



County of San Diego - Emergency Medical Services Branch

Prehospital Patient Record Instruction Manual
"Caribbean Blue"

#2 LEAD PENCIL ONLY

Ballpoint pens, markers, and felt tip pens cannot be used!

Form: *HHSA: EMS 073 (July 15/16)*

Version 1

**County of San Diego
Emergency Medical
Services**

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Introduction

This instruction booklet is intended to assist you in identifying how to correctly and accurately record patient data on the paper version (the bubble form) of the County's prehospital patient record (PPR).

National medical and prehospital organizations have identified the need to standardize prehospital data. National Association of state EMS directors and NHTSA created National Emergency Medical Services Information System (NEMSIS).

There are four (4) pages to the form, two bubble sheets that will need to be returned to EMS. All applicable fields are mandatory.

CHANGE: CAN ONLY USE #2 PENCIL effective July 1, 2014

The bubble form is composed of a set of 4 pages. The top 2 pages of the form (pages with the bubbles) are to be completed by the end of your shift and returned to EMS by your agency. If you flip the form set over, you will see the narrative pages. This narrative page is a duplicate form. Your agency will retain the original for its records.

- Changed bubble-form color from **Cactus Green** to **Caribbean Blue**

Note: Changes and additions have been made to a number of sections within this document. It is recommended that you review all sections of this manual carefully.

You are the most important link in the San Diego County prehospital care system. Accurate and complete documentation of the care and services you provide is vital to the patient, the agency providing care, the hospital caring for the patient, and Emergency Medical Services (EMS). It is our hope that this booklet will answer basic questions regarding proper documentation and will assist in providing better information for the prehospital care system in San Diego County.

If there are still questions regarding the prehospital form after reading the booklet, please contact your employer or EMS so that these can be clarified and be included in future editions of this manual.

Why do we do this

The San Diego County EMS system is large. Each year, EMS providers in the system respond to over 250,000 calls for medical aid.

State regulations require that each EMS system collect and evaluate certain data on their system activities. **Prehospital provider agencies** need data to evaluate the quality of care provided, areas served, response times and equipment utilization. Accurate information can justify increases in staffing or equipment. **Medical personnel** need to document prehospital activities that have occurred, and how the patient responded to these interventions. You need to ensure that accurate records have been maintained on "your" actions in the field in the event you are ever called to describe what happened. And, most important, the patient needs to know that a comprehensive record has been maintained of all his/her injuries, symptoms, treatments, and interventions so that his/her medical record is complete.

The County currently uses two methods to capture the necessary information for documenting patient care on the Prehospital Patient Record (PPR); via the optically scanned paper "bubble form" and via the electronic form on the County's computerized QANet Collector System – iQCS (known as Internet QCS). The two data collection systems complement each other, each gathering the same data points. Additionally, paper PPR is the backup means of data collection for field personnel when the iQCS may be inoperative, or when you are otherwise unable to complete documentation on the computer. In either case, it is important that each patient record be completed correctly and a copy delivered with the patient to the receiving facility.

Definitions

ALS, BLS, and CCT Units

An **ALS** (Advanced Life Support) unit is an emergency unit staffed with at least one Paramedic (ambulance or fire engine), which has been dispatched to provide emergency medical aid.

A **BLS** (Basic Life Support) unit is an emergency unit staffed with at least two EMT-Basic's.

A **CCT** (Critical Care Transport) unit is a ground or air medical unit staffed with at least one registered nurse or physician and two certified or licensed patient care attendants, providing non-911 patient care and transport services while utilizing personnel, equipment and medication that provides a higher level of care than that of an ambulance staffed by EMTs or paramedics alone.

TR Unit and FR Unit

TR (Transporting) Unit – a transporting unit responsible for transporting patient from incident location or rendezvous point to destination.

FR (ALS First Responder) Unit – a non-transporting unit staffed with at least one Paramedic, which has been dispatched and is the first unit to arrive on scene to provide emergency medical aid.

Emergency Call

An **emergency call** is one in which primary response prehospital emergency personnel have been dispatched to a scene related to a reported **medical** emergency (or perceived medical emergency), generally in response to a 9-1-1 call.

Non-Emergency Call

A request for ambulance services (BLS, CCT or paramedic interfacility) in which there is no life threatening medical emergency. Generally, these requests do not originate in the 9-1-1 system.

When to Complete a Prehospital Form

ALS Personnel:

ALS personnel must (by state regulation) report data to the EMS agency whenever they respond to an emergency medical aid dispatch. This includes fire engines with paramedics aboard that are dispatched to scenes where they are expected to provide medical aid.

It is necessary for ALS personnel to report data even when the call is later canceled. Many agencies use the paper PPR for this purpose. Some agencies have arranged to provide this data to EMS directly from dispatch. Check with your EMS Coordinator to make sure you are following agency procedures for reporting calls canceled.

In situations where there may be more than one patient, one form should be utilized for each patient seen. The only exception to this is when *Annex D* has been activated. The County of San Diego EMS Branch does not require personnel to complete PPR's for each patient following an Annex D. A single form documenting the incident in general terms may be used. Be sure to check with your agency for the policy regarding documentation of care for patients in an Annex-D.

BLS Personnel:

BLS personnel should complete a prehospital form any time they arrive on scene to an emergency call, or anytime they transport a patient (including interfacility transfer).

Although it is not required by the Division of EMS that BLS personnel complete a PPR on calls that are canceled en route, some agencies may require their personnel to do so.

CCT Personnel:

CCT personnel must complete a form for each patient transported.

How to Complete the PPR Form

The information recorded on the form is of two types; that which is hand written (for example your narrative and signature), and that which is "bubbled" on the form.

The two bubbled sheets of the PPR is the **bubble form** with fields that are **penciled** in. These both need to be returned to EMS for scanning.

The back sheets are called the **narrative pages**. The original is to be kept at your agency as a record of the care you provided, while the duplicate is to be left at the hospital to document the care you provided. This portion of the PPR is a medical-legal document. Do not submit this portion of the document to EMS.

The statistical data on the form is captured by EMS's computer system by means of an optical scanner. Only the information that is "bubbled" is captured, as the computer cannot read your handwriting.

The **scanner requires** that you use a **#2 lead** pencil to fill in the bubbles. **Ballpoint pens, markers, and felt tip pens are not allowed to be used!** *If you use them, the form will be returned to the agency to be entered on another form in pencil.*

Don't forget to darken the bubble thoroughly.

It is important for you to completely erase all mistakes and stray marks on the form. The scanner picks up stray marks on the form and attempts to read them and will reject the form. It will also pick up staple holes, tears, and coffee stains, especially those at the top of the form or in the margins, sometimes making it impossible to scan as well. It is important that you do NOT write in the margins of the form.

Don't staple or tape anything to the copy of the form that goes to EMS.

Parts of the form require that you first fill in the box at the top of each column of bubbles with a single letter or number, and then fill in the correct bubbles below. This allows others to read the form and correct it if the bubbles are incorrect or illegible.

Note: Any form not properly filled out and/or containing any one of the above elements will be returned to the agency for corrections.

EMS, Hospital, and Agency Copies

The paper PPR is composed of a set of 4 pages. The top 2 pages of the form (pages with the bubbles) are to be completed by the end of your shift and returned to EMS by your agency. If you flip the form set over, you will see the narrative pages. This narrative page is a duplicate form. Your agency will retain the original for its records.

