



Training Manual – PreMIS Paper Form

Prehospital Medical Information System (PreMIS)

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Introduction

The PreMIS form is 17 inches long by 11 inches wide, the equivalent size of two 8.5” by 11” pieces of paper taped together along their long sides. It is perforated in the center so that it can be separated into two pieces. This separation into two pages is necessary so that the form can be faxed to the PreMIS office. The form is a multi-copy form. Distribution of the copies will be discussed in a later section (*Multiple Copy Distribution*). The center of the form contains codes for treatments, medications, procedures, and cardiac rhythms.

PreMIS forms should be completed and submitted on any patient on whom an evaluation is done. If no contact is made with a patient (e.g., no patient is found) or if no evaluation is done, then it is up to your local system’s policy as to whether or not a PreMIS form should be completed. If a form is completed for a *Patient not found* or *Patient refused care* incident, be sure to complete the *Treatment Type* field. If the value of this field is *Canceled* or *No Pt. Found*, then the computer system that reads the form will not require that the following fields be complete: Patient’s Last Name, Gender, Est. Age/DOB, Injury, Chief Complaint, System, Mechanism, and Transport Type. Other required fields still will be required.

PreMIS Wrist Bands

Data Entry

If you leave a field blank, the value stored in the database will be *Not Recorded*. This is appropriate when the data for a field is unknown.

Codes are required for some fields because of the large number of values available for those fields. The codes to be used are listed in the center of the form, or will be made available on a code cheat sheet.

Some fields must be filled in for the form to be considered complete. These required fields are identified on the form by their **red title**. These fields will be identified in this manual by their **red title** in the picture of the field. If your manual is printed in black and white, required fields will be indicated by the word **required** in the first paragraph of the field's description. Fields that are not required (optional fields) have a black title, and the field is described as optional in the first paragraph of the field's description. For example, the 911 Call Date is **required**, but the On-Scene Mileage is not.

911 Call Date ↓

		/			/	2	0	0	
--	--	---	--	--	---	---	---	---	--

On-Scene Mileage ↓

--

It is very important that each field (especially the **required** fields) be filled in with complete and accurate data before the form is faxed to the PreMIS database. Completion of each field with accurate data is important for reports generated from the PreMIS system to be useful. Datapoint completion rates for each technician will be available to Administrators as a report from the PreMIS system.

Try not to use *Other* as a field value, as this value is virtually useless in analysis of the data. Do not write *N/A* in any text-box or image zone.

Do not make any marks on the form outside of the boxes or bubbles. Marks outside of the bubbles will cause the form to be misread by the computer.

Field Types

PreMIS Sticker

PreMIS # sticker

Put the PreMIS sticker from the patient's PreMIS bracelet in this box. Place the sticker carefully to ensure that the sticker fits within the box. This field is described further in the *Form Sections* portion of this manual.

Text box

Printing clearly is VERY important. Write in block uppercase letters. Each letter should fit completely within one box. Be careful not to let the letter touch the borders of the box. An example of a text box is the field for 911 Call Date:

911 Call Date ↓

		/			/	2	0	0	
--	--	---	--	--	---	---	---	---	--

If you make an error in a text box, draw a line through the text and print the correct letter or number above the erroneous text. Be sure not to write outside of the text box.

Bubble

Bubbles should be completely filled in, not just checked or marked through. An example of a bubble field is Gender:

Gender
<input type="radio"/> M <input type="radio"/> F <input type="radio"/> ?

Fill in the bubble completely. Do not just draw a line or check through the bubble.

Shade Circles Like This--> ●
Not Like This--> ○ <input checked="" type="radio"/>

If you fill in a bubble in error, draw an X through the bubble so that the computer will know that the field was marked in error (see Figure below). The bubble next to “Convalescent” was filled-in in error, and the bubble next to CC/Interfacility was filled-in correctly.

Service Category

<input type="radio"/> First Responder	<input checked="" type="radio"/> Convalescent
<input type="radio"/> Primary 911	<input type="radio"/> Rescue
<input checked="" type="radio"/> CC/Interfacility	<input type="radio"/> Supervisor

Image Zone

Write text in uppercase block letters. All text should fit completely within the box and should not touch the borders of the box. Some boxes can take only one line of text (e.g., Home Mailing Address), though other fields can contain more than one line of text (e.g., Chief Complaint). An example of an Image Chief Complaint:

Chief Complaint ↓

If you make an error in an image zone, draw a line through the text and print the correct letter or number above the erroneous text. Be sure not to write outside of the image zone.

Multi-entry

There are several fields for which you may enter more than one value, for example, Allergies. These fields are marked with a red asterisk (*). An example of a multi-entry field is System:

System *

<input type="radio"/> Cardiovasc	<input type="radio"/> Musculoskeletal/Skin
<input type="radio"/> CNS	<input type="radio"/> OB/Gyn
<input type="radio"/> Endocrine	<input type="radio"/> Pulmonary
<input type="radio"/> GI	<input type="radio"/> Renal

Signature

Signatures are not stored in the database, so the clarity of the writing is not important for the PreMIS database. However, to ensure that the signatures don't interfere with data in other fields, be sure that signatures stay within their boxes.

Form Sections

PreMIS Number

The PreMIS number is a unique identification number that identifies the person in the current specific incident. This number will provide a mechanism for following this patient throughout the course of treatment for this injury. The number will be assigned by the attachment of the PreMIS bracelet or toe-tag to the patient. This number is **required**.

PreMIS # sticker

The first Unit to arrive on at the patient should attach the PreMIS bracelet/toe-tag to the patient and put the preprinted sticker with the unique PreMIS number in the box at the top of the form. Other EMS, Police, Fire, or Rescue Units or other agencies that need to identify the patient that subsequently arrive should take a sticker from the bracelet or toe-tag on the patient to attach to their form. Only one bracelet/toe-tag should be attached to each patient.

Unit Information

911 Call Date

The 911 Call Date is the date that the incident was reported (the 911 call). This is a text field and is required.

911 Call Date ↓

		/			/	2	0	0	
--	--	---	--	--	---	---	---	---	--

Enter the date of the 911 call in as follows:

Month: 2-digit number

Day: 2-digit number

Year: Complete last digit of 4-digit year.

Dispatch Complaint

The Dispatch Complaint is the complaint that dispatch reported to the responding unit. This field is an Image Zone and completion is optional.

Dispatch Complaint ↓

--

Enter the complaint provided by Dispatch. Use the exact phrasing used by Dispatch.

EMD Card Number

The EMD Card Number is reported by Dispatch. For most North Carolina systems, this number consists of the card number (complaint type), response level, and the response level subtype. For example, 10A1, where 10 is the card number, A is the response level, and 1 is the response level subtype.

This field is an Image Zone and completion is optional. If this field is left blank, the EMD Card Number is stored in the database as *Not Recorded*.

EMD Card # ↓

Enter the EMD Card Number as reported by Dispatch. Enter only one EMD Card Number.

Service Category

The Service Category is the category of EMS service responding, i.e., the service category of your unit. The field is a bubble field and completion is **required**. If this field is left blank, the Service Category is stored in the database as *Not Recorded*.

Service Category

<input type="radio"/> First Responder	<input type="radio"/> Convalescent
<input type="radio"/> Primary 911	<input type="radio"/> Rescue
<input type="radio"/> CC/Interfacility	<input type="radio"/> Supervisor

Fill in one bubble corresponding to your unit's category of service. The options for this field are:

- ?? First Responder
- ?? Primary 911
- ?? Critical Care/Interfacility Transfer
- ?? Convalescent
- ?? Rescue
- ?? Supervisor

Technician ID Number and Crew Member Role

The Technician ID Number is the 5-character ID number assigned to each technician by your EMS provider. The ID number may contain letters and characters. This ID number should be unique to you and should never be assigned to another person, even if you leave this EMS provider. The Crew Member Role is the role of the technician on this call. This Technician ID Number field is an Image Zone and completion is ***required***. If this field is left blank, the Technician ID Number is stored in the database as *Not Recorded*. The Crew Member Role field is automatically completed by the entry of the Technician ID Number.

Technician ID #s

driver →	
primary → caregiver	
other →	

Enter the Technician ID Number for the driver, primary caregiver, and other crew member on the unit. Print the Technician ID Numbers in upper case. If there is no technician filling one of the roles, then leave the space next to that role blank. Otherwise, enter one Technician ID Number per box. If the technicians fill more than one role (such as Driver and Primary Caregiver for a one-person Unit), write the Technician ID Number into the box next to Primary Caregiver. The Primary Caregiver box should always contain a Technician ID Number.

If the technician is a student who has not been assigned a number by your Provider, but is providing care under the auspices of your provider, the supervising technician's ID number will be entered into the Technician # box next to Procedures and Treatments provided by the student. No entry for the Technician ID Number for the student will be made in the box above.

Technician Level

The Technician Level is the functioning level of the crew member during this patient encounter. This field is a bubble field and is optional. If this field is left blank, the Technician Level is stored in the database as *Not Recorded*.

↓

Technician ID #s	FR	MR	EMT	EMT-D	EMT-I	EMT-P	RN	MD	student	other
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in one bubble for each crew member corresponding to that crew member's acting technician level for this call. The options and their definitions are:

- ?? FR: First Responder
- ?? MR: Medical Responder
- ?? EMT: EMT Basic
- ?? EMT-D: EMT Defibrillation
- ?? EMT-I: EMT Intermediate
- ?? EMT-P: Paramedic
- ?? RN: Registered Nurse
- ?? MD: Physician
- ?? Student: EMT, Nursing, Medical, ...
- ?? Other

Try not to use Other, as this value is virtually useless in analysis of the data.

Agency Number

The Agency Number is the State-assigned provider number of the responding agency. This field is an Image Zone and completion is **required**. If this field is left blank, Agency Number is stored in the database as *Not Recorded*.

