panels 1–9). Instructions on Protocol F have also been modified throughout to improve patient care.
• The Sinking Vehicle (1st Party) Protocol has been renamed Protocol L: Vehicle in Water as it now includes additional instructions for vehicle in floodwater. In addition, the sinking vehicle instructions have been extensively revised to suggest further alternatives for escape and to address other factors such as children in the vehicle.

Using this Guide
This Update Guide details each significant change in MPDS v13.0 and the rationale behind it. For easy reference, this guide is divided into three sections:

1. **Determinant Code Conversion Guide.** This section lists all of the new, modified, or reassigned determinants and suffixes, which aids agencies in updating and assigning an appropriate response for each Determinant Code.
2. **Multi-Protocol Changes.** This section details those changes that affect multiple protocols. The protocols affected by each change are listed, and each change is assigned a letter to refer back to it.

3. **Changes to Individual Protocols.** This section presents an exhaustive list of the significant changes to each protocol in the MPDS. Multi-Protocol Changes affecting each protocol are also referenced here with the letter listed under the previous section to refer back to them.

The MPDS is distributed as both a printed cardset and a software system—ProQA®. For ease of reference, this guide details the changes and improvements to the Medical Priority Dispatch System in the printed form unless specified otherwise. The ProQA software uses the same area designations as the cards. However, due to ProQA’s ability to automate much of the calltaking process, numerous tools, pathways, numbered identifiers, and sequences may differ.

**Making the Change**

The IAEMD and its contract management organization, Priority Dispatch Corp.™ (PDC™), are committed to making your switch to MPDS v13.0 as simple as possible. There are many ways for you to obtain assistance.

For software/technical assistance, contact PDC Technical Support at 1-866-777-3911 (toll free), 801-363-9127 (local/international), or technical.support@prioritydispatch.net.

For questions regarding protocol content or application, e-mail the IAEMD at emd.standards@emergencydispatch.org.

For assistance in implementing MPDS v13.0 in your agency or any other question, please contact your PDC Regional Account Manager at 800-363-9127 (toll free) or 801-363-9127 (local/international).
Determinant Code Conversion Guide

To update your response assignments, use the following table to locate the Determinant Code changes from MPDS v12.2 to v13.0. You will need to modify or assign an appropriate response for each changed or new Determinant Code and/or suffix.

**Column 1.** This column lists the changing v12.2 Determinant Codes or suffixes.

**Column 2.** This column shows the change that has been made to the Determinant Descriptor or suffix.

<table>
<thead>
<tr>
<th>Change</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>=</td>
<td>The Determinant Descriptor is assigned to the same Determinant Code, or the suffix is still assigned to the same letter.</td>
</tr>
<tr>
<td>→</td>
<td>The Determinant Descriptor has been assigned to a new Determinant Code, or the suffix has been assigned to a new letter.</td>
</tr>
<tr>
<td>new</td>
<td>The Determinant Descriptor/suffix is new.</td>
</tr>
<tr>
<td>removed</td>
<td>The Determinant Descriptor/suffix has been removed.</td>
</tr>
<tr>
<td>split</td>
<td>The Determinant Descriptor has been split into multiple Determinant Codes.</td>
</tr>
</tbody>
</table>

**Column 3.** This column lists the v13.0 Determinant Code to which the Determinant Descriptor is now assigned. New suffix letters are also listed in this column.

**Column 4.** This column lists any changes/modifications to the Determinant Descriptor. New or changing suffixes are also listed in this column.

<table>
<thead>
<tr>
<th>v12.2 Code/ Suffix</th>
<th>v13.0 Code/ Suffix</th>
<th>Determinant Descriptor/Suffix Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTOCOL 1: Abdominal Pain/Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>—</td>
<td>new</td>
<td>1-D-2 Ashen or gray color reported ≥ 50</td>
</tr>
<tr>
<td>1-C-2</td>
<td>=</td>
<td>1-C-2 Known aortic aneurysm → Diagnosed aortic aneurysm</td>
</tr>
<tr>
<td>—</td>
<td>new</td>
<td>1-A-2 Testicle or groin pain (male)</td>
</tr>
<tr>
<td>—</td>
<td>new</td>
<td>1-A-3 Omega protocol only: Pain worse with moving or coughing</td>
</tr>
</tbody>
</table>
### PROTOCOL 2: Allergies (Reactions)/Envenomations (Stings, Bites)

| 2-D-3 | = | 2-D-3 | Swarming ATTACK (bee, wasp, hornet) → SWARMING attack (bees, wasps, hornets, etc.) |

### PROTOCOL 3: Animal Bites/Attacks

| 3-D-1 split | 3-D-1 | Arrest |
| 3-D-2 | → | 3-D-3 | Not alert |
| 3-D-3 | → | 3-D-4 | Chest or Neck injury (with difficulty breathing) |
| 3-D-4 | → | 3-D-5 | DANGEROUS body area |
| 3-D-5 | → | 3-D-6 | Large animal |
| 3-D-6 | → | 3-D-7 | EXOTIC animal |
| 3-D-7 | → | 3-D-8 | ATTACK or multiple animals → MAULING or multiple animals |
| new | 3-D-9 | Attack in progress |

### PROTOCOL 4: Assault/Sexual Assault/Stun Gun

| 4-D-1 split | 4-D-1 | Arrest |
| 4-D-2 | → | 4-D-3 | Not alert |
| 4-D-3 | → | 4-D-4 | Chest or Neck injury (with difficulty breathing) |
| 4-D-4 | → | 4-D-5 | Multiple victims |
| new | 4-A-1 | Marked (*) NOT DANGEROUS body area with deformity |

Omega protocol only: Marked (*) NOT DANGEROUS PROXIMAL or DISTAL body area with deformity

### Omega protocol only

| 4-A-1 | → | 4-A-2 | NOT DANGEROUS body area |

**Omega protocol only:** NOT DANGEROUS PROXIMAL body area

| 4-A-2 | → | 4-A-3 | NON-RECENT (≥ 6hrs) injuries (without priority symptoms) |

**Omega protocol only:** NON-RECENT (≥ 6hrs) injuries except DISTAL body area (without priority symptoms)

<p>| new | suffix T | Stun gun |</p>
<table>
<thead>
<tr>
<th>Code/ Suffix</th>
<th>Code/ Suffix Change</th>
<th>Determinant Descriptor/Suffix Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>v12.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>v13.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROTOCOL 5: Back Pain (Non-Traumatic or Non-Recent Trauma)**

- — new 5-D-2 Ashen or gray color reported ≥ 50
- 5-C-2 = 5-C-2 Known aortic aneurysm → Diagnosed aortic aneurysm
- — new 5-C-4 Difficulty breathing

**PROTOCOL 6: Breathing Problems**

| 6-D-4 = | 6-D-4 Clammy → Clammy or cold sweats |
| — new | 6-D-5 Tracheostomy (obvious distress) |
| — new | 6-C-2 Tracheostomy (no obvious distress) |
| — new | suffix E COPD (Emphysema/Chronic bronchitis) |
| — new | suffix O Other lung problems |

**PROTOCOL 7: Burns (Scalds)/Explosion (Blast)**

| 7-D-2 split | 7-D-2 Arrest |
| 7-D-3 → | 7-D-4 Not alert |
| 7-D-4 → | 7-D-5 DIFFICULTY SPEAKING BETWEEN BREATHS |
| 7-C-1 = | 7-C-1 Building fire with persons reported inside → Fire with persons reported inside |
| 7-A-3 split | 7-A-3 MINOR burns |
| 7-A-4 | Sunburn |
| — new 7-A-5 NON-RECENT (≥ 6hrs) burns/injuries (without priority symptoms) |

**PROTOCOL 8: Carbon Monoxide/Inhalation/HAZMAT/CBRN**

| 8-D-1 split | 8-D-1 Arrest |
| 8-D-2 → | 8-D-3 Not alert |
| 8-D-3 → | 8-D-4 DIFFICULTY SPEAKING BETWEEN BREATHS |
| 8-D-4 → | 8-D-5 Multiple victims |
| 8-D-5 → | 8-D-6 Unknown status/Other codes not applicable |
| 8-Ω-1 split | 8-Ω-1 Carbon monoxide detector alarm (scene contact without priority symptoms) |
| 8-Ω-2 | Carbon monoxide detector alarm (alarm only, no scene contact) |
### PROTOCOL 9: Cardiac or Respiratory Arrest/Death

<table>
<thead>
<tr>
<th>suffix S</th>
<th>=</th>
<th>suffix S</th>
<th>Suicide attempt (carbon monoxide) → Suicide attempt (only carbon monoxide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>—</td>
<td>new</td>
<td>suffix T</td>
<td>Suicide attempt (other toxic substances)</td>
</tr>
</tbody>
</table>

#### PROTOCOL 10: Chest Pain/Chest Discomfort (Non-Traumatic)

| 10-D-4 | = | 10-D-4 | Clammy → Clammy or cold sweats |
| 10-C-2 | → | 10-D-5 | Heart attack or angina history |
| 10-C-3 | → | 10-C-2 | Cocaine |
| 10-C-4 | → | 10-C-3 | Breathing normally ≥ 35 |

#### PROTOCOL 11: Choking

<table>
<thead>
<tr>
<th>11-E-1</th>
<th>=</th>
<th>11-E-1</th>
<th>COMPLETE obstruction/INEFFECTIVE BREATHING *(to be selected from Case Entry only) → COMPLETE obstruction/INEFFECTIVE BREATHING</th>
</tr>
</thead>
<tbody>
<tr>
<td>—</td>
<td>new</td>
<td>suffix F</td>
<td>Food</td>
</tr>
<tr>
<td>—</td>
<td>new</td>
<td>suffix O</td>
<td>Object/Toy</td>
</tr>
<tr>
<td>—</td>
<td>new</td>
<td>suffix C</td>
<td>Candy/Sweets/Gum</td>
</tr>
<tr>
<td>—</td>
<td>new</td>
<td>suffix M</td>
<td>Milk/Liquid (non-toxic)</td>
</tr>
<tr>
<td>—</td>
<td>new</td>
<td>suffix U</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

#### PROTOCOL 12: Convulsions/Seizures

| 12-C-1 | = | 12-C-1 | FOCAL seizure (not alert) → FOCAL/ABSENCE seizure (not alert) |
| 12-A-4 | = | 12-A-4 | FOCAL seizure (alert) → FOCAL/ABSENCE seizure (alert) |

#### PROTOCOL 14: Drowning/Near Drowning/Diving/SCUBA Accident

<p>| — | new | 14-E-1 | Arrest (out of water) |
| — | new | 14-E-2 | Underwater (DOMESTIC rescue) |
| 14-D-1 | = | 14-D-1 | Unconscious or Arrest → Unconscious |
| — | new | 14-D-2 | Underwater (SPECIALIZED rescue) |
| — | new | 14-D-3 | Stranded (SPECIALIZED rescue) |</p>
<table>
<thead>
<tr>
<th>v12.2 Code/ Suffix Change</th>
<th>Code/ Suffix Change</th>
<th>v13.0 Code/ Suffix Change</th>
<th>Determinant Descriptor/Suffix Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-D-2</td>
<td>14-D-5</td>
<td>Not alert</td>
<td></td>
</tr>
<tr>
<td>14-D-3</td>
<td>14-D-6</td>
<td>DIVING or suspected neck injury → Suspected neck injury</td>
<td></td>
</tr>
<tr>
<td>14-D-4 removed</td>
<td></td>
<td>Removed</td>
<td></td>
</tr>
<tr>
<td>14-B-2</td>
<td>14-B-3</td>
<td>Unknown status/Other codes not applicable</td>
<td></td>
</tr>
<tr>
<td>— new</td>
<td>suffix D</td>
<td>DIVING injury (not underwater)</td>
<td></td>
</tr>
<tr>
<td>— new</td>
<td>suffix F</td>
<td>Floodwater rescue</td>
<td></td>
</tr>
<tr>
<td>— new</td>
<td>suffix I</td>
<td>Ice rescue</td>
<td></td>
</tr>
<tr>
<td>— new</td>
<td>suffix S</td>
<td>SCUBA accident (not underwater)</td>
<td></td>
</tr>
<tr>
<td>— new</td>
<td>suffix W</td>
<td>SWIFT water rescue</td>
<td></td>
</tr>
</tbody>
</table>

**PROTOCOL 15: Electrocution/Lightning**

<table>
<thead>
<tr>
<th>new</th>
<th>15-D-1</th>
<th>Multiple victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-D-2</td>
<td>15-D-3</td>
<td>Not disconnected from power</td>
</tr>
<tr>
<td>15-D-3</td>
<td>15-D-4</td>
<td>Power not off or hazard present</td>
</tr>
<tr>
<td>15-D-4</td>
<td>15-D-5</td>
<td>EXTREME FALL (≥30ft/10m)</td>
</tr>
<tr>
<td>15-D-5</td>
<td>15-D-6</td>
<td>LONG FALL</td>
</tr>
<tr>
<td>15-D-6</td>
<td>15-D-7</td>
<td>Not alert</td>
</tr>
<tr>
<td>15-D-7</td>
<td>15-D-8</td>
<td>Abnormal breathing</td>
</tr>
<tr>
<td>15-D-8</td>
<td>15-D-9</td>
<td>Unknown status/Other codes not applicable</td>
</tr>
</tbody>
</table>

**PROTOCOL 17: Falls**

<table>
<thead>
<tr>
<th>17-D-2 split</th>
<th>17-D-2</th>
<th>Arrest</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-D-3</td>
<td>17-D-4</td>
<td>Not alert</td>
</tr>
<tr>
<td>17-D-4</td>
<td>17-D-5</td>
<td>Chest or Neck injury (with difficulty breathing)</td>
</tr>
<tr>
<td>17-D-5</td>
<td>17-D-6</td>
<td>LONG FALL</td>
</tr>
<tr>
<td>— new</td>
<td>17-A-1</td>
<td>Marked (*) NOT DANGEROUS body area with deformity</td>
</tr>
<tr>
<td>— new</td>
<td>17-A-1</td>
<td>Omega protocol only: Marked (*) NOT DANGEROUS PROXIMAL or DISTAL body area with deformity</td>
</tr>
<tr>
<td>17-A-1</td>
<td>→</td>
<td>17-A-2</td>
</tr>
<tr>
<td>17-A-1</td>
<td>→</td>
<td>17-A-2</td>
</tr>
<tr>
<td>17-A-2</td>
<td>→</td>
<td>17-A-3</td>
</tr>
<tr>
<td>17-A-2</td>
<td>→</td>
<td>17-A-3</td>
</tr>
<tr>
<td>17-A-3</td>
<td>→</td>
<td>17-A-4</td>
</tr>
<tr>
<td>17-A-3</td>
<td>→</td>
<td>17-A-4</td>
</tr>
<tr>
<td>— new suffix A</td>
<td></td>
<td>Accessibility concerns/difficulty</td>
</tr>
<tr>
<td>— new suffix E</td>
<td></td>
<td>Environmental problems (rain, heat, cold)</td>
</tr>
<tr>
<td>— new suffix P</td>
<td></td>
<td>Public place (street, parking garage, market)</td>
</tr>
</tbody>
</table>

**PROTOCOL 18: Headache**

<p>| — new suffix C | PARTIAL evidence (Less than “T” hrs) |
| — new suffix D | PARTIAL evidence (Greater than “T” hrs) |
| — new suffix E | PARTIAL evidence (Unknown time frame) |
| — new suffix F | STRONG evidence (Less than “T” hrs) |
| — new suffix H | STRONG evidence (Greater than “T” hrs) |
| — new suffix I | STRONG evidence (Unknown time frame) |
| — new suffix J | CLEAR evidence (Less than “T” hrs) |
| — new suffix K | CLEAR evidence (Greater than “T” hrs) |
| — new suffix M | CLEAR evidence (Unknown time frame) |
| — new suffix X | No test evidence (Less than “T” hrs) |
| — new suffix Y | No test evidence (Greater than “T” hrs) |
| — new suffix Z | No test evidence (Unknown time frame) |
| — new suffix L | Less than “T” hours (since the symptoms started) |
| — new suffix G | Greater than “T” hours (since the symptoms started) |
| — new suffix U | Unknown (when the symptoms started) |</p>
<table>
<thead>
<tr>
<th>Code/ Suffix</th>
<th>Code/ Suffix</th>
<th>Code/ Suffix</th>
<th>Determinant Descriptor/Suffix Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>v12.2</strong></td>
<td><strong>v13.0</strong></td>
<td><strong>Change</strong></td>
<td></td>
</tr>
<tr>
<td>19-D-4</td>
<td>=</td>
<td>19-D-4</td>
<td>Clammy → Clammy or cold sweats</td>
</tr>
<tr>
<td>19-C-3</td>
<td>=</td>
<td>19-C-3</td>
<td>Chest pain ≥ 35 → Chest pain/ discomfort ≥ 35</td>
</tr>
</tbody>
</table>

**PROTOCOL 19: Heart Problems/A.I.C.D.**

- 19-D-4 = 19-D-4
- 19-C-3 = 19-C-3

**PROTOCOL 21: Hemorrhage/Lacerations**

- 21-D-1 split 21-D-1
- 21-D-2 → 21-D-3
- 21-D-3 → 21-D-4
- 21-D-4 → 21-D-5
- New 21-C-3: Hemorrhage from varicose veins
- New suffix M: MEDICAL
- New suffix T: TRAUMA

**PROTOCOL 22: Inaccessible Incident/Other Entrapments (Non-Traffic)**

- 22-D-1 = 22-D-1

**PROTOCOL 23: Overdose/Poisoning (Ingestion)**

- 23-C-5 = 23-C-5
- New suffix W: Weapons

**PROTOCOL 24: Pregnancy/Childbirth/Miscarriage**

- 24-D-3 = 24-D-3
- New 24-C-3: Abdominal pain/cramping (< 6 months/24 weeks and no fetus or tissue)
- New 24-C-4: Baby born (no complications)
- New 24-B-1: Labor (delivery not imminent, ≥ 5 months/20 weeks) → Labor (delivery not imminent, ≥ 6 months/24 weeks)
- New suffix M: Multiple birth
### PROTOCOL 25: Psychiatric/Abnormal Behavior/Suicide Attempt

<table>
<thead>
<tr>
<th>25-D-3</th>
<th>Near hanging, strangulation, or suffocation (alert with difficulty breathing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-B-5</td>
<td>Near hanging, strangulation, or suffocation (alert) → Near hanging, strangulation, or suffocation (alert without difficulty breathing)</td>
</tr>
</tbody>
</table>

### PROTOCOL 26: Sick Person (Specific Diagnosis)

<table>
<thead>
<tr>
<th>26-C-4</th>
<th>Autonomic dysreflexia/hyperreflexia</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-A-1</td>
<td>No priority symptoms (complaint conditions 2–11 not identified) → No priority symptoms (complaint conditions 2–12 not identified)</td>
</tr>
<tr>
<td>26-A-8</td>
<td>Other pain → Other pain (non-OMEGA-level)</td>
</tr>
<tr>
<td>26-A-12</td>
<td>Possible meningitis</td>
</tr>
</tbody>
</table>

### PROTOCOL 27: Stab/Gunshot/Penetrating Trauma

<table>
<thead>
<tr>
<th>27-D-1</th>
<th>Arrest</th>
</tr>
</thead>
<tbody>
<tr>
<td>27-D-2</td>
<td>Unconscious</td>
</tr>
<tr>
<td>27-D-3</td>
<td>Not alert</td>
</tr>
<tr>
<td>27-D-4</td>
<td>CENTRAL wounds</td>
</tr>
<tr>
<td>27-D-5</td>
<td>Multiple wounds</td>
</tr>
<tr>
<td>27-D-6</td>
<td>Multiple victims</td>
</tr>
<tr>
<td>27-B-5</td>
<td>OBVIOUS DEATH (explosive GSW to head) → OBVIOUS DEATH</td>
</tr>
<tr>
<td>suffix P</td>
<td>Penetrating Trauma → Penetrating wound (not IMPALED now)</td>
</tr>
<tr>
<td>suffix I</td>
<td>IMPALED currently</td>
</tr>
<tr>
<td>suffix X</td>
<td>Self-inflicted GSW → Self-inflicted GSW (intentional)</td>
</tr>
<tr>
<td>suffix Y</td>
<td>Self-inflicted stab → Self-inflicted knife/stab wound (intentional)</td>
</tr>
</tbody>
</table>

