



State of New Jersey  
DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES  
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MARY E. O'DOWD, M.P.H.  
Commissioner

**Certificate of Waiver  
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

**All New Jersey Mobile Intensive Care Programs**

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

**8:41-6.1 Medications and therapeutic agents:**

(b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.

The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants the addition of **SoluCortef®**, an anti-inflammatory glucocorticoid to the optional list. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall allow MICU Programs licensed by the Department to carry and administer **SoluCortef®** when treating patients with Congenital Adrenal Hyperplasia. MICU staff shall be provided with an orientation prior to placing the medication on the MICU vehicles. This orientation shall include: the drug classification, the dosage, the approved routes for administration, the side effects and the contraindications. There shall be documentation that MICU personnel completed an orientation to **SoluCortef®**.

For: Mary E. O'Dowd, MPH  
Commissioner

By: Karen Halupke, R.N., M.Ed.  
Director  
Office of Emergency Medical Services

Date issued: October 28, 2013  
Waiver Control Number: 13-8:41-6.1(b)-015  
Expiration date: Indefinite

## ALLERGIES / STINGS Pre-Arrival Instructions

***"Do you have a Epi-Pen or reaction kit?"***

If Yes, ***"Have you used it as the physician has directed?"***

If they have not used it, ***"Use it following the directions on the kit."***

Brush the stinger off, if possible. Do not attempt to grasp stinger.

Apply ice to site of sting.

Have the patient rest in the most comfortable position.

Keep neck straight – remove pillows.

Watch patient for signs of difficulty breathing (slow breathing), or cardiac arrest. Go to appropriate **GUIDECARD** if indicated.

Gather patient medications, if any.

If the patient's condition changes, call me back.

### Prompts

### Short Report

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**.  
If unconscious, **NOT** breathing normally, go to CPR for appropriate age group.

Age  
Sex  
Specific location  
Chief complaint  
Pertinent related symptoms  
Medical/Surgical history, if any  
Other agencies responding  
Any dangers to responding units

## BACK PAIN

State of New Jersey EMD Guidecards Version 2011

KEY QUESTIONS

***"Has the patient felt dizzy or fainted?"***

***"Does the patient have any other medical or surgical history?"***

***"Is the patient's pain due to an injury or recent fall?"***

***"Is the patient incontinent of urine or have urinary retention?"***

***"Is the patient wearing a Medic Alert tag?"***  
IF YES

***"What does it say?"***

***"Does the patient take blood thinners?"***

***"Does the patient have Addisons Disease or adrenal insufficiency?"***

### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

DISPATCH

Decreased level of consciousness.

Non-traumatic back pain with prior history of Addisons disease or adrenal insufficiency.

Non-traumatic back pain with prior history of heart problem.

Back pain with fainting or near fainting, patient over 50 years.

Flank pain/back (Kidney stone).  
Back pain (non-traumatic).  
Back pain unspecified.  
Chronic back pain.

## BACK PAIN Pre-Arrival Instructions

If the pain is due to an injury, tell the patient not to move unless hazards are present.

Nothing to eat or drink.

Have the patient rest in the most comfortable position.

Gather patient medications, if any.

If the patient's condition changes, call me back.

Symptoms of an Addison or "adrenal" crisis include:

- Severe vomiting and diarrhea
- Dehydration
- Low blood pressure
- Loss of consciousness

If not treated, an Addison crisis can be fatal.

### Prompts

### Short Report

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL.

If unconscious, NOT breathing normally, go to CPR for appropriate age group

Age  
Sex  
Specific location  
Chief complaint  
Pertinent related symptoms  
Medical/Surgical history, if any  
Other agencies responding  
Any dangers to responding units

## BREATHING PROBLEMS

State of New Jersey EMD Guidecards Version 2011

KEY QUESTIONS

*"Is the patient on asthma medication, or ever used them?"*  
*"Is the patient able to speak in full sentences?"*  
*"Is the patient drooling or having a hard time swallowing?"*  
*"What has changed in their breathing to prompt you to call?"*  
*"Has the patient ever had this problem before?"*  
*"How long has this been going on?"*  
*"Does the patient have to sit up to breathe?"*  
*"What was the patient doing just prior to when he/she became short of breath?"*