Agency # ↓

Enter the State-assigned provider number for your agency.

System Incident Number

The System Incident Number is the locally-generated number that identifies the incident. This number also may be called the Call for Service Number, EMS Incident Number, run number, or the CAD Incident Number. This field is an Image Zone and completion is **required**. If the field is left blank, it is stored in the database as *Not Recorded*.

System Incident # ↓

Enter the local EMS incident number for this report. The date portion of the system incident number does not need to be included in this field.

Unit Number

The Unit Number is the Vehicle or Radio number of the responding unit. Each provider must decide whether they will use the Vehicle or Radio number to complete this field. This field is an Image Zone and completion is optional. If this field is left blank, the Unit Number is stored in the database as *Not Recorded*.

Unit # ↓

Fill in the local number (vehicle or radio) of the responding unit.

Dispatch Station or Zone

The Dispatch Station is the station or local zone representing the geographic location of the vehicle at time of dispatch. Each provider must decide whether they will use station or zone numbers, and must define the station or zone numbers used to complete this field. This field is an Image Zone and completion is optional. If this field is left blank, the Dispatch Location (Station or Zone) is stored in the database as *Not Recorded*.

Disp. Station/Zone # ↓

Enter the number indicating the vehicle dispatch location (station or zone) from the local system's map.

On-Scene Mileage

The On-Scene Mileage is the odometer reading of the responding vehicle when it arrives at the patient/scene. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

On-Scene Mileage ↓

Enter the last four whole-number digits (no decimal points) of the mileage (odometer reading) of the responding vehicle when it arrives at the patient as a whole number (no decimal point).

Ending Mileage

The Ending Mileage is the odometer reading of the responding vehicle at the time it returns to service. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

Ending Mileage ↓

Enter the last four digits whole-number (no decimal points) of the mileage (odometer reading) of the responding vehicle when it returns to service as a whole number (no decimal point).

Delays

Delays are the types of delays experienced by the EMS Unit during the response, at the scene, or in transporting the patient. Multiple values may be entered for each of the three delay categories: response (R), scene (S), and transport (T). This field is a Bubble field and completion of this field is optional.

Delays *	R	S	T
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extrication >20 min	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HazMat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic/Crowd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vehicle Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vehicle Crash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Response delays are delays in driving to the scene. Scene delays are delays in getting to the patient once the unit is at the scene. Transport delays involve delays in transporting the patient from the scene to the destination. For each category of delay, fill in the bubble(s) corresponding to the type(s) of delay(s) in the appropriate column. If there were no delays of a particular category, fill in the bubble next to None. The options other than None are:

- ?? Directions
- ?? Distance
- ?? Diversion
- ?? Extrication > 20 minutes
- ?? HazMat: Presence of Hazardous Materials team or suspected hazardous materials
- ?? Language Barrier
- ?? Safety
- ?? Traffic Control
- ?? Vehicle Failure
- ?? Vehicle Crash
- ?? Weather
- ?? Other

Try not to use Other, as this value is virtually useless in analysis of the data.

Response Level

The Response Level is the initial response level of the unit as provided by Dispatch. This field is a Bubble field and completion is optional. If this field is left blank, the Response Level is stored in the database as *Not Recorded*.

<p>Response Level</p> <p><input type="radio"/> Hot <input type="radio"/> Cold</p>
--

Fill in the bubble corresponding to the initial response level of the unit on route to scene. The options and their definitions are:

?? Hot: Light and sirens used during travel to scene.

?? Cold: No lights or sirens used during travel to scene.

Response Change

The Response Change is an indicator as to whether the response level (lights and sirens) changed on the way to the scene, and, if so, in what direction. This field is a Bubble field and completion is optional. If this field is left blank, the Response Change is stored in the database as *Not Recorded*.

<p>Response Change</p> <p><input type="radio"/> Up <input type="radio"/> None</p> <p><input type="radio"/> Down <input type="radio"/> Canceled</p>

Fill in the bubble indicating the change in response level to the scene. The options and their definitions are:

?? Up (Upgraded from Cold to Hot)

?? Down (Downgraded from Hot to Cold)

?? None (No change in response level to scene)

?? Cancelled: Dispatch was Cancelled.

Times

Call

The Call time is the time that the incident was reported (the time of the 911 call). This field is a Text Box and completion is optional. If this field is left blank, the Call time is stored in the database as *Not Recorded*.

Call ↓

		:		
Hours			Minutes	

Enter the time of the call to 911 in military format (24-hour clock) in hours and minutes, using two digits for the hours and two digits for the minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

Notified by Dispatch

The Notified by Dispatch time is the time that the responding unit was notified of the call by dispatch. This field is a Text Box and completion is **required**. If this field is left blank, the Notified by Dispatch time is stored in the database as *Not Recorded*.

Notified by Dispatch ↓

		:		
Hours			Minutes	

Enter the time that the receiver of the 911 call notified dispatch. Time should be in military format (24-hour clock) in hours and minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

Enroute

The Enroute time is the time that the responding unit started moving to respond to the call. This field is a Text Box and completion is optional. If this field is left blank, the Enroute time is stored in the database as *Not Recorded*.

En Route ↓

		:		
Hours			Minutes	

Enter the time that the unit started moving to respond to the call. Time should be in military format (24-hour clock) in hours and minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

On Scene

The On-Scene time is the time that the responding unit arrived on the scene, i.e., the time the vehicle stopped moving at the scene. This field is a Text Box and completion is optional. If this field is left blank, the On-Scene time is stored in the database as *Not Recorded*.

On Scene ↓

		:		
Hours			Minutes	

Enter the time that the unit arrived at the scene. Time should be in military format (24-hour clock) in hours and minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

At Patient

The At-Patient time is the time that the first technician from the unit arrives at the patient's side. This field is a Text Box and completion is optional. If this field is left blank, the At Patient time is stored in the database as *Not Recorded*.

At Patient ↓

		:		
Hours			Minutes	

Enter the time that the first technician from the unit arrived at the patient's side. Time should be in military format (24-hour clock) in hours and minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

Left Scene

The Left Scene time is the time that the responding unit left the scene, i.e., the time that the vehicle began moving away from the scene. This field is a Text Box and completion is optional. If this field is left blank, the Left Scene time is stored in the database as *Not Recorded*.

Left Scene ↓

		:		
--	--	---	--	--

Enter the time that the unit left the scene. Time should be in military format (24-hour clock) in hours and minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

At Destination

The At Destination time is the time that the responding unit arrived at the destination (hospital, clinic, home, etc.) with the patient. This field is a Text Box and completion is optional. This field only should be completed if the patient is transported in the unit. If this field is left blank, the At Destination time is stored in the database as *Not Recorded*.

At Destination ↓

		:		
Hours			Minutes	

Enter the time that the unit arrived at the destination with the patient. Time should be in military format (24-hour clock) in hours and minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

Back In Service

The Back in Service time is the time that the unit is back in service, i.e., finished with the call. The unit may not necessarily be back in the home location. This field is a Text Box and completion is **required**. If this field is left blank, the Back in Service time is stored in the database as *Not Recorded*.

Back in Service ↓

		:		
Hours			Minutes	

Enter the time that the unit is back in service (not necessarily back in the service area). Time should be in military format (24-hour clock) in hours and minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

Patient

Patient's Last Name

The Patient's Last Name is the patient's family name. This field is an Image Zone and completion is **required**. If this field is left blank, the Patient's Last Name is stored in the database as *Not Recorded*.

Patient's Last Name ↓

Enter the patient's last name. If the last name is unknown, write *Unknown* in the Image Zone. Hyphens are allowed for a hyphenated last names such as Smith-Jones.

Patient's First Name

The Patient's First Name is the patient's given name. This field is an Image Zone and completion is optional. If this field is left blank, the Patient's First Name is stored in the database as *Not Recorded*.

Patient's First Name ↓

Enter the patient's first name. If the first name is unknown, leave the box blank.

Middle Initial (MI)

The Middle Initial is the first letter of the patient's first middle name. This field is an Image Zone and completion is optional. If this field is left blank, the Middle Initial is stored in the database as *Not Recorded*.

MI ↓

Enter the first letter of the patient's first middle name. If the middle name is unknown, leave the box blank.

Home Mailing Address

The Home Mailing Address is the home mailing address of the patient. This address may be different from the patient's street address. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

Patient's Mailing Address ↓

Enter the patient's Home Mailing Address, excluding the city, state, and ZIP code.

Home City

The Home City is the city of the patient's home mailing address. This city may be different from that of the patient's home street address. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

Patient's Home City ↓

Enter the patient's Home City.

Home State

The Home State is the state of the patient's home mailing address. This state may be different from that of the patient's home street address. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

State abbr. ↓

Enter the patient's Home State as a two-letter abbreviation, with both letters in upper case. Use the two-letter abbreviations listed in the back of this manual.

Home ZIP Code

The Home ZIP Code is the ZIP code of the patient's home mailing address. This ZIP code may be different from that of the patient's home street address. This field is an Image Zone and

completion is optional. If this field is left blank, the Home ZIP Code is stored in the database as *Not Recorded*.

ZIP Code ↓

Enter the Home ZIP code as a five-digit number. Do not include the dash or the last four digits of the nine-digit ZIP code.

Race

The Race is the race/ethnicity of the patient. This field is a bubble field and completion is optional. It is a single entry field - only one choice may be entered. If this field is left blank, the Race is stored in the database as *Not Recorded*.

Race	<input type="radio"/> White	<input type="radio"/> Black	<input type="radio"/> Hispanic (Black or White)	<input type="radio"/> Native American	<input type="radio"/> Asian	<input type="radio"/> Other	<input type="radio"/> Unknown
------	-----------------------------	-----------------------------	---	---------------------------------------	-----------------------------	-----------------------------	-------------------------------

Fill in one bubble corresponding to the race of the patient. The options are:

- ?? White
- ?? Black
- ?? Hispanic (Black or White)
- ?? Native American
- ?? Asian
- ?? Other: (Race is known, but not listed above. Includes multi-racial.)
- ?? Unknown

Try not to use Other or Unknown, as these values are virtually useless in analysis of the data.

