BASE HOSPITAL FORM

Log #_____ Sequence #_____ ☐ Pg2

GEN INFO

Date ☐☐☐☐☐☐☐☐ Provider Code ☐☐☐
Time ☐☐☐☐ Unit_____
Location_____ ☐☐

Pt.#____of_____ Gender: ☐ M ☐ F ☐ N
Age_____ ☐ Yrs ☐ Mos ☐ Days ☐ Wks ☐ Hrs ☐ Est.
Weight_____ ☐ Kg

Peds Weight Color Code: ☐ Too Tall ☐ Too Short

Hospital Code: ☐☐☐
☐ Phone ☐ 9-1-1 Call
☐ Radio ☐ 9-1-1 RE-Triage
☐ VMED28 ☐ IFT

ASSESSMENT

PROVIDER IMPRESSION ☐☐☐☐ ☐☐☐☐ LEVEL OF DISTRESS ☐None ☐MilD ☐Moderate ☐Severe

CHIEF COMPLAINT CODES ☐☐ ☐☐ ☐☐

mLAPSS
Met: ☐ Y ☐ N
Last Known Well: _____
Date: _____
Time:

Protocol:

O/P
Q
R
S
T

LAMS Score:

Medical Hx:

Medications:

☐ NKA Allergies: DNR/AHCD/POLST? ☐ Y ☐ N ☐ Unk

PRIOR TO BASE

MEDS:
☐ADE _____ ☐FEN _____
☐ALB _____ ☐GLU/GLP _____
☐AMI _____ ☐KLC _____
☐ASA _____ ☐MID _____
☐BIC _____ ☐Morphine _____
☐CAL _____ ☐NAR _____
☐D10 _____ ☐NTG _____
☐EPI _____ ☐OND _____

TXS:
☐BMV ☐CPAP ☐ETT ☐King
☐SMR ☐GLucometer:
☐DEFibrillatedX ___ ☐CAR ☐TCP
☐AED-Analyzed ☐AED-Defibrillated
☐Needle THoracost. ☐Tourniquet(TK)
☐IV/IO Fluid ____cc ☐OTher:

PHYSICAL

LOC ☐ALERT ☐Ox3
☐Disoriented
☐Combative
☐NoT Alert
☐NorMal for Pt
☐No Response

PUPILS ☐PERL
☐Unequal
☐PInpoint
☐Fixed/Dilated
☐Cataracts
☐Sluggish

RESPIRATION ☐CLEAR ☐NORMAL rate/effort
TIDAL VOLUME: ☐ N ☐ + ☐ -
☐Wheezes ☐Labored ☐Apnea
☐Rales ☐Unequal ☐Snoring
☐RHonchi ☐JVD
☐STridor ☐Accessory Muscle Use

Capnography#:_____
Waveform? ☐Y ☐N
ADV AIRWAY
BS after ETT/King?
☐Y ☐N
ETCO$_2$? ☐+ ☐-

SKIN ☐NML
☐Pale ☐Hot
☐CooL/Cold
☐Diaphoretic
☐Cyanotic
☐Flushed

☐IUP:_____wks
☐Suspected Drugs/ETOH

GCS
Eye _____ Verbal _____ Motor _____
TOTAL GCS: Repeat GCS *(if applicable)*:

Glucometer
#1: _____ #2: _____
Glucometer Ordered? ☐ Y ☐ N

Cap Refill:
☐NoRmal
☐DElayed

ECG

Initial Rhythm: ☐☐☐
12-Lead ECG Ordered? ☐ Y ☐ N
12-Lead ECG @ ____:____
EMS Interpretation:
☐ NormaL ☐ ABnormal ☐ STEMI
Software Interpretation:
☐ NormaL ☐ ABnormal ☐ STEMI
Artifact? ☐ Y ☐ N
Wavy Baseline? ☐ Y ☐ N
Paced Rhythm? ☐ Y ☐ N

