

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Any other symptoms ? 2. Vomiting blood or "coffee ground" type material 3. Level of consciousness ? 4. Confused or sleepy ? 	<p>TRAUMA VICTIM: Don't move him!! If you must, try to keep his head and neck from turning or pulling, to prevent further injury.</p> <p>If unconscious, turn head to side or roll entire body to side. Scoop matter out of mouth.</p> <p>If semi-conscious, make sure victim can clear own airway. If not, assist as above.</p> <p>If patient in semi-reclining position of comfort, lean them forward or to side. Laying them down may compromise breathing.</p> <p>SHOCK: Lay down, elevate legs.</p>

DISPATCH PRIORITIES

AB	3	-Vomiting bright red blood or dark "coffee ground" substance.
SK	3	-Vomiting with signs of shock
SK	0	-Vomiting only, no other symptoms

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ADDITIONAL INFORMATION

The biggest danger from vomiting is aspiration (inhalation) of the vomitus. Whenever a patient's state of consciousness is such that they cannot protect their own airway, steps must be taken to protect the patient from aspiration (hence turning head to side, rolling body to side, etc.). Aspiration of any petroleum-based substance can cause chemical pneumonia, which can also be fatal.

Nausea can be symptomatic of a wide range of problems, from tension/nervousness to life threatening problems like heart attack or shock.

Vomiting is a normal bodily reaction to rid the stomach of its contents. In the case of food that disagrees with the body, vomiting itself may solve the problem.

Nausea/vomiting may be one of the signs of heart attack, shock, overdose of some drugs; bloody vomitus can indicate internal bleeding from ulcer, trauma, etc. "Coffee ground" vomitus is partly digested blood from chronic internal bleeding.

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PRE-ARRIVAL SEQUENCE CARDS

Encourage caller to bring victim as close to phone as possible.

Ask the caller: "Do you or anyone else there know CPR?" If he knows CPR, find out if he needs assistance and if you can assist with telephone instruction.

Use the following statement: "Do you want to do CPR — I'll help you!!" This statement should be recited as one sentence with NO break after "CPR". Do not allow caller to say no because she doesn't know CPR. This should be a forceful and persuasive statement, but if the caller declines for any reason that is her decision and you no longer have verbal consent to proceed. Coercion should NOT be used. Callers may be physically unable to perform CPR or they might be placed in physical jeopardy by performing CPR - Allow THEM to make the decision.

Follow the sequence card exactly. Slight changes in wording can change the effectiveness of CPR. CPR is ineffective on a soft surface - ensure that the patient is on a hard surface (table or floor) before attempting chest compressions.

Reassure the caller frequently that help is on the way.

THE SEQUENCE CARDS CANNOT POSSIBLY INCLUDE THE ANSWER TO EVERY SITUATION. THE CALL-TAKER MUST MAKE DECISIONS USING JUDGEMENT AND EXPERIENCE.

The "hysteria threshold" is the point at which an operator can gain control of a seemingly hysterical or uncooperative caller, and can begin to give effective pre-arrival instructions. The calltaker must realize that this threshold exists and can be reached in almost all cases if the calltaker doesn't give up before obtaining control of the caller. "Repetitive Persistence," repeating a phrase or request over and over without changing the wording or structure, is a very effective way to reach this "hysteria threshold". Example: "You must be calm so you can help your baby" (repeat). The consistent phrase should eventually "break through" to the agitated/hysterical caller and enable the calltaker to regain control and proceed with instructions.

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AIRWAY CONSIDERATIONS

Airway control and maintenance is the most important aspect of emergency care for the critically ill or injured patient. Insuring that proper instructions are given and appropriate pre-arrival sequence cards are followed is of paramount importance. There may be some patients who are obviously breathing who need types of airway management that are not included in the sequence cards.

In all situations (except pre-arrivals, **DIABETIC PROBLEMS**), do not encourage or sanction the giving of any food or drink prior to the arrival of responders.

Always check for and remove loose dentures if the patient needs any type of airway support.

