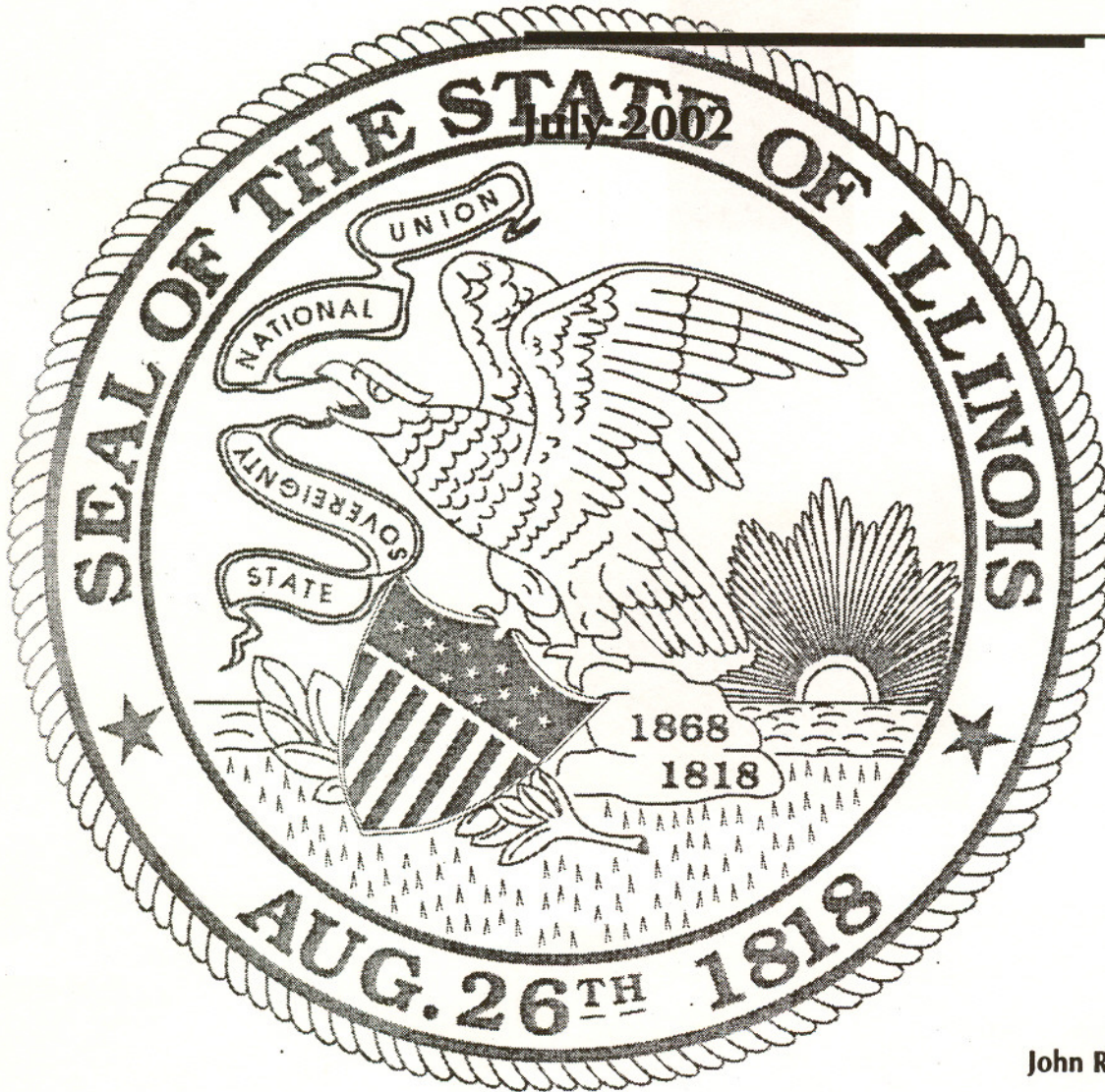


Illinois Department of
**Public
Health**

**Illinois Prehospital
Care Report Form
Instruction Manual**



George H. Ryan
Governor

John R. Lumpkin, M.D., M.P.H.
Director

ILLINOIS EMERGENCY MEDICAL SERVICES PREHOSPITAL CARE REPORT
GENERAL INSTRUCTIONS
JULY 2002

These instructions are intended as a quick reference to complete the Prehospital Care Report form at the time care is given.

Detailed explanations of each data element are contained in the data dictionary. This can be downloaded from <http://www.illemsdata.org>. Go to "Files and Format Information", then "click here for Illinois Data Dictionary."

The following will aid in completion of form.

- Use black or blue ink to complete bubbles. Do not use red ink.
- Errors may be erased or covered with correction fluid.
- Fill ovals completely. "Doughnuts" or single marks through oval are insufficient documentation.
- Do not tear, fold, staple, or use tape on form.
- Do not submit narrative documentation to the Illinois Department of Public Health.
- According to EMS System policy send Prehospital Care Report to the EMS System Resource Hospital or to:

Illinois Department of Public Health
Division of Emergency Medical
Services and Highway Safety
525 West Jefferson
Springfield, Illinois 62761

- Quarterly reporting is required. See Emergency Medical Services and Trauma Center Code Section 515.350. However, reports are accepted on daily, weekly, or monthly basis.

Documentation Hints

- Some fields require text in the header box in addition to ovals. Complete both (example agency number/unit).

- Some data elements contain choices "Not Applicable" and "Unknown." Use best judgement. If the data is applicable but not available, use "Unknown."
- Military time complete H=hours and M=minutes. Use leading zeros for hours and minutes 1-9. Midnight is 2400.
- Some data elements accept multiple choices. Mark all that apply. See data element instructions.
- Appendices are provided for complex data elements.

For additional information contact:

Illinois Department of Public Health
Division of Emergency Medical
Services and Highway Safety
525 West Jefferson
Springfield, Illinois 62761
217-785-2080

Order forms from:

National Computer Systems
3975 Continental Drive
Columbia, PA 17512
1-800-735-2566 X1323

Special thanks to Shelley Peelman, EMT-P, EMS Educator, Provena Covenant EMS System for her insight and valuable input in preparing this document.

