GLUE

PERF PERF

DATE	AGENCY NO.	VEH. #	INCIDENT NUMBER	INCIDENT COUNTY (5-digit FIPS Code)	INCIDENT ZIP CODE
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec / DAY / YR					

DISPATCH DELAY
- None
- No Units Available
- High Call Volume
- Language Barrier
- Location (Inability to Obtain)
- Technical Failure (Computer, Phone etc.)
- Scene Safety (Not Secure for EMS)
- Caller (Uncooperative)
- Other

DELAYS

	Response	Transport	Scene
		N/A	N/A
None			
Crowd			
Directions			
Distance			
Diversion			
Extric >20			
HazMat			
Language			
Safety			
Staff			
Traffic			
Veh. Crash			
Veh. Failure			
Weather			
Other			

TURN-AROUND DELAY
- Clean-up
- Decontamination
- Documentation
- ED Overcrowding
- Equip. Failure
- Equip. Replnshmnt.
- Staff Delay
- Vehicle Failure
- None
- Other

RESP MODE
- Lights and Sirens
- Downgrade from L/S
- No Lights & Sirens
- Upgrade to L/S

WORK-RELATED (Y) (N) (UNK)

SERVICE REQUESTED
- 911 Response (Scene)
- Intercept
- InterFacility Transfer
- Medical Transport
- Mutual Aid
- Standby

COMPLAINT REPORTED BY DISPATCH (Select one)
- Transfer/Interfacility/ Palliative Care
- MCI
- Abdominal Pain
- Allergies
- Animal Bite
- Assault
- Back Pain
- Breathing Problem
- Burns
- CO Poisoning/Hazmat
- Cardiac Arrest
- Chest Pain
- Choking
- Convulsions/Seizure
- Diabetic Problem
- Drowning
- Electrocution
- Eye Problem
- Fall Victim
- Headache
- Heart Problems
- Heat/Cold Exposure
- Hemorrhage/Laceration
- Industrial Accident/ Inaccessible Incident/ Other Entrapments
- Ingestion/Poisoning
- Pregnancy/Childbirth
- Psychiatric Problem
- Sick Person
- Stab/Gunshot Wound
- Stroke/CVA
- Traffic Accident
- Traumatic Injury
- Unconscious/Fainting
- Unk. Prob. (man down)

EMD PERFORMED
- No
- Yes, with Pre-Arrival Instructions
- Yes, w/o Pre-Arrival Instructions
- Unknown

GENDER
- Female — Pregnant? (Y)
- Male
- Unknown

ETHNICITY
- Hispanic/Latino
- Not Hispanic/Latino
- Unknown

RACE
- African American/ Black
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- Other Race
- Unknown

PT DATE OF BIRTH

	DAY	YEAR
Jan		
Feb		
Mar	0 0	0 0
Apr	1 1	19 1 1
May	2 2	2 2
Jun	3 3	20 3 3
Jul	4	4 4
Aug	5	5 5
Sep	6	6 6
Oct	7	7 7
Nov	8	8 8
Dec	9	UNK 9 9

PT'S OCCUPATIONAL INDUSTRY
- Construction
- Finance, Insurance, & Real Estate
- Government
- Manufacturing
- Mining
- Retail Trade
- Services
- Transportation & Public Utilities
- Wholesale Trade
- Unknown (N/A)

AGE	PT. HOME ZIP CODE	CREW MEMBER #1 ID	CREW MEMBER #2 ID	CREW MEMBER #3 ID
UNITS (Y) (M) (D) (H)				

INCIDENT LOCATION TYPE
- Home/Residence
- Street or Highway
- Mine or Quarry
- Industrial Place & Premises
- Place of Recreation or Sport
- Public Building (Schools, Gov. Offices)
- Trade or Service (Business, Bars, Restaurants, etc.)
- Health Care Facility (Clinic, Hospital)
- Residential Institution (Nursing Home, Jail/Prison)
- Farm
- Lake/River/ Ocean
- Other

# OF PTS AT SCENE	INC. ONSET	PSAP CALL	UNIT NOTIFIED	UNIT ENROUTE	UNIT ARRIVED	AT PT.	LEFT SCENE	ARRIVED DEST.	BACK IN SRVC	BACK AT HOME
H H M M										

