NAEMD Approves Changes

AMPDS Updates

• Jeff J. Clawson, M.D.

Through the approved method of protocol modification, the College of Fellows has recently completed an important set of improvements resulting in a new release of the Advanced MPDS—Version 10.1. All registered and licensed MPDS agencies will receive 48 new protocol cards, at no charge. All AMPDS-ProQA software users with extended warranties will receive these same changes on a free updated disk release.

The National Academy is responsible for maintaining the AMPDS as its official protocol for EMS Dispatch. Therefore, the Response configurations that are linked to them.

For certified EMDs and management of medical dispatch systems, the following is a brief summary of the more significant of the protocol changes that were proposed by over 15 different agencies in four countries. A complete explanation of all the approved changes is included with the actual protocol update.

After the most recent American Heart Association—Emergency Cardiac Care standards were published in JAMA in October, the College of Fellows approved the modification of the age classifications to match the AHA and Red Cross standard. The “infant” range is now under 1 year while “child” ranges from 1 through 7 years. Initially, there was some Dispatch Life Support (DLS) concern over inadvertently harming an infant through improper CPR pre-arrival instruction techniques, hence the discrepancy. After further consideration by the College, however, it was decided to change the classifications to match those already accepted in the EMS industry since any such danger is minimal.

This age classification change is reflected in the updated Pre-Arrival Instructions, whose titles on the card set are now printed in dark green to visually differentiate them from the 32 Chief Complaint cards. Also, the title for card G (ABCs) now appears in red, and includes a few changes to better emphasize caution when dealing with a possible neck or back injury.

The “Pregnancy/Childbirth” protocol includes several revisions. A dispatch definition for a “Breech” or similar abnormal delivery is now included, along with a corresponding new Sub-Determinant. The immediate “Go To” reference for a situation where the delivery is currently occurring has been backed up one step in the PAI sequence, from F6 to F5 (Check Crowning), and Rule A was modified to reflect this change.

A few modifications appear on the “Animal Bites” protocol. Axiom 3 was rewritten to better reflect the danger of some snake bites, especially internationally now that the AMPDS is licensed for use in several other countries, including South America and South Africa. The Axiom now reads, “Some snake bites can be lethal. While fatalities from snake bites are extremely rare in North America, they are much more likely to occur in...”

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From the President’s Desk:

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President, NAEMD

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other parts of the world.” The grave danger of certain snake bites was already considered by the recommending of a DELTA response to ANY snake bite.

On the “Breathing Problems” protocol, Post-Dispatch Instruction “a-3” has been changed from the generic, “treat for shock” to the more appropriate, “Allow the patient to assume the most comfortable position for them.” This is to avoid any deterioration that may be caused by elevating the legs (as generally recommended in protocol G) of a person in pulmonary edema or respiratory distress. A few other changes to the Key Questions and Determinant sections were also made.

On both the “Breathing Problems” protocol and on “Chest Pain”, the word “Pain” has been removed from the phrase, “Pain, sweaty or changing color.” After studies conducted during comprehensive AMPDS implementation in the cities of Montreal, Cleveland and Albuquerque, it was shown that the word “pale” is non-specific to nearly any illness and therefore lacks priority symptom status, previously resulting in many non-serious patients being inaccurately assigned a DELTA response. Simple extrapolation showed that as many as 7% of Montreal’s DELTA responses would be decreased by its removal.

A new, redesigned Medical Miranda card appears on the “Stab/Gunshot Wound” and “Assault/Rape” protocols, where Law Enforcement involvement is likely. A few other changes to these protocols help preserve evidence and better classify the type of injury received as “Central” or “Peripheral”, “Recent” or “Non-Recent.” The infamous typo which incorrectly classified “fingers” as a “Central” injury has been corrected, and each wound classification is now consistently singular, rather than plural.

On the “Back Pain” and “Traumatic Injuries, Specific” protocols, the “Go To” references for recent trauma have been changed to referencing the “Falls/Back Injuries (Traumatic)” protocol. This is because previously the EMD had no way to categorize the problem as “Not-Dangerous”, “Possibly Dangerous”, or “Dangerous” as “back” is not an injured area determinant on the “Traumatic Injuries, Specific” protocol.

