# Medical Priority Dispatch System

The Medical Priority Dispatch System™ (MPDS™) is part of the Priority Dispatch System, featuring structured caller interrogation which enables agencies to logically prioritize responses and provide life-saving Pre-Arrival Instructions. Using this foundation, the Medical Protocol increases call-processing effectiveness while protecting against liability and assures measurable standards of care.

The purpose of these instructions given prior to the arrival of emergency responders is to ensure that no further harm is done, the service requester or victim is kept safe, and the situation possibly improves.

# **Benefits of the Medical Priority Dispatch System**

ESTABLISHMENT OF A UNIFIED STANDARD helps ensure that each caller receives comparable levels of service regardless of the Medical Chief Complaint or calltaker. A unified standard also facilitates Quality Improvement procedures since each dispatcher / call taker's performance is evaluated with the same measure.

SAFE PRIORITIZATION OF RESPONSES enables agencies to match the response configuration to the seriousness of the incident. This process maximizes resource utility while minimizing the potential for Emergency Medical Vehicle Collisions and system depletion.

CERTIFICATION OF EMERGENCY MEDICAL DISPATCHERS (EMDs) builds confidence in the community and efficiency in the communication center. Appropriate training always provides the highest level of return when using the MPDS.

QUALITY IMPROVEMENT PROCEDURES measure individual performance against a known standard. These procedures maintain a high standard of service across caller, calltaker, and Medical Chief Complaint variables.

REDUCTION OF LIABILITY results when agencies work from a recognized standard of practice, prioritize responses, certify users, and provide quality improvement. The MPDS provides the most complete package in liability protection for Medical dispatch.

ACCREDITATION is a reward and tribute to the hard work Emergency Medical Dispatchers provide to both the agency and their community. Communication center agencies that demonstrate ongoing Quality Improvement and excellence in the use of the MPDS may apply to the International Academy of Emergency Medical Dispatch for recognition as a nationally accredited center.



# **Objectives of the Medical Priority Dispatch System**

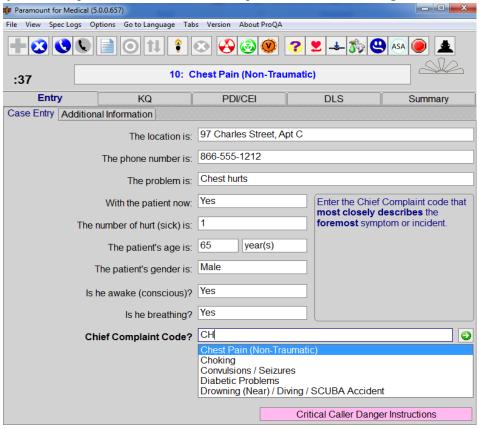
Collect scene safety information
Prioritize correct resource response
Assess the need for patient / victim care and safety instructions
Collect information for responders

#### **Components of the MPDS**

Case Entry Protocol
38 Chief Complaint Protocols
Complaint Specific Key Questions
Response Determinants
Post Dispatch Instruction Protocols
Pre-Arrival Instruction protocols
Case Exit Protocol

#### **Case Entry**

The Case Entry protocol provides a standardized method for answering each call in the same manner while identifying the Medical Chief Complaint and its related scene-safety issues. This system also provides for immediate dispatch in life-threatening situations.



# **Medical Incident Protocols are grouped as:**

#### **Time Life Incident Protocols:**

Breathing Problems
Carbon Monoxide / Inhalation / HazMat / CBRN
Cardiac or Respiratory Arrest / Death
Choking
Drowning (Near) / Diving / SCUBA Accident
Electrocution / Lightning
Pregnancy / Childbirth / Miscarriage
Unconscious / Fainting (Near)
Unknown Problem (Man Down)

#### **Trauma Incident Protocols:**

Animal Bites / Attacks
Assault / Sexual Assault
Burns (Scalds) / Explosion (Blast)
Eye Problems / Injuries
Falls
Hemorrhage / Lacerations
Inaccessible Incidents / Other Entrapments (Non-Vehicle)
Stab / Gunshot / Penetrating Trauma
Traffic / Transportation Incidents
Traumatic Injuries (Specific)

#### **Medical Condition Protocols:**

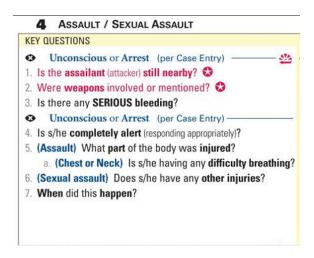
Abdominal Pain / Problems
Allergies (Reactions) / Envenomations (Stings, Bites)
Back Pain (Non-Traumatic or Non-Recent Trauma)
Chest Pain (Non-Traumatic)
Convulsions / Seizures
Diabetic Problems
Headache
Heart Problems / AICD
Heat / Cold Exposure
Overdose / Poisoning (Ingestion)
Psychiatric / Abnormal Behavior / Suicide Attempt
Sick Person (Specific Diagnosis)
Stroke (CVA)



Transfer / Interfacility / Pallative Care

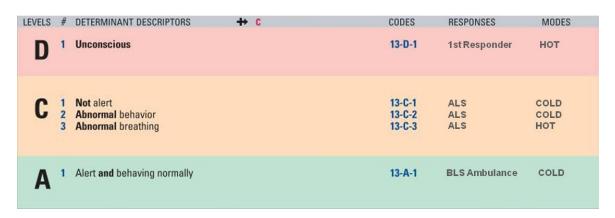
#### **Key Question**

Key questions on each chief complaint protocol are intended to accomplish the objectives and are logically ordered for safety and effectiveness.



## **Response Determinants**

The protocol selects a response code based on the information provided by the caller. These codes help the agency to match the response to the incident so that agencies can appropriately conserve resources when safe to do so. **All responses are locally determined.** 

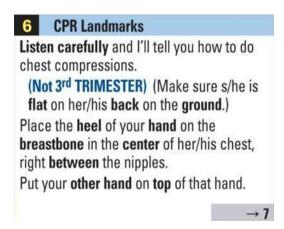




Determinants			Responses (user-defined)
O A B	0 1	No injuries (confirmed) Override 1st party caller with injury to NOT DANGEROUS body area Override	Alternate Care BLS Only BLS Only BLS - Hot
	1	Injuries	BLS - Hot
	3 4	SERIOUS hemorrhage Other hazards Unknown status/Other codes not applicable	BLS - Hot BLS - Hot BLS - Hot
D	1 2 3 4	Override MAJOR INCIDENT (a through f) HIGH MECHANISM (k through s) HAZMAT Pinned (trapped) victim Not alert	ALS + FD + PD ALS + FD + PD + Helica ALS + FD + PD ALS + FD + PD ALS + FD + PD ALS + FD + PD

#### **Pre-arrival Instructions**

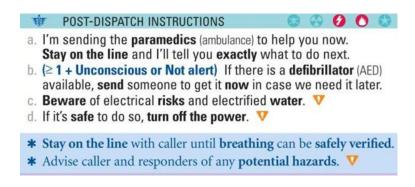
Based on the information provided by the caller, the protocol provides instructions in life-threatening situations. These instructions include victims in a sinking vehicle, trapped in a fire, and even individuals that may be trapped in a tunnel full of smoke, such as a subway tunnel.



## **Post Dispatch Instructions**

Using the information provided by the caller, these important instructions help the dispatcher direct the caller or victim to improve scene safety and the effectiveness of the overall response.





## **Case Exit**

Based on appropriateness for the situation reported, these instructions help the dispatcher / call taker direct the caller or victim how to prepare for responder arrival and what measures to take while awaiting aid.