- None
- Single
- Mulitiple– EMS Not Overwhelmed
- Mulitiple– EMS Overwhelmed

POSSIBLE INJURY? (Y) (N)

PRIMARY METHOD OF PAYMENT
- Insurance
- Other Govt.
- Medicaid
- Self Pay
- Medicare
- Workers Comp.
- Not Billed (for any reason)
- Unknown

CMS SERVICE LEVEL
- ALS, Level 1
- ALS, Level 1 Emergency
- ALS, Level 2
- Paramed Intercept
- Specialty Care Transport
- Fixed Wing (Plane)
- Rotary Wing (Helio)
- BLS
- BLS, Emerg. — TBD

CONDITION CODE (Select all that apply)
- Abdominal Pain — SEVERE
- **Abnormal**
  - Skin Signs
  - Vital Signs
- (ALS) (BLS) Allergic Reaction
- Blood Glucose
- Chest Pain (Non-trauma)
- (ALS) (BLS) Cold Exposure
- Altered LOC (non-trauma)
- Back Pain (no trauma, possible cardio/vasc)
- Back Pain (no trauma, neuro sympts)
- Behav/Psych (Alt. mental status)
- Behav/Psych (Threat to self/others)
- Eye Symp. (non-trauma)
- Convulsions/Seizures
- Non Traumatic Headache
- Cardiac Symp. (atypical pain)
- (ALS) (BLS) Heat Exposure
- Hemorrhage
- Infect. Diseases Requiring Isolation
- Hazmat Exposure
- (ALS) (BLS) Medical Device Failure
- Neurologic Distress
- Pain (Severe)
- Poisons (all routes)
- Alcohol Intox./Drug OD
- Severe Alcohol Intox.
- Post-Op Proc. Compl.
- Preg. Compl./Childbirth/Labor
- Sick Person-Fever
- Severe Dehydration
- Unconscious/Syncope/Dizziness
- Major Trauma
- **Other Trauma**
  - Monitor/Airway
  - Major Bleeding
  - Fracture/Dislocation
  - Penetrating Extremity
  - Amputation Digits
  - Amputation Other
  - Suspected Internal Injury
- (MA) (MIN) Burns
- Near Drowning
- Eye Injuries
- (MA) (MIN) Sexual Assault Injury
- Chemical Restraint
- 3rd Party Assistance/Attendant Reqd
- **Patient Safety**
  - Restraints Required
  - Monitoring Required
  - Seclusion Required
  - Risk of Falling off Stretcher
- **Special Handling** — Isolation
  - Ortho. Device Reqd
  - Positioning Reqd

PRIOR AID
- CPR
- Extricate/Move
- Manual Defib.
- AED Defibrillation
- Hemorrhage Control/Wnd Mgmt
- Airway
- Abdnl/Chest Thrust
- O^2
- Assessment
- Unknown
- N/A

PERFORMED BY	OUTCOME
EMS Provider	Improved
Law Enforcement	Unchanged
Lay Person	Worse
Oth Healthcare Provider	Unknown
Patient	N/A
Unknown	
N/A	

CHIEF COMPLAINT ANATOMIC LOC
- Abdomen
- General
- Back
- Genitalia
- Chest
- Head
- Extremity-Lower
- Neck
- Extremity-Upper

CHIEF COMPLAINT ORGAN SYSTEM
- Cardiovascular
- OB/Gyn
- CNS/Neuro
- Psych
- Endocrine/Metabolic
- Pulmonary
- GI
- Renal
- Global
- Skin
- Musculoskeletal
- Unknown

SYMPTOMS (PRIMARY & OTHER)

(P) (O)	None	(P) (O)	Malaise
(P) (O)	Bleeding	(P) (O)	Mass/Lesion
(P) (O)	Breathing Problem	(P) (O)	Mental/Psych
(P) (O)	Change in Responsiveness	(P) (O)	Nausea/Vomiting
		(P) (O)	Pain
(P) (O)	Choking	(P) (O)	Palpitations
(P) (O)	Death	(P) (O)	Rash/Itching
(P) (O)	Device/Equipment Problem	(P) (O)	Swelling
		(P) (O)	Transport Only
(P) (O)	Diarrhea	(P) (O)	Weakness
(P) (O)	Drainage/Discharge	(P) (O)	Wound
(P) (O)	Fever		

