# EMS REPORT

## INCIDENT INFO

Date MM/DD/YYYY | Inc # | Jur Sta | PD Unit # | ☐ No Pt ☐ Cx at Scene ☐ PuB Asst ☐ DOA ☐ Pronc'd by Base ☐ IFT ☐ Pg 2

Inc Loc: Street Number, Street Name, Type, Apt #, City Code, Incident Zip Code

| Prov | A/B/H | Unit | Disp | Arrival | At Pt | Left | At Fac | Avail | Team Member ID | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | #1 | #2 |
| | | | | | | | | | #3 | #4 |
| | | | | | | | | | #5 | #6 |
| | | | | | | | | | #7 | #8 |

## TRANS

B. Contact | Protocol | Protocol | B. Ntfd | Rec Fac

☐ AMA ☐ Code 3 | MAR: ___ ___ ___

**VIA**: ☐ ALS ☐ BLS ☐ Heli ☐ No Transport

**Trans To**: ☐ MAR ☐ PeriNat ☐ EDAP ☐ ASC ☐ Other ☐ SRC ☐ TC/PTC ☐ PMC

**Reason**: ☐ No SC Req'd ☐ SC Guide ☐ Request ☐ No SC Access ☐ EXtremis ☐ Criteria ☐ Guideline ☐ Judgement

## PT INFO

Name/Last | First | MI | DOB / / | Phone ( )

Address | City | Zip | Total Mileage

Insurance | Hospital ID | PMD Name | Partial SS # (last 5 digits)

## COMMENTS

O
P
Q
R
S
T
HX
ALlergies
MEds — SEDS in past 48 hrs ☐ Y ☐ N

## COMPLAINTS

**MEDICAL**
☐ Abd/Pelvic Pain ☐ Allergic Reaction ☐ A.L.T.E. ☐ Altered Loc ☐ Apnea Episode ☐ Bleeding Oth Site ☐ BEHavioral ☐ AgitateD
☐ Cardiac Arrest ☐ DOA ☐ Chest Pain ☐ MI ☐ CHoking/Airway Obst ☐ Cough/Congestion ☐ DYsrhythmia
☐ FEver ☐ Foreign Body ☐ GI Bleed ☐ Head Pain ☐ HYpoglycemia ☐ Local Neuro Signs ☐ Nausea/Vomiting
☐ Near Drowning ☐ Neck/Back Pain ☐ NOsebleed ☐ OBstetrics ☐ LAbor ☐ NeWborn ☐ OD/POisoning ☐ PalpitationS
☐ Respiratory Arrest ☐ SEizure ☐ Shortness of Breath ☐ SYncope ☐ WEak/DIzzy ☐ VAginal Bleed
☐ No Medical Complaint ☐ Inpatient Medical ☐ Other Pain ☐ Medical Device Complaint ☐ OTher ____

**TRAUMA**
☐ No Apparent Injuries ☐ BUrns/Shock ☐ Inpatient Trauma ☐ Spinal Cord Injury

B P: ☐ ☐ Minor Lac./ ☐ Flail Chest ☐ ☐ T. Pneumo ☐ ☐ Trauma Arrest ☐ ☐ Back
B P: ☐ ☐ Head ☐ GCS 14 (or less) ☐ ☐ Facial/Dental ☐ ☐ Neck ☐ ☐ Chest ☐ Bet Mid Clav
B P: ☐ ☐ Abdomen ☐ ☐ Diffuse Tender ☐ ☐ Genital/ButtocKs ☐ ☐ Extremities FRacture Amputations ☐ ☐ Neuro/Vasc Comp

Trauma Center Criteria BP<70 (<6 yr), BP<90 (> 7 yr)

**MECH of INJ**
☐ Enc Veh ☐ Seat Belt ☐ Air Bag ☐ Pass Space Intrusion ☐ Surv. of Fatal Acc. ☐ EJected from Vehicle ☐ EXtrication Required Extricated @ ____ ☐ Ped/Bike vs. Vehicle ☐ Motorcycle/Moped ☐ Vs. Veh. ☐ HeLmet
☐ ASsault ☐ With Blunt Inst ☐ STabbing ☐ GSW ☐ TRunk ☐ S.I. Accidental ☐ S.I. Intentional ☐ ANimal Bite
☐ FAll ☐ >15Ft ☐ Electric Shock ☐ Hazmat Expos. ☐ Thermal Burn ☐ SPorts ☐ Work Related ☐ UNknown ☐ CRush ☐ OTher

## PHYS

**PUPIL**: ☐ PERL ☐ Unequal ☐ PInpoint ☐ Fixed & Dil. ☐ Sluggish

**RESP**: ☐ Normal ☐ Unequal ☐ Clear ☐ Stridor ☐ Wheezes ☐ Rales ☐ RHonchi ☐ SnorinG

**SKIN**: ☐ Normal ☐ Jaundiced ☐ Cyanotic ☐ Pale ☐ Flushed | ☐ Warm ☐ Hot ☐ CoLd ☐ Diaph | Cap Refill: ☐ NoRmal/ ☐ DElayed

**12 LEAD** TIME: ____ ☐ NL ☐ ArtiFact ☐ ABnl ☐ Wavy Baseline ☐ STEMI ☐ Paced Rhythm

## V SIGNS

| Time | TM# | BP | Pulse | Resp | SpO2% | T Vol (N + –) | Pain (0-10) |
|---|---|---|---|---|---|---|---|
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |

## MEDS/DEFIB

| Time | TM# | Rhythm | Meds/Defib | Dose | Route | Result |
|---|---|---|---|---|---|---|
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |

Attach EKG

## ARREST

Wit. ☐ Citizen ☐ EMS ☐ None
☐ Citizen CPR:
EMS CPR @ ____ (time)
☐ Arrest to CPR: ____ (min)
☐ AED ☐ Analyze ☐ Defib
☐ ALS Resuscitation (use page 2)

**Reason(s) for withholding resuscitation:**
☐ DNR/AHCD/POLST ☐ ASY> ___min
Ref. 814: ☐ RIgor ☐ LIvidity
☐ Bl. Trauma
☐ OTher ____
☐ FAmily: ____ (relationship)
(sig)

**PRN Meds**: ☐ ALB ☐ NTG ☐ MID ☐ MS ☐ D50 ☐ GLU ☐ NAR OT ____

☐ MIDAZOLAM Given: ____ mg Wasted: ____ mg
☐ MORPHINE Given: ____ mg Wasted: ____ mg
Narcotic wasted: RN Witness
Name (print) ____
Signature: ____

**Reassessment after Therapies and/or Condition on Transfer:**

Total IV Fluids Received: ____ cc's

Care Transferred To: ☐ Facility ☐ ALS ☐ BLS ☐ Heli

| Transfer VS | Time | TM# | BP | Pulse | Resp | SpO2 | EKG | GCS |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | c̄ | E M V |