The "Hospital Copy" is intended to remain with the patient once the patient is delivered to the hospital or other destination. This document will become a part of the patient's "official" medical record, and is treated as a legal document. It is especially important that the Hospital Copy remains legible and clear, so that the rest of the medical team can know and understand what happened and what you saw during the response. It is imperative that the Hospital Copy be completed and left with the patient at the receiving facility.

Occasionally there will be instances when you may have treated a patient, but you do not personally transport the patient to a hospital (for example if you are a First Responder Unit, or if you rendezvous with another ambulance or with an air medical provider). In these instances, the Hospital Copy must be delivered to the hospital receiving the patient as soon as possible. Usually, ambulance agencies send these copies by postal service, but check with your agency to see how this is accomplished.

By the Way...

Prehospital field personnel frequently ask, "who designed this form, anyway ... and how did they decide what kinds of information we have to collect?"

Many of the fields are required by State regulation.

The data on the paper form is a subset of the data captured

electronically. Since the implementation of the countywide iQCS, EMS has worked to match the data points collected within both the paper and electronic PPR's. Many of the current changes on the paper PPR reflect the most recent revisions in the iQCS PPR format.

Mandatory Fields

Which fields must I complete?

The easy answer to this question is whichever fields pertain to the patient encounter. The fields indicated by the **dark heading** are fields that have been identified as data that is generated on all runs regardless of disposition, and thus, are considered ***mandatory*** fields. The scanner at County EMS will reject and return incomplete or inaccurate forms to the agency submitting them for correction. But we also want the other patient information if it is collected by the medic.

Detailed Instructions – Field by Field EMS COPY, Page 1 of 2

Agency Number

| AGENCY | | |
|--------|---|---|
| | | |
| 0 | 0 | 0 |
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 | 8 | 8 |
| 9 | 9 | 9 |

All authorized prehospital agencies within the San Diego County EMS system are assigned **an agency code** for statistical purposes. Fill in the **three-digit number** (which may be found on the reverse of the form packet pages), and bubble in the appropriate bubbles. It is very important that the agency code be correctly indicated on EVERY PPR that is submitted.

Note: *If multiple agencies have responded to a single incident, each individual agency must submit a separate form for that incident, reporting what actions, etc. they provided. Do not report other agency medical actions.*

TR (Transporting) Unit

| TR UNIT | | | |
|---------|---|---|---|
| | | | |
| 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |

The four-digit identification number for the ambulance transporting the patient on the call should be listed and bubbled in (the iQCS unit number). If your unit designator has less than four digits, precede the designator with 0's (zeros) to make it four digits in length.

For example, Medic 4 would become 0004.

Note for FR Units: *If the Transporting Unit participating on the call is not from your agency, do not fill out the TR Unit section on your form. Please use the Narrative section to record this information.*

FR (First Responder) Unit

| FR UNIT | | | |
|---------|---|---|---|
| | | | |
| 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |

The four-digit identifier for the ALS First Responder unit responding to the call should be listed and bubbled in. If your unit designator has less than four digits, proceed the designator with 0's to make it four digits in length. For example, Medic Engine 38 might become 0038.

Note for TR Units: If an ALS First Responder Unit participating on the call is not from your agency, do not fill out the FR Unit section on your form. Please use the Narrative section to record this information.

Crew 1 (C1)/Crew 2 (C2)

| CREW1 (C1) | | | | | CREW2 (C2) | | | | |
|------------|---|---|---|---|------------|---|---|---|---|
| | | | | | | | | | |
| I | P | H | N | V | C | I | P | H | N |
| 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 |

The name and San Diego County ID number for the personnel aboard the responding ambulance are to be listed in the next 2 sections and bubbled in. All medical aid personnel should have a County of San Diego certification/accreditation/authorization/identification number - which is preceded by the letters I, P, H, N or V. The letter/number combination shown on your card must be entered (i.e. H0204). If you do not have a County EMS number, contact your employer or the EMS Agency immediately.

Paramedics: Don't confuse your San Diego County Accreditation number with the number printed on your State License!

Note: Only ALS, BLS, CCT are required to complete both Crew 1 and Crew 2 Fields.

First Resp (FR)

| FIRST RESP (FR) | | | | |
|-----------------|---|---|---|---|
| | | | | |
| I | P | H | N | V |
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

If an ALS first responder was involved in the call, the names and San Diego County identifiers must be listed and bubbled in. All medical aid personnel should have a County of San Diego certification/accreditation/authorization/identification number - which is preceded by the letters H, I, P, N or V. The letter/number combination shown on your card must be entered (i.e. H0204). If you do not have a San Diego County number, contact your employer or the EMS Agency immediately.

Paramedics: Don't confuse your San Diego County Accreditation number with the number printed on your State License!

Note: Mandatory field for ALS First Responder Units only.

Intern (INT)

| INTERN (INT) | | | |
|--------------|---|---|---|
| | | | |
| J | K | N | V |
| 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |

The name and San Diego County ID number for the intern aboard the responding ambulance is to be listed in this section and bubbled in. All medical aid personnel should have a County of San Diego certification/ accreditation/authorization/identification number - which are preceded by the letters J, K, N or V. The letter/number combination shown on your card must be entered (i.e. J0204). If you do not have a San Diego County number, contact your employer or the EMS Agency immediately.

QCS

| QCS# | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| 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 |

An IQCS run # will be generated for all ALS runs and some BLS runs, in which there is Base Hospital contact. Transcribe the IQCS run # given to you by the Base Hospital MICN and bubble the corresponding digits.

Type of Service Requested

| TYPE OF SERVICE REQUESTED |
|--|
| <input type="radio"/> 911 Response (Scene) |
| <input type="radio"/> Intercept |
| <input type="radio"/> Interfacility Transfer |
| <input type="radio"/> Medical Transport |
| <input type="radio"/> Mutual Aid |
| <input type="radio"/> Standby |

Defined as "The type of service or category of service requested of the EMS service responding for this specific EMS incident."

- *911 Response* = any unscheduled EMS response to a scene originating from 911 or the dispatch center.
- *Intercept* = a response where an EMS vehicle or unit is meeting up with or intercepting with another EMS vehicle or unit already caring for a patient to either increase the level of service or resources associated with the patient care or service delivery.
- *Interfacility Transfer* = a response or service which is involved in the movement of a patient between two healthcare facilities; this is typically two hospitals.
- *Medical Transport* = a response or service based on a schedule request. An example would be between a nursing home and a physician's office.
- *Mutual Aid* = a response or service request from an EMS agency outside of the service area
- *Standby* = a response or service request not associated with a specific patient scenario but associated with a high-risk event. This could be a public event, structure fire, etc.

Age

| AGE | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | HR |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | DY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | MO |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | YR |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Indicate the patient's age in years, months, days or hours, and complete the appropriate bubbles.

Date of Birth

| DATE OF BIRTH | | | |
|---------------------------|----------------------|----------------------|----------------------|
| MM | DD | YY | |
| <input type="radio"/> Jan | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Feb | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Mar | <input type="text"/> | 18 | <input type="text"/> |
| <input type="radio"/> Apr | <input type="text"/> | 19 | <input type="text"/> |
| <input type="radio"/> May | <input type="text"/> | 20 | <input type="text"/> |
| <input type="radio"/> Jun | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Jul | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Aug | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Sep | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Oct | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Nov | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Dec | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you are able to ascertain the patient's birth date, record the information in the spaces provided and fill-in the appropriate bubbles.