### PROTOCOL 28: Stroke (CVA)/Transient Ischemic Attack (TIA)

<p>| suffix C | Partial evidence (Less than “X” hrs) → PARTIAL evidence (Less than “T” hrs) |
| suffix D | Partial evidence (Greater than “X” hrs) → PARTIAL evidence (Greater than “T” hrs) |
| suffix E | Partial evidence (Unknown time frame) → PARTIAL evidence (Unknown time frame) |</p>
<table>
<thead>
<tr>
<th>v12.2 Code/Suffix</th>
<th>Code/Suffix Change</th>
<th>v13.0 Code/Suffix</th>
<th>Determinant Descriptor/Suffix Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>suffix F</td>
<td>=</td>
<td>suffix F</td>
<td><strong>Strong evidence</strong> (<strong>Less than “X” hrs</strong>) → <strong>STRONG evidence</strong> (<strong>Less than “T” hrs</strong>)</td>
</tr>
<tr>
<td>suffix H</td>
<td>=</td>
<td>suffix H</td>
<td><strong>Strong evidence</strong> (<strong>Greater than “X” hrs</strong>) → <strong>STRONG evidence</strong> (<strong>Greater than “T” hrs</strong>)</td>
</tr>
<tr>
<td>suffix I</td>
<td>=</td>
<td>suffix I</td>
<td><strong>Strong evidence</strong> (<strong>Unknown time frame</strong>) → <strong>STRONG evidence</strong> (<strong>Unknown time frame</strong>)</td>
</tr>
<tr>
<td>suffix J</td>
<td>=</td>
<td>suffix J</td>
<td><strong>Clear evidence</strong> (<strong>Less than “X” hrs</strong>) → <strong>CLEAR evidence</strong> (<strong>Less than “T” hrs</strong>)</td>
</tr>
<tr>
<td>suffix K</td>
<td>=</td>
<td>suffix K</td>
<td><strong>Clear evidence</strong> (<strong>Greater than “X” hrs</strong>) → <strong>CLEAR evidence</strong> (<strong>Greater than “T” hrs</strong>)</td>
</tr>
<tr>
<td>suffix M</td>
<td>=</td>
<td>suffix M</td>
<td><strong>Clear evidence</strong> (<strong>Unknown time frame</strong>) → <strong>CLEAR evidence</strong> (<strong>Unknown time frame</strong>)</td>
</tr>
<tr>
<td>suffix X</td>
<td>=</td>
<td>suffix X</td>
<td><strong>No test evidence</strong> (<strong>Less than “X” hrs</strong>) → <strong>No test evidence</strong> (<strong>Less than “T” hrs</strong>)</td>
</tr>
<tr>
<td>suffix Y</td>
<td>=</td>
<td>suffix Y</td>
<td><strong>No test evidence</strong> (<strong>Greater than “X” hrs</strong>) → <strong>No test evidence</strong> (<strong>Greater than “T” hrs</strong>)</td>
</tr>
<tr>
<td>suffix L</td>
<td>=</td>
<td>suffix L</td>
<td>Greater than “X” hours (since the symptoms started) → <strong>Less than “T” hours</strong> (since the symptoms started)</td>
</tr>
<tr>
<td>suffix G</td>
<td>=</td>
<td>suffix G</td>
<td><strong>Greater than “X” hours</strong> (since the symptoms started) → <strong>Greater than “T” hours</strong> (since the symptoms started)</td>
</tr>
</tbody>
</table>

**PROTOCOL 29: Traffic/Transportation Incidents**

<p>| 29-D-1            | =                 | 29-D-1            | MAJOR INCIDENT (a through f) → MAJOR INCIDENT (a through h) |
| 29-D-2            | =                 | 29-D-2            | HIGH MECHANISM (k through s) → HIGH MECHANISM (k through t) |
|                   | —                 | new 29-D-3        | <strong>HIGH VELOCITY</strong> impact |
| 29-D-3            | →                 | 29-D-4            | HAZMAT |
| 29-D-4            | →                 | 29-D-5            | Pinned (trapped) victim |
| 29-D-5            | removed —         | Not alert         |
|                   | —                 | new 29-D-6        | Arrest |
|                   | —                 | new 29-D-7        | Unconscious |
|                   | —                 | new 29-D-8        | Not alert with noisy breathing (abnormal) |
|                   | —                 | new 29-D-9        | Not alert with normal breathing |
|                   | —                 | new 29-B-4        | <strong>LOW MECHANISM</strong> (1st or 2nd party caller) |
| 29-B-4            | →                 | 29-B-5            | Unknown status/Other codes <strong>not</strong> applicable |</p>
<table>
<thead>
<tr>
<th>Determinant Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>29-Ω-1</td>
<td>No injuries reported (unconfirmed or ≥ 5 persons involved)</td>
</tr>
<tr>
<td>29-Ω-1</td>
<td>No injuries (confirmed) → No injuries (confirmed for all persons up to 4)</td>
</tr>
<tr>
<td>suffix M</td>
<td>suffix V</td>
</tr>
<tr>
<td>suffix A</td>
<td>suffix Y</td>
</tr>
<tr>
<td>new suffix g</td>
<td>Street car/Tram/Light rail</td>
</tr>
<tr>
<td>new suffix h</td>
<td>Vehicle vs. building</td>
</tr>
<tr>
<td>suffix l</td>
<td>suffix l</td>
</tr>
<tr>
<td>suffix m</td>
<td>suffix m</td>
</tr>
<tr>
<td>suffix s</td>
<td>suffix s</td>
</tr>
<tr>
<td>new suffix t</td>
<td>Train/Light rail vs. pedestrian</td>
</tr>
</tbody>
</table>

**PROTOCOL 30: Traumatic Injuries (Specific)**

<table>
<thead>
<tr>
<th>Determinant Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-D-1</td>
<td>Arrest</td>
</tr>
<tr>
<td>30-D-2</td>
<td>Unconscious</td>
</tr>
<tr>
<td>30-D-3</td>
<td>Not alert</td>
</tr>
<tr>
<td>30-D-4</td>
<td>Chest or Neck injury (with difficulty breathing)</td>
</tr>
<tr>
<td>new 30-D-5</td>
<td>HIGH VELOCITY impact/MASS injury</td>
</tr>
<tr>
<td>new 30-B-3</td>
<td>Unknown body area (remote patient location)</td>
</tr>
<tr>
<td>new 30-A-1</td>
<td>Marked (*) NOT DANGEROUS body area with deformity</td>
</tr>
<tr>
<td>new 30-A-1</td>
<td>Omega protocol only: Marked (*) NOT DANGEROUS PROXIMAL or DISTAL body area with deformity</td>
</tr>
<tr>
<td>new 30-A-2</td>
<td>NOT DANGEROUS body area</td>
</tr>
<tr>
<td>30-A-1</td>
<td>Omega protocol only: NOT DANGEROUS PROXIMAL body area</td>
</tr>
<tr>
<td>30-A-2</td>
<td>NON-RECENT (≥ 6hrs) injuries (without priority symptoms)</td>
</tr>
<tr>
<td>30-A-3</td>
<td>Omega protocol only: NON-RECENT (≥ 6hrs) injuries except DISTAL body area (without priority symptoms)</td>
</tr>
</tbody>
</table>
Multi-Protocol Changes

A. Determining AGONAL BREATHING Text

Protocols affected: Case Entry, 9, 12, 31, N, A, B, C, YA, YB, Yc

- The Determining AGONAL BREATHING section has been largely modified: “Use when the patient is unconscious and breathing reported by the caller is questionable, or when mandated by the protocol. A time between breaths of 8 seconds or more is considered INEFFECTIVE BREATHING. Check a maximum of four breaths (three intervals tested).” In the cardset, the red “Mandatory AGONAL BREATHING Detector use” symbol has also been added following the first sentence. See Figure 1.

- The AGONAL BREATHING time interval between breaths has been changed from “10 seconds or more” to “8 seconds or more” throughout the protocol. See Figure 1.

<table>
<thead>
<tr>
<th>v12.2 Code/ Suffix</th>
<th>v13.0 Code/ Suffix</th>
<th>Determinant Descriptor/Suffix Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>33-C-3</td>
<td>33-C-3</td>
<td>Significant hemorrhage</td>
</tr>
<tr>
<td>33-C-4</td>
<td>33-C-4</td>
<td>Shock</td>
</tr>
<tr>
<td>33-C-5</td>
<td>33-C-5</td>
<td>Possible acute heart problems or MI (heart attack)</td>
</tr>
<tr>
<td>33-C-6</td>
<td>33-C-6</td>
<td>Acute severe pain → Severe pain</td>
</tr>
<tr>
<td>33-C-7</td>
<td>33-C-7</td>
<td>Emergency response requested</td>
</tr>
</tbody>
</table>

Figure 1. Example of Multi-Protocol Change A. Determining AGONAL BREATHING text. Protocol 9. MPDS v12.2 and v13.0. © 1979–2015 PDC.
• The last portion of the revised Determining AGONAL BREATHING text also appears in the corresponding PAI Panels on Protocols N, A, B, C, YA, YB, and Yc and has been updated to the appropriate 8-second interval.

**Rationale:** This wording better clarifies when the EMD should use the Determining AGONAL BREATHING instructions in an effort to reduce its unnecessary use and time to compressions. The time interval has been modified to more quickly identify AGONAL BREATHING.

### B. Mandatory AGONAL BREATHING Symbol

Protocols affected: 3, 4, 14, 17, 22, 29, 30

• **Cardset only:** The “Mandatory AGONAL BREATHING Detector use” symbol has been added to the “Unconscious and Effective breathing” DLS Link on several Chief Complaint Protocols. See Figure 2.

![Figure 2. Example of Multi-Protocol Change B. “Mandatory AGONAL BREATHING Detector use” symbol. Protocol 3. MPDS v13.0. © 1979–2015 PDC.](image)

**Rationale:** This symbol assures a check for AGONAL BREATHING prior to patient monitoring on X-3.

### C. INEFFECTIVE BREATHING Definition

Protocols affected: Case Entry, 9, 34, 36

• The introductory phrasing to the INEFFECTIVE BREATHING definition has been modified to include “or reasonable equivalents.” See Figure 3.

• The wording of the second description has been modified slightly from “Can’t breathe at all” to “Can’t breathe (at all).” See Figure 3.

• The wording of the last description has been modified slightly to separate “Turning blue” or “Turning purple.” See Figure 3.
Rationale: The introduction now clarifies that this list is illustrative and should also represent reasonable equivalents. These modifications also make the examples clearer.

D. Chest Pain/Breathing Problems Rule

Protocols affected: Case Entry, 6, 10

- Case Entry Rule 9 (formerly Rule 8) has been modified to guide the EMD in selecting the appropriate Chief Complaint Protocol when both NON-TRAUMATIC chest pain/heart attack symptoms and breathing problems are reported. The PIQ “(≥ 16, alert, no reported STROKE symptoms)” has been added to remind the EMD that the Aspirin Diagnostic & Instruction Tool can only be used for patients who meet these conditions. This revised Rule has also been added to Protocols 6 and 10. See Figure 4.

Rationale: This Rule guides the EMD to select the Chief Complaint Protocol that addresses the foremost symptom (prioritizing ECHO-level conditions) rather than consistently selecting Protocol 10.

E. Unconscious DLS Link

Protocols affected: 1, 2, 5, 6, 10, 18, 20, 26, 28

- The “Unconscious” DLS Link to NABC-1 (see also Multi-Protocol Change T) has been added on several Chief Complaint Protocols.

Rationale: This DLS Link directs the EMD to go to PAIs and begin lifesaving instructions for a patient who becomes unconscious during the Key Question interrogation.

F. Unconscious or Arrest Determinant Codes/Send Points

Protocols affected: 3, 4, 7, 8, 14, 17, 21, 27, 30

- The DELTA-level “Unconscious or Arrest” Determinant Codes throughout the protocol have been divided into two separate Determinant Codes: “Arrest” and “Unconscious.” The remaining DELTA-level Determinant Codes have been renumbered wherever necessary. See Figure 5.

- In relation to this change, the “Unconscious or Arrest (per Case Entry)” send points have also been divided into two send points wherever applicable: “Arrest (per Case Entry)” and “Unconscious (per Case Entry).” See Figure 5.
Rationale: This separation allows for more specific data collection and differentiation of local response.

G. First Law of Chest Pain

Protocols affected: 5, 6, 10

• The title of the “First Law of Chest Pain” has been changed to the “First Law of Chest or Back Pain.”

Rationale: This law applies to back pain as well. Whether the patient reports that it “hurts to breathe” in the chest or in the back, this should not be considered abnormal breathing but rather pain in the chest or back.

H. Chest Pain/Chest Discomfort

Protocols affected: 1, 5, 10, ASA, 19, 20, 26, 36, Case Exit

• References to “chest pain” have been modified to include “chest discomfort” on the title of Protocol 10, numerous Key Questions, Determinant Descriptors, and on other protocol references. See Figure 6.

Rationale: This terminology better reflects varying caller descriptions of chest pain that do not always include the word “pain,” and may be felt in areas other than the chest. All descriptions of chest discomfort should be considered equivalent to chest pain, as described in the “Heart Attack Symptoms” Additional Information section.
I. Changing Color Key Question

Protocols affected: 6, 10, 19, 20, 23, 31, 36

- The PQQ "(Not 1st party)" has been added to Key Questions regarding the patient’s changing skin color.

  Rationale: For obvious reasons, this question should not be asked if the caller is the patient.

J. Speaking/Crying Key Question

Protocols affected: 2, 6, 7, 8, 10, 19, 36

- **Cardset only:** The Key Question “Does s/he have difficulty speaking (crying) between breaths?” has been changed to “Does s/he have difficulty speaking/crying between breaths?” See Figure 7.
- The PQQs preceding the question “Does s/he have difficulty speaking/crying between breaths?” have been modified to include “and Alert.” See Figure 7.

  Rationale: The use of a slash indicates that either term may be used, as appropriate, rather than the former parenthetical, which was incorrectly formatted as a clarifier. The modified PQQs indicate that this question is only applicable if the patient is not breathing normally and is alert.

K. Clammy or Cold Sweats Key Question/Determinant

Protocols affected: 6, 10, 19

- The Key Question “Is s/he clammy (cold sweats)?” has been changed to “Is s/he clammy or having cold sweats?” See Figure 8.
• The coordinating Determinant Descriptor “Clammy” has also been changed to “Clammy or cold sweats.” See Figure 8.
   
   **Rationale:** The clarifier “(cold sweats)” is not necessary since either condition—clammy or cold sweats—qualifies for the Determinant Descriptor. The inclusion of both terms is better understood by laypersons.

**L. Amputation DLS Link**

**Protocols affected:** 3, 4, 22, 27

• The “Amputation (no significant bleeding)” DLS Link to X-6 has been added on several Chief Complaint Protocols.
   
   **Rationale:** This DLS Link directs the EMD to provide instructions for handling amputated parts, which may be applicable on several traumatic injury protocols.

**M. SERIOUS bleeding Key Question**

**Protocols affected:** 3, 4, 17, 24, 25, 27, 29, 30

• The Key Question “Is there any SERIOUS bleeding?” has been modified to “Is there any SERIOUS bleeding (spurting or pouring)?”
   
   **Rationale:** The clarifier “(spurting or pouring)” reflects the definition of SERIOUS Hemorrhage and helps to clarify the question when it is not initially understood.

**N. NOT DANGEROUS Body Area Deformity Key Question/Determinant**

**Protocols affected:** 4, 17, 30

• A new Key Question has been added on certain traumatic injury protocols: “(NOT DANGEROUS body area only*) Is it obviously bent out of shape?” The remaining Key Questions have been renumbered accordingly. See Figure 9.
MULTI-PROTOCOL CHANGES

- **Standard protocol only:** A new coordinating ALPHA-level Determinant Code has been added: “Marked (*) NOT DANGEROUS body area with deformity.” The remaining ALPHA-level Determinant Codes have been renumbered accordingly. See Figure 9.

- **Omega protocol only:** A new coordinating ALPHA-level Determinant Code has been added: “Marked (*) NOT DANGEROUS PROXIMAL or DISTAL body area with deformity.” The remaining ALPHA-level Determinant Codes have been renumbered accordingly.

**Rationale:** These additions allow for local response differentiation of common joint dislocations or fracture deformities that are classified as NOT DANGEROUS Body Area. This change also relates to Multi-Protocol Change O, which describes the addition of asterisks designating NOT DANGEROUS body areas.

### O. POSSIBLY DANGEROUS/NOT DANGEROUS Body Area Lists

**Protocols affected:** 3, 4, 17, 29, 30, 34

- The POSSIBLY DANGEROUS Body Area and NOT DANGEROUS Body Area lists have been modified to add new body area descriptions, where applicable. Asterisks have been added to three NOT DANGEROUS Body Areas to indicate which body areas, when deformed, qualify for the new A-1 Determinant Code. See Figure 10.

**Rationale:** This list has been modified to allow agencies to differentiate their responses and allocation of resources for select deformed injuries.

### P. NON-RECENT Definition

**Protocols affected:** 3, 4, 5, 7, 9, 17, 27, 30

- The clarifier “(without priority symptoms)” has been added to the definition of NON-RECENT on several Chief Complaint Protocols. See Figure 11.

**Rationale:** The selection of a “NON-RECENT” Determinant Code is not appropriate for a patient presenting priority symptoms, which is further clarified with this addition.
Q. Problem Suffixes Titles

Protocols affected: 6, 12, 13, 17

- The word “Concurrent” has been removed from “Problem Suffixes” titles throughout the protocol.

  **Rationale:** The distinction “concurrent” was at one point used to indicate suffixes that could be added to a Determinant Code as an additional condition, if applicable, in contrast to Determinant Codes that required a suffix. However, this distinction has not been maintained and is no longer necessary.

R. Location Key Question

Protocols affected: 14, 15, 25

- The Key Question “Where is s/he now?” has been changed to “Where is s/he right now?”

  **Rationale:** This wording better solicits a clear description of the person’s current location.

S. EMD’s Laws of Safety

Protocols affected: 8, 15, 22, 31

- The former “Laws of Responders” have been renamed the “EMD’s Laws of Safety.”

- The EMD’s First Law of Safety has been slightly modified from “Don’t take more victims to the scene” to “Don’t create more victims at the scene.”

  **Rationale:** These Laws apply specifically to EMDs as they direct people at the scene of the emergency. The EMD’s First Law of Safety was modified to emphasize that the EMD must not create more victims by freelancing, neglecting to relay hazardous information to responders, or ignoring important safety instructions for the caller and bystanders.

T. NABC-1 DLS Link

Protocols affected: Case Entry, all Chief Complaint Protocols except 24 and 33, ASA, D, Case Exit

- The former DLS Link “ABC-1” has been modified to include Protocol N: “NABC-1.”

  **Rationale:** This addition links to the new Protocol N for neonate airway/resuscitation instructions.
U. Maintain and Monitor PAI Directors

Protocols affected: N, A, B, C, YA, YB, YC

- New panel directors have been added to the “Maintain and Monitor” Panels throughout the Airway/Arrest Protocols. These directors include “Stopped Breathing Now,” “AGONAL/INEFFECTIVE/UNCERTAIN,” and “Abnormal Breathing.” The “Stopped Breathing Now” and “AGONAL/INEFFECTIVE/UNCERTAIN” directors lead the EMD to the “Breathing Status” Panel to choose the appropriate pathway for further instructions. The “Abnormal Breathing” director leads to the “Breathing Evaluation” Panel. See Figure 12.

Rationale: These pathway directors are designed to bypass unnecessary instructions, increase navigational speed, and ultimately decrease the time frame to “hands on chest.”

![Figure 12](image-url) Figure 12. Example of Multi-Protocol Changes U and V. New PAI directors. Protocol A. Panels 10–18a. MPDS v13.0. © 1979–2015 PDC.

V. UNCERTAIN BREATHING Directors

Protocols affected: N, A, B, C, YA, YB, YC

- The “AGONAL or INEFFECTIVE” director in the “Breathing Status” Panel has been changed to “AGONAL/INEFFECTIVE/UNCERTAIN.” See Figure 12.
• On Panels C-2 and Yc-2 “Position Patient,” the director to Panel C-4/Yc-4 “Not Breathing” has been changed to “Not Breathing/AGONAL/UNCERTAIN.”

**Rationale:** These directors cover a wider range of possible patient conditions and guide the EMD to the most appropriate pathway to address the patient’s immediate needs. UNCERTAIN BREATHING is now a defined term and should be considered NOT BREATHING until proven otherwise.

**W. PAI Airway Question and Directors**

**Protocols affected: N, A, B, C, Ya, Yb, Yc**

• On Panel 3 of each of the Airway/Arrest Protocols, the operant subquestion “*(Yes) Is s/he breathing normally?”* has been removed along with the directors “Yes” and “No/Uncertain.”
  - The former director “Uncertain/Just a little” has been modified to format “UNCERTAIN” in all caps to reflect the CE definition. The director now leads to the “Pathway Director” on Panel 4 of PAI C and Yc, or to Panel 4 “Start Mouth-to-Mouth” or “Start Mouth-to-Stoma” on PAIs N, A, B, Ya and Yb. (Formerly this director led to the “Breathing Evaluation” Panel.) See Figure 13.
  - A “Yes” director has been added to lead to the “Breathing Evaluation” Panel. See Figure 13.

**Figure 13.** Example of Multi-Protocol Change W. PAI airway question and directors, Panel 3. Protocol C. MPDS v12.2 and v13.0. © 1979–2015 PDC.

**Rationale:** Because UNCERTAIN BREATHING should be considered NOT BREATHING until proven otherwise, “UNCERTAIN/Just a little” now links directly to the “Pathway Director” (adults) or to “Start Mouth-to-Mouth/Stoma” (neonates/infants/children) to enable CPR without unnecessary further evaluation. If the caller states that the patient is breathing, further evaluation is conducted on the “Breathing Evaluation” Panel, as directed.
X. PAI Pathway Directors

Protocols affected: N, A, B, Ya, Yb

- On Panel 2 of these protocols, a new director for “Unconscious Choking (UC)—5” has been added. See Figure 14.
- On Panel 3 of these protocols, two directors have been placed at the top of the panel: “Obviously Not Breathing—4” and “Obviously Not Breathing (UC)—5.” See Figure 14.
- On Panels N-4, A-4, and B-4, a new parenthetical instruction regarding patient positioning has been added. See Figure 14.

