Pre-Hospital Care Report

1. Patient Care Report #

2. EMS Response #

3. INCIDENT DATE - -

4. EMS AGCY #

5. EMS UNIT CALL SIGN

6. EMS UNIT (VEHICLE) #

7. STATION #

8. COMPLAINT REPORTED BY DISPATCH (select one) *See Reference Sheet*

9. EMERGENCY MEDICAL DISPATCH PERFORMED
- ☐ No
- ☐ Yes, With Pre-Arrival Instructions
- ☐ Yes, Without Pre-Arrival Instructions
- ☐ Yes, Unknown if Pre-Arrival Instructions Given

10. PRIMARY ROLE OF THE UNIT
- ☐ Air Trans.-Helicopter
- ☐ Assist
- ☐ Ground Trans.
- ☐ Air Trans.-Fixed Wing
- ☐ Non-Trans.-Admin
- ☐ Non-Trans.-Rescue

11. Level of Care of This Unit
- ☐ BLS-EMR
- ☐ BLS-EMT
- ☐ ALS-AEMT
- ☐ ALS-Intermediate
- ☐ ALS-Paramedic
- ☐ ALS-Community Para-Medicine
- ☐ ALS-Nurse
- ☐ ALS-Physician
- ☐ Specialty Critical Care

12. TYPE OF SERVICE REQUESTED
- ☐ 911 Response (Scene)
- ☐ 911 Response (Inter-Facility Transport)
- ☐ Inter-Facility Transport(Routine)
- ☐ Intercept
- ☐ Mutual Aid
- ☐ Public Assistance/Other Not Listed
- ☐ Medical Transport
- ☐ Standby

13. RESPONSE MODE TO SCENE — 14. FROM SCENE
- ☐ ← Emergent → ☐
- ☐ ← Non-Emergent → ☐
- ☐ ← Emergent Downgraded to Non-Emergent → ☐
- ☐ ← Non-Emergent Upgraded to Emergent → ☐

15. TYPE OF DELAY(S) DISPATCH (select all)
- ☐ None/No Delay
- ☐ Caller (Uncooperative)
- ☐ High Call Volume
- ☐ Language Barrier
- ☐ Location (Inability to obtain)
- ☐ No EMS Unit(s) Available
- ☐ Safety Conditions
- ☐ Technical Failure
- ☐ Other (Not Listed)

16. TYPE OF DELAY(S) RESPONSE (select all)
- ☐ None/No Delay
- ☐ Mechanical Issue
- ☐ Crowd
- ☐ Directions/Unable To Locate
- ☐ Distance
- ☐ Diversion
- ☐ HazMat
- ☐ Scene Safety (Not Secure for EMS)
- ☐ Staff Delay
- ☐ Traffic
- ☐ Vehicle Crash Involving This Unit
- ☐ Vehicle Failure of This unit
- ☐ Weather
- ☐ Rendezvous Transport Unavailable
- ☐ Route Obstruction (e.g., train)
- ☐ Other (Not Listed)
- ☐ Flight Planning

17. EMS Transport Mode
- ☐ Air Medical-Fixed Wing
- ☐ Air Medical-Rotor Wing
- ☐ Ground Ambulance
- ☐ Ground-to-Ground Transfer
- ☐ Ground-to-Air Transfer
- ☐ Air-to-Ground Transfer
- ☐ Ground-Rescue Vehicle-Air Transfer
- ☐ Ground-Rescue Vehicle-Ground Transfer
- ☐ Ground-Air-Ground Transfer
- ☐ Air-to-Air Transfer
- ☐ No Transport

Run Times Use Military Time			
		22. Unit Arrived at Scene:	
		23. Arrived at Patient:	
18. PSAP Call Date/Time:		24. Transfer of EMS Patient Care:	
19. EMS Dispatch Notified:		25. Unit Left Scene:	
20. Unit Notified by Dispatch:		26. Patient Arrived at Destination :	
21. Unit En-route:		167. Transfer of Patient Care to Destination Staff :	
		27. Unit Back in Service :	

28. INCIDENT/PATIENT DISPOSITION
- ☐ Assist, Unit
- ☐ Cancelled (Prior to Arrival at Scene)
- ☐ No Pt Contact (Cancelled on Scene)
- ☐ No Pt Found (Cancelled on Scene)
- ☐ Pt Dead- No Resuscitation Attempted (With Transport)
- ☐ Pt Dead- No Resuscitation Attempted (Without Transport)
- ☐ Pt Dead- Resuscitation Attempted (Without Transport)
- ☐ Pt Evaluated, No Treatment/Transport Required
- ☐ Pt Refused Evaluation/Care (Without Transport)
- ☐ Pt Treated, Released (AMA)
- ☐ Pt Treated, Released (protocol)
- ☐ Pt Treated, Transported by this EMS Unit
- ☐ Pt Treated, Transported by Private Vehicle
- ☐ Pt Treated, Transported by Law Enforcement
- ☐ Pt Treated, Transferred Care to Another EMS Unit
- ☐ Transport of Body Parts or Organs Only
- ☐ Standby