A pillow, blanket, etc. may have been placed under the victim's head "to make him more comfortable." **HOWEVER**, this action can flex the neck forward and compromise/obstruct the patient's airway and/or worsen a neck injury. **CAUTION YOUR CALLER TO AVOID IT.**

If unconscious and vomiting, turn patient's head to side or roll entire body to side. Scoop vomitus out of mouth. If trauma victim, "log roll" patient to side; try to keep the head and neck from turning or pulling, to prevent further injury.

If semi-conscious, make sure patient can clear his/her own airway. If not, assist as above. Patient may bite rescuer while "scooping" vomitus out. **CAUTION CALLER TO BE CAREFUL!!**

If patient is in a semi-reclining position of comfort, lean him forward or to the side. Laying him down may compromise his breathing. Find position most comfortable to patient and most supportive of effective respirations.

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PRE ARRIVAL SEQUENCE CARDS

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HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help your baby.
 (If caller hysterical: **YOU MUST BE CALM SO YOU CAN HELP YOUR BABY. [Keep repeating until calm.]**)
 Bring the baby near the phone.

Is the baby still choking? Is the baby able to breathe?

CHOKING - NOT BREATHING

Is he coughing or wheezing?

YES

NO

Is he able to speak or cry?

NO

YES

Do not do anything now.
Wait until EMT's arrive.

NOT CHOKING - NOW BREATHING

Check his mouth for objects. If you see something, use your finger to sweep it out of the mouth.

If unconscious, slightly tilt his head **BACK** to keep his throat open. **STAY ON THE LINE WITH ME!**

**** Lay him FACE DOWN** across your arm or lap with his **HEAD LOWER THAN HIS BODY** (Support his head).

Deliver 4 sharp blows with the heel of your hand right between his shoulder blades.

Look in his mouth. Do you see an object?

NO

YES

Lay the baby **FACE UP** on hard surface

Use your finger to sweep it out of his mouth. Is it out?

NO

YES

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Place 2 fingers in the **MIDDLE** of the **CHEST** right **BETWEEN THE NIPPLES**. Make sure your **FINGERS** are on the **CENTER** of the **CHEST**, **RIGHT BETWEEN THE NIPPLES**.

PUSH with your fingertips **UP AND DOWN** rapidly 4 times, like you're **"PUMPING"** the chest.

Look in the mouth. Can you see an object?

YES

NO

Is he breathing now?

YES

If unconscious, slightly tilt his head **BACK** to keep his throat open. **STAY ON THE LINE WITH ME!**

NO

Repeat from ******.

NO AGAIN

Is he breathing or moving?

YES

If unconscious, slightly tilt his head **BACK** to keep his throat open. **STAY ON THE LINE WITH ME!**

NO

GO TO INFANT: MOUTH-TO-MOUTH CARD (35)

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help your baby. (If caller hysterical: YOU MUST BE CALM SO YOU CAN HELP YOUR BABY. [Keep repeating until calm.]

Bring her near the phone.

Put the baby flat on her back on a table or the floor.

Place your **HAND UNDER** her **NECK AND SHOULDERS** and **SLIGHTLY TILT** her **HEAD BACK**.

Is there vomit in her mouth? _____

YES

NO

VOMITING INSTRUCTIONS: Turn her **HEAD** to the **SIDE**. **SCOOP MOUTH OUT** (before you start Mouth-to-Mouth).

REMEMBER: Do this any time vomiting occurs

YOU MUST BLOW THROUGH THE REMAINING FLUID.

Is she breathing now? _____

NO

YES

Do you or anyone else there know CPR? (If so, **STAY ON THE PHONE** and relay sequence to ensure they're doing it properly.)

Maintain **SLIGHT HEAD TILT** and check her breathing often.

I'm going to tell you how to give **MOUTH-TO-MOUTH**. First, tilt her head back like you did before.

**** COMPLETELY COVER** her **MOUTH AND NOSE** with your **MOUTH**.

I'm going to tell you how to check for the pulse.

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Blow 2 **SLOW BREATHS** OF AIR into her **LUNGS**, just like you're filling up a **SMALL** balloon.

Watch for her chest to rise.

Go do it now and then come right back to the phone.

Did you see her **CHEST RISING** when you blew in the air...
Did you feel the **AIR GOING IN**? _____ YES _____

* Place your **INDEX AND MIDDLE FINGER** over her **LEFT NIPPLE**. **DON'T PRESS TOO HARD**. **FEEL** for a **PULSE** for 5 **SECONDS**.