*"Does the patient have any other medical or surgical history?"*  
*"Does the patient have any allergies?"*

If sudden onset:

*"Has the patient been hospitalized recently for childbirth or a broken leg?"*

If female,

*"Does the patient take medication for birth control?"*

### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

DISPATCH

Any patient complaining of breathing or respiratory difficulty, examples of symptoms may include:  
 Difficulty breathing with chest pain.  
 Unable to speak in full sentences.  
 History of Asthma or respiratory problems.  
 Inhaled substance.  
 Recent childbirth/broken leg/hospitalization (within 2-3 months).  
 Drooling/difficulty swallowing.  
 Tingling or numbness in extremities/around mouth, 35 or older.

Cold symptoms.  
 Stuffy nose / congestion.  
 Oxygen bottle empty.  
 Patient assist.  
 Long term, no change.

# VEHICULAR COLLISIONS Pre-Arrival Instructions

Do not approach vehicle if any indication of fire, downed wires or other hazards.

If able to enter crash scene, **DO NOT** move patient(s) unless there are hazards.

If the patient's condition changes, call me back.

## Prompts

Has Law Enforcement been notified?

Is Fire Department /Rescue/HAZMAT needed?

If caller can provide information about patient(s) go to appropriate Guidecard(s).

**FOLLOW AIR MEDICAL  
DISPATCH GUIDELINES**



# ABDOMINAL PAIN

State of New Jersey EMD Guidecards Version 2011

KEY QUESTIONS

*"Is the pain due to an injury to the patient?"*

*"How does the patient feel sitting up?"*

*"Is the pain above or below the belly button?"*

If the patient is female between 12-50 years:

*"Could she be pregnant?"*

*"Has there been vaginal bleeding?" If yes,*

*"How much?"*

*"Has she said she felt dizzy?"*

*"Has the patient vomited?"*

If yes, *"What does the vomit look like?"*

*"Are the patient's bowel movements black and tarry?"*

*"Is the patient wearing a Medic Alert tag?"*

If yes, *"What does it say?"*

*"Does the patient have Addisons Disease, recent trauma or any other medical or surgical history?"*

## SIMULTANEOUS ALS/BLS

## BLS DISPATCH

DISPATCH

Vomiting blood (red/dark red) or coffee ground-like substance.

Pain with prior history of Addisons disease or adrenal insufficiency.

Black tarry stool.

Lower abdominal pain, woman 12-50 years (if associated with dizziness or fainting or heavy vaginal bleeding).

Upper abdominal pain with prior history of heart problem.

Abdominal pain with fainting or near fainting, patient over 50 yrs.

Fainting/near fainting when sitting. (hypotension)

Pain with vomiting.

Flank pain (Kidney stone).

Abdominal (non-traumatic).

Pain unspecified.

## ABDOMINAL PAIN Pre-Arrival Instructions

Nothing to eat or drink.

Monitor for shock:

Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.

Gather patient medications, if any.

If the patient's condition changes, call me back.

Symptoms of an Addison or "adrenal" crisis include:

- Severe vomiting and diarrhea
- Dehydration
- Low blood pressure
- Loss of consciousness

If not treated, an Addison crisis can be fatal.

### Prompts

### Short Report

If unconscious, go to UNCONSCIOUS/ BREATHING NORMALLY AIRWAY CONTROL.

If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Age  
Sex  
Specific location  
Chief complaint  
Pertinent related symptoms  
Medical/Surgical history, if any  
Other agencies responding  
Any dangers to responding units

## ALLERGIES / STINGS

State of New Jersey EMD Guidecards Version 2011

KEY QUESTIONS

*"Does the patient have a history of a reaction to anything?"*

IF YES:

*"Describe the reaction the patient had before."*

*"Is the patient having:  
difficulty swallowing?  
difficulty breathing?  
or both?"*

*"Is the patient complaining of itching, hives, or rash?"*

*"Are the symptoms getting worse?"*

*"Is the patient wearing a Medic Alert tag?"*  
IF YES

*"What does it say?"*

*"How does the patient act when they sit up?"*

### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

DISPATCH

Unconscious/not breathing normally.  
Decreased level of consciousness.  
Difficulty breathing.  
Difficulty swallowing.  
Cannot talk in full sentences.  
Swelling in throat or on face.  
Fainting.  
History of severe reaction.  
Itching or hives in multiple areas.