Illinois Department of Public Health

Prehospital Care Report

PRIVILEGED AND CONFIDENTIAL INFORMATION UNDER THE EMS ACT AND MEDICAL STUDIES ACT

SERIAL #

DO NOT MARK IN THIS AREA

PROVIDER'S IMPRESSION (Primary and Secondary)

- (P) (S) Abdominal Pain/Problems
- (P) (S) Airway Obstruction
- (P) (S) Allergic Reaction
- (P) (S) Altered Level of Consc.
- (P) (S) Behavioral/Psych Disorder
- (P) (S) Cardiac Arrest
- (P) (S) Cardiac Rhythm Disturbance
- (P) (S) Chest Pain/Discomfort
- (P) (S) Diabetic Sympt. (hypoglycemia)
- (P) (S) Electrocution
- (P) (S) Hyperthermia
- (P) (S) Hypothermia
- (P) (S) Hypovolemia/Shock
- (P) (S) Inhalation Injury (toxic gas)
- (P) (S) Obvious Death
- (P) (S) Poisoning/Drug Ingestion
- (P) (S) Pregnancy/OB Delivery
- (P) (S) Respiratory Distress
- (P) (S) Respiratory Arrest
- (P) (S) Seizure
- (P) (S) Sex. Assault/Rape
- (P) (S) Smoke Inhalation
- (P) (S) Stings/Venom. Bites
- (P) (S) Stroke/CVA
- (P) (S) Syncope/Fainting
- (P) (S) Traumatic Injury
- (P) (S) Vaginal Hemorrhage

MEDICAL HISTORY OBTAINED FROM

- Bystndr/Oth.
- Family
- Health Care Pers.
- Patient
- None
- Unknown

BARRIERS TO PATIENT CARE

- Unattnded/Unsuprvsd (including minors)
- Language
- Phys. Restrained
- Unconscious
- None

Impaired

- Developmentally
- Hearing
- Physically
- Speech

ALCOHOL/DRUG USE INDICATORS

- Smell of Alcohol on Breath
- Pt. Admits to Alcohol Use
- Pt. Admits to Drug Use
- Alcohol/Drug Paraphernalia at Scene
- None

CAUSE OF INJURY

- Bites
- Aircraft Related Acc.
- Bicycle Accident
- Chemical Poisoning
- Child Battering
- Drowning
- Drug Poisoning
- Electrocution (non-lightning)
- Excessive Cold
- Excessive Heat
- Fall
- Fire and Flames
- Firearm Assault
- Firearm (accidental)
- Firearm (self-inflicted)
- Lightning
- Machinery Accident
- Mechanical Suffocation

Motor Vehicle

- Non-traffic Accident
- Traffic Accident
- Motorcycle Accident
- Non-Motorized Veh. Acc.
- Pedestrian Traffic Acc.
- Radiation Exposure
- Rape
- Smoke Inhalation
- Stabbing/Cutting Acc.
- Stabbing/Cutting Assault
- Struck by Blunt/Thrown Obj.
- Venom Stings (plants, animals)
- Water Transport Acc.
- Unknown

USE OF OCCUPANT SAFETY EQUIP.

- Lap Belt
- Shoulder Belt
- Child Restraint
- Eye Protection
- Helmet
- PFD
- Protective Clothing
- Protective Gear (Non-Clothing)
- Other
- None
- Unknown

AIRBAG DEPLOYMENT

- No Airbag Present
- No Airbag Deployed

Deployed

- Front
- Side
- Other (Knee, Airbelt, etc.)
- Unknown

VEHICULAR INJURY INDICATORS

- Dash Deformity
- DOA Same Vehicle
- Ejection
- Fire
- Rollover/Roof Deformity
- Side Post Deformity
- Space Intrusion & > 1 ft.
- Steering Wheel Deformity
- Windshield Spider/Star