29. INTERCEPT RECIPIENT AGENCY (See Reference Sheet)

30. # OF PATIENTS AT SCENE
- ☐ Single
- ☐ Multiple
- ☐ None

31. MASS CASUALTY
- ☐ Yes
- ☐ No
- ☐ NA

32. INCIDENT LOCATION TYPE (select one) *See Reference Sheet*

33. SCENE GPS LOCATION
LATITUDE - LONGITUDE

ODOMETER READINGS

Begin	Arrive	Destination	End

34. INCIDENT FAC ID

OKEMSIS
OKLAHOMA EMS INFORMATION SYSTEM

Oklahoma State Department of Health

Pre-Hospital Care Report

1. Patient Care Report #

2. EMS Response #

35. INCIDENT ADDRESS | 36. INCIDENT CITY | 37. INCIDENT ST | 38. INCIDENT ZIP - | 39. INCIDENT COUNTY

40. PATIENT LAST NAME | 41. PATIENT FIRST NAME | 42. M I

43. PATIENT ADDRESS ☐ SAME AS INCIDENT ADDRESS | 44. PATIENT CITY | 45. PATIENT STATE

46. PATIENT ZIP CODE - | 47. COUNTY | 48. PT TELEPHONE NUMBER (Area Code - Telephone Number) | 49. SOCIAL SECURITY NUMBER - -

50. DATE OF BIRTH - - | 51. AGE | 52. AGE UNITS ☐ Hours ☐ Days ☐ Months ☐ Years | 53. RACE (Select one or more) ☐ American Indian/Alaska Nat ☐ African American/Black ☐ Native Hawaiian/Pac Islander ☐ Other ☐ Asian ☐ White ☐ Hispanic/Latino | 54. GENDER ☐ Female ☐ Male ☐ Unknown

55. CHIEF COMPLAINT

56. PATIENT MEDICAL HISTORY | 57. PATIENT MEDICATION HISTORY Is Patient Compliant with current medication ☐ Y ☐ N | 58. PATIENT MEDICATION ALLERGIES (select one or more) *See Reference Sheet*

INITIAL & FINAL VITAL SIGNS ☐ Not Applicable | 59. VITALS OBTAINED PRIOR TO EMS CARE? ☐ Yes ☐ No

60. DATE/TIME VITAL SIGNS TAKEN — Initial: — **Final:** | GLASGOW COMA SCALE ☐ Not Applicable

61. Heart Rate	62. Resp	63. SBP	64. DBP	65. Method BP	66. LOC	67. O2 Sat	68. ECG	69. Skin	70. Pupils	71. Eyes	72. Verbal	73. Motor	74. GCS Score
				☐ Arterial Line ☐ Auto Cuff ☐ Manual Cuff ☐ Palpate Cuff ☐ Venous Line	☐ A ☐ V ☐ P ☐ U		*See Reference sheet*	☐ Warm ☐ Pale ☐ Cool ☐ Pink ☐ Dry ☐ Moist ☐ Cyanotic ☐ Diaphoretic	Left / Right ☐ Normal ☐ ☐ Constricted ☐ ☐ Dilated ☐ ☐ Non-Reactive ☐	☐ 4 Spon ☐ 3 Speech ☐ 2 Pain ☐ 1 None	☐ 5 Oriented ☐ 4 Confused ☐ 3 Inapprop ☐ 2 Garbled ☐ 1 None	☐ 6 Obeys ☐ 5 Localizes ☐ 4 W/draws ☐ 3 Flexion ☐ 2 Extent ☐ 1 None	
				☐ Arterial Line ☐ Auto Cuff ☐ Manual Cuff ☐ Palpate Cuff ☐ Venous Line	☐ A ☐ V ☐ P ☐ U		*See Reference sheet*	☐ Warm ☐ Pale ☐ Cool ☐ Pink ☐ Dry ☐ Moist ☐ Cyanotic ☐ Diaphoretic	Left / Right ☐ Normal ☐ ☐ Constricted ☐ ☐ Dilated ☐ ☐ Non-Reactive ☐	☐ 4 Spon ☐ 3 Speech ☐ 2 Pain ☐ 1 None	☐ 5 Oriented ☐ 4 Confused ☐ 3 Inapprop ☐ 2 Garbled ☐ 1 None	☐ 6 Obeys ☐ 5 Localizes ☐ 4 W/draws ☐ 3 Flexion ☐ 2 Extent ☐ 1 None	

75. ECG TYPE ☐ 3 Lead ☐ 4 Lead ☐ 5 Lead ☐ 12 Lead-Left Sided ☐ 12 Lead-Right Sided ☐ 15 Lead ☐ 18 Lead ☐ Other(Not Listed)

76. ETCO2 LEVEL ☐ Not Applicable

77. GLUCOSE LEVEL ☐ Not Applicable

78. GCS QUALIFIER ☐ Eye Obstruction ☐ Pt Chemically Paralyzed ☐ Initial GCS -No Interventions ☐ Pt Intubated ☐ Pt Chemically Sedated