VITALS & TXS

O2@_____lpm Titrated? ☐ Y ☐ N via: ☐ NC ☐ Mask ☐ BMV ☐ BloW by ☐ EXisting Trach. ☐ ETT ☐ King ☐ CPAP
IV: ☐ SL ☐ FC:_____cc ☐ Not Ordered ☐ IV Unable ☐ Refused ☐ IO ☐ PreeXisting IV
TransCutaneous Pacing @ mA: _____ Rate: _____ Capture? ☐ Y ☐ N Needle THoracostomy? ☐ Y ☐ N
Spinal Motion Restriction? ☐ Y ☐ N CMS Intact: ☐ Before ☐ After SMR Refused? ☐ Y ☐ N ☐ Tourniquet (TK)

TIME	B/P	PULSE	RR	O2 SAT	PAIN	CO2 #	ECG	DRUG/DEFIB	SEDs past 48hrs? ☐Y ☐N	DOSE	DOSE UNITS	ROUTE	RESULT
								☐REFUSED					
								☐PRN					
								☐PRN					
								☐PRN					

ARREST

Witnessed by:
☐ Citizen ☐ EMS ☐ None
CPR by:
☐ Citizen ☐ EMS ☐ None
Arrest to CPR (in minutes) _____
Rtn of Pulse (ROSC)? ☐ Y ☐ N
Rtn of Pulse (ROSC) @ ___:___
Resus D/C @ ___:___
Resus D/C Rhythm ☐☐☐
Total Min. EMS CPR: _____

TRAUMA

☐No Apparent Injury
☐BUrns/Elec. Shock
☐Critical Burn
☐SBP <90(<70 if<1yr)
☐RR<10/>29(<20<1yr)
☐Susp. Pelvic FX
☐Spinal Cord Injury
☐Inpatient Trauma
☐Uncontrolled Bleeding

B P
☐ ☐Trauma Arrest
☐ ☐Head
☐ GCS≤14
☐ ☐Face/Mouth
☐ ☐Neck
☐ ☐Back
☐ ☐Chest
☐ Flail Chest
☐ ☐Tension Pneumo

B P
☐ ☐ Abdomen
☐ Diffuse Abd. Tenderness
☐ ☐ Genitals
☐ ☐ ButtocKs
☐ ☐ Extremities
☐ EXtrem. above knee/elbow
☐ FRactures ≥2 long bones
☐ ☐ AmputatIon above wrist/ankle
☐ ☐ Neur/Vasc/Mangled
☐ ☐ Minor Lacerations

MECHANISM

PROTECTIVE DEVICES: ☐HeLmet ☐Seat Belt ☐Air Bag ☐Car Seat/Booster

☐Enclosed Vehicle
☐EJected
☐EXtricated@___:___
☐Pass. Space Intr.☐>12"☐>18"
☐Survived Fatal Accident
☐Impact >20mph Unenclosed
☐Ped/Bike: Runover/Thrown/>20mph
☐Ped/Bike: <20mph
☐Motorcycle/Moped
☐TAser

☐SPorts/Rec
☐ASsault
☐STabbing
☐GSW
☐ANimal Bite
☐CRush
☐Telemetry Data
☐Special Consid.
☐AntiCoagulants

☐FAll ☐>15ft(>10ft Peds)
☐Self-Inflict'd/Accid.
☐Self-Inflict'd/Intent.
☐Electrical Shock
☐Thermal Burn
☐HazMat Exposure
☐Work-Related
☐UNknown
☐OTher:

MOIs: ☐☐ ☐☐ ☐☐ ☐☐

TRANSPORT

CODE all options, CHECK actual destination:	CODE	ETA
☐MAR		
☐EDAP (age ≤14)		
☐TC		
☐PTC (trauma, age ≤14)		
☐PMC (medical, age ≤14)		
☐STEMI Receiving Center		
☐PrimAry Stroke Center		
☐Comprehensive StroKe Center		
☐PeriNatal (≥20wks pregnancy)		
☐SART		
☐Other		
Time Clear		
Time Receiving Hospital Notified		
Name of Person Notified:		

