PreMIS Datapoints

00. Other

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**PreMIS Number**	Put the preprinted sticker with the unique sequential PreMIS number in the box on the form.	☐
☐	☐	☑	**Method of Data Input**	This information will be automatically detected by the system.	☐

01. Unit

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**911 Call Date**	Enter the date of the call to 911 by patient or other person.	☐
☐	☐	☑	**911 CAD System Incident Number**	Enter number generated by the 911 CAD system.	☐
☑	☑	☑	**EMS Agency #**	Enter the state-assigned provider number for the agency.	☐
☑	☑	☑	**EMS System Incident #**	Enter the local EMS incident number for this report.	☐
☑	☑	☑	**Complaint Reported by Dispatch**	Enter free text of the complaint provided by dispatch.	☐
☑	☑	☑	**EMD Card Number**	Enter the EMD card number reported by dispatch.	☑
☑	☑	☑	**Category of Service**	Fill in bubble corresponding to category of service (First Responder, Primary 911, Critical Care/Interfacility Transfer, Convalescent, Rescue, Supervisor).	☐
☑	☑	☑	**Crew Member ID**	Enter the ID number of each crew member on the unit.	☑
☑	☑	☑	**Crew Member Role**	Indicate the role of each crew member by placement in the technician area (Driver, Primary Caregiver, Other).	☑
☑	☑	☑	**Crew Member Technician Level**	Fill in the bubble corresponding to each crew member's acting technician level for this call (First Responder, Medical Responder, EMT Basic, EMT-D, EMT-I, EMT-P, RN, Physician, Student, Other).	☑
☐	☐	☑	**Crew Member Employment Type**	Choose acting employment type of technician on this call (Volunteer, Full-Time; Volunteer, Part-Time; Career, Full-Time; Career, Part-Time).	☑

**all fields from online form are stored in database*

☑	☑	☑	**Type of Response Delay**	Fill in the bubble(s) corresponding to the response delay(s) (Weather, Traffic/Crowd, Safety, Vehicle Failure, Vehicle Crash, Diversion, Extrication >20 min., Language Barrier, Distance, Directions, HazMat, None).	☑
☑	☑	☑	**Type of Scene Delay**	Fill in the bubble(s) corresponding to the scene delay(s) (Weather, Traffic/Crowd, Safety, Vehicle Failure, Vehicle Crash, Diversion, Extrication >20 min., Language Barrier, Distance, Directions, HazMat, None).	☑
☑	☑	☑	**Type of Transport Delay**	Fill in the bubble(s) corresponding to the transport delay(s) (Weather, Traffic/Crowd, Safety, Vehicle Failure, Vehicle Crash, Diversion, Extrication >20 min., Language Barrier, Distance, Directions, HazMat, None).	☑
☑	☑	☑	**EMS Unit**	Enter the local number of the responding unit.	☐
☑	☑	☑	**Vehicle Dispatch Location**	Enter number indicating vehicle dispatch location from local system's map.	☐
☐	☐	☑	**Vehicle Dispatch Grid Number**	Enter system-specific grid number from map or choose "Not Available."	☐
☐	☐	☑	**Vehicle Type Responding to Call**	Choose value of vehicle type responding to call (Ambulance, QRV, Rotor Craft, Fixed Wing, Rescue, Other, None).	☐
☐	☐	☑	**Beginning Mileage of Responding Vehicle**	Enter mileage of responding vehicle at beginning of call.	☐
☑	☐	☑	**On-Scene Mileage of Responding Vehicle**	Enter mileage of responding vehicle when it arrives at the patient.	☐
☑	☐	☑	**Ending Mileage of Responding Vehicle**	Enter mileage of responding vehicle at end of call.	☐
☑	☑	☑	**Response Level to Scene**	Fill in bubble corresponding to initial response level (Hot, Cold).	☐
☑	☑	☑	**Response Level Change to Scene**	Fill in the bubble indicating the response level change to scene (Upgraded, Downgraded, Canceled, None).	☐

02. Dates & Times

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☐	☐	☑	**Date of Incident or Onset**	Enter the date of the injury or incident.	☐
☐	☐	☑	**Time of Incident or Onset**	Enter the (military) time of the injury or incident, estimated if necessary, in hours and minutes.	☐