Gender

The Gender is the gender or sex of the patient. This field is a Bubble field and completion is ***required***. It is a single-entry field. If this field is left blank, the Gender is stored in the database as *Not Recorded*.

Gender	<input type="radio"/> M	<input type="radio"/> F	<input type="radio"/> ?
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Fill in the bubble corresponding to the gender. The options and their definitions are:

- ?? M (Male)
- ?? F (Female)
- ?? ? (Unknown)

Social Security Number

Social Security Number is the patient's Social Security Number. This field is made up of multiple Text Boxes and completion is optional. If this field is left blank, the Social Security Number is stored in the database as *Not Recorded*.

SSN ↓

				-								
--	--	--	--	---	--	--	--	--	--	--	--	--

Enter the patient's Social Security Number in the text boxes by writing one number in each box. If the Social Security Number is unknown, leave this field blank.

Date of Birth (DOB)

The Date of Birth is the date of birth of the patient. This field is made up of multiple Text Boxes and completion is optional. If this field is left blank, the Date of Birth is stored in the database as *Not Recorded*. If Date of Birth is entered, the patient's age will be calculated automatically and used for reports as needed.

Est. Age (yrs.) ↓ Date of Birth ↓

	OR			/			/				
--	----	--	--	---	--	--	---	--	--	--	--

Enter the patient's date of birth as a two-digit month, two-digit day, and a four-digit year. Precede single-digit months and days by a zero. If the date of birth is unknown, fill in the Estimated Age in years.

Estimated Age

The Estimated Age is the age of the patient as estimated by the primary caregiver technician. This field is an Image Zone and completion is ***required*** only if the DOB has not been entered. Do not complete this field if the DOB is known and filled in. If this field is left blank, the Estimated Age is stored in the database as *Not Recorded*.

Est. Age (yrs.) ↓

--

Enter the patient's estimated age as a 1-3 digit whole number. Do not enter the units (days, months, years). If the patient is less than a year, enter the age as a fraction (e.g., 3/12 for 3 months or 4/365 for 4 days).

Home Phone

The Home Phone is the patient's home or primary telephone number, including area code. This field is made up of multiple Text Boxes and completion is optional. This field value is not stored in the database from the paper form.

Patient's Home Phone # ↓

			/				-				
--	--	--	---	--	--	--	---	--	--	--	--

Enter the patient's home phone number as 10 digits. If the patient does not have a home phone number, but has a primary contact number, enter the primary contact number. Use only numbers, and enter one number per box.

Billing

Insurer Name or ID

The Insurer Name or ID is the name of the patient's medical insurance company. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

Insurer Name or ID

Enter the name of the patient's primary insurance company. If the patient is insured by more than one insurance company, enter only the primary insurer's name. The primary insurance company may be Medicare or Medicaid. If the insurer is unknown, leave this field blank.

Policy ID

The Policy ID is the patient's ID number for the insurance policy. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

Policy ID

Enter the patient's insurance patient ID number as it is printed on the patient's insurance identification card. Characters, symbols, and numbers may be used as needed.

Closest Relative's/Guardian's Name

The Closest Relative/Guardian's Name is the full name of the patient's closest living relative or the patient's guardian. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

Closest Relative's/Guardian's Name

Enter the name of the patient's guardian if the patient is less than 18 years of age. If the patient is greater than 18 years of age, enter the name of the patient's closest relative. Enter the name as first name followed by last name.

Closest Relative's/Guardian's Phone Number

The Closest Relative's/Guardian's Phone Number is the home or primary contact phone number for the person named in the Closest Relative's/Guardian's Name field. This field is an Image Zone and completion is optional. Do not complete this field if the Closest Relative's/Guardian's Name field is blank. This field value is not stored in the database from the paper form.

Closest Relative's/Guardian's Phone #
--

Enter the phone number of the person listed in the Closest Relative's/Guardian's Name field.

Relationship

Relationship describes the relationship between the person named in the Closest Relative's/Guardian's Name field and the patient. This field is a Text Box and completion is optional. If this field is left blank, the Relationship field value is stored in the database as *Not Recorded*. This field is a bubble field and completion is optional. Do not complete this field if the Closest Relative's/Guardian's Name field is blank. This field value is not stored in the database from the paper form.

Relationship ↓

Mother Father Spouse Apptd. Guardian Other

Fill in one bubble corresponding to the relationship between the person named in the Closest Relative's/Guardian's Name field and the patient. The options are:

- ?? Mother
- ?? Father
- ?? Spouse
- ?? Appt. Guardian (Appointed Guardian)
- ?? Other

Incident

Incident Location Type

The Incident Location Type is a description of the type of location where the incident occurred. This field is a single entry Bubble field and completion is optional. If this field is left blank, the Incident Location Type is stored in the database as *Not Recorded*.

Incident Location Type				
<input type="radio"/> Home	<input type="radio"/> Street & Highway	<input type="radio"/> Residential Institution	<input type="radio"/> Industrial	<input type="radio"/> Other
<input type="radio"/> Farm	<input type="radio"/> Recreation & Sport	<input type="radio"/> Public Building	<input type="radio"/> Mine & Quarry	<input type="radio"/> Unknown

Fill in one bubble corresponding to the category of service. The options and their definitions are:

- ?? Home: Includes apartment, boarding house, home premises, garage, garden, home swimming pool, yard of home. Excludes home under construction but not yet occupied, institutional place of residence.
- ?? Farm: Includes farm buildings and land under cultivation
- ?? Street & Highway
- ?? Recreation and Sport: Includes amusement park, sports fields/courts, resort, ice rink, golf course, playground including school playground, public park, racecourse, riding school, rifle range, seashore, stadium, swimming pool (non-residential).
- ?? Residential Institution: Includes dormitories, hospitals, jails, and nursing homes
- ?? Public Building
- ?? Industrial: Includes building under construction, dockyard, factory building and premises, garage (place of work), railway yard, warehouse.
- ?? Mine and Quarry: Includes gravel pit, sand pit, tunnel under construction.
- ?? Other (Specified places): Includes derelict house, non-industrial doc, forest, harbor, hill, parking lot, non-industrial railway.
- ?? Unknown (Unspecified).

Try not to use Other and Unknown, as these values are virtually useless in analysis of the data.

Other Agencies at Scene

Other Agencies at Scene identifies other agencies present at the scene. This is a multi-entry Bubble field and completion is optional. If this field is left blank, the Other Agencies at Scene value is stored in the database as *Not Recorded*.

Other Agencies at Scene *

None Fire Law Rescue
 EMS HazMat Mutual Aid Utilities

Fill in the bubbles corresponding to the other agencies that were present at the scene. The options and their definitions are:

- ?? None: No other agencies were present at the scene.
- ?? EMS: Includes other units and providers from within your system. Does not include yourself.
- ?? Fire
- ?? HazMat: Hazardous Materials response team
- ?? Law: Police, Sheriff, Highway Patrol
- ?? Mutual Aid: Includes EMS providers from outside your system, or corporate or school First Responders.
- ?? Rescue
- ?? Utilities: Examples: Power, Gas, Phone, Tree Service

Number of Patients at Scene

Number of Patients at Scene is an indicator as to how many patients were at the scene. This field is a Bubble field and completion is optional. If this field is left blank, the Number of Patients at Scene is stored in the database as *Not Recorded*.

Pts at Scene <input type="radio"/> Single <input type="radio"/> Multiple <input type="radio"/> Mass

Fill in the bubble corresponding to the number of patients at the scene. The options are:

- ?? Single
- ?? Multiple
- ?? Mass

The definition of these options is subjective, and should be based on the system's resources.

Grid Number

The Grid Number is the grid block (geographic) number of the scene from your system's grid. This field is an Image Zone and completion is optional. If this field is left blank, the Grid Number is stored in the database as *Not Recorded*.

Grid # ↓

Enter the local grid number from your system's map or GPS coordinates of the scene.

County

The Incident County is the name of the county in which the incident occurred. This field is an Image Zone and completion is optional. If this field is left blank, the Incident County is stored in the database as *Not Recorded*.

County ↓

Enter the two-digit number code of county of the incident location. The codes are listed on the Codes Cheat Sheet, which is available on the PreMIS web site. Do not write the name of the county into this Image Zone.

Same as Patient Address?

The Same as Patient Address box indicates whether the Incident Address is the same as the patient's home street address. Note that if the patient's home address is not his/her street address, then this check box should not be used. If this box is checked, then the Incident Street Address, City, State, and ZIP do not need to be filled in. The computer system will automatically fill in these fields from the Patient's Home Address fields. This field is a Bubble field and completion is optional. If this field is left blank, the Incident Street Address, City, State, and ZIP should be completed.

Same as Patient Address? Yes

Fill in this bubble if the incident address is the same as the information entered into the Patient's Home Mailing Address field. Do not fill in this bubble if the Patient's Home Mailing Address field is blank.

Street Address

Street Address is the street address of the incident location. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

Street Address ↓

Enter the street address of the incident if the “Same as Patient Address” bubble is not filled in.

City

City is the city of the incident location. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

City ↓

Enter the city of the incident if the “Same as Patient Address” bubble is not filled in.

State

State is the state in which the incident occurred. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

State ↓

Enter the state in which the incident occurred as a two-letter abbreviation, both in upper case. Use the two-letter abbreviations listed in the back of this manual.

ZIP

ZIP is the ZIP code of the location where the incident occurred. This field is an Image Zone and completion is optional. If this field is left blank, the Incident ZIP is stored in the database as *Not Recorded*.

ZIP ↓

Enter the ZIP code of the incident location as a five-digit number. Do not include the dash or the last four digits of the nine-digit ZIP code.