Do you **FEEL A PULSE**?

YES

++ Continue Mouth-to-Mouth. Blow 1 **SLOW BREATH** into her **ONCE EVERY 3 SECONDS**. Go do this now, **BUT DON'T HANG UP!** **KEEP THE LINE OPEN** and tell me if she starts to breathe on her own...Is she breathing on her own?

NO

YES

Continue Mouth-to-Mouth

STOP Mouth-to-Mouth and monitor. If breathing stops again: Go back to * and repeat.

MAKE SURE HER HEAD IS TILTED BACK SLIGHTLY. (Go back to **, repeat the sequence, and **BLOW A LITTLE HARDER**.) _____ YES - NOW _____

NO AGAIN

Go to **INFANT: CHOKING CARD (34)**

NO

Go to **INFANT: COMPRESSIONS CARD (36)**

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you what to do next.

(Bring the baby near the phone). Place him on his back on a hard surface (table or floor).

Place 2 fingers in the MIDDLE of his CHEST right BETWEEN THE NIPPLES. Make sure your FINGERS are in the CENTER of the CHEST, RIGHT BETWEEN THE NIPPLES.

PUSH with your fingertips STRAIGHT UP AND DOWN rapidly 5 times, like you're PUMPING the chest.

Then put your HAND UNDER the NECK AND SHOULDER area so that his HEAD is SLIGHTLY TILTED BACK.

Put your MOUTH over his NOSE AND MOUTH.

* Blow in 1 SLOW BREATH OF AIR and then PUMP the CHEST again rapidly 5 times.

Repeat cycle 4 times and then come right back to the phone.

** Check for a pulse:

Place your INDEX AND MIDDLE FINGER over his LEFT NIPPLE. DON'T PRESS TOO HARD. FEEL for a PULSE for 5 SECONDS.

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Do you FEEL A PULSE?

YES

NO

Keep repeating *, checking for a pulse every 4th time. Make sure his head is tilted back to keep his airway open.

KEEP DOING IT UNTIL HELP CAN TAKE OVER OR UNTIL HE STARTS TO BREATHE ON HIS OWN.

If he starts breathing on his own: STOP CPR AND MONITOR CLOSELY.

If he STOPS breathing again: Go back to **.

Maintain HEAD TILT and monitor breathing often. IF NOT breathing:

Go to ++ on INFANT: AIRWAY/MOUTH-TO-MOUTH CARD (35) and give MOUTH-TO-MOUTH instructions.

VOMITING INSTRUCTIONS:

REMEMBER: Do this anytime vomiting occurs.

Turn his HEAD to SIDE. SCOOP MOUTH OUT. YOU MUST BLOW THROUGH THE REMAINING FLUID.

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help your child. (If hysterical: YOU MUST BE CALM SO YOU CAN HELP YOUR CHILD. [Keep repeating until calm.]

Bring her near the phone.

Is she still choking? Is the child able to breathe?

CHOKING - NOT BREATHING

Is she coughing or wheezing?

NO

Is she able to speak or cry?

NO

YES

Don't do anything now. Wait until EMT's arrive.

NOT CHOKING - NOW BREATHING

Check the mouth for objects. If you see something, use your finger to sweep it out of her mouth.

If unconscious, slightly tilt her head BACK to keep her throat open. **STAY ON THE LINE WITH ME!**

**** Lay her FACE UP ON THE FLOOR. Tilt her head back slightly to open her airway.**

KNEEL at her **FEET**, Place the **HEEL** of your hand just above her belly button **BELOW** her ribs in the middle of her stomach.

Push quickly **DOWN INTO** her stomach 6 times.

Look in her mouth. Do you see an object?

YES

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NO

Is she breathing now?

YES

NO

Repeat from **.

NO AGAIN

Is she breathing or moving?

NO

GO TO CHILD: AIRWAY/MOUTH-TO-MOUTH CARD (38).

Use your finger to sweep it out of her mouth. Is it out?

NO

Repeat from **.

