



* Indicates multi-choice field.

UNIT INFORMATION - PLEASE PRINT CLEARLY WITHIN BOXES

911 Call Date, Dispatch Complaint, Agency #, System Incident #, Service Category, Technician ID #s, Driver, Primary caregiver, other, FR, MR, EMT, EMT-D, EMT-I, EMT-P, RN, MD, student, other, Delays, R, S, T, Call, Notified by Dispatch, En Route, On Scene, At Patient, Left Scene, At Destination, Back in Service

PATIENT INFORMATION - PLEASE PRINT CLEARLY WITHIN BOXES

Patient's Last Name, Patient's First Name, MI, SSN, Patient's Mailing Address, Patient's Home City, State abbr., ZIP Code, Race, Gender, Est. Age (yrs.), Date of Birth, Patient's Home Phone #

BILLING INFORMATION - PLEASE PRINT CLEARLY WITHIN BOXES

Insurer Name or ID, Policy ID, Closest Relative's/Guardian's Name, Relationship, Insurer Name or ID, Policy ID, Closest Relative's/Guardian's Phone #, Insurer Name or ID, Policy ID, Relationship

SCENE INFORMATION

Incident Location Type, Other Agencies at Scene, # Pts at Scene, Grid #, Street Address, Same as Patient Address?, County, City, State, ZIP

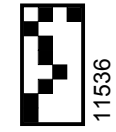
SITUATION INFORMATION - PLEASE PRINT CLEARLY WITHIN BOXES

Injury?, Alcohol/Drug Use, AED before EMS Arrival?, DNR in Place?, System, Mechanism, Associated Symptoms, Chief Complaint, Secondary Complaint

PATIENT'S MEDICAL HISTORY - PLEASE PRINT CLEARLY WITHIN BOXES

Allergies, Medical/Surgical History, Current Medications

Table with columns for Codes (Antibiotics, Blood Products, Glucose Altering Agents, IV Solutions, NSAIDs, Respiratory, etc.) and Medication Route Codes (BV, ET, IN, IM, OC, IO, IV, NG, etc.)



RUN REPORT NARRATIVE - PLEASE PRINT CLEARLY WITHIN BOX

VITAL SIGNS - PLEASE PRINT CLEARLY WITHIN BOXES

| Time Taken | Card Rhy | SBP | DBP | Pulse | SaO2 | Resp | Blood Gluc | Initial Glasgow Coma Score (GCS) | Injury/Trauma Assessment * | | | |
|------------|----------|-----|-----|-------|------|------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | | Eyes GCS <input type="radio"/> Spontaneous-4 <input type="radio"/> To Voice-3 <input type="radio"/> To Pain-2 <input type="radio"/> None-1 | 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 | 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 | 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 <input type="radio"/> Kidbase | Skin <input type="radio"/> Normal <input type="radio"/> Pale <input type="radio"/> Cyanotic <input type="radio"/> Clammy <input type="radio"/> Cold <input type="radio"/> Jaundiced <input type="radio"/> Warm Eyes <input type="radio"/> Normal <input type="radio"/> Lac/Les <input type="radio"/> Deform <input type="radio"/> Discol <input type="radio"/> Tender Head/Neck <input type="radio"/> Normal <input type="radio"/> SQAir <input type="radio"/> JVD <input type="radio"/> Trach Dev <input type="radio"/> Stridor Chest/Lungs <input type="radio"/> Normal BS <input type="radio"/> Decreased BS <input type="radio"/> Tenderness <input type="radio"/> AccMuscles Abdomen <input type="radio"/> Not Done <input type="radio"/> Normal <input type="radio"/> Decr Sounds <input type="radio"/> Murmur 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 Back <input type="radio"/> Not Done <input type="radio"/> Normal <input type="radio"/> Tender Spin <input type="radio"/> Tender Parasp <input type="radio"/> Pain to ROM Extremities <input type="radio"/> Not Done <input type="radio"/> Normal <input type="radio"/> Tenderness <input type="radio"/> Abnormal Pulse <input type="radio"/> Abn. Sensation <input type="radio"/> Edema Eyes <input type="radio"/> Not Done <input type="radio"/> Reactive <input type="radio"/> Constricted <input type="radio"/> Dilated <input type="radio"/> Nonreactive <input type="radio"/> Blind Mental/Neuro <input type="radio"/> Not Done <input type="radio"/> Normal <input type="radio"/> Confused <input type="radio"/> Combative <input type="radio"/> Unresponsive Neuro Deficits <input type="radio"/> Not Done <input type="radio"/> None <input type="radio"/> Dysphagia <input type="radio"/> Hemiplegia L <input type="radio"/> Hemiplegia R |

ASSESSMENT - PLEASE MARK CLEARLY WITHIN BUBBLES

| Skin * | Head/Neck * | Chest/Lungs * | Heart * | Abdomen * | Pelvic/Gyn * | Back * | Extremities * | Eyes * | Mental/Neuro * | Neuro Deficits * |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 | <input type="radio"/> Not Done <input type="radio"/> Normal <input type="radio"/> SQAir <input type="radio"/> JVD <input type="radio"/> Trach Dev <input type="radio"/> Stridor | <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"/> AccMuscles | <input type="radio"/> Not Done <input type="radio"/> Normal <input type="radio"/> Decr Sounds <input type="radio"/> Murmur | <input type="radio"/> Not Done <input type="radio"/> Normal <input type="radio"/> Distention <input type="radio"/> Tenderness <input type="radio"/> Guarding <input type="radio"/> Mass | <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 | <input type="radio"/> Not Done <input type="radio"/> Normal <input type="radio"/> Tender Spin <input type="radio"/> Tender Parasp <input type="radio"/> Pain to ROM | <input type="radio"/> Not Done <input type="radio"/> Normal <input type="radio"/> Tenderness <input type="radio"/> Abnormal Pulse <input type="radio"/> Abn. Sensation <input type="radio"/> Edema | <input type="radio"/> Not Done <input type="radio"/> Reactive <input type="radio"/> Constricted <input type="radio"/> Dilated <input type="radio"/> Nonreactive <input type="radio"/> Blind | <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 | <input type="radio"/> Not Done <input type="radio"/> None <input type="radio"/> Dysphagia <input type="radio"/> Hemiplegia L <input type="radio"/> Hemiplegia R |