DATA ELEMENT	INSTRUCTIONS
Agency/Unit Number	Six digit number found on ambulance license and license plate.
Incident County	Three digit county code where patient is picked up. See Appendix A County Codes.
Incident State	Use only when incident occurred outside Illinois.
Date	Enter date of run. Y = Year's last digit M = Month DD = Day (use preceding 0 for days of month 1-9)
Received	The time the initial call was received by the dispatch center.
Dispatch	The time the unit was notified by the dispatcher to respond to the call.
En-Route	The time your unit departed its location and began responding to the call.
Arrive Location	The time your unit arrived at the scene of the call.
Pt. Contact	The time EMS personnel on the scene made physical or verbal contact with the patient.
Depart and Location	The time the unit left the scene.
Arrive Destination	The time the unit arrived at the receiving facility.
Location Type	Choose one location that most closely describes the location of the incident. See Appendix B Location Type for further definitions.
DNR	Mark "yes" or "no" to indicate if DNR papers were present.

Service Type	<p>Mark the appropriate service type.</p> <p>S = Scene to hospital</p> <p>Unscheduled transfer = transfer was not pre arranged</p> <p>Scheduled transfer = transfer was pre arranged</p> <p>Stand-by = i.e., hostage situation that results in a transport.</p> <p>Rendezvous = intercept</p> <p>Not Applicable = none of above</p> <p>Unknown</p>
Mutual Aid	<p>Mark "Given" if your unit provided mutual aid outside your normal service area. Mark "Received" if your unit received mutual aid from a provider outside your normal service area. Mark "None" if there was no mutual aid.</p>
Residence County	<p>Record the County of Residence Code. See Appendix A County Codes.</p>
Residence Zip Code	<p>Record the Zip Code of the residence of the patient. This is where the patient resides most of the year - not where the patient is picked up.</p>
Patient Date of Birth	<p>Record date of birth.</p> <p>YYY = Construct complete year</p> <p>Y = 18, 19, 20 (first two digits)</p> <p>YY = 00-99 (last two digits of year) If unknown, leave blank and estimate age in "Patient Age Est."</p>
Patient Age of Est.	<p>Record the patient's age or estimated age.</p> <p>M = Months - record 1-11 months</p> <p>D = Days - record 1-31 days</p> <p>Est = Mark only if age is estimated</p> <p>Years - mark appropriate bubbles - there is no "years" designation on form.</p>
Patient Gender	<p>Mark sex of patient or unknown.</p>
Allergies	<p>Mark yes or no for patient allergies for medications, latex, and other.</p>

Race/Ethnicity	Mark based on your observations.
Pre-Existing Conditions	Mark all that apply.
Complaint/Illness/Signs & Symptoms	Mark only one Primary (P) complaint, illness, sign or symptom. Mark as many Secondary (S) complaints, illnesses, signs or symptoms as needed to adequately describe the purpose of the ambulance run. This may be obtained from patient verbalizing or EMT observation.
Systolic BP	Record Systolic Blood Pressure.
Diastolic BP	Record Diastolic Blood Pressure.
Pulse Rate	Record Pulse Rate.
Respiratory Rate	Record Respiratory Rate.
No Vitals Taken	Mark reason vitals were not taken.
Weight	Mark unit of measure "P" pounds, "K" for Kilos. Record best estimate of weight or weight obtained by interview with patient or family.
LOC	Mark one.
Pupils	Mark one choice for each eye. R = Right L = Left
Cardiac Rhythm	Mark two cardiac rhythms, if applicable. F = First cardiac rhythm S = Second cardiac rhythm Last rhythm taken before patient is delivered into the emergency department. 88 = Not applicable (no rhythms done). 99 = Unknown Atrial fibrillation may be recorded as narrow complex or other rhythms. Choose closest description.
Lung Sounds	Mark all sounds that apply for each lung. R = Right Lung L = Left Lung

Skin Color	Mark one color that best describes the appearance of the skin.
Skin Temp	Mark one temperature that best describes the skin temperature.
Skin Moisture	Mark one Normal or Diaph. (Diaphoretic).
Procedures/Treatments	Mark all procedures completed by all crew members. Assign these crew member numbers to the narrative signatures. Assign numbers internally according to service protocol for each shift and maintain list.
EMS Resource Hospital	Record the four digit code for the primary EMS Resource Hospital for this agency. See EMS Resource Hospital Code Table Appendix C. This number is <u>NOT</u> the hospital number.
Glasgow Coma Scale	Record one assessment for each Eye, Motor, Verbal.
Total Glasgow	Record Total Glasgow Score.
Total RTS	Record Total Revised Trauma Score.
Medications	Record all medications administered by EMTs.
Route Meds. Admin.	Mark all routes of medication administration that apply.
IV Rate & Type	Mark rate of each type of IV administered.
Lock	Mark "y" for yes and "n" for no, to indicate use of a lock.
The following data elements are privileged and confidential	
Cause of Injury	Mark one primary cause of injury.
Injury Description	Mark all that apply.
Safety Equipment	For patients involved in incidents where safety equipment should have been used. Mark all that apply.

Suspected Alcohol Drug Use	Mark one.
Time start CPR	Record time CPR was started.
Time stop CPR	Record time CPR was stopped if it was terminated in the field. If CPR continues into hospital do not record a stop time.
Provider 1 st CPR	Mark one - EMS supercedes bystander in joint efforts.
Witness Arrest	Mark one - EMS supercedes bystander in joint efforts.
AED	Mark "yes" or "no".
Time of First Shock	Record time of first shock.
Return Spon. Circ.	Mark "yes", "no" or "NA".
Care Factors	Mark all that apply.
Minimum Trauma Field Triage Criteria	Mark <u>one</u> criteria in Category I or Category II, as applicable. See Appendix E.
Destination/Transferred To	Mark one destination.
Hospital Code (Not Ems System Code)	Mark hospital code. See Appendix D.
Destination Determination	Mark one choice.
Treatment Authorization	Mark one mode under which the majority of treatment was given.
Lights and Sirens From Scene	Mark one.
911 Usage	Mark one. Mark E911 w/EMD Asst when pre-arrival instructions were given
Incident Disposition	Mark one.
Contact w/body Fluids	Mark "yes" or "no".
Standard Precautions	Mark "yes" or "no" to indicate if standard precautions were used.
Vehicle Type	Mark one.

