I N	Date	4N.A./	DD/YY	Inc	; #	Jur Sta	a	PD Ur	nit #		Pt Cx at	Scene IFT	Pu B Asst		PATIENT ASSESSMENT	
Ċ	la a	111/1/									ic d by base		I I I	1 1	Ptof # Pts Transported	<u>-</u>
E	Inc Loc	Str	eet Number	Street Nar	me		Apt #			City (Incident Zi	p Code	Orig. Seq. #	_
N	Prov	/ A/E	3/H Uni	t Disp	Arrival	At Pt	L	eft	At Fac	Avail	#1	eam Men			RC	
Ľ		+									#3	#4			Age	
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F O											#7	#	В		Wt ☐ Ib ☐ kg ☐ Est.	
Т	B. Co	ntact	Protocol	Protocol	B. Ntfd	Rec Fac	VI	A	Tra	ns To		Reas	on		Peds Color Code Too Tall	
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	_											P			Time	-
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s	НХ														Date:	—
	AL	.lergie	es												Time:SPECIAL CIRCUMSTANCE	-s
		Eds								SFD	S in past	48 hrs □	IY 🗆 N		☐ BA rriers to Pt Care	_
	м□	Abd/P		Cardiac A		FEver			Drowning	j 🗆	Respiratory		No Medic		☐ Poison Control Contacted	ł
	1510	A.L.T.I		☐ Chest Pai	in	Foreign B GI Bleed	,	□ NOs			SEizure Shortness	of Breath	Complair Inpatient	Medical	☐ Abuse Suspected	
C		Altered		☐ MI ☐ CHoking/	Airway Obst Congestion] Head Pair] HYpoglyc	n emia	OBs	tetrics] LAbor 🔲	NeWborn _	SYncope WEak/Dizz		Other Pa		Reported To:	_
О М			vioral AgitateD	☐ Cough/Co	ongestion [mia [Local Neu Nausea/V	uro Signs omiting	☐ OD/I	Poisoning itations		VAginal Ble		Complair OTher _	nt	☐ Drugs Suspected	
P		No Ap	parent Injur		Shock 🗌 Inp	oatient Trau	ıma			Seat Belt [□ FAII □	_	THERAPIES	
Ā	-	Spinal P	Cord Injury	Р	B P	bdomen				ace Intrusio Fatal Acc.		t Blunt Inst	☐ Electric		TM #	<u>#</u>
I N	R	□ Mi	nor Lac./	☐ Head		Diffuse Ter		Н	EJ ected	from Vehicle	e STa		☐ Therma	al B urn	☐ Bk Blows/Thrust	
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	1993 (4	11)					U.9 11L								•	_

PATIEN	IT RELEASE
I hereby release:	EMS provider and proveedor de asistencia y
hospital de posibilidad de incurrir en demanda	
liability of medical claims resulting from my refusal of em medical resultado de mi denegación de tratamiento en	ergency care and/or transportation to the nearest mergencia o transportacion a la clinica mas proxima. A mas
· · · · · · · · · · · · · · · · · · ·	have been directed to contact my personal physician as to my a communicar con mi medico privado de mi estato medical
	n explanation of the potential consequences of my refusal ancia de mi opcion y los resultados posible por mi denegacion.
Risks / Consequences:	
Riesgos / Consequencias:	
Reason for refusal:	HOW
Mi argumento para denegar:	
Additional comments: Mas comentos:	
444114	
Patient Signature Firma del Paciente	Date Fecha
Legal Representative Custodio Legal	Relationship to Patient Parentesco al Paciente
Witness 1	Date
Presenciador	Fecha
Witness 2 Presenciador	Date Fecha
Yes	Yes
☐ GCS = 15	 Advised alternative medical care at once
Advised of risks and consequences	 Understands consequences of refusal
☐ Interpreter used: Name:	 Instructed to recontact 911 if patient's condition deteriorates or patient reconsiders
☐ Patient has plans for follow up	the need for 911 assistance
Refused: Treatment	
☐ Transport	

I	Date	/	/		Inc	; #		Jur Sta	l	Р	D Unit	#			Pt □ C x at		ne 🗌 Pi	u B Asst ☐ Pg 2		P	ATIENT	ASSE	SSME	NT
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EMS1993 (4-11)

PED. GLASCOW COMA SCAL	.E	PEDIATRIC AGE / AS	SSESSMENT
No opening BEST MOTOR RESPONSE Spontaneous or purposeful Withdraws from touch Withdraws from pain Abnormal flexion Abnormal extension No response BEST VERBAL RESPONSE Smiles, tracks objects Cries but consolable Inconsistently inconsolable, moaning	administration of medications are age pediatric patients. The treatment and comedications are age pediatric patients. For purposes of des patients in the prehadefined as children younger. Apparent Life Threat defined as an episod combination of any (for children 12 mon Apnea Choking or gaggin Color change (usu occasionally eryth	quire special essment, treatment and edication. concentration of especific for the estination, pediatric espital setting are 14 years of age or etening Event (ALTE) is de characterized by a of the following ths and under): 19 10 11 12 13 14 15 15 16 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	DELINES: A Pediatric Resuscitation Tape shall be used to obtain the patient's weight and treatment color code on all ALS pediatric patients. Pediatric patients < 12 years or < 40 kg, who require rentilatory support will be managed with BLS measures as indicated. A King LTS-D may be used for pediatric patients ≥ 12 years of age. Small Adult (Height between 4 feet and 5 feet) Large Adult (Height 6 feet and taller) Child CPR is used for patients from 1 year of tage to the onset of puberty. Infant CPR is used for patients 1-12 months. Reonatal CPR isused for patients newborn to month of age. AED may be used for all children. Pediatric pads are recommended for infants and children as years of age, use a standard AED.