Signature TM completing form
Sig #1 | Sig #2 | Reviewed By

## PATIENT ASSESSMENT

Pt ____ of ____ # Pts Transported ____
Orig. Seq. # ____
RC
Age ____ ☐ Y ☐ M ☐ D ☐ H ☐ Est.
Gender: ☐ M ☐ F
Wt ____ ☐ lb ☐ kg ☐ Est.
Peds Color Code ☐ Too Tall
Distress Level ☐ Sev ☐ Mod ☐ MilD ☐ None
Complaint { 1 2 3 4
Mechanism of Injury { 1 2 3 4

## GCS/mLAPSS

Time
Eyes
Motor
Verbal
GCS Total
☐ NorMal for pt / Age
mLAPSS ☐ Met ☐ Not Met
Last known well:
Date: ____
Time: ____

## SPECIAL CIRCUMSTANCES

☐ BArriers to Pt Care ____
☐ Poison Control Contacted
☐ Abuse Suspected
Reported To: ____
☐ ETOH Suspected
☐ Drugs Suspected

## THERAPIES

TM #
☐ Bk Blows/Thrust ____
☐ BVM ____
☐ Breath Sounds
☐ Chest Rise
☐ Existing Trach.
☐ OP/NP Airway ____
☐ Cooling Measures ____
☐ DRessings ____
☐ Ice Pack ____
☐ OXy ____NC or M ____
☐ REstraints ____
☐ Distal CSM Intact ____
☐ Spinal Immobil ____
☐ CMS Intact - Before ____
☐ CMS Intact - After ____
☐ Spinal Clearance Alg. ____
☐ SPlint ☐ Traction S ____
☐ SUction ____
☐ BLd Gluc #1 ____
#2 ____
☐ CPAP @ ____ mmHg
@ ____ time
☐ FB Removal ____
☐ IV ____ g____ site ____
☐ I.O. ____ g____ site ____
☐ Needle THoracost ____
☐ Vagal Maneuvers ____
☐ TC Pacing, mA ____
ppm ____
☐ OTher ____

# PATIENT RELEASE

I hereby release: ______________________________ EMS provider and
***Por este acto relévio*** ***proveedor de asistencia y***
Hospital (if base contact made) from any ______________________________
***hospital de posibilidad de incurrir en demanda***

liability of medical claims resulting from my refusal of emergency care and/or transportation to the nearest
***medical resultado de mi denegación de tratamiento emergencia o transportacion a la clinica mas proxima. A mas***

recommended medical facility. I further understand that I have been directed to contact my personal physician as to my
***de esto, comprendo yo que me han dado instrucciones a communicar con mi medico privado de mi estato medical***

present condition as soon as possible. I have received an explanation of the potential consequences of my refusal
***tan pronto como es posible. Me han explicado la importancia de mi opcion y los resultados posible por mi denegacion.***

Risks / Consequences: ______________________________
***Riesgos / Consequencias:***

Reason for refusal: ______________________________
***Mi argumento para denegar:***

Additional comments: ______________________________
***Mas comentos:***

| | |
|---|---|
| Patient Signature<br>***Firma del Paciente*** | Date<br>***Fecha*** |
| Legal Representative<br>***Custodio Legal*** | Relationship to Patient<br>***Parentesco al Paciente*** |
| Witness 1<br>***Presenciador*** | Date<br>***Fecha*** |
| Witness 2<br>***Presenciador*** | Date<br>***Fecha*** |

Yes
- ☐ GCS = 15
- ☐ Advised of risks and consequences
- ☐ Interpreter used: Name: ____________
- ☐ Patient has plans for follow up

Yes
- ☐ Advised alternative medical care at once
- ☐ Understands consequences of refusal
- ☐ Instructed to recontact 911 if patient's condition deteriorates or patient reconsiders the need for 911 assistance

Refused: ☐ Treatment
☐ Transport

WorkflowOne PROOF

# EMS REPORT

**INCIDENT INFO**

Date / / | Inc # | Jur Sta | PD Unit # | ☐ No Pt ☐ Cx at Scene ☐ PuB Asst ☐ DOA ☐ Pronc'd by Base ☐ IFT ☐ Pg 2

Inc Loc — Street Number | Street Name | Type | Apt # | City Code | Incident Zip Code

| Prov | A/B/H | Unit | Disp | Arrival | At Pt | Left | At Fac | Avail | Team Member ID | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | #1 | #2 |
| | | | | | | | | | #3 | #4 |
| | | | | | | | | | #5 | #6 |
| | | | | | | | | | #7 | #8 |

**TRANS**

B. Contact | Protocol | Protocol | B. Ntfd | Rec Fac

☐ AMA ☐ Code 3 | MAR: ___ ___ ___

**VIA**: ☐ ALS ☐ BLS ☐ Heli ☐ No Transport

**Trans To**: ☐ MAR ☐ PeriNat ☐ EDAP ☐ ASC ☐ Other ☐ SRC ☐ TC/PTC ☐ PMC

**Reason**: ☐ No SC Req'd ☐ SC Guide ☐ Request ☐ No SC Access ☐ EXtremis ☐ Criteria ☐ Guideline ☐ Judgement

**PT INFO**

Name/Last | First | MI | DOB / / | Phone ( )

Address | City | Zip | Total Mileage

Insurance | Hospital ID | PMD Name | Partial SS # (last 5 digits)

**COMMENTS**

**COMPLAINTS**

**MEDICAL**

☐ Abd/Pelvic Pain ☐ Allergic Reaction ☐ A.L.T.E. ☐ Altered Loc ☐ Apnea Episode ☐ Bleeding Oth Site ☐ BEHavioral ☐ AgitateD

☐ Cardiac Arrest ☐ DOA ☐ Chest Pain ☐ MI ☐ CHoking/Airway Obst ☐ Cough/Congestion ☐ DYsrhythmia

☐ FEver ☐ Foreign Body ☐ GI Bleed ☐ Head Pain ☐ HYpoglycemia ☐ Local Neuro Signs ☐ Nausea/Vomiting

☐ Near Drowning ☐ Neck/Back Pain ☐ NOsebleed ☐ OBstetrics ☐ LAbor ☐ NeWborn ☐ OD/POisoning ☐ PalpitationS

☐ Respiratory Arrest ☐ SEizure ☐ Shortness of Breath ☐ SYncope ☐ WEak/DIzzy ☐ VAginal Bleed

☐ No Medical Complaint ☐ Inpatient Medical ☐ Other Pain ☐ Medical Device Complaint ☐ OTher ______

**TRAUMA**

☐ No Apparent Injuries ☐ BUrns/Shock ☐ Inpatient Trauma

☐ Spinal Cord Injury

B P

☐ ☐ Minor Lac./ ☐ Flail Chest ☐ ☐ T. Pneumo ☐ ☐ Trauma Arrest ☐ ☐ Back

B P

☐ ☐ Head ☐ GCS 14 (or less) ☐ ☐ Facial/Dental ☐ ☐ Neck ☐ ☐ Chest ☐ Bet Mid Clav

B P

☐ ☐ Abdomen ☐ ☐ Diffuse Tender ☐ ☐ Genital/ButtocKs ☐ ☐ Extremities ☐ ☐ FRacture ☐ ☐ AmputatIons ☐ ☐ Neuro/Vasc Comp