YES

If unconscious, **LIFT HER CHIN SO HER HEAD TILTS BACK** to keep the throat open. **STAY ON THE LINE WITH ME!**

If unconscious, tilt her head **BACK** to keep her throat open. **STAY ON THE LINE WITH ME!**

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help your child. (If hysterical: YOU MUST BE CALM SO YOU CAN HELP YOUR CHILD. [Keep repeating until calm.]

Bring the child near the phone.

Put him flat on his back on a table or on the floor.

LIFT HIS CHIN SO HIS HEAD TILTS BACK.

Is there vomit in his mouth? —————

YES

VOMITING INSTRUCTIONS: Turn his HEAD to the SIDE. SCOOP his MOUTH OUT (before you start Mouth-to-Mouth.).
REMEMBER: Do this any time vomiting occurs
YOU MUST BLOW THROUGH THE REMAINING FLUID.

NO

Is he breathing now? —————

NO

Do you or anyone else there know CPR? (If so, STAY ON THE PHONE and relay sequence to ensure they're doing it properly.)

I'm going to tell you how to give MOUTH-TO-MOUTH.

YES

Continue lifting his chin and check his breathing often.

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**** COMPLETELY COVER his MOUTH AND NOSE with your MOUTH. If you can't, then HOLD HIS NOSE CLOSED and COMPLETELY COVER his MOUTH with your MOUTH.**

Blow 2 SLOW BREATHS into his LUNGS, just like you're filling up a SMALL balloon.

Watch for his chest to rise.

Go do it now and then come right back to the phone.

Did you see his CHEST RISING when you blew in the air...
Did you feel the AIR GOING IN? —————

YES

NO

MAKE SURE YOU ARE STILL LIFTING HIS CHIN. (Go back to **, repeat the sequence, and BLOW A LITTLE HARDER.) —————

YES-NOW

NO AGAIN

Go to CHILD: CHOKING CARD(37)

I'm going to tell you how to check for a pulse.

* Place your INDEX AND MIDDLE FINGER into the groove next to his ADAM'S APPLE.. DON'T PRESS TOO HARD. FEEL for a PULSE for 5 SECONDS.

Do you FEEL A PULSE?

YES

++ Continue Mouth-to-Mouth. Blow 1 SLOW BREATH into him ONCE EVERY 4 SECONDS. Go do this now, BUT DON'T HANG UP! KEEP THE LINE OPEN and tell me if he starts to breathe on his own...Is he breathing on his own?

NO

Continue Mouth-to-Mouth

YES

STOP Mouth-to-Mouth and monitor. If breathing stops again: Go back to * and repeat.

NO

Go to CHILD: CHEST COMPRESSIONS CARD (39)

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you what to do next.

Bring the child near the phone. Place her on her back on a hard surface (table or floor). Place the **HEEL ONLY** of **ONE HAND** in the **MIDDLE** of her **CHEST** right **BETWEEN THE NIPPLES**. Make sure **ONLY THE HEEL** of one **HAND** is in the **CENTER** of her chest, **RIGHT BETWEEN THE NIPPLES**.

PUSH STRAIGHT UP AND DOWN with the **HEEL** of your hand **5 times**, just like you're **PUMPING** the chest. **PUSH DOWN FIRMLY** with the **HEEL OF 1 HAND, 1 INCH**. **PUSH 5 times** – at least **1 PUSH EVERY SECOND**.

LIFT THE CHIN SO HER HEAD BENDS BACK.

COMPLETELY COVER her **MOUTH AND NOSE** with **YOUR MOUTH**. If you can't, then **HOLD HER NOSE CLOSED** and **COMPLETELY COVER** her **MOUTH WITH YOUR MOUTH**.

*** Blow in 1 SLOW BREATH** and then **PUMP** the **CHEST** again **5 times**.

Repeat cycle **4 times** and then come right back to the phone.

**** Check for a pulse:**

Slide your **INDEX AND MIDDLE FINGER** into the groove next to her **ADAM'S APPLE**. **DON'T PRESS TOO HARD**. **FEEL** for a **PULSE** for **5 SECONDS**.

Do you **FEEL A PULSE?** _____ **YES**

NO

YES

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↓
Keep repeating *****, checking for a pulse every 4th time.

↓
KEEP DOING THIS UNTIL HELP CAN TAKE OVER OR UNTIL SHE STARTS TO BREATHE ON HER OWN.