**all fields from online form are stored in database*

☑	☑	☑	**911 Call Time**	Enter the (military) time of the call to 911 by patient or other person, in hours an minutes.	☐
☐	☐	☑	**Time Dispatch Notified**	Enter the (military) time dispatch was notified by 911 call taker, in hours and minutes.	☐
☐	☐	☑	**Date Unit Notified by Dispatch**	Enter the date the responding unit was notified by dispatch.	☐
☑	☑	☑	**Time Unit Notified by Dispatch**	Enter the (military) time the responding unit was notified by dispatch, in hours and minutes.	☐
☑	☑	☑	**Time Unit En Route**	Enter the (military) time the unit started moving to respond to call, in hours and minutes.	☐
☑	☑	☑	**Time Unit Arrived on Scene**	Enter the (military) time the unit arrived at the scene, in hours and minutes.	☐
☑	☑	☑	**Time Arrived at Patient**	Enter the (military) time the unit arrived at the patient, in hours and minutes.	☐
☑	☑	☑	**Time Unit Left Scene**	Enter the (military) time the unit left the scene, in hours and minutes.	☐
☑	☑	☑	**Time Patient Arrived at Destination**	Enter the (military) time the unit arrived at the destination with a patient, in hours and minutes.	☐
☑	☑	☑	**Time Unit Back in Service**	Enter the (military) time the unit is back in service (not necessarily back in service area), in hours and minutes.	☐
☐	☐	☑	**Time Unit Cancelled**	Enter the (military) time the call was canceled for the unit, if applicable, in hours and minutes.	☐
☐	☐	☑	**Time Unit Back at Home Location**	Enter the (military) time the responding unit was back in their service area, in hours and minutes.	☐

03. Patient

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**Last Name**	Enter the patient's last name. If unknown, write "unknown."	☐
☑	☑	☑	**First Name**	Enter the patient's first name.	☐
☑	☑	☑	**Middle Initial/Name**	Enter the patient's middle initial (paper) or name (online) if there is one.	☐
☑	☐	☑	**Patient's Home Address**	Enter just the street/mailing address of patient.	☐

**all fields from online form are stored in database*

☑	☐	☑	**Patient's Home City**	Enter patient's home city.	☐
☐	☐	☑	**Patient's Home County**	Enter the two-digit code (see Codes on back of form) of patient's home county.	☐
☑	☐	☑	**Patient's Home State**	Enter the patient's two-character state abbreviation.	☐
☑	☑	☑	**Patient's Home ZIP**	Enter the patient's home ZIP code.	☐
☑	☑	☑	**Social Security Number**	Enter patient's social security number.	☐
☑	☑	☑	**Gender**	Fill in bubble corresponding to patient's gender (Male, Female, Unknown).	☐
☑	☑	☑	**Race/Ethnicity**	Fill in bubble corresponding to patient's race/ethnicity (White, Black, Hispanic (Black or White), Native American, Asian, Other, Unknown).	☐
☑	☑	☑	**Age**	If date of birth is unavailable, enter the estimated age here.	☐
☐	☐	☑	**Gestational Age**	Enter the gestational age of premature baby in weeks.	☐
☑	☑	☑	**Date of Birth**	Enter the patient's date of birth.	☐
☑	☐	☑	**Primary or Home Telephone Number**	Enter the patient's home or other primary telephone number.	☐
☐	☐	☑	**State Issuing Driver's License**	Enter the two-character state abbreviation of the driver's license.	☐
☐	☐	☑	**Driver's License Number**	Enter just the driver's license number, without state designation.	☐
☐	☐	☑	**Valuables on Patient at Scene**	Indicate if there were valuables (Yes, No).	☐
☐	☐	☑	**Communication or Learning Barriers to Patient**	Indicate if there were communication or learning barriers (Language, Hearing Impaired, Developmentally Impaired, Speech Impaired, None).	☑
☐	☐	☑	**Full Name of Patient's Primary Practitioner**	Enter full name of patient's primary practitioner.	☐

04. Billing

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☐	☐	☑	**Certificate of Medical Necessity**	Choose value to indicate if certificate is present (Yes, No).	☐

