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INCIDENT INFORMATION
SEQUENCE NUMBER

Definition
Unique, alphanumeric EMS record number found pre-printed at the top right corner of EMS Report Form hard copies or electronically assigned to ePCRs by the EMS provider’s electronic capture device

Field Values
- Consists of two letters and six digits on pre-printed EMS Report Forms; or two letters, ten digits if an approved ePCR provider

Additional Information
- **REQUIRED** for all records
- This is a unique number to the EMS Agency and must be provided to create a unique record ID within the EMS Database
- Neither sequence # format should contain spaces

Uses
- Unique patient identifier
- Essential link between other EMS Agency databases

Data Source Hierarchy
- EMS Report Form
- Auto-generated by the EMS provider’s electronic capture device
ORIG. SEQ. #

Definition
Unique, alphanumeric EMS record number found pre-printed at the top right corner of EMS Report Form hard copies or electronically assigned to ePCRs by the EMS provider's electronic capture device utilized by the originating provider.

Field Values
• Consists of two letters and six digits on pre-printed EMS Report Forms or two letters, ten digits if an approved ePCR provider.

Additional Information
• Utilized when there is more than one public provider on scene and more than one EMS Report Form or ePCR is started. This sequence number is to be utilized for all communications, e.g. Base Hospital contact.
• Do not use when a second EMS Report Form or ePCR is started by another unit from the same provider agency.
• Neither format should contain spaces.

Uses
• Unique patient identifier.
• Essential link between other EMS Agency databases.

Data Source Hierarchy
• EMS Report Form.
• Auto-generated by the EMS provider’s electronic capture device.
DATE

Definition
Date provider was notified of the incident

Field Values
• Collected as MMDDYYYY

Additional Information
• REQUIRED for all records

Uses
• Establishes care intervals and incident timelines

Data Source Hierarchy
• 9-1-1 or Dispatch Center
• EMS provider
**INC #**

**Definition**
The incident number assigned by the 911 or Dispatch Center

**Field Values**
- Free text

**Additional Information**
- Positive numeric values only

**Uses**
- Allows for data sorting and incident tracking

**Data Source Hierarchy**
- 9-1-1 or Dispatch Center
JUR STA

Definition
The fire station in whose jurisdiction the incident occurred

Field Values
• Up to three-digit positive numeric value

Uses
• Incident tracking
• Epidemiological statistics

Data Source Hierarchy
• 9-1-1 or Dispatch Center
• EMS Provider
LOCATION CODE

Definition
The two-letter code indicating where the incident occurred

Field Values

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI</td>
<td>Airport/Transport Center</td>
<td>OF</td>
<td>Office</td>
</tr>
<tr>
<td>AM</td>
<td>Ambulance</td>
<td>PA</td>
<td>Park</td>
</tr>
<tr>
<td>BE</td>
<td>Beach/Ocean/Lake/River</td>
<td>PL</td>
<td>Parking Lot</td>
</tr>
<tr>
<td>CL</td>
<td>Cliff/Canyon</td>
<td>PO</td>
<td>Swimming Pool</td>
</tr>
<tr>
<td>CO</td>
<td>Private Commercial Establishment</td>
<td>PV</td>
<td>Public Venue/Event</td>
</tr>
<tr>
<td>DC</td>
<td>Dialysis Center</td>
<td>RA</td>
<td>Recreational Area</td>
</tr>
<tr>
<td>DO</td>
<td>Healthcare Provider’s Office/Clinic</td>
<td>RE</td>
<td>Restaurant</td>
</tr>
<tr>
<td>FA</td>
<td>Farm/Ranch</td>
<td>RI</td>
<td>Residential Institution</td>
</tr>
<tr>
<td>FR</td>
<td>Freeway</td>
<td>RL</td>
<td>Religious Building</td>
</tr>
<tr>
<td>FS</td>
<td>Fire Station</td>
<td>RS</td>
<td>Retail/Store</td>
</tr>
<tr>
<td>GY</td>
<td>Health Club/Gym</td>
<td>RT</td>
<td>Railroad Track</td>
</tr>
<tr>
<td>HO</td>
<td>Home</td>
<td>SC</td>
<td>School/College/University</td>
</tr>
<tr>
<td>IN</td>
<td>Industrial/Construction area</td>
<td>ST</td>
<td>Street/Highway</td>
</tr>
<tr>
<td>JA</td>
<td>Jail</td>
<td>UC</td>
<td>Urgent Care</td>
</tr>
<tr>
<td>MB</td>
<td>Military Base</td>
<td>WI</td>
<td>Wilderness Area</td>
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<tr>
<td>MC</td>
<td>Hospital/Medical Center</td>
<td>OT</td>
<td>Other</td>
</tr>
<tr>
<td>NH</td>
<td>Nursing Home</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Uses
- Incident tracking
- Epidemiological statistics

Data Source Hierarchy
- 9-1-1 or Dispatch Center
- EMS Provider
MCI?

Definition
Field indicating whether or not the incident involved three or more patients

Field Values
- Y: Yes
- N: No

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
PD & UNIT #

Definition
The abbreviation and unit number/designation of the law enforcement agency on scene

Field Values
- Free text

Additional Information
- If multiple police departments/units are on scene, document the police department/unit in charge
- Law enforcement agencies are not considered EMS providers and therefore do not have a two-letter provider code. Please do not attempt to list them as a provider.

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
RUN TYPE

Definition
Checkbox indicating the level of service required of the provider

Field Values
- **Regular Run**: Incident where patient contact is made - excludes IFTs, Public Assist, and DOAs
- **No Patient**: Includes when the unit has a false alarm, is canceled in route, or situations where no patient is found
- **Cx at Scene**: Responding unit is canceled upon arrival by provider already on scene, no patient contact is made
- **Public Assist**: Response to a request for lifting assistance (bed to chair, chair to bed, car to home, etc.) where patient has no evidence of an illness or injury
- **IFT**: Incident where patient is transferred via ALS from one acute care facility to another
- **DOA**: Patient is determined to be dead per Los Angeles County Prehospital Care Manual Reference 814
- **FireLine**: Incident where patient contact is made during FireLine Paramedic (FEMP), FireLine EMT (FEMT), or strike team assessment unit deployment
- **Mutual Aid**: Incident where units from more than one public provider agency have each completed an EMS Report Form or ePCR

Additional Information
- If Run Type is R then the following data elements are **REQUIRED**:
  - Complaint
  - Provider Impression
  - Team Member ID
  - Patient Last Name
- If Run Type is D then the following data elements are **REQUIRED**:
  - Complaint = DO
  - Provider Impression = DEAD
  - Time of 814 death
  - Exact 814 criteria the patient met

Uses
- System evaluation and monitoring
- Establishes system participants’ roles and responsibilities

Data Source Hierarchy
- EMS Provider
- Auto-generated by the EMS Provider’s software
Definition
Checkbox indicating that a Page 2 Advanced Life Support Continuation Form was needed to complete the EMS report for the patient.

Field Values
- Y: Yes
- N: No

Additional Information
- The ALS Continuation Form is **REQUIRED** when an advanced airway is attempted, when resuscitation is initiated, or when a patient is pronounced dead by the base hospital physician.
- May also be used when additional space is needed to clearly document care.
- Must be securely attached to the EMS Report Form and copies distributed in accordance with Los Angeles County Prehospital Care Manual, References 606 and 608.

Uses
- System evaluation and monitoring.

Data Source Hierarchy
- EMS Provider
- Auto-generated by the EMS Provider’s software.
STREET NUMBER

Definition
The street number of the incident location

Field Values
- Free text

Uses
- Incident tracking
- Epidemiological statistics

Additional Information
- **REQUIRED** for every response
- For freeway incidents give the freeway number, direction, and nearest on/off ramp

Data Source Hierarchy
- 9-1-1 or Dispatch Center
STREET

Definition
The name of the street where the incident occurred

Field Values
• Free text

Uses
• Incident tracking
• Epidemiological statistics

Additional Information
• REQUIRED for every response

Data Source Hierarchy
• 9-1-1 or Dispatch Center
APT #

Definition
The apartment number of the incident location

Field Values
- Free text

Uses
- Incident tracking
- Epidemiological statistics

Data Source Hierarchy
- 9-1-1 or Dispatch Center
**CITY**

**Definition**
The city code of the incident location

**Field Values**

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**Uses**
- Incident tracking
- Epidemiological statistics
- System evaluation and monitoring

**Additional Information**
- **REQUIRED** for every response
- City codes are found on the back of the yellow copy
Data Source Hierarchy
- 9-1-1 or Dispatch Center
- EMS Provider
INCIDENT ZIP CODE

Definition
The zip code of the incident location

Field Values
- Five-digit numeric value

Uses
- Incident tracking
- Epidemiological statistics
- System monitoring

Additional Information
- **REQUIRED** for every response

Data Source Hierarchy
- 9-1-1 or Dispatch Center
PROV

Definition
Two-letter provider code of the agency (or agencies) responding to the incident

Field Values

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<tr>
<th>Code</th>
<th>Provider Name</th>
<th>Code</th>
<th>Provider Name</th>
<th>Code</th>
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</table>

Additional Information
- Law enforcement agencies are not considered EMS providers and therefore do not have a two-letter provider code. Please do not attempt to list them as a provider.
- Provider codes are found on the back of the yellow copy

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
- Auto-generated by the EMS Provider’s software
A/B/H

Definition
The highest capability of care for the responding provider unit

Field Values
- A: ALS
- B: BLS
- H: Helicopter

Additional Information
- Is not related to the level of care given or the acuity of the patient

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
- Auto-generated by the EMS Provider's software
UNIT

Definition
The unit letter and number designation for the responding provider unit

Field Values
- Free text

Additional Information
- Suggested unit prefixes:
  - AU: Assessment Unit
  - AT: Assessment Truck
  - AE: Assessment Engine
  - BK: Bike
  - BT: Boat
  - CT: Cart
  - HE: Helicopter
  - PE: Paramedic Engine
  - PT: Paramedic Truck
  - SQ: Squad (no transport capability)
  - RA: Rescue (can transport)

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
- Auto-generated by the EMS Provider’s software
**Definition**
Time of day the provider was notified by dispatch of the incident

**Field Values**
- Collected as HHMM
- Use 24-hour clock

**Additional Information**
- **REQUIRED** for all records

**Uses**
- Establishes care intervals and incident timelines

**Data Source Hierarchy**
- 9-1-1 or Dispatch Center
- EMS provider
ARRIVAL

Definition
Time of day the responding unit arrived at the incident location

Field Values
- Collected as HHMM
- Use 24-hour clock

Uses
- Establishes care intervals and incident timelines

Data Source Hierarchy
- 9-1-1 or Dispatch Center
- EMS provider
AT PT

Definition
Time of day provider reached the patient at the incident location

Field Values
- Collected as HHMM
- Use 24-hour clock

Additional Information
- May differ from arrival at scene time
- Document in the Comments section the reason for an extended delay from arrival at scene to at patient times

Uses
- Establishes care intervals and incident timelines

Data Source Hierarchy
- 9-1-1 or Dispatch Center
- EMS provider
Definition
Time of day provider left the incident location with the patient

Field Values
- Collected as HHMM
- Use 24-hour clock

Additional Information
- Only applies if the unit is transporting the patient. Should not be used to document when unit left scene and went back into service

Uses
- Establishes care intervals and incident timelines

Data Source Hierarchy
- 9-1-1 or Dispatch Center
- EMS provider
Definition
Time of day the provider arrived at the receiving facility with the patient

Field Values
- Collected as HHMM
- Use 24-hour clock

Uses
- Establishes care intervals and incident timelines

Data Source Hierarchy
- 9-1-1 or Dispatch Center
- EMS provider
FAC EQUIP

Definition
Time of day the provider transferred the patient to hospital equipment

Field Values
- Collected as HHMM
- Use 24-hour clock

Additional Information
- Field is used to calculate wall time, which is defined as the time from arrival in the ED to when patient is removed from the EMS gurney and placed on hospital equipment
- Hospital equipment may include a chair or gurney in triage or a treatment area
- Hospital equipment does not include using the hospital’s vital sign machine to check the patient’s vitals

Uses
- Establishes care intervals and incident timelines

Data Source Hierarchy
- EMS provider
AVAIL

Definition
Time of day the provider is available to return to service

Field Values
- Collected as HHMM
- Use 24-hour clock

Additional Information
- REQUIRED for all records

Uses
- Establishes care intervals and incident timelines

Data Source Hierarchy
- 9-1-1 or Dispatch Center
- EMS provider
TEAM MEMBER ID

Definition
The identification number of personnel involved in the patient’s care

Field Values
• Free text

Additional Information
• The format used for Paramedics is “P” followed by the L.A. County issued accreditation number– example P1234
• The format used for EMTs is “E” followed by the CA certification number– example E12345
• Every record must have at least one team member ID, listed in the first copy

Uses
• System evaluation and monitoring

Data Source Hierarchy
• EMS Provider
PATIENT ASSESSMENT
PATIENT NUMBER

Definition
Number identifying the patient amongst the total number of patients involved in an incident

Field Values
• Up to two-digit numeric value

Additional Information
• If there is only one patient write “Pt.# 1 of 1”
• If there are two patients, and the patient is identified by the paramedics as the second patient, write “Pt.# 2 of 2”
• Patients who are not transported, such as DOAs and those who refuse transport, should also be assigned a number

Uses
• Assists with patient identification and tracking
• Identifies multiple-patient incidents
• System evaluation and monitoring

Data Source Hierarchy
• EMS Provider
TOTAL PATIENT NUMBER

Definition
The total number of patients involved in the incident

Field Values
- Up to a two-digit numeric value

Additional Information
- If there is only one patient write “Pt.# 1 of 1”
- If there are two patients, and the patient is identified by the paramedics as the second patient, write “Pt.# 2 of 2”
- Patients who are not transported, such as DOAs and those who refuse transport, should also be assigned a number

Uses
- Assists with patient identification and tracking
- Identifies multiple-patient incidents
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
# PTS TRANSPORTED

**Definition**
The total number of patients transported from an incident

**Field Values**
- Up to two-digit numeric value

**Uses**
- Assists with patient identification and tracking
- Identifies multiple-patient incidents
- System evaluation and monitoring

**Data Source Hierarchy**
- EMS Provider
AGE

Definition
Numeric value for the age (actual or best approximation) of the patient

Field Values
- Up to three-digit numeric age value

Additional Information
- REQUIRED for all patient contacts
- Must also indicate a unit of age
- If the age is estimated, mark the "Est." checkbox

Uses
- Allows for data sorting and tracking by age
- Assists with patient identification
- Epidemiological statistics

Data Source Hierarchy
- EMS Provider
- Auto-generated by the EMS Provider’s software
AGE UNIT

Definition
Checkboxes indicating units of measurement used to report the age of the patient

Field Values
- **Yrs**: Years – used for patients 2 years old or older
- **YE**: Years Estimated
- **Mos**: Months – used for patients 1 month to 23 months old
- **ME**: Months Estimated
- **Wks**: Weeks – used for patients whose age is reported in weeks instead of months
- **WE**: Weeks Estimated
- **Days**: Days – used for patients 1 to 29 days old
- **DE**: Days Estimated
- **Hrs**: Hours – used for patients who are newborn and up to 23 hours old
- **HE**: Hours Estimated

Additional Information
- **REQUIRED** for all patient contacts
- If the age is estimated, mark the “Est.” checkbox

Uses
- Allows for data sorting and tracking by age
- Assists with patient identification
- Epidemiological statistics

Data Source Hierarchy
- EMS Provider
GENDER

Definition
Checkbox indicating the gender of the patient

Field Values
- **M**: Male
- **F**: Female
- **N**: Nonbinary

Additional Information
- Patients who are undergoing or have undergone a hormonal and/or surgical sex reassignment should be coded using their stated preference
- Patients unable to state their preference should be coded according to paramedic observation/judgment
- Nonbinary is a gender option within the State of California for individuals whose gender identity is not exclusively male or female

Uses
- Assists with patient identification
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
WEIGHT

Definition
Numeric value of the weight of the patient (either as stated or best approximation)

Field Values
- Up to three-digit numeric value

Additional Information
- REQUIRED for all patient contacts
- Must also indicate a unit of weight
- For pediatric patients, document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the “Too Tall” checkbox, and obtain weight in estimated kilograms

Uses
- Assists with determination of appropriate treatment
- Epidemiological statistics

Data Source Hierarchy
- Patient
- Family member
- Caretaker
- EMS Provider
WEIGHT UNITS

Definition
Checkboxes indicating units of measurement used to report patient’s weight

Field Values
- Lbs: Pounds
- Kg: Kilograms

Additional Information
- REQUIRED for all patient contacts
- For pediatric patients, document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the “Too Tall” checkbox, and obtain weight in estimated kilograms

Uses
- Assists with determination of appropriate treatment
- Epidemiological statistics

Data Source Hierarchy
- Patient
- Family member
- Caretaker
- EMS Provider
PEDS COLOR CODE

Definition
Color that corresponds with the length of an infant or child as measured on a length-based pediatric resuscitation tape

Field Values
- Grey: 3, 4, or 5 kg (newborn infants)
- PIink: 6-7 kg (~3-6 mos)
- Red: 8-9 kg (~7-10 mos)
- PUrple: 10-11 kg (~12-18 mos)
- Yellow: 12-14 kg (~19-35 mos)
- White: 15-18 kg (~3-4 yrs)
- BBlue: 19-22 kg (~5-6 yrs)
- Orange: 24-28 kg (~7-9 yrs)
- GrEen: 30-36 kg, or about 80 lbs (~10-12 yrs)
- Too Tall: patient is longer than tape

Additional Information
- REQUIRED for all pediatric ALS patients
- Document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the “Too Tall” checkbox, and obtain weight in estimated kilograms

Uses
- Assists with determination of appropriate treatment
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
DISTRESS LEVEL

Definition
Checkboxes indicating the EMS providers’ impression of the level of discomfort or severity of illness of the patient, based on assessment of signs, symptoms, and complaints

