

CAD / MPDS Code	CAD Event Type Description (red text = 0 caseload)	Old Dispatch Code	New CRM Dispatch Code	Sample case precis - Code 1 not required	General Comments	Additional Notes
164	AFPR HIGH ANGLE RESCUE	1	2	Patient stuck in a window. No injuries. No ambulance transport.	Fire brigade rescue call	
1D1	ABDOMINAL PAIN:NOT ALERT	1	2	Chonic liver cirrhosis. Final diagnosis: Alcohol intoxication.	Detailed review of all these event types showed overwhelming numbers of patients who were not critical, however require urgent dispatch, with lights and sirens to be used if traffic delays are encountered. Hence they are allocated Code 2	
2B1	ALLERGIES/ENVENOMATIONS: UNK or NO OTHER CODE APPLICABLE	1	2	Sore throat and itchy eyes for four days.		
2B1I	ALLERGIES/ENVENOMATIONS: UNK or NO OTHER CODE APPLICABLE (Injection)	1	2	Mild itchiness/swelling to eyes and lips. Resolved prior to calling AV for "check-up" two hours later. No ambulance transport.		
2B1M	ALLERGIES/ENVENOMATIONS: UNK or NO OTHER CODE APPLICABLE (MX)	1	2	Tingling to nose/cheek/lips two days ago, resolved. No problem identified. No ambulance transport.		
2D3	ALLERGIES/ENVENOMATIONS: SWARMING ATTACK (Bee Wasp)	1	2	Gnat exposure. Rash/itch to arms/neck for >12 hours.		
2D3I	ALLERGIES/ENVENOMATIONS: SWARMING ATTACK (Bee Wasp) (Injection)	1	2	Multiple bee stings, no allergic reaction.		
2D3M	ALLERGIES/ENVENOMATIONS: SWARMING ATTACK (Bee Wasp) (MX)	1	2	Localised swelling at bee sting site. No ambulance transport.		
2D5	ALLERGIES/ENVENOMATIONS: FUNNEL-WEB SPIDER BITE	1	2	Redness to left thigh.		
2D5I	ALLERGIES/ENVENOMATIONS: FUNNEL-WEB SPIDER BITE (Injection)	1	2			Zero case load
2D5M	ALLERGIES/ENVENOMATIONS: FUNNEL-WEB SPIDER BITE (MX)	1	2			Zero case load
3B2	ANIMAL BITES/ATTACKS: SERIOUS HAEMORRHAGE	1	2	Dog bite, small puncture to hand. No ambulance transport.		
3D5	ANIMAL BITES/ATTACKS: LARGE ANIMAL	1	2	Hip pain, injury sustained 18 hours ago.		
4B2A	ASSAULT/SEXUAL ASSAULT: SERIOUS HAEMORRHAGE (Assault)	1	2	Superficial laceration to scalp. Bleeding ceased prior to AV arrival.		
4B2S	ASSAULT/SEXUAL ASSAULT: SERIOUS HAEMORRHAGE (Sexual Assault)	1	2	Bruising to face, superficial laceration to head. No ambulance transport.		
6C1	BREATHING PROBLEMS: ABNORMAL BREATHING	1	2	Cough for three days. Patient unsure why his wife (not with the patient) called AV. No ambulance transport		
6D4	BREATHING PROBLEMS: CLAMMY	1	2	Hyperventilation/anxiety. No ambulance transport.		
7A1W	BURNS/EXPLOSION: BURNS <18% BODY AREA (Fireworks)	1	2			Zero case load
7C1	BURNS/EXPLOSION: BUILDING FIRE - PERSONS REPORTED INSIDE	1	2	No injuries. Final diagnosis: psychiatric.		
7C1E	BURNS/EXPLOSION: BUILDING FIRE - PERSONS REPORTED INSIDE (Explosion)	1	2	Spilled cup of tea. Minor burns to thighs/lower abdomen.		
7C1F	BURNS/EXPLOSION: BUILDING FIRE - PERSONS REPORTED INSIDE (Fire)	1	2	Methamphetamine use, emotional distress. No ambulance transport.		
7C1W	BURNS/EXPLOSION: BUILDING FIRE - PERSONS REPORTED INSIDE (Fireworks)	1	2			Zero case load
7D3	BURNS/EXPLOSION: NOT ALERT	1	2	Spilled boiling water. Minor 1% burn to hand.		
7D3E	BURNS/EXPLOSION: NOT ALERT (Explosion)	1	2			Zero case load
7D3F	BURNS/EXPLOSION: NOT ALERT (Fire)	1	2		Zero case load	
7D3W	BURNS/EXPLOSION: NOT ALERT (Fireworks)	1	2		Zero case load	
8D2	CO/INHALATION/HAZMAT: NOT ALERT	1	2	No illness or injury.		
8D2C	CO/INHALATION/HAZMAT: NOT ALERT (Chemical)	1	2		Zero case load	
8D2G	CO/INHALATION/HAZMAT: NOT ALERT (Smell of Gas/Fumes)	1	2		Zero case load	

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8D3	CO/INHALATION/HAZMAT: DIFF SPEAKING B/W BREATHS	1	2	No problem identified. No ambulance transport.	Detailed review of all these event types showed overwhelming numbers of patients who were not critical, however require urgent dispatch, with lights and sirens to be used if traffic delays are encountered. Hence they are allocated Code 2	
8D3G	CO/INHALATION/HAZMAT: DIFF SPEAKING B/W BREATHS (Smell of Gas/Fumes)	1	2			Zero case load
8D3U	CO/INHALATION/HAZMAT: DIFF SPEAKING B/W BREATHS (UNK)	1	2			Zero case load
8D4	CO/INHALATION/HAZMAT: MULTIPLE VICTIMS	1	2	No problem identified for 2 patients. No ambulance transport.		
