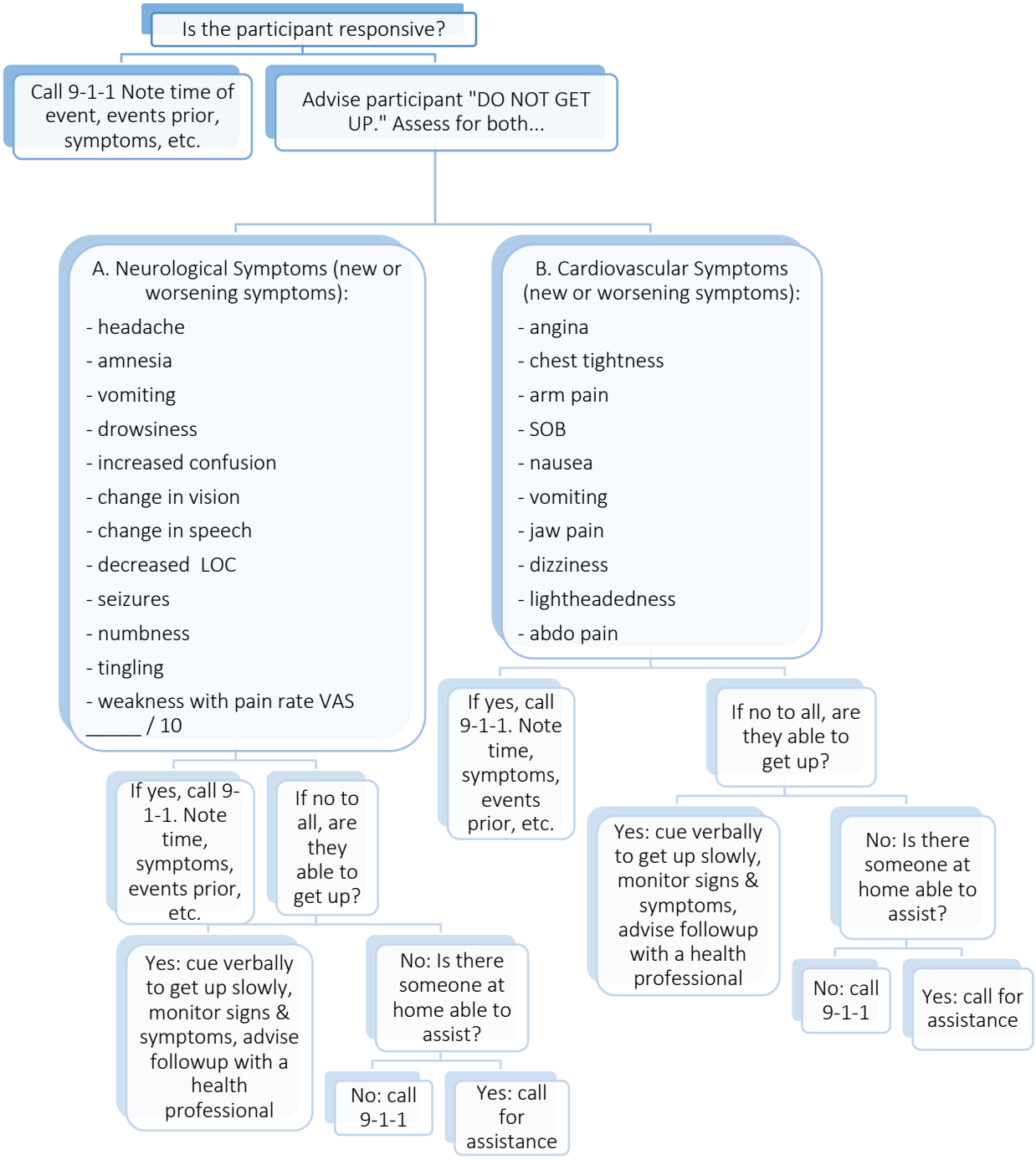
Is the participant responsive?
Call 9-1-1 Note time of event, events prior, symptoms, etc.
Advise participant "DO NOT GET UP." Assess for both...
A. Neurological Symptoms (new or worsening symptoms):
- headache
- amnesia
- vomiting
- drowsiness
- increased confusion
- change in vision
- change in speech
- decreased LOC
- seizures
- numbness
- tingling
- weakness with pain rate VAS _____ / 10
If yes, call 9-1-1. Note time, symptoms, events prior, etc.
If no to all, are they able to get up?
Yes: cue verbally to get up slowly, monitor signs & symptoms, advise followup with a health professional
No: Is there someone at home able to assist?
No: call 9-1-1
Yes: call for assistance
B. Cardiovascular Symptoms (new or worsening symptoms):
- angina
- chest tightness
- arm pain
- SOB
- nausea
- vomiting
- jaw pain
- dizziness
- lightheadedness
- abdo pain
If yes, call 9-1-1. Note time, symptoms, events prior, etc.
If no to all, are they able to get up?
Yes: cue verbally to get up slowly, monitor signs & symptoms, advise followup with a health professional
No: Is there someone at home able to assist?
No: call 9-1-1
Yes: call for assistance