Weight in KG

| WT KG |
|----------------------|
| <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Record and bubble the patient's weight in kilograms.

Gender

| GENDER |
|---------------------------------|
| <input type="radio"/> Female |
| <input type="radio"/> Male |
| <input type="radio"/> Not Known |

Indicate the appropriate gender. If unable to ascertain or determine the gender of the patient, please bubble "Not Known."

Pediatric Only

| PEDIATRIC ONLY | |
|-------------------------------------|----------------------------|
| <input type="checkbox"/> ALTE | |
| <input type="checkbox"/> Parent Acc | |
| LBRT | |
| <input type="checkbox"/> GP | <input type="checkbox"/> B |
| <input type="checkbox"/> RPY | <input type="checkbox"/> O |
| <input type="checkbox"/> W | <input type="checkbox"/> G |

Please bubble in the appropriate issues that apply to your run.

ALTE: Apparent Life Threatening Event – this applies to an infant (12 months of age or less) which is frightening to the observer and includes one or more of the following reported circumstances: apnea, color change (e. g. cyanosis or pallor), marked change in muscle tone (e. g. stiffness or limpness), or unexplained choking or gagging. Most of these patients will have a normal field exam but will require immediate assessment by a physician. Mark bubble if ALTE is suspected.

Parent Accompanied: Mark this bubble when a parent/legal guardian accompanies a pediatric patient to a facility in the ambulance.

LBRT: All pediatric drug dosing is based on calculated weight in kilograms. The Broselow Tape is a measuring system by which one can derive and communicate the patient's weight through the use of color. When using the Broselow Tape, be sure to bubble the appropriate color or color group.

Here are some special notes regarding this section:

Grey/Pink (GP): Select if the child's weight is less than 8kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 for further clarification.

Red/Purple/Yellow (RPY): Select if the child's weight is between 8-14kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 2 for further clarification.

White (W): Select if the child's weight is between 15-18kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 3 for further clarification.

Blue (B): Select if the child's weight is between 19-23kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 4 for further clarification.

Orange (O): Select if the child's weight is between 24-29kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 5 for further clarification.

Green (G): Select if the child's weight is between 30-36kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 6 for further clarification.

Race/Ethnicity

| RACE/ETHNICITY | |
|-----------------------|--------------------------------------|
| <input type="radio"/> | Am Indian or Alaska Nat/Hispanic |
| <input type="radio"/> | Am Indian or Alaska Nat/Non-Hispanic |
| <input type="radio"/> | Asian/Hispanic |
| <input type="radio"/> | Asian/Non-Hispanic |
| <input type="radio"/> | Black or African Am/Hispanic |
| <input type="radio"/> | Black or African Am/Non-Hispanic |
| <input type="radio"/> | Nat Hawaiian or Oth PI/Hispanic |
| <input type="radio"/> | Nat Hawaiian or Oth PI/Non-Hispanic |
| <input type="radio"/> | White/Hispanic |
| <input type="radio"/> | White/Non-Hispanic |
| <input type="radio"/> | Oth Race/Hispanic |
| <input type="radio"/> | Oth Race/Non-Hispanic |

Indicate your best estimate of the patient's race/ethnicity category. Please select carefully as each race has a Hispanic or Non-Hispanic option.

Patients At Scene

| PATIENTS AT SCENE | |
|-----------------------|----------|
| <input type="radio"/> | Multiple |
| <input type="radio"/> | Single |
| <input type="radio"/> | None |

Indicator of how many total patients were at the scene. If no patients found at scene bubble "None", if one bubble "Single" and if more than one bubble "Multiple".

Status

| STATUS | | |
|-----------------------|----------|-----------------------|
| INT | | FIN |
| <input type="radio"/> | Mild | <input type="radio"/> |
| <input type="radio"/> | Moderate | <input type="radio"/> |
| <input type="radio"/> | Acute | <input type="radio"/> |

Bubble in the patient's initial status (INT) and final (FIN) status (the patient's status when delivered to the next care giver).

The Status criteria/definitions below are found on the back page of the PPR.

Status

Mild: patient with stable vital signs and no apparent threat to life c

Moderate: patient with suspected threat to life or limb needing immedi

Acute: patient with apparent need for immediate intervention to pro

Annex D/MCI

| ANNEX D/MCI |
|-------------------------------|
| <input type="radio"/> Annex D |

If an Annex-D is activated fill in the Annex-D bubble.

- 3 – Inappropriate words
- 4 – Confused conversation or speech
- 5 – Oriented and appropriate speech

Best Motor Response:

- 1 – None
- 2 – Extensor posturing in response to painful stimulation
- 3 – Flexor posturing in response to painful stimulation
- 4 – General response to painful stimulation
- 5 – Localization of painful stimulation
- 6 – Obeys commands with appropriate motor responses

**Initial Vital Signs-
Pulse, Respiration,
SYS BP, Dias BP, O₂Sat**

| PULSE | | RESP | | SYS BP | | DIAS BP | | O ₂ SAT | |
|-------|---|------|---|--------|---|---------|---|--------------------|----------------|
| | | | | | | | | R/A | O ₂ |
| 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 |

Indicate the first set of vital signs obtained on the patient.

If the blood pressure is palpated, write "P" in the space for writing the Dias BP and do NOT darken any ovals.

Remember, if you chart "00" for any vital sign, you are charting that you measured the vital sign and it was zero. If you did not measure a vital sign, leave the corresponding bubbles blank.

For charting Oxygen saturation, the O₂Sat measurement on Room Air is to be recorded under *R/A*. The O₂Sat after oxygen was applied should be recorded under *O₂*.

**Incident
Zip Code, Month,
Day, Year**

| INCIDENT | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ZIP CODE | | | | MONTH | DD | YR | | | | |
| <input type="radio"/> |
| 0 | 0 | 0 | 0 | <input type="radio"/> | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | <input type="radio"/> | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | <input type="radio"/> | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | <input type="radio"/> | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | <input type="radio"/> | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | <input type="radio"/> | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | <input type="radio"/> | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | <input type="radio"/> | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | <input type="radio"/> | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | <input type="radio"/> | 9 | 9 | 9 | 9 | 9 | 9 |

By recording a correct Zip Code, you assist EMS and your agency in monitoring exactly where services are being requested, so that we can evaluate trends and plan for the future. This is required on ALL PPR forms.

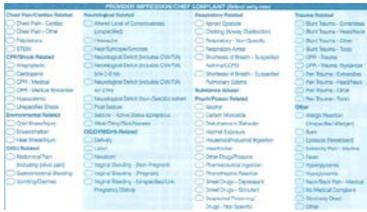
Determine the Zip Code of the location of the scene or location where the patient is to be picked up or is expected to be picked up. Write in the Zip Code in the space provided, then "bubble" the corresponding numbers below. If you end up responding to a scene/location *out of the County (on a mutual aid call)*, but **in the United States**, enter **92999**. If you respond to a scene/location **in Mexico**, enter **92998**.

Darken the ovals for the month, date, and year that you were dispatched.

Note: Two digits are needed for the day; use a zero before days 1 through 9 (i.e. 02 for the second day of the month).

**Provider Impression/Chief
Complaint**

This section must be completed any time you are actually dispatched. This is a **single choice category**. Indicate the one option that best describes the patient's situation.