8D4C	CO/INHALATION/HAZMAT: MULTIPLE VICTIMS (Chemical)	1	2			Zero case load
8D4G	CO/INHALATION/HAZMAT: MULTIPLE VICTIMS (Smell of Gas/Fumes)	1	2			Zero case load
8D4U	CO/INHALATION/HAZMAT: MULTIPLE VICTIMS (UNK)	1	2			Zero case load
8D5	CO/INHALATION/HAZMAT: UNK or NO OTHER CODE APPLICABLE	1	2	One minute's exposure to smoke. Occasional cough. No ambulance transport.		
8D5C	CO/INHALATION/HAZMAT: UNK or NO OTHER CODE APPLICABLE (Chemical)	1	2			Zero case load
8D5G	CO/INHALATION/HAZMAT: UNK or NO OTHER CODE (Smell of Gas/Fumes)	1	2			Zero case load
8D5U	CO/INHALATION/HAZMAT: UNK or NO OTHER CODE APPLICABLE (UNK)	1	2			Zero case load
14B1	DROWNING/DIVING, ALERT, BREATHING NORMALLY, INJ OR IN WATER	1	2	Minor cut to leg after jumping into a pool.		
14C1	DROWNING/DIVING, ALERT WITH ABNORMAL BREATHING	1	2	Post immersion in water. No near drowning. Anxiety/hyperventilation.		
17B3J	FALLS, UNK or NO OTHER CODE APPLICABLE (Jumper/Suicide attempt)	1	2	Accidental fall at ground level, uninjured. No ambulance transport.		
17D3	FALLS, NOT ALERT	1	2	Rolled ankle.		
17D3G	FALLS, NOT ALERT (On the Ground or Floor)	1	2	Abrasion to forehead. Patient alert. No ambulance transport.		
17D4	FALLS, CHEST OR NECK INJ (WITH DIFF BREATHING)	1	2	Mild pain from fall 24 hours ago. Anxiety. No ambulance transport.		
17D4G	FALLS, CHEST OR NECK INJ (WITH DIFF BREATHING) (On the Ground or Floor)	1	2	Neck pain after stretching.		
18B1	HEADACHE, UNK or NO OTHER CODE APPLICABLE	1	2	Headache after argument. No ambulance transport.		
18C1	HEADACHE, NOT ALERT	1	2	Vertigo.		
18C2	HEADACHE, ABNORMAL BREATHING	1	2	Fever.		
18C3	HEADACHE, SPEECH PROBLEMS	1	2	Vertigo.		
18C4	HEADACHE, SUDDEN ONSET OF SEVERE PAIN	1	2	Nausea/vomiting/diarrhoea.		
18C5	HEADACHE, NUMBNESS	1	2	Earache, fever.		
18C6	HEADACHE, PARALYSIS	1	2	Current Bell's palsy, required pain treatment plan.		
18C7	HEADACHE, CHANGE IN BEHAVIOUR (<3 HRS)	1	2	Toothache. No ambulance transport.		
19C1	HEART PROBLEMS, FIRING OF A.I.C.D.	1	2	No illness. Automatic implantable cardioverter defibrillator fired once.		
19C2	HEART PROBLEMS, ABNORMAL BREATHING	1	2	Final diagnosis: unknown problem, minor anxiety. No ambulance transport.		
19C4	HEART PROBLEMS, CARDIAC HX	1	2	1-2 weeks dizziness on standing.		

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19C6	HEART PROBLEMS, HEART RATE <50 bpm or >130 bpm (NPS)	1	2	Final diagnosis: anxiety.	Detailed review of all these event types showed overwhelming numbers of patients who were not critical, however require urgent dispatch, with lights and sirens to be used if traffic delays are encountered. Hence they are allocated Code 2	
19C7	HEART PROBLEMS, UNK or NO OTHER CODE APPLICABLE	1	2	Dizzy, hypertension.		
20D1C	HEAT/COLD EXPOSURE, NOT ALERT (Cold Exposure)	1	2	Alcohol intoxication.		
21D3	HAEMORRHAGE/LACERATIONS, DANGEROUS HAEMORRHAGE	1	2	Sensation of bleeding, no bleeding identified. No ambulance transport.		
23C1	OVERDOSE/POISONING, NOT ALERT	1	2	Minor side effect from analgesia (blurred vision, difficulty driving).		
23C1A	OVERDOSE/POISONING, NOT ALERT (Accidental)	1	2	Alcohol intoxication.		
23C1I	OVERDOSE/POISONING, NOT ALERT (Intentional)	1	2	Alcohol/amphetamine intoxication. No ambulance transport.		
23C1V	OVERDOSE/POISONING, NOT ALERT (Violent/Combative)	1	2	Drug use, "screaming" episode. No abnormality detected on arrival of AV. No ambulance transport.		