Rationale: These changes eliminate unnecessary, time-consuming further evaluation of patients already described as NOT BREATHING and further reduces the time to definitive treatment. The optional text added to Panel A-4 provides instructions for tilting the head before beginning mouth-to-mouth if Panel 3 instructions were bypassed (inapplicable to patients on Ya and Yb).
Y. AED PAI Panel Instructions

Protocols affected: B, C, Yb, Yc

- On Panel 1 of each of these protocols, the instruction to get an AED has been modified to include “and tell me when you have it.” (This instruction is given on Protocols 9 and 12 in ProQA.) See Figure 15.

![Figure 15. Example of Multi-Protocol Change Y. Protocol B. Panel 1. MPDS v13.0. © 1979–2015 PDC.]

Rationale: This modification specifies that the caller should notify the EMD when the AED is available so that it can be deployed quickly without being overlooked. This addition reflects similar wording used in other sections of the protocol.

Z. Arrival Interface

Protocols affected: Q, R, N, A, B, C, D, F, G, Ya, Yb, Yc, Case Exit

- Throughout these protocols, several panel directors to Panel D-18 “Arrival Interface” have been added to instruct the caller upon responder arrival. Panel D-18 has been modified to include instructions on staying with the patient until paramedics are right there and unlocking the door, if applicable. (Panels D-16 and D-17 were combined to make room for the new instructions on Panel D-18.) See Figure 16.

![Figure 16. Example of Multi-Protocol Change Z. Arrival Interface Panel. Protocol D. MPDS v13.0. © 1979–2015 PDC.]

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• On Panel F-15, a similar “Arrival Interface” Panel has been created. References to Panel 15 have been added throughout Protocol F. See Figure 17.

Figure 17. Example of Multi-Protocol Change Z. Arrival Interface Panels F-15 and G-9. MPDS v13.0. © 1979–2015 PDC.

• On Panel G-9, a similar “Arrival Interface” Panel has been created. References to Panel 9 have been added throughout Protocol G. See Figure 17.

**Rationale:** It is important for the caller to stay with the patient to continue lifesaving efforts/monitoring the patient. If possible, the caller should send someone to open the door. If the caller does not have help, she or he should be advised to open the door and return to the patient quickly. These instructions, which have already been available in ProQA®, have been expanded and are now included for provision in the cardset as well.
Changes to Individual Protocols

PROTOCOL 0: Case Entry Protocol

Multi-Protocol Changes affecting this protocol: A, C, D, T

Changes affecting only this protocol:

- After Case Entry Question 3, a new answer choice appears first as a fast track send point to 9-E-1, “Obviously NOT BREATHING and Unconscious (non-traumatic)” The additional “Send & go to PDIs” symbol allows the EMD to send, bypass further questioning, provide PDIs, and go directly to Pre-Arrival Instructions. See Figure 18.

  Rationale: This hands-on-chest fast track eliminates unnecessary questioning and dramatically decreases the time between receiving the call for help and providing lifesaving instructions. In ProQA, this tool automatically fills the remaining fields in Case Entry and records the time between opening the case and giving compressions instructions, which should take less than a minute. In ProQA, a new feature displays this “hands-on-chest” time for the EMD after each cardiac arrest case.

- After Case Entry Question 3, the former “Hanging (now)” send point to 9-E-3 has been modified to “Hanging, Strangulation (no assailant involved), Suffocation” and now directs the EMD to 9-E-3, 9-E-4, or 9-E-5, as appropriate. See Figure 18.

  Rationale: The addition of strangulation and suffocation (excluding assailant situations) to the director provides an earlier ECHO send point for these scenarios and earlier provision of Post-Dispatch and Pre-Arrival Instructions, which correlates with the way these codes already function in ProQA. The PDI change addresses the possibility that a hanging patient may have already been cut down or is no longer hanging.
• After Case Entry Question 3, the former “Underwater” send point to 9-E-6 has been divided into a new send point to 14-E-2, “Underwater (DOMESTIC rescue),” and a new SHUNT to Protocol 14, “Underwater (SPECIALIZED rescue).” See Figure 19.

• The “NOT BREATHING Situations” list has been reordered and revised. The item “Underwater – 9-E-6” has been removed and replaced by “Drowning arrest (out of water) – 14-E-1” and “Underwater (DOMESTIC rescue) – 14-E-2.” See Figure 19.

Rationale: Protocol 14 now addresses drowning victims and defines DOMESTIC Rescue and SPECIALIZED Rescue to distinguish between these scenarios that may warrant different local response assignments. The changes to the “NOT BREATHING Situations” list reflect these individual ECHO Determinant Codes.

• On Case Entry Question 3b, the former clarifier “(sick)” has been changed to an alternative: “How many (other) people are hurt/sick?” See Figure 19.

Rationale: The use of a slash indicates that either term may be used, as appropriate, rather than the former parenthetical, which was incorrectly formatted as a clarifier.

• After Case Entry Question 3b, the clarifier “(3rd and 4th pty caller)” has been added to the SHUNT “Traffic/Transportation incident.” The two SHUNTS after Case Entry Question 3b have also been reordered to logically follow this question. See Figure 19.
• The former Case Entry Rule 7 has been removed: “When the complaint description is a traffic/transportation incident, determine the number of patients, then go to Protocol 29.” The remaining Rules have been renumbered accordingly.

Rationale: The new clarifier indicates that the EMD should shunt to Protocol 29 if the traffic/transportation incident caller is a third- or fourth-party caller. The coordinating Case Entry Rule is no longer necessary as the SHUNTs now specifically direct the EMD.

• A new definition for UNCERTAIN BREATHING has been added. See Figure 20.

• The Case Entry Question 6 answer choice “UNCERTAIN BREATHING” and the reference to “UNCERTAIN BREATHING” in Axiom 1 have been formatted in all caps to reflect the use of the coordinating definition.

• On the “NOT BREATHING Situations” list, the item “Breathing uncertain (AGONAL)” has also been rephrased as “UNCERTAIN BREATHING.” See Figure 19.

Rationale: This new definition clarifies the selection of UNCERTAIN BREATHING in response to CEQ 6, “Is s/he breathing?”

• A new Case Entry Rule 3 has been added. The remaining Rules have been renumbered accordingly. See Figure 21.

Rationale: An unconscious patient with UNCERTAIN or INEFFECTIVE BREATHING is likely to be in cardiac arrest and needs CPR immediately. The EMD should not take the time to verify agonal breathing when an unconscious patient’s breathing is UNCERTAIN or INEFFECTIVE.

• A new Case Entry Rule 4 has been added. The remaining Rules have been renumbered accordingly. See Figure 21.

Rationale: This Rule directs the EMD to select the appropriate Chief Complaint Protocol to prioritize the safety of the patient, bystanders, and responders in cases of traumatic cardiac arrest.
• Case Entry Rule 6 (formerly Rule 4) has been modified to remove the ending phrase “to address scene safety.”

Rationale: This modification eliminates the potential error of using only the scene safety instructions on Protocol 8 and succinctly directs the EMD to go to Protocol 8 when hazardous materials or toxic substances are involved. The same Rule has been added to Protocol 8.

• Case Entry Rule 9 (formerly Rule 8) has been largely modified to guide the EMD to select the Chief Complaint Protocol that addresses the foremost symptom (prioritizing ECHO-level conditions) rather than consistently selecting Protocol 10. See Figure 22.

Rationale: See Multi-Protocol Change D.

• Case Entry Rule 11 (formerly Rule 10) has been largely modified to advise EMDs of when it may be appropriate to provide critical care instructions before sending a response. See Figure 22.

Rationale: This Rule addresses scenarios where the caller or patient may be in immediate danger and further questioning becomes secondary to providing critical care instructions. This Rule also reminds EMDs of the importance of gathering and prioritizing scene safety information before providing instructions.

• Case Entry Rule 12 (formerly Rule 11) has been modified to include the examples of “strangulation,” “suffocation,” and “person on fire”. See Figure 22.
Rationale: These ECHO-level Determinant Codes appear on Case Entry and should be included with the other examples.

- A new Axiom 4 has been added. See Figure 23.

![Figure 23. New Axiom 4. Case Entry Protocol. MPDS v13.0. © 1979–2015 PDC.](image)

Rationale: This Axiom emphasizes the urgency of recognizing AGONAL BREATHING and immediately beginning MEDICAL Arrest PAIs for unconscious patients with INEFFECTIVE or UNCERTAIN BREATHING. The EMD should not use the AGONAL BREATHING Detector when an unconscious patient is not breathing effectively or if the caller is uncertain.

**Protocol 1: Abdominal Pain/Problems**

Multi-Protocol Changes affecting this protocol: E, H, T

Changes affecting only this protocol:

- A new Key Question 2 has been added: “(≥ 50) Has s/he ever been **diagnosed** with an **aortic aneurysm**?” The previous Key Question 2 has been renumbered as 2a and modified slightly: “(No) Ask her/him to **describe** the pain.” See Figure 24.

![Figure 24. New Key Question 2 and new and modified Determinant Descriptors. Protocol 1. MPDS v13.0. © 1979–2015 PDC.](image)
• The Determinant Descriptor for 1-C-2 has been modified from “Known aortic aneurysm” to “Diagnosed aortic aneurysm.” See Figure 24.

**Rationale:** The new question better assures that a diagnostic history of aortic aneurysm is discovered and appropriately coded and that the patient’s description of the pain, rather than the caller’s description, is obtained. The same change has been made on Protocol 5.

• **Omega protocol only:** A new Key Question 3 has been added: “Is the pain worse with moving or coughing?” The remaining Key Questions have been renumbered accordingly.

• **Omega protocol only:** A new 1-A-3 Determinant Code has been added: “Pain worse with moving or coughing.”

**Rationale:** Some data suggests that worsening pain with moving or coughing may indicate a more serious condition. This change in the Omega protocol allows for further outcome studies of this symptom.

• A new 1-D-2 Determinant Code has been added “Ashen or gray color reported ≥ 50.” See Figure 24.

• A new Axiom 4 has been added. See Figure 25.

**Rationale:** Research has revealed that callers often report this finding in cases where the patient’s outcome is determined later to be a bleeding aortic aneurysm. Therefore, this important finding is now considered in the dispatch triage of abdominal and back pain patients ≥ 50. The same change has been made on Protocol 5.

• A new 1-A-2 Determinant Code has been added: “Testicle or groin pain (male).”

• A new coordinating Rule 4 has been added. See Figure 26.

**Rationale:** This new Determinant Code helps to capture a potentially debilitating condition called testicular torsion and assures that an appropriate response is sent without delay. The coordinating Rule clarifies the appropriate Determinant Code selection for the EMD.
• A new Rule 5 has been added. See Figure 26.
   **Rationale:** This Rule clarifies the distinction of pain “above the navel” as compared to “at or below the navel.” This distinction is essential for selecting the appropriate Determinant Code.

• A new Rule 6 has been added. See Figure 26.
   **Rationale:** This Rule directs the EMD to the correct Chief Complaint if a pregnant patient reports abdominal pain. This Rule is also on Protocol 24: Pregnancy/Childbirth/Miscarriage.

• The second bulleted item in the “Heart Attack Symptoms” list has been modified slightly from “Chest pain (now gone)” to “Chest pain/discomfort (now gone).”
   **Rationale:** See Multi-Protocol Change H.

• The last sentence of the Additional Information section “Heart Attack Symptoms” has been modified from “These symptoms should be handled on Protocol 10” to “These symptoms should be considered equivalent to chest pain and handled on Protocol 10.”
   **Rationale:** This terminology better reflects varying caller descriptions of chest pain that do not always include the word “pain” and may be felt in other areas. All descriptions of chest discomfort should be considered equivalent to chest pain. See Multi-Protocol Change H.

**Protocol 2: Allergies (Reactions)/Envenomations (Stings, Bites)**

Changes affecting only this protocol:

• Key Question 4a has been modified to change the wording of “special injections” to “specific injections.” See Figure 27.

• The Additional Information “Problem Suffixes” text has also been modified to change the wording of “special injections” to “specific injections.”
   **Rationale:** This terminology is more appropriate for the intent of the question and is more easily understood by the caller.
• A new PDI-b has been added: “(DELTA or CHARLIE) Tell her/him to lie down (sit if difficulty breathing) and not to stand or walk.”

Rationale: Due to vascular dilatation (anaphylactic shock), patients with severe anaphylactic reactions can rapidly lose blood pressure if they stand. This instruction helps avoid this complication.

• A new DLS Link has been added to direct the EMD to a new Protocol P: Epinephrine (Adrenaline) Auto-Injector Instructions, beginning on Panel P-1. See Figure 28.

Rationale: The new Protocol P guides the caller through administering epinephrine (adrenaline) medication using various injectors.

• Cardset only: Two new DLS Links have been added: “Stingray–AI-2” and “Jellyfish–AI-3.” See Figure 28.

• New instruction panels have been added to the Additional Information section: Panel 2 “Stingray Instructions” and Panel 3 “Jellyfish Instructions (North America/Hawaii only).” (These instructions are included as PDIs e and f in ProQA.) See Figure 29.
• New Axioms 5 and 6 have been added. See Figure 30.

• The former Rule 4 (regarding spider/insect bites), Axiom 3 (describing symptoms of anaphylactic reactions), and the Additional Information section “Symptoms of Shock” have been removed. The remaining Rules and Axioms have been renumbered accordingly.

Rationale: The new instructions for stingray and jellyfish incidents provide callers with treatment options before responders arrive. The new related Axioms 5 and 6 provide the EMD with further education regarding these situations. The former Rule 4, Axiom 3, and “Symptoms of Shock” section were considered less essential and were removed to provide adequate space for other protocol additions. The “Symptoms of Shock” section remains in ProQA.

• The ATTACK definition has been removed and replaced with a new definition for SWARMING Attack. See Figure 31.

Rationale: The SWARMING Attack definition is more appropriate for Protocol 2 where insect stings and bites are associated with allergic reaction. The former ATTACK definition has been changed to MAULING (Savaging) on Protocol 3. See Figure 34.

5. Stingray injuries generally occur when the animal is stepped on. A small, venomous barb in the tail punctures the skin and causes a shallow, painful wound. Heat helps to detoxify the wound and relieve pain. Stingray toxin is not lethal, but the wound should be evaluated for potential barb fragments and to prevent infection.

6. When touched, the tentacles of some jellyfish embed cells that inject venom into their prey. Stings can be very painful, and the venom of some jellyfish is toxic. Remedies are species specific. DLS treatment is limited to removing the stinging cells from the skin and applying tolerably hot water.

Figure 30. New Axioms 5 and 6. Protocol 2. MPDS v13.0. © 1979–2015 PDC.

Figure 31. New SWARMING Attack definition. Protocol 2. MPDS v12.2 and v13.0. © 1979–2015 PDC.
Protocol P: Epinephrine (Adrenaline) Auto-Injector Instructions

Multi-Protocol Changes affecting this protocol: None

Changes affecting only this protocol:

- A new Protocol P: Epinephrine (Adrenaline) Auto-Injector Instructions (Panels 1–9b) has been added. (This Protocol appears as a pullout behind Protocol 2 in the cardset.) This Protocol includes instructions for positioning the patient and unwrapping and using various brands of adrenaline injectors including: EpiPen®/EpiPen Jr.®, Anapen®/Anapen Jr.®, Adrenaclink®, Twinject®, and other medicine brands/types. See Figure 32.

Rationale: Callers may express fear, anxiety, or confusion about using an adrenaline injector. These instructions provide the EMD with exact scripting to reassure and guide the caller through the injection process.

Protocol 3: Animal Bites/Attacks

Multi-Protocol Changes affecting this protocol: B, F, L, M, O, P, T

Changes affecting only this protocol:

- Key Question 5 has been modified so that the alternative wording “bitten/injured” has been reversed: “What part of the body was injured/bitten?”
• The 3-A-3 Determinant Descriptor “SUPERFICIAL bites” has been renamed “SUPERFICIAL injuries.” See Figure 33.

• The SUPERFICIAL Bites definition has been renamed SUPERFICIAL Injuries.

Rationale: The term “injuries” applies more broadly to the scenarios handled on Protocol 3. However, the EMD may choose to use either or both words, as appropriate, when asking KQ 5.

![Figure 33. Determinant Descriptors. Protocol 3. MPDS v13.0. © 1979–2015 PDC.](image)

• The 3-D-8 (formerly 3-D-7) Determinant Descriptor “ATTACK or multiple animals” has been renamed “MAULING or multiple animals.” See Figure 33.

• A new 3-D-9 Determinant Code has been added: “Attack in progress.” See Figure 33.

• The ATTACK definition has been renamed MAULING (Savaging) and slightly modified. See Figure 34.

![Figure 34. New MAULING (Savaging) definition. Protocol 3. MPDS v12.2 and v13.0. © 1979–2015 PDC.](image)

Rationale: The new definition and Determinant Code effectively separate a MAULING (Savaging) from an Attack in progress and provide agencies an opportunity to assign separate responses for these situations.
• The **NOT DANGEROUS Body Area** list has been slightly modified: “Arm” has been changed to “Arm, upper,” “Forearm” has been added, and “Leg, lower (tibia)” has been changed to “Leg, lower.”

**Rationale:** This list has been modified for clarity, specificity, and simplicity. See Multi-Protocol Change O.

### Protocol 4: Assault/Sexual Assault/Stun Gun

**Multi-Protocol Changes affecting this protocol:** B, F, L, M, N, O, P, T

**Changes affecting only this protocol:**

• The title of Protocol 4 has been changed from “Assault/Sexual Assault” to “Assault/Sexual Assault/Stun Gun.” See Figure 35.

• A new suffix has been added: “T = Stun gun.”

**Rationale:** Stun gun complaints should be handled using this safety-specific traumatic injury protocol.

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![Figure 35. Key Questions. Protocol 4. MPDS v13.0. © 1979–2015 PDC.](image-url)

**Cardset only:** Former Key Questions 5 and 6 have been combined into Key Question 5 but remain separated by specific PQQs “(Assault)” and “(Sexual assault).” The remaining Key Question has been renumbered accordingly. See Figure 35.

**Rationale:** The EMD will only read the question that appropriately meets the Pre-Question Qualifier. These questions have been combined to utilize their shared subquestions.

• A new Key Question 5b has been added: “**(NOT DANGEROUS body area only*)** Is it obviously bent out of shape?” See Figure 35.

• **Standard protocol only:** A new coordinating 4-A-1 Determinant Code has been added: “Marked (*) NOT DANGEROUS body area with deformity.” The remaining ALPHA-level Determinant Codes have been renumbered accordingly.
• Omega protocol only: A new coordinating 4-A-1 Determinant Code has been added: “Marked (*) NOT DANGEROUS PROXIMAL or DISTAL body area with deformity.” The remaining ALPHA-level Determinant Codes have been renumbered accordingly.

  **Rationale:** See Multi-Protocol Change N.

• The POSSIBLY DANGEROUS Body Area list has been slightly modified: “Anus” and “Groin” have been added.

• The NOT DANGEROUS Body Area list has been slightly modified: “Arm” has been changed to “Arm, upper,” “Forearm” has been added, “Leg, lower (tibia)” has been changed to “Leg, lower,” and “Tailbone (coccyx)” has been added. Asterisks have also been added to “Arm, upper,” “Elbow,” and “Knee.”

  **Rationale:** These lists have been modified for inclusion of the anus and groin and for clarity, specificity, and simplicity. See Multi-Protocol Change O.

**Protocol 5: Back Pain (Non-Traumatic or Non-Recent Trauma)**

Multi-Protocol Changes affecting this protocol: E, G, H, P, T

Changes affecting only this protocol:

• Key Question 4 “(Female ≥ 45, male ≥ 35) Does s/he have chest pain also?” has been changed to “(Female ≥ 45, male ≥ 35) Does s/he also have chest pain or chest discomfort?” See Figure 36.

  **Rationale:** “Chest discomfort” has been added throughout the protocol to capture heart attack symptoms that may not be described using the word “pain.” See Multi-Protocol Change H.

• The former SHUNT to Protocol 6 on Key Question 3 has been removed. See Figure 36.

![Figure 36. Key Questions. Protocol 5. MPDS v13.0. © 1979–2015 PDC.](image-url)
• A new 5-C-4 Determinant Code has been added: “Difficulty breathing.” See Figure 37.
  
  **Rationale:** Difficulty breathing discovered after the complaint description of “back pain” is now handled on Protocol 5.

• A new Key Question 6 has been added: “(≥50) Has s/he ever been **diagnosed** with an aortic aneurysm?” The previous Key Question 6 has been renumbered as 6a and modified slightly: “(No) Ask her/him to **describe** the pain.” See Figure 36.

• The Determinant Descriptor for 5-C-2 has been modified from “**Known** aortic aneurysm” to “**Diagnosed** aortic aneurysm.” See Figure 37.
  
  **Rationale:** The new question better assures that a diagnostic history of aortic aneurysm is discovered and appropriately coded and that the **patient’s** description of the pain, rather than the **caller’s** description, is obtained. The same change has been made on Protocol 1.

• A new 5-D-2 Determinant Code has been added “**Ashen** or **gray** color reported ≥ 50.” See Figure 37.

• A new Axiom 3 has been added. See Figure 38.