This field has changed significantly from previous bubble forms; options are grouped by clinical categories.

There is an "Other" option in the Other category to use only when there is no option listed that seems reasonable to the patient's situation. There is also an option for an encounter in which an individual does not have a medical complaint, "No Medical Complaint".

Note: There are special categories to be selected if bystander CPR was provided on scene (medical or trauma patients). It is important to recognize that bystanders CPR was being provided in these cases.

If the call is cancelled, bubble in "No Medical Complaint" or leave blank.

Other Barriers to Patient Care

OTHER BARRIERS TO PATIENT CARE (1=Primary Factor)

Developmentally Impaired

Hearing Impaired

Language

Physically Impaired

Physically Restrained

Speech Impaired

Unattended or Unsupervised (inc minors)

Unconscious

None

Defined as "Indication of whether or not there were any patient specific barriers to serving the patient at the scene".

Fill in only one bubble in the (1) column for the barrier that you feel to be the most important (**the primary barrier**). Additional bubbles may be marked in the second column to indicate secondary barriers.

Suspected Alcohol/Drug Use Indicators

SUSPECTED ETOH/DRUG USE (1=Primary Factor)

Alcohol and/or Drug Paraphernalia at Scene

Patient Admits to Alcohol Use

Patient Admits to Drug Use

Smell of Alcohol on Breath

Not Known

Defined as "Indicators for the potential use of alcohol or drugs by the patient".

Fill in only one bubble in the (1) column for the indicator that you feel to be the most important to determine the patient's alcohol/drug use (**the primary indicator**). Additional bubbles may be marked in the second column to select secondary indicators.

Incident Location

INCIDENT LOCATION

Farm

Home/Residence

Recreation or Sport Facility

Health Care Facility

Industrial Place and Premises

School/Academic

Assisted Living Care Fac

Jail/Prison

Street or Highway

Doctor's Office/Clinic

Lake, River, Ocean

Trade or Service Business

Hospital

Mass or Quarry

Bank, Institution, Shop

Multi-level Housing Fac

Public Building

Not Known

Urgent Care

Other Location

Defined as "The type of location where the incident happened".

Mark the one category which best describes where you encountered the patient. This will assist us in identifying target areas for injury prevention activities.

If you mark "Health Care Facility", you will note an additional category in this area for further definition of the **Type Medical Facility**. Use this area to designate the place of origin if in a medical facility.

IV Insertion

| IV INSERTION | | | | | |
|--------------|---------|---|----|---------|---|
| | ATTEMPT | | | SUCCESS | |
| C1 | 1 | 2 | 3+ | Y | N |
| C2 | 1 | 2 | 3+ | Y | N |
| FR | 1 | 2 | 3+ | Y | N |
| INT | 1 | 2 | 3+ | Y | N |

If there was an attempt to place an IV, indicate the number of attempts by each specific crew member(s) as indicated at the top of the form, and whether or not each crew member that attempted was successful.

Research Protocol

| RESEARCH PROTOCOL |
|-----------------------|
| <input type="radio"/> |

Bubble in if the patient meets criteria to be enrolled into a current research study or trial.

ET Intubation

| ET INTUBATION | | | | | |
|---------------|---------|---|----|---------|---|
| | ATTEMPT | | | SUCCESS | |
| C1 | 1 | 2 | 3+ | Y | N |
| C2 | 1 | 2 | 3+ | Y | N |
| FR | 1 | 2 | 3+ | Y | N |
| INT | 1 | 2 | 3+ | Y | N |

If there was an attempt to place an ET tube, indicate the number of attempts by each specific crew member(s) (as indicated at the top of the form), and whether or not each crewmember that attempted was successful

ETCO₂

| ETCO ₂ | |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |

End Tidal Carbon Dioxide: This section allows for personnel to indicate their patient's concentration of carbon dioxide (CO₂) at the end of their exhaled breath.

Cause/Mechanism of Injury

| CAUSE/MECHANISM OF INJURY (Select Only One) | | | |
|--|--------------------------|--|---|
| Driver | Passenger | | |
| <input type="checkbox"/> MA | <input type="checkbox"/> | <input type="checkbox"/> Golf/Percu/Slap | <input type="checkbox"/> Other Vehicle |
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> | <input type="checkbox"/> Drown/Strorage | <input type="checkbox"/> Petards |
| <input type="checkbox"/> ATV | <input type="checkbox"/> | <input type="checkbox"/> Electrocution - Lightning | <input type="checkbox"/> Poisoning by Chemical |
| <input type="checkbox"/> MVA vs Pedestrian | <input type="checkbox"/> | <input type="checkbox"/> Electrocution - Non-lightning | <input type="checkbox"/> Poisoning by Drug |
| <input type="checkbox"/> MVA vs Pedestrian | <input type="checkbox"/> | <input type="checkbox"/> Excessive Cold | <input type="checkbox"/> Radiation Exposure |
| <input type="checkbox"/> MVA - nonoperator | <input type="checkbox"/> | <input type="checkbox"/> Excessive Heat | <input type="checkbox"/> Rabies/Toxic |
| <input type="checkbox"/> Assault | <input type="checkbox"/> | <input type="checkbox"/> Fall | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Aerial Hoist | <input type="checkbox"/> | <input type="checkbox"/> Firearm... | <input type="checkbox"/> Small Aircraft |
| <input type="checkbox"/> Submersion/Maneuver, Adult | <input type="checkbox"/> | <input type="checkbox"/> Fire | <input type="checkbox"/> Struck by Blast/Thrown Object |
| <input type="checkbox"/> Submersion/Maneuver, Child | <input type="checkbox"/> | <input type="checkbox"/> Hot Substance | <input type="checkbox"/> Suffocation by Food/Foreign Body |
| <input type="checkbox"/> Striking non-venomous | <input type="checkbox"/> | <input type="checkbox"/> Ingestion of Solids | <input type="checkbox"/> Suffocation by Mechanical |
| <input type="checkbox"/> Striking venomous (spiders, snakes) | <input type="checkbox"/> | <input type="checkbox"/> Highway Accidents | <input type="checkbox"/> Water Transport |
| | | <input type="checkbox"/> Non-Motorized Transportation | <input type="checkbox"/> Other |

Defined as "The category of the reported/suspected external cause of the injury".

This is a **single choice category**. For victims of trauma, indicate the one factor that best describes the means by which the patient was injured. If the patient was involved in a motor vehicle crash (auto, motorcycle or all-terrain vehicle), indicate whether the patient was the driver or passenger.

We have provided an "other" category in the mechanism of injury category, but this option should only be used when there are no other options that seem reasonable to the patient's situation.

With incidents involving automobiles and traffic injuries, remember to indicate, elsewhere on the PPR, pertinent information regarding the incident. Don't forget to complete the restraint section (helmet, belts,

etc), and any contributing factors (such as ejection, etc) that may apply.