23C2	OVERDOSE/POISONING, ABNORMAL BREATHING	1	2	Psych episode.		
23C2A	OVERDOSE/POISONING, ABNORMAL BREATHING (Accidental)	1	2	Sore throat.		
23C2I	OVERDOSE/POISONING, ABNORMAL BREATHING (Intentional)	1	2	Alcohol intoxication.		
23C2V	OVERDOSE/POISONING, ABNORMAL BREATHING (Violent/Combative)	1	2	Anxiety, drug affected.		
23C4	OVERDOSE/POISONING, COCAINE, METHAMPHETAMINE	1	2	Previous alcohol/methamphetamine use, tired. No ambulance transport.		
23C4A	OVERDOSE/POISONING, COCAINE, METHAMPHETAMINE (Accidental)	1	2	Methamphetamine use, anxiety. No ambulance transport.		
23C4I	OVERDOSE/POISONING, COCAINE, METHAMPHETAMINE (Intentional)	1	2	"Shaky", social problem. No ambulance transport.		
23C4V	OVERDOSE/POISONING, COCAINE, METHAMPHETAMINE (Violent/Combative)	1	2	Drug use, anxiety.		
24B2	PREGNANCY, UNK or NO OTHER CODE APPLICABLE	1	2	Miscarriage five days ago. Domestic argument, increased heart rate.		
25B1	PSYCH, SERIOUS HAEMORRHAGE	1	2	Superficial laceration to eyebrow.		
25B1B	PSYCH, SERIOUS HAEMORRHAGE (Both Violent and Weapons)	1	2	Superficial lacerations to arm. No ambulance transport.		
25B1V	PSYCH, SERIOUS HAEMORRHAGE (Violent)	1	2	Graze to forehead. No ambulance transport.		
25B1W	PSYCH, SERIOUS HAEMORRHAGE (Weapons)	1	2	Superficial arm lacerations.		
25D2	PSYCH, DANGEROUS HAEMORRHAGE	1	2	Abrasion to neck.		
25D2B	PSYCH, DANGEROUS HAEMORRHAGE (Both Violent and Weapons)	1	2	Psych episode.		
25D2V	PSYCH, DANGEROUS HAEMORRHAGE (Violent)	1	2	Minor/suprficial laceration to forearm.		
25D2W	PSYCH, DANGEROUS HAEMORRHAGE (Weapons)	1	2	Abrasion to neck.		
26C3	SICK PERSON: SICKLE CELL CRISIS/ THALASSAEMIA	1	2	Intermittent abdominal pain. No ambulance transport.		
27B2P	STAB/GUNSHOT, KNOWN SINGLE PERIPHERAL WOUND (Penetrating)	1	2	Pin nail to knee.		
27B2S	STAB/GSW, KNOWN SINGLE PERIPHERAL WOUND (STAB)	1	2	Laceration to finger/thumb.		
29B1	TRAFFIC ACCIDENT: INJURIES	1	2	No injuries.		

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29B1U	TRAFFIC ACCIDENT: INJURIES (UNK PT)	1	2	No injuries. No ambulance transport.	Detailed review of all these event types showed overwhelming numbers of patients who were not critical, however require urgent dispatch, with lights and sirens to be used if traffic delays are encountered. Hence they are allocated Code 2	
29B1V	TRAFFIC ACCIDENT: INJURIES (Multiple PTs)	1	2	Emotional distress, soft-tissue injury. No ambulance transport.		
29B1X	TRAFFIC ACCIDENT: INJURIES (UNK PT / Additional Response Req)	1	2	Minor pain to knee. No ambulance transport.		
29B1Y	TRAFFIC ACCIDENT: INJURIES (Multiple PT / Additional Response Req)	1	2	Graze to forearm, emotional distress.		
29B3	TRAFFIC ACCIDENT: OTHER HAZARDS	1	2	Superficial laceration to finger. No ambulance transport.		
29B3U	TRAFFIC ACCIDENT: OTHER HAZARDS (UNK PT)	1	2	No injuries. No ambulance transport.		
29B3V	TRAFFIC ACCIDENT: OTHER HAZARDS (Multiple PTs)	1	2	No injuries. No ambulance transport.		
29B3X	TRAFFIC ACCIDENT: OTHER HAZARDS (UNK PT/Additional Response Req)	1	2	Minor right shoulder pain. No ambulance transport		
29B3Y	TRAFFIC ACCIDENT: OTHER HAZARDS (MULTI PT/Additional Response Req)	1	2	Aching arm.		
29D3	TRAFFIC ACCIDENT: HAZMAT	1	2	Graze to forearm. No ambulance transport.		
29D3U	TRAFFIC ACCIDENT: HAZMAT (UNK PT)	1	2	Airbag friction burn to forearm.		
29D3V	TRAFFIC ACCIDENT: HAZMAT (Multiple PTs)	1	2	Mild back pain. No ambulance transport.		
29D3X	TRAFFIC ACCIDENT: HAZMAT (UNK PT/ Additional Response Req)	1	2	Near miss motor vehicle accident. No injuries. No ambulance transport.		
29D3Y	TRAFFIC ACCIDENT: HAZMAT (Multiple PTs/ Additional Response Req)	1	2	Soft tissue pain/redness from seatbelt.		
30B2	TRAUMATIC INJURIES, SERIOUS HAEMORRHAGE	1	2	Minor blood nose. No ambulance transport.		