Trauma Center Criteria BP<70 (<6 yr), BP<90 (> 7 yr)

**MECH of INJ**

☐ Enc Veh ☐ Seat Belt ☐ Air Bag ☐ Pass Space Intrusion ☐ Surv. of Fatal Acc. ☐ EJected from Vehicle ☐ EXtrication Required Extricated @ ______ ☐ Ped/Bike vs. Vehicle ☐ Motorcycle/Moped ☐ Vs. Veh. ☐ HeLmet

☐ ASsault ☐ With Blunt Inst ☐ STabbing ☐ GSW ☐ TRunk ☐ S.I. Accidental ☐ S.I. Intentional ☐ ANimal Bite

☐ FAll ☐ >15Ft ☐ Electric Shock ☐ Hazmat Expos. ☐ Thermal Burn ☐ SPorts ☐ Work Related ☐ UNknown ☐ CRush ☐ OTher

**PHYS**

**PUPIL**: ☐ PERL ☐ Unequal ☐ PInpoint ☐ Fixed & Dil. ☐ Sluggish

**RESP**: ☐ Normal ☐ Unequal ☐ Clear ☐ Stridor ☐ Wheezes ☐ Rales ☐ RHonchi ☐ SnorinG

**SKIN**: ☐ Normal ☐ Jaundiced ☐ Cyanotic ☐ Pale ☐ Flushed ☐ Warm ☐ Hot ☐ CoLd ☐ Diaph

Cap Refill: ☐ NoRmal/ ☐ DElayed

**12 LEAD** — 12 LEAD TIME: ______ ☐ NL ☐ ABnl ☐ STEMI ☐ ArtiFact ☐ Wavy Baseline ☐ Paced Rhythm

**V SIGNS**

| Time | TM# | BP | Pulse | Resp | Sp02% | T Vol (N + –) | Pain (0-10) |
|---|---|---|---|---|---|---|---|
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |

**MEDS/DEFIB**

| Time | TM# | Rhythm | Meds/Defib | Dose | Route | Result |
|---|---|---|---|---|---|---|
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |

**ARREST**

Wit. ☐ Citizen ☐ EMS ☐ None

☐ Citizen CPR:

EMS CPR @ ______ (time)

☐ Arrest to CPR: ______ (min)

☐ AED ☐ Analyze ☐ Defib

☐ ALS Resuscitation (use page 2)

**Reason(s) for withholding resuscitation:** ☐ DNR/AHCD/POLST ☐ ASY> ___min Ref. 814: ☐ RIgor ☐ LIvidity ☐ Bl. Trauma ☐ OTher ______ ☐ FAmily: ______ (relationship) (sig)

**PRN Meds**: ☐ ALB ☐ NTG ☐ MID ☐ MS ☐ D50 ☐ GLU ☐ NAR OT ______

☐ MIDAZOLAM Given: ___ mg Wasted: ___ mg

☐ MORPHINE Given: ___ mg Wasted: ___ mg

Narcotic wasted: RN Witness

Name (print) ______

Signature: ______

**Reassessment after Therapies and/or Condition on Transfer:**

Total IV Fluids Received: ______ cc's

Care Transferred To: ☐ Facility ☐ ALS ☐ BLS ☐ Heli

| Transfer VS | Time | TM# | BP | Pulse | Resp | SpO2 | EKG | GCS |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | c̄ | E M V |

Signature TM completing form

Sig #1 | Sig #2 | Reviewed By

## PATIENT ASSESSMENT

Pt ___ of ___ # Pts Transported ___

Orig. Seq. # ______

RC

Age ______ ☐ Y ☐ M ☐ D ☐ H ☐ Est.

Gender: ☐ M ☐ F

Wt ______ ☐ lb ☐ kg ☐ Est.

☐ Too Tall

Distress Level ☐ Sev ☐ Mod ☐ MilD ☐ None

Complaint { ______

Mechanism of Injury { ______

## GCS/mLAPSS

| Time | | |
|---|---|---|
| Eyes | | |
| Motor | | |
| Verbal | | |
| GCS Total | | |

☐ NorMal for pt / Age

mLAPSS ☐ Met ☐ Not Met

Last known well:

Date: ______

Time: ______

## SPECIAL CIRCUMSTANCES

☐ BArriers to Pt Care ______

☐ Poison Control Contacted

☐ Abuse Suspected

Reported To: ______

☐ ETOH Suspected

☐ Drugs Suspected

## THERAPIES

TM #

☐ Bk Blows/Thrust ___

☐ BVM ___

☐ Breath Sounds

☐ Chest Rise

☐ Existing Trach.

☐ OP/NP Airway ___

☐ Cooling Measures ___

☐ DRessings ___

☐ Ice Pack ___

☐ OXy ___NC or M ___

☐ REstraints ___

☐ Distal CSM Intact ___

☐ Spinal Immobil ___

☐ CMS Intact - Before ___

☐ CMS Intact - After ___

☐ Spinal Clearance Alg. ___

☐ SPlint ☐ Traction S ___

☐ SUction ___

☐ BLd Gluc #1 ___ #2 ___

☐ CPAP @ ___ mmHg @ ___ time

☐ FB Removal ___

☐ IV ___ g___ site ___

☐ I.O. ___ g___ site ___

☐ Needle THoracost ___

☐ Vagal Maneuvers ___

☐ TC Pacing, mA ___ ppm ___

☐ OTher ___

PROOF

## PED. GLASCOW COMA SCALE

| EYE OPENING | |
|---|---|
| Spontaneously | 4 |
| To speech | 3 |
| To pain | 2 |
| No opening | 1 |

| BEST MOTOR RESPONSE | |
|---|---|
| Spontaneous or purposeful | 6 |
| Withdraws from touch | 5 |
| Withdraws from pain | 4 |
| Abnormal flexion | 3 |
| Abnormal extension | 2 |
| No response | 1 |

| BEST VERBAL RESPONSE | |
|---|---|
| Smiles, tracks objects | 5 |
| Cries but consolable | 4 |
| Inconsistently inconsolable, moaning | 3 |
| Inconsolable, agitated | 2 |
| No response | 1 |

## NORMAL PEDIATRIC VITAL SIGNS

| | Heart Rate | Resp Rate |
|---|---|---|
| Infant | 100-180 | 30-60 |
| Toddler | 80-110 | 24-40 |
| Preschooler | 70-110 | 22-23 |
| School-age | 60-110 | 18-30 |

Normal Blood Pressure can be estimated:
90 + (2x age in years) = Systolic BP

## PEDIATRIC AGE / ASSESSMENT

**PRINCIPLES:**

1. Pediatric patients require special consideration in assessment, treatment and administration of medication.
2. The treatment and concentration of medications are age specific for the pediatric patient.
3. For purposes of destination, pediatric patients in the prehospital setting are defined as children 1**4 years of age or younger**.
4. Apparent Life Threatening Event (ALTE) is defined as an episode characterized by a combination of any of the following (for children 12 months and under):
   - Apnea
   - Choking or gagging
   - Color change (usually cyanosis, but occasionally erythema)
   - Marked change in muscle tone (usually limpness)

**GUIDELINES:**

1. 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 ventilatory support will be managed with BLS measures as indicated.
2. A King LTS-D may be used for pediatric patients ≥ 12 years of age.
   - Small Adult (Height between 4 feet and 5 feet)
   - Adult (Height between 5 feet and 6 feet)
   - Large Adult (Height 6 feet and taller)
3. Child CPR is used for patients from 1 year of age to the onset of puberty..
4. Infant CPR is used for patients 1-12 months.
5. Neonatal CPR isused for patients newborn to 1 month of age.
6. AED may be used for all children. Pediatric pads are recommended for infants and children <8 years of age. For children ≥ 8 years of age, use a standard AED.