Changes like these illustrate the complexity of the AMPDS and how each protocol is intertwined with the others. EMDs should remember that they must create situations where Post-Dispatch Instructions from the initiating card as well as those on the receiving card may be appropriate for that patient. The ProQA software elegantly illustrates these intricate relationships by automatically referencing other protocols as needed and tracking by time and date each entry as it occurs for later quality assurance review.

All of the modifications for version 10.1 have been approved and recognized nationally by at least a 75% vote of a complete quorum of the College of Fellows. Each of these new changes should be reviewed with all EMDs, dispatch and medical management of the agency using the AMPDS. This will be important Continuing Dispatch Education for the EMDs within each system. The NAEMD has approved CDE credit toward recertification under appropriate review of these important modifications. We estimate that 3 or 4 hours will be necessary to adequately review the new protocols.

The quality of the recommendations submitted by system users, coupled with the involvement of the members of the College in overseeing these protocol modifications, has been a significant experience in the continuing evolution of safe, efficient, and effective medical dispatch protocols. Any questions about these new standards should be addressed in writing to the Chairman of the College of Fellows.
The response to our MPDS Q & A column last issue was very positive. In each newsletter, I will try to answer as many questions as editorial space allows. Keep those cards and letters coming! If you have a question about a particular protocol there is a good chance that someone else has thought of the question too and needs an answer. Here we go...

**Q:** I routinely use Protocol #32, the Unknown Problem protocol, for all third party callers. It has been my experience that third party callers know little or nothing about the situation. I've talked to other EMDs who say that this isn't appropriate. Who's right?

**A:** With the MPDS, selection of the appropriate protocol results from taking the time to correctly identify the Chief Complaint. When Case Entry questions begin, the dispatcher should ask: “What's the problem, tell me what happened?” When this question is asked it elicits a more specific Chief Complaint that allows the dispatcher to select the specific protocol. The Unknown Problem protocol should only be used when the caller is a third party and the response to the question, “What’s the problem, tell me what happened?” is “I don’t know” or “There’s a man down.” If the EMD assumes that all third party callers know nothing about a patient's situation or history, control during the provision of Pre-Arrival Instructions. Implicit to the notion of repetitive persistence is the coupling of a desired action with a reason. I suggest using a phrase such as “Sir (or ma’am) I need you for another question about a particular protocol...
World’s First Accredited EMD “Center of Excellence”

The Albuquerque Fire Department recently completed the requirements necessary to become the world’s first National Academy of EMD—Accredited “Center of Excellence.” The award was presented by Dr. Jeff Clawson and Scott Hauert at a press conference held February 19, 1993. 

The requirements for Accreditation were completed during the implementation of a comprehensive EMD program, following a phased, step-by-step approach as recommended by Medical Priority Consultants, Inc.

Under the direction of Chief Thomas Montoya, Captain Jay Staeden and Lieutenant Cosmos Madrid, the Albuquerque Fire Department’s Emergency Medical Dispatch operation has undergone a dramatic evolution over the past 12 months and is now better able to serve the community, providing a more efficient and effective communication link between the caller, dispatcher and response personnel.

The extensive Accreditation process in Albuquerque included training and certifying all dispatch personnel, development of an in-house training system, establishing EMD continuing education and quality assurance programs, implementation of computerized performance evaluation mechanisms to monitor the efficiency and effectiveness of the service, and specific modification of protocol response levels and modes based upon quality assurance findings and performance data. The end result has been a more efficient utilization of human and material resources along with an enhancement of pre-hospital care through the provision of Dispatch Life Support.

The NAEMD congratulates the entire Albuquerque Fire Department for their continued efforts to provide the best level of service possible for their citizens.

Albuquerque Fire Department’s Accreditation Plaque
Awarded February 19, 1993

13-15 Amarillo, TX (Northwest Texas Hospital)
14-16 Erie, PA (Emergcare, Inc.)
14-16 Independence, MO (Gold Cross Ambulance)
14-16 Yakima, WA (South Central Region EMS and Trauma Council)
15-17 Cuyahoga Falls, OH (Cuyahoga Falls Police/Fire Department)
17-19 Valhalla, NY (Westchester County Office of EMS & Empire Ambulance)
18-20 Walla Walla, WA (South Central Region EMS and Trauma Council)
21-23 Denison, TX (LEIG, Inc.)
21-23 Graham, NC (Alamance Comm. College)
21-23 Gretna, LA (Priority EMS)
21-23 Springfield, OH (German Twp. Fire & EMS)