POSITION OF PT. IN VEHICLE

SEAT ROW

- (0) (0)
- (1) (1) Driver
- (2) (2) Left (non-driver)
- (3) (3)
- (4) (4) Middle
- (5) (5) Right
- (6) Other
- (7)
- (8) Unknown
- (9)

LAW ENFORCEMENT/CRASH NUMBER

(0) (0) (0) (0) (0) (0) (0) (0) (0) (0)
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
(3) (3) (3) (3) (3) (3) (3) (3) (3) (3)
(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)
(6) (6) (6) (6) (6) (6) (6) (6) (6) (6)
(7) (7) (7) (7) (7) (7) (7) (7) (7) (7)
(8) (8) (8) (8) (8) (8) (8) (8) (8) (8)
(9) (9) (9) (9) (9) (9) (9) (9) (9) (9)

CARDIAC ARREST

- No
- Unknown
- Yes, Prior to EMS Arrival
- Yes, After EMS Arrival

CARDIAC ARREST ETIOLOGY

- Presumed Cardiac
- Resp.
- Trauma
- Electro.
- Drowning
- Other

ANY RETURN OF SPONTANEOUS CIRCULATION

- Yes, Prior to ED Arrival Only
- Yes, Prior to ED Arrival and at the ED
- No

RESUSCITATION ATTEMPTED

- Initiated Chest Comp.

Attempted

- Defibrillation
- Ventilation

Not Attempted

- Considered Futile
- DNR Orders
- Signs of Circulation

ARREST WITNESSED BY

- Healthcare Provider
- Lay Person
- Not Witnessed

FIRST MONITORED RHYTHM OF THE PATIENT

- Asystole
- Bradycardia
- Normal Sinus Rhythm
- PEA
- Unknown AED Non-Shockable Rhythm
- Unknown AED Shockable Rhythm
- Vent. Fibrillation
- Vent. Tachycardia
- Other

CARDIAC RHYTHM

- 12 Lead ECG
- Anterior Ischemia
- Inferior Ischemia
- Lateral Ischemia
- AED-Unknown Rhythm
- Shockable
- Non-Shockable
- AV Block
- 1st Degree
- 2nd Degree-Type 1
- 2nd Degree-Type 2
- 3rd Degree
- Agonal/Idioventricular
- Artifact
- Asystole
- Atrial Fibrillation/Flutter
- Junctional
- Left Bundle Branch Block
- Paced Rhythm
- PEA
- Premature Atrial Contractions
- Premature Ventricular Contractions
- Right Bundle Branch Block
- Sinus Arrhythmia
- Sinus Bradycardia
- Sinus Tachycardia
- Supraventricular Tachycardia
- Torsades De Points
- Ventricular Fibrillation
- Ventricular Tachycardia
- Other
- Normal Sinus Rhythm

SYSTOLIC / DIASTOLIC / PULSE / PULSE OX / RESPIRATION / WEIGHT

(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)
(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)
(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) (5) (5) (5) (5) (5) (5) (5) (5)
(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) (7) (7) (kgs) (7) (7) (7) (7) (7)
(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) (lbs) (9) (9) (9) (9) (9)

GLASGOW COMA SCALE

VERBAL(<2)

- (5) Smiles/coos
- (4) Inconsolable
- (3) Inappropriate
- (2) Peristent cry
- (1) None

VERBAL(2–5)

- (5) Appropriate
- (4) Inappropriate
- (3) Cries/screams
- (2) Grunts
- (1) None

VERBAL(>5)

- (5) Oriented
- (4) Confused
- (3) Inappropriate
- (2) Garbled
- (1) None

EYES

- (4) Spontaneous
- (3) To Speech
- (2) To Pain
- (1) None

MOTOR

- (6a) Obeys(>5yrs)
- (6b) Spont.(≤5yrs)
- (5) Localizes
- (4) Withdrawals
- (3) Flexion
- (2) Extension
- (1) None

STROKE SCALE

Scale

- Cincinnati
- LA

Assessment

- Negative
- N/A
- Positive
- Non-conclusive

THROMBOLYTIC SCREEN

Contraindications to Thrombolytic Use

- Definite
- N/A
- None
- Unknown
- Possible

MEDICATION GIVEN & ADMINISTERED ROUTE

C = Complication (if multiple complications mark only the most serious one)