## EKG CODES

| | | | |
|---|---|---|---|
| AFI | Atrial Fibrillation | PAC | Premature Atrial Contrac |
| AFL | Atrial Flutter | PAT | Paroxysmal Atrial Tach |
| AGO | Agonal Rhythm | PEA | Pulseless Elec Activity |
| ASY | Asystole | PST | Paroxysmal Supravent Tach |
| AVR | Accelerated Ventricular | PVC | Premature Ventric Contrac |
| 1HB | 1-Heart Block | SR | Sinus Rhythm |
| 2HB | 2-Heart Block | SB | Sinus Bradycardia |
| 3HB | 3-Heart Block | ST | Sinus Tachycardia |
| IV | Idioventricular | SVT | Supraventricular Tach |
| JR | Junctional Rhythm | VF | Ventricular Fibrillation |
| NSR | Normal Sinus Rhythm | VT | Ventricular Tachycardia |
| PM | Pacemaker | | |

Monitoring Principles:

1. Any patient placed on a cardiac monitor should remain on the monitor until care is transferred.
2. Any patient that requires a monitor should have a 6 second strip attached to the original and receiving facility copies of the EMS Report Form.

## MEDICATIONS / DEFIBRILLATION

**Medications:**

| | |
|---|---|
| ADE | Adenosine |
| ALB | Albuterol |
| AMI | Amiodarone |
| ASA | Aspirin |
| ATR | Atropine |
| BEN | Benadryl |
| BIC | Sodium Bicarbonate |
| CAL | Calcium Chloride |
| D25 | 25% Dextrose |
| D50 | 50% Dextrose |
| DOP | 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 |
| IN | 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 |

## GLASCOW COMA SCALE

| EYE OPENING | |
|---|---|
| Spontaneously | 4 |
| To Verbal Command | 3 |
| To Pain | 2 |
| No Response | 1 |

| BEST MOTOR RESPONSE | |
|---|---|
| Obedient | 6 |
| Purposeful | 5 |
| Withdrawal | 4 |
| Flexion | 3 |
| Extension | 2 |
| No Response | 1 |

| BEST VERBAL RESPONSE | |
|---|---|
| Oriented | 5 |
| Confused | 4 |
| Inappropriate Words | 3 |
| Incomprehensible Sounds | 2 |
| No Response | 1 |

## Modified Los Angeles Prehospital Stroke Screen (mLAPSS)

**MODIFIED LAPSS CRITERIA**

1. Symptoms less than 2 hours duration
2. No history of seizures or epilepsy
3. Age equal to or greater than 40 years
4. At baseline, not wheelchair bound or bedridden
5. Blood glucose between 60 and 400 mg/dl
6. Motor Exam: Examine for obvious asymmetry (positive if one or more of the following is met)
   a. Facial Smile/Grimace
   b. Grip
   c. Arm Strength

## SPINAL CLEARANCE

**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

## PAIN SCALE (Document on all patients complaining of pain and after all medications for the relief of pain)

| 0 | 1–2 | 3–4 | 5 | 6–7 | 8–9 | 10 |
|---|---|---|---|---|---|---|
| No Pain | Some Discomfort | Having Discomfort | Mild Pain | Moderate Pain | Severe Pain | Most Severe Pain |

WorkflowOne PROOF

# EMS REPORT

## INCIDENT INFO

| Date / / | Inc # | Jur Sta | PD Unit # | ☐ No Pt ☐ Cx at Scene ☐ PuB Asst ☐ DOA ☐ Pronc'd by Base ☐ IFT ☐ Pg 2 |
|---|---|---|---|---|

Inc Loc — Street Number | Street Name | Type | Apt # | City Code | Incident Zip Code

| Prov | A/B/H | Unit | Disp | Arrival | At Pt | Left | At Fac | Avail | Team Member ID | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | #1 | #2 |
| | | | | | | | | | #3 | #4 |
| | | | | | | | | | #5 | #6 |
| | | | | | | | | | #7 | #8 |

## TRANS

B. Contact | Protocol | Protocol | B. Ntfd | Rec Fac

☐ AMA ☐ Code 3 | MAR: ___ ___ ___

**VIA**: ☐ ALS ☐ BLS ☐ Heli ☐ No Transport

**Trans To**: ☐ MAR ☐ PeriNat ☐ EDAP ☐ ASC ☐ Other ☐ SRC ☐ TC/PTC ☐ PMC

**Reason**: ☐ No SC Req'd ☐ SC Guide ☐ Request ☐ No SC Access ☐ EXtremis ☐ Criteria ☐ Guideline ☐ Judgement

## PT INFO

| Name/Last | First | MI | DOB / / | Phone ( ) |
|---|---|---|---|---|

| Address | City | Zip | Total Mileage |
|---|---|---|---|

| Insurance | Hospital ID | PMD Name | Partial SS # (last 5 digits) |
|---|---|---|---|

## COMMENTS

## PATIENT ASSESSMENT

Pt ____ of ____ # Pts Transported ____

Orig. Seq. # ____

RC

Age ____ ☐ Y ☐ M ☐ D ☐ H ☐ Est.

Gender: ☐ M ☐ F

Wt ____ ☐ lb ☐ kg ☐ Est.

☐ Too Tall

Distress Level ☐ Sev ☐ Mod ☐ MilD ☐ None

Complaint { ____ ____

Mechanism of Injury { ____ ____

## GCS/mLAPSS

| | | |
|---|---|---|
| Time | | |
| Eyes | | |
| Motor | | |
| Verbal | | |
| GCS Total | | |

☐ NorMal for pt / Age

mLAPSS ☐ Met ☐ Not Met

Last known well:

Date: ____

Time: ____

## SPECIAL CIRCUMSTANCES

☐ BArriers to Pt Care ____

☐ Poison Control Contacted

☐ Abuse Suspected

Reported To: ____

☐ ETOH Suspected

☐ Drugs Suspected

## COMPLAINTS

**MEDICAL**

☐ Abd/Pelvic Pain ☐ Allergic Reaction ☐ A.L.T.E. ☐ Altered Loc ☐ Apnea Episode ☐ Bleeding Oth Site ☐ BEHavioral ☐ AgitateD

☐ Cardiac Arrest ☐ DOA ☐ Chest Pain ☐ MI ☐ CHoking/Airway Obst ☐ Cough/Congestion ☐ DYsrhythmia