Crew Members	<p>Indicate the level of crew members for all present on run.</p> <p>P = Paramedic I = Intermediate BD/CD - Do not use these choices as they are being phased out. Use "B" or "C" instead. B = Basic C = Coal Miner FRD = First Responder - Defibrillator FR = First Responder O = Other</p>
Crew Member Number 1-5	<p>Complete only if EMS System requires it. Numbers are found on EMT license. Complete all digits pre-filling with zeros to use all 10 digits.</p>
Crash Number	<p>Obtain from police if possible. Is preprinted number on IDOT Traffic Crash Report.</p>
Incident Number	<p>If your service assigns a unique number for each incident reported to dispatch, enter it here.</p>

File Name: Prehospital Care Report General Instructions

LIST OF ILLINOIS COUNTIES AND FIPS COUNTY CODES
APPENDIX A

FIPS CODE	COUNTY	FIPS CODE	COUNTY	FIPS CODE	COUNTY
001	Adams	069	Hardin	137	Morgan
003	Alexander	071	Henderson	139	Moultrie
005	Bond	073	Henry	141	Ogle
007	Boone	075	Iroquois	143	Peoria
009	Brown	077	Jackson	145	Perry
011	Bureau	079	Jasper	147	Piatt
013	Calhoun	081	Jefferson	149	Pike
015	Carroll	083	Jersey	151	Pope
017	Cass	085	JoDavies	153	Pulaski
019	Champaign	087	Johnson	155	Putnam
021	Christian	089	Kane	157	Randolph
023	Clark	091	Kankakee	159	Richland
025	Clay	093	Kendall	161	Rock Island
027	Clinton	095	Knox	163	St. Clair
029	Coles	097	Lake	165	Saline
031	Cook	099	LaSalle	167	Sangamon
033	Crawford	101	Lawrence	169	Schuyler
035	Cumberland	103	Lee	171	Scott
037	DeKalb	105	Livingston	173	Shelby
039	DeWitt	107	Logan	175	Stark
041	Douglas	109	McDonough	177	Stephenson
043	DuPage	111	McHenry	179	Tazewell
045	Edgar	113	McLean	181	Union
047	Edwards	115	Macon	183	Vermillion
049	Effingham	117	Macoupin	185	Wabash
051	Fayette	119	Madison	187	Warren
053	Ford	121	Marion	189	Washington
055	Franklin	123	Marshall	191	Wayne
057	Fulton	125	Mason	193	White
059	Gallatin	127	Massac	195	Whiteside
061	Greene	129	Menard	197	Will
063	Grundy	131	Mercer	199	Williamson
065	Hamilton	133	Monroe	201	Winnebago
067	Hancock	135	Montgomery	203	Woodford

OUT OF STATE CODES

900	Unknown State	919	Iowa	929	Missouri
918	Indiana	921	Kentucky	955	Wisconsin

Location Type
Appendix B

Home / Residence (E Code 849.0)

Includes apartment, boarding house, farm house, home premises, residential house, non-institutional place of residence, private driveway, private garage, private garden, private home, private walkway, swimming pool within private house or garden, and yard of home. Excludes home under construction but not occupied, or institutional place of residence.

Farm (E Code 849.1)

Includes farm buildings and land under cultivation. Excludes farm house and home premises of farm.

Mine or quarry (E Code 849.2)

Includes gravel pit, sand pit, or tunnel under construction.

Industrial place and premises (E Code 849.3)

Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.

Place for recreation or sport (E Code 849.4)

Includes amusement park, baseball field, basketball court, beach resort, cricket ground, football field, golf course, gymnasium, hockey field, holiday camps, ice palace, lake resort, mountain resort, playgrounds including school playground, public parks, racecourses, resorts of all types, riding school, rifle range, seashore resorts, skating rink, sports ground, sports palace, stadium, public swimming pool, tennis court, vacation resort. Excludes occurrences in private house, private garden, private swimming pool, private yard.

Street or highway (E Code 849.5)

Includes all public roadways.

Public building (E Code 849.6)

Includes any building used by the general public, including airport, bank, café, casino, church, cinema, clubhouse, courthouse, dance hall, parking garage, hotel, market, movie theater, music hall, nightclub, office, office building, opera house, post office, public hall, broadcasting station, restaurant, commercial shop, bus or railway station, store, or theater. Excludes home garage or industrial building or workplace. Also excludes state, public, and private schools, which varies from the ICD-9 definition.

Residential institution (E Code 849.7)

Children's home, dormitory, hospital, jail, home for elderly, orphanage, prison, reform school.

Education institution (E Code 849.E)

Includes state, public and private schools. Excludes playground, gymnasium, and other recreational locations within education institutions, which should be coded as place for recreation or sport.

Other specified location (E Code 849.8)

Includes beaches, canal, caravan site, derelict house, desert, dock, forest, harbor, hill, lake, mountain, parking lot, parking place, pond or natural pool, prairie, railway line, reservoir, river, sea, seashore, stream, swamp, trailer court, and woods. Excludes resorts.

Unspecified location (E Code 849.9)

Includes any location not included in the above classification.

Unknown E Code 849.U)

To be used when the location of incident is not known.

EMERGENCY MEDICAL SERVICE SYSTEMS IN SITE CODE ORDER
June 12, 2002

<u>EMS SYSTEM</u>	<u>RESOURCE HOSPITAL</u>	<u>CITY</u>
0121	St. Anthony Medical Center	Rockford, IL
0134	Katherine Shaw Bethea Hospital	Dixon, IL
0139	Rockford Memorial Hospital	Rockford, IL
0165	Kishwaukee Community Hospital	DeKalb, IL
0215	Trinity Medical Center	Moline, IL
0218	St. Francis Medical Center	Peoria, IL
0219	McDonough District Hospital	Macomb, IL
0237	BroMenn Regional Medical Center	Normal, IL
0238	St. Joseph Medical Center	Bloomington, IL
0240	Kewanee Hospital	Kewanee, IL
0242	St. Mary Medical Center	Galesburg, IL
0243	Galesburg Cottage Hospital	Galesburg, IL
0245	St Mary's Hospital	Streator, IL
0253	Illini Hospital	Silvis, IL
0254	IL Valley Community Hospital	Peru, IL
0256	Community Hospital of Ottawa	Ottawa, IL
0257	St. James Hospital	Pontiac, IL
0316	St. John's Hospital	Springfield, IL
0320	Blessing Hospital	Quincy, IL
0324	Passavant Area Hospital	Jacksonville, IL

0327	Memorial Medical Center	Springfield, IL
0360	Jersey Community Hospital	Jerseyville, IL
0425	Memorial Hospital	Belleville, IL
0432	Anderson Hospital	Maryville, IL
0451	Alton Memorial Hospital	Alton, IL
0473	Saint Anthony's Health Center	Alton, IL
0526	Good Samaritan Regional Hlth Ctr	Mt. Vernon, IL
0530	Memorial Hospital of Carbondale	Carbondale, IL
0535	Richland Memorial Hospital	Olney, IL
0550	Massac Memorial Hospital	Metropolis, IL
0562	Marion Memorial Hospital	Marion, IL
0564	Fairfield Memorial Hospital	Fairfield, IL
0623	St. Mary's Hospital	Decatur, IL
0633	Sarah Bush Lincoln Health Center	Mattoon, IL
0644	Carle Foundation Hospital	Urbana, IL
0671	Provena Covenant Memorial Center	Urbana, IL
0663	Crawford Memorial Hospital	Robinson, IL
0704	Ingalls Memorial Hospital	Harvey, IL
0710	Silver Cross Hospital	Joliet, IL
0712	St. Mary's Hospital	Kankakee, IL
0729	Christ Hospital and Medical Center	Oak Lawn, IL
0746	Riverside Medical Center	Kankakee, IL
0805	Loyola University Medical Center	Maywood, IL