79. METHOD OF ECG INTERPRETATION ☐ Computer ☐ Manual ☐ Transmission-No Interpretation ☐ Transmission-With Remote Interpretation

80. PAIN SCORE ☐ Not Applicable Scale 1-10 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

81. STROKE SCALE TYPE (NA=Not Applicable) ☐ Cincinnati ☐ Los Angeles ☐ NIH ☐ Massachusetts ☐ Other (Not Listed) ☐ Miami Emerg. Neur. Deficit (MEND) ☐ NA ☐ F.A.S.T. Exam

82. STROKE SCALE SCORE ☐ Not Applicable ☐ Negative ☐ Non-Conclusive ☐ Positive

Pre-Hospital Care Report

1. Patient Care Report # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. EMS Response # ☐☐☐☐☐☐☐☐☐☐

MEDICATIONS ☐ None ☐ Not Applicable

Med 1	☐ Contraindication Noted	☐ Denied by order	☐ Medication Allergy	☐ Med already taken	☐ Refused	☐ Unable to complete
Med 2	☐ Contraindication Noted	☐ Denied by order	☐ Medication Allergy	☐ Med already taken	☐ Refused	☐ Unable to complete
Med 3	☐ Contraindication Noted	☐ Denied by order	☐ Medication Allergy	☐ Med already taken	☐ Refused	☐ Unable to complete

83. DATE/TIME MED ADMINISTERED	84. MED GIVEN PRIOR TO EMS CARE?	85. MEDICATION GIVEN (See Reference Sheet)	86. MED DOSAGE/ 87. MED UNITS	88. MED GIVEN BY (CREW ID)	89. ROLE/TYPE OF PERSON GIVING MED
Med 1	☐ Yes ☐ No				☐ AEMT ☐ EMR ☐ EMT ☐ Paramedic ☐ Intermediate ☐ Nurse Prac. ☐ Physician ☐ Respiratory Ther. ☐ Student ☐ Critical Care Param. ☐ Other (Not Listed) ☐ Physician Assist. ☐ LPN ☐ Registered Nurse
Med 2	☐ Yes ☐ No				☐ AEMT ☐ EMR ☐ EMT ☐ Paramedic ☐ Intermediate ☐ Nurse Prac. ☐ Physician ☐ Respiratory Ther. ☐ Student ☐ Critical Care Param. ☐ Other (Not Listed) ☐ Physician Assist. ☐ LPN ☐ Registered Nurse
Med 3	☐ Yes ☐ No				☐ AEMT ☐ EMR ☐ EMT ☐ Paramedic ☐ Intermediate ☐ Nurse Prac. ☐ Physician ☐ Respiratory Ther. ☐ Student ☐ Critical Care Param. ☐ Other (Not Listed) ☐ Physician Assist. ☐ LPN ☐ Registered Nurse

90. MED AUTHORIZATION	91. MED ADMINISTRATION ROUTE
Med 1 ☐ On-line (Remote Verbal order ☐ On-Scene ☐ Protocol (Standing Order) ☐ Written Orders (Patient Specific)	☐ Buccal ☐ Inhalation ☐ Intramuscular ☐ Intranasal ☐ Intraosseus ☐ Intravenous ☐ Nasogastric ☐ Ophthalmic ☐ Oral ☐ Rectal ☐ Subcutaneous ☐ Sublingual ☐ Topical ☐ Transdermal ☐ Wound
Med 2 ☐ On-line (Remote Verbal order ☐ On-Scene ☐ Protocol (Standing Order) ☐ Written Orders (Patient Specific)	☐ Buccal ☐ Inhalation ☐ Intramuscular ☐ Intranasal ☐ Intraosseus ☐ Intravenous ☐ Nasogastric ☐ Ophthalmic ☐ Oral ☐ Rectal ☐ Subcutaneous ☐ Sublingual ☐ Topical ☐ Transdermal ☐ Wound
Med 3 ☐ On-line (Remote Verbal order ☐ On-Scene ☐ Protocol (Standing Order) ☐ Written Orders (Patient Specific)	☐ Buccal ☐ Inhalation ☐ Intramuscular ☐ Intranasal ☐ Intraosseus ☐ Intravenous ☐ Nasogastric ☐ Ophthalmic ☐ Oral ☐ Rectal ☐ Subcutaneous ☐ Sublingual ☐ Topical ☐ Transdermal ☐ Wound

92. RESPONSE TO MEDICATION	
Med 1: ☐ Improved ☐ Unchanged ☐ Worse	**93. MEDICATION COMPLICATION (Choose one or more)** ☐ Altered Mental Status ☐ Apnea ☐ Bleeding ☐ Bradycardia ☐ Bradypnea ☐ Diarrhea ☐ Extravasation ☐ Hypertension ☐ Hyperthermia ☐ Hypotension ☐ Hypothermia ☐ Hypoxia ☐ Injury ☐ Itching ☐ Nausea ☐ Tachycardia ☐ Respiratory Distress ☐ Other (Not Listed) ☐ None ☐ Urticaria ☐ Tachypnea ☐ Vomiting
Med 2: ☐ Improved ☐ Unchanged ☐ Worse	
Med 3: ☐ Improved ☐ Unchanged ☐ Worse	