☐ FEver ☐ Foreign Body ☐ GI Bleed ☐ Head Pain ☐ HYpoglycemia ☐ Local Neuro Signs ☐ Nausea/Vomiting

☐ Near Drowning ☐ Neck/Back Pain ☐ NOsebleed ☐ OBstetrics ☐ LAbor ☐ NeWborn ☐ OD/POisoning ☐ PalpitationS

☐ Respiratory Arrest ☐ SEizure ☐ Shortness of Breath ☐ SYncope ☐ WEak/DIzzy ☐ VAginal Bleed

☐ No Medical Complaint ☐ Inpatient Medical ☐ Other Pain ☐ Medical Device Complaint ☐ OTher ____

**TRAUMA**

☐ No Apparent Injuries ☐ BUrns/Shock ☐ Inpatient Trauma

☐ Spinal Cord Injury

| B | P | | B | P | | B | P | |
|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | Minor Lac./ | ☐ | ☐ | Head | ☐ | ☐ | Abdomen |
| | ☐ | Flail Chest | | ☐ | GCS 14 (or less) | ☐ | ☐ | Diffuse Tender |
| ☐ | ☐ | T. Pneumo | ☐ | ☐ | Facial/Dental | ☐ | ☐ | Genital/ButtocKs |
| ☐ | ☐ | Trauma Arrest | ☐ | ☐ | Neck | ☐ | ☐ | Extremities |
| ☐ | ☐ | Back | ☐ | ☐ | Chest | ☐ | ☐ | FRacture |
| | | | | ☐ | Bet Mid Clav | ☐ | ☐ | AmputatIons |
| | | | | | | ☐ | ☐ | Neuro/Vasc Comp |

Trauma Center Criteria BP<70 (<6 yr), BP<90 (> 7 yr)

**MECH of INJ**

☐ Enc Veh ☐ Seat Belt ☐ Air Bag ☐ Pass Space Intrusion ☐ Surv. of Fatal Acc. ☐ EJected from Vehicle ☐ EXtrication Required Extricated @ ____ ☐ Ped/Bike vs. Vehicle ☐ Motorcycle/Moped ☐ Vs. Veh. ☐ HeLmet

☐ ASsault ☐ With Blunt Inst ☐ STabbing ☐ GSW ☐ TRunk ☐ S.I. Accidental ☐ S.I. Intentional ☐ ANimal Bite

☐ FAll ☐ >15Ft ☐ Electric Shock ☐ Hazmat Expos. ☐ Thermal Burn ☐ SPorts ☐ Work Related ☐ UNknown ☐ CRush ☐ OTher

## PHYS

**PUPIL**: ☐ PERL ☐ Unequal ☐ PInpoint ☐ Fixed & Dil. ☐ Sluggish

**RESP**: ☐ Normal ☐ Unequal ☐ Clear ☐ Stridor ☐ Wheezes ☐ Rales ☐ RHonchi ☐ SnorinG

**SKIN**: ☐ Normal ☐ Jaundiced ☐ Cyanotic ☐ Pale ☐ Flushed ☐ Warm ☐ Hot ☐ CoLd ☐ Diaph

Cap Refill: ☐ NoRmal/ ☐ DElayed

**12 LEAD** — 12 LEAD TIME: ____ ☐ NL ☐ ArtiFact ☐ ABnl ☐ Wavy Baseline ☐ STEMI ☐ Paced Rhythm

## THERAPIES

TM #

☐ Bk Blows/Thrust ____

☐ BVM ____

☐ Breath Sounds

☐ Chest Rise

☐ Existing Trach.

☐ OP/NP Airway ____

☐ Cooling Measures ____

☐ DRessings ____

☐ Ice Pack ____

☐ OXy ____ NC or M ____

☐ REstraints ____

☐ Distal CSM Intact ____

☐ Spinal Immobil ____

☐ CMS Intact - Before ____

☐ CMS Intact - After ____

☐ Spinal Clearance Alg. ____

☐ SPlint ☐ Traction S ____

☐ SUction ____

☐ BLd Gluc #1 ____ #2 ____

☐ CPAP @ ____ mmHg @ ____ time

☐ FB Removal ____

☐ IV ____ g ____ site ____

☐ I.O. ____ g ____ site ____

☐ Needle THoracost ____

☐ Vagal Maneuvers ____

☐ TC Pacing, mA ____ ppm ____

☐ OTher ____ ____

## V SIGNS

| Time | TM# | BP | Pulse | Resp | Sp02% | T Vol (N + –) | Pain (0-10) |
|---|---|---|---|---|---|---|---|
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |

## MEDS/DEFIB

| Time | TM# | Rhythm | Meds/Defib | Dose | Route | Result |
|---|---|---|---|---|---|---|
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |

## ARREST

Wit. ☐ Citizen ☐ EMS ☐ None

☐ Citizen CPR:

EMS CPR @ ____ (time)

☐ Arrest to CPR: ____ (min)

☐ AED ☐ Analyze ☐ Defib

☐ ALS Resuscitation (use page 2)

**Reason(s) for withholding resuscitation:**

☐ DNR/AHCD/POLST ☐ ASY> ____ min

Ref. 814: ☐ RIgor ☐ LIvidity

☐ Bl. Trauma

☐ OTher ____

☐ FAmily: ____ (relationship)

(sig) ____

**PRN Meds**

☐ ALB ☐ NTG ☐ MID ☐ MS ☐ D50 ☐ GLU ☐ NAR

OT ____

☐ MIDAZOLAM Given: ____ mg Wasted: ____ mg

☐ MORPHINE Given: ____ mg Wasted: ____ mg

Narcotic wasted: RN Witness

Name (print) ____

Signature: ____

**Reassessment after Therapies and/or Condition on Transfer:**

Total IV Fluids Received: ____ cc's

| Care Transferred To: ☐ Facility ☐ ALS ☐ BLS ☐ Heli | Transfer VS | Time | TM# | BP | Pulse | Resp | SpO2 | EKG | GCS |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | c̄ | E M V |

Signature TM completing form

Sig #1 | Sig #2 | Reviewed By

EMS1993 (4-11)