Call delayed longer than 30 minutes with history of reaction.  
Concern about reaction, but no history.  
Reaction present for long time (hours), no difficulty breathing.  
Itching or hives in one area.

## SEIZURES / CONVULSIONS Pre-Arrival Instructions

Clear area around the patient.

Do not restrain patient.

Do not place anything in patient's mouth.

If patient is a child, remove clothing to cool patient if hot and feverish

**After seizure has stopped, check to see if patient is breathing.**

**IF NO,** Determine appropriate age group. Go to **CARDIAC ARREST** instructions for appropriate age group.

**IF YES,** Have patient lie on side. Monitor breathing.

Gather patient medications, if any.

If the patient's condition changes, call me back.

### Prompts

### Short Report

Any seizure with an unknown medical history is assumed to be a first time seizure.

If unconscious after seizure, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**

Age  
Sex  
Specific location  
Chief complaint  
Pertinent related symptoms  
Medical/Surgical history, if any  
Other agencies responding  
Any dangers to responding units

## SICK PERSON

State of New Jersey EMD Guidecards Version 2011

KEY QUESTIONS

**"Does the patient feel pain anywhere? If so, where?"**

(Consider appropriate card: Back, chest, abdomen)

**"Does the patient feel lightheaded or dizzy?"**

**"Does the patient have Addisons Disease or any other medical or surgical history?"**

**"What is the patient complaining of?"**

**"How does the patient look?"**

**"Have you checked for a medic alert tag? If there is an alert tag, what does it say?"**

**"Is there insulin in the refrigerator?"**

Is the patient complaining of:

Fever (*usually high*)

Headache

Tiredness (*can be extreme*)

Cough, Sore throat

Runny or stuffy nose

Body aches

Diarrhea and vomiting (*more common among children than adults*)

#### FLU SYMPTOMS

### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

Decreased level of consciousness.

Prior history of Addisons disease or adrenal insufficiency with dehydration, severe vomiting and diarrhea or low blood pressure.

Multiple fainting episodes.

Generalized weakness.

Medic alert from alarm company.

Flu symptoms:

(Without critical signs, symptoms or other medical options)

High blood pressure without critical symptoms.

High temperature.

Patient assist.

DISPATCH

## SICK PERSON Pre-Arrival Instructions

Gather patient medications, if possible.

If the patient's condition changes, call me back.

Symptoms of an Addison's or "adrenal" crisis include:

- Severe vomiting and diarrhea
- Dehydration
- Low blood pressure
- Loss of consciousness

If not treated, an Addison crisis can be fatal.

If the caller is requesting information about the Flu, have them call the NJDHSS Hotline at:  
**1-866-321-9571**

### Prompts

If unconscious, go to **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**.

If unconscious, **NOT** breathing normally, go to **CPR** for appropriate age group.

If a specific chief complaint is identified the EMD should use the guidecard that suits the patient's chief complaint.

Symptoms of an Addison's or "adrenal" crisis include;

- Severe vomiting and diarrhea
- Dehydration
- Low blood pressure
- Loss of consciousness

If not treated, an Addison crisis can be fatal.

## STROKE / CVA

State of New Jersey EMD Guidecards Version 2011

KEY QUESTIONS

*"When did this start?"*

*Does the patient have:*

*"Sudden numbness or weakness of the face, arm or leg?" (Especially on one side of the body.)*

*"Sudden confusion, trouble speaking (slurring) or understanding?"*

*"Sudden trouble seeing in one or both eyes?"*

*"Sudden trouble walking, dizziness, loss of balance or coordination?"*

*"Sudden severe headache?"*

*"Has the patient ever had a stroke?"*

*"Has the patient had any recent injury/trauma?"*

*"A history of diabetes?"*

*"Any other medical or surgical history?"*

DISPATCH

### SIMULTANEOUS ALS/BLS

Unconscious/not breathing normally.

Marked change in level of consciousness.

New onset of one sided weakness with paralysis, facial droop, slurred speech, confusion, loss of vision, loss of coordination, severe headache.

### BLS DISPATCH

Past history of stroke (CVA) with no new changes.