CHECK ONE:
Specialty Center:
☐ Not Required
☐ Required/Criteria Met
☐ Guidelines Met

PT TRANSPORTED VIA:
☐ ALS ☐ BLS ☐ Other
☐ Helicopter - ETA: _____
☐ No Transport

DESTINATION RATIONALE:
☐ ED Saturation ☐ Internal Disaster ☐ CT Diversion ☐ IFT
SC diversion: ☐ TC/PTC ☐ PMC ☐ STEMI
☐ PrimAry Stroke Center ☐ Comprehensive StroKe Center
☐ SC Not AccessibLe ☐ JudGment *(Provider/Base)*
☐ Shared AmBulance ☐ Minimal InJuries ☐ Unmanageable Airway
☐ Requested by: ☐ Other:

REASON FOR NO TRANSPORT:
☐ AMA ☐ DOA ☐ Unwarranted ☐ T.O.R. ☐ Other
☐ Pronounced by: _____, MD

DISPO
If Base is receiving hospital: ☐ Discharged ☐ Ward ☐ Stepdown ☐ ICU ☐ ObserVation
☐ OR ☐ Cath Lab ☐ INterventional Radiology ☐ Expired in ED ☐ OB
Transferred to: _____ ☐☐☐ (Hosp. code) ☐ Other: _____
ED Diagnosis:

COMMENTS:

MICN: ☐☐☐☐ Physician: ☐☐☐☐ Patient Name/Number:

3 Hole 1/4 4 1/4 c-to-c

PROVIDER IMPRESSION CODES

ABOP	Abdominal Pain/Problems
AGDE	Agitated Delirium
CHOK	Airway Obstruction/Choking
ETOH	Alcohol Intoxication
ALRX	Allergic Reaction
ALOC	ALOC-Not Hypoglycemia or Seizure
ANPH	Anaphylaxis
PSYC	Behavioral/Psychiatric Crisis
BPNT	Body Pain-Non Traumatic
BRUE	BRUE
BURN	Burns
COMO	Carbon Monoxide
CANT	Cardiac Arrest-Non-Traumatic
DYSR	Cardiac Dysrhythmia
CPNC	Chest Pain-Not Cardiac
CPMI	Chest Pain-STEMI
CPSC	Chest Pain-Suspected Cardiac
BRTH	Childbirth (Mother)
COFL	Cold/Flu Symptoms
DRHA	Diarrhea
DIZZ	Dizziness/Vertigo
DEAD	DOA-Obvious Death
DYRX	Dystonic Reaction
ELCT	Electrocution
ENTP	ENT/Dental Emergencies
NOBL	Epistaxis
EXNT	Extremity Pain/Swelling-Non-Traumatic
EYEP	Eye Problem-Unspecified
FEVR	Fever
GUDO	Genitourinary Disorder-Unspecified
DCON	HazMat Exposure
HPNT	Headache-Non-Traumatic
HYPR	Hyperglycemia
HYTN	Hypertension
HEAT	Hyperthermia
HYPO	Hypoglycemia
HOTN	Hypotension
COLD	Hypothermia/Cold Injury
INHL	Inhalation Injury
LOGI	Lower GI Bleeding
FAIL	Medical Device Malfunction-Fail
NAVM	Nausea/Vomiting
BABY	Newborn
NOMC	No Medical Complaint
ODPO	Overdose/Poisoning/Ingestion
PALP	Palpitations
PREG	Pregnancy Complications
LABR	Pregnancy/Labor
RARF	Respiratory Arrest/Failure
SOBB	Respiratory Distress/Bronchospasm
RDOT	Respiratory Distress/Other
CHFF	Respiratory Distress/Pulmonary Edema/CHF
SEAC	Seizure-Active
SEPI	Seizure-Postictal
SEPS	Sepsis
SHOK	Shock
SMOK	Smoke Inhalation
STNG	Stings/Venomous Bites
STRK	Stroke/CVA/TIA
DRWN	Submersion/Drowning
SYNC	Syncope/Near Syncope
CABT	Traumatic Arrest-Blunt
CAPT	Traumatic Arrest-Penetrating
TRMA	Traumatic Injury
UPGI	Upper GI Bleeding
VABL	Vaginal Bleeding
WEAK	Weakness-General