30D3	TRAUMATIC INJURIES, CHEST OR NECK INJ (With DIFF Breathing)	1	2	Anxiety. No ambulance transport.		
31C2	UNCONSCIOUS/FAINTING EPISODE(S), ALERT >35 (Cardiac Hx)	1	2	Generalised weakness. No ambulance transport.		
31C3	UNCONSCIOUS/FAINTING, FEMALES 12-50 WITH ABDOMINAL PAIN	1	2	Abdominal cramps. No loss of consciousness or faint.		
2C3	ALLERGIES/ENVENOMATIONS:MINOR JELLY FISH STING	1	3	Redness to shin and toes. No ambulance transport.	There are other codes for sick patients. These patients generally require first aid advice over the phone	
2C3I	ALLERGIES/ENVENOMATIONS:MINOR JELLY FISH STING (Injection)	1	3	Irritated foot after wading in sea 7 hours ago.		
2C3M	ALLERGIES/ENVENOMATIONS:MINOR JELLY FISH STING (MX)	1	3			Zero case load
3B1	ANIMAL BITES/ATTACKS: POSSIBLY DANGEROUS BODY AREA	1	3	Scratch to side of face, no bleeding.	Mostly calls for a nip in the park from a dog.	
3B3	ANIMAL BITES/ATTACKS: UNK or NO OTHER CODE APPLICABLE	1	3	Small puncture wounds, bleeding ceased.		
3D4	ANIMAL BITES/ATTACKS: DANGEROUS BODY AREA	1	3	Patient saw scorpion, anxiety, no ambulance transport.		
3D6	ANIMAL BITES/ATTACKS: EXOTIC ANIMAL	1	3	Superficial lacerations to foot, unknown cause (at beach).		
3D7	ANIMAL BITES/ATTACKS: ATTACK OR MULTIPLE ANIMALS	1	3	Multiple abrasions, no broken skin, anxiety.		
4D2S	ASSAULT/SEXUAL ASSAULT: NOT ALERT (Sexual Assault)	1	3	Old wound infection to leg. Patient alert.	Referral service can organise specialist teams to attend and advise appropriate receiving hospitals.	
4D3A	ASSAULT/SEXUAL ASSAULT: CHEST/NECK INJ (DIFF BREATHING) (Assault)	1	3	Mild muscular/soft tissue pain to chest.		
4D3S	ASSAULT/SEXUAL ASSAULT: CHEST/NECK INJ (DIFF BREATHING) (Sexual Assault)	1	3	Bruising/pain to chest after being hit yesterday. No ambulance transport.		

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4D4A	ASSAULT/SEXUAL ASSAULT: MULTIPLE VICTIMS (Assault)	1	3	Emotional distress, anxiety. No ambulance transport.		
4D4S	ASSAULT/SEXUAL ASSAULT: MULTIPLE VICTIMS (Sexual Assault)	1	3	Swelling to left side of head and ache.		
5C3	BACK PAIN: FAINTING OR NEAR FAINTING >50	1	3	Worsening back pain over 2 weeks.	Patient with back strain	
5D1	BACK PAIN: NOT ALERT	1	3	Back pain after sneezing.		
7D1W	BURNS/EXPLOSION: MULTIPLE VICTIMS (Fireworks)	1	3	Laceration to head.		
8B1	CO/INHALATION/HAZMAT: ALERT WITHOUT DIFF BREATHING	1	3	AV requested to lift patient only.	People who seem unharmed at time of call. Referral service assess over the phone and arranges transport if required	
8B1C	CO/INHALATION/HAZMAT: ALERT WITHOUT DIFF BREATHING (Chemical)	1	3	Redness to bottom.		
8B1G	CO/INHALATION/HAZMAT: ALERT WITHOUT DIFF BREATHING (Smell of Gas/Fumes)	1	3	No illness or injury.		
8B1U	CO/INHALATION/HAZMAT: ALERT WITHOUT DIFF BREATHING (UNK)	1	3	No illness or injury.		
8C1	CO/INHALATION/HAZMAT: ALERT WITH DIFF BREATHING	1	3	Cough.		
8C1C	CO/INHALATION/HAZMAT: ALERT WITH DIFF BREATHING (Chemical)	1	3	Cough. No ambulance transport.		
8C1G	CO/INHALATION/HAZMAT: ALERT WITH DIFF BREATHING (Smell of Gas/Fumes)	1	3	No problem identified.		
8C1U	CO/INHALATION/HAZMAT: ALERT WITH DIFF BREATHING (UNK)	1	3	Slight cough, anxiety.		
13C3	DIABETIC PROBLEMS, ABNORMAL BREATHING	1	3	Anxiety.	Conscious patient whose care plan can be reviewed prior to any emergency response	
16D1	EYE PROBLEMS/INJURIES, NOT ALERT	1	3	Minor irritation of eye after rubbing on bedsheet. No ambulance transport.	Not life threatening	
17B2	FALLS, SERIOUS HAEMORRHAGE	1	3	Abrasions, superficial small laceration to eyebrow.	On review none had serious haemorrhage. Non-specific falls for assessment. Non emergency patient transport suitable for many	
17B3	FALLS, UNK or NO OTHER CODE APPLICABLE	1	3	Pain to ribs. No ambulance transport.		