0828	Good Samaritan Hospital	Downers Grove, IL
0849	Central DuPage Hospital	Winfield, IL
0859	Edward Hospital	Naperville, IL
0906	Northern Illinois Medical Center	McHenry, IL
0907	Northwest Community Hospital	Arlington Hts, IL
0909	Sherman Hospital	Elgin, IL
0948	Delnor Community Hospital	Geneva, IL
0961	Provena St Joseph Hospital	Elgin, IL
1002	Highland Park Hospital	Highland Park, IL
1011	St. Francis Hospital of Evanston	Evanston, IL
1014	Victory Memorial Hospital	Waukegan, IL
1072	Condell Medical Center	Libertyville, IL
1103	IL Masonic Medical Center	Chicago, IL
1108	Northwestern Memorial Hospital	Chicago, IL
1113	University of Chicago Hospitals	Chicago, IL
1236	Mercy Health Center	Dubuque, IL
1241	Union Hospital	Terre Haute, IN
1255	St. Mary's Medical Center	Evansville, IN

**HOSPITAL CODES
APPENDIX D**

HOSPITAL NAME	CITY	HOSPITAL CODE
Abraham Lincoln Memorial	Lincoln	0578
Alexian Brothers Medical Center	Elk Grove Village	0145
Alton Memorial Hospital	Alton	0653
Anderson Hospital	Maryville	0655
Bethany Hospital	Chicago	6004
Blessing Hospital @ 11 th Street	Quincy	0001
Blessing Hospital @ 14 th Street	Quincy	0003
Bromenn Regional Medical Center	Normal	0615
Carle Foundation Hospital	Urbana	0083
Carlinville Area Hospital	Carlinville	0641
Carmi Township Hospital	Carmi	1003
Central DuPage Hospital	Winfield	0236
CGH Medical Center	Sterling	1014
Children's Memorial Hospital	Chicago	6017
Christ Hospital and Medical Center	Oak Lawn	0146
Clay County Hospital	Flora	0110
Columbus Hospital	Chicago	6019
Community Hospital of Ottawa	Ottawa	0526
Community Memorial Hospital	Monmouth	0969
Community Memorial Hospital	Staunton	0642
Condell Medical Center	Libertyville	0507
Cook County Hospital	Chicago	6020
Crawford Memorial Hospital	Robinson	0190
Crossroads Community Hospital	Mt. Vernon	0416

Decatur Memorial Hospital	Decatur	0629
Delnor Community Hospital	Geneva	0460
Doctor's Hospital	Springfield	0874
Doctor's Hospital of Hyde Park	Chicago	6030
Dr. John Warner Hospital	Clinton	0214
Edgewater Medical Center	Chicago	6022
Edward A. Utlaut Memorial Hospital	Greenville	0025
Edward Hospital	Naperville	0237
Elmhurst Memorial Hospital	Elmhurst	0238
Eureka Community Hospital	Eureka	1067
Evanston Hospital	Evanston	0148
Fairfield Memorial Hospital	Fairfield	0992
Fayette County Hospital	Vandalia	0275
Ferrell Hospital	El Dorado	0860
Franklin Hospital	Benton	0299
Freeport Memorial Hospital	Freeport	0909
Galena-Strauss Hospital	Galena	0438
Galesburg Cottage Hospital	Galesburg	0493
Gibson Community	Gibson City	0287
Glenbrook Hospital	Glenbrook	0151
Glen Oaks Hospital	Glendale	0239
Good Samaritan Hospital	Downers Grove	0240
Good Shepherd Hospital	Barrington	0508
Good Samaritan Regional Health Center	Mt. Vernon	0415
Gottlieb Memorial Hospital	Melrose Park	0152
Graham Hospital	Canton	0311
Hamilton Memorial Hospital	McLeansboro	0345
Hammond-Henry Hospital	Geneseo	0379

Hardin County General Hospital	Rosiclare	0368
Harrisburg Medical Center, Inc	Harrisburg	0861
Harvard Memorial Hospital	Harvard	0602
Herrin Hospital	Herrin	1040
Highland Park Hospital	Highland Park	0509
Hillsboro Area Hospital	Hillsboro	0717
Hinsdale Hospital	Hinsdale	0241
Holy Cross Hospital	Chicago	6028
Holy Family Medical Center	Des Plaines	0154
Hoopeston Community Memorial Hospital	Hoopeston	0944
Hopedale Hospital	Hopedale	0920
Illini Community Hospital	Pittsfield	0791
Illini Hospital	Silvis	0831
Illinois Masonic Medical Center	Chicago	6032
Illinois Valley Community Hospital	Peru	0527
Ingalls Memorial Hospital	Harvey	0156
Iroquois Memorial Hospital	Watseka	0392
Jackson Park Hospital & Medical Center	Chicago	6034
Jersey Community Hospital	Jerseyville	0427
John and Mary E. Kirby Hospital	Monticello	0780
Katherine Shaw Bethea Hospital	Dixon	0552
Kewanee Hospital	Kewanee	0380
Kishwaukee Community Hospital	DeKalb	0201
LeGrange Community Memorial Hospital	LaGrange	0147
Lake Forest Hospital	Lake Forest	0510
Larabida Children's Hospital	Chicago	6035
Lawrence County Memorial Hospital	Lawrenceville	0541
Little Company of Mary Hospital	Evergreen Park	0157