Field Values
- **None**: The patient appears well and has no acute signs or symptoms related to the incident. Advanced life support techniques and transportation may not be necessary
- **Mild**: Indicates that the patient does not have a life-threatening problem. Advanced life support techniques and transportation may not be necessary
- **Moderate**: Patient may have a life-threatening problem, or the degree of patient discomfort is high. Advanced life support techniques, base hospital contact, and patient transportation are usually necessary
- **Severe**: Refers to a life-threatening condition. Advanced life support techniques, base hospital contact, and patient transportation are generally necessary

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
COMPLAINT

Definition
Two-letter code(s) representing the patient’s most significant medical or trauma complaints

Field Values- Trauma Codes

- **No Apparent Injury (NA):** No complaint, or signs or symptoms of injury following a traumatic event
- **Burns/Elec. Shock (BU):** Thermal or chemical burn, or electric shock
- **Critical Burn (CB):** Patients ≥ 15 years of age with 2nd (partial thickness) and 3rd (full thickness) degree burns involving ≥ 20% Total Body Surface Area (TBSA) OR patients ≤ 14 years of age with 2nd and 3rd degree burns involving 10% TBSA
- **SBP <90 (<70 if under 1y) (90):** Systolic blood pressure less than 90mmHg in a patient greater than one year of age (or systolic blood pressure less than 70mmHg in a patient less than one year of age) following a traumatic event
- **RR <10/>29 (<20 if <1y) (RR):** A sustained respiratory rate greater than 29 breaths/minute, or respiratory rate of less than 10 breaths/minute (or less than 20 breaths/minute in a patient less than one year of age), following a traumatic event
- **Susp. Pelvic FX (SX):** Suspected pelvic fracture, excluding isolated hip fractures from a ground level fall
- **Spinal Cord Injury (SC):** Suspected spinal cord injury, or presence of weakness/paralysis/parasthesia following a traumatic event
- **Inpatient Trauma (IT):** Interfacility transfer (IFT) of an admitted, injured patient from one facility to an inpatient bed at another facility, excluding ER to ER transfers
- **Uncontrolled Bleeding (UB):** Extremity bleeding requiring the use of a tourniquet or hemostatic dressing
- **Minor Lacerations (BL or PL):** Superficial or non-serious lacerations, abrasions, or contusions involving the skin or subcutaneous tissue, due to blunt or penetrating force
- **Trauma Arrest (BT or PT):** Cessation of cardiac output and effective circulation due to blunt or penetrating force
- **Head (BH or PH):** Injury to the head or skull in the area from above the eyebrows to behind the ears, due to blunt or penetrating force. This code can also be applied in association with facial injuries when it is likely that the brain is involved
- **GCS <14 (14):** Blunt force head injury associated with a Glasgow Coma Scale score of less than or equal to 14
- **Face/mouth (BF or PF):** Injury to the anterior aspect of the face, mouth, or skull, from and including the eyebrows, down to and including the angle of the jaw and the ears, due to blunt or penetrating force
- **Neck (BN or PN):** Injury or pain to the area between the angle of the jaw and clavicles (including probable cervical spine injuries) due to blunt or penetrating force
- **Back (BB or PB):** Injury to the area from the shoulders to the buttocks (but not including the buttocks) due to blunt or penetrating force
- **Chest (BC or PC):** Injury to the anterior chest in the area between the clavicle and the xyphoid process, bordered on either side by the posterior axillary line, due to blunt or penetrating force
• Flail Chest (FC): Blunt force injury to the chest wall resulting in an unstable chest wall, characterized by paradoxical chest wall movement with respirations
• Tension Pneum (BP or PP): Air enters the pleural space due to blunt or penetrating force, and creates pressure on chest organs. Signs and symptoms can include: SOB, tachypnea, decreased or absent lung sounds on one side, shock, neck vein distention, and/or tracheal deviation
• Abdomen (BA or PA): Injury to any of the abdominal quadrants, flanks, or pelvis due to blunt or penetrating force
• Diffuse Abd. Tender. (BD): Blunt force injury to the abdomen resulting in tenderness in two or more quadrants
• Genitals (BG or PG): Injury to the external reproductive structures due to blunt or penetrating force
• Buttocks (BK or PK): Injury to the buttocks due to blunt or penetrating force
• Extremities (BE or PE): Injury or pain to the shoulders, arms, hands, legs, or feet due to blunt or penetrating force
• EXtr ↑ knee/elbow (PX): Penetrating force injury to an extremity, proximal to (above) the knee or elbow
• Fractures ≥ 2 long bones (BR): Blunt force injury resulting in apparent fracture of 2 or more proximal long bones (humerus, femur)
• Amputation ↑ wrist/ankle (BI or PI): Amputation proximal to (above) the wrist or ankle due to blunt or penetrating force
• Neur/Vasc/Mangled (BV or PV): Injury to an extremity with neurological and/or vascular compromise, or that is crushed, degloved, or mangled due to blunt or penetrating force

Field Values – Medical Codes
• Agitated Delirium (AD): Acute onset of extreme agitation and combative or bizarre behavior that may be accompanied by paranoid delusions, hallucinations, aggression with unusual increase in human strength, and hyperthermia
• Abd/Pelvic Pain (AP): Pain or discomfort in the abdomen or pelvic region not associated with trauma
• Allergic Reaction (AR): Acute onset of rash, hives, itching, redness of the skin, runny nose, facial and/or airway swelling, wheezing, shortness of breath, and/or abdominal pain in apparent reaction to ingestion or contact with a substance
• Altered LOC (AL): Any state of arousal other than normal, such as confusion, lethargy, combative, coma, etc., not associated with trauma
• Apneic Episode (AE): Episode of cessation of respiration for a brief or prolonged period of time
• BEHavioral (EH): Abnormal behavior of apparent mental or emotional origin
• Bleeding Other Site (OS): Bleeding from a site not elsewhere listed that is not associated with trauma (e.g. dialysis shunt)
• Brief Resolved Unexplained Event (RU): Also known as “BRUE” – a brief, and now resolved, episode of at least one of the following in children less than 1yr of age: cyanosis or pallor; absent, decreased, or irregular breathing; marked change in tone (hyper- or hypotonia); & altered level of consciousness
• Cardiac Arrest (CA): Sudden cessation of cardiac output and effective circulation not associated with trauma
• Chest Pain (CP): Pain in the anterior chest occurring anywhere from the clavicles to the lower costal margins not associated with trauma
• **CHoking/Airway Obstruction (CH):** Acute onset of apnea, choking and/or difficulty breathing due to apparent partial or complete obstruction of the airway

• **Cough/Congestion (CC):** Cough and/or congestion in the chest, nasal passages, or throat

• **Device Complaint (DC):** Any complaint associated with a patient’s existing medical device (e.g. G-tube, AICD, ventilator, etc.)

• **DIZzy (DI):** The patient complains of sensation of spinning or feeling off-balance. If associated with complaint of weakness, code both complaints

• **DOA (DO):** Patient is determined to be dead upon arrival of EMS, as per the Prehospital Care Manual

• **DYsrythmia (DY):** Cardiac monitor indicates an abnormal cardiac rhythm (SVT, VT, etc.)

• **FEver (FE):** Patient exhibits or complains of an elevated body temperature

• **Foreign Body (FB):** Patient complains of a foreign body anywhere in the body

• **GI Bleed (GI):** Signs or symptoms of gastrointestinal bleeding such as vomiting blood, coffee-ground emesis, melena, rectal bleeding, etc.

• **Head Pain (HP):** Headache or any other type of head pain not associated with trauma

• **HYpoglycemia (HY):** Patient is symptomatic and has a measured blood glucose level that is below normal

• **Inpatient Medical (IM):** Interfacility transfer (IFT) of an admitted, ill (not injured) patient from one facility to an inpatient bed at another facility

• **LAbor (LA):** Patient is greater than 20 weeks pregnant, and experiencing signs or symptoms of labor such as uterine contractions, vaginal bleeding, spontaneous rupture of membranes, crowning, etc.

• **Local Neuro Signs (LN):** Weakness, numbness, or paralysis of a body part or region – including slurred speech, facial droop, and/or expressive aphasia

• **Nausea/Vomiting (NV):** Patient is vomiting, or complains of nausea and/or vomiting

• **Near Drowning (ND):** Submersion causing water inhalation, unconsciousness, or death

• **Neck/Back Pain (NB):** Pain in any area from base of skull and the shoulders to the buttocks not associated with trauma

• **NeWborn (NW):** Newborn infant delivered out of the hospital setting

• **No Medical Complaint (NC):** No complaint, or signs or symptoms of illness in a patient not involved in a traumatic event

• **NOsebleed (NO):** Bleeding from the nose, not associated with trauma

• **OBstetrics (OB):** Any complaints, signs, or symptoms which may be related to a known pregnancy (e.g., bleeding, abdominal pain/cramping, high blood pressure, edema, convulsions, severe headaches)

• **Other Pain (OP):** Complaint of pain at a site not listed, and which is not associated with trauma (e.g. toothache, ear pain, etc.)

• **OverDose (OD):** Ingestion of or contact with a drug or other substance in quantities greater than recommended or generally practiced

• **POisoning (PO):** Ingestion of or contact with a toxic substance

• **PalpitationS (PS):** Sensation that the heartbeat is irregular or fast

• **Respiratory Arrest (RA):** Sudden cessation of breathing not associated with trauma

• **SEizure (SE):** Convulsions or involuntary body movements or gaze (not associated with trauma), or signs, symptoms, or history of recent seizure
• **Shortness of Breath (SB):** Sensation of not being able to catch one's breath, and/or signs or symptoms of difficulty breathing such as gasping, wheezing, rapid respiratory rate, cyanosis, retractions, use of accessory muscles, etc.

• **SYncope (SY):** Transient loss of consciousness, including sensation of "near syncope" when other associated symptoms such as weakness/dizziness do not apply

• **VAginal Bleeding (VA):** Abnormal vaginal bleeding

• **WEakness (WE):** Patient complains of feeling weak, or exhibits signs or symptoms of decreased strength and/or muscle tone

• **OTher (OT):** Signs or symptoms not listed above, that are not associated with trauma

**Additional Information**

• OT (Other) is **never** the first complaint if there is a defined complaint and should only be used if no other complaint fits the patient's presentation

• If the patient has multiple complaints, enter in order of significance

• Do not document the same complaint twice

• Patients with a mechanism of injury documented must also have a trauma chief complaint code and trauma provider impression documented -- and vice versa

• Medical complaints should not be documented with trauma complaints, unless it is suspected that a medical complaint preceded/caused the injury, or vice versa (e.g., chest pain/dizziness that caused an MVA, or seizure activity following a blow to the head.) Do not document a medical complaint such as "HP" (head pain) if the pain is due to a gunshot wound to the head – instead use only the trauma code of "PH."

**Uses**

• System evaluation and monitoring

• Epidemiological statistics

**Data Source Hierarchy**

• EMS Provider
## PROVIDER IMPRESSION

**Definition**

Four-letter codes representing the paramedic's primary impression of the patient's presentation

### Field Values

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Field Values</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABOP</td>
<td>Abdominal Pain/Problems</td>
<td>ELCT</td>
<td>Electrocution</td>
</tr>
<tr>
<td>AGDE</td>
<td>Agitated Delirium</td>
<td>ENTP</td>
<td>ENT/Dental Emergencies</td>
</tr>
<tr>
<td>CHOK</td>
<td>Airway Obstruction/Choking</td>
<td>NOBL</td>
<td>Epistaxis</td>
</tr>
<tr>
<td>ETOH</td>
<td>Alcohol Intoxication</td>
<td>EXNT</td>
<td>Extremity Pain/Swelling – Non-Traumatic</td>
</tr>
<tr>
<td>ALRX</td>
<td>Allergic Reaction</td>
<td>EYEP</td>
<td>Eye Problem – Unspecified</td>
</tr>
<tr>
<td>ALOC</td>
<td>ALOC – Not Hypoglycemia or Seizure</td>
<td>FEVR</td>
<td>Fever</td>
</tr>
<tr>
<td>ANPH</td>
<td>Anaphylaxis</td>
<td>GUDO</td>
<td>Genitourinary Disorder – Unspecified</td>
</tr>
<tr>
<td>PSYC</td>
<td>Behavioral/Psychiatric Crisis</td>
<td>DCON</td>
<td>HazMat Exposure</td>
</tr>
<tr>
<td>BPNT</td>
<td>Body Pain – Non Traumatic</td>
<td>HPNT</td>
<td>Headache – Non-Traumatic</td>
</tr>
<tr>
<td>BRUE</td>
<td>BRUE</td>
<td>HYPR</td>
<td>Hyperglycemia</td>
</tr>
<tr>
<td>BURN</td>
<td>Burns</td>
<td>HYTN</td>
<td>Hypertension</td>
</tr>
<tr>
<td>COMO</td>
<td>Carbon Monoxide</td>
<td>HEAT</td>
<td>Hyperthermia</td>
</tr>
<tr>
<td>CANT</td>
<td>Cardiac Arrest– Non-Traumatic</td>
<td>HYPO</td>
<td>Hypoglycemia</td>
</tr>
<tr>
<td>DYSR</td>
<td>Cardiac Dysrhythm</td>
<td>HOTN</td>
<td>Hypotension</td>
</tr>
<tr>
<td>CPNC</td>
<td>Chest Pain – Not Cardiac</td>
<td>COLD</td>
<td>Hypothermia/Cold Injury</td>
</tr>
<tr>
<td>CPMI</td>
<td>Chest Pain – STEMI</td>
<td>INHL</td>
<td>Inhalation Injury</td>
</tr>
<tr>
<td>CPSC</td>
<td>Chest Pain – Suspected Cardiac</td>
<td>LOGI</td>
<td>Lower GI Bleeding</td>
</tr>
<tr>
<td>BIRTH</td>
<td>Childbirth (Mother)</td>
<td>FAIL</td>
<td>Medical Device Malfunction – Fail</td>
</tr>
<tr>
<td>COFL</td>
<td>Cold/Flu Symptoms</td>
<td>NAVM</td>
<td>Nausea/Vomiting</td>
</tr>
<tr>
<td>DRHA</td>
<td>Diarrhea</td>
<td>BABY</td>
<td>Newborn</td>
</tr>
<tr>
<td>DIZZ</td>
<td>Dizziness/Vertigo</td>
<td>NOMC</td>
<td>No Medical Complaint</td>
</tr>
<tr>
<td>DEAD</td>
<td>DOA – Obvious Death</td>
<td>ODPO</td>
<td>Overdose/Poisoning/Ingestion</td>
</tr>
<tr>
<td>DYRX</td>
<td>Dystonic Reaction</td>
<td>PALP</td>
<td>Palpitations</td>
</tr>
</tbody>
</table>

### Additional Information

- **REQUIRED** for all patient contacts
- Do not document more than one copy of the same Provider Impression code

### Uses

- System evaluation and monitoring
- Epidemiological statistics

### Data Source Hierarchy

- EMS provider
MECHANISM OF INJURY

Definition
Checkboxes indicating how the patient was injured

Field Values
- Protective Devices – **HeLmet (HL):** The patient riding on an unenclosed motorized vehicle/bicycle was wearing a helmet at the time of impact
- Protective Devices – **Seat Belt (SB):** Patient was wearing a seat belt at the time of impact
- Protective Devices – **AirBag (AB):** Airbag deployed at the time of impact and directly protected the patient
- Protective Devices – **Car Seat/Booster (CS):** The patient was riding in a car seat or booster at the time of impact
- **Enclosed Veh. (EV):** Patient involved in collision while in an enclosed vehicle, such as an automobile, bus, or other enclosed motorized vehicle
- **Ejected (EJ):** Patient was fully or partially thrown from a vehicle, including convertibles and trucks. Does **NOT** include motorcycles
- **EXtricated @ (EX):** Time of day that the patient was removed from the vehicle when use of a pneumatic tool was required
- **Passenger Space Intrusion (PS):** Intrusion of greater than 12 inches into an occupied passenger space of a motor vehicle, or greater than 18 inches into an unoccupied passenger space – check this box if amount of intrusion is not known or not specified by paramedics
- **12:** Intrusion of greater than 12 inches into an occupied passenger space of a motor vehicle – check this box when amount of intrusion is specified by paramedics
- **18:** Intrusion of greater than 18 inches into an unoccupied passenger space – check this box when amount of intrusion is specified by paramedics
- **Survived Fatal Accident (SF):** The patient survived a collision where another person **in the same vehicle** was fatally injured
- **Impact > 20mph unenclosed (20):** An unenclosed transport crash (e.g., skateboard, bicycle, horse, etc.) with an estimated impact greater than 20mph
- **Ped/Bike Run Over/Thrown/>20mph (RT):** Pedestrian, bicyclist, or motorcyclist struck by an automobile and is thrown, run over, or has an estimated impact of greater than 20mph
- **Ped/Bike < 20mph (PB):** Pedestrian, bicyclist, or motorcyclist struck by a motorized vehicle, who is **NOT** thrown or run over, at an estimated impact of less than 20mph
- **Motorcycle/Moped (MM):** The patient was riding on a motorcycle or moped at the time of impact
- **TAser (TA):** Injury due to the deployment of a conducted electrical weapon (CEW), e.g. Taser®
- **SPorts/Rec (SP):** Any injury that occurs during a sporting or recreational athletic activity, such as aerobics, football, jogging, etc.
- **ASsault (AS):** Patient was physically assaulted (kicked, punched, strangled, etc.) by means other than stabbing or shooting
- **STabbing (ST):** A sharp or piercing instrument (e.g. knife, broken glass, ice pick, etc.) caused an injury which penetrated the skin
- **GSW (GS):** Gunshot Wound - injury was caused by discharge of a gun (accidental or intentional)
- **ANimal Bite (AN):** The teeth of a human, reptile, dog, cat, or other animal inflicted an injury, whether or not the skin was punctured. Insect bites and bee stings are not considered animal bites, and should be coded as “Other”
- **CRush (CR):** Injury sustained as the result of external pressure being placed on body parts between two opposing forces
- **Special Considerations (SC):** Injured patient that meet Special Considerations due to age greater than 55 years, pregnancy > 20 weeks, age greater than 65 years with a systolic BP of less than 110mmHg, or patients in blunt traumatic full arrest who, based on a paramedic’s thorough patient assessment, believes transport is indicated
- **AntiCoagulants (AC):** Injured patient is on anticoagulant medication other than aspirin (excludes minor extremity injury)
- **Telemetry Data (TD):** Vehicle telemetry data is encountered that is consistent with high risk of serious injury
- **FAll (FA):** Any injury resulting from a fall from any height
- **>15 ft. (>10 ft. Peds) (15):** A vertical, uninterrupted fall of greater than 15 feet for an adult or greater than 10 feet or 3 times the height of the child for a pediatric patient. This mechanism is a subcategory of “Fall.” This does not include falling down stairs or rolling down a sloping cliff.
- **Self-Inflict’d/Accid. (SA):** The injury appears to have been accidentally caused by the patient
- **Self-Inflict’d/Intent. (SI):** The injury appears to have been intentionally caused by the patient
- **Electrical Shock (ES):** Passage of an electrical current through body tissue as a result of contact with an electrical source
- **Thermal Burn (TB):** Burn caused by heat
- **Hazmat Exposure (HE):** The patient was exposed to toxic or poisonous agents, such as liquids, gases, powders, foams, or radioactive material
- **Work-Related (WR):** Injury occurred while patient was working, and may be covered by Worker’s Compensation
- **UNKNOWN (UN):** The cause or mechanism of injury is unknown
- **OTHER (OT):** A cause of injury that does not fall into any of the existing categories

**Additional Information**
- Patients with a mechanism of injury documented must also have a trauma chief complaint code documented – and vice versa
- If the patient has multiple mechanisms of injury, enter in order of significance
- Check all that apply
- Mechanisms of injury listed in **red** meet trauma triage criteria for transport to the nearest available trauma center
- Mechanisms of injury listed in **blue** meet trauma guidelines for transport to the nearest available trauma center - strong consideration should be given to a trauma center destination
• Cannot have a MOI that is only Anticoagulants (AC) or Special Considerations (SC), an additional mechanism of injury must be entered

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• EMS Provider
TIME EXTRICATED

Definition
Time of day that the patient was removed from the vehicle when use of a pneumatic tool was required

Field Values
- Collected as HHMM
- Use 24-hour clock

Additional Information
- Required if MOI= EX

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
GCS
GLASGOW COMA SCALE- TIME

Definition
Time of day when the patient's initial, and subsequent if applicable, Glasgow Coma Scale was performed

Field Values
- Collected as HHMM
- Use 24-hour clock

Additional Information
- **REQUIRED** on all patients who are one year of age and older

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
EYE

Definition
The Glasgow Coma Scale numerical value that corresponds to the patient’s initial and subsequent, if applicable, eye opening response to stimuli.