**Figure 37.** CHARLIE- and DELTA-level Determinant Descriptors. Protocol 5. MPDS v13.0. © 1979–2015 PDC.

**Figure 38.** New Axiom 3. Protocol 5. MPDS v13.0. © 1979–2015 PDC.

**Rationale:** Research has revealed that callers often report this finding in cases where the patient’s outcome is determined later to be a bleeding aortic aneurysm. Therefore, this important finding is now considered in the dispatch triage of abdominal and back pain patients ≥ 50. The same change has been made on Protocol 1.
Protocol 6: Breathing Problems

Multi-Protocol Changes affecting this protocol: D, E, G, I, J, K, Q, T

Changes affecting only this protocol:

• The former Key Question 2 “Does s/he have difficulty speaking/crying between breaths?” has been renumbered as KQ 1a with the PQQ “(Yes).” The remaining Key Questions have been renumbered accordingly. See Figure 39 and Multi-Protocol Change J.

• The “INEFFECTIVE BREATHING and Not alert” director below Key Question 1 has been updated to guide the EMD to continue interrogation onto Key Question 4 or 5. See Figure 39.

Rationale: Key Questions 2–3 are not applicable if the patient is not alert. The director was renumbered in accordance with this change.

• A new Key Question 1ai has been added: “(Tracheostomy) Is s/he in obvious distress?” If the caller answers “yes” to KQ 1ai, the EMD is directed to Key Question 5 to continue the interrogation. See Figure 39.

• A new 6-D-5 Determinant Code has been added: “Tracheostomy (obvious distress).”

• A new 6-C-2 Determinant Code has been added: “Tracheostomy (no obvious distress).”

Rationale: These additions allow agencies to differentiate the response for a tracheostomy patient depending upon whether s/he displays obvious distress.

• Key Question 4 (formerly KQ 5) has been modified from “Does s/he have asthma?” to “Does s/he have asthma or other lung problems?” See Figure 39.
The former PDI-d “(Prescribed inhaler not yet used) Advise her/him to use the inhaler now” has been modified and re-lettered as PDI-c: “(Asthma or other lung problems) If s/he has a prescribed inhaler or nebulizer for these attacks, tell her/him to use it now/again.” The remaining PDIs have been re-lettered accordingly. See Figure 40.

Rationale: This Key Question and Post-Dispatch Instruction now include other lung problems—such as emphysema and chronic bronchitis—that may also benefit from the use of a prescribed inhaler or nebulizer. The word “again” was added to clarify for the EMD that additional doses are appropriate when the caller reports that a prescribed inhaler or nebulizer has already been used.

Two new suffixes have been added: “E = COPD (Emphysema/Chronic bronchitis)” and “O = Other lung problems.” The introductory text has also been modified to address these additions. See Figure 41.

A new COPD definition has been added. See Figure 42.

Rationale: A history of COPD, emphysema, or other lung problems provides important information for responders and may affect local response assignment. Additionally, prescribed inhalers or nebulizers may provide symptom relief for these patients and are appropriate to advise at dispatch.
• A new CEI has been added: “Utilize the Aspirin Diagnostic & Instruction Tool – if authorized by local Medical Control and the chest pain/discomfort (Heart Attack Symptoms) patient is alert, ≥ 16 years old, and has no reported STROKE symptoms.”

Rationale: This CEI clarifies the patient qualifications necessary to use the Aspirin Diagnostic & Instruction Tool.

• A new Rule 1 has been added. The remaining Rules have been renumbered accordingly. See Figure 43.
Rationale: See Multi-Protocol Change D.

• A new Rule 5 has been added. See Figure 43.
Rationale: This Rule guides the EMD to appropriately recognize and handle INEFFECTIVE BREATHING in an asthma patient.

• New Axioms 2 and 3 have been added. See Figure 43.
Rationale: Use of bronchodilators such as inhalers and nebulizers during an exacerbation of a chronic lung disease can be very helpful, even if the patient has used it recently. However, some preventative medications should not be used to treat sudden attacks. The new Axioms provide EMDs this important information.

• Cardset only: The former Additional Information sections “Problems in the Lungs” and “Problems in the Upper Airway” have been removed.
Rationale: These sections were considered less essential and were removed to allow space for other additions to this protocol. These sections remain in ProQA.
Protocol 7: Burns (Scalds)/Explosion (Blast)

Multi-Protocol Changes affecting this protocol: F, J, P, T

Changes affecting only this protocol:

- **Cardset only:** The former Key Questions 1 and 1a have been removed: “Is this a building fire?” and “(Yes) Is anyone inside?” The remaining Key Questions have been renumbered accordingly. See Figure 44.

  **Rationale:** The answers to these questions are generally evident at Case Entry and are covered in more detail in the remaining Key Questions.

- **Cardset only:** Three answer choices for Key Question 3 (formerly KQ 4) have been removed: “Explosion,” “Heat/Fire,” and “Household chemical.” See Figure 44.

  **Rationale:** These answer choices were considered less essential as they did not shunt to a more appropriate Chief Complaint; therefore, they were removed to allow space for other protocol additions. The answer choices remain in ProQA.

- A new Key Question 7 has been added: “When did this happen?” See Figure 44.

- A new 7-A-5 Determinant Code has been added: “NON-RECENT (≥ 6hrs) burns/injuries (without priority symptoms).” See Figure 45.

- The **NON-RECENT** definition has been added to the Additional Information.

  **Rationale:** These additions, which are already used on other Chief Complaint Protocols, allow the EMD to determine if reported burns or injuries occurred recently or if six hours (or more) have passed, which would indicate a lower priority in the absence of priority symptoms.
• The 7-C-1 Determinant Code has been changed from “Building fire with persons reported inside” to “Fire with persons reported inside.” See Figure 45.

Rationale: A “building” or any type of structure is inferred if persons are reported “inside.” Removing the specific terminology of “building” allows a more general understanding of any situation where persons are inside a building/structure.

• The former 7-A-3 Determinant Code has been divided into two separate Determinant Codes: 7-A-3 “MINOR burns” and 7-A-4 “Sunburn.” See Figure 45.

Rationale: Dividing these situations into two separate Determinant Codes allows agencies to differentiate their response and resource allocation, if desired.

Protocol 8: Carbon Monoxide/Inhalation/HAZMAT/CBRN

Multi-Protocol Changes affecting this protocol: F, J, S, T

Changes affecting only this protocol:
• The former 8-Ω-1 Determinant Code has been divided into two separate Determinant Codes: 8-Ω-1 “Carbon monoxide detector alarm (scene contact without priority symptoms)” and 8-Ω-2 “Carbon monoxide detector alarm (alarm only, no scene contact).”

Rationale: The alternate OMEGA-level Determinant Code allows agencies to select an OMEGA-level response for carbon monoxide detector alarms where contact has not been made with individuals at the scene. Formerly, this could only be handled as a DELTA level.

• Suffix S has been modified so that the clarifier “(carbon monoxide)” now appears as “(only carbon monoxide).” See Figure 46.
• A new suffix has been added: “T = Suicide attempt (other toxic substances).” See Figure 46.

**Rationale:** These suffix changes clearly differentiate the use of other toxic chemicals from the use of carbon monoxide in suicide attempts. This helps responders address these hazards differently and helps ensure scene safety.

• New Post-Dispatch Instructions c and d have been added. See Figure 47.

![Figure 47. Post-Dispatch Instructions. Protocol 8. MPDS v13.0. © 1979–2015 PDC.](image)

**Rationale:** These new instructions are important to ensure scene safety.

• A new DLS Link to X-7 has been added: “Chemical Suicide.”

• A new AI section “Chemical Suicide” has been added. (A slightly abbreviated version appears in the cardset to allow for spacing.) See Figure 48.

![Figure 48. Chemical Suicide AI section in ProQA. Protocol 8. MPDS v13.0. © 1979–2015 PDC.](image)

**Chemical Suicide**

Suicide by **inhaling poisonous vapors** that can be created from a mixture of **household chemicals**. Also known as “detergent suicide.” Patients enclose themselves in a **small room or vehicle**, then mix two or more household chemicals to produce a **toxic gas**.

Often, patients **will tape window and door seams shut** and post **warning notes** to prevent harm to others, such as “Danger,” “Toxic gas,” or “Call 911.” The immediate area also frequently **smells of rotten eggs or sulfur**, but Emergency Dispatchers **should not rely** on this indicator alone as a warning signal.

**Hydrogen sulfide** (H2S) and **hydrogen cyanide** (HCN) are two of the most commonly produced toxic vapors for chemical suicides. Hydrogen sulfide can cause **coma and death** at 1,000 parts per million (only 0.1%). Callers and bystanders should **avoid patient contact** as these gases are present in the patient’s **exhalations** and exposure can cause **severe injury**.

Over 200 people in Japan committed suicide in a three-month period in 2008 by using this method.

**Rationale:** Chemical suicides involve hazardous materials that pose a danger to the caller, bystanders, and responders alike. The addition of PDIs, a DLS Link, and the “Chemical Suicide” AI section prepares the EMD to appropriately handle these situations. This AI section has also been added to Protocol 25.
• A new Rule 4 has been added. See Figure 49.

_Rationale_: This Rule also appears on the Case Entry Protocol. It has been added to Protocol 8 to assist the EMD in selecting the appropriate Chief Complaint Protocol for dealing with hazardous materials.

• The AI section “Essential Information for Reporting a HAZMAT Emergency” has been modified to replace the term “chemical” with “substance” throughout. Item 4 has also been modified to remove the word “acutely”: “Name of the toxic substance released (4-digit ID number: UN or NA).”

_Rationale_: The term “substance” applies more generally to HAZMAT situations, and it is not necessary to determine whether a substance is released acutely or slowly.

**Protocol 9: Cardiac or Respiratory Arrest/Death**

_Multi-Protocol Changes affecting this protocol: A, C, P, T_

_Changes affecting only this protocol:_

• The 9-E-2 Determinant Descriptor has been changed from “Breathing uncertain (AGONAL)” to “UNCERTAIN BREATHING.” See Figure 50.

_Rationale_: This change reflects the new _UNCERTAIN BREATHING_ definition on Case Entry.

• The former 9-E-6 Determinant Code “Underwater” has been removed. See Figure 50. The “NOT BREATHING Situations” list on Case Entry has also been revised to reflect this change.
• The former **OBVIOUS DEATH** patient condition suffix “g–Submersion (> 6hrs)” has been removed. The remaining suffixes have been re-lettered accordingly. See Figure 51. In accordance with this change, the clarifier on 9-B-1 has been changed from “(a through i)” to “(a through h).” See Figure 50.  
**Rationale:** Underwater, drowning arrest, and **OBVIOUS DEATH** due to submersion (> 6hrs) are now handled on Protocol 14.  
• The clarifier “(a through h; x through z)” has been added to the 9-D-2 Determinant Descriptor: “**OBVIOUS** or **EXPECTED DEATH** questionable (a through h; x through z).” See Figure 50.  
• The title of the **OBVIOUS DEATH** definition has been modified to include the clarifier “(B-1, D-2).” See Figure 51.  
• The title of the **EXPECTED DEATH** definition has been modified to include the clarifier “(Ω-1, D-2).” See Figure 51.  
**Rationale:** These additional clarifiers more clearly indicate the appropriate selection of **OBVIOUS DEATH** or **EXPECTED DEATH** suffixes.  
• **Cardset only:** The **OBVIOUS DEATH** and **EXPECTED DEATH** definitions have been merged together graphically so that the text introducing each definition is listed above the conditions that must be decided upon for both definitions. The approval signature has also been modified to apply to both definitions. See Figure 51.  
**Rationale:** This modification allows space for other protocol additions.  
• A new Cardiac Arrest Pathway area has been added for local Medical Control approval. See Figure 52.  
**Rationale:** Local Medical Control may now choose between a Compressions 1st pathway or a Compressions Only pathway for the treatment of adult cardiac arrest.  

![Figure 51. OBVIOUS DEATH and EXPECTED DEATH definitions. Protocol 9. MPDS v13.0. © 1979–2015 PDC.](image1)

![Figure 52. Cardiac Arrest Pathway. Protocol 9. MPDS v13.0. © 1979–2015 PDC.](image2)
arrest. While research is relatively conclusive regarding the need for uninterrupted, early compressions, longer response times may warrant the addition of ventilations to this sequence.

- Brock’s Law has been added to the Additional Information: “The presence of an AED does not ensure its use—the EMD does.”

**Rationale:** This Law emphasizes the importance of explicitly directing the caller to use all available resources to assist the patient. Specifically, this Law reminds EMDs that while a bystander may retrieve an AED, its timely use should be prompted by the EMD. This Law has also been added on Protocol Z.

### Protocol 10: Chest Pain/Chest Discomfort (Non-Traumatic)

**Multi-Protocol Changes affecting this protocol:** D, E, G, H, I, J, K, T

**Changes affecting only this protocol:**

- The title of Protocol 10 has been modified from “Chest Pain (Non-Traumatic)” to “Chest Pain/Chest Discomfort (Non-Traumatic).”
  
  **Rationale:** “Chest discomfort” has been added throughout the protocol to capture heart attack symptoms that may not be described using the word “pain.” See Multi-Protocol Change H.

- The former 10-C-2 Determinant Descriptor “Heart attack or angina history” has been reassigned to 10-D-5. The remaining CHARLIE-level Determinant Codes have been renumbered accordingly.

- A new Rule 1 has been added. The remaining Rules have been renumbered accordingly. See Figure 53.

- A new Axiom 1 has been added. The remaining Axioms have been renumbered accordingly. See Figure 53.

  **Rationale:** The narrowed history of “heart attack or angina” (formerly the more inclusive “history of heart problems” in v11.3), has been shown to capture more acutely ill patients with a higher likelihood of cardiac arrest outcome. Therefore, this code has been moved from the CHARLIE level to the DELTA level. The new Rule and Axiom include a limited number of other conditions that predispose patients to a higher risk of cardiac arrest.
• The second CEI has been modified slightly as follows: “Utilize the Aspirin Diagnostic & Instruction Tool – if authorized by local Medical Control and the chest pain/discomfort (Heart Attack Symptoms) patient is alert, ≥ 16 years old, and has no reported STROKE symptoms.”

**Rationale:** This wording clarifies the patient qualifications necessary to use the Aspirin Diagnostic & Instruction Tool.

• A new Rule 2 has been added. The remaining Rules have been renumbered accordingly. See Figure 54.

![Figure 54. New Rule 2. Protocol 10. MPDS v13.0. © 1979–2015 PDC.](image)

**Rationale:** See Multi-Protocol Change D.

• A new Rule 7 and Axiom 5 have been added. See Figure 55.

![Rules](image)

![Axioms](image)

**Rationale:** This Rule and Axiom emphasize that a patient’s reported STROKE symptoms preclude the use of the Aspirin Diagnostic & Instruction Tool and aspirin administration.
• The second bulleted item in the “Heart Attack Symptoms” list has been modified slightly from “Chest pain (now gone)” to “Chest pain/discomfort (now gone).” See Figure 56.

**Rationale:** See Multi-Protocol Change H.

![Figure 56. Heart Attack Symptoms AI section. Protocol 10. MPDS v13.0. © 1979–2015 PDC.](image)

• The last sentence of the Additional Information section “Heart Attack Symptoms” has been modified from “These symptoms should be **handled on Protocol 10**” to “These symptoms should be considered **equivalent to chest pain** and **handled on Protocol 10.**” See Figure 56.

**Rationale:** This terminology better reflects varying caller descriptions of chest pain that do not always include the word “pain” and may be felt in other areas. All descriptions of chest discomfort should be considered equivalent to chest pain. See Multi-Protocol Change H.

• **Cardset only:** The Additional Information sections “Critical Problems,” “Potentially Critical Problems,” and “Non-Critical Problems” have been removed.

**Rationale:** These sections were considered less essential and were removed to allow space for other protocol additions. These sections remain in ProQA.
Aspirin Diagnostic and Instructions

Multi-Protocol Changes affecting this protocol: H, T

Changes affecting only this protocol:

- The PQQ on Diagnostic Question 1 has been changed from “(Chest pain and alert ≥ 16)” to “(Chest pain/discomfort, alert, ≥ 16, and no reported STROKE symptoms).”

- Rule 1 has been modified to include “or have reported STROKE symptoms:” “Aspirin-containing medications should not be administered to patients who are not alert, under age 16, or have reported STROKE symptoms.”

  **Rationale:** These changes emphasize the qualifications for aspirin administration, especially in the case of patients who have reported STROKE symptoms. See also Multi-Protocol Change H.

- Diagnostic Question 3 has been simplified from “Is s/he allergic to aspirin, or ever had a bad reaction to it before?” to “Is s/he allergic to aspirin?”

- New Axioms 1, 2, and 3 have been added. See Figure 57.

  **Rationale:** Axioms 1 and 2 help clarify whether it is advisable to use aspirin that is expired or of a higher dosage. The new Axiom 3 correlates with Diagnostic Question 3 and specifies the appropriate use of aspirin in spite of some long-term contraindications that would prevent regular aspirin use. The Diagnostic Question has also been rephrased to ask only about a specific allergy to aspirin rather than any previous bad reactions, which simplifies the interrogation.

- In the Administration Instructions section, the PIQ “(Adult ASA – 325mg)” has been modified to insert the ≥ symbol: “(Adult ASA ≥ 325mg).”
Rationale: This change coincides with the new Axiom 2 and clears up confusion about aspirin doses over the recommended 325mg, which are now readily available and possessed by many patients. It is safe and appropriate to administer prepared doses of aspirin over 325mg to qualified patients with heart attack symptoms.

- The medication “Entrophen” has been added to the “Aspirin-Containing Medications” list.
- The medication “Plavix (clopidogrel)” has been added to the “Do NOT Use These Medications” list.

Rationale: These lists have been updated to address possible medications in question for the EMD.

- The former Rule 4 has been removed: “If the EMD must hang up before the caller has located the aspirin, the EMD should tell the caller how to administer the aspirin and then use the Urgent Disconnect on Case Exit.” The remaining Rules have been renumbered accordingly.

Rationale: This Rule was considered common practice and less essential; therefore, it was removed to allow space for other protocol additions.

- A portion of Rule 7 (formerly Rule 8) has been modified from “all patients presenting with non-traumatic chest pain, including those identified using Protocol 19” to “all qualified patients presenting with heart attack symptoms.” See Figure 58.

<table>
<thead>
<tr>
<th>v12.2</th>
<th>v13.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. The Aspirin Diagnostic should be used for all patients presenting with non-traumatic chest pain, including those identified using Protocol 19.</td>
<td>7. The Aspirin Diagnostic should be used for all qualified patients presenting with heart attack symptoms.</td>
</tr>
</tbody>
</table>

Figure 58. Rule 7 (formerly Rule 8). Aspirin Diagnostic and Instructions. MPDS v12.2 and v13.0. © 1979–2015 PDC.

Rationale: This wording emphasizes the use of the Aspirin Diagnostic Tool for all qualifying patients, regardless of the Chief Complaint Protocol being used.
Protocol 11: Choking

Multi-Protocol Changes affecting this protocol: T

Changes affecting only this protocol:

- **Cardset only:** Key Question 3 has been modified from “(Alert & breathing normally) Is s/he able to talk (or cry)?” to “(Alert & breathing normally) Is s/he able to talk/cry?”
  
  **Rationale:** The use of a slash indicates that either term may be used, as appropriate, rather than the former parenthetical, which was incorrectly formatted as a clarifier.

- **Cardset only:** The explanatory text below the 11-E-1 Determinant Descriptor “*(to be selected from Case Entry only)*” has been removed.
  
  **Rationale:** This deletion allows the EMD to appropriately initiate an ECHO response for a sudden complete obstruction that occurs while conducting Key Question interrogation on Protocol 11.

- The former DLS Link to D-2 has been changed from “PARTIAL obstruction (Conscious)” to “Abnormal breathing and Conscious (PARTIAL obstruction)” and now links to D-1. See Figure 59.

- The DLS link to D-9, 15 has been changed from “Not choking now & Alert” to “Not choking now, Alert, and Breathing normally.” See Figure 59.

  ![Figure 59. DLS Links. Protocol 11. MPDS v13.0. © 1979–2015 PDC.](image)

  **Rationale:** The previous description of the PARTIAL obstruction link was problematic because it did not emphasize abnormal breathing as a component of PARTIAL obstruction. The new description ensures that patients with abnormal breathing are linked to the PAI sequence. The previous link to D-2 was inconsistent with the COMPLETE obstruction Link; both now link to D-1. The DLS Link to D-9, 15 now includes “Breathing normally,” which again emphasizes that patients with abnormal breathing need to link to D-1.

- **Standard protocol only:** The DLS Link to “X-1 unless” and the telephone symbol have been removed. See Figure 59.
Rationale: In choking situations, the EMD should always link to Pre-Arrival Instructions (Protocol A, B, C, or D) rather than Case Exit. This link has been removed to clearly guide the EMD to the appropriate panel choices. In the Omega protocol, this link remains to handle referred patients.

- Five new research suffixes have been added with text introducing their unique purpose in the MPDS. See Figure 60.

Rationale: These suffixes were added to research whether identifying the choking substance could be used to determine patient acuity. These suffixes are solely for research purposes, as explained in the introductory text, and they should not be taken into consideration as part of locally assigned responses at this time.

