

# OnTrack

■ MEDICALCDE

## Meaning Behind Message. Context is everything when determining Chief Complaint

By Greg Scott

Suppose you are at home when you're called to a neighbor's house to assist with a medical emergency. Your neighbor knows you are an EMD and may be able to provide some expert assistance. You walk inside the front door and discover a nearly unconscious man whom you recognize—Mr. Jones, we'll call him—and he is in his late sixties. He is lying at the foot of a ladder in a laundry room with a pair of electrical pliers lying next to him. As your gaze moves to the top of the ladder, you see several wires protruding from a circuit breaker box high on the wall. There are lights and appliances on in the room, which leads you to believe that the electricity was never turned off. He appears to be breathing effectively, shallow but regularly, but he isn't alert and is unable to communicate verbally. His ankle is turned outward at an unusually abrupt angle.

As you caution Mrs. Jones not to move him, you prepare to call 9-1-1 to request an ambulance. Do you know what happened to Mr. Jones? How would you—a trained EMD—describe the situation to the 9-1-1 calltaker? If you were that calltaker, how would you manage this case?

Let's add a little more detail to the situation. Suppose Mrs. Jones tells you that Mr. Jones is an insulin dependent diabetic who was acting strangely as he was getting ready to work on the electrical wiring in the house. Would that change your perception of the situation? Or now, suppose that you are told Mr. Jones has a stroke history, and Mrs. Jones witnessed him having slurred

speech and facial drooping on his left side as he was stepping down the ladder to get another tool. Finally, let's change things once again—imagine Mrs. Jones told you that while Mr. Jones was standing on the ladder, he began complaining of pain in the center of his chest, grew extremely weak and nauseated, and then fell about three feet, catching his foot on one of the steps of the ladder just before he hit the floor.

As you've likely realized, each of these scenarios, though variations of a single



observable scene, could lead you to a different Chief Complaint with specific questions, coding, prioritization, response, and caller instructions that are most relevant to the situation. These examples illustrate the critical value of a fundamental aspect of a medical emergency—one that you as an EMD must always consider: context. The primary step in determining context for the 9-1-1 calltaker is the complaint description question, "Okay, tell me exactly what happened." After the verification of address, this is the most important question in the entire protocol.

The *American Heritage Dictionary of the English Language* lists two definitions of the word "context":

1. The part of a text or statement that surrounds a particular word or passage and determines its meaning.
2. The circumstances in which an event occurs; a setting.

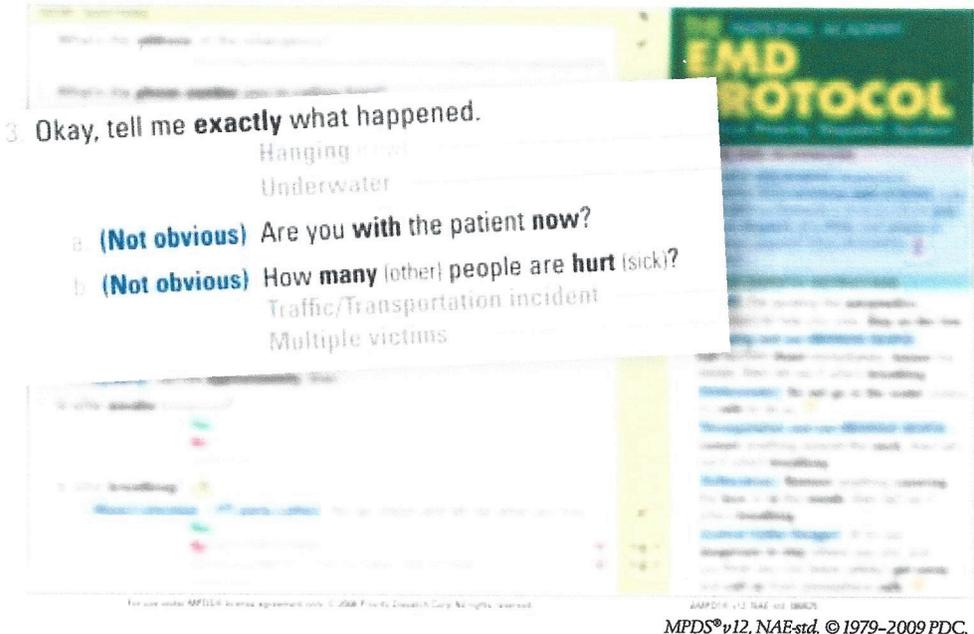
*Webster's Dictionary* defines "context" as:

"The whole situation, the background or the environment relevant to a particular event."