↓
If she starts breathing on her own: **STOP CPR AND MONITOR CLOSELY.**

↓
If she **STOPS** breathing again: Go back to ******.

↓
Maintain **CHIN LIFT** and monitor her breathing often. **IF NOT breathing:**

↓
Go to **++** on **CHILD: AIRWAY/MOUTH-TO-MOUTH CARD (38)** and give **MOUTH-TO-MOUTH** instructions.

VOMITING INSTRUCTIONS:

REMEMBER: Do this anytime vomiting occurs.

Turn her **HEAD** to **SIDE**.
SCOOP MOUTH OUT. YOU MUST BLOW THROUGH THE REMAINING FLUID.

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help him. (If caller hysterical: YOU MUST BE CALM SO YOU CAN HELP HIM. [Keep repeating until calm.]

Bring him near the phone

Can he stand?

NO (victim probably unconscious or will be soon)

Is he coughing or wheezing?

NO

Can he breathe or talk?

NO

Listen carefully. I'll tell you how to do the Heimlich Maneuver.

Listen carefully to these instructions! Then go to him and do EXACTLY as I tell you- and COME RIGHT BACK TO THE PHONE.

** Make sure he is laying FACE UP on a hard surface (table or floor). STRADDLE his HIPS. Tilt his head back slightly, to open his airway.

YES

Keep him near the phone.

Is he coughing or wheezing?

YES

Can he breathe or talk?

YES

Listen carefully. I'll tell you how to do the Heimlich Maneuver.

Listen carefully to these instructions! Then go to him and do EXACTLY as I tell you- and COME RIGHT BACK TO THE PHONE.

* Move BEHIND him and put your arms around his waist.

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Place your hands, one on TOP of the other, just ABOVE his belly button. With a quick THRUST, PUSH INTO his STOMACH DOWNWARD AND TOWARD HIS HEAD using your weight. Do this 6 times and return to the phone right away.

Look into his mouth. Can you see an object?

NO

Is he breathing now?

NO

Repeat the sequence from ** and then return to the phone right away.

YES

Use your FINGER to sweep it out of his MOUTH. Is it out?

NO

STOP treatment.

Monitor closely.

Can he breathe or talk now?

NO

GO TO ADULT: AIRWAY/MOUTH-TO-MOUTH CARD (41).

YES

Is the object out and can he breathe and talk now?

NO

Repeat from * until the object is out or he loses consciousness.

If he cannot stand up any longer, go to **.

STOP treatment. Reassure him. Monitor closely.

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help her. (If hysterical: YOU MUST BE CALM SO YOU CAN HELP HER. [Keep repeating until calm.]

Can you get the phone next to her? If so, do it NOW.

I'm going to tell you how to open her airway. LISTEN CAREFULLY to these instructions and do EXACTLY as I tell you. Lay her FLAT ON HER BACK. If there is a pillow under her head, REMOVE IT.

LIFT HER CHIN SO HER HEAD TILTS BACK.

Go do this now and come right back to the phone.

Is there vomit in her mouth?

NO

YES

VOMITING INSTRUCTIONS: Turn her head to the SIDE. SCOOP MOUTH OUT (before you start mouth-to-mouth). YOU MUST BLOW THROUGH THE REMAINING FLUID.

Is she breathing now?

NO

YES

Maintain the CHIN LIFT and check her breathing often.

Do you want to do CPR - I'll help you!

YES

NO

Stop giving instructions and tell caller that help is on the way.

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Do you or anyone else there know CPR? (If so, STAY ON THE PHONE and relay sequence to ensure they're doing it properly.)

I'm going to tell you how to give Mouth-to-Mouth.

Lift her CHIN up the way I told you before.

** Hold her NOSE CLOSED.

COMPLETELY COVER her MOUTH with your mouth. SLOWLY FORCE 2 DEEP BREATHS into her LUNGS just like you're blowing up a BIG balloon. Watch for her CHEST TO RISE.

Go do this now and come right back to the phone.

Did you see her CHEST RISING when you blew in the air?...Did you feel the air going in? — YES

NO

Lift the CHIN UP MORE and repeat from **.