PARAMEDIC PROVIDER AGENCY CODES

AA	American Professional Ambulance Corp.
AB	Ambulife Ambulance, Inc.
AF	Arcadia Fire
AH	Alhambra Fire
AN	Antelope Ambulance Service
AR	American Medical Response
AT	All Town Ambulance, LLC
AU	AmbuServe Ambulance
AV	Avalon Fire
AW	AMWest Ambulance
AZ	Ambulnz Health, Inc.
BA	Burbank Airport Fire
BF	Burbank Fire
BH	Beverly Hills Fire
CA	CARE Ambulance
CC	Culver City Fire
CF	Los Angeles County Fire
CG	US Coast Guard
CI	Los Angeles City Fire
CL	CAL-MED Ambulance
CM	Compton Fire
CO	College Coastal Care, LLC
CS	Los Angeles County Sheriff
DF	Downey Fire
EA	Emergency Ambulance
ES	El Segundo Fire
EX	Explorer 1 Ambulance & Medical Services
FC	First Care Ambulance
FM	Firstmed Ambulance Services, Inc.
FS	US Forest Service
GG	Go Green Ambulance
GL	Glendale Fire
GU	Guardian Ambulance Service
LB	Long Beach Fire
LE	Lifeline Ambulance
LH	La Habra Heights Fire
LT	Liberty Ambulance
LV	La Verne Fire
LY	Lynch EMS Ambulance
MA	Mauran Ambulance
MB	Manhattan Beach Fire
MF	Monrovia Fire
MI	MedResponse, Inc.
MO	Montebello Fire
MP	Monterey Park Fire
MR	MedReach Ambulance
MT	MedCoast Ambulance
MY	Mercy Air
PE	Premier Medical Transport
PF	Pasadena Fire
PN	PRN Ambulance, Inc.
RB	Redondo Beach Fire
RE	REACH Air Medical Service
RR	Rescue Services (Medic-1)
RY	Royalty Ambulance
SA	San Marino Fire
SG	San Gabriel Fire
SI	Sierra Madre Fire
SM	Santa Monica Fire
SO	Southern California Ambulance
SP	South Pasadena Fire
SS	Santa Fe Springs Fire
SY	Symons Ambulance
TF	Torrance Fire
TR	Trinity Ambulance
VA	Viewpoint Ambulance, Inc.
VE	Ventura County Fire
VF	Vernon Fire
WC	West Covina Fire
WE	West Coast Ambulance
WM	Westmed/McCormick Ambulance
OT	Other Provider

ECG CODES

1HB	1 Heart Block
2HB	2 Heart Block
3HB	3 Heart Block
AFI	Atrial Fibrillation
AFL	Atrial Flutter
AGO	Agonal
ASY	Asystole
AVR	Accelerated Vent. Rhythm
IV	Idioventricular Rhythm
JR	Junctional Rhythm
PAC	Premature Atrial Cont.
PEA	Pulseless Electrical Activity
PM	Pacemaker Rhythm
PVC	Premature Vent. Cont.
PST/PAT	Paroxysmal Supravent. Tach.
SA	Sinus Arrhythmia
SB	Sinus Bradycardia
SR	Sinus Rhythm
ST	Sinus Tachycardia
SVT	Supraventricular Tach.
VF	Ventricular Fib.
VT	Ventricular Tach.

