



County of San Diego - Emergency Medical Services Branch

Prehospital Patient Record

Form: *HHSA: EMS 073 (July 13/14)*

Instruction Manual

"Bubble Form" Paper Version

#2 LEAD PENCIL ONLY

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). The state of California Emergency Medical Services Authority developed the California Emergency Medical Services Information System (CEMSIS), a comprehensive data collection system that is compatible with the national standards.

In order to meet the state CEMSIS requirements the FY1314 bubble form has been modified. **There are four (4) pages to the form, two bubble sheets that will need to be returned to EMS. All applicable fields are mandatory.**

Changes:

The most obvious change to the bubble form is that the bubble form has more sheets. It 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 **Spice** to **Burnt Orange**
- CHIEF COMPLAINT is now the PROVIDER IMPRESSION.

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 utilize 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 in pencil on another form.*

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. It will also pick up staple holes, tears, and coffee stains, especially those at the top of the form or in the margins. 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.

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, precede 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	V	C
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	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	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 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

A 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="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	HR
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/>
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/>	DY
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/>	MO
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/>	YR
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>

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="radio"/> Feb			
<input type="radio"/> Mar	<input type="radio"/> 0	<input type="radio"/> 0	18 <input type="radio"/> 0
<input type="radio"/> Apr	<input type="radio"/> 1	<input type="radio"/> 1	19 <input type="radio"/> 1
<input type="radio"/> May	<input type="radio"/> 2	<input type="radio"/> 2	20 <input type="radio"/> 2
<input type="radio"/> Jun	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> Jul	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> Aug	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> Sep	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> Oct	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> Nov	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> Dec	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

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="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

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 page 1 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 or limb
Moderate:	patient with suspected threat to life or limb needing immediate evaluation by medical personnel
Acute:	patient with apparent need for immediate intervention to protect life or limb

Annex D/MCI

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

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

Contributing Factors

CONTRIBUTING FACTORS (1=Primary Factor)

Auto Related

Auto-Pedestrian/Auto-Bicycle Injury with Significant (>20 MPH) Impact

Dashboard Damage

Death in Same Passenger Compartment

Death on Scene

Ejection from Automobile

Entrapment Time >20 Minutes

Initial Speed from Auto Crash >40 MPH

Intrusion into Passenger Compartment Frontal >12 Inches

Intrusion into Passenger Compartment Side >8 Inches

Major Auto Deformation >20 Inches

Motorcycle Crash >20 MPH or w/Separation of Rider from Bike

Pedestrian Thrown or Run Over

Rollover

Steerwheel Bent

Windshield Star

Other Auto Related

Other

Age <5 or >65

Anticoagulants

Bleeding Disorder

Cardiac Disease

Cirrhosis

End Stage Renal Disease Requiring Dialysis

Falls >15 Feet (Inf Pt >10 feet or 2-3 x height of child)

Immunosuppressed

Insulin Dependent Diabetes

Morbid Obesity

Pregnancy >20 weeks

Respiratory Disease

Time Sensitive Extremity Injury

Vehicle Telemetry Data Consistent w/Increased Risk of Injury

Weather

Other

Defined as "Factors that may have contributed to the seriousness of the injury and influenced triage decisions". Contributing factors have been divided into 2 categories, "auto-related" and "other".

This section is to be used when a patient may be designated as a trauma center candidate (i.e. should go to a trauma center for evaluation and treatment). This helps us understand why the patient went to a trauma center and helps to develop better field triage guidelines for trauma patients.

Fill in only one bubble in the (1) column for the triage factor that you feel to be the most important contributor to the patient's designation as a trauma center candidate (**the primary triage factor**). Additional bubbles may be marked in the second column to indicate secondary factors.

Vitals Time

VITALS TIME

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

Indicate the time that the first set of vitals was obtained. Enter in 24 hour/military time format.

Coma Scale

COMA SCALE

EYE	VER	MOT
1	1	1
2	2	2
3	3	3
4	4	4
	5	5
		6

Using the Glasgow Coma Scale (GCS) document the initial GCS assessment.

Best Eye Response:

- 1 – None
- 2 – Opens eyes in response to painful stimulation
- 3 – Opens eyes in response to verbal
- 4 – Opens eyes spontaneously

Best Verbal Response:

- 1 – None
- 2 – Non-specified sounds
- 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

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, bars, restaurants, etc)
 Hospital
 Mine or Quarry
 Not Known
 Skilled Nursing Fac
 Public Building
 Other Location
 Urgent Care

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.

Cause of Injury - first column
continued

	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)		

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.

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.

Cause of Injury-second column

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

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.

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

Cause of Injury - third column

Cause of Injury – third column
Continued

- 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

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"/>	Oth 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	
<input type="radio"/>	Assault/Intentional
<input type="radio"/>	Domestic Assault
<input type="radio"/>	Legal Intervention
<input type="radio"/>	Self Inflicted
<input type="radio"/>	Unintentional
<input type="radio"/>	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.