Field Values
- **4**: Spontaneous – opens eyes spontaneously, no stimuli required
- **3**: To Verbal – opens eyes only when spoken to or asked
- **2**: To Pain – opens eyes only in response to noxious stimuli such as sternal rub or nail bed pressure
- **1**: None – patient does not open eyes in response to noxious stimuli

Additional Information
- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

Uses
- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
VERBAL

Definition
The Glasgow Coma Scale numerical value that corresponds to the patient’s initial and subsequent, if applicable, verbal response to stimuli

Field Values – Adult and Verbal Pediatric Patients
- 5: Oriented x 3 – patient is oriented to person, time, and place
- 4: Confused – patient may respond to questions coherently, but is disoriented or confused
- 3: Inappropriate – random words or speech unrelated to questions or conversation
- 2: Incomprehensible – makes incoherent sounds or moans only
- 1: None – patient has no verbal response to noxious stimuli

Field Values – Infants and Toddlers
- 5: Smiles and tracks objects, speech appropriate for age
- 4: Cries but consolable, or confused
- 3: Inconsistently consolable, or random words
- 2: Moaning, incoherent sounds only
- 1: No verbal response to noxious stimuli

Additional Information
- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

Uses
- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
MOTOR

Definition
The Glasgow Coma Scale numerical value that corresponds to the patient’s initial and subsequent, if applicable, motor response to stimuli

Field Values
- 6: Obedient – obeys verbal commands / spontaneous purposeful movement
- 5: Purposeful – purposeful movement is made in response to noxious stimuli (e.g., attempts to push away or grab source of stimuli
- 4: Withdrawal – withdraws body part from source of noxious stimuli
- 3: Flexion – extremities move towards body core in response to noxious stimuli (decorticate posturing)
- 2: Extension – extremities move away from body core in response to noxious stimuli (decerebrate posturing)
- 1: None – patient has no motor response to noxious stimuli

Additional Information
- REQUIRED on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

Uses
- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
GCS TOTAL

Definition
Sum of the three numerical values documented for each element of the patient’s initial and subsequent, if applicable, Glasgow Coma Scale score(s)

Field Values
• One- or two-digit numeric value between 3 and 15

Additional Information
• Maximum total score is 15, which is considered normal. Minimum score possible is 3, which may indicate severe or fatal brain injury
  o 3 to 8 may indicate severe brain injury
  o 9 to 13 may indicate moderate brain injury
  o 14 or 15 may indicate mild or no brain injury
• REQUIRED on all patients who are one year of age and older
• Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

Uses
• Provides documentation of assessment and/or care
• Assists with determination of appropriate treatment and transport
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
NORMAL FOR PATIENT/AGE

Definition
Patient’s behavior and mentation, although perhaps not typical of most patients, is reported by family, caregivers, etc., to be the same as it was before the incident.

Field Values
- **Y:** Yes
- **N:** No

Additional Information
- Can be used on patients who suffer from mental illness, dementia, developmental delays, etc. and on infants and children who are age appropriate.

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Family member
- Caregiver
- EMS provider
STROKE
mLAPSS?

Definition
Checkbox indicating whether the patient met all Modified Los Angeles Prehospital Stroke Screen (mLAPSS) criteria as defined in Reference No. 521 – Stroke Patient Destination

Field Values
- **M**: Met
- **N**: Not met

Additional Information
- mLAPSS criteria include:
  - No history of seizures or epilepsy
  - Age ≥ 40
  - At baseline, patient is not wheel-chair bound or bedridden
  - Blood glucose value between 60 and 400mg/dL
  - Obvious asymmetry or unilateral weakness is observed in one or more of the following:
    - Facial Smile/Grimace
    - Grip
    - Arm Strength
- **REQUIRED** for all patients with a chief complaint of “LN”, a provider impression code of “STRK”, or with a destination of a Primary Stroke Center, “PSC”, or Comprehensive Stroke Center, “CSC”
- If mLAPSS performed, blood glucose value must also be documented
- Patients who meet mLAPSS criteria should have a LAMS performed. If the LAMS score is < 4, the patient should be transported to the nearest available Primary Stroke Center. If the LAMS score is ≥ 4, the patient should be transported to the nearest available Comprehensive Stroke Center

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
LAST KNOWN WELL DATE

Definition
Date when the patient was last known to be well, symptom-free, at baseline, or usual state of health

Field Values
- Collected as MMDDYYYY

Additional Information
- REQUIRED for all patients with a “Y” value for “mLAPSS Met,” or with a destination of a Primary or Comprehensive Stroke Center for suspected stroke
- Should only be used for suspected stroke patients

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Patient
- Family member
- Caregiver
- EMS provider
LAST KNOWN WELL TIME

Definition
Time of day when the patient was last known to be well, symptom-free, at baseline, or usual state of health

Field Values
- Collected as HHMM
- Use 24-hour clock

Additional Information
- **REQUIRED** for all patients with a “Y” value for “mLAPSS Met,” or with a destination of a Primary or Comprehensive Stroke Center for suspected stroke
- Should only be used for suspected stroke patients

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Patient
- Family member
- Caregiver
- EMS provider
LAST KNOWN WELL DATE AND TIME UNKNOWN

Definition
The date and/or time the patient was last known to be well, symptom-free, at baseline, or usual state of health is not known

Field Values
- U: Unknown

Additional Information
- Should only be used for suspected stroke patients

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Patient
- Family member
- Caregiver
- EMS provider
FACIAL DROOP

Definition
The numerical value that corresponds to the presence, or absence, of a facial droop in a suspected stroke patient.

Field Values
- 0: Absent
- 1: Present

Additional Information
- **REQUIRED** on all suspected stroke patients with a positive mLAPSS
- LAMS components are found on the back of the red copy

Uses
- Element necessary to calculate the overall LAMS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
ARM DRIFT

Definition
The numerical value that corresponds to the presence, or absence, of an arm drift in a suspected stroke patient

Field Values
- 0: Absent
- 1: Drifts down
- 2: Falls rapidly

Additional Information
- REQUIRED on all suspected stroke patients with a positive mLAPSS
- If patient is unable to lift their arms, lift arms for the patient and observe either a slow drift down or a rapid fall
- LAMS components are found on the back of the red copy

Uses
- Element necessary to calculate the overall LAMS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
GRIP STRENGTH

Definition
The numerical value that corresponds to the quality of the grip strength in a suspected stroke patient

Field Values
- 0: Normal
- 1: Weak grip
- 2: No grip

Additional Information
- REQUIRED on all suspected stroke patients with a positive mLAPSS
- LAMS components are found on the back of the red copy

Uses
- Element necessary to calculate the overall LAMS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
TOTAL SCORE

Definition
Sum of the three numerical values documented for facial droop, arm drift, and grip strength in a suspected stroke patient

Field Values
- One-digit numeric value between 0 and 5

Additional Information
- A large vessel occlusion should be suspected in patients with a score of ≥ 4, therefore these patients should be transported to the closest comprehensive stroke center
- Patients with a score < 4 should be transported to the closest primary stroke center
- **REQUIRED** on all suspected stroke patients with a positive mLAPSS
- LAMS components are found on the back of the red copy

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
THERAPIES
CARE PROVIDED BY PD

Definition
Checkbox indicating what procedure(s) were performed on the patient by members of law enforcement prior to EMS arrival

Field Values
- **TourniQuet**: A device for stopping the flow of blood through a vein or artery was applied to the patient by law enforcement personnel
- **NarCan**: Law enforcement personnel administered Narcan to the patient
- **Hemostatic Dressing**: A hemostatic dressing was applied to the patient by law enforcement personnel; for use by approved law enforcement personnel only

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
THERAPIES

Definition
Checkbox indicating what procedure(s) were performed on the patient

Field Values
- Assisted with Home Meds: EMS personnel assisted the patient with administration of their home meds
- Back Blows/Thrust: Performed for suspected foreign body obstruction
- BMV: Respirations are assisted with bag-valve-mask device
- CO2: Numeric value indicating the concentration of carbon dioxide measure by the capnometer during bag-mask ventilation
- Breath Sounds: Assessment performed to determine efficacy of bag-valve-mask ventilation
- Chest Rise: Assessment performed to determine efficacy of bag-valve-mask ventilation
- Existing Trach: Reason why bag-valve-mask ventilation is performed
- OP/NP Airway: An airway adjunct was placed; circle which adjunct was used
- Cooling Measures: Cooling measures performed by removing clothing, applying cool, damp cloths, fanning patient, etc.
- DRessings: Dressing was applied to the patient by EMS personnel
- Ice Pack: An ice pack was applied to the patient by EMS personnel
- Tourniquet: A device for stopping the flow of blood through a vein or artery was applied to the patient by EMS personnel
- Hemostatic Dressing: A hemostatic dressing was applied to the patient by EMS personnel; for use by approved providers only
- OX_lpm: Oxygen was delivered to the patient, specify the numeric value, between 2 and 15, of the number of liters per minute in the space provided
- NC: Oxygen was delivered to the patient via nasal cannula
- Mask: Oxygen was delivered to the patient via oxygen mask
- REstraints: Restraints were applied to the patient and/or monitored by EMS personnel
- Distal CMS Intact: Circulation, motor function, and sensation of extremities were intact after restraint application or splinting
- Spinal Motion Restriction: Patient was placed in spinal motion restriction
  - C-Collar: Patient was placed in a c-collar
- Backboard: A backboard was used as an extrication or splinting device
- CMS Intact – Before: Circulation, motor function, and sensation were intact in all extremities prior to spinal immobilization
- CMS Intact – After: Circulation, motor function, and sensation were intact in all extremities after spinal immobilization
- SPlint: A splint was applied to the patient by EMS personnel
- Traction Splint: A traction splint device was applied to the patient by EMS personnel
- SUction: The patient’s airway was suctioned by EMS personnel
- Bld Gluc #1_ #2: The patient’s initial, and subsequent if applicable, blood glucose measurement
- CPAP __cm H20, Time:__ : Continuous positive airway pressure device was used to
deliver oxygen to the patient; document beginning pressure (measured in cm H2O) and time applied

- **FB Removal**: A foreign body was removed from the patient’s airway via visualization and Magill forceps
- **IV**__g __site: IV access was established; document the gauge and site on the lines provided
- **IO**__g: IO access was established; document the gauge on the line provided
  - Site: checkbox indicating the site, **HU**merus or **Tibi**A, where the IO was established
- **Needle THoracostomy**: A needle thoracostomy was performed on the patient
  - Site: checkbox indicating the site, **2**nd **ICS** or **4**th **ICS**, where the needle thoracostomy was performed on the patient
- **Vagal Maneuver**: Technique performed in an attempt to slow down the patient’s heart rate
- **TC Pacing** __mA, __bpm, Time__: Transcutaneous pacing was initiated on the patient; document mA, rate (bpm), and time started on the lines provided
- **OTher**: EMS personnel perform a therapy that is not listed above

**Additional Information**

- If the patient is in restraints, use the Comments section to document location of restraints, patient position, and quality of circulation distal to restraints
- Use the Comments section of the form to document the patient’s response to therapies administered, any pressure adjustments made during CPAP administration, and the location of the placement of dressings, tourniquets, hemostatic dressings, and splints

**Uses**

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

**Data Source Hierarchy**

- EMS provider
TM #

**Definition**
The team member number of the personnel who performed or attempted the procedure

**Field Values**
- Numeric values only

**Additional Information**
- If more than one team member performs the therapy, enter the number of the team member who initiated the therapy

**Uses**
- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**
- EMS Provider
TRANSPORT
MED. CTRL.

**Definition**
The three-letter-code indicating whether medical control was provided by a protocol, a base hospital, or a medical director/EMS fellow on scene or if the EMS provider contacted the MAC.

**Field Values**

<table>
<thead>
<tr>
<th>Code</th>
<th>Hospital Name</th>
<th>Code</th>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMH</td>
<td>Methodist Hospital of Southern California</td>
<td>PIH</td>
<td>PIH Health Hospital - Whittier</td>
</tr>
<tr>
<td>AVH</td>
<td>Antelope Valley Hospital</td>
<td>PVC</td>
<td>Pomona Valley Hospital Medical Center</td>
</tr>
<tr>
<td>CAL</td>
<td>Dignity Health - California Hospital Medical Center</td>
<td>QVH</td>
<td>Emanate Health Queen of the Valley Hospital</td>
</tr>
<tr>
<td>CSM</td>
<td>Cedars Sinai Medical Center</td>
<td>SFM</td>
<td>St. Francis Medical Center</td>
</tr>
<tr>
<td>GWT</td>
<td>Adventist Health - Glendale</td>
<td>SJS</td>
<td>Providence Saint Joseph Medical Center</td>
</tr>
<tr>
<td>HCH</td>
<td>Providence Holy Cross Medical Center</td>
<td>SMM</td>
<td>Dignity Health - Saint Mary Medical Center</td>
</tr>
<tr>
<td>HGH</td>
<td>LAC Harbor - UCLA Medical Center</td>
<td>TOR</td>
<td>Torrance Memorial Medical Center</td>
</tr>
<tr>
<td>HMH</td>
<td>Huntington Hospital</td>
<td>UCL</td>
<td>Ronald Reagan UCLA Medical Center</td>
</tr>
<tr>
<td>HMN</td>
<td>Henry Mayo Newhall Hospital</td>
<td>USC</td>
<td>LAC + USC Medical Center</td>
</tr>
<tr>
<td>LBM</td>
<td>MemorialCare Long Beach Medical Center</td>
<td>MAC</td>
<td>Medical Alert Center</td>
</tr>
<tr>
<td>LCM</td>
<td>Providence Little Company of Mary Medical Center - Torrance</td>
<td>MTP</td>
<td>Medical Treatment Protocol</td>
</tr>
<tr>
<td>NRH</td>
<td>Dignity Health - Northridge Hospital Medical Center</td>
<td>MDS</td>
<td>Medical Director/EMS Fellow on Scene</td>
</tr>
</tbody>
</table>

**Additional Information**
- **REQUIRED** for all patient contacts
- If base contact is not attempted, enter the three-letter code MTP

**Uses**
- System evaluation and monitoring

**Data Source Hierarchy**
- EMS provider
## Definition
Four- or five-digit code of the Medical Treatment Protocol (MTP) utilized to treat the patient