MEDICAL CHIEF COMPLAINT CODES

AP	Abd/Pelvic Pain
AD	Agitated Delirium
AR	Allergic Reaction
AL	Altered LOC
AE	Apneic Episode
EH	Behavioral
OS	Bleeding Other Site
RU	Brief Resolved Unexplained Event (<12 mo.)
CA	Cardiac Arrest
CP	Chest Pain
CH	Choking/Airway Obstruction
CC	Cough/Congestion
DC	Device (Medical) Complaint
DI	Dizzy
DO	DOA
DY	Dysrhythmia
FE	Fever
FB	Foreign Body
GI	GI Bleed
HP	Head Pain
HY	Hypoglycemia
IM	Inpatient Medical
LA	Labor
LN	Local Neuro Signs
NV	Nausea/Vomiting
ND	Near Drowning
NB	Neck/Back Pain
NW	Newborn
NC	No Medical Complaint
NO	Nosebleed
OB	Obstetrics
OP	Other Pain
OD	Overdose
PS	Palpitations
PO	Poisoning
RA	Respiratory Arrest
SE	Seizure
SB	Shortness of Breath
SY	Syncope
VA	Vaginal Bleed
WE	Weak
OT	Other

LOCATION CODES

AI	Airport/Transport Center
AM	Ambulance
BA	Beach
CL	Cliff/Canyon
CO	Commercial Establishment
DC	Dialysis Center
DO	Healthcare Provider's Office/Clinic
FA	Farm/Ranch
FR	Freeway
FS	Fire Station
GY	Health Club/Gym
HO	Home
HT	Hotel
IN	Industrial/Construction Area
JA	Jail
LA	Lake
MB	Military Base
MC	Hospital/Medical Center
NH	Nursing Home
OF	Office
ON	Ocean
PA	Park
PL	Parking Lot
PO	Pool
PS	Psych Urgent Care
PV	Public Venue/Event
RA	Recreation Area
RE	Restaurant
RI	Residential Institution
RL	Religious Building
RS	Retail Store
RT	Railroad Track
RV	River
SB	Sobering Center
SC	School/College/University
ST	Street/Highway
UC	Urgent Care
WI	Wilderness Area
OT	Other

DRUG ROUTE

IV	Intravenous
IO	Intraosseous
SQ	Subcutaneous
IM	Intramuscular
PO	By Mouth/ODT
IN	Inhalation/Intranasal
SL	Sublingual

MODIFIED LAPSS CRITERIA (mLAPSS)

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

LOS ANGELES MOTOR SCALE (LAMS)

1. Facial Droop
   a. Absent = 0
   b. Present = 1
2. Arm Drift
   a. Absent = 0
   b. Drifts Down = 1
   c. Falls Rapidly = 2
3. Grip Strength
   a. Normal = 0
   b. Weak Grip = 1
   c. No Grip = 2