17B3G	FALLS, UNK or NO OTHER CODE APPLICABLE (On the Ground or Floor)	1	3	Floor to bed only. No ambulance transport.		
20B1C	HEAT/COLD EXPOSURE, CHANGE IN SKIN COLOUR (Cold Exposure)	1	3	No illness or injury.	No immediate life threat - can be assessed further over the phone	
20B1H	HEAT/COLD EXPOSURE, CHANGE IN SKIN COLOUR (Heat Exposure)	1	3	No illness or injury.		
20B2C	HEAT/COLD EXPOSURE, UNK or NO OTHER CODE APPLICABLE (Cold Exposure)	1	3	Exposed to rain (wet). No illness.		
20B2H	HEAT/COLD EXPOSURE, UNK or NO OTHER CODE APPLICABLE (Heat Exposure)	1	3	Drug use, emotional distress.		
20C1C	HEAT/COLD EXPOSURE, HEART ATTACK OR ANGINA HX (Cold Exposure)	1	3	Minor leg graze sustained 12 hours earlier.		
20C1H	HEAT/COLD EXPOSURE, HEART ATTACK OR ANGINA HX (Heat Exposure)	1	3	Resolving headache/dizziness.		
21C1	HAEMORRHAGE/LACERATIONS, HAEMORRHAGE THROUGH TUBES	1	3	Small amount of blood in indwelling catheter bag. No active bleeding. Non emergency transport provided.	Blood in urinary catheter bag	
24B1	PREGNANCY, LABOUR (Delivery not Imminent >5 Mths/20 weeks)	1	3	Non-imminent birth (contractions 30 minutes apart).	Not an emergency	
25D1	PSYCH: NOT ALERT	1	3	Paranoia post-methamphetamine use. Patient alert.	Assessed by trained mental health practitioners in Referral Service	
25D1B	PSYCH: NOT ALERT (Both Violent and Weapons)	1	3	Psych episode, anxiety. Patient alert.		
25D1V	PSYCH: NOT ALERT (Violent)	1	3	Psych episode, depression. Patient alert.		

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25D1W	PSYCH: NOT ALERT (Weapons)	1	3	Psych episode, bizarre behaviour. Patient alert.		
26C1	SICK PERSON: ALTERED LEVEL OF CONSCIOUSNESS	1	3	Chronic arthritic pain. Nausea after taking Tramadol. No altered conscious state.	Non-specific illnesses requiring further information prior to any dispatch	
26C2	SICK PERSON: ABNORMAL BREATHING	1	3	Nausea, tired.		
26D1	SICK PERSON: NOT ALERT	1	3	No acute problem identified (dementia). No ambulance transport.		
28A1D	STROKE: BREATHING NORMALLY < 35 (Partial Evidence) (>6 hrs)	1	3	Confusion, last seen well 2 days ago.	There is no urgent treatment available if the symptoms are more than 6 hours old, or the onset timeframe is unknown. The risks of clot-busting drugs outweigh the benefits unless the timeframe is very short. All these patients require further assessment over the phone and many of those that need transport can safely be transported by non-emergency ambulance	
28A1E	STROKE: BREATHING NORMALLY < 35 (Partial Evidence) (Unk)	1	3	Emotional distress, depression.		
28A1G	STROKE: BREATHING NORMALLY < 35 (>6 hrs)	1	3	Urinary tract infection.		
28A1H	STROKE: BREATHING NORMALLY < 35 (Strong Evidence) (>6 hrs)	1	3	Four days of swelling to arm.		
28A1I	STROKE: BREATHING NORMALLY < 35 (Strong Evidence) (Unk)	1	3	Dull ache to jaw.		
28A1K	STROKE: BREATHING NORMALLY < 35 (Clear Evidence) (>6 hrs)	1	3	Four days of headache.		
28A1M	STROKE: BREATHING NORMALLY < 35 (Clear Evidence) (Unk)	1	3	Swelling/redness to cheek.		
28A1U	STROKE: BREATHING NORMALLY < 35 (Unk)	1	3	Anxiety, emotional distress.		
28A1Y	STROKE: BREATHING NORMALLY < 35 (No Test Evidence) (>6 hrs)	1	3	Four months blocked tear duct.		
28A1Z	STROKE: BREATHING NORMALLY < 35 (No Test Evidence) (Unk)	1	3	Vertigo (past history of same). No ambulance transport.		
28C10D	STROKE: TIA HISTORY (Partial Evidence) (>6 hrs)	1	3	One week of dizziness.		
28C10E	STROKE: TIA HISTORY (Partial Evidence) (Unk)	1	3	Cough, generalised weakness.		
28C10G	STROKE: TIA HISTORY (>6 hrs)	1	3	Dehydration.		
28C10H	STROKE: TIA HISTORY (Strong Evidence) (>6 hrs)	1	3	Two days of dehydration.		
28C10I	STROKE: TIA HISTORY (Strong Evidence) (Unk)	1	3	Shaking (resolved) and anxiety.		
28C10K	STROKE: TIA HISTORY (Clear Evidence) (>6 hrs)	1	3	Urinary tract infection, dehydration.		
28C10Y	STROKE: TIA HISTORY (No Test Evidence) (>6 hrs)	1	3	Urinary tract infection.		
28C10Z	STROKE: TIA HISTORY (No Test Evidence) (Unk)	1	3	Resolved brief period of vagueness. No ambulance transport.		