**all fields from online form are stored in database*

☑	☐	☑	**Insurance Company ID/Name**	Enter name of patient's insurer(s).	☑
☑	☐	☑	**Insurance Policy ID Number**	Enter the patient's insurance policy number.	☑
☑	☐	☑	**Closest Relative/Guardian Name**	Enter the name of the patient's guardian (if patient's age <18 years) or closest relative.	☐
☐	☐	☑	**Closest Relative/Guardian Street Address**	Enter the street address of the patient's guardian/relative (if age <18 years) or closest relative.	☐
☐	☐	☑	**Closest Relative/Guardian City**	Enter the city of the patient's guardian/relative (if age <18 years) or closest relative.	☐
☐	☐	☑	**Closest Relative/Guardian State**	Enter the two-character state abbreviation of the patient's guardian/relative (if age <18 years) or closest relative.	☐
☐	☐	☑	**Closest Relative/Guardian ZIP**	Enter the ZIP code of the patient's guardian/relative (if patient's age <18 years) or closest relative.	☐
☑	☐	☑	**Closest Relative/Guardian Phone Number**	Enter the phone number of the patient's guardian/relative (if patient's age <18 years) or closest relative.	☐
☑	☐	☑	**Closest Relative/Guardian Relationship**	Fill in the bubble corresponding to the relationship of the patient's guardian/relative (if patient's age <18 years) or closest relative (Mother, Father, Spouse, Appointed Guardian, Other).	☐
☐	☐	☑	**Work-Related**	Choose the value to indicate work-related injury (Yes, No, Unknown).	☐
☐	☐	☑	**Patient's Employer**	Enter the name of the patient's employer.	☐
☐	☐	☑	**Patient's Employer's Address**	Enter the full address of the patient's employer.	☐
☐	☐	☑	**Patient's Work Telephone Number**	Enter the patient's work telephone number.	☐

05. Scene

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**Other Agencies at Scene**	Fill in bubble corresponding to other agencies at scene (Law, Fire, HazMat, Utilities, Rescue, Mutual Aid, EMS, None).	☑

**all fields from online form are stored in database*

☐	☐	☑	**Time First Responder Arrived on Scene**	Choose the value to indicate the amount of time it took first responder to arrive on scene (>15 minutes, 5-15 minutes, <5 minutes, after EMS, unknown, Not Applicable, None).	☐
☑	☑	☑	**Number of Patients at Scene**	Fill in bubble to indicate how many other patients were at the scene (Single, Multiple, Mass).	☐
☑	☑	☑	**Incident Location Type**	Fill in bubble corresponding to incident location type (Home, Farm, Mine & Quarry, Industrial Places & Premises, Place for Recreation & Sport, Street & Highway, Public Building, Residential Institution, Other, Unknown).	☐
☑	☑	☑	**Scene Grid Number**	Enter the local grid number or GPS coordinates of the scene from the map.	☐
☑	☑	☑	**Incident Address Same as Patient Address?**	Fill in bubble if incident address is the same as patient address.	☐
☑	☐	☑	**Incident Address**	This will autofill if it is the same as the patient's home street address; otherwis enter the street address of the incident.	☐
☑	☐	☑	**Incident City**	This will autofill if it is the same as the patient's home city; otherwise, enter city of incident.	☐
☑	☑	☑	**Incident County**	Enter 2-digit code (see Codes on back of form) of county of the incident locatior	☐
☑	☐	☑	**Incident State**	This will autofill if it is the same as the patient's home state; otherwise enter tw character state abbreviation of incident.	☐
☑	☑	☑	**Incident ZIP**	This will autofill if the same as patient's ZIP code; otherwise, enter ZIP code of incident.	☐

06. Situation

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**Injury Present**	Fill in the bubble to indicate whether injury is present (Yes, No, Unknown).	☐
☑	☑	☑	**Reported Alcohol/Drug Use**	Fill in bubble to indicate reported use of drugs/alcohol by patient (Yes, No).	☐
☑	☑	☑	**Chief Complaint Narrative**	Enter the free-text narrative of the patient's chief complaint, as close as possibl a quote from the patient.	☐
☐	☐	☑	**Severity of Chief Complaint**	Choose the level of severity of the chief complaint (1-10).	☐