Procedures ☐ None ☐ Not Applicable

					94. PROCEDURE PERFORMED PRIOR TO EMS CARE?
Proc 1	☐ Contraindication Noted	☐ Denied by order	☐ Refused	☐ Unable to complete	☐ Yes ☐ No
Proc 2	☐ Contraindication Noted	☐ Denied by order	☐ Refused	☐ Unable to complete	☐ Yes ☐ No
Proc 3	☐ Contraindication Noted	☐ Denied by order	☐ Refused	☐ Unable to complete	☐ Yes ☐ No

95. DATE/TIME PROCEDURE PERFORMED	96. PROCEDURE (See Reference Sheet)	97. # OF ATTEMPTS	98. PROCEDURE SUCCESSFUL?	99. PROC PERFORMED BY (CREW ID)	100. ROLE/TYPE OF PERSON PERFORMING PROCEDURE
Proc 1			☐ Yes ☐ No		☐ AEMT ☐ EMR ☐ EMT ☐ Paramedic ☐ Intermediate ☐ Nurse Prac. ☐ Physician ☐ Respiratory Ther. ☐ Student ☐ Critical Care Paramedic ☐ Other (Not Listed) ☐ Physician Assist. ☐ LPN ☐ Registered Nurse
Proc 2			☐ Yes ☐ No		☐ AEMT ☐ EMR ☐ EMT ☐ Paramedic ☐ Intermediate ☐ Nurse Prac. ☐ Physician ☐ Respiratory Ther. ☐ Student ☐ Critical Care Paramedic ☐ Other (Not Listed) ☐ Physician Assist. ☐ LPN ☐ Registered Nurse
Proc 3			☐ Yes ☐ No		☐ AEMT ☐ EMR ☐ EMT ☐ Paramedic ☐ Intermediate ☐ Nurse Prac. ☐ Physician ☐ Respiratory Ther. ☐ Student ☐ Critical Care Paramedic ☐ Other (Not Listed) ☐ Physician Assist. ☐ LPN ☐ Registered Nurse

101. PROCEDURE AUTHORIZATION	102. RESPONSE TO PROC	103. PROC COMPLICATION (Choose one or more)
Proc 1 ☐ On-line (Remote Verbal order ☐ On-Scene ☐ Protocol (Standing Order) ☐ Written Orders (Patient Specific)	☐ Improved ☐ Unchanged ☐ Worse	☐ Altered Mental Status ☐ Apnea ☐ Bleeding ☐ Bradycardia ☐ Bradypnea ☐ Diarrhea ☐ Extravasation ☐ Hypertension ☐ Hyperthermia ☐ Hypotension ☐ Hypothermia ☐ Hypoxia ☐ Injury ☐ Itching ☐ Nausea ☐ Tachycardia ☐ Respiratory Distress ☐ Other (Not Listed) ☐ None ☐ Urticaria ☐ Tachypnea ☐ Vomiting ☐ Portacath ☐ Esophageal Intub.-Immediately ☐ Esophageal Intub.-Other
Proc 2 ☐ On-line (Remote Verbal order ☐ On-Scene ☐ Protocol (Standing Order) ☐ Written Orders (Patient Specific)	☐ Improved ☐ Unchanged ☐ Worse	
Proc 3 ☐ On-line (Remote Verbal order ☐ On-Scene ☐ Protocol (Standing Order) ☐ Written Orders (Patient Specific)	☐ Improved ☐ Unchanged ☐ Worse	

Pre-Hospital Care Report

1. Patient Care Report #

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Symptoms:
104. PRIMARY ☐ Not Applicable
105. ASSOCIATED ☐ Not Applicable
(See Reference Sheet, Choose 1 for Primary, choose one or more for Associated)

Provider Impression:
106. PRIMARY ☐ Not Applicable
107. SECONDARY ☐ Not Applicable
(See Reference Sheet, Choose 1 for Primary, choose one or more for Secondary)

108. ALCOHOL/DRUG USE INDICATORS (multi-choice)
☐ Not applicable ☐ None Reported
☐ Refused ☐ Unable to Complete
☐ Smell of alcohol *present*
☐ Pt admits to alcohol use
☐ Pt admits to drug use
☐ Alcohol and/or drug paraphernalia at scene
☐ Drug paraphernalia at scene
☐ Positive Level Known from Law Enforcement/Hospital Record

109. CHIEF COMPLAINT ANATOMIC LOCATION
☐ Not applicable ☐ Abdomen ☐ Extremity Lower
☐ Back ☐ Head ☐ Extremity Upper
☐ General/Global ☐ Chest ☐ Neck
☐ Genitalia

110. CHIEF COMPLAINT ORGAN SYSTEM
☐ Not applicable ☐ Musculoskeletal /Skin ☐ Pulmonary
☐ Cardiovascular ☐ GI ☐ Reproductive
☐ Renal ☐ CNS/Neuro ☐ Global
☐ Psych ☐ Immune/Lymphatic
☐ Endocrine/Metabolic