## RECEIVING FACILITIES
### (Base Hospitals are noted in Bold)

| Code | Facility |
|---|---|
| ACH | Alhambra Hospital |
| ANH | Anaheim Memorial Hospital (Orange Co.) |
| **AVH** | **Antelope Valley Medical Center** |
| AHM | Catalina Island Medical Center |
| BEL | Bellflower Medical Center |
| BEV | Beverly Hospital |
| BMC | Brotman Medical Center |
| **CAL** | **California Hospital Medical Center** |
| **CSM** | **Cedars-Sinai Hospital Medical Center** |
| CNT | Centinela Hospital Medical Center |
| CHH | Childrens Hospital Los Angeles |
| CHI | Chino Valley Medical Center (San Bernardino Co) |
| ICH | Citrus Valley Medical Center-Intercommunity Campus |
| **QVH** | **Citrus Valley Medical Center-Queen of the Valley Campus** |
| CPM | Coast Plaza Doctors Hospital |
| LBC | Community Hospital of Long Beach |
| DFM | Marina Del Rey Hospital |
| DHM | Doctor's Hospital of Montclair |
| DCH | Downey Regional Medical Center |
| ELA | East Los Angeles Doctors Hospital |
| HEV | East Valley Hospital |
| ENH | Encino Hospital Medical Center |
| TRM | Providence Tarzana Medical Center |
| FPH | Foothill Presbyterian Hospital |
| GAR | Garfield Medical Center |
| **GWT** | **Glendale Adventist Medical Center** |
| GMH | Glendale Memorial Hospital/ Health Center |
| GSH | Good Samaritan Hospital |
| GEM | Greater El Monte Community Hospital |
| **HGH** | **Harbor-UCLA Medical Center** |
| **HMN** | **Henry Mayo Newhall Memorial Hospital** |
| **HMH** | **Huntington Memorial Hospital** |
| KFA | Kaiser Foundation - Baldwin Park |
| KFB | Kaiser Foundation - Downey |
| KFH | Kaiser Foundation - South Bay |
| KFL | Kaiser Foundation - Los Angeles |
| KFP | Kaiser Foundation - Panorama City |
| KFW | Kaiser Foundation - West Los Angeles |
| KFO | Kaiser Foundation - Woodland Hills |
| KHA | Kaiser Hospital Anaheim (Orange Co.) |
| LPI | La Palma Intercommunity Hospital (Orange Co) |
| OVM | LAC Olive View Medical Center |
| **USC** | **LAC+USC Medical Center** |
| DHL | Lakewood Regional Medical Center |
| LCH | Palmdale Regional Medical Center |
| **LCM** | **Providence Little Company of Mary Hospital** |
| **LBM** | **Long Beach Memorial Medical Center** |
| LAD | Los Angeles Metropolitan Medical Center |
| LAG | Los Alamitos Medical Center (Orange Co) |
| NOR | Los Angeles Community Hospital of Norwalk |
| LRR | Los Robles Regional (Ventura Co.) |
| MHG | Memorial Hospital of Gardena |
| **AMH** | **Methodist Hospital of Southern California** |
| MPH | Monterey Park Hospital |
| **NRH** | **Northridge Hospital Medical Center** |
| MCP | Mission Community Hospital |
| MID | Olympia Medical Center |
| OTH | Other Hospital Not on List |
| PLB | Pacific Hospital of Long Beach |
| PAC | Pacifica Hospital of the Valley |
| PLH | Placentia Linda (Orange County) |
| **PVC** | **Pomona Valley Hospital Medical Center** |
| **PIH** | **Presbyterian Intercommunity Hospital** |
| **HCH** | **Providence Holy Cross Medical Center** |
| **SJS** | **Providence Saint Joseph Medical Center** |
| QOA | Queen of Angels/Hollywood Presbyterian Medical Center |
| RCC | Ridgecrest Community Hospital (Kern Co.) |
| **SFM** | **Saint Francis Medical Center** |
| SJH | Saint John's Health Center |
| SJO | Saint John's Regional Medical Center (Ventura Co) |
| SJD | Saint Jude Medical Center (Orange Co) |
| **SMM** | **Saint Mary Medical Center** |
| SAC | San Antonio Community Hospital (San Bernardino Co) |
| SDC | San Dimas Community Hospital |
| SGC | San Gabriel Valley Medical Center |
| SPP | Providence LCM San Pedro Hospital |
| SMH | Santa Monica-UCLA Medical Center |
| SOC | Sherman Oaks Community Hospital |
| **TOR** | **Torrance Memorial Medical Center** |
| TRI | Tri-City Regional Medical Center |
| UCI | UCI Medical Center (Orange Co) |
| **UCL** | **Ronald Reagan UCLA Medical Center** |
| VPH | Valley Presbyterian Hospital |
| VHH | Verdugo Hills Hospital |
| HWH | West Hills Hospital and Medical Center |
| WMH | White Memorial Hospital |
| WHH | Whittier Hospital Medical Center |

## CONTACT CODES

| Code | Meaning |
|---|---|
| CNA | Contact Not Attempted |
| MAC | Medical Alert Center |
| PRO | Protocol Run |

## AMBULANCE CODES

| Code | Ambulance |
|---|---|
| AI | Air Force Plant 42 |
| AL | Allen |
| AU | AmbuServe |
| AC | Americare |
| AR | AMR |
| AN | Antelope Ambulance Service |
| BO | Bowers |
| CA | Care Ambulance |
| EA | Emergency Amb Serv |
| GC | Gentle Care Transport |
| GE | Gerber |
| GU | Guardian |
| IA | Impulse Ambulance |
| LT | Liberty Ambulance |
| MA | Mauran |
| MT | MedCoast Ambulance |
| MR | Med Reach |
| MI | MedResponse, Inc. |
| ME | Mercy Ambulance |
| PR | Patriot Ambulance |
| PT | Priority One |
| PM | PRN Medical Transport |
| RR | Rescue Services |
| SC | Schaefer |
| TR | Trinity Ambulance Service |
| UC | UCLA Emer Med Serv |
| WE | West Coast Ambulance |
| WM | Westmed/McCormick Ambulance |
| OT | Other |

## HELICOPTER CODES

| Code | Helicopter |
|---|---|
| CF | LA County Fire |
| CG | US Coast Guard |
| CI | LA City Fire Dept |
| CS | LA Co Sheriff Dept |
| RE | REACH Air Medical Services |
| OH | Other Helicopter |
| MY | Mercy Air Ambulance |
| VC | Ventura Co Sheriff Dept |