Situation

Injury?

Injury indicates whether or not the patient has an injury. This field is a single-entry Bubble field and completion is **required**. If this field is left blank, the Injury field is stored in the database as *Not Recorded*.

Injury? Yes No ?

Fill in one bubble corresponding to the category of service. The options and their definitions are:

?? Yes: Patient has an injury.

?? No: Patient has no injuries.

?? ? (Unknown): It is unknown whether patient has an injury.

Alcohol/Drug Use

The Alcohol/Drug Use field provides an indication as to whether the patient or a witness reported that the patient had been using alcohol and/or drugs in close proximity in time to the incident. This field is a Bubble field and completion is optional. If this field is left blank, the Alcohol/Drug Use field value is stored in the database as *Not Recorded*.

Alcohol/Drug Use
 Yes No

Fill in the bubble corresponding to the category of service. The options and their definitions are:

?? Yes

?? No

If the patient and witness disagree on whether the patient used alcohol and/or drugs, use your best judgement to determine whether the patient has used alcohol and/or drugs.

AED Before EMS Arrival?

The AED Before EMS Arrival field indicates whether or not an AED was applied before the reporting unit arrived. This field is a Bubble field and completion is optional. If this field is left blank, the AED Before EMS Arrival field value is stored in the database as *Not Recorded*.

AED before EMS
Arrival? Yes

Fill in the bubble next to *Yes* if an AED was applied (even if defibrillation did not occur) prior to the arrival of any EMS Unit. The only option provided is *Yes*, because it is not possible to absolutely determine that an AED was not applied before EMS arrival.

DNR in Place?

DNR in Place provides an indication of whether or not a legal North Carolina “Do Not Resuscitate” (DNR) order is on file for the patient, and or whether a Living Will or other type of form that delineates a patient’s desire for treatment is in place. The existence of a copy of the North Carolina “Do Not Resuscitate” order must be witnessed by one of the technicians for the recording unit.

DNR in Place? <input type="radio"/> None <input type="radio"/> NC State Form <input type="radio"/> Living Will <input type="radio"/> Other

Fill in the bubble corresponding to the type of form on file that delineates the patient’s desire for treatment. The options are:

- ?? None
- ?? NC State Form
- ?? Living Will
- ?? Other: Does not include a Health Care Power of Attorney. Includes only documents that delineate end-of-life health care preferences.

Chief Complaint

The Chief Complaint is the description of the primary complaint as verbalized by the patient. This field is an Image Zone and completion is **required**. If this field is left blank, the Chief Complaint is stored in the database as *Not Recorded*.

Chief Complaint ↓

Enter the text of the chief complaint, as close as possible to a quote from the patient. If the patient is unconscious or unresponsive, record the chief complaint as *Unresponsive*. Enter only one complaint in this box.

Secondary Complaint

The Secondary Complaint is the description of the secondary complaint as verbalized by the patient. This field is an Image Zone and completion is optional. If this field is left blank, the Secondary Complaint is stored in the database as *Not Recorded*.

Secondary Complaint ↓

Enter the text of the secondary complaint as close as possible to a quote from the patient. Enter only one complaint in this box.

System

The System field identifies the body systems of the patient that are affected by the incident. This field is a multi-entry Bubble field and completion is **required**. If this field is left blank, the System is stored in the database as *Not Recorded*.

System *	
<input type="radio"/> Cardioasc	<input type="radio"/> Musculoskeletal/Skin
<input type="radio"/> CNS	<input type="radio"/> OB/Gyn
<input type="radio"/> Endocrine	<input type="radio"/> Pulmonary
<input type="radio"/> GI	<input type="radio"/> Renal

Fill in the bubble(s) corresponding to the body system(s) of the patient affected by the incident. The options and their definitions are:

- ?? Cardioasc: Cardiovascular
- ?? CNS: Central Nervous System
- ?? Endocrine
- ?? GI: Gastro-intestinal
- ?? Musculoskeletal/Skin
- ?? OB/Gyn
- ?? Pulmonary
- ?? Renal

Mechanism

Mechanism is the mechanism of injury or the cause of the incident. This field is a single entry Bubble field and completion is ***required*** if an injury is present, i.e., if *Injury = Yes*. If this field is left blank, the Mechanism is stored in the database as *Not Recorded*.

Mechanism	
<input type="radio"/> Animal	<input type="radio"/> Firearms/Cut/Pierce
<input type="radio"/> Burn	<input type="radio"/> Poison
<input type="radio"/> Environmental	<input type="radio"/> Transportation
<input type="radio"/> Falls/Sports	<input type="radio"/> Other

Fill in the bubble corresponding to the mechanism of injury for the patient's worst injury. The options and their definitions are:

?? Animal: Includes animal bites and stings, and human bites.

?? Burn

?? Environmental: Includes lightening, heat, cold, motion, neglect, hunger, thirst, venomous plants, storms, and earthquakes.

?? Falls/Sports: Examples: swimming, football, running, and hiking.

?? Firearms/Cut/Pierce

?? Poison

?? Transportation: E.g., motor vehicle crash, bicycle crash

?? Other

Try not to use Other, as this value is virtually useless in analysis of the data.

Associated Symptoms

Associated Symptoms are the signs and symptoms present in the patient. This field is a multi-entry Bubble field and completion is optional. If this field is left blank, the Associated Symptoms field value is stored in the database as *Not Recorded*.

Associated Symptoms *		
<input type="radio"/> None Detected	<input type="radio"/> Fever	<input type="radio"/> Pain
<input type="radio"/> Bleeding	<input type="radio"/> Headache	<input type="radio"/> Rash
<input type="radio"/> Breathing	<input type="radio"/> Mental/Psych	<input type="radio"/> Vomiting
<input type="radio"/> Diarrhea	<input type="radio"/> Mental Status Change	<input type="radio"/> Wound

Fill in the bubble(s) corresponding to the symptoms associated with this incident. The options are:

- ?? None Detected: None of the signs and symptoms listed below were detected.
- ?? Bleeding
- ?? Breathing: Breathing difficulties
- ?? Diarrhea
- ?? Fever
- ?? Headache
- ?? Mental/Psych
- ?? Mental Status Change
- ?? Pain
- ?? Rash
- ?? Vomiting
- ?? Wound

If “None” is chosen, then no other bubbles should be filled in. If “None” is chosen and other bubbles are filled in, then the computer will assume that the “None” value is not valid and that the other values are valid. If signs and symptoms other than those listed were detected, leave this field blank.

Medical History

Allergies

The Allergies field provides a mechanism of documenting the patient's known allergies. This field is a multi-entry Bubble field and completion is optional. This field value is not stored in the database from the paper form.



Fill in the bubble corresponding to the category of service. The options and their definitions are:

- ?? NKA: No known allergies. If this value is chosen, then no other bubbles for this field should be filled in. If *NKA* is chosen and other bubbles are filled in, then the computer will assume that the *NKA* value is not valid and that the other values are valid.
- ?? Aspirin/NSAIDS
- ?? Penicillin
- ?? Sulfa
- ?? Other: If other is chosen, you are ***required*** to enter the name(s) of the drug(s) or relevant item(s) that the patient is allergic to into the Image Zone to the right of the Other bubble.

If the patient thinks that he/she is allergic to something, but is not sure what the substance is, fill in the *Other* bubble, then write *Unknown* in the box to the right of *Other*.

Medical/Surgical History

The Medical/Surgical History field captures a brief description of the patient's medical and surgical history as indicated by the patient or witness. This field is a combination of a Bubble field and an Image Zone, is multi-entry, and completion is optional. If this field is left blank, the Medical/Surgical History is stored in the database as *Not Recorded*. Text describing "Other Medical/Surgical History" is not stored in the database from the paper form.

Medical/Surgical History *	<input type="radio"/> Asthma	<input type="radio"/> CHF	<input type="radio"/> Diabetes	<input type="radio"/> Hypertension	<input type="radio"/> Seizures	<input type="radio"/> Stroke (CVA)	<input type="radio"/> Appendectomy	<input type="radio"/> Gall Bladder Removed
	<input type="radio"/> Cancer	<input type="radio"/> COPD	<input type="radio"/> Heart Attack/MI	<input type="radio"/> Renal Disease	<input type="radio"/> Stomach Ulcers	<input type="radio"/> Other	<input type="radio"/> CABG	<input type="radio"/> Hysterectomy
<input type="text"/>								

Fill in the bubble corresponding to the category of service. The options for Medical History are:

- ?? Asthma
- ?? Cancer
- ?? CHF: Congestive Heart Failure
- ?? COPD: Chronic Obstructive Pulmonary Disease
- ?? Diabetes
- ?? Heart Attack/MI
- ?? Hypertension
- ?? Renal Disease
- ?? Seizures
- ?? Stomach Ulcers
- ?? Stroke (CVA)
- ?? Other

Try not to use Other, as this value is virtually useless in analysis of the data.

The options and their definitions for Surgical History are:

- ?? Appendectomy
- ?? CABG: Coronary Artery By-Pass Graft
- ?? Gall Bladder Removal
- ?? Hysterectomy

An Image Zone also is provided to allow you to write a description of pertinent medical or surgical history that is not described by one of the bubble options.

If no medical or surgical history is provided by the patient or witness, leave the bubbles and image zone blank.

Current Medications

The Current Medications field is a record of the therapeutic medications that the patient is currently taking. This field is an Image Zone and completion is optional. This field value is not stored in the database from the paper form.

Current Medications ↓



Enter all medications currently taken by the patient, as reported by the patient or a witness. If no medications are being taken by the patient, write None in the Image Zone.

Run Report Narrative

The Run Report Narrative is a text description of the incident, patient, and the care given to the patient. This field is an Image Zone and completion is optional. The information written in this field is not stored in the database.