Cause of Injury - first column

| CAUSE/MI | |
|---|---|
| | Driver Passenger |
| MVA | <input type="radio"/> <input type="radio"/> |
| Motorcycle | <input type="radio"/> <input type="radio"/> |
| ATV | <input type="radio"/> <input type="radio"/> |
| <input type="radio"/> MVA vs. Pedalcycle | |
| <input type="radio"/> MVA vs. Pedestrian | |
| <input type="radio"/> MVA - Noncollision | |
| <input type="radio"/> Aircraft | |
| <input type="radio"/> Animal Ridden | |
| <input type="radio"/> Battering/Maltreatment, Adult | |
| <input type="radio"/> Battering/Maltreatment, Child | |
| <input type="radio"/> Bite/Sting Non Venomous | |
| <input type="radio"/> Bite/Sting Venomous (plants, animals) | |

MVA (Motor Vehicle): MVA pertains to either automobile or truck crashes that occur on any type of public or private roadway (for Non-collision incidents that involve a MV such as mechanical failure, explosion or fall from MV see MVA Non-collision category). Please indicate in the appropriate bubble whether the patient is a driver or passenger.

Motorcycle (MC): MC pertains to motorcycle crashes that occur on any type of public or private roadway (for Non-collision incidents that involve a MV such as mechanical failure, explosion or fall from MC see MVA Non-collision category). Please indicate in the appropriate bubble whether the patient is a driver or passenger. Motorized scooters are categorized as MC.

All Terrain Vehicles: ATV pertains to off road, non-traffic incidents. This category includes motorized quad-cars, motorized dirt bikes, and dune buggies (for mountain bike incidents see Pedalcycle category). Please indicate in the appropriate bubble whether the patient is a driver or passenger.

MVA vs. Pedalcycle: Pertains to MV related Pedalcycle incidents only. If necessary, bubble this in for both the MV Driver/Passengers and the pedal cyclist. For Non-MV related Pedalcycle incidents use the Pedalcycle bubble. A Pedalcycle is defined as a transport vehicle operated solely by pedals, such as a unicycle, bicycle, tricycle, or a quadracycle.

MVA vs. Pedestrian: This category is used for all MV related pedestrian incidents. If necessary, bubble this on each PPR for both the MV Driver/Occupants and the pedestrian.

MVA Non-Collision: Used for MV related injuries that do not involve a collision/crash such as injuries that result from a MV mechanical failure, explosion, tire blow out, trapped by door of MV/bus, or fall from MV.

Aircraft: Select if the patient was injured as the result of an incident involving any motorized or non-motorized aircraft (including hang-gliders).

Animal Ridden: Select if the patient was injured while riding an animal. Does not include injuries involving an animal drawn vehicle, which would be an "Other Vehicle".

Battering/Maltreatment, Adult: Pertains to injuries inflicted by another person on patients 18 years and older with intent to harm by any means. Includes abuse or neglect. Use only with an assault or domestic assault intent category.

Battering/Maltreatment, Child: Pertains to injuries inflicted by another person on patients 0-17 years old with intent to harm by any means. Includes abuse or neglect. Use only with an assault or domestic assault intent category.

Cause of Injury-second column

MECHANISM OF INJURY (Select One)

- Cut/Pierce/Stab
- Drown/Submerge
- Electrocution - Lightning
- Electrocution - Non-Lightning
- Excessive Cold
- Excessive Heat
- Fall
- Firearm
- Fire
- Hot Substance
- Inhalation of Smoke
- Machinery Accidents
- Non Motorized Transportation

Bite/Stings Non-Venomous: Pertains to bite/stings or other injuries not otherwise specified from non-venomous animals or plants.

Bite/Stings Venomous (plants, animals): Pertains to bite/stings or other injuries not otherwise specified from venomous animals or plants.

Cut/Pierce/Stab: Pertains to injuries sustained by cutting and piercing instruments or objects. This includes hand tools, lawn mower, and needles. Excludes animal/plant spines or quills. This is categorized as Bite/Sting.

Drown/Submerge: Select if the patient was submersed. This includes in bathtub, bucket, while water skiing, diving, etc. Exclude if patient is injured in an incident involving a watercraft (e.g. struck by a watercraft while water skiing/swimming/diving). This is categorized as Water Transport.

Electrocution, Lightning: Select if patient was struck by lightning.

Electrocution, Non-Lightning: Select if patient was exposed to an electric current from exposed wire, faulty appliance, high voltage cable, live rail, or open electric socket as the cause of burn, cardiac fibrillation, convulsion, electric shock, electrocution, puncture wound, or respiratory paralysis. Do not select this if the patient was burned by heat from an electrical appliance (Hot Substance) or struck by lightning (Electrocution, Lightning).

Excessive Cold or Excessive Heat: Select one of the categories if an injury has resulted from exposure to extreme temperatures.

Fall: Includes falls on the same level or from one level to another, as into hole/swimming pool, from ladder/scaffold, steps, and structure. Falls from MV should be classified in the MV or MV Non-collision category. Drowning injuries are considered Drown/Submersion.

Fire: Select if the patient suffered injuries as the result of a flame fire, except when that fire was the result of a MV crash, which would be categorized as MV. Hot Substance burns are categorized separately.

Firearm: Use for injuries caused by any type of firearm or explosive (e.g. letter bomb, BB gun, rifle, handgun, fireworks).

Hot Substance: Pertains to scalds or burns from all causes except a flame (i.e. hot grease, steam, electrical appliance, acid, gas etc).

Smoke Inhalation: Select if the patient suffered from airway or pulmonary injury resulting from the **inhalation** of toxic combustion products.

Machinery Accidents: Pertains to incidents involving machinery while in operation.

Non-Motorized Transportation: This category pertains to injuries from recreational vehicles such as skateboards, sleds, in-line skates/roller-skates, and non-motorized scooters. Motorized scooters are categorized as MC.

Cause of Injury - third column

Inly One)

- Other Vehicle
- Pedalcycle
- Poisoning by Chemical
- Poisoning by Drug
- Radiation Exposure
- Railway/Trolley
- Rape
- Sexual Assault
- Struck by Blunt/Thrown Object
- Suffocation by Food/Foreign Body
- Suffocation by Mechanical
- Water Transport
- Other

Other Vehicle: Select if the patient was injured as the result of an incident involving any other type of vehicle (tractor, riding lawn mower, etc).

Pedalcycle: Pertains to Non-MV related Pedalcycle incidents. For example, single Pedalcycle crashes or Pedalcycle versus pedestrian. For MV related Pedalcycle incidents use the MVA vs. Pedalcycle category. A Pedalcycle is defined as a transport vehicle operated solely by pedals, such as a unicycle, bicycle, tricycle, or a quadracycle.

Poisoning by Chemical: Select and fill in this bubble if the patient is poisoned by any chemical substance (liquids, solids, gases etc.). Do not forget to complete intent to indicate whether event was unintentional, self-inflicted or related to an assault.

Poisoning by Drug: Select and fill in this bubble if the patient is poisoned by any drug. Do not forget to complete intent to indicate whether event was unintentional, self-inflicted or related to an assault.

Radiation Exposure: Select if the patient was injured as a result of overexposure to radiation, including microwave, radar, infra-red heaters and lamps, ultraviolet light sources, x-rays, lasers, radioactive isotopes, or other types of radiation.

Railway/Trolley: Select if the patient was hit by a train, or injured as the result of an incident involving any railway vehicle (train, trolley, etc.), including those where the patient was an occupant of a motorized vehicle, or was a pedestrian, bicyclist, skateboarder, etc. when struck by a railway vehicle.

Rape: Select if the patient was the victim of rape, which is defined as the unlawful compelling of a person through physical force or duress to have sexual intercourse.

Sexual Assault: Select if the patient was the victim of sexual or indecent nature from another person that is accompanied by actual or threatened physical force or that induces fear, shame, or mental suffering.