**Protocol 12: Convulsions/Seizures**

Multi-Protocol Changes affecting this protocol: A, Q, T

Changes affecting only this protocol:

- The Pre-Question Qualifier on Key Question 6 has been modified from “(Non-FOCAL)” to “(Non-FOCAL/Non-ABSENCE).” See Figure 61.
• The Pre-Question Qualifier on Key Question 7 has been modified from “(FOCAL)” to “(FOCAL/ABSENCE).” See Figure 61.

• The 12-C-1 Determinant Descriptor has been modified from “FOCAL seizure (not alert)” to “FOCAL/ABSENCE seizure (not alert).”

• The 12-A-4 Determinant Descriptor has been modified from “FOCAL seizure (alert)” to “FOCAL/ABSENCE seizure (alert).”

• A new ABSENCE Seizure definition has been added. See Figure 61.

  **Rationale:** The definition of ABSENCE seizure and the related protocol additions direct the EMD on how to appropriately handle these varied types of seizures.

• A new Rule 2 has been added. The remaining Rules have been renumbered accordingly. See Figure 62.

  **Rationale:** This Rule emphasizes the need to immediately provide PAIs for patients who do not recover effective breathing after a seizure has stopped.

• Rule 1 has been modified to replace the phrase “whose breathing is uncertain” with “whose breathing is questionable.” See Figure 63.

  **Rationale:** This terminology is a more appropriate description as “uncertain” has a more specific definition in relation to breathing status.

**Figure 62.** New Rule 2. Protocol 12. MPDS v13.0. © 1979–2015 PDC.

**Figure 63.** Revised Rules and Axioms. Protocol 12. MPDS v12.2 and v13.0. © 1979–2015 PDC.
• Rule 3 (formerly Rule 2) has been revised. See Figure 63.
  
  **Rationale:** This revision more accurately emphasizes the importance of verifying breathing in assessing the possibility of cardiac arrest.

• Axiom 1 has been modified with the following addition: “Therefore, **careful breathing evaluation and monitoring is critical** after a seizure has stopped.” See Figure 63.
  
  **Rationale:** This Axiom emphasizes the importance of the EMD’s role in the evaluation of breathing and careful patient monitoring after a seizure to rule out the possibility of cardiac arrest.

• The former Axiom 2 has been removed: “All actively seizing patients **appear to have** abnormal or absent breathing.” The remaining Axioms have been renumbered accordingly.
  
  **Rationale:** This Axiom has been replaced by more specific Rules and Axioms.

• A new Axiom 3 has been added. See Figure 64. The remaining Axioms have been renumbered accordingly.
  
  **Rationale:** This Axiom clarifies what constitutes a diagnosed history of seizures.

**Protocol 13: Diabetic Problems**

Multi-Protocol Changes affecting this protocol: Q, T

Changes affecting only this protocol:

• A new PDI-b has been added: “(≥ 1 & Unconscious or Not alert) If there is a **defibrillator** (AED) available, **send** someone to get it now in case we need it later.” The remaining PDIs have been re-lettered accordingly.
  
  **Rationale:** A diabetic patient who is unconscious or not alert has a higher likelihood of cardiac arrest. This PDI is used on multiple Chief Complaint Protocols as a preparation for providing Pre-Arrival Instructions.

• Rule 1 has been modified to include the following addition: “A complaint of abnormal blood sugar level alone does **not** constitute a **pre-arrival emergency**.” See Figure 65.
• A new Rule 2 has been added. The remaining Rules have been renumbered accordingly. See Figure 65.

**Rationale:** These Rules clarify how the EMD should handle complaints of abnormal blood sugar level in a patient who does not have any other symptoms.

• Rule 3 (formerly Rule 2) has been modified to change the word “obstruction” to “aspiration.” See Figure 65.

**Rationale:** This term is more accurate to describe the potential risks of administering oral sugars to a patient who is not alert.

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**Rules**

1. Determining the **level of consciousness** is the key to correctly assigning the prehospital response. A complaint of abnormal blood sugar level alone does not constitute a pre-arrival emergency.

2. The complaint of blood sugar level **abnormality** (without priority symptoms) should be coded as 13-A-1.

3. EMDs should **not advise administration of oral sugar to symptomatic diabetics.** There is no clinical evidence of improved outcome by such EMD intervention, while the potential for airway aspiration in the not alert patient is high.

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**Axioms**

3. An **early sign of low blood sugar** is **abnormal behavior** (a decreasing level of consciousness), which may include agitation, aggressiveness, impaired judgment, confusion, and/or combativeness.

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**Figure 65.** New/Modified Rules 1, 2, and 3 and Axiom 3. Protocol 13. MPDS v13.0. © 1979–2015 PDC.

• Axiom 3 has been modified to provide more early signs of low blood sugar, including the clarifier “(a decreasing level of consciousness)” and “impaired judgment.” See Figure 65.

**Rationale:** These additions aid the EMD in understanding the source and scope of behaviors the diabetic patient may be presenting.

• The last sentence of the **Diabetic Coma (later onset)** definition has been replaced: “**Airway control and constant monitoring is the first priority in the unconscious patient with confirmed effective breathing.**”
Rationale: This revision replaced an outdated reference to airway control in the PDIs. This revised general statement clarifies the priority of the EMD in handling an unconscious diabetic patient who is breathing.

Protocol 14: Drowning/Near Drowning/Diving/SCUBA Accident

Multi-Protocol Changes affecting this protocol: B, F, R, T

Changes affecting only this protocol:

- The title of Protocol 14 has been changed from “Drowning (Near)/Diving/SCUBA Accident” to “Drowning/Near Drowning/Diving/SCUBA Accident.”

Rationale: The inclusion of “Drowning” expands the use of this protocol to include cardiac and/or respiratory arrest caused by drowning, as well as all patients reported as still underwater.

- Several large structural components have been modified to specifically address different rescue incidents on this protocol:
  - Two new ECHO-level Determinant Codes have been added: 14-E-1 “Arrest (out of water)” and 14-E-2 “Underwater (DOMESTIC rescue).” See Figure 66.

- Two new answer choices have been added following Key Question 1: “Underwater (DOMESTIC rescue)” and “Underwater (SPECIALIZED rescue).” “Underwater (DOMESTIC rescue)” directs the EMD to immediately provide PDIs, while “Underwater (DOMESTIC rescue)”
CHANGES TO INDIVIDUAL PROTOCOLS MPDS v13.0 UPDATE

(SPECIALIZED rescue)” directs the EMD to send a 14-D-2 Determinant Code and provide PDIs. See Figure 66.

- Three new DELTA-level Determinant Codes have been added: 14-D-2 “Underwater (SPECIALIZED rescue),” 14-D-3 “Stranded (SPECIALIZED rescue),” and 14-D-4 “Just resuscitated and/or defibrillated (external).” The remaining DELTA-level Determinant Codes have been renumbered accordingly. See Figure 66.

- New coordinating definitions have been added for DOMESTIC Rescue and SPECIALIZED Rescue. See Figure 67.

- The Determinant Descriptor for 14-D-1 has been changed from “Unconscious or Arrest” to “Unconscious.” The send point to 14-D-1 “Unconscious or Arrest (per Case Entry)” has also been changed to “Unconscious (per Case Entry).” A patient in arrest after drowning is now handled as one of two ECHO-level Determinant Codes or as a DELTA-level, SPECIALIZED rescue. See Figure 66.

- The Determinant Descriptor for 14-D-6 (formerly 14-D-3) has been modified from “DIVING or suspected neck injury” to “Suspected neck injury.” The former 14-D-4 Determinant Code “SCUBA accident” has been removed as these incident types are now indicated with new suffixes. Due to the removal of these Determinant Codes, the SCUBA and DIVING definitions have been changed in color in the cardset to indicate that they are no longer directly tied to the ECHO- and DELTA-level Determinant Codes. See Figures 66, 68, and 69.

- Five new rescue-specific suffixes D, F, I, S, and W have been added. See Figure 68.
- A new definition for **SWIFT Water** has been added. See Figure 69.
- A new DLS Link to Z-1 has been added to address victims in cardiac arrest: “**AED available (age ≥ 1).**” See Figure 70.
- New DLS Links for Protocol K: Person in Water have also been added: K-1 “**Ice Rescue,**” K-2 “**Person in Water,**” K-3 “**SWIFT Water,**” and K-4 “**Floodwaters.**” See Figure 70.

![POST-DISPATCH INSTRUCTIONS](image)

**Rationale:** This protocol has been largely revised to address drowning victims either currently underwater or pulled out of the water and in cardiac arrest. For safety purposes and resource allocation, the incident types are separated into DOMESTIC and SPECIALIZED rescue—including stranded individuals—and these distinct rescue situations have been separated in the ECHO and DELTA levels. While it is likely safe for an ECHO-level first responder to extricate a victim from a DOMESTIC rescue scene, it cannot be considered safe in a SPECIALIZED rescue scene. Additionally, a SPECIALIZED rescue may require equipment and resources not available to an ECHO-level first responder. New suffixes have been added to delineate the type of incident or rescue. The additional DLS Links have been added to direct the EMD to the new Protocol K: Person in Water, which provides immediate instructions for various ice/water incidents, as applicable.

- The PIQ “**(DOMESTIC)**” has been added to PDI-c, and a new PDI-d has been added: “**(SPECIALIZED) Do not go in the water.**” See Figure 70.

**Rationale:** These additions specifically distinguish the appropriate instructions for either DOMESTIC or SPECIALIZED rescue incidents. Where it may be safe for a caller or bystander to enter the water in a DOMESTIC incident, it is never advisable to allow potential rescuers to endanger themselves in SPECIALIZED rescue incidents.
• A new 14-B-2 Determinant Code has been added: “OBVIOUS DEATH (submersion ≥ 6hrs).” The remaining BRAVO-level Determinant Code has been renumbered accordingly.

• A new special definition has been added for OBVIOUS DEATH (Submersion ≥ 6hrs).

• On Rule 2, the clarifier “(≤ 6 hours)” has been changed to “(< 6 hours):” “A submerged patient, regardless of time underwater (< 6 hours), is considered resuscitatable by definition until proven otherwise, especially in a cold-water situation.”

  **Rationale:** This Determinant Code allows a different response to be sent for drowning victims who are past viable resuscitation limits, according to locally defined standards. The clarifier on Rule 2 has been changed to coincide with the definition of OBVIOUS DEATH (Submersion ≥ 6hrs).

• The SCUBA CEI has been modified to remove the word “local”: “(SCUBA) Determine availability of the nearest hyperbaric chamber.” See Figure 70.

  **Rationale:** The EMD should determine the availability of the nearest hyperbaric chamber, whether or not it is considered local. This change has also been made in the FPDS®.
Protocol K: Person in Water

Multi-Protocol Changes affecting this protocol: None

Changes affecting only this protocol:

- A new Protocol K: Person in Water has been added in conjunction with the additions to Protocol 14. (This Protocol appears as a pullout behind Protocol 14 in the cardset.) Panels 1–4 include instructions for ice rescue, person in water, swift water, and floodwater incidents. A new “Water Rescue” CEI section has also been added. (The CEI section is located under the “Special Information” tab in ProQA.) See Figure 71.


Rationale: These new panels and the associated CEI section were added to address a variety of water rescue incidents and provide essential instructions before responders arrive. These instructions have already been included in the FPDS®.
Protocol 15: Electrocution/Lightning

Multi-Protocol Changes affecting this protocol: R, S, T

Changes affecting only this protocol:

- The Key Question sequence has been reordered so that the former KQ 3 “Has the power been turned off?” now appears as KQ 1 and the former KQ 2 “Is s/he disconnected from the power?” now appears as KQ 1a with the PQQ “(No).” The remaining Key Questions have been renumbered accordingly. See Figure 72.

- The PQQ “(Electrocution)” has been added to Key Questions 1 and 2 (formerly KQs 3 and 1, respectively). See Figure 72.

- The PIQ “(Electrocution)” has been added to PDIs c and d. See Figure 73.

![Figure 72](image_url)

© 2015 IAED
Rationale: The new Key Question order is more logical, and the added PQQs limit this questioning to electrocution complaints. The PIQs also indicate when these Post-Dispatch Instructions are applicable.

- A new PDI-e has been added: “(Lightning) Take shelter immediately inside an enclosed vehicle or building.” See Figure 73.

Rationale: This instruction provides for the immediate safety of the caller and any bystanders in lightning incidents.

- A new 15-D-1 Determinant Code has been added: “Multiple victims.” The remaining DELTA-level Determinant Codes and the “Unconscious (per Case Entry)” send point (now to 15-D-2) have been renumbered accordingly.

Rationale: This new Determinant Code allows agencies to assign a specific response for multiple victims of electrocution or lightning.

- The definition of LONG FALL has been modified to remove the ≥ symbol for the distances defined for both “Adult/Child” and “Infant.” See Figure 74.

Rationale: The ≥ symbol was not needed because the distance provided is simply a range. This change has also been made on Protocol 17.
Protocol 16: Eye Problems/Injuries

Multi-Protocol Changes affecting this protocol: T

Changes affecting only this protocol:

- A new Rule 3 has been added. See Figure 75.
  
  Rationale: Sudden vision problems that occur without trauma could indicate that the patient is experiencing a stroke, which is best handled on Protocol 28.

  
  Figure 75. New Rule 3 and modified Axiom 5.

- The wording on Axiom 5 has been corrected so that “infection weeping” has been changed to “infectious weeping.” See Figure 75.
  
  Rationale: This is a typographical correction.

Protocol 17: Falls

Multi-Protocol Changes affecting this protocol: B, F, M, N, O, P, Q, T

Changes affecting only this protocol:

- A new Key Question 5b has been added: “(NOT DANGEROUS body area only*) Is it obviously bent out of shape?” See Figure 76.

- Standard protocol only: A new coordinating 17-A-1 Determinant Code has been added: “Marked (*) NOT DANGEROUS body area with deformity.” The remaining ALPHA-level Determinant Codes have been renumbered accordingly. See Figure 76.

- Omega protocol only: A new coordinating 17-A-1 Determinant Code has been added: “Marked (*) NOT DANGEROUS PROXIMAL or DISTAL body area with deformity.” The remaining ALPHA-level Determinant Codes have been renumbered accordingly.
• Rule 6 (formerly Rule 5) has been modified so that the PUBLIC ASSIST Determinant Code reference (formerly 17-A-3) has been updated to 17-A-4 to reflect the renumbering of the ALPHA-level Determinant Codes.

Rationale: See Multi-Protocol Change N.

• Key Question 7 has been modified to change the clarifier "(ground)" to an alternative: "(<10ft or Unknown) Is s/he still on the floor/ground?" See Figure 76.

Rationale: The use of a slash indicates that either term may be used, as appropriate, rather than the former parenthetical, which was incorrectly formatted as a clarifier.
• Three new suffixes A, E, and P have been added, and the introductory text has been modified to reflect these additions. See Figure 77.

![Figure 77. New suffixes. Protocol 17. MPDS v12.2 and v13.0. © 1979–2015 PDC.](image)

**Rationale:** These suffixes enable prompt assignment and are designed to aid responders in allocating the appropriate resources to address scene safety and accessibility issues.

• **Cardset only:** A new PDI-e has been added: “(PUBLIC ASSIST) I will arrange to send __________ to help you get her/him back into bed.”

**Rationale:** This PDI provides helpful assurance that a public assist response will be sent. This statement is already provided in ProQA.

• The definition of **LONG FALL** has been modified to remove the ≥ symbol for the distances defined for both “Adult/Child” and “Infant.” See Figure 78.

![Figure 78. LONG FALL definition. Protocol 17. MPDS v13.0. © 1979–2015 PDC.](image)

**Rationale:** The ≥ symbol was not needed because the distance provided is simply a range. This change has also been made on Protocol 15.

• The **POSSIBLY DANGEROUS Body Area** list has been slightly modified: “Genitalia” has been relocated to the **NOT DANGEROUS Body Area** list.
• The NOT DANGEROUS Body Area list has been slightly modified: “Arm” has been changed to “Arm, upper”; “Forearm,” “Groin,” and “Tailbone (coccyx)” have been added; and “Leg, lower (tibia)” has been changed to “Leg, lower.” Asterisks have also been added to “Arm, upper,” “Elbow,” and “Knee.”

Rationale: See Multi-Protocol Change O.

• A new Rule 4 has been added. The remaining Rules have been renumbered accordingly. See Figure 79.

4. DANGEROUS, uncontrolled hemorrhage (neck, armpit, or groin) resulting from a ground-level fall should be handled on Protocol 21.

Figure 79. New Rule 4. Protocol 17. MPDS v13.0. © 1979–2015 PDC.

Rationale: When dangerous, uncontrolled hemorrhage is associated with a low mechanism of injury in a safe environment, the bleeding becomes the Chief Complaint and is best handled on Protocol 21: Hemorrhage/Lacerations.

• Cardset only: The Additional Information section “Spinal Injury Suspected if” has been removed.

Rationale: This section was considered less essential; consequently, it was removed to allow space for other protocol additions. This section remains in ProQA.

Protocol 18: Headache

Multi-Protocol Changes affecting this protocol: E, T

Changes affecting only this protocol:

• Asterisks have been added to Key Questions 3, 4, 5, and 6 and Determinant Descriptors for several CHARLIE-level codes (C-3 through C-7) to clearly indicate possible stroke symptoms. (This is automatically recorded in ProQA.) See Figure 80.

• Several portions of Protocol 28: Stroke (CVA)/Transient Ischemic Attack (TIA) have been duplicated and modified for use on Protocol 18:

- Key Question 7 “(STROKE Symptoms* identified) Exactly what time did these symptoms (problem) start?” and a new Key Question 7a (also added to Protocol 28) “(Unknown) When was the last time s/he was seen to be normal?” have been added along with send points to first determine the time frame of symptom onset (if known) and then initiate the response. See Figure 80.
- A prompt to start the Stroke Diagnostic has been added only for cases in which stroke symptoms have been identified during Key Questions. See Figure 80.

- The CEI from Protocol 28 has been slightly modified and added: "(Suspected STROKE) Provide hospital staff with the Stroke Diagnostic Tool results, the symptom onset time, and the name and phone number of any person(s) who witnessed the onset of her/his symptoms." See Figure 80.

- A new DLS Link to NABC-1, "Unconscious," has been added (see Multi-Protocol Change E). See Figure 80.

- A new DLS Link to NABC-1, "Not alert and snoring," has been added. See Figure 80.

- The Stroke Diagnostic Tool Problem Suffixes have been added: "C, D, E, F, H, I, J, K, M, X, Y, Z, L, G, and U." The Stroke Dx levels of stroke evidence—CLEAR, STRONG, and PARTIAL evidence of stroke—have been formatted in all caps wherever they are referenced, including the suffixes on Protocol 18. See Figure 81.

- The coordinating special definition of the STROKE Treatment Time Window has been added: "T = Time window set by local Medical Control." See Figure 81.
- A new Rule 2 (Rule 1 on P28) regarding STROKE response urgency has been added. See Figure 81.

- A new Axiom 5 (Axiom 5 on P28) regarding the use of the Stroke Diagnostic Tool has been added. See Figure 81.

- The “STROKE Symptoms” Additional Information section has been added. See Figure 81.

- A new Axiom 1 has been added: “The most important objective of this protocol is to determine if the underlying cause of a headache might be a life-threatening but potentially treatable condition such as STROKE, meningitis, or other serious brain condition. Headache, in and of itself, is not a diagnosis but a very general symptom of many other low-acuity problems.” The remaining Axioms have been renumbered accordingly. See Figure 81.

- The “Serious Types and Causes” list has been modified to include “Ischemic infarction (thromboembolic stroke).” See Figure 81.

Rationale: These additional Key Questions, instructions, suffixes, Rules, and Axioms relate to the possibility that a patient’s report of a severe headache could actually be a stroke, meningitis, or other serious brain condition like those listed in the Additional Information section. Protocol 18 has been largely revised to promote greater awareness of this possibility.
• The first portion of Rule 1 has been modified from “Sudden, severe onset of a headache” to “Sudden onset of a severe headache.” See Figure 81.

• The first portion of Axiom 2 (formerly Axiom 1) has been modified from “Sudden and severe headaches” to “Headaches that are both sudden and severe.” See Figure 81.

  Rationale: This terminology is more accurate in describing the sudden onset of a severe headache.

**Protocol 19: Heart Problems/A.I.C.D**

**Multi-Protocol Changes affecting this protocol: H, I, J, K, T**

**Changes affecting only this protocol:**

• Key Question 6 “Does s/he have chest pain?” has been changed to “Does s/he have chest pain or chest discomfort?”

• The 19-C-3 Determinant Descriptor has been changed from “Chest pain j35” to “Chest pain/discomfort j35.”

• The 19-A-2 Determinant Descriptor has been changed from “Chest pain g35 (without priority symptoms)” to “Chest pain/discomfort g35 (without priority symptoms).”

  Rationale: See Multi-Protocol Change H.

• The send point after Key Question 7 has been changed from “DELTA- or CHARLIE-level codes” to “DELTA or CHARLIE codes 1–5.”

  Rationale: The EMD cannot initiate a 19-C-6 or 19-C-7 response until they have instructed the caller to check the patient’s pulse on Key Question 8. The new wording of the send point excludes these CHARLIE-level codes for this purpose.

• The CEI has been modified slightly as follows: “Utilize the Aspirin Diagnostic & Instruction Tool – if authorized by local Medical Control and the chest pain/discomfort (Heart Attack Symptoms) patient is alert, ≥ 16 years old, and has no reported STROKE symptoms.” See Figure 82.