Loretto Hospital	Chicago	6036
Louis A. Weiss Memorial Hospital	Chicago	6037
Loyola University Medical Center	Maywood	0150
Lutheran General Hospital	Park Ridge	0160
MacNeal Memorial Hospital	Berwyn	0161
Marion Memorial Hospital	Marion	1041
Marshall Browning Hospital	DuQuoin	0768
Mason District Hospital	Havana	0683
Massac Memorial Hospital	Metropolis	0694
McDonough District Hospital	Macomb	0591
Memorial Hospital	Belleville	0846
Memorial Hospital	Chester	0803
Memorial Hospital	Carthage	0357
Memorial Hospital of Carbondale	Carbondale	0403
Memorial Medical Center	Springfield	0875
Memorial Medical Center	Woodstock	0603
Mendota Community Hospital	Mendota	0528
Mercer County Hospital	Aledo	0705
Mercy Hospital & Medical Center	Chicago	6041
Methodist Hospital of Chicago	Chicago	6005
Methodist Medical Center of IL	Peoria	0755
Michael Reese Medical Center	Chicago	6042
Midwestern Regional Medical Center	Zion	0506
Morris Hospital	Morris	0334
Morrison Community Hospital	Morrison	1015
Mt. Sinai Medical Center	Chicago	6043
New Grant Hospital	Chicago	6026
Northern Illinois Medical Center	McHenry	0604

Northwest Community Hospital	Arlington Heights	0162
Northwest Suburban Community Hospital	Belvidere	0036
Northwestern Memorial Hospital	Chicago	6045
Norwegian-American Hospital	Chicago	6046
Oak Park Hospital	Oak Park	0165
Our Lady of Resurrection Medical Center	Chicago	6044
Palos Community Hospital	Palos Heights	0168
Pana Community Hospital	Pana	0098
Paris Community Hospital	Paris	0253
Passavant Area Hospital	Jacksonville	0732
Pekin Memorial Hospital	Pekin	0921
Perry Memorial Hospital	Princeton	0048
Pinckneyville Community Hospital	Pinckneyville	0769
Proctor Community Hospital	Peoria	0756
Provena Covenant Medical Center	Champaign	0086
Provena Mercy Center for Healthcare	Aurora	0466
Provena St. Joseph Medical Center	Joliet	1028
Provena United Samaritans Medical Center	Danville	0945
Provena St. Mary's Hospital	Kankakee	0482
Provena St. Therese Medical Center	Waukegan	0511
Provena St. Joseph Hospital	Elgin	0468
Provident Hospital of Cook County	Chicago	6047
Public Hospital of Town of Salem	Salem	0671
Ravenswood Hospital Medical Center	Chicago	6048
Resurrection Medical Center	Chicago	6050
Richland Memorial Hospital	Olney	0818
Riverside Medical Center	Kankakee	0480
Rochelle Community Hospital	Rochelle	0743

Rockford Memorial Hospital	Rockford	1054
Roseland Community Hospital	Chicago	6052
Rush Copley Memorial Hospital	Aurora	0461
Rush North Shore Medical Center	Skokie	0170
Rush-Presbyterian-St. Luke's Med. Ctr.	Chicago	6053
Sacred Heart Hospital	Chicago	6025
Saint Anthony Medical Center	Rockford	1055
Saint Anthony's Hospital	Alton	0656
Saint Clare's Hospital	Alton	0658
Saint Francis Medical Center	Peoria	0757
Saint James Hospital	Pontiac	0566
Saint Joseph Health Centers	Chicago	6065
Saint Mary of Nazareth Hospital Ctr.	Chicago	6066
Sara Bush Lincoln Health Center	Mattoon	0134
Scott AFB Medical Center	Scott AFB	0849
Sarah D. Culbertson Memorial Hospital	Rushville	0887
Shelby Memorial Hospital	Shelbyville	0898
Sherman Hospital	Elgin	0467
Shriner's Hospital for Crippled Children	Chicago	6051
Silver Cross Hospital	Joliet	1027
South Shore Hospital	Chicago	6059
South Suburban Hospital	Hazel Crest	0171
Sparta Community Hospital	Sparta	0806
St. Alexis Medical Center	Hoffman Estates	0155
St. Anthony Hospital	Chicago	6061
St. Anthony's Memorial Hospital	Effingham	0264
St. Clement Hospital (Unity)	Red Bud	0807
St. Bernard Hospital	Chicago	6062

St. Elizabeth Medical Center	Granite City	0657
St. Elizabeth's Hospital	Belleville	0847
St. Elizabeth's Hospital	Chicago	6063
St. Francis Hospital	Litchfield	0718
St. Francis Hospital & Health Services	Blue Island	0174
St. Francis Hospital of Evanston	Evanston	0173
St. James Hospital & Health Centers	Chicago Heights	0175
St. James Hospital & Health Centers	Olympia Fields	0167
St. John's Hospital	Springfield	0876
St. Joseph Medical Center	Bloomington	0617
St. Joseph Memorial Hospital	Murphysboro	0404
St. Joseph's Hospital	Breese	0122
St. Joseph's Hospital	Highland	0659
St. Margaret's Hospital	Spring Valley	0049
St. Mary Medical Center	Galesburg	0495
St. Mary's Hospital	Decatur	0630
St. Mary's Good Samaritan, Inc.	Centralia	0672
St. Mary's Hospital	Streator	0530
St. Mary's Hospital of East St. Louis	East St. Louis	0848
St. Vincent Memorial Hospital	Taylorville	0099
Swedish-American Hospital	Rockford	1056
Swedish Covenant Hospital	Chicago	6067
Thomas H. Boyd Memorial Hospital	Carrollton	0322
Thorek Hospital & Medical Center	Chicago	6069
Touchette Regional Hospital, Inc.	Centreville	0844
Trinity Hospital	Chicago	6058
Trinity Medical Center (West)	Rock Island	0833
UMW of A Union Hospital	West Frankfort	0300

Union County District Hospital	Anna	0933
Unity St. Clement Hospital	Red Bud	0807
University of Chicago Hospitals	Chicago	6071
University of Illinois	Chicago	6012
Valley West Community Hospital	Sandwich	0202
Victory Memorial Hospital	Waukegan	0515
Wabash General Hospital	Mount Carmel	0958
Washington County Hospital	Nashville	0981
West Suburban Hospital Medical Center	Oak Park	0178
Westlake Community Hospital	Melrose Park	0179
Unknown Hospital		9999

**HOSPITALS OUT OF STATE
HOSPITAL LOCATION CODES
MISSOURI**

Barnes Hospital	St. Louis, MO	9632
Cardinal Glennon	St. Louis, MO	9630
Christian Hospital, N.E.	St. Louis, MO	9640
Deaconess Hospital	St. Louis, MO	9636
Jewish Hospital of St. Louis	St. Louis, MO	9635
Missouri Baptist	Chesterfield, MO	9643
Southeast Hospital	Cape Girardeau, MO	9637
St. John's Mercy	St. Louis, MO	9638
St. Luke's Hospital	Chesterfield, MO	9643
St. Louis Hospital	Chesterfield, MO	9641
St. Louis University Hospitals	St. Louis, MO	9621
St. Louis Children's Hospital	St. Louis, MO	9631
St. Mary's Hospital	Clayton, MO	9633
Non-Specific		7063