NO AGAIN

YES NOW

I want you to check for her pulse. *Slide your INDEX AND MIDDLE FINGER into the groove next to her ADAM'S APPLE. DON'T PRESS TOO HARD. FEEL for a PULSE for 5 SECONDS. Do you FEEL A PULSE? — YES

NO

Does it feel like her throat is blocked?... That the air wasn't going in? — NO

YES

Go to ADULT: CHOKING CARD (40)

Go to ADULT: CHEST COMPRESSION CARD (42).

Continue MOUTH-TO-MOUTH until person resumes breathing or help arrives. Give 1 BREATH /5 SECS. Recheck her pulse periodically. *

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ADULT: AIRWAY/MOUTH-TO-MOUTH

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HELP IS ON THE WAY! LISTEN CAREFULLY and I'll tell you what to do next.

Can you get the phone next to him? If so, do it now.

Put him **ON THE FLOOR OR A HARD SURFACE. DO IT NOW.** Then come right back to the phone.

Put the **HEEL** of your **HAND** on the **BREASTBONE** in the **CENTER** of his **CHEST, RIGHT BETWEEN THE NIPPLES.**

Put **YOUR OTHER HAND** ON **TOP OF THAT HAND.**

Push **DOWN FIRMLY** with **ONLY THE HEELS** of your hands **2 INCHES.**

Push with **ONLY THE HEELS** of your hands **STRAIGHT UP AND DOWN 15 times. JUST** like you're **PUMPING THE CHEST. Do it 15 times, ONCE A SECOND...REMEMBER!**

Now pinch his **NOSE CLOSED** AND **LIFT THE CHIN** AGAIN.

* **SLOWLY BLOW IN 2 BIG BREATHS,** then **PUMP THE CHEST 15 more times.** Make sure **ONLY THE HEEL** of your **HAND** is on the **bone** in the **CENTER OF THE CHEST, RIGHT BETWEEN THE NIPPLES.**

Repeat the cycle 4 times and come right back to the phone. I'll stay on the line.

Now check for a pulse: Slide your **INDEX** and **MIDDLE FINGERS** into the groove next to his **ADAM'S APPLE. DON'T PRESS TOO HARD! FEEL** for **5 SECONDS.**

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Is there a pulse?

YES

Keep repeating *, checking for a pulse every 4th time. Maintain **CHIN LIFT** and check his breathing often. If **NOT** breathing: Continue **MOUTH-TO-MOUTH. Give 1 BREATH / 5 SECONDS. Recheck pulse periodically.** (refer to **ADULT: AIRWAY/MOUTH-TO-MOUTH CARD (41)** if necessary)

NO

KEEP DOING THIS UNTIL HELP CAN TAKE OVER OR UNTIL HE STARTS BREATHING ON HIS OWN.

If he starts breathing on his own: **STOP CPR AND MONITOR CLOSELY.**

If he stops breathing again: **CHECK FOR A PULSE.**

Is there a pulse?

NO

Go back to *.