### Field Values

<table>
<thead>
<tr>
<th>Protocol Code</th>
<th>Description</th>
<th>Protocol Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201</td>
<td>Assessment</td>
<td>General Medical</td>
<td>1202-P General Medical</td>
</tr>
<tr>
<td>1202</td>
<td>General Medical</td>
<td>1203-P Diabetic Emergencies</td>
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</tr>
<tr>
<td>1203</td>
<td>Diabetic Emergencies</td>
<td>1204-P Fever/Sepsis</td>
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</tr>
<tr>
<td>1204</td>
<td>Fever/Sepsis</td>
<td>1205-P GI/GU Emergencies</td>
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<tr>
<td>1205</td>
<td>GI/GU Emergencies</td>
<td>1206-P Medical Device Malfunction</td>
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<tr>
<td>1206</td>
<td>Medical Device Malfunction</td>
<td>1207-P Shock/Hypotension</td>
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</tr>
<tr>
<td>1207</td>
<td>Shock/Hypotension</td>
<td>1208-P Agitated Delirium</td>
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<tr>
<td>1208</td>
<td>Agitated Delirium</td>
<td>1209-P Behavioral/Psychiatric Crisis</td>
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<tr>
<td>1209</td>
<td>Behavioral/Psychiatric Crisis</td>
<td>1210-P Cardiac Arrest</td>
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<tr>
<td>1210</td>
<td>Cardiac Arrest</td>
<td>1211-P Cardiac Chest Pain</td>
<td></td>
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<tr>
<td>1211</td>
<td>Cardiac Chest Pain</td>
<td>1212-P Cardiac Dysrhythmia-Bradycardia</td>
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<tr>
<td>1212</td>
<td>Cardiac Dysrhythmia-Bradycardia</td>
<td>1213-P Cardiac Dysrhythmia-Tachycardia</td>
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<tr>
<td>1213</td>
<td>Cardiac Dysrhythmia-Tachycardia</td>
<td>1214-P Pulmonary Edema/CHF</td>
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<tr>
<td>1214</td>
<td>Pulmonary Edema/CHF</td>
<td>1215-P Childbirth (Mother)</td>
<td></td>
</tr>
<tr>
<td>1215</td>
<td>Childbirth (Mother)</td>
<td>1216-P Newborn/Neonatal Resuscitation</td>
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<tr>
<td>1216</td>
<td>Newborn/Neonatal Resuscitation</td>
<td>1217-P Pregnancy Complication</td>
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<tr>
<td>1217</td>
<td>Pregnancy Complication</td>
<td>1218-P Pregnancy/Labor</td>
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</tr>
<tr>
<td>1218</td>
<td>Pregnancy/Labor</td>
<td>1219-P Allergy</td>
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</tr>
<tr>
<td>1219</td>
<td>Allergy</td>
<td>1220-P Burns</td>
<td></td>
</tr>
<tr>
<td>1220</td>
<td>Burns</td>
<td>1221-P Electrocution</td>
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<tr>
<td>1221</td>
<td>Electrocution</td>
<td>1222-P Hyperthermia (Environmental)</td>
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<tr>
<td>1222</td>
<td>Hyperthermia (Environmental)</td>
<td>1223-P Hypothermia/Cold Injury</td>
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</tr>
<tr>
<td>1223</td>
<td>Hypothermia/Cold Injury</td>
<td>1224-P Stings/Venomous Bites</td>
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</tr>
<tr>
<td>1224</td>
<td>Stings/Venomous Bites</td>
<td>1225-P Submersion</td>
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<tr>
<td>1225</td>
<td>Submersion</td>
<td>1226-P ENT/Dental Emergencies</td>
<td></td>
</tr>
<tr>
<td>1226</td>
<td>ENT/Dental Emergencies</td>
<td>1228-P Eye Problem</td>
<td></td>
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<tr>
<td>1228</td>
<td>Eye Problem</td>
<td>1229-P ALOC</td>
<td></td>
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<tr>
<td>1229</td>
<td>ALOC</td>
<td>1230-P Dizziness/Vertigo</td>
<td></td>
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<tr>
<td>1230</td>
<td>Dizziness/Vertigo</td>
<td>1231-P Seizure</td>
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<tr>
<td>1231</td>
<td>Seizure</td>
<td>1232-P Stroke/CVA/TIA</td>
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<tr>
<td>1232</td>
<td>Stroke/CVA/TIA</td>
<td>1233-P Syncope/Near Syncope</td>
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<tr>
<td>1233</td>
<td>Syncope/Near Syncope</td>
<td>1234-P Airway Obstruction</td>
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<tr>
<td>1234</td>
<td>Airway Obstruction</td>
<td>1235-P BRUE</td>
<td></td>
</tr>
<tr>
<td>1235</td>
<td>BRUE</td>
<td>1236-P Inhalation Injury</td>
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<tr>
<td>1236</td>
<td>Inhalation Injury</td>
<td>1237-P Respiratory Distress</td>
<td></td>
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<tr>
<td>1237</td>
<td>Respiratory Distress</td>
<td></td>
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</tr>
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</table>
Toxicology

<table>
<thead>
<tr>
<th>Reference No.</th>
<th>Description</th>
<th>Protocol Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1238</td>
<td>Carbon Monoxide Exposure</td>
<td>1238-P</td>
</tr>
<tr>
<td>1239</td>
<td>Dystonic Reaction</td>
<td>1239-P</td>
</tr>
<tr>
<td>1240</td>
<td>HazMat</td>
<td>1240-P</td>
</tr>
<tr>
<td>1241</td>
<td>Overdose/Poisoning/Ingestion</td>
<td>1241-P</td>
</tr>
</tbody>
</table>

Trauma

<table>
<thead>
<tr>
<th>Reference No.</th>
<th>Description</th>
<th>Protocol Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1242</td>
<td>Crush Injury/Syndrome</td>
<td>1242-P</td>
</tr>
<tr>
<td>1243</td>
<td>Traumatic Arrest</td>
<td>1243-P</td>
</tr>
<tr>
<td>1244</td>
<td>Traumatic Injury</td>
<td>1244-P</td>
</tr>
</tbody>
</table>

Additional Information

- **REQUIRED** for all patient contacts
- More than one protocol can be used, do not list the same protocol number more than once
- Protocol(s) identified must correlate to the provider impression

Uses

- Allows for data sorting and tracking by protocol
- Assists with determination of appropriate treatment
- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy

- EMS Provider
**REC FAC**

**Definition**
The three-letter code of the facility to which the patient was transported

**Field Values**

<table>
<thead>
<tr>
<th>LOS ANGELES COUNTY 9-1-1 RECEIVING</th>
<th>LBM</th>
<th>MemorialCare Long Beach Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACH Alhambra Hospital Medical Center</td>
<td>LBM</td>
<td>MemorialCare Long Beach Medical Center</td>
</tr>
<tr>
<td>AHM Catalina Island Medical Center</td>
<td>LCH</td>
<td>Palmdale Regional Medical Center</td>
</tr>
<tr>
<td>AMH Methodist Hospital of Southern California</td>
<td>LCM</td>
<td>Providence Little Co. of Mary M.C. - Torrance</td>
</tr>
<tr>
<td>AVH Antelope Valley Hospital</td>
<td>MCP</td>
<td>Mission Community Hospital</td>
</tr>
<tr>
<td>BEV Beverly Hospital</td>
<td>MHG</td>
<td>Memorial Hospital of Gardena</td>
</tr>
<tr>
<td>BMC Southern California Hospital at Culver City</td>
<td>MID</td>
<td>Olympia Medical Center</td>
</tr>
<tr>
<td>CAL Dignity Health - California Hospital Medical Center</td>
<td>MLK</td>
<td>Martin Luther King Jr. Community Hospital</td>
</tr>
<tr>
<td>CHH Children’s Hospital Los Angeles</td>
<td>MPH</td>
<td>Monterey Park Hospital</td>
</tr>
<tr>
<td>CHP Community Hospital of Huntington Park</td>
<td>NOR</td>
<td>LA Community Hospital at Norwalk</td>
</tr>
<tr>
<td>CNT Centinela Hospital Medical Center</td>
<td>NRH</td>
<td>Dignity Health - Northridge Hospital Medical Center</td>
</tr>
<tr>
<td>CPM Coast Plaza Hospital</td>
<td>OVM</td>
<td>LAC Olive View-UCLA Medical Center</td>
</tr>
<tr>
<td>CSM Cedars-Sinai Medical Center</td>
<td>PAC</td>
<td>Pacifica Hospital of the Valley</td>
</tr>
<tr>
<td>DCH PIH Health Hospital - Downey</td>
<td>PIH</td>
<td>PIH Health Hospital - Whittier</td>
</tr>
<tr>
<td>DFM Marina Del Rey Hospital</td>
<td>PLB</td>
<td>College Medical Center</td>
</tr>
<tr>
<td>DHL Lakewood Regional Medical Center</td>
<td>PVC</td>
<td>Pomona Valley Hospital Medical Center</td>
</tr>
<tr>
<td>ELA East Los Angeles Doctors Hospital</td>
<td>QOM</td>
<td>Hollywood Presbyterian Medical Center</td>
</tr>
<tr>
<td>ENH Encino Hospital Medical Center</td>
<td>QVH</td>
<td>Emanate Health Queen of the Valley Hospital</td>
</tr>
<tr>
<td>FPH Emanate Health Foothill Presbyterian Hospital</td>
<td>SDC</td>
<td>San Dimas Community Hospital</td>
</tr>
<tr>
<td>GAR Garfield Medical Center</td>
<td>SFM</td>
<td>St. Francis Medical Center</td>
</tr>
<tr>
<td>GEM Greater El Monte Community Hospital</td>
<td>SGC</td>
<td>San Gabriel Valley Medical Center</td>
</tr>
<tr>
<td>GMH Dignity Health - Glendale Memorial Hospital and Health Center</td>
<td>SJH</td>
<td>Providence Saint John’s Health Center</td>
</tr>
<tr>
<td>GSH Good Samaritan Hospital</td>
<td>SJS</td>
<td>Providence Saint Joseph Medical Center</td>
</tr>
<tr>
<td>GWT Adventist Health - Glendale</td>
<td>SMH</td>
<td>Santa Monica-UCLA Medical Center</td>
</tr>
<tr>
<td>HCH Providence Holy Cross Medical Center</td>
<td>SMM</td>
<td>Dignity Health - St. Mary Medical Center</td>
</tr>
<tr>
<td>HGH LAC Harbor-UCLA Medical Center</td>
<td>SOC</td>
<td>Sherman Oaks Hospital</td>
</tr>
<tr>
<td>HMH Huntington Hospital</td>
<td>SPP</td>
<td>Providence Little Co. of Mary M.C. - San Pedro</td>
</tr>
<tr>
<td>HMN Henry Mayo Newhall Hospital</td>
<td>SVH</td>
<td>Saint Vincent Medical Center</td>
</tr>
<tr>
<td>HWH West Hills Hospital &amp; Medical Center</td>
<td>TOR</td>
<td>Torrance Memorial Medical Center</td>
</tr>
<tr>
<td>ICH Emanate Health Inter-Community Hospital</td>
<td>UCL</td>
<td>Ronald Reagan UCLA Medical Center</td>
</tr>
<tr>
<td>KFA Kaiser Foundation Hospital – Baldwin Park</td>
<td>USC</td>
<td>LAC+USC Medical Center</td>
</tr>
<tr>
<td>KFB Kaiser Foundation Hospital – Downey</td>
<td>UCL</td>
<td>Ronald Reagan UCLA Medical Center</td>
</tr>
<tr>
<td>KFL Kaiser Foundation Hospital – South Bay</td>
<td>VHH</td>
<td>USC Verdugo Hills Hospital</td>
</tr>
<tr>
<td>KFO Kaiser Foundation Hospital – Sunset (Los Angeles)</td>
<td>VPH</td>
<td>Valley Presbyterian Hospital</td>
</tr>
<tr>
<td>KFP Kaiser Foundation Hospital – Woodland Hills</td>
<td>WHH</td>
<td>Whittier Hospital Medical Center</td>
</tr>
<tr>
<td>KFW Kaiser Foundation Hospital – Panorama City</td>
<td>WMH</td>
<td>Adventist Health - White Memorial</td>
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### ORANGE COUNTY 9-1-1 RECEIVING

<table>
<thead>
<tr>
<th>Code</th>
<th>Facility Name</th>
<th>Code</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANH</td>
<td>Anaheim Regional Medical Center</td>
<td>LPI</td>
<td>La Palma Intercommunity Hospital</td>
</tr>
<tr>
<td>CHO</td>
<td>Children's Hospital of Orange County</td>
<td>PLH</td>
<td>Placentia Linda Hospital</td>
</tr>
<tr>
<td>FHP</td>
<td>Fountain Valley Regional Hospital and Medical Center</td>
<td>SJD</td>
<td>St. Jude Medical Center</td>
</tr>
<tr>
<td>KHA</td>
<td>Kaiser Foundation Hospital – Anaheim</td>
<td>UCI</td>
<td>UCI Medical Center</td>
</tr>
<tr>
<td>KFI</td>
<td>Kaiser Foundation Hospital – Irvine</td>
<td>WMC</td>
<td>Western Medical Center Santa Ana</td>
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<tr>
<td>LAG</td>
<td>Los Alamitos Medical Center</td>
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### SAN BERNARDINO COUNTY 9-1-1 RECEIVING

<table>
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<th>Facility Name</th>
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<tr>
<td>ARM</td>
<td>Arrowhead Regional Medical Center</td>
<td>KFN</td>
<td>Kaiser Foundation Hospital - Ontario</td>
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<td>CHI</td>
<td>Chino Valley Medical Center</td>
<td>LLU</td>
<td>Loma Linda University Medical Center</td>
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<td>DHM</td>
<td>Montclair Hospital Medical Center</td>
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<td>KFF</td>
<td>Kaiser Foundation Hospital - Fontana</td>
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### OTHER COUNTY 9-1-1 RECEIVING

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>LRR</td>
<td>Los Robles Hospital &amp; Med Ctr (Ventura)</td>
</tr>
<tr>
<td>SIM</td>
<td>Simi Valley Hospital (Ventura)</td>
</tr>
<tr>
<td>SJO</td>
<td>St. John Regional Medical Center (Ventura)</td>
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### NON-BASIC HOSPITALS

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<tr>
<td>LBV</td>
<td>Long Beach VA</td>
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<td>WVA</td>
<td>Wadsworth VA Medical Center</td>
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### DISASTER RECEIVING FACILITIES ONLY

<table>
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<th>Code</th>
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<tbody>
<tr>
<td>BRH</td>
<td>Barlow Respiratory Hospital</td>
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<td>COA</td>
<td>Silver Lake Medical Center</td>
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<tr>
<td>COH</td>
<td>City of Hope National Medical Center</td>
</tr>
<tr>
<td>LAC</td>
<td>Los Angeles Community Hospital – Olympic</td>
</tr>
<tr>
<td>HOL</td>
<td>Southern California Hospital at Hollywood</td>
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<tr>
<td>KMC</td>
<td>Kern Medical Center</td>
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</tbody>
</table>

**Additional Information**
- Receiving facility codes are found on the back of the yellow copy

**Uses**
- System evaluation and monitoring
- Epidemiological statistics

**Data Source Hierarchy**
- EMS provider
NOTIFICATION?

Definition
Checkbox indicating whether the base or receiving hospital was notified prior to the patient’s arrival

Field Values
- Y: Yes
- N: No

Additional Information
- The base hospital is responsible for notifying the receiving hospital of an incoming patient so if base contact was made, notification should be marked as “Yes”

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
CODE 3?

Definition
Checkbox indicating whether the patient was transported to the receiving facility Code 3

Field Values
- Y: Yes
- N: No

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
VIA

Definition
Checkbox indicating the type of transport unit used

Field Values
- **ALS**: ALS monitoring or interventions are required during transport; at least one paramedic has to be on board during transport
- **BLS**: No ALS monitoring or interventions are required during transport; patient transported by EMS personnel only
- **Helicopter**
- **No Transport**: Patient was not transported (must indicate reason for no transport in the Comments Section)

Additional Information
- If field value is “A”, “B”, or “H” then a receiving facility and destination (“Trans To”) must be documented
- If the patient signed out AMA, the “AMA” box should also be checked

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
TRANS TO

**Definition**
Checkbox indicating the actual destination of the patient

**Field Values**
- **MAR**: Most Accessible Receiving facility (licensed basic emergency department) that can be reached in the shortest amount of time. Depending on traffic and geography, this may not necessarily be the closest facility.
- **EDAP**: Most accessible Emergency Department Approved for Pediatrics approved to receive patients of less than or equal to 14 years of age
- **TC/PTC**: Most accessible Trauma Center approved to receive critically injured patients or most accessible Pediatric Trauma Center approved to receive critically injured pediatric patients less than or equal to 14 years of age
- **PMC**: Most accessible Pediatric Medical Center approved to receive critically ill pediatric patients of less than or equal to 14 years of age
- **STEMI**: Most accessible ST-Elevation Myocardial Infarction (STEMI) Receiving Center approved to receive patients with a suspected STEMI, or who have Return of Spontaneous Circulation (ROSC) following a non-traumatic cardiac arrest
- **PrimAry Stroke Center**: Most accessible Primary Stroke Center approved to receive suspected stroke patients or patients with a positive mLAPSS exam and a LAMS score <4
- **Comprehensive StroKe Center**: Most accessible Comprehensive Stroke Center approved to receive patients with a positive mLAPSS exam and a LAMS score ≥ 4
- **PeriNatal**: Most accessible Perinatal Center approved to receive patients greater than or equal to 20 weeks pregnant
- **SART**: Most accessible Sexual Assault Response Team facility approved to receive actual or suspected victims of sexual assault/abuse
- **Other**: Licensed basic emergency department that may also appropriately receive the patient in addition to those listed above. Most frequently used when the closest facility is inaccessible (e.g., is requesting diversion.) The reason for using “Other” as a destination must be documented in the “Reason” section

**Additional Information**
- If patient was transported then a ‘Via’ and receiving facility value must be documented

**Uses**
- System evaluation and monitoring

**Data Source Hierarchy**
- EMS provider
Definition
Checkboxes indicating the reason that the patient was transported to a facility other than the most accessible receiving facility or specialty center

Field Values
- **No SC Required**: Patient does not meet criteria, requirements, or guidelines for transport to a specialty center
- **Criteria/Required**: Patient meets criteria or requirements for transport to a specialty center (EDAP, TC/PTC, or SRC)
- **Guidelines**: Patient meets guidelines for transport to a specialty center (TC/PTC, Perinatal, PMC, ASC, CSC, or SART)
- **Judgment (Provider/Base)**: Patient does not meet specialty center criteria, requirements, or guidelines, but is transported to a specialty center based on Base or the Provider judgment; or, meets, but is not transported to a specialty center
- **EXtremis**: Patient is transported to the most accessible receiving facility because the severity of the injury/illness precludes transport to a specialty center (e.g. unmanageable airways, cardiopulmonary arrest (excluding traumatic penetrating torso injuries), etc.)
- **ED Saturation**: Most accessible receiving facility or EDAP has requested diversion due to emergency department saturation
- **No SC Access**: Specialty center not accessible due to transport time constraints or geography
- **Request by**: Patient is transported to a facility other than the most accessible receiving facility or specialty center by request from the patient, a family member, patient’s private medical doctor (PMD), or other authorized person

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
AMA?