Struck by Blunt/Thrown Object: Select if the patient was hit by a stationary object or by an object thrown by another person. Also includes being struck by objects the patient has thrown that come back to strike him.

Suffocation by Food/Foreign body: Select if the patient has injuries sustained from the inhalation and ingestion of food/objects.

Suffocation, Mechanical: Select if the patient has injuries sustained from asphyxiation from machinery or an object.

Water Transport: Select if the patient was injured in an incident involving a watercraft (e.g. struck by a watercraft while water skiing/swimming/diving). Does not include drowning while swimming, this is categorized as Drown/Sub.

Other: Use only as a last resort and if the mechanism of the injury truly does not fall within the description of any other category.

Type of Injury

| TYPE OF INJURY | |
|-----------------------|-----------------|
| <input type="radio"/> | Amputation |
| <input type="radio"/> | Blunt |
| <input type="radio"/> | Burn |
| <input type="radio"/> | Crush |
| <input type="radio"/> | Motor Def/Paral |
| <input type="radio"/> | Penetrating |
| <input type="radio"/> | Not Known |
| <input type="radio"/> | Other |

Defined as "The mechanism of the event which caused the injury".

Anatomical Location

| ANATOMICAL LOCATION (1=Primary Factor) | |
|---|-----------------|
| <input type="radio"/> | Abdomen |
| <input type="radio"/> | Back |
| <input type="radio"/> | Chest |
| <input type="radio"/> | Extremity-Lower |
| <input type="radio"/> | Extremity-Upper |
| <input type="radio"/> | General/Global |
| <input type="radio"/> | Genitalia |
| <input type="radio"/> | Head |
| <input type="radio"/> | Neck |

Defined as "The primary anatomic location of the chief complaint as identified by EMS personnel".

Fill in only one bubble in the (1) column for the anatomical factor that you feel to be the most significant or severe (**the primary factor**). Additional bubbles may be marked in the second column to indicate secondary factors.

Position In Vehicle

| POSITION IN VEHICLE | |
|-----------------------|----------------------|
| <input type="radio"/> | Driver |
| <input type="radio"/> | Front Row |
| <input type="radio"/> | Other than Front Row |
| <input type="radio"/> | Truck Bed |
| <input type="radio"/> | Not Known |

Mark the one category which best describes the position of the patient in the vehicle at the time of the accident.

Work Related

| WK RELATED | |
|-----------------------|-----------|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No |
| <input type="radio"/> | Not Known |

If the incident occurred while the patient was working indicate, "YES". If it is unknown whether or not the incident is work related, indicate such.

Intent of Injury

INTENT OF INJURY

Assault/Intentional

Domestic Assault

Legal Intervention

Self Inflicted

Unintentional

Not Known

Defined as “The intent of the individual inflicting the injury”.

This section is intended to record, for trauma patients, whether the injury was unintentional or was the result of a deliberate act by someone. Here are notes on some of the options:

Assault/Intentional: Any other assault, which is not classified as a domestic assault (see below). An assault is defined as injury inflicted by another person with intent to injure or kill, by any means.

Domestic Assault: Domestic incidents are defined as abuse committed against an adult or fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, or a person with whom the suspect has a child or has had a dating or engagement relationship. This field is not a substitute for formal reporting of abuse. It should not be used to identify incidents of child or elder abuse.

Legal Intervention: Indicate this option if the patient was injured as the result of an altercation with law enforcement.

Self-Inflicted: This option should be indicated if there was an *intentional* injury to the patient caused by the patient themselves (like a suicide attempt). This option should NOT be used to describe an *unintentional* self-inflicted injury (the unintentional option should be selected instead).

Unintentional: Select if the patient was injured in an incident wherein there was no intention that anyone be injured.

Not known: Select if the circumstances or cause of the injury are unknown.

**Detailed Instructions –
Field by Field
EMS COPY, Page 2 of 2**

Procedures/Skills

Defined as “The procedure(s) performed on the patient”.
Note: Chest Seal was added for FY1516

This section is used to record the procedures/skills that were utilized in caring for the patient, and the personnel who performed them.

To make it easier to use the list, Airway Insert/Monitoring related procedures are grouped together at the beginning, and then all other procedures are listed alphabetically.

Be sure to indicate all of the interventions that were performed, and, by marking the appropriate bubbles, the crewmember who performed the skill. The (C1), (C2) (FR) and (INT) bubbles will correspond to the crewmembers listed at the top of the form (**Crew 1, Crew 2, First Responder or Intern**).

For most interventions, it is appropriate (and required by State regulation) that you thoroughly document the patient's response to these interventions. This should be done in the narrative section.

If a “12 Lead EKG” is performed indicate whether the results can be interpreted as one of the following:

- STEMI (ST elevation myocardial infarction)
- LBBB (Left Bundle Branch Block)
- RBBB (Right Bundle Branch Block)
- Other
- Anterior ischemia
- Inferior ischemia
- Lateral ischemia

**Protective Devices/
Safety Factors**

Defined as “Safety factors that affected the incident”.

Select all that apply.

Indicate any and all options that appear to have been used by the patient. Patients who are involved in a MV or MC crash, Pedalcycle incidents, non-motorized transport incidents (skateboards, sleds, in-line skates/roller-skates, and non-motorized scooters) and other vehicle incidents need to have protective devices documented.

To make it easier to use the list, options are categorized into Auto/Veh Safety Factors and Other Safety Factors. Please bubble in “Y” for Yes, “N” for No or “NK” for Unknown for each applicable factor.

Here are notes on some of the options:

Auto/Veh Safety Factors

Lap/Shoulder: Select this category if a lap/shoulder combination belt was worn.

Lapbelt Only: Select this category if a lap belt was worn, but no shoulder harness.

**Protective Devices/
Safety Factors -
Auto/Veh Safety Factors**
continued

| PROTECTIVE DEVICES/SAFETY FACTORS (Mark ALL that apply) | |
|--|---|
| Auto/Veh Safety Factors | Other Safety Factors |
| Yes/No/Not Known | Yes/No/Not Known |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Lap/Shoulder | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bicycle/Sports Helmet |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Lapel Only | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eye Protection |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Shoulder Only | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Firearm Trigger Lock Engaged |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Infant Child Seat | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Firearm Unlocks Storage |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Seats Booster Seat | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mask |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Front Airbag Deployed | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Obstacle Hazard - Contribute to Injury |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Side Airbag Deployed | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal/Work-Easy Access |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Truck Bed Rest | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Protective Clothing |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Unrestrained | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Protective Gear (Ivory Clothing) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Motorcycle Helmet | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Safety Helm-Installed at Scene |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Motorcycle Full Protective Gear | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swimming Pool - Self-Closing/Latching gate |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Vehicle/RV Helmet | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swimming Pool - Surrounded by Barrier Fence |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Chest Pad | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Window-PTD Item |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Person Riding Outside of Moving Vehicle | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Window-Guards in Place |

Shoulder Only: Select if a shoulder harness was worn, but had no lap belt.

Infant/Child Seat: This category applies to child/infant seats that have an integrated seat belt/safety harness built into the child/infant seat. These may be either rear or forward facing.

Child Booster Seat: A Booster Seat is a child restraint seat that incorporates the vehicle's existing lap/shoulder belts to restrain the child (rather than using a special safety harness built into the safety seat).

Airbag Front: Select this category if the vehicle deployed the driver's / passenger's front airbag.