111. Incident Work-Related
☐ Yes ☐ No
☐ Unknown
☐ Not applicable

112. DATE/TIME OF SYMPTOM ONSET

113. POSSIBLE INJURY
☐ Yes ☐ No
☐ Unknown ☐ Not applicable

114. CAUSE OF INJURY ☐ Not applicable
(See Reference Sheet, Multi-Select)

115. MECHANISM OF INJURY
☐ Not applicable ☐ Blunt
☐ Burn ☐ Penetrating
☐ Other

116. LOCATION OF PATIENT IN VEHICLE
☐ Front Seat-Left (or Motorcycle) ☐ Front Seat-Middle
☐ Front Seat-Right ☐ Second Seat-Left (or motorcycle passenger)
☐ Second Seat-Right ☐ Second Seat-Middle ☐ Third Row-Right
☐ Third Row-Left (or motorcycle passenger) ☐ Third Row-Middle
☐ Trailing Unit ☐ Unknown ☐ Not Applicable
☐ Riding on vehicle exterior
☐ Passenger in other enclosed passenger or cargo area (non-trailing unit)
☐ Passenger in unenclosed passenger or cargo area (non-trailing unit)

117. USE OF OCCUPATIONAL SAFETY EQUIPMENT ☐ Not Applicable
☐ None ☐ Child Restraint ☐ Lap Belt
☐ Protective Gear ☐ Eye Protection ☐ Pers Flotation Device
☐ Shoulder Belt ☐ Helmet Worn ☐ Shoulder and lap belt
☐ Protective Clothing ☐ Other ☐ Infant Car Seat-Forward Facing
☐ Infant Car Seat-Rear Facing

CARDIAC ARREST SECTION (Questions 119-131): If CARDIAC ARREST is NO, put Not Applicable on questions 120-131 and start again on question 132.

118. AIRBAG DEPLOYMENT ☐ Not Applicable
☐ Airbag Deployed-Front ☐ Airbag Deployed-Side
☐ Airbag Deployed-Other ☐ No Airbag Deployed
☐ No Airbag Present

119. CARDIAC ARREST ☐ Not Applicable
☐ Not applicable ☐ No
☐ Yes, Prior to Arrival ☐ Yes, After Arrival

120. CARDIAC ARREST ETIOLOGY
☐ Not Applicable ☐ Drowning
☐ Drug Overdose ☐ Respiratory
☐ Presumed Cardiac ☐ Electrocution
☐ Trauma ☐ Other
☐ Exsanguination

121. DATE/TIME OF CARDIAC ARREST

122. CPR CARE PROVIDED PRIOR TO EMS
☐ Yes ☐ No ☐ Not Applicable

123. RESUSCITATION ATTEMPTED
(Multi-Select)
☐ Not Applicable
☐ Defibrillation ☐ None-DOA
☐ Ventilation ☐ None-DNR/***DNAR***
☐ Chest Comp ☐ None-Signs of life

124. ARREST WITNESSED BY:
(Multi-Select)
☐ Not Applicable
☐ Family Member
☐ Lay Person
☐ Healthcare Provider
☐ Not Witnessed

125. AED USE PRIOR TO EMS
☐ Yes, Without Defribrillation ☐ No
☐ Yes, With Defribrillation ☐ Not Applicable

126. THERAPEUTIC HYPOTHERMIA USED
☐ Yes ☐ No ☐ Not Applicable

127. SPONTANEOUS CIRCULATION
☐ Not Applicable
☐ No
☐ Yes, ED Arrival
☐ Yes, Prior to ED
☐ Yes, Sustained for 20 minutes

128. FIRST MONITORED ARREST RHYTHM
☐ Not Applicable
☐ Asystole ☐ Bradycardia ☐ PEA
☐ Unknown AED-Non-shockable
☐ Unknown AED-Shockable
☐ Ventricular Fibrillation
☐ Ventricular Tachycardia-Pulseless

129. REASON RESUSCITATION DISCONTINUED
☐ Not Applicable
☐ DNR ☐ Medical Control Order
☐ Obvious Signs of Death
☐ Physically Unable To Perform
☐ Protocol/Policy Requirements Completed
☐ Return of Spontaneous Circulation

130. CARDIAC RHYTHM ON ARRIVAL AT DESTINATION
(See Reference Sheet, Multi-Select)

131. END OF EMS CARDIAC EVENT
☐ Not Applicable
☐ Expired in ED
☐ Expired in the Field
☐ Ongoing Resuscitation in ED
☐ Ongoing ROSC in Field
☐ Ongoing ROSC in ED
☐ Ongoing Resusc.. by Other EMS

INVASIVE AIRWAY SECTION (Questions 132-140): If no invasive airway was performed, put Not Applicable on questions 132-141 and start again on question 141.