RUN REPORT NARRATIVE - PLEASE PRINT CLEARLY WITHIN BOX



Write your run report narrative in this box.

Vital Signs

Time Taken

Time Taken is the time that the vital signs are taken. This field is a Text Box and completion is **required** if a vital sign is entered. If this field is left blank, the Time Taken is stored in the database as *Not Recorded*.

Time Taken

		.		
		.		
		.		
		.		

Hours Minutes

Enter one time for each set of vital signs taken in military format (24-hour clock) in hours and minutes, using two digits for the hours and two digits for the minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

Cardiac Rhythm

The Cardiac Rhythm is a description of the patient's cardiac rhythm at the time recorded in the Time Taken field. This field is an Image Zone and completion is optional. If this field is left blank, the Cardiac Rhythm is stored in the database as *Not Recorded*.

Card Rhy

Enter the code for the cardiac rhythm as a two-digit number. The codes are listed in the center of your PreMIS form in the Codes section and on the Codes Cheat Sheet, which is available on the PreMIS web site.

Systolic Blood Pressure (SBP)

The Systolic Blood Pressure (SBP) is the systolic blood pressure measurement at the time recorded in the Time Taken field. This field is an Image Zone and completion is optional. If this field is left blank, the SBP is stored in the database as *Not Recorded*.

SBP

Enter the patient's systolic blood pressure as a one- to three-digit number between 0 and 300. If systolic blood pressure is not measured, leave this field blank. If the blood pressure is palpated, enter the SBP value, but leave the DBP blank.

Diastolic Blood Pressure (DBP)

The Diastolic Blood Pressure (DBP) is the diastolic blood pressure measurement at the time recorded in the Time Taken field. This field is an Image Zone and completion is optional. If this field is left blank, the DBP is stored in the database as *Not Recorded*.

DBP

Enter the patient's diastolic blood pressure as a one- to three-digit number between 0 and 200. If the diastolic blood pressure is not measured, leave this field blank. If the blood pressure is palpated, enter the SBP value, but leave the DBP blank.

Pulse

The Pulse is the pulse rate of the patient at the time recorded in the Time Taken field. This field is an Image Zone and completion is optional. If this field is left blank, the Pulse is stored in the database as *Not Recorded*.

Pulse

Enter the patient's pulse as a one- to three-digit number between 0 and 300. If the pulse rate is not measured, leave this field blank.

SaO2

The SaO2 is the patient's oxygen saturation as measured by pulse oximetry at the time recorded in the Time Taken field. The SaO2 field is an Image Zone and completion is optional. If this field is left blank, the SaO2 is stored in the database as *Not Recorded*.

SaO2

Enter the patient's oxygen saturation as a one- to three-digit number between 0 and 100. Do not include a percent (%) symbol. If the oxygen saturation is not measured (either not attempted or not measurable), leave this field blank.

Respiratory Rate (Resp)

The Respiratory Rate is the patient's respiratory rate at the time recorded in the Time Taken field. The Respiratory Rate field is an Image Zone and completion is optional. If this field is left blank, the Respiratory Rate is stored in the database as *Not Recorded*.

Resp

Enter the patient's respiratory rate as a one- to two-digit number between 0 and 75. If the respiratory rate is not measured, leave this field blank.

Blood Gluc (Blood Glucose)

The Blood Glucose is the patient's blood glucose at the time recorded in the Time Taken field. The Blood Glucose field is an Image Zone and completion is optional. If this field is left blank, the Blood Glucose is stored in the database as *Not Recorded*.

Blood Gluc

Enter the patient's blood glucose as a one - to four-digit number between 0 and 1500. If the blood glucose is not measured, leave this field blank.

Eyes GCS

The Eyes GCS field is the eye component of the patient's GCS at the time recorded in the Time Taken field. The Eyes GCS field is a single entry Bubble field and completion is optional. If this field is left blank, the Eyes GCS value and the GCS Total value are stored in the database as *Not Recorded*.

Eyes GCS	
<input type="radio"/>	Spontaneous-4
<input type="radio"/>	To Voice-3
<input type="radio"/>	To Pain-2
<input type="radio"/>	None-1

Fill in the bubble corresponding to the eye component of the patient's GCS. The options and their definitions are:

- ?? Spontaneous-4
- ?? To voice-3
- ?? To pain-2
- ?? None-1

Verbal GCS

The Verbal GCS field is the verbal component of the patient's GCS at the time recorded in the Time Taken field. The Verbal GCS field is a single entry Bubble field and completion is optional. If this field is left blank, the Verbal GCS value and the GCS Total value are stored in the database as *Not Recorded*.

Verbal GCS	
<input type="radio"/>	Oriented-5
<input type="radio"/>	Confused-4
<input type="radio"/>	Inappropriate-3
<input type="radio"/>	Incomprehensible-2
<input type="radio"/>	None-1

Fill in the bubble corresponding to the verbal component of the patient's GCS. The options and their definitions are:

- ?? Oriented-5
- ?? Confused-4
- ?? Inappropriate-3
- ?? Incomprehensible-2
- ?? None-1

Motor GCS

The Motor GCS field is the motor component of the patient's GCS at the time recorded in the Time Taken field. The Motor GCS field is a single entry Bubble field and completion is optional. If this field is left blank, the Motor GCS value and the GCS Total value are stored in the database as *Not Recorded*.

Motor GCS	
<input type="radio"/>	Obeys Commands-6
<input type="radio"/>	Localizes to Pain-5
<input type="radio"/>	Withdraws (Pain)-4
<input type="radio"/>	Flexion (Pain)-3
<input type="radio"/>	Extension (Pain)-2
<input type="radio"/>	None-1

Fill in the bubble corresponding to the motor component of the patient's GCS. The options and their definitions are:

- ?? Obeys Commands-6
- ?? Localizes to Pain-5
- ?? Withdraws (Pain)-4
- ?? Flexion (Pain)-3
- ?? Extension (Pain)-2
- ?? None-1

Broselow Color

The Broselow Color field is a single entry Bubble field and completion is optional. If this field is left blank, the Broselow Color field value is stored in the database as *Not Recorded*.

Broselow Color	
<input type="radio"/> Pink	<input type="radio"/> White
<input type="radio"/> Red	<input type="radio"/> Blue
<input type="radio"/> Purple	<input type="radio"/> Orange
<input type="radio"/> Yellow	<input type="radio"/> Green

Fill in the bubble corresponding to the Broselow color for the child. The options are:

- ?? Pink
- ?? Red
- ?? Purple
- ?? Yellow
- ?? White
- ?? Blue
- ?? Orange
- ?? Green

Kidbase

This field indicates whether a child is listed in the Kidbase database. The Kidbase database documents children with special needs. The child's parents or EMD should provide the information as to whether the child is listed in Kidbase or not. This field is a bubble field and completion is optional.

Kidbase

If the parent or guardian states that the child is listed in the Kidbase database, fill in the bubble next to Kidbase. If the bubble is not filled in the value is stored as *Not Recorded* in the database.

Assessment

Injury/Trauma

The Injury/Trauma Assessment fields are to be used to record the assessment of the patient's injuries to their skin, eyes, head/neck, chest/lungs, abdomen, pelvis, extremities, and back on examination at the scene. The body regions are listed across the top of the bubble matrix, and the injury types are listed along the side of the matrix. These Injury/Trauma fields are multi-entry Bubble fields and completion is optional. If the Injury/Trauma fields for any section of the body are left blank, the value for that section is stored in the database as *Not Recorded*.

Injury/Trauma Assessment *								
	Skin	Eyes	Head/ Neck	Chest/ Lungs	Abd.	Pelvic/ Gyn	Extrem.	Back
Normal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lac/Les	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in the bubble(s) corresponding to the assessment of the patient's Skin, Eyes, Head/Neck, Chest/Lungs, Abdomen (Abd), Pelvis (Pelvic/Gyn), Extremities (Extrem), and back. The options are for each area of the body are:

- ?? Normal
- ?? Lac/Les: Laceration and/or lesion
- ?? Deform: Deformity
- ?? Discol: Discoloration
- ?? Tender: Tenderness

Skin

The Skin field is the assessment of the patient's skin on examination at the scene. The Skin field is a multi-entry Bubble field and completion is optional. If this field is left blank, the Skin assessment value is stored in the database as *Not Recorded*.

Skin *	
<input type="radio"/> Not Done	<input type="radio"/> Pale
<input type="radio"/> Normal	<input type="radio"/> Cyanotic
<input type="radio"/> Clammy	<input type="radio"/> Cold
<input type="radio"/> Jaundiced	<input type="radio"/> Warm

Fill in the bubble(s) corresponding to the assessment of the patient's skin. The options are:

- ?? Not Done
- ?? Normal
- ?? Clammy
- ?? Jaundiced
- ?? Pale
- ?? Cyanotic
- ?? Cold
- ?? Warm

Head/Neck

The Head/Neck field is the assessment of the patient's head and neck on examination at the scene. The Head/Neck field is a multi-entry Bubble field and completion is optional. If this field is left blank, the Head/Neck assessment value is stored in the database as *Not Recorded*.

Head/Neck *
<input type="radio"/> Not Done
<input type="radio"/> Normal
<input type="radio"/> Trach Dev
<input type="radio"/> SQ Air
<input type="radio"/> JVD
<input type="radio"/> Stridor

Fill in the bubble(s) corresponding to the assessment of the patient's head and neck. The options are:

- ?? Not Done
- ?? Normal
- ?? Trach Dev
- ?? SQ Air: Sub-Cutaneous air
- ?? JVD
- ?? Stridor

Chest/Lungs

The Chest/Lungs field is the assessment of the patient's chest and lungs on examination at the scene. The Chest/Lungs field is a multi-entry Bubble field and completion is optional. If this field is left blank, the Chest/Lungs assessment value is stored in the database as *Not Recorded*.