**all fields from online form are stored in database*

☐	☐	☑	**Duration of Chief Complaint**	Enter the duration (number part only) of the patient's chief complaint.	☐
☐	☐	☑	**Time Units of Duration of Chief Complaint**	Choose the value indicating the units of the duration of the patient's chief complaint (Minutes, Hours, Days, Weeks, Months, Years).	☐
☑	☑	☑	**Secondary Complaint**	Enter the free-text narrative of the patient's secondary complaint(s), as close as possible a quote from the patient.	☐
☐	☐	☑	**Severity of Secondary Complaint**	Choose the level of severity of the patient's secondary complaint (1-10).	☐
☐	☐	☑	**Duration of Secondary Complaint**	Enter the duration (number part only) of the patient's secondary complaint.	☐
☐	☐	☑	**Time Units of Duration of Secondary Complaint**	Choose the value to indicate the units of the duration of the patient's chief complaint (Minutes, Hours, Days, Weeks, Months, Years).	☐
☐	☐	☑	**Reason for Encounter Code**	Enter reason for encounter code.	☑
☑	☑	☑	**System**	Fill in the bubble(s) corresponding to the system(s) of the patient injured or affected (Cardiovascular, CNS, Endocrine, GI, Musculoskeletal/Skin, OB/Gyn, Pulmonary, Renal).	☑
☑	☑	☑	**Associated Symptoms**	Fill in the bubble(s) corresponding to the signs & symptoms present in the patient (None Detected, Bleeding, Breathing, Diarrhea, Fever, Headache, Mental/Psych, Mental Status Change, Pain, Rash, Vomiting, Wound).	☑
☑	☑	☑	**Do Not Resuscitate in Place?**	Fill in bubble to indicate presence of DNR form (NC State Form, Living Will, Other, None).	☐

06a. Injury

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☐	☐	☑	**Cause of Injury**	Enter the e-code for the cause of injury.	☑
☐	☐	☑	**Mechanism of Injury**	Choose the mechanism of injury (Blunt, Burn, Penetrating, Other, Not Applicable).	☑
☐	☐	☑	**Risk Factors**	Choose the risk factor (Steering Wheel Deformity, Windshield Spider, Dash Deformity, Side Post Deformity, Ejection, DOA Same Vehicle, Rollover, Space Invasion >1 Foot, Not Applicable).	☑
☐	☐	☑	**Position of Patient in Vehicle**	Choose position of patient (Driver, Middle Front, Right Front, Left Middle, Middle Middle, Right Middle, Left Rear, Middle Rear, Right Rear, Truck Bed).	☐

**all fields from online form are stored in database*

☐	☐	☑	**Use of Safety Equipment**	Choose the safety equipment used (Lap Belt, Shoulder Harness, Airbag Deployed, Child Restraint, Helmet Worn, Not Applicable).	☑
☐	☐	☑	**Height of Fall**	Enter the number of feet the patient fell, if applicable.	☐
☐	☐	☑	**Surface of Fall**	Choose surface of fall (Hard, Medium, Soft).	☐
☑	☑	☑	**Mechanism**	Fill in bubble(s) corresponding to the mechanism of patient's injury or situation (Animal, Burn, Environmental, Falls/Sports, Firearms/Cutting/Piercing, Poison, Transportation, Other).	☑

06b. Cardiac

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**AED Used Before Arrival of EMS**	Fill in bubble to indicate whether or not AED was used (Yes, No).	☐
☐	☐	☑	**Estimated Patient Downtime Prior to EMS Arrival**	Choose the value to indicate the estimated number of minutes the patient was down (>15 minutes, 10-15 minutes, 5-10 minutes, <5 minutes, unknown).	☐
☐	☐	☑	**Arrest Classification (Cardiac/Noncardiac)**	Indicate if injury was cardiac by choosing value (Cardiac, Noncardiac).	☐
☐	☐	☑	**Arrest After Arrival of EMS?**	Indicate if cardiac arrest occurred after EMS arrival (Yes, No).	☐
☐	☐	☑	**Type of Person Who Witnessed Pre-EMS Cardiac Arrest**	Choose type of first cardiac witness (Fire, First Responder, Health Care Worker Bystander/Other, Police, Family, Other).	☐
☐	☐	☑	**Time of First Pre-EMS CPR**	Choose the value to indicate how long ago first CPR was started (estimated if pre-EMS arrival) (>15 minutes, 10-15 minutes, 5-10 minutes, <5 minutes, Unknown, Not Applicable).	☐
☐	☐	☑	**Provider of First Pre-EMS CPR**	Choose the type of initial CPR provider (Fire, First Responder, Health Care Worker, Bystander/Other, Police, Family, Bystander by EMD (911-Assisted), Not Applicable).	☐
☐	☐	☑	**Preevent Status: Cerebral Performance**	Choose value from to indicate Utstein value (Good Cerebral Performance, Moderate Cerebral Disability, Severe Cerebral Disability, Comatose Vegetative State, Brain Death/Organ Donation Candidate).	☐
☐	☐	☑	**Preevent Status: Overall Performance**	Choose value to indicate Utstein value (1-5).	☐