28C11D	STROKE: BREATHING NORMALLY >35 (Partial Evidence) (>6 hrs)	1	3	Hand cramping, generally unwell.		
28C11E	STROKE: BREATHING NORMALLY >35 (Partial Evidence) (Unk)	1	3	Two days of dizziness.		
28C11G	STROKE: BREATHING NORMALLY >35 (>6 hrs)	1	3	Anxiety and hyperventilation, 2 days nausea and vomiting.		
28C11H	STROKE: BREATHING NORMALLY >35 (Strong Evidence) (>6 hrs)	1	3	Six months of forgetfulness, slightly low blood sugar level.		
28C11I	STROKE: BREATHING NORMALLY >35 (Strong Evidence) (Unk)	1	3			
28C11K	STROKE: BREATHING NORMALLY >35 (Clear Evidence) (>6 hrs)	1	3	Dizzy, nausea and vomiting.		
28C11M	STROKE: BREATHING NORMALLY >35 (Clear Evidence) (Unk)	1	3	Slurred speech for 12-24 hours		

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28C11U	STROKE: BREATHING NORMALLY >35 (Unk)	1	3	Progressive bilateral leg weakness (three days).	There is no urgent treatment available if the symptoms are more than 6 hours old, or the onset timeframe is unknown. The risks of clot-busting drugs outweigh the benefits unless the timeframe is very short. All these patients require further assessment over the phone and many of those that need transport can safely be transported by non-emergency ambulance	
28C11Y	STROKE: BREATHING NORMALLY >35 (No Test Evidence) (>6 hrs)	1	3	Intermittent numbness to face and arm (2 days).		
28C11Z	STROKE: BREATHING NORMALLY >35 (No Test Evidence) (Unk)	1	3	Fever and dizziness.		
28C12D	STROKE: UNK or NO OTHER CODE APPLICABLE (Partial Evidence) (>6 hrs)	1	3	Cerebrovascular accident symptoms > 8 hours.		
28C12E	STROKE: UNK or NO OTHER CODE APPLICABLE (Partial Evidence) (Unk)	1	3	Dizzy (24 hours), anxiety, hypertension.		
28C12H	STROKE: UNK or NO OTHER CODE APPLICABLE (Strong Evidence) (>6 hrs)	1	3			Zero case load
28C12I	STROKE: UNK or NO OTHER CODE APPLICABLE (Strong Evidence) (Unk)	1	3			Zero case load
28C12K	STROKE: UNK or NO OTHER CODE APPLICABLE (Clear Evidence) (>6 hrs)	1	3			Zero case load
28C12M	STROKE: UNK or NO OTHER CODE APPLICABLE (Clear Evidence) (Unk)	1	3			
28C12Y	STROKE: UNK or NO OTHER CODE APPLICABLE (No Test Evidence) (>6 hrs)	1	3	Drowsy post pain medication.		
28C12Z	STROKE: UNK or NO OTHER CODE APPLICABLE (No Test Evidence) (Unk)	1	3	No illness or injury. No ambulance transport.		
28C1D	STROKE: NOT ALERT (Partial Evidence) (>6 hrs)	1	3	Progressive decrease in function with confusion (2 weeks).		
28C1H	STROKE: NOT ALERT (Strong Evidence) (>6 hrs)	1	3	Left leg weakness >12 hours. Patient alert.		
28C1K	STROKE: NOT ALERT (Clear Evidence) (>6 hrs)	1	3	Vertigo (past history of same). Patient alert. No ambulance transport.		
28C1Y	STROKE: NOT ALERT (No Test Evidence) (>6 hrs)	1	3	Dehydration, weight loss.		
28C2D	STROKE: ABNORMAL BREATHING (Partial Evidence) (>6 hrs)	1	3	Bilateral knee pain for 1 month affecting mobility.	There is no urgent treatment available if the symptoms are more than 6 hours old, or the onset timeframe is unknown. The risks of clot-busting drugs outweigh the benefits unless the timeframe is very short. All these patients require further assessment over the phone and many of those that need transport can safely be	
28C2E	STROKE: ABNORMAL BREATHING (Partial Evidence) (Unk)	1	3	Ongoing social/behavioural problems. No ambulance transport.		
28C2G	STROKE: ABNORMAL BREATHING (>6 hrs)	1	3	Alcohol intoxication, depression.		
28C2Y	STROKE: ABNORMAL BREATHING (No Test Evidence) (>6 hrs)	1	3	Diarrhoea after laxative use, generally unwell.		
28C2Z	STROKE: ABNORMAL BREATHING (No Test Evidence) (Unk)	1	3	Urinary tract infection for 1 week.		
28C3D	STROKE: SUDDEN SPEECH PROBLEMS (Partial Evidence) (>6 hrs)	1	3	Mobility decline, generalised weakness for 4 days.		
28C3E	STROKE: SUDDEN SPEECH PROBLEMS (Partial Evidence) (Unk)	1	3	Upper respiratory tract infection for three days, hoarse voice.		
28C3G	STROKE: SUDDEN SPEECH PROBLEMS (>6 hrs)	1	3	Ongoing gastrointestinal tract infection (three months). Pre-organised admission to hospital.		
28C3H	STROKE: SUDDEN SPEECH PROBLEMS (Strong Evidence) (>6 hrs)	1	3	Wound pain after cesarian section five days ago. Resolving headache.		