WISCONSIN

Madison General Hospital	Madison, WI	9510
Non-Specific		7051

IOWA

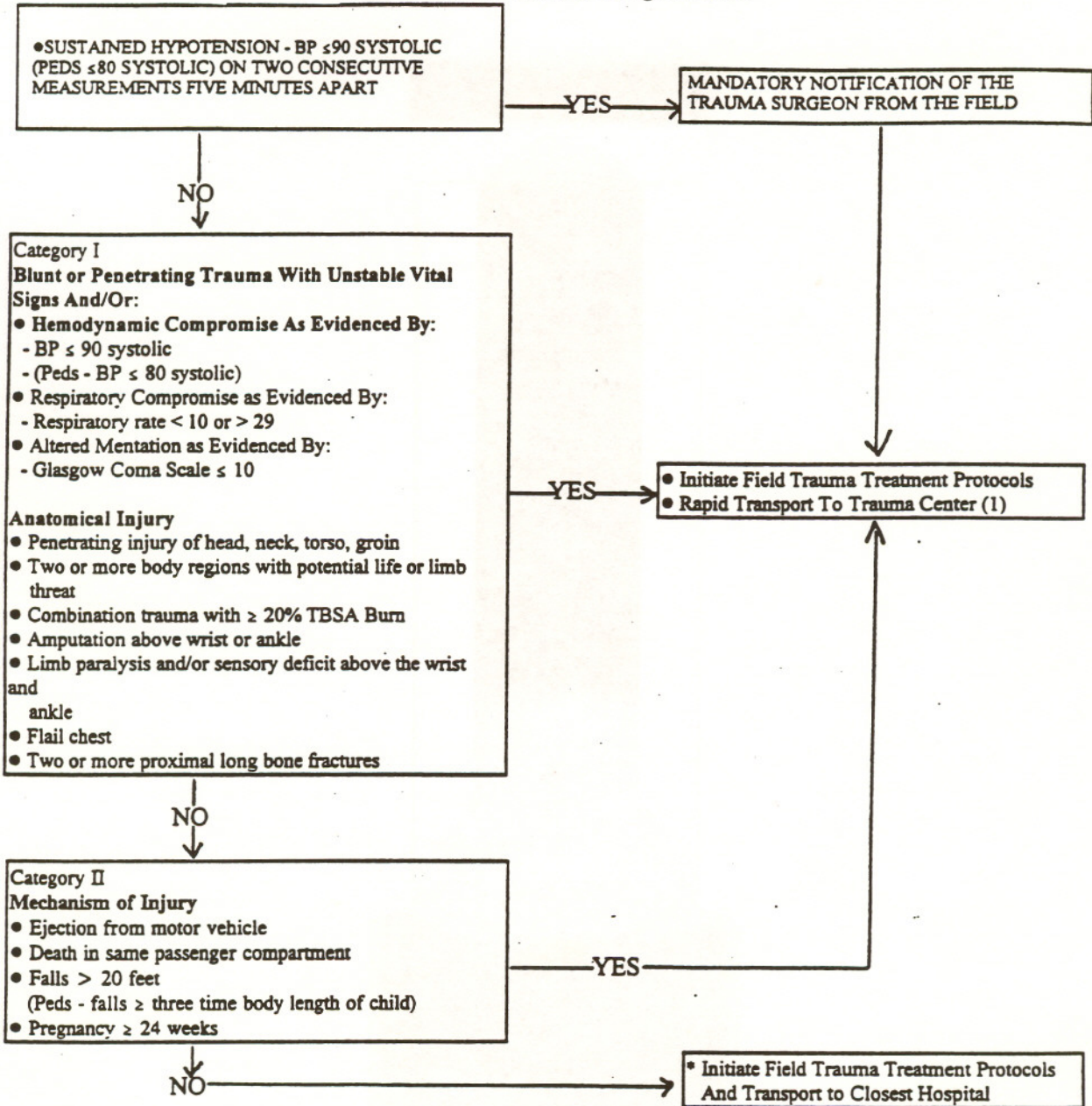
Finley Hospital	Dubuque, IA	9532
Mercy Hospital	Dubuque, IA	9531
University of Iowa Hospitals		9530
Non-Specific		7053

INDIANA

Riley's Children's Hospital	Indianapolis, IN	9450
Union Hospital	Terre Haute, IN	9455
St. Mary's Hospital	Evansville, IN	9457
Non-Specific		7045

APPENDIX E

Minimum Trauma Field Triage Criteria



- 1) > 25 minutes from Trauma Center, transport to nearest participating trauma hospital.
- > 30 minutes from Trauma Center or participating trauma hospital, transport to nearest hospital.
- > 45 minutes from Trauma Center or participating trauma hospital in a rural area where there is no comprehensive emergency department available, transport to nearest hospital.

(Source: Amended at 24 Ill. Reg. 9006, effective June 15, 2000)