- (C) Adenosine (IV)
- (C) Albuterol Sulf. (IH)
- (C) Amiodarone (IV) (IO)
- (C) Anti-emetic (PO) (IV) (IM) (TOP) (RCT)
- (C) Aspirin (PO)
- (C) Atropine (IV) (ET) (IO)
- (C) Benzo. Spray (TOP)
- (C) $CaCl_2$ (IV) (IO)
- (C) Dextrose 25% (IV)
- (C) Dextrose 50% (IV)
- (C) Diazepam (IV) (IM) (RCT)
- (C) Diphenhydr. (IV) (IM) (PO)
- (C) Dopamine (IV)
- (C) Epi (1:1,000) (SC)
- (C) Epi (1:10,000) (IV) (ET) (SC)
- (C) Etomidate (IV)
- (C) Flumazenil (IV) (IO) (IM)
- (C) Furosemide (IV) (IO) (IM)
- (C) Glucagon (IV) (IM)
- (C) Hemo. agent (TOP)
- (C) Lidocaine (IV) (ET) (IO)
- (C) Mag. Sulfate (IV) (IM) (IO)
- (C) Methylpred. (IV) (IM)
- (C) Metoprolol (IV)
- (C) Midazolam (IV) (IM)
- (C) Morphine Sulfate (IV) (IM) (IO) (SC)
- (C) Naloxone (IN) (IV) (IM) (ET) (SC)
- (C) Nitroglycerine (SL) (IV)
- (C) Nitrous Oxide (IH)
- (C) Other Nebulizer (IH)
- (C) Oxygen (IH)
- (C) Oxytocin (IV) (IM)
- (C) Procainamide (IV)
- (C) Sodium Bicarb. (IV)
- (C) Thiamine (IV) (IM)
- (C) Vassopressor (IV) (IO)
- (C) Verapamil (IV) (IO)
- (C) Oth (PO) (SL) (RCT) (TOP) (SC) (IM) (IV) (ET) (IO) (IH)
- (C) Lactated Ringer's (IV)
- (C) Normal Saline (IV)
- (C) D5W (IV)

ROUTE LEGEND

ET = Endotracheal; IH = Inhalation; IM = Intramuscular; IN = Intranasal; IO = Intraosseous; IV = Intravenous; PO = Per os; RCT = Rectal; SC = Subcutaneous; SL = Sublingual; TOP = Topical

MEDICATION COMPLICATION

- None
- Alt. Mental Status
- Apnea
- Bleeding
- Bradycardia
- Diarrhea
- Extravasion
- Hypertension
- Hyperthermia
- Hypotension
- Hypoxia
- Injury
- Itching/Urticaria
- Nausea
- Resp. Distress
- Tachycardia
- Vomiting
- Other

MEDICATION AUTHORIZATION

- On-Line
- Protocol (Standing Order)
- On-Scene
- Written (Pt. Specific)

PROCEDURES

U = Unsuccessful; 1 & 2+ = Number of Attempts; C = Complication (if multiple complications mark only the most serious one)

- Assessment
- Childbirth
- Contact Medical Control
- CPR-Stop
- Decontamination
- Defib-Placement for Monitoring
- Extrication
- MAST
- Orthostatic BP Measure
- Pain Measurement
- Patient Warming
- Pulse Oximetry
- Rescue
- Restraint-Physical
- Spinal Immobilization
- Splinting–Basic
- Splinting–Traction
- Temp. Measurement
- Thrombolytic Screen

Patient Cooling

- General (Cold Pack, etc.)
- Post Resuscitation

Wound Care

- General
- Hemostatic Agent
- Irrigation
- Tourniquet

Airway

- Bagged (Tube)
- Bagged (BVM)
- Cleared

Airway (continued)