Normal Blood Pressure can be estimated 90 + (2x age in years) = Systolic BP	d:		
	EKG	CODES	
	AFI Atrial Fibrillation AFL Atrial Flutter AGO Agonal Rhythm ASY Asystole AVR Accelerated Ventricular I-Heart Block BHB 2-Heart Block Idioventricular Junctional Rhythm NSR Normal Sinus Rhythm Pacemaker Monitoring Principles: 1. Any patient placed on a cardiac r 2. Any patient that requires a monitoring of the EMS Report Form.		ch cy nt Tach ontrac
MEDICATIONS / DI		GLASCOW COMA SCAL	Modified Los Angeles Prehospital Stroke Screen (mLAPSS)
ADE Adenosine ALB Albuterol AMI Amiodarone ASA Aspirin ATR Atropine BEN Benadryl BIC Sodium Bicarbonate CAL Calcium Chloride D25 25% Dextrose D50 50% Dextrose D0P Dopamine EPI Epinephrine GLU Glucagon GLP Oral Glucose Paste COL Glucola MAG Magnesium Sulfate Study MID Midazolam MS Morphine Sulfate NAR Narcan NTG Nitroglycerin OND Ondansetron	Medications Routes: IM Intramuscular Inhaled/Inhalation/Intranasal IO Intraosseous IV Intravenous PB Piggyback PO By Mouth SL Sublingual SQ Subcutaneous Dose: FC Fluid Challenge TKO To Keep Open WO Wide Open Defibrillation: CAR Cardioversion DEF Defibrillation TCP Transcutaneous Pacing IV Access: (Chart as medication) NS Normal Saline SL Saline Lock IVU IV Unobtainable	EYE OPENING Spontaneously To Verbal Command To Pain No Response BEST MOTOR RESPONSE Obedient Purposeful Withdrawal Flexion Extension No Response BEST VERBAL RESPONSE Oriented Confused Inappropriate Words Incomprehensible Sounds No Response	6 400 mg/dl 5 6. Motor Exam: Examine for obvious asymmetry (positive if one or more of the following is met) 2 a. Facial Smile/Grimace b. Grip c. Arm Strength
SPINAL CLEA		PAIN SCALE (Document on all patients of	omplaining of pain and after all medications for the relief of pain)
All of the following must be NO Patient Unresponsive Not Alert / GCS < 15 Communication Barrier Recent Hx of Loss Of Consc. Suspected ETOH / Drugs Spinal Pain / Tenderness / Deformity Neurological Deficit Other Painful or Distracting Injury			Solution (Solution) Mild Moderate Severe Most

I	Date	/	/	Inc #		Jur Sta	PD	Unit #		Pt Cx a	at Scene 🗌	Pu B Asst		PATIENT ASSESSMENT
N C I	Inc												1 1	Ptof # Pts Transported
D	Loc -	1	Number	Street Name	Туј		pt#			Code		Incident Zi	p Code	Orig. Seq. #
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l.										#3		4		- Age □ Y □ M □ D □ H □ Est.
Ň										#5	#	6		Gender: ☐ M ☐ F
F O										#7	#	8		Wt lb ☐ kg ☐ Est.