**all fields from online form are stored in database*

☐	☐	☑	**Status at Time of Discharge from ED: Cerebral Performance**	Choose value from to indicate Utstein value (Good Cerebral Performance, Moderate Cerebral Disability, Severe Cerebral Disability, Comatose Vegetative State, Brain Death/Organ Donation Candidate).	☐
☐	☐	☑	**Status at Time of Discharge from ED: Overall Performance**	Choose value to indicate Utstein value (1-5).	☐
☐	☐	☑	**Status After 1-Year Survival: Cerebral Performance**	Choose value from to indicate Utstein value (Good Cerebral Performance, Moderate Cerebral Disability, Severe Cerebral Disability, Comatose Vegetative State, Brain Death/Organ Donation Candidate).	☐
☐	☐	☑	**Status After 1-Year Survival: Overall Performance**	Choose value to indicate Utstein value (1-5).	☐
☑	☑	☑	**Return of Spontaneous Circulation?**	Fill in bubble to indicate whether or not patient had ROSC (Yes, No).	☐
☐	☐	☑	**Time of Return of Spontaneous Circulation**	Enter (military) time of ROSC, in hours and minutes.	☐
☑	☑	☑	**Return of Spontaneous Ventilation?**	Fill in bubble to indicate if patient had ROSV (Yes, No).	☐
☐	☐	☑	**Time of Return of Spontaneous Ventilation**	Enter (military) time of ROSV, in hours and minutes.	☐
☐	☐	☑	**Time of First Pre-EMS Defibrillatory Shock**	Enter the (military) time (estimated if pre-EMS) of the first defibrillation, in hours and minutes.	☐
☑	☑	☑	**Time CPR/Resuscitation Discontinued**	Enter the (military) time (estimated if pre-EMS) CPR was discontinued, in hours and minutes.	☐
☐	☐	☑	**Cardiac Rhythm On Arrival to Destination**	Enter code (see Codes area) of cardiac rhythm on delivery/transfer.	☐

07. Medical History

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☐	☑	**Allergies**	Fill in bubble(s) to indicate patient's allergies (Penicillin, Sulfa, Aspirin/NSAIDS, None, Other). If Other, enter value in box below.	☑

**all fields from online form are stored in database*

☑	☐	☑	**Medical History**	Fill in bubble(s) to indicate medical/surgical history (Appendectomy, Asthma, CABG, Cancer, Congestive Heart Failure, COPD, Diabetes, Gall Bladder Removed, Heart Attack/MI, Hypertension, Hysterectomy, Renal Disease, Seizures, Stomach Ulcers, Stroke (CVA), Other). If Other, enter value in box below.	☑
☐	☐	☑	**Medical History Obtained From**	Choose value of type of person who provided medical history (Patient, Family, Bystander/Other, Health Care Personnel).	☐
☐	☐	☑	**Date of Last Tetanus Immunization**	Enter the date of the last tetanus immunization.	☐
☑	☐	☑	**Current Therapeutic Medication**	Enter all current medications taken by the patient.	☐

08. Run Report

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☐	☑	**Run Report Narrative**	Enter your run report narrative.	☐