- Respirator Operation
- Suctioning
- (C) (1) (2+) (U) Change Trach. Tube
- (C) (1) (2+) (U) Combitube
- (C) (1) (2+) (U) CPAP
- (C) (1) (2+) (U) Foreign Body Removal
- (C) (1) (2+) (U) King LT BIAD
- (C) (1) (2+) (U) Needle Cricothyrotomy
- (C) (1) (2+) (U) Surgical Cricothyrotomy
- (C) (1) (2+) (U) EOA/EGTA
- (C) (1) (2+) (U) Intubtn Confirm ETCO2
- (C) (1) (2+) (U) Intubation Confirm Esophageal Bulb
- (C) (1) (2+) (U) Laryngeal Mask BIAD
- (C) (1) (2+) (U) Nasal Airway
- (C) (1) (2+) (U) Nasotracheal Intubation
- (C) (1) (2+) (U) Nebulizer Treatment
- (C) (1) (2+) (U) Oral Airway
- (C) (1) (2+) (U) Orotracheal Intubation
- (C) (1) (2+) (U) PEEP
- (C) (1) (2+) (U) Rapid Seq. Induction
- (C) (1) (2+) (U) Ventilator Operation
- (C) (1) (2+) (U) Ventilator with PEEP

CPR with Device

- (C) (1) (2+) (U) AutoPulse
- (C) (1) (2+) (U) Mechanical Thumper
- (C) (1) (2+) (U) Precordial Thump Only
- (C) (1) (2+) (U) Other Ext. Automated

CNS Catheter

- (C) (1) (2+) (U) Epidural Maint.
- (C) (1) (2+) (U) Intraventricular Maint.

Venous Access

- (C) (1) (2+) (U) Blood Draw
- (C) (1) (2+) (U) Central Line Maint.
- (C) (1) (2+) (U) Discontinue
- (C) (1) (2+) (U) Existing IV Catheter
- (C) (1) (2+) (U) Extremity IV
- (C) (1) (2+) (U) Extrnl Jugular Line
- (C) (1) (2+) (U) Femoral Line
- (C) (1) (2+) (U) Internal Jugular Line
- (C) (1) (2+) (U) Intraosseous Adult
- (C) (1) (2+) (U) Intraoss. Pediatric
- (C) (1) (2+) (U) Subclavian Line
- (C) (1) (2+) (U) Swan Ganz Maint.

Cardiac Pacing

- (C) (1) (2+) (U) External
- (C) (1) (2+) (U) Transvenous

- (C) (1) (2+) (U) Arterial Line Maint.
- (C) (1) (2+) (U) Blood Draw–Arterial
- (C) (1) (2+) (U) Blood Glucose Analysis
- (C) (1) (2+) (U) Capnography
- (C) (1) (2+) (U) Cardiac Monitor
- (C) (1) (2+) (U) Cardioversion
- (C) (1) (2+) (U) Defib–Automated (AED)
- (C) (1) (2+) (U) Defib–Manual
- (C) (1) (2+) (U) ECG 12 Lead (Obtain)
- (C) (1) (2+) (U) ECG 12 Lead (Transmit)
- (C) (1) (2+) (U) Gastric Tube–Nasal
- (C) (1) (2+) (U) Gastric Tube–Oral
- (C) (1) (2+) (U) Injections-SQ/IM
- (C) (1) (2+) (U) Intra-Aortic Balloon Pump Maint.
- (C) (1) (2+) (U) Pericardiocentesis
- (C) (1) (2+) (U) Rescue Breathing (No Compr)
- (C) (1) (2+) (U) Restraint-Pharmacological
- (C) (1) (2+) (U) Urinary Catheterization
- (C) (1) (2+) (U) Vagal/Valsalva Maneuver (Not Carotid Massage)

Specialty Center Activation

- Adult Trauma
- STEMI
- Pediatric Trauma
- Stroke

PROCEDURE COMPLICATION

- None
- Altered Mental Status
- Apnea
- Bleeding
- Bradycardia
- Diarrhea
- Esophageal Intubtn-Immediately
- Esophageal Intubtn-Other
- Extravasion
- Hypertension
- Hyperthermia
- Hypotension
- Hypoxia
- Injury
- Itching/Urticaria
- Nausea
- Resp. Distress
- Tachycardia
- Vomiting
- Other

PROCEDURE AUTHORIZATION

- On-Line
- Protocol (Standing Order)
- On-Scene
- Written Orders (Pt. Spec.)