Т	B. Cont	tact Pr	otocol	Protocol	3. Ntfd Re	ec Fac	VIA	1	Trans To		Reas	on		☐ T oo Tall
R A		_					⊒ A LS ⊐ B LS		PeriNat EDA				Request	Distress ☐ Sev ☐ Mod
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				Cardiac Arres		Ever		ear Drowi		Respirator	y Arrest	No Medic		☐ Poison Control Contacted
	<u>5</u> □ A	.L.Ť.E.	eaction	Chest Pain	☐ G	oreign Bo I Bleed	N	eck/Back Osebleed			of Breath		Medical	☐ Abuse Suspected
C		Itered Lo	isode $ egin{array}{cccccccccccccccccccccccccccccccccccc$	☐ MI CHoking/Airw	01	lead Pain Ypoglyce		Bstetrics ☐ LAbo	NI - MATE - was	SYncope WEak/Diz		☐ Other Pa ☐ Medical I		Reported To:
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		■ Back uma Cent	er Criteria I	Bet Mid Clav 3P<70 (<6 yr),	/ □ □ Ne BP<90 (> 7	euro/ V aso vr)	Comp N J	_ ,	eh. 🗌 HeLme			OTher		☐ Existing Trach. ☐ OP/ N P A irway
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S T	1		,	□ D efib			(relatio	nship)	NAR	Name (pr	rint)			☐ FB Removal☐ IV g site
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	RECEIVING FACILITIES				CITY CODES	MD	Manhattan Dagah
(Bas	se Hospitals are noted in Bold)	QOA	Queen of Angels/Hollywood Presbyterian Medical Center		CITY CODES		Manhattan Beach Marina del Rey
ACH ANH	Alhambra Hospital Anaheim Memorial Hospital	RCC	Ridgecrest Community Hospital (Kern Co.)	AG	Agoura Hills		Maywood
ANII	(Orange Co.)	SFM	Saint Francis Medical Center	AL AD	Alhambra Altadena	MN MV	Montrose Monrovia
AVH	Antelope Valley Medical Center Catalina Island Medical Center	SJH	Saint John's Health Center	AR	Arcadia	MO	
AHM BEL	Bellflower Medical Center	SJO	Saint John's Regional Medical Center (Ventura Co)	AT	Artesia	MP	Monterey Park
BEV	Beverly Hospital	SJD	Saint Jude Medical Center	AV	Avalon	MT	Montclair
BMC CAL	Brotman Medical Center California Hospital Medical Center	SMM	(Orange Co) Saint Mary Medical Center	AZ	Azusa	NE	Newhall
	Cedars-Sinai Hospital	SAC	San Antonio Community Hospital	BP	Baldwin Park	NH	North Hollywood
ONIT	Medical Center	CDC	(San Bernardino Co)	BL BG	Bell Gardens	NR NO	Northridge Norwalk
CNT CHH	Centinela Hospital Medical Center Childrens Hospital Los Angeles	SDC SGC	San Dimas Community Hospital San Gabriel Valley Medical Center	BE	Bellflower	PP	Palos Verdes Peninsula
CHI	Chino Valley Medical Center	SPP	Providence LCM San Pedro Hospital	BH	Beverly Hills	PC	Pacoima
ICH	(San Bernardino Co) Citrus Valley Medical Center-	SMH	Santa Monica-UCLA Medical Center Sherman Oaks Community Hospital	BR	Bradbury	PD	Palmdale
1011	Intercommunity Campus	TOR	Torrance Memorial Medical Center	BU	Burbank	PV	Palos Verdes Est
QVH	Citrus Valley Medical Center-	TRI UCI	Tri-City Regional Medical Center UCI Medical Center (Orange Co)	CB	Calabasas	PM	Paramount
CPM	Queen of the Valley Campus Coast Plaza Doctors Hospital	UCL	Ronald Reagan UCLA Medical	CT	Carson Century City	PA PR	Pasadena Pico Rivera
LBC	Community Hospital of Long Beach	VDII	Center	CE	Cerritos	PY	Playa del Rey
DFM DHM	Marina Del Rey Hospital Doctor's Hospital of Montclair	VPH VHH	Valley Presbyterian Hospital Verdugo Hills Hospital	СН	Chatsworth	PO	Pomona
DCH	Downey Regional Medical Center	HWH	West Hills Hospital and Medical	CL	Claremont	QH	Quartz Hill
ELA HEV	East Los Angeles Doctors Hospital East Valley Hospital	\//\/III	Center White Memorial Hospital	CO	Commerce	RP	Rancho P V
ENH	Encino Hospital Medical Center		Whittier Hospital Medical Center	CV	Compton Covina	RB RS	Redondo Beach Reseda
TRM	Providence Tarzana Medical Center		CONTACT CODES	CR	Crenshaw	RH	Rolling Hills
FPH GAR	Foothill Presbyterian Hospital Garfield Medical Center		CONTACT CODES	CU	Cudahy	RE	Rolling Hills Est
