

July 6, 2006

The completion of version 11.3 is one of the most important and exciting improvements to the MPDS since version 11 was released in August 2000. The American Heart Association (AHA), European Resuscitation Council (ERC), and other ILCOR-affiliated resuscitation councils recently released their new “Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care.” The new recommendations that apply to the DLS environment have been incorporated into the Medical Priority Dispatch System[®] (MPDS), taking into account the dispatch relevance of the new guidelines.

NEW CHANGES:

Protocols A, B, C, Ya, Yb, and Yc

- The CPR with mouth-to-mouth/stoma ratio has been changed to 30:2 universally.
- “Breathing regularly” has been replaced with “breathing normally” throughout.
- The “Witnessed Choking” links have been removed. “Unconscious choking” is now included in the Ventilations 1st pathway.
- The “Signs of Circulation” panel has been removed. A new panel, “Breathing Evaluation,” has been added.
- The mouth-to-mouth/stoma instructions have been made more understandable by describing the breaths in relation to how they make the chest rise, rather than how strong the breaths are (like a balloon, etc.).
- A new instruction to “let the chest come all the way up between pumps” has been added to the compressions instructions. The instruction to “pump her/his chest rapidly” has been changed to “pump the chest hard and fast.”
- A new panel, “Determining Agonal Breathing,” has been added.

A new Rule has been added on Protocols 4, 14, 17, 29, and 30:

If a **spinal injury is suspected in a breathing patient** and **PAIs are not necessary**, PDIs may be enhanced by encouraging the patient **not to move** and by advising the rescuer to use her/his hands to **stabilize the patient’s head and neck** in the position found.

A PDI with a Pre-Instruction Qualifier as appropriate for each Chief Complaint Protocol has been added/modified on Protocols 6, 10, 12, 14, 15, 17, 19, and 31:

If there is a **defibrillator** (AED) available, **send** someone to get it **now** in case we need it later.

A new DLS Link to Case Exit Panel X-6a has been added on Protocols 4, 17, 29, and 30:

Avulsed Tooth (no significant bleeding) ----- X-6a

New Key Questions 6a and 6ai have been added on Protocol 6:

- a. **(Yes)** Does s/he have a **prescribed inhaler**?
 - i. **(Yes)** Has s/he **used** it yet?



A new PDI-c has been added on Protocol 6:

(Prescribed inhaler not yet used) Advise her/him to **use the inhaler now.**

Determinant Code 8-A-1 “**Carbon monoxide detector** alarm (**without** priority symptoms)” has been changed to 8-Ω-1.

A new AI section “STROKE Symptoms” has been added on Protocol 28.

A new Panel X-6a “Avulsed Tooth” has been added on the Case Exit Protocol.

Protocols Updated

Case Entry – Additional Information

2 – Allergies (Reactions) / Envenomations (Stings, Bites)

4 – Assault / Sexual Assault

6 – Breathing Problems

8 – Carbon Monoxide / Inhalation / HAZMAT

9 – Cardiac or Respiratory Arrest / Death

10 – Chest Pain (Non-Traumatic)

12 – Convulsions / Seizures

14 – Drowning (Near) / Diving / SCUBA Accident

15 – Electrocutation / Lightning

17 – Falls

19 – Heart Problems / A.I.C.D.

21 – Hemorrhage / Lacerations

24 – Pregnancy / Childbirth / Miscarriage

27 – Stab / Gunshot / Penetrating Trauma

28 – Stroke (CVA)

29 – Traffic / Transportation Accidents

30 – Traumatic Injuries (Specific)

31 – Unconscious / Fainting (Near)

PAIs – A, B, C, D, F, Ya, Yb, Yc, Z

X – Case Exit