132. INDICATION FOR INVASIVE AIRWAY
☐ Not Applicable ☐ Other
☐ Illness involving Airway ☐ Illness involving Injury
☐ Airway Reflex Compromised ☐ Apnea/Agonal Respirations
☐ Ventilatory Effort Compromised
☐ Adequate Airway Reflexes, Potential for Compromise

133. DATE/TIME OF AIRWAY DEVICE PLACEMENT CONFIRMED

134. DATE/TIME OF INVASIVE AIRWAY PLACEMENT ABANDONED

135. AIRWAY DEVICE
☐ Not applicable
☐ SAD-Combitube ☐ SAD-King
☐ SAD-LMA ☐ SAD-Other
☐ Tracheostomy Tube
☐ Cricothyrotomy Tube
☐ Endotracheal Tube
☐ Other Invasive Airway

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136. AIRWAY DEVICE PLACEMENT CONFIRMED METHOD
- ☐ Not Applicable
- ☐ Auscultation
- ☐ Colorimetric ETCO2
- ☐ Digital (Numeric) ETCO2
- ☐ Endotracheal Tube Whistle
- ☐ Waveform ETCO2
- ☐ Bulb/Syringe Aspiration
- ☐ Condensation in Tube
- ☐ Direct Re-Visualization
- ☐ Visualization of Vocal Chords
- ☐ Other (Not Listed)

137. TUBE DEPTH (in cm)

138. INDIVIDUAL CONFIRMING AIRWAY PLACEMENT
- ☐ Not Applicable
- ☐ Another person in same crew
- ☐ Person Performing Intubation
- ☐ Receiving Air Medical/EMS Crew
- ☐ Receiving Hospital Team
- ☐ Other (Not Listed)

139. AIRWAY CREW MEMBER ID (performing Airway)

140. AIRWAY COMPLICATIONS ENCOUNTERED
- ☐ Not Applicable
- ☐ Adverse Event from Facilitating Drugs
- ☐ Bradycardia (<50)
- ☐ Cardiac Arrest
- ☐ Failed Intubation Effort
- ☐ Other
- ☐ Oxygen Desaturation (<90%)
- ☐ Patient Vomiting/Aspiration
- ☐ Esophageal Intubation-Delayed Detection (After Tube Secured)
- ☐ Esophageal Intubation-Detected in Emergency Department
- ☐ Injury/Trauma to Patient from Airway Management
- ☐ Tube Dislodged During Patient Care/Transport
- ☐ Tube was not in Correct Position

141. SUSPECTED REASONS FOR FAILED AIRWAY
- ☐ Not Applicable
- ☐ Difficult Airway Anatomy
- ☐ Facial or Oral Trauma
- ☐ ETI Attempted, Arrived at Destination before Accomplished
- ☐ Other
- ☐ Inability to Expose Vocal Chords
- ☐ Inadequate Patient Relaxation
- ☐ Jaw Clenched
- ☐ Poor Patient Access
- ☐ Secretions/Blood/Vomit
- ☐ Unable to Position or Access Patient

142. BARRIERS TO EFFECTIVE CARE [at Scene, multi-choice]
- ☐ Not applicable
- ☐ Developmentally Impaired
- ☐ Sight Impaired
- ☐ Hearing Impaired
- ☐ Language
- ☐ Unattended or unsupervised (including minors)
- ☐ Uncooperative
- ☐ Physical Barrier
- ☐ Physically Impaired
- ☐ Physically Restrained
- ☐ Speech Impaired
- ☐ Unconscious
- ☐ None
- ☐ Obesity
- ☐ Cultural, Custom, Religious

143. DESTINATION FAC ID

144. DEST ZIP

145. REASON FOR CHOOSING DESTINATION
- ☐ Not Applicable
- ☐ Closest Facility
- ☐ Hospital Diversion
- ☐ Family Choice
- ☐ Patient Choice
- ☐ Protocol
- ☐ Law Enforcement
- ☐ Other
- ☐ On-line/On-Scene Med Direction
- ☐ Insurance Status/Requirement
- ☐ Patient Physicians Choice
- ☐ Regional Specialty Center

146. TYPE OF DELAY(S) SCENE(select all) ☐ Not Applicable
- ☐ None/No Delay
- ☐ Awaiting Air Unit
- ☐ Awaiting Ground Unit
- ☐ Crowd
- ☐ Directions/Unable To Locate
- ☐ Distance
- ☐ Extrication
- ☐ HazMat
- ☐ Language Barrier
- ☐ Patient Access
- ☐ Safety-Crew/Staging
- ☐ Safety-Patient
- ☐ Staff Delay
- ☐ Traffic
- ☐ Other (Not Listed)
- ☐ Mechanical

147. TYPE OF DELAY(S) TRANSPORT (select all) ☐ Not Applicable
- ☐ Pat. Condition Change
- ☐ None/No Delay
- ☐ Crowd
- ☐ Directions/Unable To Locate
- ☐ Distance
- ☐ Diversion
- ☐ HazMat
- ☐ Safety
- ☐ Staff Delay
- ☐ Traffic
- ☐ Vehicle Crash Involving This Unit
- ☐ Vehicle Failure of This unit
- ☐ Weather
- ☐ Rendezvous Transport Unavailable
- ☐ Route Obstruction (e.g., train)
- ☐ Other (Not Listed)