28C3K	STROKE: SUDDEN SPEECH PROBLEMS (Clear Evidence) (>6 hrs)	1	3	Three days of slurred speech and difficulty swallowing.		
28C3Y	STROKE: SUDDEN SPEECH PROBLEMS (No Test Evidence) (>6 hrs)	1	3	Generalised weakness and lethargy. No ambulance transport.		
28C3Z	STROKE: SUDDEN SPEECH PROBLEMS (No Test Evidence) (Unk)	1	3	Increasing back pain over 2 weeks (poor mobility).		
28C4D	STROKE: SUDDEN WEAKNESS/NUMBNESS (One side) (Partial Evidence) (>6 hrs)	1	3	Increasing falls over 2 weeks, mobility problem. Transported by non emergency patient transport.		
28C4E	STROKE: SUDDEN WEAKNESS/NUMBNESS (One side) (Partial Evidence) (Unk)	1	3	Back pain.		

CAD / MPDS Code	CAD Event Type Description (red text = 0 caseload)	Old Dispatch Code	New CRM Dispatch Code	Sample case precis - Code 1 not required	General Comments	Additional Notes
28C4G	STROKE: SUDDEN WEAKNESS/NUMBNESS (One side) (>6 hrs)	1	3	Chronic problem. Patient requesting referral from A&E. No ambulance transport	transported by non-emergency ambulance	
28C4I	STROKE: SUDDEN WEAKNESS/NUMBNESS (One side) (Strong Evidence) (Unk)	1	3	Anxiety, hyperventilation.		
28C4K	STROKE: SUDDEN WEAKNESS/NUMBNESS (One side) (Clear Evidence) (>6 hrs)	1	3	Ongoing left weakness after stroke 8 weeks ago requiring hospital therapy. Patient requested non emergency patient transport via 000. Code 1 AV response given		
28C4M	STROKE: SUDDEN WEAKNESS/NUMBNESS (One side) (Clear Evidence) (Unk)	1	3	Alcohol intoxication		
28C4U	STROKE: SUDDEN WEAKNESS/NUMBNESS (One side) (Unk)	1	3	Stroke symptoms onset 4 days ago.		
28C4Y	STROKE: SUDDEN WEAKNESS/NUMBNESS (One side) (No Test Evidence) (>6 hrs)	1	3	Back pain radiating to leg.		
28C4Z	STROKE: SUDDEN WEAKNESS/NUMBNESS (One side) (No Test Evidence) (Unk)	1	3	Altered sensation left forearm onset > 9 hours.		
28C5D	STROKE: SUDDEN PARALYSIS/FACIAL DROOP (Partial Evidence) (>6 hrs)	1	3	Approx 24 hours facial stiffness, GP diagnosis of Bell's palsy. No ambulance transport.		
28C5G	STROKE: SUDDEN PARALYSIS/FACIAL DROOP (>6 hrs)	1	3	Altered sensation left arm onset > 20 hours, headache.		
28C5H	STROKE: SUDDEN PARALYSIS/FACIAL DROOP (Strong Evidence) (>6 hrs)	1	3	Stroke symptoms > two days ago.		
28C5K	STROKE: SUDDEN PARALYSIS/FACIAL DROOP (Clear Evidence) (>6 hrs)	1	3	No problem identified. No ambulance transport.		
28C5U	STROKE: SUDDEN PARALYSIS/FACIAL DROOP(Unk)	1	3	Facial droop, hypertension, unknown onset (last seen well > 12 hours earlier).		
28C5Y	STROKE: SUDDEN PARALYSIS/FACIAL DROOP (No Test Evidence) (>6 hrs)	1	3	Leg pain for three days.		
28C5Z	STROKE: SUDDEN PARALYSIS/FACIAL DROOP (No Test Evidence) (Unk)	1	3	Generalised weakness, dehydration.		
28C6D	STROKE: SUDDEN LOSS OF BALANCE/COORDINATION (Partial Evidence) (>6 hrs)	1	3	Mild respiratory infection for 2 days.		
28C6E	STROKE: SUDDEN LOSS OF BALANCE/COORDINATION (Partial Evidence) (Unk)	1	3	Urinary tract infection, generalised weakness.		
28C6G	STROKE: SUDDEN LOSS OF BALANCE/COORDINATION (>6 hrs)	1	3	Mechanical fall, right leg pain.		
28C6H	STROKE: SUDDEN LOSS OF BALANCE/COORDINATION (Strong Evidence) (>6 hrs)	1	3	Stiff neck for three days.		
28C6I	STROKE: SUDDEN LOSS OF BALANCE/COORDINATION (Strong Evidence) (Unk)	1	3	Left leg pain worsening over 24 hours.		
28C6K	STROKE: SUDDEN LOSS OF BALANCE/COORDINATION (Clear Evidence) (>6 hrs)	1	3	Vertigo for >8 hours.		
28C6U	STROKE: SUDDEN LOSS OF BALANCE/COORDINATION (Unk)	1	3	Psych episode, paranoia.		
28C6Y	STROKE: SUDDEN LOSS OF BALANCE/COORDINATION (No Test Evidence) (>6 hrs)	1	3	Five days of postural faint feeling.		
28C6Z	STROKE: SUDDEN LOSS OF BALANCE/COORDINATION (No Test Evidence) (Unk)	1	3	Vertigo.		