Chest/Lungs *	
<input type="radio"/> Not Done	<input type="radio"/> Flail Segment
<input type="radio"/> Normal BS	<input type="radio"/> Rhonci/Wheezing
<input type="radio"/> Decreased BS	<input type="radio"/> Rales
<input type="radio"/> Tenderness	<input type="radio"/> Increased Effort
<input type="radio"/> Acc Muscles	

Fill in the bubble(s) corresponding to the assessment of the patient's chest and lungs. The options are:

- ?? Not Done
- ?? Normal BS: Normal Health Sounds
- ?? Decreased BS: Decreased or Dominished Health Sounds
- ?? Tenderness
- ?? Acc Muscles
- ?? Flail Segment
- ?? Rhonci/Wheezing
- ?? Rales
- ?? Increased Effort

Heart

The Heart field is the assessment of the patient's heart on examination at the scene. The Heart field is a Bubble field and completion is optional. If this field is left blank, the Heart assessment value is stored in the database as *Not Recorded*.

Heart *

Not Done

Normal

Decr Sounds

Murmur

Fill in the bubble corresponding to the assessment of the patient's heart. The options and their definitions are:

- ?? Not Done: Heart assessment not done
- ?? Normal: No abnormalities noted in heart assessment
- ?? Decr Sounds: Decreased heart sounds
- ?? Murmur

Abdomen

The Abdomen field is the assessment of the patient's abdomen on examination at the scene. It consists of four subfields, one for each of the four quadrants of the abdomen: Left Upper (LU), Left Lower (LL), Right Upper (RU), and Right Lower (RL). These Abdomen fields are multi-entry Bubble fields and completion is optional. If the fields for any abdominal quadrant are left blank, the Abdomen assessment value for that quadrant is stored in the database as *Not Recorded*.

Abdomen*	LU	LL	RU	RL
Not Done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Normal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in the bubble(s) corresponding to the assessment of the patient's abdomen for each of the four quadrants. The options are:

- ?? Not Done
- ?? Normal
- ?? Distention
- ?? Tenderness
- ?? Guarding
- ?? Mass

Pelvic/GYN

The Pelvic/Gyn field reflects the assessment of the patient's pelvis and genital area on examination at the scene. The Pelvic/GYN field is a multi-entry Bubble field and completion is optional. If this field is left blank, the Pelvic/GYN assessment value is stored in the database as *Not Recorded*.

Pelvic/Gyn *
<input type="radio"/> Not Done
<input type="radio"/> Normal
<input type="radio"/> Tenderness
<input type="radio"/> Unstable
<input type="radio"/> Genital Injury
<input type="radio"/> Crowning

Fill in the bubble(s) corresponding to the assessment of the patient's pelvis and genital area The options are:

- ?? Not Done
- ?? Normal
- ?? Tenderness
- ?? Unstable
- ?? Genital Injury
- ?? Crowning

Back

The Back field reflects the assessment of the patient's back on examination at the scene. It consists of three subfields, one for each of three sections of the back: Cervical (C), Thoracic (T), and Lumbar (L). These Back fields are multi-entry Bubble fields and completion is optional. If the fields for any back section are left blank, the Back assessment value for that section is stored in the database as *Not Recorded*.

Back *	C	T	L
Not Done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Normal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tender Spin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tender Parasp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain to ROM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in the bubble(s) corresponding to the assessment of the patient's back for each of the three sections. The options are:

- ?? Not Done
- ?? Normal
- ?? Tender Spin: Tender spinous process
- ?? Tender Parasp: Tender paraspinous process
- ?? Pain to ROM: Pain to range of motion.

Extremities

The Extremities field is the assessment of the patient's extremities on examination at the scene. It consists of four subfields, one for each of the four extremities: Left Upper Extremity (LUE), Right Upper Extremity (RUE), Left Lower Extremity (LLE), and Right Lower Extremity (RLE). These Extremity fields are multi-entry Bubble fields and completion is optional. If the fields for any of the four extremities are left blank, the Extremity assessment value for that extremity is stored in the database as *Not Recorded*.

Extremities *	LUE	RUE	LLE	RLE
Not Done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Normal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abnormal Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abn. Sensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in the bubble(s) corresponding to the assessment of the patient's extremity for each of the four extremities. The options are:

- ?? Not Done
- ?? Normal
- ?? Tenderness
- ?? Abnormal Pulse
- ?? Abnormal Sensation
- ?? Edema

Eyes

The Eyes field is the assessment of the patient's eyes on examination at the scene. It consists of two subfields, one for the Left Eye (L) and one for the Right Eye (R). These Eye fields are multi-entry Bubble fields and completion is optional. If the fields for either of the eyes are left blank, the Eye assessment value for that eye is stored in the database as *Not Recorded*.

Eyes *	L	R
Not Done	<input type="radio"/>	<input type="radio"/>
Reactive	<input type="radio"/>	<input type="radio"/>
Constricted	<input type="radio"/>	<input type="radio"/>
Dilated	<input type="radio"/>	<input type="radio"/>
Nonreactive	<input type="radio"/>	<input type="radio"/>
Blind	<input type="radio"/>	<input type="radio"/>

Fill in the bubble corresponding to the assessment of the patient's left and right eyes. The options are:

- ?? Not Done
- ?? Reactive
- ?? Constricted
- ?? Dilated
- ?? Nonreactive
- ?? Blind

Mental/Neuro

The Mental/Neuro field is the assessment of the patient's mental and neurological status on examination at the scene. The Mental/Neuro field is a multi-entry Bubble field and completion is optional. If this field is left blank, the Mental/Neuro assessment value is stored in the database as *Not Recorded*.

Mental/Neuro *	
<input type="radio"/> Not Done	<input type="radio"/> Tremors
<input type="radio"/> Normal	<input type="radio"/> Seizures
<input type="radio"/> Confused	<input type="radio"/> Lethargic
<input type="radio"/> Combative	<input type="radio"/> Hallucinations
<input type="radio"/> Unresponsive	

Fill in the bubble(s) corresponding to the assessment of the patient's mental/neuro status. The options and their definitions are:

- ?? Not Done: Assessment was not done.
- ?? Normal: Assessment was normal.
- ?? Confused
- ?? Combative
- ?? Unresponsive
- ?? Tremors
- ?? Seizures
- ?? Lethargic
- ?? Hallucinations

Neuro Deficits

The Neuro field is the assessment of the patient's physical neurological deficits on examination at the scene. The Neuro field is a multi-entry Bubble field and completion is optional. If this field is left blank, the Neuro assessment value is stored in the database as *Not Recorded*.

NeuroDeficits *

Not Done

None

Dysphagia

Hemiplegia L

Hemiplegia R

Fill in the bubble(s) corresponding to the assessment of the patient's neural deficits. The options and their definitions are:

- ?? Not Done: Assessment was not done.
- ?? None: No neural deficits were noted.
- ?? Dysphagia: Difficulty in swallowing
- ?? Hemiplegia L: Left hemiplegia
- ?? Hemiplegia R: Right hemiplegia

Procedures

Time

Procedure Time is the time that a procedure was performed. This field is a Text Box and completion is ***required*** if a procedure is entered. If this field is left blank, the Procedure Time is stored in the database as *Not Recorded*.

Time

		:		
--	--	---	--	--

Enter one time for each procedure in military format (24-hour clock) in hours and minutes, using two digits for the hours and two digits for the minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

Procedure

The Procedure field is the code for the type of Procedure performed on the patient. The Procedure field is an Image Zone and completion is optional. If this field is left blank, the Procedure value is stored in the database as *Not Recorded*.

Procedure

Enter the code for the procedure performed on the patient as one letter (uppercase) followed by a two-digit number. The codes are listed in the center of your PreMIS form in the Codes section and on the Codes Cheat Sheet, which is available on the PreMIS web site. If no procedure is performed, leave this field blank.

Size

The Size field is the size of the equipment used for the procedure performed on the patient. The Size field is an Image Zone and completion is optional. If this field is left blank, the Size value is stored in the database as *Not Recorded*.

Size

Enter the size of the equipment used for the procedure performed on the patient as a two-digit number. The allowed Size codes are listed on the Codes Cheat Sheet, which is available on the PreMIS web site. If no procedure is performed or if no size is applicable, leave this field blank.

Success

The Success field is the indication of whether or not the procedure performed on the patient was successful. The Success field is a Bubble field and completion is optional. If this field is left blank, the Success value is stored in the database as *Not Recorded*.

Success

- Yes
 No

Fill in the bubble corresponding to the success of the patient's procedure. The options and their definitions are:

- ?? Yes: Procedure was successful.
?? No: Procedure was not successful.

Technician Number (Technician #)

The Technician Number is the 5-character ID number (Technician ID Number) assigned by your EMS provider to the person who performed the procedure. If more than one technician was involved in performing a procedure (such as moving a patient onto a backboard), then record the Technician Number for the primary caregiver. This Technician Number field is an Image Zone and is ***required*** for each procedure. If this field is left blank, the Technician Number for this procedure is stored in the database as *Not Recorded*.

Technician #

Enter the Technician ID Number for the person who performed the procedure. If the technician performing the procedure is a student who has not been assigned a number by your Provider, but is providing care under the auspices of your provider, enter the Technician ID Number of the supervising technician into the Technician # box next to Procedures provided by the student.

Treatments

Time

Treatment Time is the time that a treatment was performed. This field is a Text Box and completion is ***required*** if a procedure is entered. If this field is left blank, the Treatment Time is stored in the database as *Not Recorded*.

Time

		:		
--	--	---	--	--

Enter one time for each procedure in military format (24-hour clock) in hours and minutes, using two digits for the hours and two digits for the minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

Treatment

The Treatment field is the code for the type of Treatment performed on the patient. The Treatment field is an Image Zone and completion is optional. If this field is left blank, the Treatment value is stored in the database as *Not Recorded*.