ILLINOIS • Emergency Medical Services

Prehospital Care Report

AGENCY/UNIT NUMBER	INCIDENT COUNTY	INCIDENT STATE	DATE			RECEIVED			DISPATCH			EN-ROUTE			ARRIVE LOC.			PT. CONTACT			DEPART LOC.			ARRIVE DEST.						
			Y	M	D	H	M	S	H	M	S	H	M	S	H	M	S	H	M	S	H	M	S	H	M	S				
0 0 0 0 0 0	0 0 0 0	<input type="radio"/> Indiana <input type="radio"/> Iowa <input type="radio"/> Kentucky <input type="radio"/> Missouri <input type="radio"/> Wisconsin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1 1 1 1 1 1	1 1 1 1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
2 2 2 2 2 2	2 2 2 2		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
3 3 3 3 3 3	3 3 3 3		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
4 4 4 4 4 4	4 4 4 4		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
5 5 5 5 5 5	5 5 5 5		MILITARY TIME	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6 6 6 6 6 6	6 6 6 6		MILITARY TIME	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7 7 7 7 7 7	7 7 7 7		MILITARY TIME	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8 8 8 8 8 8	8 8 8 8		MILITARY TIME	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9 9 9 9 9 9	9 9 9 9		MILITARY TIME	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
LOCATION TYPE	DNR? <input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDENCE COUNTY	RESIDENCE ZIP CODE	PATIENT DATE OF BIRTH			PT. AGE OR EST.	PT. GENDER	ALLERGIES	PRE-EXISTING CONDITIONS																				
<input type="checkbox"/> Home/Residence <input type="checkbox"/> Farm <input type="checkbox"/> Mine/Quarry <input type="checkbox"/> Industrial <input type="checkbox"/> Recreational/Sport <input type="checkbox"/> Street/Highway <input type="checkbox"/> Public Building <input type="checkbox"/> Residential Inst. <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Other Spec. Loc. <input type="checkbox"/> Unspecified Loc.	SERVICE TYPE <input type="checkbox"/> Scene <input type="checkbox"/> Unsched. Transfer <input type="checkbox"/> Sched. Transfer <input type="checkbox"/> Standby <input type="checkbox"/> Rendezvous <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown MUTUAL AID <input type="checkbox"/> Given <input type="checkbox"/> Received <input type="checkbox"/> None			Y	Y	Y	M	M	M	D	D	D	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> Medications <input type="checkbox"/> Latex <input type="checkbox"/> Other	<input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac <input type="checkbox"/> Chronic Renal Failure <input type="checkbox"/> CVA <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug/ETOH <input type="checkbox"/> Hypertension <input type="checkbox"/> Psych. Problems <input type="checkbox"/> Resp. Disease <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> TB <input type="checkbox"/> Other															
COMPLAINT/ILLNESS/SIGNS/SYMPTOMS		SYSTOLIC BP		DIASTOLIC BP		PULSE RATE		RESP. RATE		WEIGHT		LOC		CARDIAC RHYTHM																
<input type="checkbox"/> Abdominal Pn/Prob <input type="checkbox"/> Airway Obst/Choking <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Altered LOC <input type="checkbox"/> Back Pain <input type="checkbox"/> Behav/Psych Disorder <input type="checkbox"/> Cardiac Rhythm Disturb. <input type="checkbox"/> Cardiac/Traumatic/Resp. Arrest <input type="checkbox"/> Chest Pain <input type="checkbox"/> Diabetic Symptoms (Hypo/Hyperglycemia) <input type="checkbox"/> Ear Pain <input type="checkbox"/> Electrocutation <input type="checkbox"/> ETOH Abuse <input type="checkbox"/> Eye Pain <input type="checkbox"/> Fever <input type="checkbox"/> Headache <input type="checkbox"/> Hypo/Hyperthermia		<input type="checkbox"/> Hypovolemia/Shock <input type="checkbox"/> Inhalation Injury <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Obvious Death <input type="checkbox"/> Poisoning/Drug Ingestion <input type="checkbox"/> Preg/OB Del/Miscarriage <input type="checkbox"/> Resp. Distress/Breath Diff. <input type="checkbox"/> Seizures/Convulsions <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Stings/Venomous Bites <input type="checkbox"/> Stroke/CVA <input type="checkbox"/> Syncope/Faint/Dizziness <input type="checkbox"/> Traumatic Injury <input type="checkbox"/> Unconscious/Unresponsive <input type="checkbox"/> Vaginal Bleeding <input type="checkbox"/> Weakness <input type="checkbox"/> Other <input type="checkbox"/> Unknown										<input type="checkbox"/> Alert <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive	<input type="checkbox"/> F Sinus <input type="checkbox"/> F Other Rhythm <input type="checkbox"/> F Paced Rhythm <input type="checkbox"/> F Bradycardia <input type="checkbox"/> F PVC's <input type="checkbox"/> F Narrow Compl. Tach. <input type="checkbox"/> F Wide Compl. Tach. <input type="checkbox"/> F Ventricular Fib <input type="checkbox"/> F Asystole <input type="checkbox"/> F Pulseless Elec. Act. <input type="checkbox"/> Not Appl. <input type="checkbox"/> Unknown																	
PROCEDURES/TREATMENTS		EMS RESOURCE HOSPITAL		GLASGOW COMA SCALE		TOTAL GLASGOW		TOTAL RTS																						
CREW MEMBER NUMBER 1 2 3 4 5 6 Airway Insertion 1 2 3 4 5 6 Assist Ventilation 1 2 3 4 5 6 Bleeding Control 1 2 3 4 5 6 Cardioversion/Defib. Manual 1 2 3 4 5 6 Obstructed Airway Maneuvers 1 2 3 4 5 6 CPR 1 2 3 4 5 6 Cricothyroidotomy 1 2 3 4 5 6 Defibrillation by AED 1 2 3 4 5 6 EKG Monitoring 1 2 3 4 5 6 Extrication 1 2 3 4 5 6 Intubation 1 2 3 4 5 6 IV Therapy 1 2 3 4 5 6 IO Therapy 1 2 3 4 5 6 Medication Therapy 1 2 3 4 5 6 Oxygen Therapy 1 2 3 4 5 6 OB Care Delivery 1 2 3 4 5 6 Restrain Patient 1 2 3 4 5 6 Spinal Immobilization 1 2 3 4 5 6 Splint Extremities 1 2 3 4 5 6 Suction/Aspirate 1 2 3 4 5 6 No Treatment 1 2 3 4 5 6 Other		EYES 4 Spontan. 3 To Speech 2 To Pain 1 None VERBAL 5 Oriented 4 Confused 3 Inapprop. 2 Garbled 1 None MOTOR 6 Obeys 5 Localizes 4 Withdraws 3 Flexion 2 Extension 1 None																												
MEDICATIONS		ROUTE MEDS ADMIN.																												
<input type="checkbox"/> Adenocard <input type="checkbox"/> Aminophylline <input type="checkbox"/> Amiodarone <input type="checkbox"/> Aspirin <input type="checkbox"/> Atropine <input type="checkbox"/> Benadryl <input type="checkbox"/> Bicarbonate <input type="checkbox"/> Calcium <input type="checkbox"/> Dextrose 25% <input type="checkbox"/> Dextrose 50% <input type="checkbox"/> Etomidate <input type="checkbox"/> EPI 1:1000 <input type="checkbox"/> EPI 1:10000 <input type="checkbox"/> Furosemide <input type="checkbox"/> Glucagon <input type="checkbox"/> Intropin <input type="checkbox"/> Isuprel <input type="checkbox"/> Lidocaine <input type="checkbox"/> Mag. Sulfate <input type="checkbox"/> Midazolam <input type="checkbox"/> Morphine <input type="checkbox"/> Narcan <input type="checkbox"/> Nebulizer <input type="checkbox"/> Nifedipine <input type="checkbox"/> Nitroglycerin <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Oxytocin <input type="checkbox"/> Procainamide <input type="checkbox"/> Romazicon <input type="checkbox"/> Thiamine <input type="checkbox"/> Valium <input type="checkbox"/> Vasopressor <input type="checkbox"/> Verapamil <input type="checkbox"/> Other		<input type="checkbox"/> ET Tube <input type="checkbox"/> Inhalation <input type="checkbox"/> I/O <input type="checkbox"/> Oral <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Sublingual <input type="checkbox"/> Auto Injector IV RATE/TYPE TKO BOLUS WIDE OTHER Normal Saline Lactated Ringers Other																												