148. TYPE OF DELAY(S) TURN-AROUND(select all) ☐ Not Applicable
- ☐ None/No Delay
- ☐ Clean up
- ☐ Decontamination
- ☐ Distance
- ☐ Documentation
- ☐ ED Overcrowding/Transfer of Care
- ☐ Equipment Failure
- ☐ Equipment/Supply Replenishment
- ☐ Rendezvous Transport Unavailable
- ☐ Route Obstruction (e.g., train)
- ☐ Staff Delay
- ☐ Traffic
- ☐ Vehicle Failure of This Unit
- ☐ Vehicle Crash of This Unit
- ☐ Weather
- ☐ Other (Not Listed)
- ☐ EMS Accompanies Pat. For Facility Procedure

149. TYPE OF DESTINATION
- ☐ Not Applicable
- ☐ Police/Jail
- ☐ Home
- ☐ Other
- ☐ Hospital ED
- ☐ Hospital-Non ED
- ☐ Medical Office/Clinic
- ☐ Morgue/Mortuary
- ☐ Nursing Home/Assisted Living
- ☐ EMS responder (Air)
- ☐ EMS Responder (Ground)

150. Standby Reason ☐ N/A
- ☐ Disaster-Drill
- ☐ Education
- ☐ Disaster-Live Staging
- ☐ Other
- ☐ EMS Staging
- ☐ Public Safety
- ☐ Fire Support-Rehab
- ☐ Fire Support-Standby
- ☐ Mass Gathering-Entertainment
- ☐ Mass Gathering-Sporting Event
- ☐ Mass Gathering-Fair/Community

151. HOSPITAL DESIGNATION
- ☐ Not Applicable
- ☐ STEMI
- ☐ Stroke Ctr
- ☐ Hospital
- ☐ Rehab Ctr
- ☐ Burn Ctr
- ☐ Pediatric Ctr
- ☐ Behavioral
- ☐ Trauma Ctr-Lev. 1
- ☐ Trauma Ctr-Lev. 2
- ☐ Trauma Ctr-Lev. 3
- ☐ Trauma Ctr-Lev. 4

152. DESTINATION TEAM PRE-ARRIVAL ACTIVATION
- ☐ Not Applicable
- ☐ No
- ☐ Yes-STEMI
- ☐ Yes-Stroke
- ☐ Yes-Obstetric
- ☐ Yes-Adult Trauma
- ☐ Yes-Cardiac Arrest
- ☐ Yes-Pediatric Trauma
- ☐ Yes-Other

153. DATE/TIME OF PRE-ARRIVAL ACTIVATION

TRAUMATIC INJURY?
☐ Yes ☐ No

154. CONDITION OF PATIENT AT DESTINATION
- ☐ Not Applicable
- ☐ Improved
- ☐ Unchanged
- ☐ Worse

IS THE PATIENTS CONDITION CONSIDERED A TRAUMATIC INJURY? If NO then put Not Applicable for questions 155-159.

155. TRAUMA TRIAGE CRITERIA (Multi-Select)
- ☐ Not Applicable
- ☐ Amputation proximal to wrist or ankle
- ☐ Blunt Trauma/no hemodynamic trauma
- ☐ BSA<10%
- ☐ BSA>=10%
- ☐ Flail Chest
- ☐ GCS<=13
- ☐ GCS Improving
- ☐ Hemodynamic compromise from trauma
- ☐ Minor Injuries
- ☐ PTS<8
- ☐ Open or depressed skull Fx
- ☐ Other Single System Injury
- ☐ Paralysis from trauma
- ☐ Penetrating Injuries-Extremities
- ☐ Penetrating Injuries-Trunk,Neck,Head
- ☐ Respiratory compromise from trauma
- ☐ Two or more proximal long bone fractures
- ☐ Unstable Pelvis
- ☐ Tender or distended Abdomen
- ☐ Crushed, de-gloved, mangled extremity
- ☐ Single System Injury-Neuro.
- ☐ Single System Injury-Ortho
- ☐ Single System Injury-Maxillofacial
- ☐ Ejection of patient from enclosed vehicle
- ☐ High Risk auto crash
- ☐ Significant Assault/Altercation
- ☐ Auto/Pedestrian or Bike , Motorcycle Crash with significant impact
- ☐ Falls > 20ft/Distance 2-3 times height of Patient

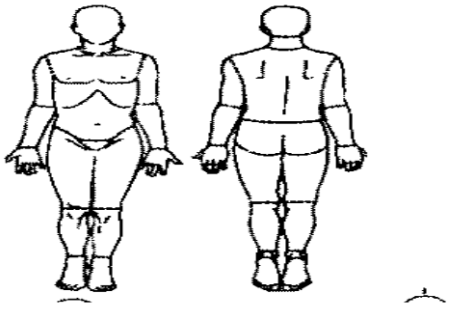
Pre-Hospital Care Report

1. Patient Care Report #

2. EMS Response #

156. TRIAGE LEVEL	157. TRAUMA REFERRAL CENTER NOTIFIED	158. DESTINATION REFERRED BY TREC	159. TREC TRACKING NUMBER
☐ Not Applicable ☐ Priority 1 ☐ Priority 2 ☐ Priority 3	☐ Not Applicable ☐ Yes ☐ No	☐ Not Applicable ☐ Yes ☐ No	