  Figure 82. Critical EMD Information. Protocol 19. MPDS v13.0. © 1979–2015 PDC.

  Rationale: This wording clarifies the patient qualifications necessary to use the Aspirin Diagnostic & Instruction Tool.

• The Instructions for Taking a Pulse have been largely revised. See Figure 83.
A new CEI has been added to this panel: “Count the beats for 15 seconds.” See Figure 83.

**Rationale:** An Academy study provided these improvements in caller understanding and compliance.

The second bulleted item in the “Heart Attack Symptoms” list has been modified slightly from “Chest pain (now gone)” to “Chest pain/discomfort (now gone).”

**Rationale:** See Multi-Protocol Change H.

The last sentence of the Additional Information section “Heart Attack Symptoms” has been modified from “These symptoms should be handled on Protocol 10” to “These symptoms should be considered equivalent to chest pain.”

**Rationale:** This terminology better reflects varying caller descriptions of chest pain that do not always include the word “pain” and may be felt in other areas. All descriptions of chest discomfort should be considered equivalent to chest pain. See Multi-Protocol Change H.

**Protocol 20: Heat/Cold Exposure**

**Multi-Protocol Changes affecting this protocol:** E, H, I, T

**Changes affecting only this protocol:**

- Key Question 1 “(≥ 35) Does s/he have chest pain?” has been changed to “(≥ 35) Does s/he have chest pain or chest discomfort?”

**Rationale:** See Multi-Protocol Change H.
• The Additional Information has been reorganized by combining all four definitions of “Heat exhaustion,” “Heat stroke,” “Frostbite,” and “Hypothermia” in one section entitled “Problems Associated with Heat/Cold Exposure.” See Figure 84.

Rationale: The former formatting of this section was more akin to definitions than a problem list, and its placement on the left side of the protocol was inappropriate as it is informational, rather than directly functional. The new formatting is more consistent with MPDS formatting standards.

Protocol 21: Hemorrhage/Lacerations

Multi-Protocol Changes affecting this protocol: F, T

Changes affecting only this protocol:

• The send points for “Arrest (per Case Entry) —21-D-1” and “Unconscious (per Case Entry) —21-D-2” have been further differentiated with separate symbols to direct the EMD to “Send & go to PDIs” for arrest patients and “Send & return to questioning” for unconscious patients. See Figure 85.

Rationale: These send points were separated as part of Multi-Protocol Change B, which has allowed separate handling of arrest and unconscious patients on this protocol. For unconscious patients, the remaining Key Questions are essential to determine appropriate instructions for the patient.

• Key Question 1a has been modified to include the word “now”: “(Vaginal and 12–50) Is she pregnant now?” A new Key Question 1ai has also been added: “(Not now – had baby < 1hr ago) Has the afterbirth (placenta) been delivered yet?” If the caller answers “No” to KQ 1ai, the EMD is directed to shunt to Protocol 24. See Figure 85.

• A new DLS Link to F-33 has been added: “POSTPARTUM hemorrhage (placenta delivered).” See Figure 85.

• The POSSIBLY DANGEROUS Hemorrhage list has been slightly modified: “Vaginal” has been separated into two items: “Vaginal (not pregnant)” and “Vaginal (post-partum).” See Figure 85.
A new Rule 6 has been added: “A complaint description of POSTPARTUM hemorrhage only should be handled on Protocol 21 (no complications with baby and placenta has been delivered).” See Figure 85.

**Rationale:** These additions facilitate the triage and care of patients with POSTPARTUM Hemorrhage on Protocol 21, provided the baby and placenta have been delivered.

A new 21-C-3 Determinant Code has been added: “Hemorrhage from varicose veins.”

A new PDI-c has been added: “(Varicose veins) Elevate the affected leg/arm (above heart level) on a cushion, pillow, or other soft object now.”

A new Rule 4 has been added: “Hemorrhage from an enlarged vein, called a varicose vein, can become life threatening if not promptly controlled. The size, volume, and pressure in these extended vessels can result in rapid blood loss. Bleeding should be controlled aggressively with direct pressure (Case Exit X-5).”

**Rationale:** Due to user feedback, these additions were made to address patients who have had an enlarged, extended vein cracked open, cut, or eroded. These situations can be very hard to control, especially in the elderly and/or when complicated by first-party situations. In these situations, elevation enhances the instructions on Panel X-5 and provides the best method for controlling the bleeding in the DLS environment.
• A new Rule 5 has been added: “Abdominal and thoracic eviscerations should be handled on Protocol 27.”

Rationale: This Rule appropriately directs the EMD to Protocol 27: Stab/Gunshot/Penetrating Trauma for eviscerations of the upper body. This Rule has also been added on Protocol 30.

• New suffixes M and T have been added. See Figure 86.

Rationale: These suffixes have been added to allow for response differentiation to address either medical or traumatic bleeding.

• The DANGEROUS Hemorrhage list has been slightly modified: “Post-tonsillectomy” has been removed, and “Postoperative oral-pharyngeal” has been added.

Rationale: This description broadens the types of oral-pharyngeal, postoperative bleeding beyond only tonsillectomies and allows for the appropriate selection of the DANGEROUS hemorrhage code in such situations.

• The NOT DANGEROUS Hemorrhage list has been slightly modified: “Penis (external)” has been added.

Rationale: This addition separates external bleeding from blood in the urine, allowing for local response differentiation.

• Axiom 4 has been modified to include vaginal bleeding and to remove the description of “spotting, blood-tinged, or flecks/specks of blood.” See Figure 87.

Rationale: This Axiom helps clarify for the EMD what constitutes SERIOUS versus MINOR bleeding.
Protocol 22: Inaccessible Incident/Other Entrapments (Non-Traffic)

Multi-Protocol Changes affecting this protocol: B, L, S, T

Changes affecting only this protocol:

- The title of Protocol 22 has been changed from “Inaccessible Incident/Other Entrapments (Non-Vehicle)” to “Inaccessible Incident/Other Entrapments (Non-Traffic).”
- The 22-D-1 Determinant Descriptor has been modified to include “object”: “Mechanical/Machinery/Object ENTRAPMENT.”
- Rule 1 has been modified to remove the specification “mechanical/machinery” and now applies generally to all ENTRAPMENT situations. See Figure 88.

**Figure 88.** Modified Rule 1. Protocol 22. MPDS v12.2 and v13.0. © 1979–2015 PDC.

**Rationale:** These changes reflect the full scope of Protocol 22, which can be used to handle entrapment in a vehicle that is not a result of a traffic incident (e.g., persons trapped while working under a vehicle or persons trapped in the trunk of a vehicle) and can also be used for persons trapped by other non-mechanical objects, such as trees.

- PDI-b has been modified from “Do not enter (re-enter) any hazardous or dangerous areas” to “Do not enter/re-enter any hazardous or dangerous areas.”

**Rationale:** The use of a slash indicates that either term may be used, as appropriate, rather than the former parenthetical, which was incorrectly formatted as a clarifier.
Protocol 23: Overdose/Poisoning (Ingestion)

Multi-Protocol Changes affecting this protocol: I, T

Changes affecting only this protocol:

- A new Key Question 3 has been added: “(OVERDOSE) Does s/he have a weapon?” The remaining Key Questions have been renumbered accordingly. See Figure 89.
- A new suffix has been added: “W = Weapons.”

**Rationale:** Although relatively rare, patients who intentionally overdose may use weapons to prevent anyone from intervening with their plans to harm themselves. This Key Question is formatted in red to indicate its importance to scene safety.

- The Narcotics answer choice on Key Question 7 has been modified from “Narcotics (heroin)” to “Narcotics (heroin, morphine, methadone, OxyContin).” See Figure 89.
- The 23-C-5 Determinant Descriptor has been modified from “Narcotics (heroin)” to “Narcotics (heroin, morphine, methadone, OxyContin, etc.).” See Figure 89.
- The first sentence in Axiom 6 has been modified from “Narcotics (heroin, morphine, Demerol)” to “Narcotics (heroin, morphine, methadone, OxyContin™, etc.).”

Figure 89. Protocol 23. MPDS v13.0. © 1979–2015 PDC.
Rationale: The IAED has identified these four drug types to be the most common narcotics associated with overdose in the U.S. Listing them in these sections guides the EMD to appropriately address narcotics overdose patients. Similar lists will be provided specific to the country or region where the protocol is used.

- A new PDI-b has been added: “(Narcan/Naloxone help requested) I’m going to help you give the Narcan to her/him now.” See Figure 89.
- A new CEI has been added: “Utilize the Narcan/Naloxone Admin. Instructions if help is requested by the caller.” See Figure 89.
- A new DLS Link to Panel Q-1 or R-1 has been added: “Narcan/Naloxone Admin. Instructions.” See Figure 89.
- The last sentence in Axiom 6 has been modified to clarify the role of callers in administering naloxone to patients in need, along with a prompt to PAI Q or R: “The effects of narcotic OVERDOSE can be treated with a specific drug (naloxone) in the prehospital environment, even by callers if they have it. (See Narcan/Naloxone Admin. Instructions – PAI Q or R.)”

Rationale: These changes coincide with the addition of Protocol Q: Narcan/Naloxone Nasal Instructions and Protocol R: Naloxone Auto-Injector (Evzio) Instructions.

- The OVERDOSE definition has been modified to include the following clarifier: “(≥ 8 years old).”

Rationale: It is irrelevant whether an ingestion/poisoning was accidental or intentional in pediatric cases under age 8.

Protocol Q: Narcan/Naloxone Nasal Instructions

Multi-Protocol Changes affecting this protocol: Z

Changes affecting only this protocol:

- A new Protocol Q: Narcan/Naloxone Nasal Instructions has been added for administration of Narcan/naloxone through nasal spray. (This Protocol appears as a pullout behind Protocol 23 in the cardset.) Panels 1 through 5 include instructions for preparing the delivery device, attaching the Narcan vial, administering the first and second doses, and monitoring the patient to assure recovery. The central CEI section also provides background information and troubleshooting for the EMD. See Figure 90.
Rationale: These instructions provide the EMD with exact scripting to reassure and guide the caller through the nasal spray administration of Narcan/naloxone to best help the patient before responders arrive.

Protocol R: Naloxone Auto-Injector (Evzio) Instructions

Multi-Protocol Changes affecting this protocol: Z

Changes affecting only this protocol:

- A new Protocol R: Naloxone Auto-Injector (Evzio) Instructions (Panels 1–4) has been added for administration of naloxone with the use of an injector. (This Protocol appears as a pullout behind Protocol 23 in the cardset.) Panels 1 through 4 include instructions for preparing the delivery device, injecting the medicine, monitoring the patient to assure recovery, and advising a second injection if the patient’s symptoms are recurring/not improving. The central CEI section also provides background information and troubleshooting for the EMD. See Figure 91.

Rationale: These instructions provide the EMD with exact scripting to reassure and guide the caller through the naloxone injection to best help the patient before responders arrive.
Protocol 24: Pregnancy/Childbirth/Miscarriage

Multi-Protocol Changes affecting this protocol: M

Changes affecting only this protocol:

- The PQQ on Key Questions 2 and 3 has been changed from “(≥ 5 months/20 weeks)” to “(≥ 6 months/24 weeks).” See Figure 92.
- The clarifier on 24-D-3 has been changed from “(≥ 5 months/20 weeks)” to “(≥ 6 months/24 weeks).” See Figure 92.
- The clarifier on 24-B-1 has been changed from “(delivery not imminent, ≥ 5 months/20 weeks)” to “(delivery not imminent, ≥ 6 months/24 weeks).” See Figure 92.
- The ranges defining 2nd TRIMESTER and 3rd TRIMESTER have been adjusted: 3rd TRIMESTER now represents “6 to 9 months, 24 to 40 weeks” and 2nd TRIMESTER now represents “4 to 5 months, 13 to 23 weeks.”
- The HIGH RISK Complications definition list has been modified to reflect these time frame changes:
  - The range for “Premature birth” has been changed from “(20–36 weeks)” to “(24–36 weeks).”
  - The range for “Multiple birth” has been changed from “(≥ 20 weeks)” to “(≥ 24 weeks).”
• The **MISCELLANEOUS** definition has been changed from “prior to 5 months or 20 weeks of gestation” to “prior to 6 months or 24 weeks of gestation.”

**Rationale:** These defined ranges have been adjusted based on the likelihood of fetal survival outside the womb in the prehospital setting.

• A new Key Question 4 has been added: “(< 6 months/24 weeks) Does she have abdominal pain?” The remaining Key Questions have been renumbered accordingly. See Figure 92.

![Figure 92. Key Questions and Determinant Descriptors. Protocol 24. MPDS v13.0. © 1979–2015 PDC.](image-url)

• A new 24-C-3 Determinant Code has been added: “**Abdominal pain/cramping (< 6 months/24 weeks and no fetus or tissue).**” The remaining CHARLIE-level code and the corresponding director “Baby born (no complications)” following Key Question 2 have been renumbered accordingly. See Figure 92.
• The former Axiom 3 has been moved to Rule 2 and slightly modified to include the words “pain” and “anytime”: “Abdominal pain/cramping anytime during pregnancy should be considered contractions until proven otherwise.” The remaining Rules and Axioms have been renumbered accordingly.

Rationale: These additions and modifications err on the side of caution and appropriately emphasize that the EMD should consider a description of abdominal pain or cramping to be contractions anytime during pregnancy, including for a woman who is not in her 3rd TRIMESTER (less than 6 months/24 weeks along).

• A new suffix has been added: “M = Multiple birth.”

Rationale: This suffix code allows for more specific data collection and differentiation of local response.

• A new CEI has been added: “Follow the BREECH Positioning pathway when cervical cerclage (stitch) is associated with labor.” See Figure 93.

• A new DLS Link to F-25 has been added: “Cervical cerclage (labor IMMINENT or not imminent).” See Figure 93.

• The patient condition “Cervical cerclage (stitch)” has been added to the HIGH RISK Complications definition list.

• A new Rule 5 and a new Axiom 3 have been added. See Figure 94.

Rationale: The condition “cervical cerclage (stitch)” has been added to Protocol 24 and is handled on Protocol F using the BREECH Positioning pathway (see Protocol F changes). This condition is considered HIGH RISK and must be handled by medical professionals, as indicated.

• The HIGH RISK Complications definition list has been modified to include “Placenta abruption” and “Placenta previa.”
• New Axioms 4 and 5 have been added. See Figure 95.

Rationale: “Placenta abruption” and “placenta previa” are now Academy-recommended **HIGH RISK Complications** that can be defined and authorized by local Medical Control. Axioms 4 and 5 provide EMDs with a background understanding of these conditions.

• The former DLS Link to X-1 “Other situations (MISCARRIAGE)” has been removed and replaced by a new DLS Link to Panel G-1: “MISCARRIAGE.” See Figure 93.

Rationale: The new Protocol G (Panels 1–9) is designed to provide instructions for miscarriage situations. (This Protocol appears as a pullout behind Protocol 24 in the cardset.)

• The “Labor (delivery not imminent)” DLS Link to F-12 has been redirected to Panel F-2. See Figure 93.

Rationale: Panel F-2 allows for birthing preparation while awaiting imminent delivery.

• A new item has been added to the **IMMINENT Delivery** definition: “Pushing or straining.” See Figure 96.

• The former Rule 2 has been removed: “When crowning (top of baby’s head is visible) and/or pushing is present, turn to PAI Childbirth–Delivery sequence ‘Check Crowning’ (F-4) since birth is IMMINENT.”

• The former Axiom 1 has been removed: “In general, first full primigravida patients progress through labor more slowly than second plus, full multigravida patients.” The remaining Axioms have been renumbered accordingly.
Rationale: The added description of “pushing or straining” expands the **IMMINENT DELIVERY** definition. The former Rule 2 was removed as it is redundant to the DLS Link, and the former Axiom 1 was removed to allow more space for other protocol additions.

- A new definition for **POSTPARTUM Hemorrhage** has been added: “Vaginal bleeding ≤ 8 weeks after delivery.”

- A new Rule 4 has been added. The remaining Rules have been renumbered accordingly. See Figure 97.

*Rationale:* **POSTPARTUM Hemorrhage** has been defined for clarification and, by Rule, should be handled on Protocol 21 due to new additions specifically addressing this condition.

Figure 97. New Rules 4 and 6. Protocol 24. MPDS v13.0. © 1979–2015 PDC.

- A new Rule 6 has been added. See Figure 97.

*Rationale:* This Rule provides an exception to obstetric council recommendations for allowing additional time after delivery prior to tying the cord. If the mother or baby develops complications, appropriate care involves tying the cord immediately rather than waiting the newly recommended three minutes.

- The former Rule 3 has been moved to Axiom 2: “**Presentation** of the cord, hands, feet, or buttocks first (**BREECH**) is a **dire prehospital emergency**. Often the only chance for survival of the baby is at the hospital. (See also PAI Childbirth–Delivery sequence ‘Evaluate **BREECH**’ F-20.)” The remaining Rules and Axioms have been renumbered accordingly.

*Rationale:* This information provides important background knowledge and is better expressed as an Axiom because it does not direct the EMD to take a specific action.
Protocol G: Miscarriage

Multi-Protocol Changes affecting this protocol: Z

Changes affecting only this protocol:

- A new Protocol G (Panels 1–9) has been added in conjunction with Protocol F to handle MISCARRIAGE situations. (This Protocol appears as a pullout behind Protocol 24 in the cardset.) These Panels include instructions for “Evaluate MISCARRIAGE,” “Wrap Fetus (and Afterbirth),” “Suprapubic Pressure,” “Fundal Massage,” “Wait and Monitor,” etc. See Figure 98.

![Figure 98. New Miscarriage Protocol G. Panels 1–9. MPDS v13.0. © 1979–2015 PDC.](image)

**Rationale:** These instructions are essential for safely and empathetically addressing the needs of a miscarriage patient.

Protocol 25: Psychiatric/Abnormal Behavior/Suicide Attempt

Multi-Protocol Changes affecting this protocol: M, R, T

Changes affecting only this protocol:

- The wording of the Key Question 4 answer choice “Laceration” has been changed to “Cut/Laceration.”

  **Rationale:** This wording more appropriately reflects the common terminology used by callers to report a cut or laceration injury.

- The wording of the Key Question 4 answer choice/SHUNT to Protocol 8 “Carbon monoxide/Inhalation/HAZMAT” has been changed to “Carbon monoxide/Inhalation/HAZMAT/Chemical suicide.”
• A new Rule 2 has been added. The remaining Rules have been renumbered accordingly. See Figure 99.

• A new AI section “Chemical Suicide” has been added. (A slightly abbreviated version appears in the cardset to allow for spacing.) See Figure 100.

**Chemical Suicide**
Suicide by *inhaling poisonous vapors* that can be created from a mixture of *household chemicals*. Also known as “detergent suicide.” Patients enclose themselves in a *small room or vehicle*, then mix two or more household chemicals to produce a *toxic gas*.

Often, patients *will tape window and door seams shut* and post *warning notes* to prevent harm to others, such as “Danger,” “Toxic gas,” or “Call 911.” The immediate area also frequently *smells of rotten eggs or sulfur*, but *Emergency Dispatchers should not rely* on this indicator alone as a warning signal.

*Hydrogen sulfide (H2S)* and *hydrogen cyanide (HCN)* are two of the most commonly produced toxic vapors for chemical suicides. Hydrogen sulfide can cause *coma and death* at 1,000 parts per million (only 0.1%). Callers and bystanders should *avoid patient contact* as these gases are present in the *patient’s exhalations* and exposure can cause *severe injury*.

Over 200 people in Japan committed suicide in a three-month period in 2008 by using this method.

**Rationale:** These changes accommodate the increased number of chemical suicide attempts encountered by EMS. These situations involve the release of highly toxic vapors that pose a danger to the caller, bystanders, and responders alike. By Rule, chemical suicides should be handled on Protocol 8 to address scene safety.

• A new Key Question 5a has been added: “*(Yes and Hanging, Strangulation, or Suffocation)* Does s/he have difficulty breathing?”

• A new 25-D-3 Determinant Code has been added: “*Near hanging, strangulation, or suffocation* (alert with difficulty breathing).” In conjunction with this change, the 25-B-5 clarifier “(alert)” has been changed to “(alert without difficulty breathing).”

**Rationale:** These changes accommodate the appropriate prioritization of a suicide attempt involving near hanging, strangulation, or suffocation when the alert patient is having difficulty breathing.

• A new CEI has been added: “*Follow agency policy on contacting Suicide and Mental Health Helplines.*”

**Rationale:** This CEI appropriately prompts the EMD to follow their agency policy on these matters.
Protocol 26: Sick Person (Specific Diagnosis)

Multi-Protocol Changes affecting this protocol: E, H, T

Changes affecting only this protocol:

- The Key Question 1 send point to 26-D-1 “No” has been removed. See Figure 101.

Rationale: The Standards Council reasoned that continuing with the remaining Key Questions would not significantly impact dispatch time and could provide important information even in a patient who is not alert.

![Figure 101. Key Questions. Protocol 26. MPDS v12.2 and v13.0. © 1979–2015 PDC.](image)
• The former Key Question 3 “Does s/he have any pain?” and Key Question 4 “Is s/he bleeding or vomiting blood?” have been reversed in order. See Figure 101.