Treatment

--

Enter the code for the treatment given to the patient as one letter (uppercase) followed by a two-digit number. The codes are listed in the center of your PreMIS form in the Codes section and on the Codes Cheat Sheet, which is available on the PreMIS web site.. If no treatment is given, leave this field blank.

Administration Route

The Administration Route field is the code for the route used to administer the treatment to the patient. The Administration Route field is an Image Zone and completion is optional. If this field is left blank, the Administration Route value is stored in the database as *Not Recorded*.

Admin.
Route

Enter the code for the administration route used for the treatment given on the patient as one letter (uppercase) followed by a two-digit number. The codes are listed in the center of your PreMIS form in the Codes section. If no treatment is given, leave this field blank.

Dosage and Dosage Units

The Dosage and Dosage Units fields are the dosage and units of the treatment given to the patient. The Dosage and Dosage Units fields are Image Zones and completion is optional. If these fields are left blank, the Dosage and Dosage Units values are stored in the database as *Not Recorded*.

Dosage	—————	Dosage Units
<input type="text"/>		<input type="text"/>

Enter the dosage for the treatment given to the patient as a number into the Dosage field. Decimals are allowed. Fractions are not allowed. Enter the dosage units in the Dosage Units field. The allowed values for Dosage Units are based on the medications used by your Provider. The allowed Dosage Units for medications are listed on the Codes Cheat Sheet, which is available on the PreMIS web site. If no treatment is given, leave this field blank.

Number of Times Given

The Number of Times Given field is the number of times a treatment (of the same dosage) is given to the patient. The Number of Times Given field is an Image Zone and completion is optional. If this field is left blank, the Number of Times Given value is stored in the database as *Not Recorded*. Some Providers may require that a time be recorded each time a treatment is given, so use of this field is up to local system policy.

Times
Given

Enter the number of times the treatment (same dose) is given to the patient as a two-digit number. The Treatment Time should be the time the initial treatment dose is given. If no treatment is given, leave this field blank. If the treatment is given once, enter *01* in the image zone.

Improved

The Improved field is an indicator as to whether the patient's condition improved following the treatment, i.e., whether the treatment was successful. This field is a Bubble field and completion is optional. If this field is left blank, the Improved field value is stored in the database as *Not Recorded*.

Improved

- Yes
 No

Fill in the bubble corresponding to the category of service. The options and their definitions are:
?? Yes: Patient's condition improved following treatment.
?? No: Patient's condition did not improve following treatment.

Technician Number

The Technician Number is the Technician ID Number of the person who gave the treatment to the patient. This Technician Number field is an Image Zone and is ***required*** for each treatment. If this field is left blank, the Technician Number for this treatment is stored in the database as *Not Recorded*.

Technician #

Enter the Technician Number for the person who gave the treatment to the patient. If the technician giving the treatment is a student who has not been assigned a number by your Provider, but is providing care under the auspices of your provider, enter the Technician ID Number of the supervising technician into the Technician Number box next to Treatments given by the student.

Intervention (Procedures and Treatments)

Successful IV Sites

The Successful IV Sites is the location of all successful IV sites. This field is a multi-entry Bubble field and completion is optional. If this field is left blank, the Successful IV Sites field is stored in the database as *Not Recorded*.

Successful IV Sites *		
	L	R
Hand	<input type="radio"/>	<input type="radio"/>
Forearm	<input type="radio"/>	<input type="radio"/>
Antecubital	<input type="radio"/>	<input type="radio"/>
External Jug	<input type="radio"/>	<input type="radio"/>
Lower Extr	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Fill in bubble(s) corresponding to successful IV sites. Choose from the following options for each of the Left (L) or Right (R) sides of the patient's body:

?? Hand

?? Forearm

?? Antecubital

?? External Jugular

?? Lower Extremity

?? Other

Try to use Other as seldom as possible, as these values are virtually useless in analysis of the data. If a side of the body has no successful IV sites, then leave the bubbles blank.

Protocols Used

The Protocols Used field is the code for the protocols used in treating the patient. The Protocols Used field consists of four Image Zones and completion is optional. If all of these fields are left blank, the Protocols Used value is stored in the database as *Not Recorded*.

Protocols Used ↓

Enter the code for the protocols used as one letter (uppercase) followed by a two-digit number. You may enter up to four protocol codes: one per Image Zone. The codes are listed on the Codes Cheat Sheet, which is available on the PreMIS web site. If no protocol is used, leave this field blank. If more than four protocols are used, enter the numbers for the primary four protocols.

ROSC

The ROSC field is an indication whether or not there was a return of spontaneous circulation. This field is a Bubble field and completion is optional. If this field is left blank, the ROSC is stored in the database as *Not Recorded*.

ROSC	
<input type="radio"/> Yes	<input type="radio"/> No

Fill in the bubble corresponding to whether there was a return of spontaneous circulation. The options and their definitions are:

- ?? Yes
- ?? No

ROSV

The ROSV field is an indication whether or not there was a return of spontaneous ventilation. This field is a Bubble field and completion is optional. If this field is left blank, ROSV is stored in the database as *Not Recorded*.

ROSV	
<input type="radio"/> Yes	<input type="radio"/> No

Fill in the bubble corresponding to whether there was a return of spontaneous ventilation. The options and their definitions are:

- ?? Yes
- ?? No

Time CPR Discontinued

The Time CPR Discontinued is the time that CPR is discontinued. This field is a Text Box and completion is optional. If this field is left blank, the Time CPR Discontinued field value is stored in the database as *Not Recorded*.

Time CPR →
Discontinued

		:		
Hours			Minutes	

Enter the time that CPR is discontinued in military format (24-hour clock) in hours and minutes, using two digits for the hours and two digits for the minutes. The allowed range in values for the hours is 00-23 and the allowed range in values for the minutes is 00-59.

Disposition

Destination Name

The Destination Name field is the name of the destination that the patient was delivered or transferred to. Use this field *only* if no Destination Code is available, as for a private residence. The Destination Name is an Image Zone and completion is optional. If this field is left blank, but the Destination Code is filled in with a valid code, then the Destination Name value is stored in the database with the name of the Destination. If this field is left blank and no Destination Code is entered, the Destination Name value is stored in the database as *Not Recorded*.

Destination Name ↓

If the Destination Code is not known, enter the name of the destination to which the patient was delivered in uppercase letters. If the patient is not transported, leave this field blank. If the patient is transported to a facility (e.g., a physician's office), the unit and crew wait for the patient, then transport the patient back to their incident location (e.g., home), then it is the Provider's decision as to whether one or two PreMIS forms should be completed. If only one PreMIS form is completed, then the Destination Name should be the name of the incident location (e.g., *Home*).

Destination Street Address

The Destination Street Address field is the street address of the destination that the patient was delivered or transferred to. Use this field *only* if no Destination Code is available, as for a private residence. The Destination Street Address is an Image Zone and completion is optional. If this field is left blank, but the Destination Code is filled in with a valid code, then the Destination Street Address value is stored in the database with the street address of the Destination. If this field is left blank and no Destination Code is entered, the Destination Street Address value is stored in the database as *Not Recorded*.

Street Address ↓

If the Destination Code is not known, enter the street address of the destination to which the patient was delivered in numbers and uppercase letters. If the patient is not transported, leave this field blank. If the patient is transported to a facility (e.g., a physician's office), the unit and crew wait for the patient, then transport the patient back to their incident location (e.g., home), then it is the Provider's decision as to whether one or two PreMIS forms should be completed. If only one PreMIS form is completed, then the Destination Street Address should be the address of the incident location.

Destination Code

The Destination Code field is the code for the destination that the patient was delivered or transferred to. The Destination Code field is an Image Zone and completion is optional. If this field is left blank, the Destination Code field value is stored in the database as *Not Recorded*.

Destination Code ↓

Enter the code for the destination to which the patient was transported as a six-digit number. The codes are listed on the Codes Cheat Sheet, which is available on the PreMIS web site. If the Destination Code is not known, leave the Destination Code field blank. If the patient is not transported, leave this field blank. If the patient is transported to a facility (e.g., a physician's office), the unit and crew wait for the patient, then transport the patient back to their incident location (e.g., home), then it is the Provider's decision as to whether one or two PreMIS forms should be completed. If only one PreMIS form is completed, then the Destination Code should be the code for the incident location (e.g., leave this field blank if the patient is returned home).

Destination City

The Destination City field is the street address of the destination that the patient was delivered or transferred to. Use this field *only* if no Destination Code is available, as for a private residence. The Destination City is an Image Zone and completion is optional. If this field is left blank, but the Destination Code is filled in with a valid code, then the Destination City value is stored in the database with the street address of the Destination. If this field is left blank and no Destination Code is entered, the Destination City value is stored in the database as *Not Recorded*.

Destination City ↓

If the Destination Code is not known, enter the city of the destination to which the patient was delivered in uppercase letters. If the patient is not transported, leave this field blank. If the patient is transported to a facility (e.g., a physician's office), the unit and crew wait for the patient, then transport the patient back to their incident location (e.g., home), then it is the Provider's decision as to whether one or two PreMIS forms should be completed. If only one PreMIS form is completed, then the Destination City should be the city of the incident location.

Reason Patient Did Not Sign

The Reason Patient Did Not Sign field is a description of the reason that the patient did not sign the ACR(PreMIS) form. This field is a single-entry Bubble field and completion is optional. If this field is left blank, the Reason Patient Did Not Sign is stored in the database as *Not Recorded*.

Reason Patient Did Not Sign <input type="radio"/> Unable <input type="radio"/> Unwilling <input type="radio"/> Not Present
--

Fill in one bubble corresponding to the reason the patient did not sign the ACR. The options and their definitions are:

- ?? Unable: Patient is unable to sign form,
- ?? Unwilling: Patient is unwilling to sign form.
- ?? Not Present: Patient is not available to sign form.

