V11.2 Updated Features and Modifications

Jeff Clawson -- 15 February 2006

**Protocol 19** – addition of an alternate answer choice on Pulse taking question, allowing omission of this process if the caller is truly unable to reach the patient. 4th Party callers will automatically by-pass this Key Question.

**Protocol F** – wording in Panel F-10 has been modified to allow the placenta to be delivered more passively and not be “pushed” out. This is a change slated for v11.3 but the Standards groups felt it should be issued in this release of software while awaiting the formal release of v11.3 protocol cards.

**Pulse Check Diagnostic** – addition of a selectable variation to aid in checking the pulse in a prolapsed cord. Uses the directions currently found on Protocol F but uses a 15 second count that is converted to the rate for 30 seconds as the panel answer choices show (over or under 50 beats in 30 seconds). As with the other Tools, the use of this Diagnostic Tool is optional. It does not automatically drive any PAI logic within ProQA. What is found using this Tool must be then entered by the EMD into ProQA. Information obtained, however, is stored and archived in the Key Question Answers list and the complete Sequences found in Summary.

**Contraction Timer Diagnostic** – aids the EMD in processing contraction interval information and determines “imminency” of delivery based on the current protocol rules for 1st and 2nd plus pregnancy conditions. As with the other Tools, the use of this Diagnostic Tool is optional. It does not automatically drive any Protocol 24 logic within ProQA. What is found using this Tool must be then entered by the EMD into ProQA. Information obtained, however, is stored and archived in the Key Question Answers list and the complete Sequences found in Summary.

*Note:* as the experience with using these Diagnostics accumulates, the IAED will assess linking and launching them more formally with the ProQA structure.

**OMEGA Protocol Only**

**Protocol 26** – Logic modification that clarifies that the even when Non-Priority Complaints 2-28 are identified, if the caller has provided any of the non-alertness descriptors in the answer choice list (incoherent, out of it, etc..), the call will code as 26-C-2. This was what was initially intended in the original modification of this protocol.

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