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 on-going 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.

Priority Dispatch

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.**

LEVELS	#	DETERMINANT DESCRIPTORS ✈ C	CODES	RESPONSES	MODES
D	1	Unconscious	13-D-1	1st Responder	HOT
C	1	Not alert	13-C-1	ALS	COLD
	2	Abnormal behavior	13-C-2	ALS	COLD
	3	Abnormal breathing	13-C-3	ALS	HOT
A	1	Alert and behaving normally	13-A-1	BLS Ambulance	COLD

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

6   CPR Landmarks

Listen carefully and I'll tell you how to do chest compressions.
(Not 3rd TRIMESTER) (Make sure s/he is **flat** on her/his **back** on the **ground**.)
Place the **heel** of your **hand** on the **breastbone** in the **center** of her/his chest, right **between** the nipples.
Put your **other hand** on **top** of that hand.

→ 7

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.

✚	POST-DISPATCH INSTRUCTIONS	◎ ◉ ⚡ ◉ ✸

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. (≥ **1 + Unconscious or Not alert**) If there is a **defibrillator** (AED) available, **send** someone to get it **now** in case we need it later.
c. **Beware** of electrical **risks** and electrified **water**. ▽
d. If it's **safe** to do so, **turn off the power**. ▽

✱ **Stay on the line** with caller until **breathing** can be **safely verified**.
✱ Advise caller and responders of any **potential hazards**. ▽

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.

1 📞 **2nd Party Caller**

(**Reassure** her/him that **help** is on the way.)

Don't let her/him have anything to **eat** or **drink**. It might make her/him **sick** or cause **problems** for the doctor.

(**MEDICAL**)
  Just let her/him **rest** in the most **comfortable position** and wait for **help** to arrive.

(**TRAUMA**)
  Don't move her/him **unless** it's absolutely **necessary**. Just tell her/him to **be still** and wait for **help** to arrive.

Stable → 2	
Unstable or Not alert → 3	

✱ The "nothing to eat or drink" instruction above should be omitted for the alert diabetic.

2 **Routine Disconnect** (≈ stable) – **2nd Party**

I want you to **watch** her/him very closely.

(**Appropriate**) If s/he becomes **less awake** and **vomits**, quickly turn her/him on her/his **side**.

(**Appropriate**)
  Please:
  • Put **away** any **family pets**.
  • **Gather** her/his **medications**.
  • **Unlock** the **door**.
  • **Turn on** the outside **lights**.
  • Have someone **meet the paramedics**.

(**Always**) If s/he gets **worse** in any way, call us back **immediately** for further **instructions**.

(**Seizure**) If s/he has **another seizure**, call us back **immediately** for further **instructions**. **End**