**Rationale:** This order prevents the possibility of shunting to Protocol 10 for a patient who is bleeding or vomiting blood as these conditions are best handled on Protocol 21: Hemorrhage/Lacerations regardless of other symptoms.

• The answer choice/SHUNT to Protocol 10 “Chest” has been changed to “Chest pain (including discomfort).” See Figure 101.

**Rationale:** “Chest discomfort” has been added throughout the protocol to capture heart attack symptoms that may not be described using the word “pain.” See Multi-Protocol Change H.

• The POQ “(Alert)” and the answer choice “Autonomic dysreflexia/hyperreflexia” have been added to Key Question 4 (formerly KQ 3): “Does s/he have any pain?” See Figure 101.

• A new 26-C-4 Determinant Code has been added: “Autonomic dysreflexia/hyperreflexia.”

• A new Rule 6 and a new Axiom 4 have been added. See Figure 102.

**Figure 102.** New Rule 6 and Axiom 4. Protocol 26.

**Rationale:** These additions originated from several cases of autonomic dysreflexia/hyperreflexia that were reported to dispatch without priority symptoms. The new Determinant Code allows agencies to assign a specific response to these cases, similar to sickle cell crisis and thalassemia cases.

• The clarifier “(non-OMEGA-level)” has been added to the NON-PRIORITY Complaints (ALPHA-level) 26-A-8 Determinant Code: “Other pain (non-OMEGA-level).”

**Rationale:** This clarifier prevents any miscoding of other pain-related Determinant Codes listed on the OMEGA level.
• A new 26-A-12 Determinant Code has been added: “Possible meningitis.”

• The clarifier on 26-A-1 has been changed from “(complaint conditions 2–11 not identified)” to “(complaint conditions 2–12 not identified).”

  **Rationale:** These changes allow for specific coding of a complaint of meningitis, NON-PRIORITY complaint 26-A-12.

• The clarifier “urinary” has been added to the **NON-PRIORITY Complaints (OMEGA-level)** 26-Ω-6 Determinant Code: “Catheter (urinary – in/out without hemorrhaging).”

  **Rationale:** This clarifies that the code is meant for urinary catheters only.

• Two new DLS Links to NABC-1 have been added: “Unconscious” and “INEFFECTIVE BREATHING and Not alert.”

  **Rationale:** This provides appropriate links for cases in which a patient deteriorates during Key Questioning. See Multi-Protocol Change E.

• A new Rule 1 has been added. The remaining Rules have been renumbered accordingly. See Figure 103.

  ![Figure 103. New Rule 1. Protocol 26. MPDS v13.0. © 1979–2015 PDC.](image)

  **Rationale:** OMEGA-level codes may only be selected if the patient is assessed in close proximity. Any “unknowns” must be handled by on-site evaluation. This Rule already functions as part of ProQA, which automatically defaults to an ALPHA-level code when an OMEGA condition is selected on a 3rd or 4th party caller.

• The former Rule 1 has been removed and replaced with a new Rule 2. See Figure 104.

  ![Figure 104. New Rule 2. Protocol 26. MPDS v12.2 and v13.0. © 1979–2015 PDC.](image)
**Rationale:** Outcome data has shown that symptoms other than chest pain that are “discovered” during Key Questioning, rather than being expressed at Case Entry, are significantly less likely to be associated with poor outcomes. The new associated Determinant Descriptors allow for appropriate local assignment. The former Rule 1 was removed as it is redundant with protocol pathways.

**Protocol 27: Stab/Gunshot/Penetrating Trauma**

Multi-Protocol Changes affecting this protocol: F, L, M, P, T

Changes affecting only this protocol:

- The phrase “Explosive GSW to head” has been removed from the PQQ for Key Question 1, the 27-B-5 Determinant Descriptor, and in the title of the definition of **OBVIOUS DEATH**. The definition has also been modified to remove all references to gunshot wounds: “An **unquestionable** situation due to severe injuries **obviously incompatible with life**.”

  **Rationale:** The term **OBVIOUS DEATH** is applicable to other forms of injury handled on this protocol (i.e., stabbing or penetrating trauma) and refers to an unquestionable lack of survival, not a specific mechanism of injury such as a gunshot wound. The new definition is meant to be all-encompassing and to include these other presentations.

- Suffixes **X** and **Y** have been modified to include the clarifier “(intentional).” Suffix **Y** has been further modified from “Self-inflicted stab” to “Self-inflicted knife/stab wound (intentional).” See Figure 105.

**Figure 105.** Problem Suffixes and IMPALED definition. Protocol 27. MPDS v13.0. © 1979–2015 PDC.

**Rationale:** The clarifiers ensure that these suffixes are selected for intentional, not accidental acts, as their scene safety issues vary dramatically.
• Suffix P has been modified from “Penetrating Trauma” to “Penetrating wound (not IMPALED now).” See Figure 105.

• A new suffix has been added: “I = IMPALED currently.” See Figure 105.

• A new IMPALED definition has been added. See Figure 105.

  **Rationale:** Penetrating injuries involving current impalement require different resource and response allocation due to the need for extrication experts.

• PDI-c has been modified slightly to include the instruction “Please leave everything as you found it” and to specify whether the EMD can do anything else “for you (or your family).” See Figure 106.

![Figure 106. Modified Post-Dispatch Instruction c. Protocol 27. MPDS v13.0. © 1979–2015 PDC.](image)

  **Rationale:** This PDI has been modified to match the same instruction on Protocol 9. The instruction to leave everything as it is helps preserve evidence on the scene, and “(or your family)” is a new, situational addition to the instruction.

**Protocol 28: Stroke (CVA)/Transient Ischemic Attack (TIA)**

**Multi-Protocol Changes affecting this protocol:** E, T

**Changes affecting only this protocol:**

• A new Key Question 4a has been added: “(Unknown) When was the last time s/he was seen to be normal?” See Figure 107.

![Figure 107. New Key Question 4a. Protocol 28. MPDS v13.0. © 1979–2015 PDC.](image)

  **Rationale:** This additional question provides the most accurate and applicable estimate of symptom onset when an exact time is unknown.

• The Stroke Dx levels of stroke evidence—CLEAR, STRONG, and PARTIAL evidence of stroke—have been formatted in all caps wherever they are referenced, including the suffixes on Protocol 28.

  **Rationale:** This formatting indicates that the use of these terms relates specifically to the findings of the Stroke Diagnostic formula.
• The “X” variable that formerly represented the “Time window set by local Medical Control” has been changed to “T.” See Figure 108.

Rationale: The letter was changed to prevent any confusion with the established suffix “X = (No test evidence (Less than “T” hrs).” The selection of “T” is also a logical representation of “Time window.”

Stroke Diagnostic Tool

Multi-Protocol Changes affecting this protocol: None

Changes affecting only this protocol:

• The answer choice “Cannot complete request at all” on Diagnostic Questions 2–4 has been modified with corresponding clarifiers for each question: “Cannot complete request (to smile),” “Cannot complete request (to raise arms),” and “Cannot complete request (to speak).”

Rationale: Adding specific clarifiers to these answer choices makes the selection clearer for the EMD.

• The Stroke Dx levels of stroke evidence—CLEAR, STRONG, and PARTIAL evidence of stroke—have been formatted in all caps wherever they are referenced, including in the Critical EMD Information, formula, and the Limitations Warning section.

Rationale: This formatting indicates that the use of these terms relates specifically to the findings of the Stroke Diagnostic formula.
Protocol 29: Traffic/Transportation Incidents

Multi-Protocol Changes affecting this protocol: B, L, M, O, T

Changes affecting only this protocol:

- The early Sinking Vehicle send point has been modified to include Vehicle in Floodwater. See Figure 109.

- A new DLS Link to Protocol L: Vehicle in Water has been added along with the Sinking Vehicle symbol: L-2 “Vehicle in Floodwater (1st party).” The “Sinking Vehicle (1st party)” DLS Link has also been modified to guide the EMD directly to Panel L-1. See Figure 109.

- The HIGH MECHANISM (D-2) suffix “s – Sinking vehicle” has been changed to “s – Sinking vehicle/Vehicle in floodwater.” See Figure 110.

Figure 109. Early send point and DLS Links for Sinking Vehicle/Vehicle in Floodwater. Protocol 29. MPDS v13.0. © 1979–2015 PDC.

Figure 110. New MAJOR INCIDENT and HIGH MECHANISM suffixes and new DELTA-level Determinant Codes. Protocol 29. MPDS v13.0. © 1979–2015 PDC.
Rationale: These changes correlate with the new vehicle in floodwater instructions added to Protocol L: Vehicle in Water.

- Two new MAJOR INCIDENT (D-1) suffixes have been added: “g – Street car/Tram/Light rail” and “h – Vehicle vs. building.” As a result, the clarifier on 29-D-1 has been changed from “(a through f)” to “(a through h).” See Figure 110.

- A new HIGH MECHANISM (D-2) suffix has been added: “t – Train/Light rail vs. pedestrian.” As a result, the clarifier on 29-D-2 has been changed from “(k through s)” to “(k through t).” See Figure 110.

Rationale: These new suffixes accommodate additional incidents that may warrant specific resource/response allocations.

- The HIGH MECHANISM suffix “l – Auto–bicycle/motorcycle” has been changed to “l – Auto vs. bicycle/Auto vs. motorcycle.” See Figure 110.

- The HIGH MECHANISM suffix “m – Auto-pedestrian” has been changed to “m – Auto vs. pedestrian.” See Figure 110.

Rationale: These suffixes have been modified to clarify their original intent.

- A new 29-D-3 Determinant Code has been added: “HIGH VELOCITY impact.” The remaining DELTA-level Determinant Codes have been renumbered accordingly. See Figure 110.

- A coordinating HIGH VELOCITY Impact definition has been added. See Figure 111.

Rationale: This Determinant Code and definition allow appropriate response assignment for a broad range of incidents that may involve a high mechanism of injury but are not included in current definitions/classifications. A similar change has been made to Protocol 30.

- Two new Determinant Codes: 29-D-6 “Arrest” and 29-D-7 “Unconscious” have been added. The remaining DELTA-level Determinant Codes have been renumbered accordingly. See Figure 110.

- A new DLS Link to NABC-1 has been added: “Arrest.”

Rationale: The separate conditions of “arrest” and “unconscious” reflect Multi-Protocol Change F and were added to this protocol for consistency among the trauma protocols. The DLS Link accommodates the new “Arrest” Determinant Code.
Following Key Question 4, “Does everyone appear to be completely awake (alert)?” new subquestions 4a and 4ai have been added: 4a “(No) Okay, is s/he breathing right now?” and 4ai “(Yes) Is her/his breathing noisy (not normal)?” See Figure 112.

The former 29-D-5 Determinant Code “Not alert” has been removed and replaced by two new DELTA-level Determinant Codes in conjunction with the breathing subquestions 4a and 4ai: 29-D-8 “Not alert with noisy breathing (abnormal)” and 29-D-9 “Not alert with normal breathing.” See Figure 110.

Rationale: These additional questions allow for more specific response assignment and assess the potential need for Pre-Arrival Instructions. The separation of the “Not alert” codes accommodates local assignment differentiation of traumatic airway problems associated with Traffic/Transportation Incidents.

A new 29-B-4 Determinant Code has been added: “LOW MECHANISM (1\textsuperscript{st} or 2\textsuperscript{nd} party caller).” The remaining BRAVO-level Determinant Code has been renumbered accordingly.

A new coordinating LOW MECHANISM definition has been added. See Figure 113.

Rationale: This new definition and associated Determinant Code allows for appropriate response assignment for a range of obviously LOW MECHANISM incidents that may have received an inappropriate high-level response in previous versions of the MPDS, i.e., auto vs. pedestrian occurring at very low speed.
• A new 29-A-2 Determinant Code has been added: “No injuries reported \( (\text{unconfirmed} \text{ or } \geq 5 \text{ persons involved}).”

• The clarifier on 29-Ω-1 has been changed from “\( (\text{confirmed}) \)” to “\( (\text{confirmed for all persons up to 4}).”

• A new Rule 3 has been added. See Figure 114.

**Rationale:** This new Determinant Code allows for appropriate response assignment, or OMEGA referral, when a limited number of people in a traffic/transportation incident all personally confirm that they are not injured, as explained in Rule 3.

• **Cardset only:** The suffix “\( M = \text{Multiple patients} \)” has been reassigned the letter “\( V. \)” See Figure 115.

• **Cardset only:** The suffix “\( A = \text{Multiple patients and Additional response required} \)” has been reassigned the letter “\( Y. \)” See Figure 115.

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**Figure 114.** New Rule 3. Protocol 29. MPDS v13.0. © 1979–2015 PDC.

**Figure 115.** Problem Suffixes. Protocol 29. MPDS v12.2 and v13.0. © 1979–2015 PDC.

**Rationale:** The letters “\( m \)” and “\( a \)” were already used as suffixes to indicate a HIGH MECHANISM incident (\( m \) – Auto vs. pedestrian) or a MAJOR INCIDENT (\( a \) – Aircraft). The new letter assignments clarify any confusion caused by this former duplication.

• **Cardset only:** The “Scene safety” symbol has been added to PDI-e: “For everyone’s safety, (tell any bystanders to) stand well clear of approaching traffic. If it’s safe to do so, turn on flashing hazard lights.”

**Rationale:** This instruction is related to the safety of the caller and bystanders on the scene.
• The **NOT DANGEROUS Body Area** list has been slightly modified: “Arm” has been changed to “Arm, upper,” “Forearm” has been added, and “Leg, lower (tibia)” has been changed to “Leg, lower.”

**Rationale:** See Multi-Protocol Change O.

• The former Rule 3 has been removed “The patient’s age does not formally need to be determined initially in traffic incidents (and other multiple patient events). If individual patient assessment is possible, age should be determined at that time.”

**Rationale:** This Rule was considered redundant to the protocol pathway and was removed to accommodate other content.

• **Cardset only:** The SEND Protocol (Medical Miranda Card) AI section has been removed.

  **Rationale:** The SEND Protocol section was removed to allow space for other protocol additions. It remains in ProQA.

### Protocol L: Vehicle in Water

**Multi-Protocol Changes affecting this protocol:** None

**Changes affecting only this protocol:**

• The title of the “Sinking Vehicle (1st party)” Protocol has been changed to Protocol L: “Vehicle in Water.” See Figure 116.

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Figure 116. New Protocol L: Vehicle in Water, Sinking Vehicle (Caller Inside), Panels 1–1d. MPDS v13.0. © 1979–2015 PDC.
• Panels L1–L1d have been restructured and largely revised with varied instructions for “Sinking Vehicle (Caller Inside).” These instructions include the following Panels: “Break Window,” “Try Again to Break Window,” “Exit Vehicle,” and “Vehicle Underwater.” See Figure 116.

• New Panels L2–L2e have been added with instructions for “Vehicle in Floodwater (Caller Inside).” These instructions are similar to the new portions of the Sinking Vehicle Protocol, though altered to address floodwater situations. See Figure 117.

Rationale: The new title of Protocol L applies to both sinking vehicles and vehicles in floodwater and the instructions contained on this protocol. The new additions provide alternatives for escape whether a first-party caller’s vehicle is submerged in a body of water or caught in floodwater. New questions and instructions address the possibility of children in the vehicle, instruct the caller to get to the back seat, suggest the use of a heavy object to break the side window, and/or instruct the caller to try to kick the side window. These changes incorporate the latest research in this field and are in line with the most recent version of the FPDS®.

• Cardset only: The former Vehicle Submersion CEI section has been removed from the Sinking Vehicle panels.

Rationale: The Vehicle Submersion CEI section was considered less essential and was removed to allow space for further instructions for the caller. The CEI section remains in ProQA under the “Special Information” tab.
Protocol 30: Traumatic Injuries (Specific)

Multi-Protocol Changes affecting this protocol: B, F, M, N, O, P, T

Changes affecting only this protocol:

- The send points for “Arrest (per Case Entry)—30-D-1” and “Unconscious (per Case Entry)—30-D-2” have been further differentiated with separate symbols to direct the EMD to “Send & go to PDIs” for arrest patients and “Send & return to questioning” for unconscious patients. See Figure 118.

Rationale: These send points were separated as part of Multi-Protocol Change F, which has allowed separate handling of arrest and unconscious patients on this protocol. For unconscious patients, the remaining Key Questions are essential to determine appropriate instructions for the patient.

- A new Key Question 3b has been added: “(NOT DANGEROUS body area only*) Is it obviously bent out of shape?”

- Standard protocol only: A new coordinating 30-A-1 Determinant Code has been added: “Marked (*) NOT DANGEROUS body area with deformity.” The remaining ALPHA-level Determinant Codes have been renumbered accordingly.

- Omega protocol only: A new coordinating 30-A-1 Determinant Code has been added: “Marked (*) NOT DANGEROUS PROXIMAL or DISTAL body area with deformity.” The remaining ALPHA-level Determinant Codes have been renumbered accordingly.

Rationale: See Multi-Protocol Change N.

- A new 30-D-5 Determinant Code has been added: “HIGH VELOCITY impact/MASS injury.”

- A coordinating HIGH VELOCITY Impact/MASS Injury definition has been added. See Figure 119.
**Rationale:** This Determinant Code and definition allow appropriate response assignment for a broad range of incidents that may involve a high mechanism of injury but are not included in current definitions/classifications. A similar change has been made on Protocol 29.

- A new 30-B-3 Determinant Code has been added: “**Unknown** body area (remote patient location).”

  **Rationale:** This Determinant Code allows agencies to assign a standardized response for unknown situations when the caller is not near the patient.

- A DLS Link to X-5a has been added: “**Nosebleed Control.**”

  **Rationale:** This link may be appropriate to provide instructions for some traumatic injury incidents.

- A new Rule 1 has been added. See Figure 120.

  **Rationale:** This Rule provides a safety net to guide the EMD to Protocol 21 when **DANGEROUS**, uncontrolled hemorrhage is present but the Chief Complaint description suggests another protocol, e.g., injured neck or ground-level fall.

![Figure 120. New Rules 1 and 6. Protocol 30. MPDS v13.0. © 1979–2015 PDC.](image)

- A new Rule 6 has been added. See Figure 120.

  **Rationale:** This Rule appropriately directs the EMD to Protocol 27: Stab/Gunshot/Penetrating Trauma for eviscerations of the upper body. This Rule has also been added on Protocol 21.

- The **POSSIBLY DANGEROUS Body Area** list has been slightly modified: “Groin” has been added.

- The **NOT DANGEROUS Body Area** list has been slightly modified: “Arm” has been changed to “Arm, upper,” “Forearm” has been added, “Leg, lower (tibia)” has been changed to “Leg, lower,” and “Tailbone (coccyx)” has been added. Asterisks have also been added to “Arm, upper,” “Elbow,” and “Knee.”

  **Rationale:** See Multi-Protocol Change O.
Protocol 31: Unconscious/Fainting (Near)

Multi-Protocol Changes affecting this protocol: A, I, S, T

Changes affecting only this protocol:

- The former PDI-b has been divided into PDIs b and c with appropriate PIQs:
  - PDI-b: “(≥ 1 + ECHO, D-1) If there is a defibrillator (AED) available, send someone to get it now, and tell me when you have it.”
  - PDI-c: “(≥ 1 + D-2, 3, 4) If there is a defibrillator (AED) available, send someone to get it now in case we need it later.”

  **Rationale:** If the patient is not breathing or is breathing ineffectively, as is the case for either a 31-E-1 or 31-D-1 Determinant Code, the EMD should quickly proceed to lifesaving instructions, including the use of an AED as soon as it is available. In other cases where the patient is still breathing but is indicating potential for cardiac arrest (specifically D-2, 3, 4), the AED should simply be made available in case the patient’s condition worsens.

- A new PDI-d has been added: “(Narcan/Naloxone help requested)
  I’m going to help you give the Narcan to her/him now.”

- A new CEI has been added: “Utilize the Narcan/Naloxone Admin. Instructions if help is requested by the caller.”

- A new DLS Link to Panel Q-1 or R-1 has been added: “Narcan/Naloxone Admin. Instructions.”

  **Rationale:** These changes coincide with the addition of Protocol Q: Narcan/Naloxone Nasal Instructions and Protocol R: Naloxone Auto-Injector (Evzio) Instructions.

- Rule 3 has been slightly modified to format “UNCERTAIN” in bolded all caps: “The initial Chief Complaint of seizure, even if the patient is unconscious and not breathing (or if breathing status is UNCERTAIN), should be handled on Protocol 12.”

  **Rationale:** This change reflects the new UNCERTAIN BREATHING definition on Case Entry.

- Axiom 2 has been modified to remove the ending phrase “and aneurysm.” See Figure 121.
**Rationale:** This Axiom applies specifically to ectopic pregnancy cases, not necessarily aneurysm cases.

- A new Axiom 6 has been added. See Figure 122.

![Figure 122. New Axiom 6. Protocol 31. MPDS v13.0. © 1979–2015 PDC.](image)

**Rationale:** This Axiom describes pre-hospital patient care for a narcotic overdose. This Axiom is also on Protocol 23.

**Protocol 32: Unknown Problem (Person Down)**

Multi-Protocol Changes affecting this protocol: T

Changes affecting only this protocol:

- The title of Protocol 32 has been changed from “Unknown Problem (Man Down)” to “Unknown Problem (Person Down).”
  **Rationale:** This title is more appropriate to address patients of either gender.