Each definition is useful for understanding the complaint description question, "Okay, tell me exactly what happened." As our dictionaries tell us, the context determines the meaning of the information. That meaning determines the true nature of the problem and how we manage the situation as EMDs.

In short, the context is the "how" of the protocol, while the Chief Complaint is the "what." To get to the "what," you have to know the "how" first.

A caller may initially describe a symptom, a set of symptoms, a medical condition, a medical history, an injury, or how an injury occurred, among other things. It is up to the EMD to sort out the most important information and make sure that information is complete enough to choose the correct Chief Complaint Protocol. Determining the context leads us to the correct Chief Complaint.



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Let's look at a few more examples.

A caller dials 9-1-1 and says his roommate has severe back pain and needs an ambulance. Do you, the EMD, have enough contextual information to determine the correct Chief Complaint Protocol?

Back pain is a common symptom with a number of possible causes. Those causes can be relatively benign, relatively serious, or very serious, depending on the circumstances. Say the caller's friend was passing a kidney stone and the caller was able to give you a good description of the event. Clearly, this would warrant using the Back Pain (Non-Traumatic or Non-Recent Trauma) Protocol in assessing the patient. However, had the friend been recently assaulted and his back pain was from a blow he received during the assault, then we know to use the Assault/Sexual Assault Protocol from our Chief Complaint Selection Rules (see Case Entry Additional Information). Of course, the caller may not readily volunteer all of this information upon the initial question ("Okay, tell me exactly what happened"). This is where a clarification or enhancement of the original question is so important. Clarifying the initial statement is the best way to confirm which Chief Complaint Protocol to use once you leave Case Entry.

While there may not be one universal clarification statement that satisfies all events all the time, there are some—when used in the right circumstances—that almost always get the job done. Often, simply repeating the question in the same or similar manner with a little more emphasis will get the caller to focus and give you the details you're looking for. Consider this

example from an actual case:

**EMD:** Okay, tell me exactly what happened.

**Caller:** My wife's having some heart problems.

**EMD:** This is very important; tell me exactly what's happening.

**Caller:** Well she's had chest pain with some trouble breathing for about an hour.

In this case, the specific symptoms the caller provides are more accurate than the generic complaint of heart problems. In other words, those specifics add context and definition to an otherwise vague condition.

Some callers want to give long, descriptive medical histories that are important for the paramedics and the doctor but may add little meaning to the immediate concern of prioritizing and managing the case for the EMD. As you've noticed, the Medical Priority Dispatch System® (MPDS) v12 has shortened the complaint description question from the previous (v11.3) language of "What's the problem, tell me exactly what happened?" The new, shortened version of the complaint description question will give both the caller and the EMD an opportunity to stay focused on the most immediate, pressing signs, symptoms, and causes. Consider the following:

**EMD:** Okay, tell me exactly what happened.

**Caller:** Well, he's had emphysema for a number of years, and he's on oxygen for it. He's also been diagnosed with heart failure and Alzheimer's disease. And he's just not normal today.

How would you best clarify the complaint description question? Let's continue with our example:

**EMD:** What's different that made you call for help right now?

**Caller:** He has slurred speech, and he can't move one side of his body.

This last caller statement suggests the Stroke (CVA) pProtocol is the best choice the EMD can make.

Note that in the examples, the clarification was done in a non-leading way. Imagine if a leading question was asked in the above case, such as, "So it sounds like he has some heart problems today, right?" It is also leading (and, therefore, not good EMD practice) to give the caller a list of symptoms from which to choose. Imagine again if the EMD had changed his clarification statement in the above example to, "So does he have breathing problems, chest pain, heart problems, dizziness, nausea, or weakness?" This may have led to an incorrect interpretation of the caller's statement.

As we saw with our back pain example, "Okay, tell me exactly what happened" is also very useful in prompting the caller to provide information about safety hazards—another critical aspect of the case context. Other cases involving safety hazards include stabbings, shootings, traffic accidents, animal attacks, burns, drowning, electric shocks, entrapments, overdoses, psychiatric, and hazardous materials releases. For each of these situations, we are compelled to choose a Chief Complaint that addresses scene safety first.

The next time you find yourself wondering if you selected the right Chief Complaint on a recent case, start by asking yourself, "Did I have a good understanding of the context?" If you're not sure, then you will want to practice your technique using the (non-leading) clarification statements mentioned here or another clarification that works just as well. As you develop this skill, your confidence and compliance will almost certainly improve. ■

#### Source

The American Heritage® Dictionary of the English Language, Fourth Edition  
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<http://dictionary.reference.com/cite.html?qh=context&ia=ahd4>