28C7D	STROKE: SUDDEN VISION PROBLEMS (Partial Evidence) (>6 hrs)	1	3	Nausea, unsteady gait for 2 days.		
28C7E	STROKE: SUDDEN VISION PROBLEMS (Partial Evidence) (Unk)	1	3	Two days of headache, blurred vision and dry mouth.		
28C7G	STROKE: SUDDEN VISION PROBLEMS (>6 hrs)	1	3	Three days of eye problem/discharge.	There is no urgent treatment available if the symptoms are more than 6 hours old, or the onset timeframe is unknown. The risks of clot-busting drugs outweigh the benefits unless the timeframe is very short. All these patients require further assessment over the phone and many of those that need transport can safely be transported by non-emergency ambulance	
28C7H	STROKE: SUDDEN VISION PROBLEMS (Strong Evidence) (>6 hrs)	1	3	Approx 24 hours dizziness, nausea.		
28C7I	STROKE: SUDDEN VISION PROBLEMS (Strong Evidence) (Unk)	1	3	Vertigo approx 24 hours, visual disturbance.		
28C7K	STROKE: SUDDEN VISION PROBLEMS (Clear Evidence) (>6 hrs)	1	3	Vagueness for 2 days.		

CAD / MPDS Code	CAD Event Type Description (red text = 0 caseload)	Old Dispatch Code	New CRM Dispatch Code	Sample case precis - Code 1 not required	General Comments	Additional Notes	
28C7U	STROKE: SUDDEN VISION PROBLEMS (Unk)	1	3	Dizziness, hot environment. No ambulance transport.			
28C7Y	STROKE: SUDDEN VISION PROBLEMS (No Test Evidence) (>6 hrs)	1	3	Blurred vision >24 hours. Transported by non emergency patient transport.			
28C7Z	STROKE: SUDDEN VISION PROBLEMS (No Test Evidence) (Unk)	1	3	Two days mild headache since new medication.			
28C8D	STROKE: SUDDEN ONSET OF SEVERE HEADACHES (Partial Evidence) (>6 hrs)	1	3	Five days headache. Relieved with own medications.			
28C8E	STROKE: SUDDEN ONSET OF SEVERE HEADACHES (Partial Evidence) (Unk)	1	3	Pneumonia, worsening headache over four days. No ambulance transport.			
28C8G	STROKE: SUDDEN ONSET OF SEVERE HEADACHES (>6 hrs)	1	3	Mild headache for 2 days, hyperglycaemia.			
28C8I	STROKE: SUDDEN ONSET OF SEVERE HEADACHES (Strong Evidence) (Unk)	1	3				
28C8K	STROKE: SUDDEN ONSET OF SEVERE HEADACHES (Clear Evidence) (>6 hrs)	1	3	General decline, exacerbation of arthritic pain.			
28C8U	STROKE: SUDDEN ONSET OF SEVERE HEADACHES (Unk)	1	3	Urinary tract infection, vomiting.			
28C8Y	STROKE: SUDDEN ONSET OF SEVERE HEADACHES (No Test Evidence) (>6 hrs)	1	3	Three days tingling to lips and left arm.			
28C8Z	STROKE: SUDDEN ONSET OF SEVERE HEADACHES (No Test Evidence) (Unk)	1	3				
28C9D	STROKE: STROKE HISTORY (Partial Evidence) (>6 hrs)	1	3	Muscular pain to right of neck. No ambulance transport.		There is no urgent treatment available if the symptoms are more than 6 hours old, or the onset timeframe is unknown. The risks of clot-busting drugs outweigh the benefits unless the timeframe is very short. All these patients require further assessment over the phone and many of those that need transport can safely be transported by non-emergency ambulance	
28C9E	STROKE: STROKE HISTORY (Partial Evidence) (Unk)	1	3	Alcohol intoxication.			
28C9G	STROKE: STROKE HISTORY (>6 hrs)	1	3	Anxiety. No ambulance transport.			
28C9H	STROKE: STROKE HISTORY (Strong Evidence) (>6 hrs)	1	3	No problem identified. No ambulance transport.			
28C9I	STROKE: STROKE HISTORY (Strong Evidence) (Unk)	1	3	Anxiety. No ambulance transport.			
28C9K	STROKE: STROKE HISTORY (Clear Evidence) (>6 hrs)	1	3	Generalised weakness, fever.			
28C9M	STROKE: STROKE HISTORY (Clear Evidence) (Unk)	1	3	Fever, nausea, vomited once. No ambulance transport.			
28C9U	STROKE: STROKE HISTORY (Unk)	1	3	Resolved brief episode lightheadedness/generalised weakness.			
28C9Y	STROKE: STROKE HISTORY (No Test Evidence) (>6 hrs)	1	3	Cough for 10 days, fever and headache.			
28C9Z	STROKE: STROKE HISTORY (No Test Evidence) (Unk)	1	3	Brief episode of resolved tingling in limbs, resolved hypertension. No ambulance transport.			
30B1	TRAUMATIC INJURIES, POSSIBLY DANGEROUS BODY AREA	1	3	Left hip pain			
31C1	UNCONSCIOUS/FAINTING, ALERT WITH ABNORMAL BREATHING	1	3	Dehydration, nausea (no loss of consciousness/faint/collapse).			