



## **IMPORTANT SOFTWARE LOGIC & UPDATE INFORMATION**

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### **Protocol 6: Breathing Problems**

An improvement incorporating 1<sup>st</sup> party KQs and logic has been added to this commonly used protocol. All Key Questions now have 1<sup>st</sup> party language and some questions have been modified to Operator Questions for obvious situations.

### **Protocol 18: Headache**

A new answer choice was added to KQ5 allowing for “both” reported conditions of numbness and paralysis. Both C-5 and C-6 are now highlighted as determinant code candidates when this occurs.

### **Protocol 21: Hemorrhage/Lacerations**

A minor logic domain rule modification was made that better identifies female OMEGA patients. (Only applies to OMEGA protocol users.)

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

Testing in 1<sup>st</sup> party mode identified a logic issue when the certain incidents were NON-RECENT ( $\geq 6$ hrs). Such cases were coding higher than necessary and now will be the same as 2<sup>nd</sup> and 3<sup>rd</sup> party.

### **Protocol 32: Unknown Problem (Man Down) Logic Issue**

Recently, a logic issue with Protocol 32 – Unknown Problem (Man Down) has surfaced that has been reported by a number of our (larger) ProQA users.

In past versions, ProQA recommended a 32-B-3 determinant coding (Unknown Status/3<sup>rd</sup> party) when all relevant Case Entry and Key Questions were answered as “unknown.”

In a recently released build (ProQA 3.4.2.22 containing Logic builds 11.2.1E8 NAE-STD and 11.2.1A8 NAE-OMG), a logic pathway was modified that also affected the default code mechanism of B-3 for the “all” unknown answer sequence, causing ProQA to recommend a 32-D-1 (Life Status Questionable) instead.

This resulted during the implementation of a logic modification recommended by the London Ambulance Service. As a result, the Protocol 32 local domain rules were given more detail providing a more robust test for the presence or absence of “Life Status Questionable” (LSQ) conditions. However, the undesired coding issue appeared.

Conditions that will typically disqualify selection of LSQ (D-1 determinant coding) are: talking, sitting or standing, and moving (if alert). Conditions included in the LSQ selection for D-1 include:

- Not alert
- Lying down **and** not moving **or** unknown moving
- Sitting **and** not moving (but not unknown moving)

## **New Contractions Timer Diagnostic Tool (“Stork carrying Baby” button)**

A tool similar to the Agonal Breathing Detector has been added by request to assist in the timing of labor contractions. A delineation between 1<sup>st</sup> time pregnancies and 2<sup>nd</sup> plus pregnancies modifies the internal recommendation formula. As with all Diagnostics in use, they are not currently driven by automated specific questions in ProQA but are used by comm. center policy, or in its absence, the EMD’s clinical choice based on all applicable protocol rules and axioms.

## **Avian Flu Update: New ProQA screen captures critical information**

According to the World Health Organization (WHO), and the U.S. Centers for Disease Control (CDC), there continues to be concern among public health officials worldwide over the potential for a widespread outbreak of Avian Flu in the human population.

The World Health Organization states on its website: “When cases of avian influenza in humans occur, information on the extent of influenza infection in animals as well as humans and on circulating influenza viruses is urgently needed to aid the assessment of risks to public health and to guide the best protective measures.”

In response to this need, the IAED, working with Priority Dispatch Corporation, has updated the feature in the ProQA™ EMD software that allows for rapid assessment of potential victims of avian flu and similar respiratory viruses.

The new “Severe Respiratory Infection (Flu-Like) Symptoms” screen is now available in the latest software version of ProQA, which currently- licensed software users can download from the Priority Dispatch FTP site: [<ftp://proqaftp:dispatch@www.pdcftp.com/>](ftp://proqaftp:dispatch@www.pdcftp.com/).

Once the information is stored in the ProQA case record, it can be polled as part of a comprehensive early warning system. FirstWatch™, a surveillance system developed by Stout Solutions, LLC, has the ability to poll the information on a real-time basis, and identify unusual patterns, or “clusters” of symptoms, so that health authorities and public officials can be notified rapidly.

The first documented cases of humans infected with an avian influenza virus occurred in Hong Kong in 1997.<sup>1</sup> 18 humans were infected during that occurrence, and 6 died. Since then, isolated outbreaks in humans have occurred, again in Hong Kong in 1999 and 2003, the Netherlands in 2003, and most recently in northern Viet Nam in early 2004.

Of the various subtypes of avian influenza, the most worrisome is the H5N1, because of its ability to mutate rapidly and acquire genes from other viruses - including those infecting other animal species - and its demonstrated lethality in humans. Typical symptoms include: fever, cough, sore throat, and difficulty breathing.

For more information, visit these sites:

World Health Organization: [www.who.int/en](http://www.who.int/en)  
Centers for Disease Control: [www.cdc.gov/flu/avian](http://www.cdc.gov/flu/avian)

**Please direct any technical ProQA updating questions to:**

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**Any clinical or logic questions can be directed to myself or Greg Scott at:**

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World Health Organization; Avian influenza (“bird flu”) and the significance of its transmission to humans; [www.who.int/en](http://www.who.int/en); 15 January 2004