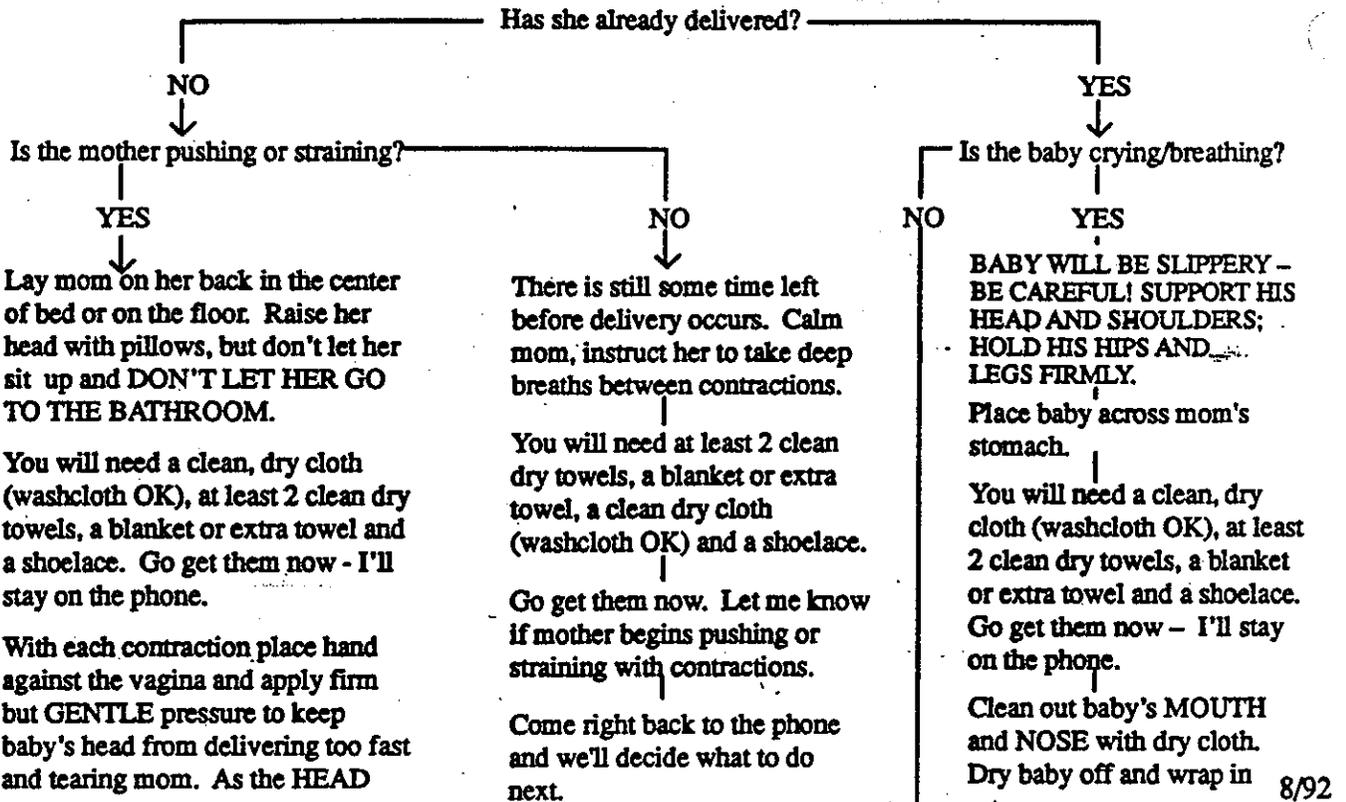
YES

Continue **MOUTH-TO-MOUTH. Give 1 BREATH / 5 SECONDS,** until person resumes breathing or until help arrives. Recheck pulse periodically.

VOMITING INSTRUCTIONS: Turn his **HEAD** to the **SIDE. SCOOP MOUTH OUT (before you start Mouth-to-Mouth.) YOU MUST BLOW THROUGH THE REMAINING FLUID.**

REMEMBER: Do this any time vomiting occurs.

HELP IS ON THE WAY! LISTEN CAREFULLY. I'll tell you what to do.



delivers, it may turn to the side. Now clean out baby's **MOUTH** and **NOSE** with a dry cloth. As the body delivers remember **BABY WILL BE SLIPPERY, BE CAREFUL!!** Support baby's **HEAD** and **SHOULDERS** and hold **HIPS** and **LEGS** firmly. Wrap baby in dry towel and place on mom's stomach. If the 1st towel becomes wet, replace it with a dry towel.

CONTINUE TO CLEAN OUT THE AIRWAY AS NECESSARY - KEEP BABY WARM - COVER HEAD BUT NOT FACE.

Tie the shoelace tightly around the umbilical cord approximately 6 inches from baby. **DO NOT CUT THE CORD.**

Is the baby crying/breathing? — NO —

YES —> Maintain baby AND Mom. Keep both warm.

REFER TO INFANT: AIRWAY/
MOUTH-TO-MOUTH CARD
(35).

dry towel or blanket. Cover baby's **HEAD** and **KEEP IT WARM. DO NOT COVER FACE.** Tie shoelace tightly around cord approximately 6 inches from baby. **DO NOT CUT CORD.**

Make sure mother is kept warm also.

INSTRUCTIONS FOR DELIVERY OF AFTERBIRTH:

When the afterbirth is delivered, (usually about 20 minutes after birth of baby) wrap it in a towel and **KEEP IT. DO NOT THROW IT AWAY.** The doctor will need to examine it.