09. Vital Signs

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**Time Vital Signs Taken at Scene**	For each set of vital signs, enter the (military) time vital signs were taken on patient, in hours and minutes.	☑
☑	☑	☑	**Cardiac Rhythm**	For each set of vital signs, enter code (see Codes section of form) indicating th patient's initial cardiac rhythm at the scene.	☑
☑	☑	☑	**SBP**	For each set of vital signs, enter patient's SBP at scene.	☑
☑	☑	☑	**DBP**	For each set of vital signs, if indicated, enter patient's DBP at scene.	☑
☐	☐	☑	**Method of Blood Pressure**	Choose method of blood pressure procedure (Manual, Auto, Palpated).	☐
☑	☑	☑	**Pulse Rate**	For each set of vital signs, enter the patient's pulse rate at the scene.	☑
☑	☑	☑	**Pulse Oximetry**	For each set of vital signs taken, enter the patient's SaO2 at scene.	☑
☑	☑	☑	**Respiratory Rate**	For each set of vital signs, enter the patient's respiratory rate at scene.	☑

**all fields from online form are stored in database*

☑	☑	☑	**Blood Glucose Level**	For each set of vital signs, enter patient's blood glucose level at scene.	☑
☑	☑	☑	**Initial GCS Eye**	Fill in bubble to indicate patient's initial GCS Eye at scene (Spontaneous, To Voice, To Pain, None).	☐
☑	☑	☑	**Initial GCS Verbal**	Fill in bubble to indicate patient's initial GCS Verbal at scene (Oriented, Confused, Inappropriate Words, Incomprehensible Words, None).	☐
☑	☑	☑	**Initial GCS Motor**	Fill in bubble to indicate patient's initial GCS Motor at scene (Obeys Commands Localizes Pain, Withdraws (Pain), Flexion (Pain), Extension (Pain), None).	☐
☑	☑	☑	**Broselow Color**	Fill in bubble corresponding to Broselow Color of patient (Pink, Red, Purple, Yellow, White, Blue, Orange, Green).	☐
☐	☐	☑	**Temperature**	Enter patient's body temperature at scene.	☑

10. Assessment

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**Injury Assessment Skin**	Fill in bubble(s) corresponding to patient's skin injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None).	☑
☑	☑	☑	**Injury Assessment Eyes**	Fill in bubble(s) corresponding to patient's eyes injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None).	☑
☑	☑	☑	**Injury Assessment Head/Neck**	Fill in bubble(s) corresponding to patient's head/neck injury (Laceration/Lesion Deformity, Discoloration, Tenderness, None).	☑
☑	☑	☑	**Injury Assessment Chest/Lungs**	Fill in bubble(s) corresponding to patient's chest/lungs injury (Laceration/Lesio Deformity, Discoloration, Tenderness, None).	☑
☑	☑	☑	**Injury Assessment Abdomen**	Fill in the bubble(s) corresponding to the patient's abdomen injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None).	☑
☑	☑	☑	**Injury Assessment Pelvic/Gyn**	Fill in bubble(s) corresponding to patient's pelvic/gyn injury assessment (Laceration/Lesion, Deformity, Discoloration, Tenderness, None).	☑
☑	☑	☑	**Injury Assessment Extremities**	Fill in bubble(s) corresponding to patient's extremities injury (Laceration/Lesior Deformity, Discoloration, Tenderness, None).	☑
☑	☑	☑	**Injury Assessment Back**	Fill in bubble(s) corresponding to patient's back injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None).	☑