Treatment Type

The Treatment Type field is an indicator of whether the patient was treated, and if not, the reason the patient was not treated. This field is a single-entry Bubble field and completion is **required**. If this field is left blank, the Treatment Type is stored in the database as *Not Recorded*.

Treatment Type	
<input type="radio"/> Treated	<input type="radio"/> Dead
<input type="radio"/> Not Treated	<input type="radio"/> Canceled
<input type="radio"/> Refused	<input type="radio"/> No Pt. Found

Fill in the bubble corresponding to the treatment type. The options and their definitions are:

- ?? Treated
- ?? Not Treated: Technician determined that treatment was not required, so patient was not treated.
- ?? Refused: Patient refused care.
- ?? Dead: Patient was dead at the time of arrival of the unit.
- ?? Cancelled: The call was canceled.
- ?? No Pt. Found: No patient was found at the scene.

Transport Type

The Transport Type field is an indicator of the type of vehicle used to transport the patient to the destination named in Destination Name. This field is a single-entry Bubble field and completion is **required**. If this field is left blank, the Transport Type is stored in the database as *Not Recorded*.

Transport Type	
<input type="radio"/> EMS	<input type="radio"/> Other
<input type="radio"/> Private Vehicle	
<input type="radio"/> Law Enforcement	
<input type="radio"/> None	

Fill in the bubble corresponding to the transport type. The options are:

- ?? EMS (includes EMS Air Transport)
- ?? Private Vehicle
- ?? Law Enforcement
- ?? None: Patient was not transported.
- ?? Other

Try not to use Other, as this value is virtually useless in analysis of the data.

Initial Transport Level

The Initial Transport Level field is the initial response level of the unit during transport of the patient to the destination. This field is a single entry Bubble field and completion is optional. If this field is left blank, the Initial Transport Level is stored in the database as *Not Recorded*.

Initial Transport Level and Change		
<input type="radio"/> Hot	<input type="radio"/> Upgraded	<input type="radio"/> Canceled
<input type="radio"/> Cold	<input type="radio"/> Downgraded	<input type="radio"/> No Change

Fill in the bubble corresponding to the initial transport level. The options and their definitions are:

- ?? Hot: Light and sirens used during transport of patient to destination.
- ?? Cold No lights or sirens used during transport of patient to destination.

Transport Level Change

The Transport Level Change is an indicator as to whether the transport level (lights and sirens) changed on the way to the destination, and, if so, in what direction. This field is a single entry bubble field and completion is optional. If this field is left blank, the Transport Level Change is stored in the database as *Not Recorded*.

Initial Transport Level and Change		
<input type="radio"/> Hot	<input type="radio"/> Upgraded	<input type="radio"/> Canceled
<input type="radio"/> Cold	<input type="radio"/> Downgraded	<input type="radio"/> No Change

Fill in the bubble indicating the change in response level to the scene. The options and their definitions are:

- ?? Up (Upgraded from Cold to Hot)
- ?? Down (Downgraded from Hot to Cold)
- ?? None (No change in response level to scene)
- ?? Cancelled: Transport to destination was cancelled or patient refuses continuation of care.

Condition of Patient After EMS Care

The Condition of Patient After EMS Care records the condition of the patient after EMS care. This field is a single entry bubble field and completion is optional. If this field is left blank, the Condition of Patient after EMS Care is stored in the database as *Not Recorded*.

Condition of Patient after EMS Care <input type="radio"/> Better <input type="radio"/> Worse <input type="radio"/> No Change
--

Fill in the bubble corresponding to the category of service. The options are:

- ?? Better
- ?? Worse
- ?? No Change

Reason for Choosing Destination

The Reason for Choosing Destination records the reason the technicians chose to deliver the patient to the destination named in the Destination Name field. This field is a single entry bubble field and completion is optional. If this field is left blank, the Reason for Choosing Destination field value is stored in the database as *Not Recorded*.

Reason for Choosing Destination <input type="radio"/> N/A <input type="radio"/> Diversion <input type="radio"/> EMS Choice <input type="radio"/> MD Choice <input type="radio"/> Pt Choice <input type="radio"/> Specialty Ctr <input type="radio"/> Other
--

Fill in the bubble corresponding to the Reason for Choosing Destination. The options and their definitions are:

- ?? N/A: Patient was not transported.
- ?? Diversion
- ?? EMS Choice
- ?? MD Choice
- ?? Pt Choice: Patient or patient's guardian chose this destination.
- ?? Specialty Ctr: Destination provides specialized care that is needed by the patient. (Example: Burn Center)
- ?? Other

Try not to use Other, as this value is virtually useless in analysis of the data.

Type of Destination

The Type of Destination records the type of destination to which the patient was delivered. This field is a single entry bubble field and completion is optional. Complete this field only if the patient was transported. If this field is left blank, the Type of Destination field value is stored in the database as *Not Recorded*.

Type of Destination						
<input type="radio"/> N/A	<input type="radio"/> EMS	<input type="radio"/> Home	<input type="radio"/> Hospital	<input type="radio"/> Morgue	<input type="radio"/> Office/Clinic	<input type="radio"/> Other

Fill in the bubble corresponding to the Type of Destination. The options and their definitions are:

- ?? N/A: Patient was not transported.
- ?? EMS: Includes landing zones.
- ?? Home
- ?? Hospital
- ?? Morgue
- ?? Medical Office/Clinic
- ?? Other

Try not to use Other, as this value is virtually useless in analysis of the data.

Review

The Review field indicates whether or not this form needs to be reviewed for patient care, customer complaint, or service-related issues. This field is a Bubble field and completion is optional. If this field is left blank, the Review field value is stored in the database as *Not Recorded*.

Review

Fill in the bubble next to *Review* if a review is requested.

Signature of Crew Members

This form contains three Signature of Crew Member fields for signatures of the crew members participating on this call with the Unit specified in Unit # field. The Signature of Crew Member fields are Image Zones and completion is optional. The values of the Signature of Crew Members fields are not stored in the database.

Signature of Crew Member 1

Each crew member (up to three) should sign the form using one box per crew member.

Signature of Patient or Legal Guardian

The Signature of Patient or Legal Guardian field provides a place for the signature of the patient or the Patient's Legal Guardian (if the patient is less than 18 years of age or has had a guardian appointed). The Signature of Patient or Legal Guardian field is an Image Zone and completion is optional. The Signature of Patient or Legal Guardian is not stored in the database.

Signature of Patient or Legal Guardian
--

The Patient or Legal Guardian is to sign the form within the provided space. Completion of this field is especially important if the patient is not transported.

Signature of Witness

The Signature of Witness field provides a place for the signature of a witness as an indicator that he/she witnesses that the patient was unwilling or unable to sign the form. The Signature of Witness field is an Image Zone and completion is optional. The Signature of Witness is not stored in the database.

Signature of Witness

The Witness is to sign the form within the provided space.

Form Distribution

Faxing the Form to PreMIS

Once the form is complete, carefully tear the form across the perforated middle. Fax the top copy of each of the two sections to the PreMIS office using the 800 fax number (877-Pre-MIS1). When the software on our computer detects an incoming form, it will read each of the fields. The “barcode” symbol in the lower left corner of each sheet and the preprinted form number tell the software that the two pages constitute one form. Therefore the order in which the forms are faxed does not matter.

A PreMIS staff member will verify any fields that cannot be read by the software. If the staff member cannot read the information on the form, he or she will contact you to clarify the data. Once the data on the form has been verified, it will be sent to the database. Then the data will be ready for your system to use.

Multiple Copy Distribution

There are three copies of the form: an original for you to fax to the PreMIS office and then file, a copy for the hospital to which you transport the patient, and an extra copy that may be used for billing.

Appendices

Broselow Color Table

Color	Length (cm)	Weight (kg)	Age
Pink	59.5-66.5	6-7	3-6 months
Red	66.6-74	8-9	7-10 months
Purple	74.1-84.5	10-11	11-18 months
Yellow	84.6-97.5	12-14	19-35 months
White	97.6-110	15-18	3-4 years
Blue	110.1-122	19-22	5-6 years
Orange	122.1-137	24-30	7-9 years
Green	137.1-150	32-40	10-12 years

State Abbreviations

State/Possession	Abbreviation
ALABAMA	AL
ALASKA	AK
AMERICAN SAMOA	AS
ARIZONA	AZ
ARKANSAS	AR
CALIFORNIA	CA
COLORADO	CO
CONNECTICUT	CT
DELAWARE	DE
DISTRICT OF COLUMBIA	DC
FEDERATED STATES OF MICRONESIA	FM
FLORIDA	FL
GEORGIA	GA
GUAM	GU
HAWAII	HI
IDAHO	ID
ILLINOIS	IL
INDIANA	IN
IOWA	IA
KANSAS	KS
KENTUCKY	KY
LOUISIANA	LA
MAINE	ME
MARSHALL ISLANDS	MH
MARYLAND	MD
MASSACHUSETTS	MA
MICHIGAN	MI
MINNESOTA	MN
MISSISSIPPI	MS
MISSOURI	MO
MONTANA	MT

NEBRASKA	NE
NEVADA	NV
NEW HAMPSHIRE	NH
NEW JERSEY	NJ
NEW MEXICO	NM
NEW YORK	NY
NORTH CAROLINA	NC
NORTH DAKOTA	ND
NORTHERN MARIANA ISLANDS	MP
OHIO	OH
OKLAHOMA	OK
OREGON	OR
PALAU	PW
PENNSYLVANIA	PA
PUERTO RICO	PR
RHODE ISLAND	RI
SOUTH CAROLINA	SC
SOUTH DAKOTA	SD
TENNESSEE	TN
TEXAS	TX
UTAH	UT
VERMONT	VT
VIRGIN ISLANDS	VI
VIRGINIA	VA
WASHINGTON	WA
WEST VIRGINIA	WV
WISCONSIN	WI
WYOMING	WY