## CITY CODES

| Code | City |
|---|---|
| AG | Agoura Hills |
| AL | Alhambra |
| AD | Altadena |
| AR | Arcadia |
| AT | Artesia |
| AV | Avalon |
| AZ | Azusa |
| BP | Baldwin Park |
| BL | Bell |
| BG | Bell Gardens |
| BE | Bellflower |
| BH | Beverly Hills |
| BR | Bradbury |
| BU | Burbank |
| CB | Calabasas |
| CA | Carson |
| CT | Century City |
| CE | Cerritos |
| CH | Chatsworth |
| CL | Claremont |
| CO | Commerce |
| CM | Compton |
| CV | Covina |
| CR | Crenshaw |
| CU | Cudahy |
| CC | Culver City |
| DB | Diamond Bar |
| DO | Downey |
| DU | Duarte |
| ER | Eagle Rock |
| EM | El Monte |
| ES | El Segundo |
| EN | Encino |
| GA | Gardena |
| GL | Glendale |
| GW | Glendora |
| GV | Glenview |
| GR | Gorman |
| GH | Granada Hills |
| HC | Hacienda Heights |
| HG | Hawaiian Gardens |
| HA | Hawthorne |
| HB | Hermosa Beach |
| HH | Hidden Hills |
| HI | Highland Park |
| HO | Hollywood |
| HP | Huntington Park |
| IN | Industry |
| IG | Inglewood |
| IR | Irwindale |
| LC | La Canada/Flintridge |
| LR | La Crescenta |
| LH | La Habra Hghts |
| LL | Lake Los Angeles |
| LM | La Mirada |
| LP | La Puente |
| LV | La Verne |
| LK | Lakewood |
| LT | Lancaster |
| LN | Lawndale |
| LO | Lomita |
| LB | Long Beach |
| LA | Los Angeles |
| LY | Lynwood |
| MA | Malibu |
| MC | Malibu Beach |
| MB | Manhattan Beach |
| MD | Marina del Rey |
| MW | Maywood |
| MN | Montrose |
| MV | Monrovia |
| MO | Montebello |
| MP | Monterey Park |
| MT | Montclair |
| NE | Newhall |
| NH | North Hollywood |
| NR | Northridge |
| NO | Norwalk |
| PP | Palos Verdes Peninsula |
| PC | Pacoima |
| PD | Palmdale |
| PV | Palos Verdes Est |
| PM | Paramount |
| PA | Pasadena |
| PR | Pico Rivera |
| PY | Playa del Rey |
| PO | Pomona |
| QH | Quartz Hill |
| RP | Rancho P V |
| RB | Redondo Beach |
| RS | Reseda |
| RH | Rolling Hills |
| RE | Rolling Hills Est |
| RM | Rosemead |
| RL | Rowland Heights |
| SD | San Dimas |
| SF | San Fernando |
| SG | San Gabriel |
| SN | San Marino |
| SR | San Pedro |
| SC | Santa Clarita |
| SS | Santa Fe Springs |
| SM | Santa Monica |
| SA | Saugus |
| SK | Sherman Oaks |
| SI | Sierra Madre |
| SH | Signal Hill |
| SE | South El Monte |
| SO | South Gate |
| SP | South Pasadena |
| ST | Studio City |
| SU | Sunland |
| SV | Stevenson Ranch |
| SY | Sylmar |
| TA | Tarzana |
| TC | Temple City |
| TP | Topanga |
| TO | Torrance |
| TU | Tujunga |
| UC | Universal City |
| VA | Valencia |
| VN | Van Nuys |
| VC | Venice |
| VE | Vernon |
| WA | Walnut |
| WC | West Covina |
| WE | West Hills |
| WH | West Hollywood |
| WV | Westlake Village |
| WW | Westwood |
| WI | Whittier |
| WM | Wilmington |
| WL | Woodland Hills |
| OT | Other |

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# EMS REPORT

## INCIDENT INFO

Date / / | Inc # | Jur Sta | PD Unit # | ☐ No Pt ☐ Cx at Scene ☐ PuB Asst ☐ DOA ☐ Pronc'd by Base ☐ IFT ☐ Pg 2

Inc Loc: Street Number | Street Name | Type | Apt # | City Code | Incident Zip Code

| Prov | A/B/H | Unit | Disp | Arrival | At Pt | Left | At Fac | Avail | Team Member ID | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | #1 | #2 |
| | | | | | | | | | #3 | #4 |
| | | | | | | | | | #5 | #6 |
| | | | | | | | | | #7 | #8 |

## TRANS

B. Contact | Protocol | Protocol | B. Ntfd | Rec Fac

☐ AMA ☐ Code 3 | MAR: ___ ___ ___

VIA: ☐ ALS ☐ BLS ☐ Heli ☐ No Transport

Trans To: ☐ MAR ☐ PeriNat ☐ EDAP ☐ ASC ☐ Other ☐ SRC ☐ TC/PTC ☐ PMC

Reason: ☐ No SC Req'd ☐ SC Guide ☐ Request ☐ No SC Access ☐ EXtremis ☐ Criteria ☐ Guideline ☐ Judgement

## PT INFO

Name/Last | First | MI | DOB / / | Phone ( )

Address | City | Zip | Total Mileage

Insurance | Hospital ID | PMD Name | Partial SS # (last 5 digits)

## COMMENTS

## COMPLAINTS

**MEDICAL:** ☐ Abd/Pelvic Pain ☐ Allergic Reaction ☐ A.L.T.E. ☐ Altered Loc ☐ Apnea Episode ☐ Bleeding Oth Site ☐ BEHavioral ☐ AgitateD ☐ Cardiac Arrest ☐ DOA ☐ Chest Pain ☐ MI ☐ CHoking/Airway Obst ☐ Cough/Congestion ☐ DYsrhythmia ☐ FEver ☐ Foreign Body ☐ GI Bleed ☐ Head Pain ☐ HYpoglycemia ☐ Local Neuro Signs ☐ Nausea/Vomiting ☐ Near Drowning ☐ Neck/Back Pain ☐ NOsebleed ☐ OBstetrics ☐ LAbor ☐ NeWborn ☐ OD/POisoning ☐ PalpitationS ☐ Respiratory Arrest ☐ SEizure ☐ Shortness of Breath ☐ SYncope ☐ WEak/DIzzy ☐ VAginal Bleed ☐ No Medical Complaint ☐ Inpatient Medical ☐ Other Pain ☐ Medical Device Complaint ☐ OTher ___

**TRAUMA:** ☐ No Apparent Injuries ☐ BUrns/Shock ☐ Inpatient Trauma ☐ Spinal Cord Injury

B P: ☐ ☐ Minor Lac./ ☐ Flail Chest ☐ ☐ T. Pneumo ☐ ☐ Trauma Arrest ☐ ☐ Back

B P: ☐ ☐ Head ☐ GCS 14 (or less) ☐ ☐ Facial/Dental ☐ ☐ Neck ☐ ☐ Chest ☐ Bet Mid Clav

B P: ☐ ☐ Abdomen ☐ ☐ Diffuse Tender ☐ ☐ Genital/ButtocKs ☐ ☐ Extremities ☐ ☐ FRacture ☐ ☐ AmputatIons ☐ ☐ Neuro/Vasc Comp

Trauma Center Criteria BP<70 (<6 yr), BP<90 (> 7 yr)

**MECH of INJ:** ☐ Enc Veh ☐ Seat Belt ☐ Air Bag ☐ Pass Space Intrusion ☐ Surv. of Fatal Acc. ☐ EJected from Vehicle ☐ EXtrication Required Extricated @ ___ ☐ Ped/Bike vs. Vehicle ☐ Motorcycle/Moped ☐ Vs. Veh. ☐ HeLmet ☐ ASsault ☐ With Blunt Inst ☐ STabbing ☐ GSW ☐ TRunk ☐ S.I. Accidental ☐ S.I. Intentional ☐ ANimal Bite ☐ FAll ☐ >15Ft ☐ Electric Shock ☐ Hazmat Expos. ☐ Thermal Burn ☐ SPorts ☐ Work Related ☐ UNknown ☐ CRush ☐ OTher

## PHYS

PUPIL: ☐ PERL ☐ Unequal ☐ PInpoint ☐ Fixed & Dil. ☐ Sluggish

RESP: ☐ Normal ☐ Unequal ☐ Clear ☐ Stridor ☐ Wheezes ☐ Rales ☐ RHonchi ☐ SnorinG

SKIN: ☐ Normal ☐ Jaundiced ☐ Cyanotic ☐ Pale ☐ Flushed ☐ Warm ☐ Hot ☐ CoLd ☐ Diaph | Cap Refill: ☐ NoRmal/ ☐ DElayed