Definition
Checkbox indicating whether the patient refused transport and signed out against medical advice

Field Values
- Y: Yes
- N: No

Additional Information
- A patient refusing treatment or transport must sign the release on the back of the first page of the EMS Report Form
- If patients meet the conditions for “Release at Scene” or “Treat and Refer”, the patient does not have to sign a release and ‘AMA?’ should = “No”

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
RELEASE AT SCENE?

Definition
Checkbox indicating whether the patient, after assessment by EMS personnel, is found to not have an emergency medical condition and does not appear to require immediate treatment and/or transportation

Field Values
- **Y:** Yes
- **N:** No

Additional Information
- If ‘AMA?’ = “Yes”, ‘Release at Scene?’ should = “No”

Data Source Hierarchy
- EMS provider
TREAT & REFER?

Definition
Checkbox indicating whether the patient, after assessment by EMS personnel, is found to not have an ongoing emergency medical condition, not require transport to the emergency department for evaluation, and is stable for referral to the patient’s regular healthcare provider, doctor’s office, or clinic.

Field Values
- **Y** Yes
- **N** No

Additional Information
- If ‘AMA?’= “Yes”, ‘Treat & Refer?’ should = “No”

Data Source Hierarchy
- EMS provider
PATIENT INFORMATION
LAST NAME

Definition
The patient’s last name

Field Values
- Free text

Additional Information
- If Run Type=R, then the patient’s last name must be documented

Uses
- Patient identification
- Link between other databases

Data Source Hierarchy
- Patient
- Family member
- Caretaker
FIRST NAME

Definition
The patient’s first name

Field Values
• Free text

Additional Information
• If Run Type=R, then the patient’s first name must be documented

Uses
• Patient identification
• Link between other databases

Data Source Hierarchy
• Patient
• Family member
• Caretaker
MI

Definition
The first letter of the patient’s middle name

Field Values
- Free text

Uses
- Patient identification
- Link between other databases

Data Source Hierarchy
- Patient
- Family member
- Caretaker
DOB

Definition
The patient’s date of birth

Field Values
- Collected as MMDDYYYY

Additional Information
- Year must be after 1900

Uses
- Patient identification
- Link between other databases

Data Source Hierarchy
- Patient
- Family member
- Caretaker
PHONE

Definition
The patient’s primary telephone number

Field Values
- Free text

Additional Information
- An area code is needed for all phone numbers

Uses
- Patient identification

Data Source Hierarchy
- Patient
- Family member
- Caretaker
STREET NUMBER

Definition
The street number of the patient’s primary residence

Field Values
- Free text

Uses
- Epidemiological statistics

Data Source Hierarchy
- Patient
- Family member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center
STREET NAME

Definition
The name of the street of the patient’s primary residence

Field Values
- Free text

Uses
- Epidemiological statistics

Data Source Hierarchy
- Patient
- Family member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center
APT #

Definition
The apartment number of the patient’s primary residence

Field Values
- Free text

Uses
- Epidemiological statistics

Data Source Hierarchy
- Patient
- Family member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center
**CITY**

**Definition**
The city code of the patient’s primary residence

<table>
<thead>
<tr>
<th>Field Values</th>
<th>City Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
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<tr>
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<td>Acton</td>
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<td>Crenshaw</td>
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<td>Castaic</td>
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<td>El Monte</td>
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<tr>
<td>CN</td>
<td>Canyon Country</td>
<td>Holly Park</td>
</tr>
</tbody>
</table>

**Field Values:**
- **AA** Arleta
- **AC** Acton
- **AD** Altadena
- **AE** Arlington Heights
- **AG** Agua Dulce
- **AH** Agoura Hills
- **AL** Alhambra
- **AN** Athens
- **AO** Avocado Heights
- **AR** Arcadia
- **AT** Artesia
- **AV** Avalon
- **AW** Atwater Village
- **AZ** Azusa
- **BA** Bel Air Estates
- **BC** Bell Canyon
- **BE** Bellflower
- **BG** Bell Gardens
- **BH** Beverly Hills
- **BK** Bixby Knolls
- **BL** Bell
- **BN** Baldwin Hills
- **BO** Bouquet Canyon
- **BP** Baldwin Park
- **BR** Bradbury
- **BS** Belmont Shore
- **BT** Bassett
- **BU** Burbank
- **BV** Beverly Glen
- **BW** Brentwood
- **BX** Box Canyon
- **BY** Boyle Heights
- **BZ** Byzantine-Latino Quarter
- **CA** Carson
- **CB** Calabasas
- **CC** Culver City
- **CE** Cerritos
- **CH** Chatsworth
- **CI** Chinatown
- **CK** Charter Oak
- **CL** Claremont
- **CM** Compton
- **CN** Canyon Country
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**Uses**
- Epidemiological statistics

**Data Source Hierarchy**
- Patient
- Family member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center
PATIENT STATE

Definition
The state of the patient’s primary residence

Field Values

| AK  | Alaska  | KS  | Kansas  | NM  | New Mexico | WI  | Wisconsin |
| AL  | Alabama | KY  | Kentucky | NV  | Nevada      | WV  | West Virginia |
| AR  | Arkansas| LA  | Louisiana| NY  | New York   | WY  | Wyoming     |
| AZ  | Arizona | MA  | Massachusetts | OH  | Ohio       | AS  | American Samoa |
| CA  | California | MD | Maryland | OK  | Oklahoma | FM  | Federated States of Micronesia |
| CO  | Colorado | ME  | Maine    | OR  | Oregon     | GU  | Guam        |
| CT  | Connecticut | MI | Michigan | PA  | Pennsylvania | MH | Marshall Islands |
| DC  | District of Columbia | MN | Minnesota | RI  | Rhode Island | MP  | Northern Mariana Islands |
| DE  | Delaware | MO  | Missouri | SC  | South Carolina | PR  | Puerto Rico |
| FL  | Florida  | MS  | Mississippi | SD  | South Dakota | PW  | Palau       |
| GA  | Georgia  | MT  | Montana  | TN  | Tennessee  | UM  | US Minor Outlying Islands |
| HI  | Hawaii   | NC  | North Carolina | TX  | Texas      | VI  | Virgin Islands of the US |
| IA  | Iowa     | NH  | New Hampshire  | UT  | Utah       | OT  | Other       |
| ID  | Idaho    | ND  | North Dakota | VA  | Virginia    |
| IL  | Illinois | NE  | Nebraska | VT  | Vermont     |
| IN  | Indiana  | NJ  | New Jersey | WA  | Washington |

Uses
- Epidemiological statistics

Data Source Hierarchy
- Patient
- Family member
- Caretaker
- EMS Provider
PATIENT ZIP CODE

Definition
The zip code of the patient’s primary residence

Field Values
- Five-digit numeric value

Uses
- Epidemiological statistics

Data Source Hierarchy
- Patient
- Family member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center
MILEAGE

Definition
Total mileage traveled from the incident to the receiving facility

Field Values
- Numeric values only

Additional Information
- Document according to your Agency’s policy
- For billing purposes only

Uses
- Billing purposes

Data Source Hierarchy
- Internet based mapping program
- Auto-generated by the EMS provider’s electronic capture device
INSURANCE

Definition
The patient’s insurance company, if applicable

Field Values
• Free text

Additional Information
• Document according to your Agency’s policy
• For billing purposes only

Uses
• Billing purposes

Data Source Hierarchy
• Patient
HOSP. VISIT #

Definition
The visit, or encounter, number that relates to the patient’s current hospital visit

Field Values
• Free text

Uses
• Patient identification
• Link between other databases

Data Source Hierarchy
• Hospital Face Sheet
PMD NAME

Definition
The name of the patient’s private medical doctor (PMD), if known

Field Values
• Free text

Additional Information
• Document according to your Agency’s policy

Data Source Hierarchy
• Patient
PARTIAL SS # (LAST 4 DIGITS)

Definition
The last four digits of the patient’s social security number

Field Values
- Numeric values only

Additional Information
- Document according to your Agency’s policy

Uses
- Billing purposes

Data Source Hierarchy
- Patient
COMMENTS
COMMENT SECTION

Definition
Area of form used to document critical run information that is not covered in other sections of the EMS Report Form

Field Values
- Free text

Additional Information
- Write a legible, brief but thorough summary of run
- List pertinent points and findings, including all unusual circumstances that affect patient care
- Use appropriate abbreviations only
- Use to provide a complete scene description, including time needed to secure the scene, approximate speed and/or damage to the vehicle, and distance of the fall and onto what type of surface
- Use to describe why no medical intervention was needed or reasons for an incomplete report or vital signs (BP cuff too small/large for patient’s arm, etc.)
- State facts, avoid conclusions or inflammatory statements
- Expand on response to treatment, change in patient status, and information concerning restraints
- Use a Page 2 for runs requiring more space for additional medications, treatments, vitals, and/or comments

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
O/P,Q,R,S,T

Definition
Acronym used as a tool to assess and document the following symptom attributes:
- O/P: Onset/Provocation
- Q: Quality
- R: Region/Radiation/Relief
- S: Severity
- T: Time

Field Values
- Free text

Uses
- Prompts thorough assessment and documentation of patient’s symptoms
- Assists with determination of appropriate treatment and transport

Data Source Hierarchy
- EMS provider
HX

Definition
Space to indicate previous medical problem(s) experienced by the patient, if applicable

Field Values
• Free text

Uses
• Prompts thorough assessment and documentation of patient’s symptoms
• Assists with determination of appropriate treatment and transport

Data Source Hierarchy
• Patient
• Family member
• Caretaker
• PMD
ALLERGIES

Definition
Checkbox and space to indicate patient history of adverse reactions or allergies to medications or other substances, if applicable

Field Values
• Free text

Additional Information
• Allergies to non-medication items may be listed if they are related to the current problem or potential treatments (e.g., adhesive tape, or latex)

Uses
• Patient safety

Data Source Hierarchy
• Patient
• Family member
• Caretaker
• PMD
ALLERGIC TO ASA?

Definition
Indicates whether or not the patient is allergic to aspirin

Field Values
- **Y**: Yes
- **N**: No

Uses
- Assists with documentation of State EMS Core Measure regarding aspirin administration in patients 35 ≥ years of age who have a complaint of chest pain

Data Source Hierarchy
- EMS Provider
MEDS

Definition
Space to indicate medications currently being taken by the patient, if applicable

Field Values
• Free text

Additional Information
• Indicate patient compliance, if applicable
• Include nonprescription drugs and herbal supplements

Uses
• Assists with determination of appropriate treatment and transport

Data Source Hierarchy
• Patient
• Family member
• Caretaker
• PMD
SEDs IN PAST 48 HRS

Definition
Checkboxes indicating whether the patient has used sexually enhancing drugs (SEDs) within the past 48 hours

Field Values
• Y: Yes
• N: No

Additional Information
• Use of SEDs must be assessed prior to administering nitroglycerin to any patient

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• Patient
• Family member
• Caretaker
SUSPECTED ETOH?

Definition
Checkbox indicating that statements by the patient, family, or bystanders and/or the situation and behavior suggest the patient has ingested alcohol.

Field Values
- **Y**: Yes
- **N**: No

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Patient
- Family member
- Caregiver
- EMS provider
- Bystander
SUSPECTED DRUG USE?

Definition
Checkbox indicating that statements by the patient, family, or bystanders and/or the situation and behavior suggest the patient has used drugs.

Field Values
- Y: Yes
- N: No

Additional Information
- If drug use is suspected, attempt to ascertain the type of drug used and the route, if possible.

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- Patient
- Family
- Bystanders
- EMS Provider
IF YES:

Definition
Checkboxes indicating what drug(s) the patient used

Field Values
- AMP: Amphetamines
- HER: Heroin
- COC: Cocaine
- THC: Cannabis
- OOP: Other Opioid
- OTH: Other

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy
- Patient
- Family
- Bystanders
- EMS Provider
ROUTE

Definition
Checkbox indicating what route the patient utilized to administer the drug(s)

Field Values
- INJ: Injected
- ING: Ingested
- INH: Inhaled
- OTH: Other

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy
- Patient
- Family
- Bystanders
- EMS Provider
PHYSICAL SIGNS
PUPILS

Definition
Checkboxes indicating the findings from assessment of the patient’s initial pupillary response to light

Field Values
- **PERL:** Pupils are equal in size and react to light
- **PInpoint:** Pupils are extremely constricted
- **Sluggish:** Pupils react to light slower than normal
- **Fixed/Dilated:** Pupils are dilated and do not react to light
- **Cataracts:** Cataracts in one or both eyes interfere with pupil exam
- **Unequal:** Pupils are unequal in size
- **Pt’s Norm:** Pupils are normal in size and reaction for patient

Additional Information
- If a value of “N” is documented, another value must also be entered, for example “S”

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
RESP

Definition
Checkboxes indicating findings from initial assessment of the patient’s respiratory system

Field Values
- Normal rate/effort: Breathing appears effortless and rate is within normal limits for patient
- Clear: No abnormal sounds are heard on auscultation
- Wheezes: Coarse, whistling sound heard on auscultation, associated with inspiration and/or expiration
- RHonchi: Coarse, rattling or snoring sound heard on auscultation, associated with inspiration and/or expiration
- Unequal: Chest rise or breath sounds diminished on one side
- Stridor: High-pitched, audible wheezing sound associated with inspiration and/or expiration
- Rales: Rattling or crackling noises heard on auscultation, associated with inspiration
- Snoring: Prolonged snorting sound/soft palate vibration that is audible during inspiration
- JVD: Distended jugular veins are observed in the supine patient
- Accessory Muscle Use (AMU): Patient is using additional muscles to assist with difficulty breathing, such as those of the neck, shoulders, or abdomen
- Labored: Breathing appears to be difficult or requires extra effort
- Apnea: Patient is not breathing or stops breathing for periods of time
- Tidal Volume:
  - N: Normal depth of inspiration is observed
  - +: Increased depth of inspiration is observed
  - -: Decreased depth of inspiration is observed

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
SKIN

Definition
Checkboxes indicating findings from assessment of the patient’s initial skin signs

Field Values
- **Normal**: All aspects of skin assessment (color, temperature, moisture, and appearance) are normal
- **Cyanotic**: Skin or lips appear blue
- **Flushed**: Skin appears red
- **Hot**: Skin feels warmer than normal or hot to touch
- **Cold**: Skin feels cool or cold to touch
- **Pale**: Skin appears abnormally pale, ashen, or gray
- **Diaphoretic**: Skin is sweaty or moist to touch
- **Cap Refill NoRmal**: Capillary refill is less than or equal to 2 seconds
- **Cap Refill DElayed**: Capillary refill is greater than 2 seconds

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS Provider
FIRST 12 LEAD TIME

Definition
Time of day the first 12-lead ECG was performed

Field Values
• Collected as HHMM
• Use 24-hour clock

Additional Information
• **REQUIRED** for all patients on whom a 12-lead ECG is performed
• If an ECG indicating STEMI is obtained by a clinic, doctor’s office, or transferring hospital, enter the 12-lead time from the STEMI ECG in this field
• **Do not** perform another 12-lead ECG if the clinic, doctor’s office, or transferring hospital already has performed a 12-lead ECG indicating STEMI

Uses
• Provides documentation of assessment and/or care
• Assists with determination of appropriate treatment and transport
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
EMS INTERPRETATION

Definition
Checkbox indicating the EMS personnel's interpretation of the first 12-lead ECG

Field Values
- Normal: EMS personnel interpretation indicates ECG is normal
- ABnormal: EMS personnel interpretation indicates ECG is abnormal
- STEMI: EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer’s equivalent

Additional Information
- REQUIRED for all patients on whom a 12-lead ECG is performed
- If EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer’s equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor’s office, or transferring hospital, do not repeat the 12-lead ECG
- Every 12-lead ECG should be evaluated by EMS personnel, regardless of whether the ECG was performed by a clinic, doctor’s office, transferring hospital, or EMS personnel

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
SOFTWARE INTERPRETATION

Definition
Checkbox indicating the software’s interpretation of the first 12-lead ECG

Field Values
- Normal: Electronic interpretation indicates ECG is normal
- ABnormal: Electronic interpretation indicates ECG is abnormal
- STEMI: Electronic interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer’s equivalent

Additional Information
- REQUIRED for all patients on whom a 12-lead ECG is performed
- If electronic interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer’s equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor’s office, or transferring hospital, check the STEMI box in this field

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- ECG strip
ARTIFACT

Definition
Checkbox indicating whether artifact is observed on the first 12-lead ECG tracing

Field Values
- Y: Yes
- N: No

Additional Information
- REQUIRED for all patients on whom a 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Electronic artifact interferes with accurate ECG interpretation and may indicate need to repeat ECG

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- ECG strip
WAVY BASELINE

Definition
Checkbox indicating whether the baseline of the first 12-lead ECG tracing moves with respiration

Field Values
- Y: Yes
- N: No

Additional Information
- REQUIRED for all patients on whom a 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Wavy baseline can interfere with accurate ECG interpretation and may indicate need to reposition leads and repeat ECG

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- ECG strip
PACED RHYTHM

Definition
Checkbox indicating presence of a pacemaker-generated rhythm on the first 12-lead ECG tracing

Field Values
• **Y**: Yes
• **N**: No

Additional Information
• **REQUIRED** for all patients on whom a 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
• Pacemakers can interfere with accurate ECG interpretation and must be reported

Uses
• Provides documentation of assessment and/or care
• Assists with determination of appropriate treatment and transport
• System evaluation and monitoring

Data Source Hierarchy
• ECG strip
TRANSMITTED?