**all fields from online form are stored in database*

☑	☑	☑	**Skin Assessment**	Fill in the bubble(s) corresponding to the patient's skin assessment (Normal, Pale, Cyanotic, Clammy, Jaundiced, Cold, Warm, Not Done).	☑
☑	☑	☑	**Head/Neck Assessment**	Fill in the bubble(s) corresponding to the patient's head/neck assessment (Normal, JVD, Tracheal Dev, SubQ Air, Stridor, Not Done).	☑
☑	☑	☑	**Chest/Lungs Assessment**	Fill in bubble(s) corresponding to patient's chest/lungs assessment (Normal B Decreased BS, Tenderness, Accessory Muscles, Flail Segment, Rhonci/Wheezing, Rales, Increased Effort, Not Done).	☑
☑	☑	☑	**Heart Assessment**	Fill in bubble(s) corresponding to patient's heart assessment (Normal, Decreased Sounds, Murmur, Not Done).	☑
☑	☑	☑	**Abdomen Left Upper Assessment**	Fill in bubble(s) corresponding to patient's left upper abdomen assessment (Normal, Distention, Tenderness, Guarding, Mass, Not Done).	☑
☑	☑	☑	**Abdomen Left Lower Assessment**	Fill in bubble(s) corresponding to patient's left lower abdomen assessment (Normal, Distention, Tenderness, Guarding, Mass, Not Done).	☑
☑	☑	☑	**Abdomen Right Upper Assessment**	Fill in bubble(s) corresponding to patient's right upper abdomen assessment (Normal, Distention, Tenderness, Guarding, Mass, Not Done).	☑
☑	☑	☑	**Abdomen Right Lower Assessment**	Fill in bubble(s) corresponding to patient's right lower abdomen assessment (Normal, Distention, Tenderness, Guarding, Mass, Not Done).	☑
☑	☑	☑	**Pelvic/Gyn Assessment**	Fill in bubble(s) corresponding to patient's pelvic/gyn assessment (Normal, Tenderness, Unstable, Genital Injury, Crowning, Not Done).	☑
☑	☑	☑	**Back Cervical Assessment**	Fill in the bubble corresponding to the assessment of the patient's back-cervica area (Normal, Tender Sp Process, Tender Paraspinous, Pain to ROM, Not Done).	☑
☑	☑	☑	**Back Thoracic Assessment**	Fill in the bubble corresponding to the assessment of the patient's back-thorac area (Normal, Tender Sp Process, Tender Paraspinous, Pain to ROM, Not Done).	☑
☑	☑	☑	**Back Lumbar/Sacral Assessment**	Fill in the bubble corresponding to the assessment of the patient's back-lumbar/sacral area (Normal, Tender Sp Process, Tender Paraspinous, Pain to ROM, Not Done).	☑
☑	☑	☑	**Extremities-Right Upper Assessment**	Fill in bubble(s) corresponding to patient's right upper extremities assessment (Normal, Tenderness, Abnormal Pulse, Abnormal Sensation, Edema, Not Don	☑

**all fields from online form are stored in database*

☑	☑	☑	**Extremities-Right Lower Assessment**	Fill in bubble(s) corresponding to patient's right lower extremities assessment (Normal, Tenderness, Abnormal Pulse, Abnormal Sensation, Edema, Not Don	☑
☑	☑	☑	**Extremities-Left Upper Assessment**	Fill in bubble(s) corresponding to patient's left upper extremities assessment (Normal, Tenderness, Abnormal Pulse, Abnormal Sensation, Edema, Not Don	☑
☑	☑	☑	**Extremities-Left Lower Assessment**	Fill in bubble(s) corresponding to patient's left lower extremities assessment (Normal, Tenderness, Abnormal Pulse, Abnormal Sensation, Edema, Not Don	☑
☑	☑	☑	**Eyes-Left Assessment**	Fill in bubble(s) corresponding to patient's left eye assessment (Constricted, Dilated, Nonreactive, Blind, Not Done).	☑
☑	☑	☑	**Eyes-Right Assessment**	Fill in bubble(s) corresponding to patient's right eye assessment (Constricted, Dilated, Nonreactive, Blind, Not Done).	☑
☑	☑	☑	**Mental Status/Neuro Assessment**	Fill in the bubble(s) corresponding to the patient's mental/neuro assessment (Normal, Confused, Combative, Unresponsive, Hallucinations, Seizures, Lethargic, Tremors, Not Done).	☑
☑	☑	☑	**Neuro Deficits**	Fill in the bubble corresponding to the patient's neuro deficits (Dysphagia, Hemiplegia Right, Hemiplegia Left, Not Done).	☑

11. Procedures & Treatment

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**Protocols Used**	Enter the code(s) corresponding to the protocol(s) used.	☑
☐	☐	☑	**Level of Care Provided**	Choose type of transport (ALS, BLS).	☐

11a. Procedures

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**Time Procedure Performed**	Enter the (military) time the procedure was performed, in hours and minutes.	☑
☑	☑	☑	**Procedure**	For each procedure, enter code (see Codes section) indicating procedure performed on patient.	☑
☑	☐	☑	**Size of Procedure Equipment**	For each procedure, enter the size of procedure equipment used.	☑
☐	☐	☑	**Initial Tube Confirmation**	Choose type of tube confirmation used (?).	☑