Airbag Side: Select this category if the vehicle deployed the driver's / passenger's side or curtain airbag.

Truck Bed Res: Select if the patient was restrained while riding in the bed of a truck at the time of the crash.

Unrestrained: Select if the patient was known not to be wearing any type of safety restraints at the time of the crash.

Motorcycle Helmet: This category should be chosen for any patient who was known to have worn a motorcycle helmet at the time of the incident. (Ex. Patients involved in motorcycle accidents and who were wearing a helmet during the time of the accident will fall under this category.)

Motorcycle Full Protective Gear: Select this category if the patient is wearing a helmet *and* some other kind of body protection, such as boots, leathers, gloves, or protective padding on the arms or legs.

Other Vehicle/RV Helmet: Select this if the patient was wearing a protective helmet while driving or riding in a recreational vehicle such as a motorized quadcar, motorized dirt bike, or dune buggy.

Other Vehicle/RV Pads: Select this if the patient was wearing protective pads (such as arm, leg or chest protectors) while driving or riding in a recreational vehicle such as a motorized quadcar, motorized dirt bike, or dune buggy.

Child left Unattended in Auto: Select this if the patient was left unattended in an auto and was injured or harmed as a result.

Person Riding Outside of Moving Vehicle: Select this if the patient suffered injuries while holding on to or hanging on a moving vehicle.

Other Safety Factors

Bicycle/Sports Helmet: This category should be chosen for any patient who was known to have worn a sports/bicycle helmet at the time of the incident. (Ex. Patients involved in recreational activities/bicycle riding and who are wearing a helmet during the time of accident will fall under this category.)

**Protective Devices/
Safety Factors -
Other Safety Factors**
continued

| PROTECTIVE DEVICES/SAFETY FACTORS (Mark ALL that apply) | |
|--|--|
| Auto/Win Safety Factors | Other Safety Factors |
| Yes/No/Not Known | Yes/No/Not Known |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Lap/Shoulder | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bicycle/Sports Helmet |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Lap/belt Only | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eye Protection |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Shoulder Only | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Firearm Trigger Lock Employed |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Infant/Child Seat | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Firearm Unlocks Storage |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Seats Booster Seat | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mask |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Front Airbag Deployed | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Obstacle/Hazard- Contribute to Injury |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Side Airbag Deployed | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poisons/Meds-Easy Access |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Truck-Bed Rtn | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Protective Clothing |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Unrestrained | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Protective Gear (Non-Clothing) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Motorcycle Helmet | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Safety Rails-Installed at Scene |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Motorcycle Full Protective Gear | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swimming Pool- Self-Closing/Latching gate |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Vehicle/PPV-Helmet | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swimming Pool- Surrounded by Barrier Fence |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Vehicle/PPV Pads | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watercraft-PPD Worn |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Child left unrestrained in auto | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Window-Guards in Place |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto - Person Riding Outside of Moving Vehicle | |

Eye Protection

Firearms – Trigger Lock Employed: Select this if the device designed specifically for a firearm to lock in place and prevent the trigger from firing was employed.

Firearms – Unsafe Storage: Select this if the patient suffered injuries as a result of a firearm being stored inappropriately.

Mask

Obstacle/Hazard – Contribute to Injury

Poisons/Meds – Easy Access: Select this if the patient ingested poison or medications that weren't located in a secure place.

Protective gear (non-clothing) and Protective clothing

Safety Rails Installed at Scene: Select this option if the patient was injured while in an environment where safety rails had been installed, such as a handicap bathroom.

Swimming Pool – Self Closing/Latching Gate: Select this if the patient was injured while in or near a swimming pool that had a latching gate present.

Swimming Pool – Surrounded by Barrier Fence: Select this if the patient was injured while in or near a swimming pool that was surrounded by a barrier fence.

Watercraft – PFD Worn: Select this if the patient was injured while in or around a watercraft vehicle, and was wearing protective devices.

Window Guards in Place: Select this if a set of removable steel bars designed to prevent falls out of a window were present.

Ectopy and EKG/ Cardiac Rhythm

| ECTOPY | ECG/CARDIAC RHYTHM |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Normal Sinus Rhythm | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sinus Arrhythmia |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Atrial/Idioventricular | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sinus Bradycardia |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Atrial | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sinus Tachycardia |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Atrial | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supraventricular Tachycardia |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Atrial Fibrillation/Flutter | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Torsades de Pointes |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AV Block-1st Degree | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown AED |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AV Block-2nd Degree-Type 1 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Shockable Rhythm |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AV Block-2nd Degree-Type 2 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown AED |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AV Block-3rd Degree | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shockable Rhythm |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Junctional | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ventricular Fibrillation |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Paced Rhythm | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ventricular Tachycardia |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PEA | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not Known |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other |

ALS personnel will use the Ectopy/EKG section of the PPR to document their interpretation of the patient's EKG. Spaces are provided for the interpretation of the initial rhythm (1) and final/last (L) rhythm. If more than one EKG option applies to your interpretation, indicate only the most important (i.e. most pathological) option. The narrative section of the PPR should be used to document and characterize all EKG rhythms and changes.

Complete the ectopy column to indicate the focus of any ectopics and their frequency. "<6, >6" refers to the number per minute. "SE, SD" may be used to describe an elevated or depressed ST segment.

1 = First field EKG
L = Last field EKG

Dispatch #

Previously labeled *Incident #*.

Enter the number provided by the dispatch for this call starting in the far left **column, entering the information, left to right**. If the number is smaller than the 15 spaces provided leave the extra spaces **and columns** blank. Then bubble **“in”** the corresponding digits or letters.

Note there are now letters A-Z and digits 0-9.

Run Code

Indicate the level of response you provided both TO and FROM the incident scene.

Note: The options for this field have changed from past bubble forms.

Transport Code

Agencies using the 10/20/30/40/50 coding system to record the level of transport should use this column.

- Code 50: no apparent medical need/alternative transport appropriate
- Code 40: BLS interventions only
- Code 30: IV access established, cardiac monitoring
- Code 20: Medication administration (other than O2 or IV TKO)
- Code 10: Acute status patient

Outcome



OUTCOME [Select 1]

- Trans by Call Unit
- Trans by Other Unit
- Trans Rendezvous
- AMA
- Release
- DOS
- Aid Unnecessary
- Call Cancelled
- Interfacility
- Interfacility-CCT
- Other Non Emerg BLS
- Eloped

This is a **single choice category**. Indicate the one option that best describes how the run turned out.

Transport by Calling Unit: Refers to instances when your unit transports a patient to the Emergency or Trauma Department of a receiving hospital (except in those transports that are defined as interfacility transfers). Additionally, this category applies to patients who would ordinarily be transported to an Emergency Department but are being transported directly to a specialty unit (such as Labor & Delivery) under special direction by the Base Hospital. **Note: Only ALS or BLS units can use this category.**

Trans Other Unit: Applies if you responded to a scene, encountered a patient or potential patient, and may have provided assistance to the patient, but did NOT transport and another ambulance (CCT, Air Medical) transported the patient.

Trans Rendezvous: Applies if you responded to a scene, encountered a patient, and transported the patient to a meeting point to turn the patient over to another agency for transport to the hospital.

AMA: Applies if you encounter a patient who has a chief complaint or suspected chief complaint, but is refusing to be treated and/or transported to the hospital against the advice of the medical personnel on scene or at the base hospital.