- Key Question 2 has been modified from “Did you ever hear her/him talk (cry)?” to “Did you ever hear her/him talk/cry?”
  **Rationale:** The use of a slash indicates that either term may be used, as appropriate, rather than the former parenthetical, which was incorrectly formatted as a clarifier.
Protocol 33: Transfer/Interfacility/Palliative Care

Multi-Protocol Changes affecting this protocol: None

Changes affecting only this protocol:

- The former Key Question 4 “Does s/he have any significant bleeding or shock symptoms?” has been divided into Key Question 4 “Does s/he have any significant bleeding?” and Key Question 5 “Does s/he have any shock symptoms?” The remaining Key Questions have been renumbered accordingly. See Figure 123.

- The former Determinant Code 33-C-3 “Significant hemorrhage or shock” has been divided into Determinant Codes 33-C-3 “Significant hemorrhage” and 33-C-4 “Shock.” The remaining CHARLIE-level Determinant Codes have been renumbered accordingly. See Figure 124.

Rationale: The former Key Question created an ambiguous answer; if the caller answered “Yes,” it was unclear as to whether s/he was confirming significant bleeding, shock, or both. The Key Question and corresponding Determinant Code have been divided to address these symptoms separately, which allows for local response assignment differentiation and data collection.
• The Determinant Descriptor for 33-C-6 (formerly 33-C-5) has been modified from “Acute severe pain” to “Severe pain.” See Figure 124.

  Rationale: The presence of severe pain may require ALS-level resources to manage the pain, whether acute or chronic.

Protocol 34: ACN (Automatic Crash Notification) (ProQA only)

Multi-Protocol Changes affecting this protocol: C, O, T

Changes affecting only this protocol:

• A new definition for Alternative Fuel has been added. See Figure 125.

  **Alternative Fuel**
  Any fuel that is not gasoline or diesel. Examples of concern are hydrogen, compressed natural gas (CNG), and propane fuel (LP gas).

  **Figure 125.** Alternative Fuel definition. Protocol 34 (ProQA only). MPDS v13.0. © 1979–2015 PDC.

  **Rationale:** This definition clarifies what is meant when referring to alternative fuel, specifically naming examples of concern. This same definition is also used in the FPDS®.

• The NOT DANGEROUS Body Area list has been slightly modified: “Arm” has been changed to “Arm, upper,” “Forearm” has been added, and “Leg, lower (tibia)” has been changed to “Leg, lower.”

  **Rationale:** See Multi-Protocol Change O.

Protocol 36: Pandemic/Epidemic/Outbreak (Surveillance or Triage)

Multi-Protocol Changes affecting this protocol: C, H, I, J, T

Changes affecting only this protocol: None

Protocol N: Airway/Arrest/Choking (Unconscious) – Newborn/Neonate < 30 days

Multi-Protocol Changes affecting this protocol: A, U, V, W, X, Z

Changes affecting only this protocol:

• **Cardset only:** Formerly in ProQA only, a new Protocol N: Airway/Arrest/Choking (Unconscious) – Newborn/Neonate < 30 days (Panels 1–18a) has been added as a pullout behind Protocol A in the cardset. See Figure 126.

  **Rationale:** These Pre-Arrival Instructions guide the caller through lifesaving steps specifically tailored for a newborn with an airway/arrest/choking condition, now provided both in software and in the cardsets.
• The instruction for mouth-to-mouth on Panels N-4, N-11, and N-16 has been changed from “then blow 2 puffs of air into the lungs, about 1 second each…” to “then blow 5 puffs of air into the lungs, about a half-second each…” See Figure 126.

![Figure 126. Protocol N (formerly in ProQA only). Panels 1–9. MPDS v13.0. © 1979–2015 PDC.](image)

• The instruction for continuing mouth-to-mouth on Panel N-17 has been changed from “Okay, now give the baby 1 puff every 3 seconds” to “Okay, now give the baby 1 puff every second.”

Rationale: These changes are in accordance with current AHA/ILCOR guidelines for neonates in an effort to provide more initial breaths while preventing over-inflation.

**Protocols A and Ya**

Multi-Protocol Changes affecting this protocol: A, U, V, W, X, Z

Changes affecting only this protocol: None

**Protocols B and Yb**

Multi-Protocol Changes affecting this protocol: A, U, V, W, X, Y, Z

Changes affecting only this protocol: None
Protocols C and Yc

Multi-Protocol Changes affecting this protocol: A, U, V, W, Y, Z

Changes affecting only this protocol:

- On Panels C-2 and Yc-2, a clarifier has been added to the positioning instructions for a 3rd TRIMESTER patient: “(on the floor/ground if not breathing).” See Figure 127.

  Rationale: This clarifies that a 3rd TRIMESTER patient who is not breathing should be positioned on the floor or ground.

- On Panels C-4 and Yc-4, the condition “Asthma attack” has been changed to “Asthma/COPD.” See Figure 127.

  Rationale: This wording applies more broadly to address both conditions of asthma and COPD.

Figure 127. Panels 1–12. Protocol C. MPDS v13.0. © 1979–2015 PDC.
• A “Compressions only (C Only)” pathway director has been created and added to Panels 4, 6, 9, 11, and 12 on Protocols C and Yc. See Figure 127.

Rationale: Local medical control may now choose between the Compressions 1st pathway and the new Compressions Only pathway. While the eventual need for ventilations is certain, there is still debate regarding when ventilations are absolutely necessary and whether or not the benefit of ventilations outweighs the risk of stopping compressions to provide them. This change allows local medical control to make this determination based on factors such as rural versus urban response times and clinical interpretation of current guidelines as they apply to the DLS environment.

• On Panels C-11, C-12, Yc-11, and Yc-12, the instruction “We’re going to do this 600 times or until help can take over” has been modified so that “(600 times or)” now appears within parentheses as situational text. See Figure 127.

Rationale: This text is now situational with the addition of the “Compressions only (C only)” pathway.

Protocol D: Choking (Conscious) – Adult/Child/Infant/Neonate

Multi-Protocol Changes affecting this protocol: T, Z

Changes affecting only this protocol:

• The title of Protocol D, the panel directors on Panel D-2, and the titles of Panels D-12 through D-15 have been modified to add “Neonate.”

Rationale: This change coincides with the addition of Protocol N, which addresses unconscious choking in neonates.

• Cardset only: The instruction on Panel D-2 has been modified: “(Look at her/him very closely. Tell me exactly what you see and hear her/him doing.)”

Rationale: This wording now matches the ProQA text exactly.

• The “No/Uncertain” directors on Panels D-5, D-6 (cardset only), D-8, and D-13 have been formatted so that “UNCERTAIN” appears in all caps: “No/UNCERTAIN.”

Rationale: This change reflects the new UNCERTAIN BREATHING definition on Case Entry.

• The first instruction in Panels D-4 and D-10 has been modified slightly from “Stand (kneel)” to “Stand/Kneel.”

Rationale: The use of a slash indicates that either term may be used, as appropriate, rather than the former parenthetical, which was incorrectly formatted as a clarifier.
• The title of Panel D-12 has been changed from “Position” to “Position Patient.”
  
  **Rationale:** This wording is consistent with other PAI Panels and better represents the instructions contained in this panel.

**Protocol F: Childbirth – Delivery**

**Multi-Protocol Changes affecting this protocol:** Z

**Changes affecting only this protocol:**

• **Cardset only:** The instructions on Panels F-5 and F-8 have been separated to suggest a natural break. On Panel F-8, green “Confirm” symbols have been added after each instruction. See Figure 128.
  
  **Rationale:** These pauses create a more natural call flow, and the green “Confirm” symbols direct the calltaker to pause to allow the caller to carry out each instruction and confirm its completion before moving ahead.

• On Panel F-6, the instructions “**Remember, the baby will be slippery. Don’t drop it,**” have been combined into one sentence: “**Remember, the baby will be slippery, so don’t drop it.**”
  
  **Rationale:** This combination improves fluency and better connects the requested action with the reason.

• An instruction has been added to the top of Panel F-7: “**Keep the baby between the mother’s legs and level with her bottom.**”

• On Panel F-8, the instruction to “**put the baby in the mother’s arms or on her belly,**” has been replaced with “**put the baby down between the mother’s legs, level with her bottom.**” See Figure 128.
  
  **Rationale:** Because MPDS v13.0 provides a wait period of three minutes after delivery before tying off the umbilical cord, this instruction is necessary to prevent gravitational blood flow from baby to mother immediately after birth.
• On Panel F-8, the word “another” has been added in the instruction to “Dry the baby off with a clean towel (cloth), then wrap the baby in another clean, dry towel.” See Figure 128.

Rationale: The use of the word “another” clearly distinguishes using a separate towel with which to wrap the baby.

• Cardset only: On Panel F-9, the title bar has been changed to a green background. See Figure 129.

• Cardset only: On Panel F-9, the director has been modified to include “Return to Sequence.” See Figure 129.

Rationale: This green background color signifies a stand-alone panel in the Protocol F pathways that is accessible at any time. This panel now directs the EMD to return to sequence if these instructions were provided out of sequence.

• On Panel F-9, the following phrase has been added: “We’re going to watch the baby closely for 3 minutes, then tie the cord with a string (shoelace).” A PIQ has also been added before the instructions for tying the cord: “(After 3 minutes or Complications with mother/baby).” See Figure 129.

• On Panel F-9, the wording of the instructions to tie the cord has been slightly modified to immediately warn the caller not to cut the umbilical cord: “Without pulling on the cord, tie a string (shoelace) tightly around the umbilical cord, about 6 inches (15 cm) from the baby, but do not cut it. Tie it now and tell me when it’s done.” See Figure 129.

Rationale: These new instructions clarify the procedure for tying the umbilical cord, including waiting and monitoring for three minutes. In relation to this procedure, a new Rule 6 on Protocol 24 emphasizes the instruction to tie the cord immediately if the mother or baby develops complications.

• On Panel F-10, the instruction “Tell me if anything changes” has been changed to “Tell me if this happens or if anything changes.”

Rationale: This wording more specifically addresses the need for the caller to report if or when the afterbirth is delivered.

• On Panel F-13, the instruction “Use a blanket to keep the mother warm” has been changed to “Use a blanket to keep the mother and baby warm.”
Rationale: This inclusion is a good reminder that both mother and baby should be kept warm and comfortable to avoid complications.

- On Panel F-14, new instructions have replaced the former instructions to briskly rub the baby’s back: “Gently wipe the baby’s mouth and nose, then vigorously dry the baby with a clean, dry towel (cloth) for 30 seconds. Then tell me if the baby is crying or breathing.” See Figure 130.

Rationale: Wiping the baby’s mouth and nose may remove any obstruction, and vigorously drying the baby is intended to stimulate the baby’s breathing.

- Also on Panel F-14, the former directors to Panels A-13 and A-4 have been changed to N-13 and N-4, respectively. See Figure 130.

Rationale: This change coincides with the addition of Protocol N in the cardset. Protocol N provides specific Airway/Arrest/Choking instructions for newborns (neonates).

- On Panel F-20, the condition “Cervical cerclage (stitch)” has been added to the BREECH Positioning list. On Panel F-25, “Cerclage” has also been added to the director to Panel F-27 “Yes – Hand/Arm/Cerclage.” See Figure 131.

Rationale: The condition of “cervical cerclage (stitch)” has been added to Protocol 24 and Protocol F to be handled similarly to BREECH Positioning. This is not meant to indicate that the baby is necessarily in BREECH position, but that these situations are handled in the same way. Patients with cervical cerclage cannot deliver without the assistance of a medical professional.

Figure 130. Panel 14. Protocol F. MPDS v13.0. © 1979–2015 PDC.

Figure 131. Panels 20 and 25. Protocol F. MPDS v13.0. © 1979–2015 PDC.
On Panel F-23, new instructions have been added: “If any part of the baby’s body delivers, keep it warm with a towel or soft cloth. Remember to gently support the baby’s body, but do not pull on the baby or cord.”

Rationale: These instructions help to prevent a loss of body heat that occurs when any part of the baby is exposed after birth.

On Panel F-25, parentheses have been added around the instruction “(Do not push anything back into the vagina.)”

Rationale: The parentheses indicate that this instruction may or may not be applicable depending upon the caller’s description of what she or he can see.

On Panel F-33, the wording for the mother’s position has been modified: “Have the mother lie flat on her back (not sitting up) and place some towels under her bottom.”

On Panel F-37, a new instruction has been added: “Now place some towels under her bottom so we can monitor the bleeding.”

Rationale: Placing towels under the bleeding mother allows for more accurate assessment of the bleeding by first responders and hospital personnel.

On Panel F-34, the second sentence has been modified to include the clarifier “(pain)”: “This may briefly increase the bleeding/cramping (pain), but you have to keep doing it.”

Rationale: This situational word was added to accommodate or match the patient or caller’s description.

Protocols Ya, Yb and Yc

Changes affecting only these protocols:

- The term “tube (hole)” has been modified as “tube/hole” throughout the tracheostomy protocols.

Rationale: The use of a slash indicates that either term may be used, as appropriate, rather than the former parenthetical, which was incorrectly formatted as a clarifier.

Protocol Z: AED Support

Multi-Protocol Changes affecting this protocol: None

Changes affecting only this protocol:

- On Panel Z-1 and Panel Z-3, the instructions to get an AED have been modified to urge the person to get the AED now and “tell me when you have it.”
Rationale: This modification more clearly specifies that someone should be sent immediately and that the caller should notify the EMD when the AED is available. This also reflects similar wording used in other sections of the protocol.

- Brock’s Law has been added to the Additional Information: “The presence of an AED does not ensure its use—the EMD does.” (In ProQA, this Law is located under the “Rules/Axioms” tab.) See Figure 132.

- A short background on Brock’s Law has also been added to the Additional Information under the section header “Case of the Forgotten AED.” See Figure 132.

![Figure 132. New Additional Information sections. Protocol Z. MPDS v13.0. © 1979–2015 PDC.](image)

Rationale: This Law emphasizes the importance of explicitly directing the caller to use all available resources to assist the patient. Specifically, this Law reminds EMDs that while a bystander may retrieve an AED, its timely use should be prompted by the EMD. This Law has also been added on Protocol 9.
Protocol X: Case Exit

Multi-Protocol Changes affecting this protocol: H, T, Z

Changes affecting only this protocol:

- **ProQA Only:** The “Stay on Line” Critical EMD Information section has been added to the top of Panels X-1, X-2, X-21, and X-22 under the “Special Information” tab.

- **ProQA Only:** The “Universal Instructions” and “Airway” Critical EMD Information sections have been added to Panels X-3 and X-23 under the “Special Information” tab.

**Rationale:** Due to user feedback, these instructions have been added to more applicable portions of the Case Exit Protocol.

- The “nothing to eat or drink” instruction has been modified on Panel X-1 (both 1st and 2nd party) to include “From now on” and to replace “cause problems” for the doctor” with “cause further problems.” See Figure 133.

**Rationale:** This wording addresses the possibility that a patient may have had food or drink before calling, and it more accurately describes that food or drink may cause further problems for a patient’s condition, not necessarily for a doctor.

- The directors on Panel X-1 (both 1st and 2nd party) have been modified. The “Stable” link to X-2 has been changed to “Stable – Routine Disconnect” and a new link to X-3 has been added: “Stable but Stay on Line.” See Figure 133.
• A “Stay on Line” link to X-3 has been added to Panel X-2 (both 1st and 2nd party) prior to the instructions for disconnect. See Figure 134.

Rationale: These links direct the EMD to go to Panel X-3 if he or she thinks it is necessary to stay on the line for a stable patient or if the caller requests it.

• On Panel X-2 (2nd party), the “(Appropriate)” PIQ preceding the second sentence has been removed: “If s/he becomes less awake and vomits, quickly turn her/him on her/his side.” See Figure 134.

Rationale: This provides potentially lifesaving instructions to all callers, prior to the disconnect point, so that the instructions can be carried out without delay.

• The introductory phrasing “If you can, please:” on Panel X-2 (1st party) and “Please:” on Panel X-2 (2nd party) has been changed to “Before the responders arrive, please:” in both panels. See Figure 134.

Rationale: This wording more clearly instructs the caller on when they should carry out these actions (before responders arrive). The EMD should only direct the caller to carry out these instructions when appropriate, as indicated by the PIQ.

• The instruction on Panel X-2 (both 1st and 2nd party) to “Put away any family pets” has been simplified to “Put away any pets.” See Figure 134.

Rationale: This wording addresses the possibility of any pets in the home, whether or not they belong to the family.
• The instruction on Panel X-2 (both 1st and 2nd party) to “Turn on the outside lights” has been modified to include “or vehicle hazard lights.” See Figure 134.

Rationale: Vehicle hazard lights are an excellent beacon for responders at any location.

• The instruction on Panel X-2 (2nd party) to “Have someone meet the paramedics” has been changed to “Have someone flag/wave down the paramedics.” See Figure 134.

Rationale: This wording cleared up any confusion of another party driving to meet up with the paramedics and clarifies the need to draw attention to indicate the incident location.

• On Panel X-2 (1st party), the PIQ “(Always)” has been changed to “(Disconnect)” on the last instruction: “(Disconnect) If anything changes, call us back immediately for further instructions.” See Figure 134.

• On Panel X-2 (2nd party), the PIQ “(Disconnect)” has been added preceding the last two instructions, which have been combined: “(Disconnect) If s/he gets worse in any way (or has another seizure), call us back immediately for further instructions.” See Figure 134.

Rationale: These instructions should be given only if the EMD chooses to disconnect.

• On Panel X-3 (2nd party), the PIQ “(Conscious)” has been added to the instruction “If s/he becomes less awake or starts getting worse, tell me immediately.” See Figure 135.

• On Panel X-3 (2nd party), a new instruction has been added: “(Unconscious) If her/his breathing changes in any way, tell me immediately.” The “Consider AGONAL BREATHING Detector use” symbol has been added alongside this instruction to remind the EMD to use this tool if applicable. See Figure 135.

Rationale: These instructions better address either a conscious or unconscious patient situation.
• The wording of the “Stay on Line” CEI section has been modified and now begins with “In addition to obviously unstable/critical conditions…” The item “IMMINENT birth” has been removed from the list, and “Violent” and “Suicide” have been combined into one item “Violent/Suicidal.” See Figure 136.

• On Panel X-4 (2nd party), the PIQs “(Appropriate)” and “(Always)” have been removed. See Figure 137.

• On Panel X-5, the PIQ “(Extremities)” has been added to the instruction “Do not use a tourniquet.” See Figure 137.

• On Panel X-6a, the former clarifier “(do not touch the root)” has been formatted as part of the instruction. See Figure 137.

**Rationale:** The instructions on Panels X-4 and X-6a are always applicable and appropriate for the EMD to provide for these situations. The “Do not use a tourniquet” instructions on Panel X-5 are only appropriate when dealing with extremity bleeding.
• On Panel X-7, a new “Chemical Suicide” director to a new Case Exit Panel X-7a has been added. See Figure 138.

• A new Panel X-7a “Danger Present – Chemical Suicide” has been added with instructions to stay away from the general area to prevent further exposure. See Figure 138.

• A new Panel X-7b “Contamination – Chemical Suicide” has been added with instructions for a contaminated person to stay away from other people and to flush any contaminated parts with lots of water. See Figure 138.

  Rationale: These instructions help prevent the caller from further exposure and prevent contamination of others. They coincide with the chemical suicide additions on Protocol 8.

• Cardset only: The instruction on Panel X-11 has been modified to replace “the paramedics (EMTs)” with “help”: “Let me know when help arrives.”

  Rationale: This wording now matches the ProQA text exactly and accommodates alternate forms of response.

Legend of Symbols (Cardset only)

Multi-Protocol Changes affecting this protocol: None

Changes affecting only this protocol:

• The blue Responses symbols have been removed from the Legend of Symbols. See Figure 139.

  Rationale: These blue symbols are not used anywhere in the MPDS and were recently removed from the FPDS for the same reason.

• The name of the former “Sinking Vehicle” symbol has been changed to “Vehicle in Water.” See Figure 139.

  Rationale: This name broadly addresses the additional situation of a vehicle in rising floodwater as this symbol now serves as a director to Protocol L: Vehicle in Water.

• The new “Person in Water” symbol has been added. See Figure 139.

Figure 138. Panels X-7, X-7a, and X-7b. Case Exit Protocol. MPDS v13.0. © 1979–2015 PDC.
Rationale: This symbol serves as a director to the new Protocol K: Person in Water.

- A green “Confirm” checkmark symbol has been added. See Figure 139.
  Rationale: This symbol is used to indicate that the calltaker should pause and allow the caller enough time to complete an instruction and confirm that the instruction has been completed before moving ahead. Specifically, it has been added to Protocol F, Panel 8.

- The new “Narcan/Naloxone Admin. Instructions” symbol has been added. See Figure 139.
  Rationale: This symbol serves as a director to the new Protocols Q: Narcan/Naloxone Nasal Instructions and R: Naloxone Auto-Injector (Evzio) Instructions.

- The abbreviation “CC” has been added to indicate “Chief Complaint.” See Figure 139.
  Rationale: This addition to the Legend of Symbols clarifies the meaning of “CC” used on the Case Entry Protocol.

- The abbreviation “KQ” has been added to indicate “Key Question.” See Figure 139.
  Rationale: This addition to the Legend of Symbols clarifies the meaning of “KQ” used on Protocol 6.