160. PRIMARY METHOD OF PAYMENT	161. ED DISPOSITION (See Reference Sheet)	162. HOSPITAL DISPOSITION (See Reference Sheet)
☐ Not Applicable ☐ Insurance ☐ Medicaid ☐ Medicare ☐ Not Billed ☐ Self Pay ☐ Other Government ☐ Workers Compensation		



163. NARRATIVE:

Report Given to: _____; **Narrative page ___ of ___ pages**

Patient placed in
- ☐ Ambulating
- ☐ Geri Cardiac Chair
- ☐ Recliner
- ☐ Wheelchair
- ☐ Bed
- ☐ Gurney/exam table
- ☐ Other_____

Necessity for Service

Upon arrival, Patient Found in:
- ☐ Ambulating
- ☐ Geri Cardiac Chair
- ☐ Recliner
- ☐ Wheelchair
- ☐ Bed
- ☐ Gurney/exam table
- ☐ Floor
- ☐ Other_____

Was stretcher necessary?
- ☐ Unable to sit upright
- ☐ Unable to balance in sitting position
- ☐ Unconscious/shock
- ☐ Req. physical restraints
- ☐ Severe hemorrhage
- ☐ Bed Confined
- ☐ Fetal position
- ☐ Contractures
- ☐ Paralyzed
- ☐ MI
- ☐ Unset or poss fracture
- ☐ Acute Stroke
- ☐ MVC
- ☐ Other_____

Patient moved to Stretcher via
- ☐ Total Lift
- ☐ Draw Sheet
- ☐ Other_____

Did patient
- ☐ Vomit
- ☐ Complain of Nausea
- ☐ Complain of pain

Was patient?
- ☐ Incontinent
- ☐ Combative
- ☐ Confused/Lethargic
- ☐ Dizzy
- ☐ Weak
- ☐ Other_____

Did patient require
- ☐ IV
- ☐ Saline hep lock
- ☐ Drug therapy
- ☐ Oxygen
- ☐ Intubation
- ☐ ECG Monitor
- ☐ Chemstrip
- ☐ Other_____

Pre-Hospital Care Report

1. Patient Care Report #

2. EMS Response #

164. CREW MEMBER ID		165. CREW MEMBER LEVEL	166. CREW MEMBER ROLE
Crew 1 ID:		☐ AEMT ☐ EMR ☐ EMT ☐ Paramedic ☐ Intermediate ☐ Nurse ☐ Physician ☐ Respiratory Therapist ☐ Student ☐ Critical Care Paramedic ☐ Other (Not Listed)	☐ Driver/Pilot-Response ☐ Driver/Pilot-Transfer ☐ Primary Patient Caregiver-At Scene ☐ Primary Patient Caregiver-Transport ☐ Other Patient Caregiver-At scene ☐ Other Patient Caregiver-Transport ☐ Other (Not Listed)
Signature:			
Crew 2 ID:		☐ AEMT ☐ EMR ☐ EMT ☐ Paramedic ☐ Intermediate ☐ Nurse ☐ Physician ☐ Respiratory Therapist ☐ Student ☐ Critical Care Paramedic ☐ Other (Not Listed)	☐ Driver/Pilot-Response ☐ Driver/Pilot-Transfer ☐ Primary Patient Caregiver-At Scene ☐ Primary Patient Caregiver-Transport ☐ Other Patient Caregiver-At scene ☐ Other Patient Caregiver-Transport ☐ Other (Not Listed)
Signature:			
Crew 3 ID:		☐ AEMT ☐ EMR ☐ EMT ☐ Paramedic ☐ Intermediate ☐ Nurse ☐ Physician ☐ Respiratory Therapist ☐ Student ☐ Critical Care Paramedic ☐ Other (Not Listed)	☐ Driver/Pilot-Response ☐ Driver/Pilot-Transfer ☐ Primary Patient Caregiver-At Scene ☐ Primary Patient Caregiver-Transport ☐ Other Patient Caregiver-At scene ☐ Other Patient Caregiver-Transport ☐ Other (Not Listed)
Signature:			

☐ I have been given notice of HIPAA Privacy Practices.

☐ This is to certify that I am refusing treatment/transport. I have been informed of the risk(s) involved, and thereby release the ambulance service, its attendants, and its affiliates from responsibility that may result from this action.

☐ Patient Authorization & Release: I, the undersigned, hereby authorize _____ ("Provider") to provide me with emergency or non-emergency transportation and/or any medical treatment or services it deems necessary. I acknowledge that I am responsible for paying for all charges based on Providers current billing rates, regardless of whether or not I personally requested emergency medical services (EMS) originally. I hereby assign to Provider all my insurance and third party agency benefits for EMS and authorize such benefits to be paid to Provider. I authorize the release of any medical, hospital, or other records or information about me, or my dependents to my insurance carriers in order to determine insurance or other third party benefits for EMS to which my dependents or I may be entitled.

_____ Witness Date / Time

_____ Parent/Guardian Date / Time