PROCEDURES & TREATMENT - PLEASE PRINT CLEARLY WITHIN BOXES

| Procedure Time | Procedure | Size | Success | Technician # | Treatment Time | Treatment | Admin. Route | Dosage | Dosage Units | # Times Given | Improved | Technician # | Successful IV Sites * | Protocols Used ↓ |
|----------------|-----------|------|----------------------------------------------------|--------------|----------------|-----------|--------------|--------|--------------|---------------|----------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| | | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | <input type="radio"/> Yes <input type="radio"/> No | | Hand <input type="radio"/> L <input type="radio"/> R Forearm <input type="radio"/> L <input type="radio"/> R Antecubital <input type="radio"/> L <input type="radio"/> R External Jug <input type="radio"/> L <input type="radio"/> R Lower Extr <input type="radio"/> L <input type="radio"/> R Other <input type="radio"/> L <input type="radio"/> R | ROSC <input type="radio"/> Yes <input type="radio"/> No ROSV <input type="radio"/> Yes <input type="radio"/> No |

DISPOSITION INFORMATION - PLEASE PRINT CLEARLY WITHIN BOXES

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Destination Name ↓ _____ Destination Code ↓ _____ 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 | Street Address ↓ _____ Destination City ↓ _____ Reason Patient Did Not Sign <input type="radio"/> Unable <input type="radio"/> Unwilling <input type="radio"/> Not Present | Treatment Type <input type="radio"/> Treated <input type="radio"/> Not Treated <input type="radio"/> Refused <input type="radio"/> Dead <input type="radio"/> Canceled <input type="radio"/> No Pt. Found | Transport Type <input type="radio"/> EMS <input type="radio"/> Private Vehicle <input type="radio"/> Law Enforcement <input type="radio"/> Other <input type="radio"/> None | Initial Transport Level and Change <input type="radio"/> Hot <input type="radio"/> Cold <input type="radio"/> Upgraded <input type="radio"/> Downgraded <input type="radio"/> Canceled <input type="radio"/> No Change Condition of Patient after EMS Care <input type="radio"/> Better <input type="radio"/> Worse <input type="radio"/> No Change |
| 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 | | <input type="radio"/> Review | | |
| Signature of Crew Member 1 _____ Treatment Authorized By MD MICN | | Signature of Crew Member 2 _____ Patient Received By | | Signature of Crew Member 3 _____ Medical Control Signature |



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Procedure Codes

| | | | | | |
|-----------------------------|-----------------------------|-----------------------------------|--------------------------------------------|-----------------------------------|----------------------------|
| A00. Airway | A09. Cricothyotomy-Surgical | C00. ACLS | D02. Blood Glucose | E09. Invasive Monitoring-Epidural | F00. Trauma |
| A01. Cleared | A10. Ventilator | C01. Carotid Massage | D03. CO2 | E00. Catheter | F01. Rescue |
| A02. Oral | B00. IV Access | C02. CPR | D04. Arterial Blood Gas | E01. Patient Restraints | F02. Extrication |
| A03. Nasal | B01. Peripheral IV/Medlock | C03. Defibrillation/Cardioversion | D05. Invasive Monitoring CVP | E02. Psychological | F03. Wound Care/Hemostasis |
| A04. Blind Insertion Airway | B02. Intraosseous | C04. External Pacing | D06. Invasive Monitoring Swan-Ganz | E03. Infant Delivery | F04. Splinting |
| A05. Suction | B03. External Jugular | C05. ECG Rhythm | D07. Invasive Monitoring Arterial Line | E04. Nasogastric Intubation | F05. Splinting-Traction |
| A06. Intubation-Oral | B04. Femoral Line | C06. 12 Lead ECG | D08. Invasive Monitoring-Intra-ventricular | E05. Urinary Catheterization | F06. Spinal Immobilization |
| A07. Intubation-Nasal | B05. Blood Draw | C00. Monitoring | | | F07. MAST |
| A08. Cricothyotomy-Needs | | D01. Pulse Oximetry | | | F08. Chest Decompression |

Rhythm Codes

| | | |
|---------------------------------|----------------------------------------|-----------------------------------|
| 1. Normal Sinus Rhythm | 10. AV Block, 2nd Degree, Type II | 19. Supraventricular Tachycardia |
| 2. Sinus Bradycardia | 11. AV Block, 3rd Degree | 20. Ventricular Fibrillation |
| 3. Sinus Tachycardia | 12. Junctional | 21. Ventricular Tachycardia |
| 4. Atrial Fibrillation | 13. Left Bundle Branch Block | 22. 12 Lead ECG Anterior Ischemia |
| 5. Atrial Flutter | 14. Paced Rhythm | 23. 12 Lead ECG Inferior Ischemia |
| 6. Atrial Standstill | 15. Premature Atrial Contractions | 24. 12 Lead ECG Lateral Ischemia |
| 7. Atrial Fibrillation/Flutter | 16. Premature Ventricular Contractions | 25. Other |
| 8. AV Block, 1st Degree | 17. Right Bundle Branch Block | |
| 9. AV Block, 2nd Degree, Type I | 18. Sinus Arrhythmia | |