Release: Applies if you encounter a patient with a chief complaint or suspected chief complaint, but field personnel, base hospital personnel and the patient agree that the patient does not require or want transportation to an emergency department, and is released to his/her own care, law enforcement, or other care giver.

DOS: Should be indicated if the patient is found to meet established County of San Diego EMS criteria for obviously dead, or in those situations when the patient is pronounced Dead on Scene and not transported (see EMS Policy/Procedure/Protocol No. S-402).

Aid Unnecessary: If it is determined that the person for whom the medical aid call was dispatched does NOT require any treatment or transport (for example, if the patient did not have a chief complaint, or has a very minor injury), and you do NOT end up providing care or transporting the patient to a hospital, then this option should be indicated.

Call Cancelled: Refers to calls to which you were dispatched and began responding, but were cancelled before you encountered a patient or potential patient. If this option is indicated, make certain that you have not entered "Vital Signs" "Skills" or other patient-specific information elsewhere on the form. You should still indicate the Zip Code of the intended destination on the form.

BLS/CCT units - Check with your agency to determine if a form is required.

Outcome *continued*

Interfacility: An interfacility transfer is defined as any transport of a patient from one medical facility to another medical facility. ALS and BLS prehospital personnel should indicate this option whenever they perform such a transport (whether or not the transport is on an emergent basis). CCT personnel should not utilize this category.

Interfacility CCT: For CCT personnel ONLY, this category should be utilized for ALL patient transports. Prehospital BLS and ALS personnel should NOT utilize this option they should indicate "Interfacility Transfer" instead.

Other Non Emerg BLS: This option should be indicated whenever BLS personnel transport a patient to a non-hospital setting, or whenever a non-emergency patient is transferred from a non-hospital/field setting to someplace other than a hospital's Emergency Department. Non-emergency transports to a patient's home, a nursing home, physician's office, clinic, or diagnostic/treatment center should be indicated here, as well as transports from any of these locations to any location in a hospital that is NOT the ED.

Eloped: This option should be chosen when a patient has fled the scene of the call prior to his/her disposition.

CEMSIS Incident/Patient Disposition

CEMSIS INCIDENT/PATIENT DISPOSITION
(Select 1)

- Discontinued resuscitation
- No patient found
- No treatment required
- Patient dead upon arrival of EMS responders
- Patient/parent refused care and transport
- Response cancelled
- Transferred care to other EMS unit
- Transported but patient/parent refused care
- Transported to receiving facility
- Treated and not transported by EMS personnel
- Treated but patient/parent refused transport
- Treated, Transported by Law Enforcement
- Treated, Transported by Private vehicle

Defined as "Type of disposition treatment and/or transport of the patient".

Times

| INC TIME | | | CALL RCD | | | RESPOND | | |
|----------|---|---|----------|---|---|---------|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

| TRV ARV SCN | | | DPT SCN | | | ARV DES | | |
|-------------|---|---|---------|---|---|---------|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

| AVAIL | | | FR DISP | | | FR ARV SCN | | |
|-------|---|---|---------|---|---|------------|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

In each section, write in the appropriate time, using military time, and fill in the appropriate bubbles. **All applicable times are mandatory.**

INC TIME - Incident Time: The approximate time that the incident occurred/ or illness was recognized, as reported by the patient, family or bystander. This is NOT necessarily the time of the 9-1-1 calls!

CALL RCD - Call Received: The time that you received the dispatch notification.

RESPOND – Responding: The time that your unit began its trip to the incident location.

TR ARV SCN - Transporting Unit Arrives Scene: The time that the ambulance arrived at the incident location.

DPT SCN - Depart Scene: The time the Transporting Unit left the scene with its patient, headed toward the destination medical facility (Pertaining only to ALS, BLS, and CCT Units).

ARV DES - Arrive Destination: The time the Transporting Unit, with its patient, arrives at the destination medical facility (Pertaining only to ALS, BLS, and CCT Units).

AVAIL – Available: The time the Transporting Unit was fully prepared to be dispatched on its next call.

FR DISP - First Responder Dispatch Time: The time the ALS First Responder unit received its dispatch notification

FR ARV SCN - First Responder Arrive Scene: The time the ALS First Responder Unit arrived at the incident location

Description:

Call Cancelled Before Arrived Scene:

If the call is cancelled *before* you arrive to the incident location, bubble the Call Cancelled option in the OUTCOME field.

Note: *All personnel whose forms fall under this category and have **not** bubbled in the Call Cancelled option on their PPR will have their forms **returned** for completion of this field.*

Call Cancelled After Arrived Scene:

If the call is cancelled *after* you arrive to the incident location, bubble the **FR ARV SCN** (First Responder Arrive Scene) field with the appropriate time and mark Call Cancelled under the OUTCOME field.

BASE: If Base Hospital contact was made for this call, for any reason, write in the two-digit hospital identifier (listed on the back of the form) and mark the appropriate bubbles.

RECV: List the two-digit identifier for the receiving facility and mark the appropriate bubbles. If the destination was other than a hospital, indicate one of the special codes listed on the back of the form.

Hospital

Hospital -continued

| HOSPITAL | | | |
|----------|-------|---|---|
| BASE | REC'D | | |
| 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |

Hospitals

San Diego County

- 01 Alvarado Community Hospital
- 16 Kaiser Hospital
- 25 Palomar Health Downtown Campus
- 22 Palomar Medical Center
- 24 Paradise Valley Hospital
- 59 Pomerado Hospital
- 56 Rady Children's Hospital
- 19 Scripps Mercy Hospital
- 02 Scripps Mercy Chula Vista Hospital
- 45 Scripps Encinitas Hospital
- 07 Scripps Green Hospital
- 30 Scripps La Jolla Hospital
- 46 Sharp Chula Vista Hospital
- 49 Sharp Coronado Hospital
- 12 Sharp Grossmont Hospital
- 21 Sharp Mary Birch Hospital
- 31 Sharp Memorial Hospital
- 32 Tri-City Medical Center
- 23 UCSD La Jolla
- 35 UCSD Medical Center
- 33 U.S. Naval Hospital - Balboa
- 34 U.S. Naval Hospital - Pendleton
- 48 Veteran's Administration Hospital

Imperial County

- 51 El Centro Regional Hospital
- 53 Pioneer's Memorial Hospital

Orange County

- 65 Mission Community Hospital
- 62 SMMC - San Clemente Campus

Riverside County

- 61 Hemet Valley Hospital
- 80 Inland Valley Hospital
- 82 JFK Memorial Hospital
- 83 Temecula Valley Hospital
- 84 Rancho Springs Medical Center

Other

- 99 Other US Hospital - Not San Diego County
- 00 Destination Other Than a Hospital
- 97 Medical Examiner
- 10 Tijuana General Hospital
- 98 Mexico - NOT Tijuana General

Type of Destination

| TYPE OF DEST |
|--|
| <input type="radio"/> Home |
| <input type="radio"/> Hospital |
| <input type="radio"/> Medical Office/Clinic |
| <input type="radio"/> Morgue |
| <input type="radio"/> Nursing Home |
| <input type="radio"/> Other EMS Responder (air) |
| <input type="radio"/> Other EMS Responder (ground) |
| <input type="radio"/> Police/Law |
| <input type="radio"/> Not Known |
| <input type="radio"/> Other |

In this section, indicate the type of destination for the patient.