**all fields from online form are stored in database*

☑	☑	☑	**Procedure Successful**	For each procedure, fill in bubble to indicate if procedure successful (Yes, No).	☑
☑	☑	☑	**Procedure Technician's Number**	For each procedure, enter the technician's ID number performing the procedure	☑
☑	☑	☑	**Where was IV Site?**	Fill in bubble(s) corresponding to successful IV sites (Left Hand, Right Hand, Left Forearm, Right Forearm, Left Antecubital, Right Antecubital, Left External Jugular, Right External Jugular, Left Lower Extremity, Right Lower Extremity, Left Other, Right Other).	☑

11b. Treatment

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**Time Treatment Administered**	For each treatment, enter time the treatment was administered.	☑
☑	☑	☑	**Treatment Given**	For each treatment, enter code (see Codes section) of treatment given.	☑
☑	☑	☑	**Treatment Administered Route**	For each treatment, enter the code corresponding to the administration route of the treatment.	☑
☑	☑	☑	**Treatment Dosage**	For each treatment, enter the dose of treatment (without units) given to patient.	☑
☑	☐	☑	**Treatment Dosage Units**	For each treatment, enter units of treatment dosage given to patient.	☑
☑	☑	☑	**Number Times Treatment Given**	For each treatment, enter the number of times the treatment was given.	☑
☑	☑	☑	**Treatment Results in Improvement**	For each treatment, fill in bubble to indicate if treatment was successful.	☑
☑	☑	☑	**Treatment Technician's Number**	For each treatment, enter the technician's ID number giving the treatment.	☑

12. Disposition

on written form	stored in db from written*	on online form*	Field Name	Data Entry Notes	multi-entry
☑	☑	☑	**Destination/Transferred To, Name if No Code**	Enter the name of the destination.	☐
☑	☐	☑	**Destination/Transferred To, Code**	Enter the code of the destination.	☐
☑	☐	☑	**Destination Street Address**	Enter the street address of the destination.	☐

**all fields from online form are stored in database*

☑	☑	☑	**Destination City**	Enter name of destination city.	☐
☐	☐	☑	**Destination Grid Number**	Enter grid number of destination.	☐
☑	☑	☑	**Type of Disposition Treatment**	Fill in bubble to indicate type of disposition treatment (Treated, Not Treated, Refused, Dead, Canceled, No Patient Found).	☐
☑	☑	☑	**Type of Disposition Transport**	Fill in bubble corresponding to method of transport (EMS, Private Vehicle, Law Enforcement, Other, None).	☐
☐	☐	☑	**How Patient Was Moved to Ambulance**	Choose method of patient movement to ambulance (Assisted/Walk, Stretcher, Carry, Stairchair, Other).	☐
☐	☐	☑	**Position of Patient During Transport**	Choose position of patient during transport (Sitting, Prone, Supine, Car Seat, Other).	☐
☐	☐	☑	**How Patient Was Transported From Ambulance**	Choose method of patient movement from ambulance (Assisted/Walk, Stretche Carry, Stairchair, Other).	☐
☑	☑	☑	**Transport Level from Scene**	Fill in bubble to indicate the transport level from scene (Hot, Cold).	☐
☑	☑	☑	**Transport Level Change from Scene**	Fill in bubble corresponding to transport level change (Upgraded, Downgraded Canceled, None).	☐
☑	☑	☑	**Condition of Patient after EMS Care**	Fill in bubble to indicate condition of patient after care (Better, Worse, No Change).	☐
☑	☑	☑	**Reason for Choosing Destination**	Fill in bubble to indicate reason for choosing destination (Diversion, EMS Choice, MD Choice, Patient Choice, Specialty Center, Other, Not Applicable).	☐
☑	☑	☑	**Type of Destination**	Fill in the bubble corresponding to the type of destination (EMS, Home, Hospita Morgue, Office/Clinic, Other, Not Applicable).	☐
☑	☑	☑	**Reason Form Was Not Signed**	Fill in bubble to indicate reason form was not signed (Not Able, Not Willing, Not Present, Not Applicable).	☐
☑	☐	☑	**Patient's or Guardian's Signature**	Patient or guardian will sign in box.	☐
☑	☐	☑	**Witness Signature**	Witness will sign in box.	☐
☑	☐	☑	**Crew Member Signature**	Up to 3 crew members will sign in box.	☑
☑	☑	☑	**Review Requested**	Check the box if review is requested.	☐

**all fields from online form are stored in database*