12 LEAD TIME: ___ ☐ NL ☐ ABnl ☐ STEMI ☐ ArtiFact ☐ Wavy Baseline ☐ Paced Rhythm

## VITAL SIGNS

| Time | TM# | BP | Pulse | Resp | Sp02% | T Vol (N + –) | Pain (0-10) |
|---|---|---|---|---|---|---|---|
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |
| | | / | | | | | |

## MEDS/DEFIB

| Time | TM# | Rhythm | Meds/Defib | Dose | Route | Result |
|---|---|---|---|---|---|---|
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |
| | | c̄ | | | | |

## ARREST

Wit. ☐ Citizen ☐ EMS ☐ None

☐ Citizen CPR:

EMS CPR @ ___ (time)

☐ Arrest to CPR: ___ (min)

☐ AED ☐ Analyze ☐ Defib

☐ ALS Resuscitation (use page 2)

**Reason(s) for withholding resuscitation:** ☐ DNR/AHCD/POLST ☐ ASY> ___ min Ref. 814: ☐ RIgor ☐ LIvidity ☐ Bl. Trauma ☐ OTher ___ ☐ FAmily: ___ (relationship) (sig)

**PRN Meds:** ☐ ALB ☐ NTG ☐ MID ☐ MS ☐ D50 ☐ GLU ☐ NAR OT ___

☐ MIDAZOLAM Given: ___ mg Wasted: ___ mg | ☐ MORPHINE Given: ___ mg Wasted: ___ mg

Narcotic wasted: RN Witness

Name (print) ___

Signature: ___

**Reassessment after Therapies and/or Condition on Transfer:**

Total IV Fluids Received: ___ cc's

Care Transferred To: ☐ Facility ☐ ALS ☐ BLS ☐ Heli

| Transfer VS | Time | TM# | BP | Pulse | Resp | SpO2 | EKG | GCS |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | c̄ | E M V |

Signature TM completing form

Sig #1 | Sig #2 | Reviewed By

## PATIENT ASSESSMENT

Pt ___ of ___ # Pts Transported ___

Orig. Seq. # ___

RC

Age ___ ☐ Y ☐ M ☐ D ☐ H ☐ Est.

Gender: ☐ M ☐ F

Wt ___ ☐ lb ☐ kg ☐ Est.

☐ Too Tall

Distress Level ☐ Sev ☐ Mod ☐ MilD ☐ None

Complaint { ___

Mechanism of Injury { ___

## GCS/mLAPSS

| | | |
|---|---|---|
| Time | | |
| Eyes | | |
| Motor | | |
| Verbal | | |
| GCS Total | | |

☐ NorMal for pt / Age

mLAPSS ☐ Met ☐ Not Met

Last known well:

Date: ___

Time: ___

## SPECIAL CIRCUMSTANCES

☐ BArriers to Pt Care ___

☐ Poison Control Contacted

☐ Abuse Suspected

Reported To: ___

☐ ETOH Suspected

☐ Drugs Suspected

## THERAPIES

TM #

- ☐ Bk Blows/Thrust ___
- ☐ BVM ___
  - ☐ Breath Sounds
  - ☐ Chest Rise
  - ☐ Existing Trach.
- ☐ OP/NP Airway ___
- ☐ Cooling Measures ___
- ☐ DRessings ___
- ☐ Ice Pack ___
- ☐ OXy ___ NC or M ___
- ☐ REstraints ___
- ☐ Distal CSM Intact ___
- ☐ Spinal Immobil ___
- ☐ CMS Intact - Before ___
- ☐ CMS Intact - After ___
- ☐ Spinal Clearance Alg. ___
- ☐ SPlint ☐ Traction S ___
- ☐ SUction ___
- ☐ BLd Gluc #1 ___ #2 ___
- ☐ CPAP @ ___ mmHg @ ___ time
- ☐ FB Removal ___
- ☐ IV ___ g ___ site ___
- ☐ I.O. ___ g ___ site ___
- ☐ Needle THoracost ___
- ☐ Vagal Maneuvers ___
- ☐ TC Pacing, mA ___ ppm ___
- ☐ OTher ___

PROOF

MULTICASUALTY INCIDENT

| | | | | | |
|---|---|---|---|---|---|
| Name: ______<br>Triage Tag # ______<br>Age ______<br>Sex ______<br>Wt ______ | ☐ Immediate<br>☐ Delayed<br>☐ Minor<br>☐ DOA | Injuries: | Resp: ______<br>Pulse: ______<br>Cap Refill:<br>☐ < 2 seconds<br>☐ > 2 seconds<br>GCS: ______ | Treatment: | Receiving Facility: ______<br>ETA/Unit ______ / ______ |
| Name: ______<br>Triage Tag # ______<br>Age ______<br>Sex ______<br>Wt ______ | ☐ Immediate<br>☐ Delayed<br>☐ Minor<br>☐ DOA | Injuries: | Resp: ______<br>Pulse: ______<br>Cap Refill:<br>☐ < 2 seconds<br>☐ > 2 seconds<br>GCS: ______ | Treatment: | Receiving Facility: ______<br>ETA/Unit ______ / ______ |
| Name: ______<br>Triage Tag # ______<br>Age ______<br>Sex ______<br>Wt ______ | ☐ Immediate<br>☐ Delayed<br>☐ Minor<br>☐ DOA | Injuries: | Resp: ______<br>Pulse: ______<br>Cap Refill:<br>☐ < 2 seconds<br>☐ > 2 seconds<br>GCS: ______ | Treatment: | Receiving Facility: ______<br>ETA/Unit ______ / ______ |
| Name: ______<br>Triage Tag # ______<br>Age ______<br>Sex ______<br>Wt ______ | ☐ Immediate<br>☐ Delayed<br>☐ Minor<br>☐ DOA | Injuries: | Resp: ______<br>Pulse: ______<br>Cap Refill:<br>☐ < 2 seconds<br>☐ > 2 seconds<br>GCS: ______ | Treatment: | Receiving Facility: ______<br>ETA/Unit ______ / ______ |
| Name: ______<br>Triage Tag # ______<br>Age ______<br>Sex ______<br>Wt ______ | ☐ Immediate<br>☐ Delayed<br>☐ Minor<br>☐ DOA | Injuries: | Resp: ______<br>Pulse: ______<br>Cap Refill:<br>☐ < 2 seconds<br>☐ > 2 seconds<br>GCS: ______ | Treatment: | Receiving Facility: ______<br>ETA/Unit ______ / ______ |
| Name: ______<br>Triage Tag # ______<br>Age ______<br>Sex ______<br>Wt ______ | ☐ Immediate<br>☐ Delayed<br>☐ Minor<br>☐ DOA | Injuries: | Resp: ______<br>Pulse: ______<br>Cap Refill:<br>☐ < 2 seconds<br>☐ > 2 seconds<br>GCS: ______ | Treatment: | Receiving Facility: ______<br>ETA/Unit ______ / ______ |

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