REASON FOR CHOOSING DESTINATION

- Specialty Res. Ctr.
- Diversion
- Patient Request
- Protocol
- Family Request
- Insurance Status
- Law Enfrcmnt Req.
- Closest Facility
- Pt's Physician Req.
- Other
- On-Line Med. Dir.
- Not Applicable

DESTINATION TYPE

- Hospital
- Nursing Home
- Morgue
- EMS Air
- Medical Office/Clinic
- Home
- EMS Ground
- Police/Jail
- Other

INCIDENT/PATIENT DISPOSITION

Transported By:

- EMS
- Law Enforcement
- Private Vehicle
- Patient Refused Care
- No Treatment Required
- No Patient Found

Treated

- Released
- Transferred Care
- Dead at Scene
- Cancelled

TRANSPORT MODE FROM SCENE

- Lights and Sirens
- Downgrade from L/S
- No Lights & Sirens
- Upgrade to L/S

PERSONAL PROTECTIVE EQUIPMENT USED

- Eye Prtctn
- Level A Suit
- Level C Suit
- Oth
- Gloves
- Level B Suit
- Mask
- Unk

DESTINATION/ TRANSFERRED TO, CODE

DESTINATION ZIP CODE (required for non-hospital destinations only)

EMS SYSTEM

(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)
(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)
(4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
(5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5)
(6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6)
(7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7)
(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)

PERF PERF

GLUE

PERF PERF

Illinois • Emergency Medical Services

NARRATIVE

SERVICE NAME			SERVICE #		TODAY'S DATE M M D D Y Y
INCIDENT LOCATION			HOSPITAL DESTINATION		
PATIENT INFO — PATIENT LAST NAME	FIRST	M.I.	HOME PHONE #	AGE	DATE OF BIRTH M M D D Y Y
STREET ADDRESS					
CITY	STATE	ZIP CODE	LEGAL GUARDIAN		

ALLERGIES (MEDS) ◯ NONE KNOWN

CURRENT MEDICATIONS ◯ NONE KNOWN ◯ BROUGHT W/PT.

CHIEF COMPLAINT

NARRATIVE

NARRATIVE 1 OF _____

TIME	P	R	B/P	TEMP	BS	RHYTHM	TREATMENT	DOSE	ROUTE	02 SAT.	COMMENTS

LEFT	LUNG SOUNDS	RIGHT
☐ I ☐ L	CLEAR	☐ I ☐ L
☐ I ☐ L	RHONCHI	☐ I ☐ L
☐ I ☐ L	RALES	☐ I ☐ L
☐ I ☐ L	WHEEZES	☐ I ☐ L
☐ I ☐ L	DIMINISHED	☐ I ☐ L
☐ I ☐ L	ABSENT	☐ I ☐ L

SKIN TEMP Initial		Last
☐	NORMAL	☐
☐	COOL	☐
☐	COLD	☐
☐	HOT	☐
☐	WARM	☐

SKIN MOISTURE Initial		Last
☐	NORMAL	☐
☐	MOIST	☐
☐	DRY	☐
☐	WET	☐

SKIN COLOR Initial		Last
☐	NORMAL	☐
☐	PALE	☐
☐	CYANOTIC	☐
☐	FLUSHED	☐
☐	JAUNDICED	☐
☐	MOTTLED	☐
☐	ASHENED	☐

ABDOMEN Initial		Last
☐	NORMAL	☐
☐	SOFT	☐
☐	RIGID	☐
☐	DISTENDED	☐
☐	TENDER	☐

SIGNATURE OF PERSON RECEIVING PATIENT

X _____

SERIAL #

CREW SIGNATURES

	DRIVER D	COMPLETED REPORT R
CREW MEMBER 1 _____	D	R
CREW MEMBER 2 _____	D	R
CREW MEMBER 3 _____	D	R
CREW MEMBER 4 _____	D	R

(Signatures should correspond with license numbers on back of data sheet.)