ATTACHMENT I
CHORAL

C.H.O.R.A.L.

Computerized Hospital On-line Resource Allocation Link

CHORAL is a unique proprietary software system designed to establish a community-wide network that improves the allocation and efficient use of participating hospitals emergency services resources.

The CHORAL system provides:

- ✓ A means to manage the problem of hospital closures and ambulance diverts.
- ✓ A single consistent method of communicating divert status to EMS personnel.
- ✓ Documentation for hospitals to monitor their profile of diverts over a period of time for improved staffing assignments and financial analysis.
- ✓ Data for EMS systems planners to monitor and begin solving the problems of hospital diverts within their community.
- ✓ One step method of alerting the entire community of a hospitals closure or selective diverts.
- ✓ A way to help solve the problem of unequal distribution of the medically indigent public.

List of Hospitals Currently Using The CHORAL System:

In Oregon:

University Hospital, Portland
Emanuel Hospital and Health Center,
Portland

Providence Medical Center, Portland
Good Samaritan Hospital & Medical Center,
Portland

Portland Adventist Medical Center, Portland
Mount Hood Medical Center, Gresham

Holladay Park Medical Center, Portland
Bess Kaiser Medical Center, Portland
Kaiser Sunnyside Medical Center,
Clackamas

St. Vincent Hospital, Portland
Woodland Park Hospital, Portland
Rogue Valley Medical Center, Medford
Providence Medical Center, Medford

CHORAL

(Computerized Hospital On-line Resource Allocation Link)
Information Sheet

There is a growing problem of hospitals diverting patients. This practice, well described in the August 1989 *JEMS*, (*Journal of Emergency Medical Services*), creates several problems. Hospitals diverting patients for financial reasons unfairly burden the ultimate receiving institution. The emergency medical services system is unable to find a suitable receiving hospital for its patients. Families who believe their loved one is being transported to one hospital arrive there to find they are at the wrong facility. While preventing hospitals from ever diverting is unlikely, there is a system recently implemented in Portland, Oregon which displays hospitals' divert status to dispatch centers, the base station, and other area hospitals allowing the system to make necessary compensations.

The system is based on an interhospital computerized communications system which was previously used to monitor the status of this area's trauma hospitals. This trauma system role is described in Jack Stout's "Interface" column in the June 1988 issue of *JEMS*. In short, the earlier system relied on computers located within the emergency departments of 14 Portland hospitals. These computers were all linked to the emergency medical services system base station which in Portland is known as Medical Resource Hospital (MRH). In that system, hospitals displayed their trauma status visually on their terminal screen and that data was transmitted to all other hospitals as well as MRH which monitored the entire system and advised paramedics which of the 14 facilities were available for trauma at any given moment.

Building on that system, the Multnomah County office of Emergency Medical Services, working with the Oregon Association of Hospitals, contracted with Richard Quest of Salem, Oregon to rewrite the software so that the system will instead monitor six

hospital divert categories and display that information system wide. The 911 communications center and MRH monitor system divert status so that paramedics are advised when they start to a hospital with a patient of that hospital's status. This avoids hospital shopping. Each hospital controls its own data. No hospital nor the 911 center nor MRH can change any data displayed by the other hospitals. Facility changes, after going out to the system, are saved in each hospital's own computer memory. The system divert history is stored in the MRH computer. This database will allow the EMS system to see patterns and prevalence of diverts. We have found that widely distributing information about facilities tends to keep each honest. One would think that in this information system a hospital would be tempted to display itself as being more capable than it really is. In fact, the Multnomah County experience appears to be the opposite.

The software is designed so that a hospital can provide its own compatible hardware or purchase hardware through Quest Technologies. The software allows maximum flexibility. Future changes in the screen format can be easily accomplished using a menu driven program. This program allows system planners to add or delete data points from the display as the system evolves and different needs arise. For example, other hospitals may wish to join the system or existing hospitals may add services which they want displayed on the screen. This is easily and inexpensively accomplished.

This system allows communities to monitor the divert status of all hospitals on the system. Paramedics, dispatch centers, and the base station can quickly identify an available hospital for the ambulance if the original destination is on divert. Patients then reach care more quickly.