Definition
Checkbox indicating whether the first 12-lead performed was transmitted to the receiving facility

Field Values
- Y: Yes
- N: No

Additional Information
- REQUIRED for all patients on whom a 12-lead ECG is performed

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
SECOND 12 LEAD TIME

Definition
Time of day the second 12-lead ECG was performed, if applicable

Field Values
- Collected as HHMM
- Use 24-hour clock

Additional Information
- **REQUIRED** for all patients on whom a 2nd 12-lead ECG is performed
- If an ECG indicating STEMI is obtained by a clinic, doctor’s office, or transferring hospital, enter the 12-lead time from the STEMI ECG in this field
- **Do not** perform another 12-lead ECG if the clinic, doctor’s office, or transferring hospital already has performed a 12-lead ECG indicating STEMI

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
EMS INTERPRETATION

Definition
Checkbox indicating the EMS personnel’s interpretation of the second 12-lead ECG

Field Values
- **Normal**: EMS personnel interpretation indicates ECG is normal
- **ABnormal**: EMS personnel interpretation indicates ECG is abnormal
- **STEMI**: EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer’s equivalent

Additional Information
- **REQUIRED** for all patients on whom a 2nd 12-lead ECG is performed
- If EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer’s equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor’s office, or transferring hospital, **do not** repeat the 12-lead ECG
- Every 12-lead ECG should be evaluated by EMS personnel, regardless of whether the ECG was performed by a clinic, doctor’s office, transferring hospital, or EMS personnel

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
SOFTWARE INTERPRETATION

Definition
Checkbox indicating the software’s interpretation of the second 12-lead ECG

Field Values
- **Normal**: Electronic interpretation indicates ECG is normal
- **Abnormal**: Electronic interpretation indicates ECG is abnormal
- **STEMI**: Electronic interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer’s equivalent

Additional Information
- **REQUIRED** for all patients on whom a 2nd 12-lead ECG is performed
- If electronic interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer’s equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor’s office, or transferring hospital, check the STEMI box in this field

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- ECG strip
ARTIFACT

Definition
Checkbox indicating whether artifact is observed on the second 12-lead ECG tracing

Field Values
- Y: Yes
- N: No

Additional Information
- REQUIRED for all patients on whom a 2nd 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Electronic artifact interferes with accurate ECG interpretation and may indicate need to repeat ECG

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- ECG strip
WAVY BASELINE

Definition
Checkbox indicating whether the baseline of the second 12-lead ECG tracing moves with respiration

Field Values
- Y: Yes
- N: No

Additional Information
- **REQUIRED** for all patients on whom a 2nd 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Wavy baseline can interfere with accurate ECG interpretation and may indicate need to reposition leads and repeat ECG

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- ECG strip
PACED RHYTHM

Definition
Checkbox indicating presence of a pacemaker-generated rhythm on the second 12-lead ECG tracing

Field Values
- Y: Yes
- N: No

Additional Information
- **REQUIRED** for all patients on whom a 2nd 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Pacemakers can interfere with accurate ECG interpretation and must be reported

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- ECG strip
TRANSMITTED?

Definition
Checkbox indicating whether the second 12-lead performed was transmitted to the receiving facility, if applicable

Field Values
- **Y**: Yes
- **N**: No

Additional Information
- **REQUIRED** for all patients on whom a 2nd 12-lead ECG is performed

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
SPECIAL CIRCUMSTANCES
DNR/AHCD/POLST?

**Definition**
Checkbox indicating presence of a valid DNR, Advance Healthcare Directive (AHCD), or Physician Order for Life Sustaining Treatment (POLST) form for the patient

**Field Values**
- **Y**: Yes
- **N**: No

**Uses**
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

**Data Source Hierarchy**
- Patient
- Family member
- Caregiver
- EMS provider
POISON CONTROL CONTACTED?

Definition
Checkbox indicating whether poison control was contacted

Field Values
- Y: Yes
- N: No

Additional Information
- Applies to poison control contact made by dispatch, EMS on scene, or family members prior to arrival of paramedics

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- 9-1-1 or Dispatch Center
- EMS provider
- Patient
- Family member
- Caregiver
SUSPECTED ABUSE/NEGLECT?

Definition
Checkbox indicating whether family violence, neglect or abuse is suspected

Field Values
- Y: Yes
- N: No

Additional Information
- Must be followed up with the appropriate reports per Los Angeles County Prehospital Care Manual Ref. No. 822, Suspected Child Abuse/Neglect Reporting Guidelines, and Ref. No. 823, Elder Abuse and Dependent Adult Abuse Reporting Guidelines
- Documentation of Agency reported to and confirmation/report number, should be documented in the Comments section

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Patient
- Caregiver
- Family member
- EMS provider
CONTACTED MED. CIRC. SUPPORT?

Definition
Checkbox indicating whether the mechanical circulatory support (MCS) coordinator was contacted

Field Values
- **Y**: Yes
- **N**: No

Additional Information
- Left ventricular assist device (LVAD) coordinators are the most common MCS coordinators contacted

Data Source Hierarchy
- EMS provider
- Patient
- Family member
- Caregiver
≥ 20 WKS IUP?

**Definition**
Checkbox indicating whether the patient is greater than or equal to twenty weeks of intrauterine pregnancy, if applicable

**Field Values**
- **Y**: Yes
- **N**: No

**Additional Information**
- Patients may only be able to provide the number of months, not weeks, of their pregnancy – in this case, pregnancies reported of greater than 4½ months can be assumed to be greater than 20 weeks
- Patients injured while pregnant meet trauma triage special considerations for transport to a trauma center

**Uses**
- Provides documentation of assessment
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

**Data Source Hierarchy**
- Patient
- Family member
- Caregiver
WKS

Definition
Space indicating the number of weeks of intrauterine pregnancy, if applicable

Field Values
- Up to two-digit numeric value

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Patient
- Family member
- Caregiver
BARRIERS TO PATIENT CARE

Definition
Specific barriers that may potentially impact patient care

Field Values
- H: Hearing
- P: Physical
- L: Language
- S: Speech
- O: Other

Uses
- Provides documentation of assessment
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Patient
- Family member
- Caregiver
- EMS provider
CARDIAC ARREST
ARREST DETAILS

Definition
Checkboxes indicating the details of the cardiac arrest, such as: the person(s) who witnessed the cardiac arrest; who performed cardiopulmonary resuscitation; if EMS personnel or citizens used an AED; and if resuscitation efforts were initiated

Field Values
- **Witness Citizen**: Witnessed by a non-EMS person (e.g., law enforcement, nursing home personnel, bystanders, family, etc.)
- **Witness EMS**: Witnessed by EMS personnel
- **Witness None**: Not witnessed
- **Citizen CPR**: CPR was initiated by a non-EMS person (e.g., law enforcement, nursing home personnel, bystanders, family, etc.)
- **Citizen AED**: An AED was applied to the patient by a non-EMS person (e.g., law enforcement or nursing home personnel, bystanders, family, etc.)
- **EMS CPR @**: Time of day CPR was initiated by EMS personnel
- **Arrest to CPR**: Estimated time, in minutes, from the time of arrest to the time CPR is initiated
- **AED Analyze**: An AED is applied by EMS personnel and analyzed (no shocks administered)
- **AED Defibrillation**: An AED is applied by EMS personnel and one or more shocks are administered
- **ALS Resuscitation (use pg 2)**: ALS resuscitation efforts are initiated or patient is pronounced dead by the base hospital physician; attach completed ALS Continuation Form
- **Resuscitation Discontinued**: Resuscitative measures are discontinued by EMS personnel
- **Restoration of Pulse**: The restoration of a spontaneous perfusing rhythm

Additional Information
- Mark all that apply

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
REASON FOR WITHHOLDING/TERMINATING RESUSCITATION

Definition
Checkboxes indicating reason(s) why EMS personnel withheld or terminated cardiopulmonary resuscitation

Field Values
- **DNR/AHCD/POLST**: A valid DNR, Advance Healthcare Directive (AHCD), or Physician Order for Life Sustaining Treatment (POLST) form is present
- **T.O.R.**: Resuscitative measures are terminated by EMS personnel
- **__ Time of 814 Death**: Time of day patient is determined to be dead per Los Angeles County Prehospital Care Manual Reference No. 814. Documented as HHMM using 24-hour clock
- **Rigor**: Rigor mortis is present
- **Lividity**: Post-mortem lividity is present
- **Blunt Trauma**: Mark for blunt trauma patients who, based on a paramedic’s thorough patient assessment, are found apneic, pulseless, and without organized ECG activity (narrow complex supraventricular rhythm) upon the arrival of EMS personnel at the scene
- **OTher**: The patient is determined dead per Reference 814 due to a reason not listed above (decapitation, incineration, decomposition, etc.)
- **Family __ (signature)**: The signature of the family member who requested resuscitation be withheld

Additional Information
- Mark all that apply

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
VITAL SIGNS
TIME

Definition
Time of day the patient’s vital signs are obtained

Field Values
- Collected as HHMM
- Use 24-hour clock

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
TM #

**Definition**

The number of the team member who obtained vital signs from the patient

**Field Values**

- Free text

**Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**

- EMS provider
BLOOD PRESSURE

Definition
Numeric values of the patient’s systolic and/or diastolic blood pressure

Field Values
- Up to three-digit numeric value
- Documented as numeric systolic value / numeric diastolic value

Additional Information
- If the blood pressure is palpated or not reported, write “P” for the diastolic value- blood pressure should only be palpated when environmental or other extenuating factors makes it impossible to accurately auscultate

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
PULSE

**Definition**
Numeric value of the patient’s palpated pulse rate

**Field Values**
- Up to three-digit numeric value

**Additional Information**
- Measured in beats palpated per minute
- If cardiac monitor shows a rhythm that does not produce signs of perfusion, rate should be documented as “0”

**Uses**
- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**
- EMS provider
RR

Definition
Numeric value of the patient’s unassisted respiratory rate

Field Values
• Up to two-digit numeric value

Additional Information
• Measured in breaths per minute
• If patient requires mechanical assistance, then document the unassisted rate only, not the assisted rate

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
O2 SAT

**Definition**
Numeric value of the patient’s oxygen saturation

**Field Values**
- Up to three-digit value from 0 to 100

**Uses**
- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**
- EMS provider
PAIN

Definition
Numeric value indicating the patient’s subjective pain level

Field Values

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Pain</td>
<td>6</td>
</tr>
<tr>
<td>1</td>
<td>Some Discomfort</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Some Discomfort</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>Having Discomfort</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Having Discomfort</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Mild Pain</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information
- Pain level should be assessed and recorded with each set of vital signs, whenever trauma or pain is the chief complaint, a mechanism of injury exists, and before and after administration of pain medication
- When assessing non-verbal patients, the “Faces Pain Scale” may be used to obtain the corresponding numeric pain score
- The “Faces Pain Scale” assessment tool is on the back of the red copy

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
CO2

Definition
Numeric value indicating the subsequent concentration of carbon dioxide measured by the capnometer, if applicable

Field Values
• Up to two-digit value

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
MEDICATION/ DEFIBRILLATION
TIME

Definition
Time of day when medication or treatment was administered and/or when a subsequent 3-lead rhythm was read from the cardiac monitor

Field Values
• Collected as HHMM
• Use 24-hour clock

Additional Information
• The exact time for each defibrillation/cardioversion, as well as the joules, must be noted separately

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
TM #

Definition
The number of the team member who administered medication or treatment to the patient and/or who read the subsequent 3-lead rhythm from the cardiac monitor.

Field Values
- Free text

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
RHYTHM

Definition
Two- or three-letter code indicating the patient’s subsequent rhythm(s) on the cardiac monitor, if applicable

Field Values

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1HB</td>
<td>First degree Heart Block</td>
</tr>
<tr>
<td>3HB</td>
<td>Third degree Heart Block</td>
</tr>
<tr>
<td>AFL</td>
<td>Atrial Flutter</td>
</tr>
<tr>
<td>ASY</td>
<td>Asystole</td>
</tr>
<tr>
<td>IV</td>
<td>Idioventricular Rhythm</td>
</tr>
<tr>
<td>PAT</td>
<td>Paroxysmal Atrial Tachycardia</td>
</tr>
<tr>
<td>PM</td>
<td>Pacemaker Rhythm</td>
</tr>
<tr>
<td>PVC</td>
<td>Premature Ventricular Contraction</td>
</tr>
<tr>
<td>SB</td>
<td>Sinus Bradycardia</td>
</tr>
<tr>
<td>ST</td>
<td>Sinus Tachycardia</td>
</tr>
<tr>
<td>VF</td>
<td>Ventricular Fibrillation</td>
</tr>
<tr>
<td>2HB</td>
<td>Second degree Heart Block</td>
</tr>
<tr>
<td>AFI</td>
<td>Atrial Fibrillation</td>
</tr>
<tr>
<td>AGO</td>
<td>Agonal Rhythm</td>
</tr>
<tr>
<td>AVR</td>
<td>Accelerated Ventricular Rhythm</td>
</tr>
<tr>
<td>JR</td>
<td>Junctional Rhythm</td>
</tr>
<tr>
<td>PAC</td>
<td>Premature Atrial Contraction</td>
</tr>
<tr>
<td>PEA</td>
<td>Pulseless Electrical Activity</td>
</tr>
<tr>
<td>PST</td>
<td>Paroxysmal Supraventricular Tachycardia</td>
</tr>
<tr>
<td>SA</td>
<td>Sinus Arrhythm</td>
</tr>
<tr>
<td>SR</td>
<td>Sinus Rhythm</td>
</tr>
<tr>
<td>SVT</td>
<td>Supraventricular Tachycardia</td>
</tr>
<tr>
<td>VT</td>
<td>Ventricular Tachycardia</td>
</tr>
</tbody>
</table>

Additional Information
- Cardiac rhythm should be assessed, and documented here any time a change is noted, or after any cardiac-related treatments
- ECG Codes are found on the back of the red copy

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
MEDS/DEFIB

Definition
The medication, defibrillation and/or cardioversion administered to the patient

Field Values

<table>
<thead>
<tr>
<th>MEDS/DEFIB Field Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
</tr>
<tr>
<td>AED</td>
</tr>
<tr>
<td>ALB</td>
</tr>
<tr>
<td>AMI</td>
</tr>
<tr>
<td>ASA</td>
</tr>
<tr>
<td>ATR</td>
</tr>
<tr>
<td>BEN</td>
</tr>
<tr>
<td>BIC</td>
</tr>
<tr>
<td>CAL</td>
</tr>
<tr>
<td>CAR</td>
</tr>
<tr>
<td>COL</td>
</tr>
<tr>
<td>D10</td>
</tr>
<tr>
<td>DEF</td>
</tr>
<tr>
<td>EPI</td>
</tr>
<tr>
<td>P-EPI</td>
</tr>
<tr>
<td>FEN</td>
</tr>
<tr>
<td>GLP</td>
</tr>
<tr>
<td>GLU</td>
</tr>
<tr>
<td>IVU</td>
</tr>
<tr>
<td>LID</td>
</tr>
<tr>
<td>MID</td>
</tr>
<tr>
<td>MORPHINE</td>
</tr>
<tr>
<td>NAR</td>
</tr>
<tr>
<td>NS</td>
</tr>
<tr>
<td>NTG</td>
</tr>
<tr>
<td>OND</td>
</tr>
<tr>
<td>SL</td>
</tr>
</tbody>
</table>

Additional Information
- Each drug/defibrillation ordered should be written on a separate line so that dose and results can be clearly documented
- Medication/Defibrillation codes are found on the back of the red copy

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
DOSE

Definition
The medication dosage administered or the number of joules delivered during defibrillation/cardioversion

Field Values
- Up to three-digit positive numeric value

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
DOSE UNITS

Definition
The units of medication administered or the joules delivered during defibrillation/cardioversion

Field Values
- gm: grams
- J: joules
- mcg: micrograms
- mEq: milliequivalent
- mg: milligrams
- mL: milliliter

Data Source Hierarchy
- EMS provider
ROUTE

Definition
Two-letter code indicating the route of medication administration

Field Values
- **IV**: Intravenous
- **IO**: Intraosseous
- **SQ**: Subcutaneous
- **IM**: Intramuscular
- **PO**: By Mouth (per os) / oral disintegrating tablets (ODT)
- **IN**: Intranasal/Inhalation (e.g., HHN)
- **SL**: Sublingual

Additional Information
- Medication Route codes are found on the back of the red copy

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
RESULT

Definition
The effect the medication or treatment had on the patient

Field Values

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Pain</td>
</tr>
<tr>
<td>1</td>
<td>Some Discomfort</td>
</tr>
<tr>
<td>2</td>
<td>Some Discomfort</td>
</tr>
<tr>
<td>3</td>
<td>Having Discomfort</td>
</tr>
<tr>
<td>4</td>
<td>Having Discomfort</td>
</tr>
<tr>
<td>5</td>
<td>Mild Pain</td>
</tr>
<tr>
<td>-</td>
<td>Deteriorated</td>
</tr>
<tr>
<td>6</td>
<td>Moderate Pain</td>
</tr>
<tr>
<td>7</td>
<td>Moderate Pain</td>
</tr>
<tr>
<td>8</td>
<td>Severe Pain</td>
</tr>
<tr>
<td>9</td>
<td>Severe Pain</td>
</tr>
<tr>
<td>10</td>
<td>Most Severe Pain</td>
</tr>
<tr>
<td>N</td>
<td>No Change</td>
</tr>
<tr>
<td>+</td>
<td>Improved</td>
</tr>
</tbody>
</table>

Additional Information
- When documenting the effects of pain medication, the numeric scale (not the up/down arrows) must be used
- Any adverse effects must be noted in the Comments Section

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
TRANSFER OF CARE
CONDITION ON TRANSFER

Definition
Area of form used to document the patient’s condition when care is transferred to another EMS provider or to a receiving facility.

Field Values
• Free text

Additional Information
• Use this area to provide a brief summary of the patient’s condition.