GWT	Glendale Adventist Medical Center	CNA	Contact Not Attempted	CC	Culver City	RM	Rosemead
GMH	Glendale Memorial Hospital/ Health Center	MAC PRO	Medical Alert Center Protocol Run	DB	Diamond Bar	RL	Rowland Heights
GSH	Good Samaritan Hospital			DO DU	Downey Duarte	SD SF	San Dimas San Fernando
GEM	Greater El Monte Community Hospital		AMBULANCE CODES	ER	Eagle Rock	SG	San Gabriel
HGH	Harbor-UCLA Medical Center	Al	Air Force Plant 42	EM	El Monte	SN	San Marino
HMN	Henry Mayo Newhall Memorial Hospital	AL AU	Allen AmbuServe	ES	El Segundo	SR	San Pedro
НМН	Huntington Memorial Hospital	AC	Americare	EN	Encino	SC	Santa Clarita
KFA	Kaiser Foundation - Baldwin Park	AR	AMR	GA GL	Gardena Glendale	SS SM	Santa Fe Springs Santa Monica
KFB KFH	Kaiser Foundation - Downey Kaiser Foundation - South Bay	AN BO	Antelope Ambulance Service Bowers		Glendora	SA	Saugus
KFL	Kaiser Foundation - Los Angeles	CA	Care Ambulance	GV	Glenview	SK	Sherman Oaks
KFP KFW	Kaiser Foundation - Panorama City Kaiser Foundation - West Los Angeles	EA GC	Emergency Amb Serv Gentle Care Transport	GR	Gorman	SI	Sierra Madre
KFO	Kaiser Foundation - Woodland Hills	GE	Gerber		Granada Hills	SH	Signal Hill
KHA	Kaiser Hospital Anaheim (Orange Co.)	GU	Guardian Impulse Ambulance	HC HG	Hacienda Heights Hawaiian Gardens	SE SO	South El Monte South Gate
LPI	La Palma Intercommunity Hospital	LT	Liberty Ambulance	НА	Hawthorne	SP	South Pasadena
0\/\/	(Orange Co) LAC Olive View Medical Center	MA MT	Mauran MedCoast Ambulance	НВ	Hermosa Beach	ST	Studio City
USC	LAC+USC Medical Center	MR	Med Reach	НН	Hidden Hills	SU	Sunland
DHL LCH	Lakewood Regional Medical Center	MI ME	MedResponse, Inc. Mercy Ambulance	HI	Highland Park	SV	Stevenson Ranch
LCM	Palmdale Regional Medical Center Providence Little Company of	PR	Patriot Ambulance		Hollywood Huntington Park	SY TA	Sylmar Tarzana
LDM	Mary Hospital	PT	Priority One	IN	Industry	TC	Temple City
LBM	Long Beach Memorial Medical Center	PM RR	PRN Medical Transport Rescue Services	IG	Inglewood	TP	Topanga
LAD	Los Angeles Metropolitan Medical	SC	Schaefer	IR	Irwindale	TO	Torrance
LAG	Center Los Alamitos Medical Center	TR	Trinity Ambulance Service UCLA Emer Med Serv	LC LR	La Canada/Flintridge La Crescenta	TU	Tujunga Universal City
	(Orange Co)	WE	West Coast Ambulance	LH	La Habra Hghts	VA	Valencia
NOR	Los Angeles Community Hospital of Norwalk	WM OT	Westmed/McCormick Ambulance Other	LL	Lake Los Angeles	VN	Van Nuys
LRR	Los Robles Regional (Ventura Co.)		-	LM	La Mirada	VC	Venice
	Memorial Hospital of Gardena Methodist Hospital of			LP	La Puente	VE	Vernon
	Southern California	HELI	COPTER CODES	LV LK	La Verne Lakewood		Walnut West Covina
MPH NRH	Monterey Park Hospital	CF	LA County Fire	LT	Lancaster		West Hills
ипП	Northridge Hospital Medical Center	CG	US Coast Guard	LN	Lawndale		West Hollywood
	Mission Community Hospital	CI	LA Co Shoriff Dont	LO	Lomita		Westlake Village
MID OTH	Olympia Medical Center Other Hospital Not on List	CS RE	LA Co Sheriff Dept REACH Air Medical Services	LB	Long Beach		Westwood
PLB	Pacific Hospital of Long Beach	ОН	Other Helicopter	LA LY	Los Angeles Lynwood	WI	Whittier Wilmington
PAC PLH	Pacifica Hospital of the Valley Placentia Linda (Orange County)	MY VC	Mercy Air Ambulance Ventura Co Sheriff Dept		Malibu	WL	Woodland Hills
PVC	Pomona Valley Hospital				Malibu Beach	OT	Other
PIH	Medical Center Presbyterian Intercommunity						
	Hospital						
HCH	Providence Holy Cross Medical Center						
SJS	Providence Saint Joseph Medical Center						
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