6286772

PLEASE DO NOT MARK IN THIS AREA

Medical Audit Information – Privileged and Confidential Under EMS Act and Medical Studies Act

CAUSE OF INJURY		INJURY DESCRIPTION										SAFETY EQUIPMENT		SUSPECTED ALCOHOL/DRUG USE						
MVC	Mech. Suffocation	None	Pain, No Swell	Soft Tis. Swell	Blunt Injury	Laceration	Dissect/Tract	Puncture/Slab	Gunshot	Amputation	Crush	Burn	None Used	Helmet	Alcohol, Yes					
Pedestrian vs. MV	Machinery Acc.												Shoulder Belt Only	Eye Protection		Drugs, Yes				
MV-non-traffic	Electrocution												Lap Belt Only	Protective Clothing			Both, Yes			
Bike Related	Radiation Exposure												Shoulder & Lap Belt	Flotation Device				No		
Boat Related	Firearm Acc.												Child Safety Seat	Protective Gear					Not Applicable	
Aircraft Related	Firearm Assault												Airbag Deployed, No Belt	Not Applicable						Unknown
Acc. Drug Poison	Firearm Self Infl.												Airbag Deployed, Lap Belt							
Acc. Chem. Poison	Rape												Airbag Deployed, Lap/Shoulder Belt							
Fire	Stabbing Assault												Airbag Deployed, Child Safety Seat							
Venomous Sting	Child Battering																			
Bites	Not Appl.																			
Lightning	Unknown												Upper Ext.							
													Lower Ext.							
													Unspecified							

TIME CPR START	TIME CPR STOP	PROVIDER 1ST CPR	TIME OF 1ST DEF. SHOCK	RETURN SPON. CIRC.	MINIMUM TRAUMA FIELD TRIAGE
		Bystander		Y Yes N No NA Not Applicable	CATEGORY 1 Hypotension-Adult Hypotension-Peds Glasgow = or < 10 Penetrate Head, Neck, Torso, Groin Trauma & Burn = or > 20% TBSA Amputation Above Wrist or Ankle Limb Paralysis/Sensory Def. Above Wrist/Ankle Two or More Proximal Long Bone Fractures
		EMS		CARE FACTORS	CATEGORY 2 Ejection from MV Death in Same Passenger Compartment Falls > 20ft.-Adult Fall-Peds (3x Body Length) Pregnancy > = 24 Weeks
		Not Applicable		Adverse Road Conditions Adverse Weather Crowd Control Hazardous Materials Language Barrier Prolonged Extrication Unsafe Scene Vehicle Problems Other	
		Unknown		Not Applicable	

DESTINATION/ TRANSFERRED TO	HOSPITAL CODE	DESTINATION DETERMINATION	TREATMENT AUTHORIZATION	LIGHTS/SIRENS FROM SCENE	911 USAGE	INCIDENT DISPOSITION
Home		Closest Facility	Protocol	Non-Emergent-No L/S	None	Treat/Transport
Hospital (Complete Code Section)	0 0 0 0	Patient/Family Request	On-Line	Downgraded-No L/S	911	Treat/Transfer Care
Long Term Care	1 1 1 1	Patient/Physician Request	On-Scene	Upgraded-L/S	E911	Treat/Transport by Car
Medical Office/Clinic	2 2 2 2	Managed Care	Written Orders	Emergent-L/S	E911 w/EMD Assist	Treat/Release
Morgue	3 3 3 3	Law Enforcement Request	Not Applicable		Other Phone	No Treat Request
Other Air EMS Responder	4 4 4 4	Medical Control			311, Then 911	Patient Refused Care
Other Ground EMS Responder	5 5 5 5	Diversion/Bypass			Not Applicable	Dead At Scene
Police/Jail/Lockup	6 6 6 6				Unknown	Not Applicable
Not Applicable	7 7 7 7					Unknown
	8 8 8 8					No Patient Found
	9 9 9 9					

CONTACT W/BODY FLUIDS?	CREW MEMBERS					CREW MEMBER #1					CREW MEMBER #2					CREW MEMBER #3				
Y Yes N No	#1	#2	#3	#4	#5															
STANDARD PRECAUTIONS?	P	P	P	P	P	0 0 0 0 0 0 0 0 0 0					0 0 0 0 0 0 0 0 0 0					0 0 0 0 0 0 0 0 0 0				
Y Yes N No	I	I	I	I	I	1 1 1 1 1 1 1 1 1 1					1 1 1 1 1 1 1 1 1 1					1 1 1 1 1 1 1 1 1 1				
VEHICLE TYPE	BD	BD	BD	BD	BD	2 2 2 2 2 2 2 2 2 2					2 2 2 2 2 2 2 2 2 2					2 2 2 2 2 2 2 2 2 2				
Ground	CD	CD	CD	CD	CD	3 3 3 3 3 3 3 3 3 3					3 3 3 3 3 3 3 3 3 3					3 3 3 3 3 3 3 3 3 3				
Rotor Craft	B	B	B	B	B	4 4 4 4 4 4 4 4 4 4					4 4 4 4 4 4 4 4 4 4					4 4 4 4 4 4 4 4 4 4				
Fixed Wing	C	C	C	C	C	5 5 5 5 5 5 5 5 5 5					5 5 5 5 5 5 5 5 5 5					5 5 5 5 5 5 5 5 5 5				
Other	FRD	FRD	FRD	FRD	FRD	6 6 6 6 6 6 6 6 6 6					6 6 6 6 6 6 6 6 6 6					6 6 6 6 6 6 6 6 6 6				
	FR	FR	FR	FR	FR	7 7 7 7 7 7 7 7 7 7					7 7 7 7 7 7 7 7 7 7					7 7 7 7 7 7 7 7 7 7				
	O	O	O	O	O	8 8 8 8 8 8 8 8 8 8					8 8 8 8 8 8 8 8 8 8					8 8 8 8 8 8 8 8 8 8				
						9 9 9 9 9 9 9 9 9 9					9 9 9 9 9 9 9 9 9 9					9 9 9 9 9 9 9 9 9 9				

CREW MEMBER #4	CREW MEMBER #5	CRASH NUMBER	INCIDENT NUMBER

NOTE: Crew Member Number fields are to be completed only if the EMS System requires it.