Uses
• Provides documentation of assessment and/or care
• Assists with determination of appropriate treatment and transport
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
MORPHINE

Definition
Amount of morphine given and wasted, if applicable

Field Values
- Given: ____mg
- Wasted: ____mg

Additional Information
- A registered nurse from the receiving facility who witnessed the wastage must print and sign their name in the space provided

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
MIDAZOLAM

Definition
Amount of midazolam given and wasted, if applicable

Field Values
• Given: _____mg
• Wasted: _____mg

Additional Information
• A registered nurse from the receiving facility who witnessed the wastage must print and sign their name in the space provided

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
FENTANYL

Definition
Amount of fentanyl given and wasted, if applicable

Field Values
- Given: _____mcg
- Wasted: _____mcg

Additional Information
- A registered nurse from the receiving facility who witnessed the wastage must print and sign their name in the space provided

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
TOTAL IV/IO FLUIDS RECEIVED

Definition
The total amount of intravenous or intraosseous fluids the patient received prior to arrival at the receiving facility

Field Values
• Up to four-digit numeric value

Additional Information
• IV/IO fluid challenge volume should also be documented here

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
CARE TRANSFERRED TO

Definition
The level of care the patient was transferred to

Field Values
- ALS: Care of the patient was transferred to an ALS provider
- BLS: Care of the patient was transferred to a BLS provider
- Helicopter: Care of the patient was transferred to the helicopter crew
- Facility: Care of the patient was transferred to the receiving facility

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
TRANSFER VS TIME

Definition
Time of day vital signs were obtained for transfer of care

Field Values
- Collected as HHMM
- Use 24-hour clock

Uses
- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
TM #

Definition
The number of the team member who transferred care of the patient

Field Values
- Free text

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
BP

Definition
Numeric values of the patient’s systolic and/or diastolic blood pressure

Field Values
• Up to three-digit numeric value
• Documented as numeric systolic value / numeric diastolic value

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
PULSE

Definition
Numeric value of the patient’s pulse rate at transfer of care

Field Values
- Up to three-digit numeric value

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
RR

Definition
Numeric value of the patient’s unassisted respiratory rate at transfer of care

Field Values
- Up to two-digit numeric value

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
O2 SAT

Definition
Numeric value of the patient’s oxygen saturation at transfer of care

Field Values
• Up to three-digit value from 0 to 100

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
CO2

Definition
Numeric CO2 measurement from the capnometer at transfer of care

Field Values
• Up to two-digit value

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
RHYTHM

Definition
Two- or three-letter code indicating the patient’s subsequent rhythm on the cardiac monitor

Field Values

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<td>First degree Heart Block</td>
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<td>Atrial Fibrillation</td>
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<tr>
<td>3HB</td>
<td>Third degree Heart Block</td>
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<td>Agonal Rhythm</td>
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<tr>
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<td></td>
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</tr>
<tr>
<td>2HB</td>
<td>Second degree Heart Block</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
CPAP PRESSURE

**Definition**
Numeric pressure reading from the CPAP device at transfer of care, if applicable

**Field Values**
- Can include up to two decimal places (format example 99.99)

**Uses**
- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**
- EMS provider
GCS E

Definition
The Glasgow Coma Scale numerical value that corresponds to the patient’s eye opening response to stimuli at transfer of care

Field Values
- **4**: Spontaneous – opens eyes spontaneously, no stimuli required
- **3**: To Verbal – opens eyes only when spoken to or asked
- **2**: To Pain – opens eyes only in response to noxious stimuli such as sternal rub or nail bed pressure
- **1**: None – patient does not open eyes in response to noxious stimuli

Additional Information
- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

Uses
- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
GCS V

**Definition**

The Glasgow Coma Scale numerical value that corresponds to the patient’s verbal response to stimuli at transfer of care

**Field Values – Adult and Verbal Pediatric Patients**

- 5: Oriented x 3 – patient is oriented to person, time, and place
- 4: Confused – patient may respond to questions coherently, but is disoriented or confused
- 3: Inappropriate – random words or speech unrelated to questions or conversation
- 2: Incomprehensible – makes incoherent sounds or moans only
- 1: None – patient has no verbal response to noxious stimuli

**Field Values – Infants and Toddlers**

- 5: Smiles and tracks objects, speech appropriate for age
- 4: Cries but consolable, or confused
- 3: Inconsistently consolable, or random words
- 2: Moaning, incoherent sounds only
- 1: No verbal response to noxious stimuli

**Additional Information**

- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

**Uses**

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**

- EMS provider
GCS M

Definition
The Glasgow Coma Scale numerical value that corresponds to the patient’s motor response to stimuli at transfer of care

Field Values
- **6**: Obedient – obeys verbal commands / spontaneous purposeful movement
- **5**: Purposeful – purposeful movement is made in response to noxious stimuli (e.g., attempts to push away or grab source of stimuli
- **4**: Withdrawal – withdraws body part from source of noxious stimuli
- **3**: Flexion – extremities move towards body core in response to noxious stimuli (decorticate posturing)
- **2**: Extension – extremities move away from body core in response to noxious stimuli (decerebrate posturing)
- **1**: None – patient has no motor response to noxious stimuli

Additional Information
- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

Uses
- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
GCS TOTAL

Definition
Sum of the three numerical values documented for each element of the patient’s Glasgow Coma Scale score at transfer of care

Field Values
- One- or two-digit numeric value between 3 and 15

Additional Information
- Maximum total score is 15, which is considered normal. Minimum score possible is 3, which may indicate severe or fatal brain injury
  - 3 to 8 may indicate severe brain injury
  - 9 to 13 may indicate moderate brain injury
  - 14 or 15 may indicate mild or no brain injury
- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
SIGNATURE TM COMPLETING FORM

Definition
Signature of the ALS team members who have primary responsibility for the patient or ALS/BLS members who have completed the form

Field Values
- Free text

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
ADVANCED LIFE SUPPORT CONTINUATION FORM
INCIDENT INFORMATION SECTION

Definition
The top section of the ALS Continuation Form that needs to be completely filled out if an ALS Continuation Form is used.

Field Values
- Date: Date of the incident, enter in MMDDYYYY format
- Provider Code: Two letter code of the provider agency responding to the incident
- Unit: Unit letter and number designation for the responding provider unit
- Seq. #: Must exactly match the original EMS Form
- Sec. Seq. #: When applicable - should only be filled in when two provider agencies have participated in the run and each has completed their own EMS Report Form
- Patient Name: The patient’s first and last name
- Incident #: Incident number assigned by the 911 or Dispatch Center

Additional Information
- Complete each area accurately

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
VITAL SIGNS AND MEDICATION/DEFIB SECTION

Definition
The section of the ALS Continuation Form that needs to be completely filled out when additional vital signs are taken or medications are given.

Field Values

Vital Signs:
- **Time**: Time of day the patient’s vitals are obtained
- **SBP**: Numeric value of the patient’s systolic blood pressure
- **DBP**: Numeric value of the patient’s diastolic blood pressure
- **P**: Numeric value of the patient’s pulse rate
- **R**: Numeric value of the patient’s unassisted respiratory rate
- **SpO2**: Numeric value of the patient’s oxygen saturation
- **Pain (0-10)**: Numeric value indicating the patient’s subjective pain level

Meds/Defib:
- **Time**: Time of day when medication or treatment was administered and/or when a subsequent 3-lead rhythm was read from the cardiac monitor
- **TM#**: The number of the team member who administered medication or treatment to the patient and/or who read the subsequent 3-lead rhythm from the cardiac monitor
- **ECG**: Two- or three-letter code indicating the patient’s subsequent rhythm(s) on the cardiac monitor, if applicable
- **Med/Defib**: The medication, defibrillation, and/or cardioversion administered to the patient
- **Dose**: The medication dosage administered or the joules delivered during defibrillation/cardioversion
- **Route**: Two-letter code indicating the route of medication administration
- **Result**: The effect the medication or treatment had on the patient

Additional Information
- Complete this section in the same way as the Vitals and Meds/Defib sections of the EMS Report Form

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
REASON FOR ADVANCED AIRWAY

Definition
The reason(s) that the patient needs an advanced airway

Field Values
- Resp Arrest
- Cardiopulmonary Arrest
- HYpoventilation
- Profoundly Altered
- OTher

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
PM #

Definition
The identification number of the team member who attempted endotracheal tube or King LTS-D placement on the patient

Field Values
• Free text

Additional Information
• The format used for Paramedics is “P” followed by the L.A. County issued accreditation number– example P1234

Uses
• Provides documentation of assessment and/or care
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
SUCCESS

Definition
Checkbox indicating whether endotracheal tube or King LTS-D placement was successful

Field Values
- Y: Yes
- N: No

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
TIME ET/KING START

Definition
Time of day endotracheal tube or King LTS-D placement attempt was started

Field Values
- Collected as HHMM
- Use 24-hour clock

Uses
- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
TIME ET/KING SUCCESS

Definition
Time of day endotracheal tube/King LTS-D placement was successfully completed

Field Values
- Collected as HHMM
- Use 24-hour clock

Uses
- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
Definition
The size of the endotracheal tube or King LTS-D placed

Field Values
- Up to three-digit numeric value

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
DIFFICULT AIRWAY TECHNIQUES

Definition
Checkbox indicating techniques utilized to assist with endotracheal tube or King LTS-D placement

Field Values
- Flex Guide
- External Laryngeal Manipulation

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
TUBE PLACEMENT MARK AT TEETH

Definition
The centimeter mark at the teeth as a result of endotracheal tube or King LTS-D placement

Field Values
- Two-digit numeric value

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
COMPLICATION(S) DURING TUBE PLACEMENT

Definition
Checkbox indicating complication(s) that occurred during endotracheal tube or King airway insertion

Field Values
- **None**: No complications were encountered during advanced airway placement
- **Emesis/Secretions/Blood**: Excess emesis or secretions hampered advanced airway placement
- **Gastric Distention**: Gastric distention was observed
- **Clenching**: Patient clenched down as advanced airway placement was attempted
- **Anatomy**: Anatomical factors affected advanced airway placement
- **Gag Reflex**: Patient had a gag reflex, which hampered advanced airway placement
- **OTher**: Other complications encountered that are not listed above

Additional Information
- If “None” is marked, do not mark any other checkboxes
- If “None” is not marked, check all that apply

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
INITIAL ADVANCED AIRWAY PLACEMENT CONFIRMATION

Definition
Checkbox indicating the method utilized to confirm correct endotracheal tube or King LTS-D placement

Field Values
- **Bilateral Breath Sounds**: Patient had bilateral breath sounds following advanced airway placement
- **Bilateral Chest Rise**: Bilateral chest rise is observed following advanced airway placement
- **Absent Gastric Sounds**: No breath sounds are auscultated over the gastric area following advanced airway placement
- **EID No Resistance**: The EID is used to check advanced airway placement

Additional Information
- Mark all that apply

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
CAPNOGRAPHY MEASUREMENT

Definition
The numeric CO₂ measurement from the capnometer after endotracheal tube or King LTS-D placement

Field Values
• Up to two-digit numeric value

Uses
• Provides documentation of assessment and/or care
• Assists with determination of appropriate treatment
• System evaluation and monitoring

Data Source Hierarchy
• EMS provider
EtCO₂ DETECTOR COLORIMETRIC

Definition
Checkbox indicating the color observed when the carbon dioxide colorimetric device is used after endotracheal tube or King LTS-D placement

Field Values
- Y: Yellow
- T: Tan
- P: Purple

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
WAVEFORM CAPNOGRAPHY

Definition
Indicates whether or not a waveform is observed on the capnography tracing

Field Values
- **Y**: Yes
- **N**: No

Additional Information
- Attach a printout of the waveform Capnography to the ALS Continuation Form

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
ONGOING ADVANCED AIRWAY PLACEMENT CONFIRMATION
ONGOING VERIFICATION TIME

 Definition
 Time of day endotracheal tube or King LTS-D placement is verified

 Field Values
 • Collected as HHMM
 • Use 24-hour clock

 Uses
 • Establishes care intervals and incident timelines
 • Provides documentation of assessment and/or care
 • Assists with determination of appropriate treatment
 • System evaluation and monitoring

 Data Source Hierarchy
 • EMS provider
ONGOING VERIFICATION VALUE

Definition
Checkbox indicating the result of the ongoing verification endotracheal tube or King LTS-D placement assessment

Field Values
- **Verified Correct PlaCement**: Tube placement is correct upon reassessment
- **Suspected Dislodgement**: Tube seems to have dislodged upon patient movement

Additional Information
- If dislodgment is suspected, comment on the measures taken to correct the situation (tube removed, patient re-intubated, etc.)

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
SPONTANEOUS RESPIRATIONS

Definition
Checkbox indicating whether the patient had spontaneous respirations upon transfer of care

Field Values
- \textbf{Y}: Yes
- \textbf{N}: No

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
ONGOING VERIFICATION TIME

Definition
Time of day endotracheal tube or King LTS-D placement is verified

Field Values
- Collected as HHMM
- Use 24-hour clock

Uses
- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
ONGOING VERIFICATION VALUE

Definition
Checkbox indicating the result of the ongoing verification endotracheal tube or King LTS-D placement assessment

Field Values
- **Verified Correct Placement**: Tube placement is correct upon reassessment
- **Suspected Dislodgement**: Tube seems to have dislodged upon patient movement

Additional Information
- If dislodgment is suspected, comment on the measures taken to correct the situation (tube removed, patient re-intubated, etc.)

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
SPONTANEOUS RESPIRATIONS

Definition
Checkbox indicating whether the patient had spontaneous respirations upon transfer of care

Field Values
- **Y**: Yes
- **N**: No

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
REASON ALS AIRWAY UNABLE
REASON(S) ALS AIRWAY UNABLE

Definition
Checkboxes indicating the reason(s) an advanced ALS airway was unable to be inserted

Field Values
- Positive Gag Reflex
- Anatomy
- Blood/Secretions
- Unable to visualize Cords
- Unable to visualize Epiglottis
- Equipment Failure
- Logistical/Environmental Issues

Additional Information
- Mark all that apply
- Describe any logistical/environmental issues (patient access, safety hazards, etc.) encountered on the line provided
- If an advanced airway was not possible, the patient should be ventilated using a bag-mask-device

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
CARDIAC ARREST/ RESUSCITATION
RESTORATION OF PULSE TIME

Definition
Time of day when return of spontaneous circulation (ROSC) occurred

Field Values
- Collected as HHMM
- Use 24-hour clock

Additional Information
- Document even if the pulses are lost prior to arrival at the receiving facility
- Patients in non-traumatic cardiac arrest with ROSC in the field should be transported to the nearest available STEMI Receiving Center (SRC)

Uses
- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
RESUSCITATION D/C BY BASE

Definition
Time of day when patient was pronounced dead by the base hospital physician

Field Values
- Collected as HHMM
- Use 24-hour clock

Additional Information
- Do not use this field to document time EMS personnel terminated resuscitation in the field

Uses
- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
PRONOUNCED BY

Definition
The name of the base hospital physician that pronounced the patient dead

Field Values
- Free text

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
PRONOUNCED RHYTHM

Definition
Two- or three-letter code identifying the cardiac rhythm reported when the patient was pronounced dead or resuscitation was terminated

Field Values

<table>
<thead>
<tr>
<th>AGO</th>
<th>Agonal Rhythm</th>
<th>PEA</th>
<th>Pulseless Electrical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASY</td>
<td>Asystole</td>
<td>VF</td>
<td>Ventricular Fibrillation</td>
</tr>
<tr>
<td>IV</td>
<td>Idioventricular Rhythm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information
- PEA is not a defined rhythm, but rather a finding that may be present at time of pronouncement where electrical activity and/or rhythm seen on the cardiac monitor does not produce a palpable pulse or auscultatable heartbeat

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
Definition
Area used to describe any special or unusual circumstances that may have occurred during the attempted resuscitation

Field Values
- Free text

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
VERIFICATION OF TUBE PLACEMENT
VERIFICATION TECHNIQUE(S)

Definition
Checkbox indicating the technique(s) utilized by the receiving facility physician to confirm endotracheal tube or King LTS-D placement

Field Values
- V: Visualization
- A: Auscultation
- E: EtCO2
- X: X-Ray

Additional Information
- Technique may be identified by ED physician (or designee)
- May attach a copy of the waveform Capnography printout as an alternate means of verifying tube placement (physician signature is not required if waveform is attached)

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
PLACEMENT

Definition
The receiving facility physician’s determination of the anatomical position of the endotracheal tube or King LTS-D placed by EMS personnel

Field Values
- **T:** Trachea
- **E:** Esophagus
- **R:** Right Main

Additional Information
- May attach a copy of the waveform Capnography printout as an alternate means of verifying tube placement (physician signature is not required if waveform is attached)

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
SIGNED VERIFICATION

Definition
Checkbox indicating whether or not a signed verification of endotracheal tube or King LTS-D placement was obtained by EMS personnel

Field Values
- **Y**: Yes
- **N**: No

Additional Information
- May attach a copy of the waveform Capnography printout as an alternate means of verifying tube placement (physician signature is not required if waveform is attached)

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS provider
APPENDIX
## PROVIDER IMPRESSION DEFINITIONS