☐ Service/Provider Copy ☐ Receiving Facility Copy ☐ Resource Hospital Copy

BILLING AND INSURANCE INFORMATION

BILL TO (COMPANY or NAME) ◯ SAME AS ABOVE	EMPLOYER NAME	MILEAGE
	EMPLOYER PHONE #	OUT _____
PHONE	INSURANCE #	SCENE _____
ADDRESS STREET	MEDICAID #	DEST _____
CITY STATE ZIP CODE	MEDICARE #	IN _____

REFUSAL OF SERVICES

I hereby refuse the emergency medical services and/or transportation offered and advised by the above named service provider and its emergency personnel, _____ hospital, and the emergency medical and nursing personnel from said hospital giving directions to the service provider. I understand that my refusal may jeopardize the health of the patient, and hereby release the above named parties from any and all claims of liability in connection with my refusal.

Signature of Patient or Legally Authorized Representative

Signature of EMT/Field RN

Witness Date

RECEIPT OF SERVICES

I acknowledge receipt of the EMS services listed in this document and accept full responsibility for all charges. I authorize payment of medical benefits from my insurance company to the provider of such services and authorize the provider to release medical and other necessary information to my insurance company for that purpose.

Signature of Responsible Party

Relationship to Patient Date

SUPPLIES USED

QUANTITY	ITEM	QUANTITY	ITEM

GLUE

PERF

PERF

SUPPLIES USED			
QUANTITY	ITEM	QUANTITY	ITEM

EKG STRIPS				
TIME	INTERPRETATION	LEAD	BP	PULSE

TIME	INTERPRETATION	LEAD	BP	PULSE

TIME	INTERPRETATION	LEAD	BP	PULSE

SERIAL #

PEDIATRIC TRAUMA SCORE

COMPONENT	+2	+1	-1
WEIGHT	>20 Kg	10-20 Kg	<10 Kg
AIRWAY	Normal	Maintainable	Unmaintainable
CNS	Awake	Obtunded	Coma
SYSTOLIC	>90 mm Hg	90-50 mm Hg	<50 mm Hg
OPEN WOUND	None	Minor	Major
SKELETAL	None	Closed Fx	Open/Mult. Fxs
*PULSE PALPABLE	At Wrist	At Groin	No Pulse Palpable

*If proper size BP cuff is unavailable, BP can be assigned by determining pulse palpable point.

TOTAL POINTS _____

PEDIATRIC GCS

EYES
- [4] Open Spontaneously
- [3] Open to Verbal
- [2] Open to Pain
- [1] No Response

VERBAL
- [5] Coo, Babbles
- [4] Irritable Cries
- [3] Cries to Pain
- [2] Moans to Pain
- [1] No Response

MOTOR
- [6] Spontaneous
- [5] Withdraws to Touch
- [4] Withdraws from Pain
- [3] Abnormal Flexion
- [2] Abnormal Extension
- [1] No Response

TOTAL PEDIATRIC GCS SCORE _____

APGAR SCORE

CATEGORY / VALUE	0	1	2
Heart Rate	Absent	<100	>100
Respirations	Absent	Slow Irregular	Good w/cry
Muscle Tone	Flaccid	Poor	Good with spontaneous movement
Reflexes, Irritability	No Reflex Motion	Grimace	Cry
Color	Cyanotic	Body Pink Extremities Cyanotic	Pink

Adding the resultant category values together will total between 0 and 10. That total should be evaluated as follows:

7-10 No emergency care required. Handle the infant in accordance with normal routine procedures (i.e., keep the infant warm, place infant to mother's breast, etc.).

4-7 Needs additional immediate care based upon individual category assessment (i.e., respiratory support, etc.). Contact the supervising physician.

0-4 Urgently needs care; may need intubation; begin applicable protocols immediately; contact supervising physician.

REVISED TRAUMA SCORE

		First	Second	Third
GLASGOW COMA SCALE	13 - 15	4	4	4
	9 - 12	3	3	3
	6 - 8	2	2	2
	4 - 5	1	1	1
	3	0	0	0
SYSTOLIC BLOOD PRESSURE	>89	4	4	4
	76 - 89	3	3	3
	50 - 75	2	2	2
	1 - 49	1	1	1
	0	0	0	0
RESPIRATORY RATE	10 - 29	4	4	4
	>29	3	3	3
	6 - 9	2	2	2
	1 - 5	1	1	1
	0	0	0	0

TOTAL _____

BURN CHART