**Protective Devices/
Safety Factors** *continued*

shoulder harness.

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

**Protective Devices/
Safety Factors** *continued*

of accident will fall under this category.)

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

ALS personnel will use the EKG/Ectopy 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

Medications

MEDICATIONS GIVEN	
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Adrenaline	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Lidocaine Hydrochloride
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Albuterol	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Lorazepam
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Amiodarone	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Morphine 02
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Atropine	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT MyoGOL 500 (Magnesium Sulfate)
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Aspirin	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT N/A Morphine Sulfate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Atropine Sulfate	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT N/A Naloxone Hydrochloride
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Nebuvent (Budesonide Bromide)	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT N/A Nifedipine
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Benadryl (Diphenhydramine Hydrochloride)	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT N/A Nitro Glycerin
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Blood and Blood Products	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT N/A Nitro
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Calcium Chloride	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT N/A Nitroglycerin
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Charcoal (Activated)	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT N/A Potassium Chloride
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT D 25%	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Chloride
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT D 50%	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Diloxan	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Dopamine Hydrochloride	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Epinephrine - 1:1000	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Epinephrine - 1:10,000	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Enoxidone	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Fentanyl	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Glucagon	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Glucose/Sugar Solution	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Glycoprotein IIb/IIIa Receptor Inhibitors	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Heparin	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT IV D5W	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Labelled	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Lactin (Fluoride)	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> FR <input type="checkbox"/> INT Potassium Permanganate

Reason for Choosing Destination

REASON FOR CHOOSING DESTINATION (Select 1)

Bypass Issue/Diversion

Closest

Requested (Who By) (Choose 1)

Patient Choice

Family Choice

Patient Physician Choice

Resource Issue (Choose 1)

Burn

Hypertarica

Jail/Contract

Obstetrics

Other

Pediatrics

STEMI

STROKE

Trauma

Other (Choose 1)

Insurance Status

Law Enforcement Choice

On-Line Medical Direction

Protocol (if not Closest)

This section allows for personnel to indicate the medications used for each patient. Additionally, by marking the appropriate bubbles, the crew member that administered the drug can be indicated. 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**).

The specific dosage(s) and time(s) given must be documented on the narrative side of the form in the area provided. Remember to record the patient's response to the medication administered.

This is a **single choice category**. Indicate the one main option that best describes the reason for transporting the patient to the medical facility chosen. For example, if the patient is categorized as a trauma center candidate, but the trauma center is the closest hospital anyway, pick TRAUMA as the destination reason.

If the patient is going to one facility because another is on bypass, pick "Bypass Issue/Diversion" as the reason.

If the "Requested" option is marked, choose a secondary bubble to indicate who (Patient, Family, or Patient's Physician) made the request.

If the destination was chosen because of one of the special issues listed in the RESOURCES section, indicate "Resource Service".

All patients who meet criteria for a trauma center candidate (policies T-460/461) should have TRAUMA listed as the reason for destination.

STEMI should be filled-in only if it has been determined that the patient is showing or displaying symptoms of ST elevation or possible MI and needs to be taken to a STEMI Receiving Facility (SRC).

STROKE should be filled-in only if it has been determined that the patient is showing or displaying symptoms of a Stroke (CVA) and needs to be taken to a designated Stroke Receiving Facility.

If the "Other" option is marked, choose a secondary bubble (Insurance Status, Law Enforcement Choice, On-Line Medical Direction, Protocol) if applicable.

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.

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

CEMSIS Incident/Patient Disposition

CEMSIS INCID/PATIENT DISPOSITION (Select 1)
<input type="radio"/> Discontinued resuscitation
<input type="radio"/> No patient found
<input type="radio"/> No treatment required
<input type="radio"/> Patient dead upon arrival of EMS responders
<input type="radio"/> Patient/parent refused care and transport
<input type="radio"/> Response cancelled
<input type="radio"/> Transferred care to other EMS unit
<input type="radio"/> Transported but patient/parent refused care
<input type="radio"/> Transported to receiving facility
<input type="radio"/> Treated and not transported by EMS personnel
<input type="radio"/> Treated but patient/parent refused transport
<input type="radio"/> Treated, Transported by Law Enforcement
<input type="radio"/> Treated, Transported by Private vehicle

Times

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

AVAIL				FR DISP				FR ARV SCN			
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	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		RECV	
BASE	RECV		
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
- 38 Fallbrook 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 Thornton Hospital
- 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

- 81 Hemet Valley Hospital
- 80 Inland Valley Hospital
- 82 JFK Memorial 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

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

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/Jail
<input type="radio"/> Not Known
<input type="radio"/> Other

The Narrative Section
continued

Because the bubble page is not left at the receiving hospital, it is necessary for you to make sure all medical information and the service times, are also recorded on the narrative page.

The sections are generally self-explanatory. Review your agency's expectations of you regarding the completion of the narrative page.