<table>
<thead>
<tr>
<th>Provider Impression (PI) Name</th>
<th>PI Code</th>
<th>Treatment Protocol (TP)</th>
<th>TP Code</th>
<th>Guidelines for use of PI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain/Problems (GI/GU)</td>
<td>ABOP</td>
<td>GI/GU Emergencies</td>
<td>1205 1208-P</td>
<td>For any pain or problem in the abdominal/flank region that does not have a more specific PI, includes post-surgical complications.</td>
</tr>
<tr>
<td>Agitated Delirium</td>
<td>AGDE</td>
<td>Agitated Delirium</td>
<td>1208-P</td>
<td>For Agitated Delirium only. NOT for psychiatric emergencies or other causes of agitation without delirium.</td>
</tr>
<tr>
<td>Airway Obstruction/Choking</td>
<td>CHOK</td>
<td>Airway Obstruction</td>
<td>1234-P</td>
<td>For any upper airway emergency including choking, foreign body, swelling, stridor, croup, and obstructed tracheostomy.</td>
</tr>
<tr>
<td>Alcohol Intoxication</td>
<td>ETOH</td>
<td>Overdose/Poisoning/Ingestion</td>
<td>1241-P</td>
<td>For alcohol intoxication if it is the primary problem. Use of secondary PI if the patient has another acute emergency.</td>
</tr>
<tr>
<td>Allergic Reaction</td>
<td>ALRX</td>
<td>Allergy</td>
<td>1219-P</td>
<td>For any simple allergic reaction that is isolated to the skin (hives/urticarial only) and does not meet definition of anaphylaxis.</td>
</tr>
<tr>
<td>ALOC - Not Hypoglycemia or Seizure</td>
<td>ALOC</td>
<td>ALOC</td>
<td>1229-P</td>
<td>For altered mental status not attributed to a more specific PI (i.e., cause unknown). Use as secondary PI when cause known.</td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>ANPH</td>
<td>Allergy</td>
<td>1219-P</td>
<td>For anaphylaxis.</td>
</tr>
<tr>
<td>Behavioral/Psychiatric Crisis</td>
<td>PSYC</td>
<td>Behavioral/Psychiatric Crisis</td>
<td>1209-P</td>
<td>For psychiatric crisis that is the primary problem. NOT for anxiety/agitation secondary to medical etiology, use PI related to medical issue.</td>
</tr>
<tr>
<td>Body Pain – Non-Traumatic</td>
<td>BPNT</td>
<td>General Medical</td>
<td>1202-P</td>
<td>For pain not related to trauma that is not localized to chest, abdomen, head, or extremity.</td>
</tr>
<tr>
<td>BRUE</td>
<td>BRUE</td>
<td>BRUE</td>
<td>1235-P</td>
<td>For a brief resolved unexplained event (BRUE). Patient must be ≤12 months of age and back to baseline on assessment.</td>
</tr>
<tr>
<td>Burns</td>
<td>BURN</td>
<td>Burns</td>
<td>1220-P</td>
<td>For any burn injury to skin. For inhalation injury use PI Inhalation Injury. Use with PI Traumatic Injury if other trauma present.</td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td>COMO</td>
<td>Carbon Monoxide Exposure</td>
<td>1238-P</td>
<td>For suspected or known carbon monoxide exposure.</td>
</tr>
<tr>
<td>Cardiac Arrest – Non-traumatic</td>
<td>CANT</td>
<td>Cardiac Arrest</td>
<td>1210-P</td>
<td>For non-traumatic cardiac arrest in which any resuscitation is initiated, NOT dead on arrival.</td>
</tr>
<tr>
<td>Provider Impression (PI) Name</td>
<td>PI Code</td>
<td>Treatment Protocol (TP)</td>
<td>TP Code</td>
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<tr>
<td>-------------------------------</td>
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</tr>
<tr>
<td>Cardiac Dysrhythmia</td>
<td>DYSR</td>
<td>Cardiac Dysrhythmia – Bradycardia</td>
<td>1212 1212-P</td>
<td>For any bradycardic rhythm &lt;60bpm.</td>
</tr>
<tr>
<td>Cardiac Dysrhythmia</td>
<td>DYSR</td>
<td>Cardiac Dysrhythmia – Tachycardia</td>
<td>1213 1213-P</td>
<td>For any tachydysrhythmia and for sinus tachycardia (ST) of unclear etiology. NOT for ST secondary to known cause – use more specific PI (e.g., Fever).</td>
</tr>
<tr>
<td>Chest Pain – Not Cardiac</td>
<td>CPNC</td>
<td>General Medical</td>
<td>1202 1202-P</td>
<td>For musculoskeletal and pleuritic pain and any chest pain that is NOT of possible cardiovascular etiology.</td>
</tr>
<tr>
<td>Chest Pain – STEMI</td>
<td>CPMI</td>
<td>Cardiac Chest Pain</td>
<td>1211</td>
<td>For any suspected STEMI, with or without chest pain.</td>
</tr>
<tr>
<td>Chest Pain – Suspected Cardiac</td>
<td>CPSC</td>
<td>Cardiac Chest Pain</td>
<td>1211</td>
<td>For any chest pain that is of possible cardiovascular etiology but NOT STEMI (e.g., NSTEMI, pericarditis, dissection).</td>
</tr>
<tr>
<td>Childbirth (Mother)</td>
<td>BRTH</td>
<td>Childbirth (Mother)</td>
<td>1215 1215-P</td>
<td>For delivery or imminent delivery of a fetus beyond the first trimester (12 weeks). For &lt;12 weeks use PI Pregnancy Complications.</td>
</tr>
<tr>
<td>Cold / Flu Symptoms</td>
<td>COFL</td>
<td>General Medical</td>
<td>1202 1202-P</td>
<td>For minor respiratory illness in a patient without shortness of breath or wheezing; must have normal respiratory rate and O₂ sat (if available).</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>DRHA</td>
<td>GI/GU Emergencies</td>
<td>1205</td>
<td>For diarrhea without bleeding. NOT for melena, use PI Upper GI Bleeding.</td>
</tr>
<tr>
<td>Dizziness/Vertigo</td>
<td>DIZZ</td>
<td>Dizziness/Vertigo</td>
<td>1230 1230-P</td>
<td>For lightheadedness or vertigo, without syncope.</td>
</tr>
<tr>
<td>DOA – Obvious Death</td>
<td>DEAD</td>
<td>Cardiac Arrest</td>
<td>1210 1210-P</td>
<td>For non-traumatic cardiac arrest found dead on arrival such that no resuscitation is initiated.</td>
</tr>
<tr>
<td>Dystonic Reaction</td>
<td>DYRX</td>
<td>Dystonic Reaction</td>
<td>1239 1239-P</td>
<td>For suspected dystonic reaction (i.e., reaction, typically from antipsychotic medications, causing abnormal contraction of head and neck muscles.)</td>
</tr>
<tr>
<td>Electrocution</td>
<td>ELCT</td>
<td>Electrocution</td>
<td>1221 1221-P</td>
<td>For any electrocution injury.</td>
</tr>
<tr>
<td>ENT / Dental Emergencies</td>
<td>ENTP</td>
<td>ENT / Dental Emergencies</td>
<td>1226 1226-P</td>
<td>For a problem located in the ear, nose, throat area, except NOT epistaxis – use PI Epistaxis, NOT airway obstruction – use PI Airway Obstruction.</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>NOBL</td>
<td>ENT / Dental Emergencies</td>
<td>1226 1226-P</td>
<td>For any bleeding from the nares.</td>
</tr>
<tr>
<td>Extremity Pain/ Swelling – Non-Traumatic</td>
<td>EXNT</td>
<td>General Medical</td>
<td>1202 1202-P</td>
<td>For pain, swelling, or other non-traumatic problem of an extremity, includes rashes and non-traumatic bleeding (e.g., varicose vein bleed).</td>
</tr>
<tr>
<td>Eye Problem – Unspecified</td>
<td>EYEP</td>
<td>Eye Problem</td>
<td>1228 1228-P</td>
<td>For any pain or problem of the eye or periorbital region, use with PI Traumatic Injury if a traumatic mechanism.</td>
</tr>
<tr>
<td>Provider Impression (PI) Name</td>
<td>PI Code</td>
<td>Treatment Protocol (TP)</td>
<td>TP Code</td>
<td>Guidelines for use of PI</td>
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<tr>
<td>-------------------------------</td>
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<td>-------------------------</td>
</tr>
<tr>
<td>Fever</td>
<td>FEVR</td>
<td>Fever</td>
<td>1204</td>
<td>For reported or tactile fever that is NOT suspected sepsis. For sepsis use PI Sepsis.</td>
</tr>
<tr>
<td>Genitourinary Disorder – Unspecified</td>
<td>GUDO</td>
<td>GI/GU Emergencies</td>
<td>1205</td>
<td>For urinary or genital related complaints, except NOT vaginal bleeding – use PI Vaginal Bleeding, NOT trauma-related – use PI Traumatic Injury.</td>
</tr>
<tr>
<td>HazMat Exposure</td>
<td>DCON</td>
<td>HAZMAT</td>
<td>1240</td>
<td>For any hazardous material (chemical) exposure. May use with another PI (e.g., Inhalation Injury or Burns) when applicable.</td>
</tr>
<tr>
<td>Headache – Non-Traumatic</td>
<td>HPNT</td>
<td>General Medical</td>
<td>1202</td>
<td>For non-traumatic headache or head pain.</td>
</tr>
<tr>
<td>Hyperglycemia</td>
<td>HYPR</td>
<td>Diabetic Emergencies</td>
<td>1203</td>
<td>For patients with primary concern for hyperglycemia and/or associated symptoms (blurred vision, frequent urination or thirst) without more specific PI and those requiring field treatment. DO NOT list for incidental finding of hyperglycemia related to another illness.</td>
</tr>
<tr>
<td>Hypertension</td>
<td>HYTN</td>
<td>General Medical</td>
<td>1202</td>
<td>For patients with primary concern for hypertension without symptoms related to a more specific PI. For symptomatic patients, use related PI as primary (e.g., Headache – Non-traumatic) and Hypertension as secondary. DO NOT list for incidental finding of hypertension.</td>
</tr>
<tr>
<td>Hyperthermia</td>
<td>HEAT</td>
<td>Hyperthermia (Environmental)</td>
<td>1222</td>
<td>For environmental exposure causing hyperthermia, e.g., heat exhaustion and heat stroke, drugs may also be a contributing factor.</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>HYPO</td>
<td>Diabetic Emergencies</td>
<td>1203</td>
<td>For glucose &lt;60mg/dL.</td>
</tr>
<tr>
<td>Hypotension</td>
<td>HOTN</td>
<td>Shock / Hypotension</td>
<td>1207</td>
<td>For SBP &lt;90mmHg in adults or &lt;70mmHg in children with transient low BP or rapidly responds to fluid resuscitation and without signs of shock.</td>
</tr>
<tr>
<td>Hypothermia / Cold Injury</td>
<td>COLD</td>
<td>Hypothermia / Cold Injury</td>
<td>1223</td>
<td>For environmental exposures causing hypothermia and/or frostbite injury.</td>
</tr>
<tr>
<td>Inhalation Injury</td>
<td>INHL</td>
<td>Inhalation Injury</td>
<td>1236</td>
<td>For any signs/symptoms related to inhaling a gas or substance other than smoke or carbon monoxide.</td>
</tr>
<tr>
<td>Lower GI Bleeding</td>
<td>LOGI</td>
<td>GI/GU Emergencies</td>
<td>1205</td>
<td>For bleeding from the rectum and/or bright red bloody stools.</td>
</tr>
<tr>
<td>Provider Impression (PI) Name</td>
<td>PI Code</td>
<td>Treatment Protocol (TP)</td>
<td>TP Code</td>
<td>Guidelines for use of PI</td>
</tr>
<tr>
<td>------------------------------</td>
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<td>-------------------------</td>
</tr>
<tr>
<td>Medical Device Malfunction – Fail</td>
<td>FAIL</td>
<td>Medical Device Malfunction</td>
<td>1206 1206-P</td>
<td>For a medical device that fails, including VADs, insulin pumps, and shunts. Usually for internal devices, may be used for ventilator failure if patient is asymptomatic. For symptomatic patients, use PI related to symptoms (e.g., Automated Internal Defibrillator firing – use PI associated with complaint such as Cardiac Dysrhythmia – Tachycardia).</td>
</tr>
<tr>
<td>Nausea / Vomiting</td>
<td>NAVM</td>
<td>GI/GU Emergencies</td>
<td>1205 1205-P</td>
<td>For any nausea or vomiting without blood. Not for adverse reaction to opiate administration by EMS, manage with primary PI/TP.</td>
</tr>
<tr>
<td>Newborn</td>
<td>BABY</td>
<td>Newborn/Neonatal</td>
<td>1216-P</td>
<td>For any newborn deliveries in the field.</td>
</tr>
<tr>
<td>No Medical Complaint</td>
<td>NOMC</td>
<td>Assessment</td>
<td>1201</td>
<td>For patients without any medical, psychiatric or traumatic complaint and no signs of illness on assessment. Usually reserved for non-transports.</td>
</tr>
<tr>
<td>Overdose/ Poisoning/Ingestion</td>
<td>ODPO</td>
<td>Overdose/ Poisoning/ Ingestion</td>
<td>1241 1241-P</td>
<td>For any intentional or unintentional overdose/poisoning by any route, includes illicit substances and prescription medications, overdose and/or adverse reactions.</td>
</tr>
<tr>
<td>Palpitations</td>
<td>PALP</td>
<td>General Medical</td>
<td>1202 1202-P</td>
<td>For any patient complaint of palpitations (e.g., rapid heart rate, skipped beats, chest fluttering) with normal rate and rhythm on the ECG.</td>
</tr>
<tr>
<td>Pregnancy Complications</td>
<td>PREG</td>
<td>Pregnancy Complication</td>
<td>1217 1217-P</td>
<td>For any pregnancy-related condition that is not labor. Includes vaginal bleeding in pregnancy, hypertension, and complications of delivery.</td>
</tr>
<tr>
<td>Pregnancy / Labor</td>
<td>LABR</td>
<td>Pregnancy Labor</td>
<td>1218 1218-P</td>
<td>For contractions without imminent childbirth.</td>
</tr>
<tr>
<td>Respiratory Arrest / Failure</td>
<td>RARF</td>
<td>Respiratory Distress</td>
<td>1237 1237-P</td>
<td>For patients requiring positive-pressure ventilation and/or hypoxia despite 100% oxygen.</td>
</tr>
<tr>
<td>Respiratory Distress / Bronchospasm</td>
<td>SOBB</td>
<td>Respiratory Distress</td>
<td>1237 1237-P</td>
<td>For COPD/asthma exacerbations and any bronchospasms/wheezing not from pulmonary edema.</td>
</tr>
<tr>
<td>Respiratory Distress / Other</td>
<td>RDOT</td>
<td>Respiratory Distress</td>
<td>1237 1237-P</td>
<td>For patients with pulmonary disease that is not edema or bronchospasm, includes suspected pneumonia, PE, pneumothorax and non-pulmonary and unknown causes of respiratory distress.</td>
</tr>
<tr>
<td>Respiratory Distress / Pulmonary Edema / CHF</td>
<td>CHFF</td>
<td>Pulmonary Edema / CHF</td>
<td>1214</td>
<td>For congestive heart failure exacerbation.</td>
</tr>
<tr>
<td>Seizure – Active</td>
<td>SEAC</td>
<td>Seizure</td>
<td>1231 1231-P</td>
<td>For seizure witnessed by EMS, whether treated or not.</td>
</tr>
<tr>
<td>Provider Impression (PI) Name</td>
<td>PI Code</td>
<td>Treatment Protocol (TP)</td>
<td>TP Code</td>
<td>Guidelines for use of PI</td>
</tr>
<tr>
<td>--------------------------------</td>
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</tr>
<tr>
<td>Seizure – Postictal</td>
<td>SEPI</td>
<td>Seizure</td>
<td>1231</td>
<td>For any seizure that stopped prior to EMS arrival and there is no further seizure activity during EMS contact.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1231-P</td>
<td></td>
</tr>
<tr>
<td>Sepsis</td>
<td>SEPS</td>
<td>Fever / Sepsis</td>
<td>1204</td>
<td>For patients with suspected sepsis (i.e., signs suggestive of sepsis including fever, tachycardia, suspected infection).</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1204-P</td>
<td></td>
</tr>
<tr>
<td>Shock</td>
<td>SHOK</td>
<td>Shock / Hypotension</td>
<td>1207</td>
<td>For patients with poor perfusion not rapidly responsive to IV fluids.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1207-P</td>
<td></td>
</tr>
<tr>
<td>Smoke Inhalation</td>
<td>SMOK</td>
<td>Inhalation Injury</td>
<td>1236</td>
<td>For patients with smoke inhalation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1236-P</td>
<td></td>
</tr>
<tr>
<td>Stings / Venomous Bites</td>
<td>STNG</td>
<td>Stings / Venomous Bites</td>
<td>1224</td>
<td>For snakes, scorpion, insects, and marine envenomations (stingrays, jelly fish). NOT for animal bites, use PI traumatic injury.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1224-P</td>
<td></td>
</tr>
<tr>
<td>Stroke / CVA / TIA</td>
<td>STRK</td>
<td>Stroke / CVA / TIA</td>
<td>1232</td>
<td>For suspected stroke or transient ischemic attack (stroke symptoms that resolve rapidly).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1232-P</td>
<td></td>
</tr>
<tr>
<td>Submersion / Drowning</td>
<td>DRWN</td>
<td>Submersion</td>
<td>1225</td>
<td>For any submersion injury, including drowning and dive (decompression) emergencies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1225-P</td>
<td></td>
</tr>
<tr>
<td>Syncope / Near Syncope</td>
<td>SYNC</td>
<td>Syncope / Near Syncope</td>
<td>1233</td>
<td>For syncope (transient loss of consciousness). NOT for cardiac arrest, use PI Cardiac Arrest – Non-traumatic only.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1233-P</td>
<td></td>
</tr>
<tr>
<td>Traumatic Arrest – Blunt</td>
<td>CABT</td>
<td>Traumatic Arrest</td>
<td>1243</td>
<td>For cardiac arrest with blunt traumatic mechanism, including those declared deceased in the field by Ref. 814. NOT for trauma sustained after cardiac arrest, use PI Cardiac Arrest – Non-traumatic.</td>
</tr>
<tr>
<td></td>
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<td>1243-P</td>
<td></td>
</tr>
<tr>
<td>Traumatic Arrest – Penetrating</td>
<td>CAPT</td>
<td>Traumatic Arrest</td>
<td>1243</td>
<td>For cardiac arrest with penetrating traumatic mechanism, including those declared deceased in the field by Ref. 814.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1243-P</td>
<td></td>
</tr>
<tr>
<td>Traumatic Injury</td>
<td>TRMA</td>
<td>Traumatic Injury</td>
<td>1242</td>
<td>For any trauma-related injury including crush injury and conducted electrical weapons (CEW). May use in addition to another PI when medical condition also present (e.g., for syncope with trauma – use PI Syncope and PI Traumatic Injury; for CEW use in patient with agitated delirium – use PI Agitated Delirium and PI Traumatic Injury).</td>
</tr>
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<td>1242-P</td>
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<td>1244</td>
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<td>1244-P</td>
<td></td>
</tr>
<tr>
<td>Upper GI Bleeding</td>
<td>UPGI</td>
<td>GI/GU Emergencies</td>
<td>1205</td>
<td>For vomiting blood or coffee ground emesis, and for melena (i.e., black, tarry stools).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1205-P</td>
<td></td>
</tr>
<tr>
<td>Vaginal Bleeding</td>
<td>VABL</td>
<td>GI/GU Emergencies</td>
<td>1205</td>
<td>For vaginal bleeding in the NON-pregnant patient. For vaginal bleeding in pregnancy use PI Pregnancy Complications.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1205-P</td>
<td></td>
</tr>
<tr>
<td>Weakness – General</td>
<td>WEAK</td>
<td>General Weakness</td>
<td>1202</td>
<td>For nonfocal weakness, general malaise, and any nonspecific ‘sick’ symptoms.</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>1202-P</td>
<td></td>
</tr>
</tbody>
</table>