Total LAMS Score = Sum of assessments 1-3

9-1-1 RECEIVING HOSPITAL CODES

ACH	Alhambra Hospital Medical Center
AHM	Catalina Island Medical Center (Avalon)
AMH	**Methodist Hospital of Southern Californi**a
ANH	Anaheim Regional Medical Center (Orange Co.)
ARM	Arrowhead Regional M.C. (S.B. Co)
AVH	**Antelope Valley Hospital**
BEV	Beverly Hospital
BMC	Southern California Hospital at Culver City
CAL	**Dignity Health-California Hospital Medical Center**
CHH	Children's Hospital Los Angeles
CHI	Chino Valley Medical Center (S. Bern. Co.)
CHO	Children's Hospital of Orange County (Orange Co.)
CHP	Community Hospital of Huntington Park
CNT	Centinela Hospital Medical Center
CPM	Coast Plaza Hospital
CSM	**Cedars-Sinai Medical Center**
DCH	PIH Health Downey Hospital
DFM	Cedars-Sinai Marina Del Rey Hospital
DHL	Lakewood Regional Medical Center
DHM	Montclair Hospital Medical Center (S. Bern. Co.)
ELA	East LA Doctors Hospital
ENH	Encino Hospital Medical Center
FPH	Emanate Health Foothill Presbyterian Hospital
GAR	Garfield Medical Center
GEM	Greater El Monte Community Hospital
GMH	Dignity Health-Glendale Memorial Hospital and Health Center
GSH	PIH Health Good Samaritan Hospital
GWT	**Adventist Health-Glendale**
HCH	**Providence Holy Cross Medical Center**
HGH	**LAC Harbor-UCLA Medical Center**
HMH	**Huntington Hospital**
HMN	**Henry Mayo Newhall Memorial Hospital**
HWH	West Hills Hospital and Medical Center
ICH	Emanate Health Inter-Community Hospital
KFA	Kaiser Foundation Hospital – Baldwin Park
KFB	Kaiser Foundation Hospital – Downey
KFF	Kaiser Foundation Hospital – Fontana
KFH	Kaiser Foundation Hospital – South Bay
KFI	Kaiser Foundation Hospital – Irvine
KFL	Kaiser Foundation Hospital – Sunset (Los Angeles)
KFN	Kaiser Foundation Hospital – Ontario
KFO	Kaiser Foundation Hospital – Woodland Hills
KFP	Kaiser Foundation Hospital – Panorama City
KFW	Kaiser Foundation Hospital – West Los Angeles
KHA	Kaiser Foundation Hospital – Anaheim
LAG	Los Alamitos Medical Center (O.C.)
LBM	**MemorialCare Long Beach Medical Center**
LCH	Palmdale Regional Medical Center
LCM	**Providence Little Company of Mary Medical Center – Torrance**
LLU	Loma Linda University Medical Center (S. Bern. Co.)
LPI	La Palma Intercommunity Hospital (Orange Co.)
LRR	Los Robles Hospital and Medical Center (Ventura Co.)
MCP	Mission Community Hospital
MHG	Memorial Hospital of Gardena
MID	Olympia Medical Center
MLK	Martin Luther King, JR Community Hospital
MPH	Monterey Park Hospital
NOR	LA Community Hospital at Norwalk
NRH	**Dignity Health-Northridge Hospital Medical Center**
OTH	Other Hospital
OVM	LAC Olive View – UCLA Medical Center
PAC	Pacifica Hospital of the Valley
PIH	**PIH Health Whittier Hospital**
PLB	College Medical Center
PLH	Placentia Linda Hospital (Orange Co.)
PVC	**Pomona Valley Hospital Medical Center**
QOA	Hollywood Presbyterian Medical Center
QVH	**Emanate Health Queen of the Valley Hospital**
RCC	Ridgecrest Regional Hospital
SAC	San Antonio Community Hospital
SDC	San Dimas Community Hospital
SFM	**Saint Francis Medical Center**
SGC	San Gabriel Valley Medical Center
SIM	Simi Valley Hospital (Ventura Co.)
SJD	St. Jude Medical Center (Orange Co.)
SJH	Providence Saint John's Health Center
SJO	St. John Regional Medical Center
SJS	**Providence St. Joseph Medical Center**
SMH	Santa Monica – UCLA Medical Center
SMM	**Dignity Health-Saint Mary Medical Center**
SOC	Sherman Oaks Hospital
SPP	Providence Little Company of Mary Medical Center–San Pedro
TOR	**Torrance Memorial Medical Center**
TRM	Providence Cedars-Sinai Tarzana Medical Center
UCI	UCI Medical Center (Orange County)
UCL	**Ronald Reagan UCLA Medical Center**
USC	**LAC+USC Medical Center**
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WHH	Whittier Hospital Medical Center
WMC	Western Medical Center Santa Ana (Orange Co.)
WMH	Adventist Health-White Memorial

VA CODES (non basic)

LBV	Long Beach VA
WVA	Wadsworth

3 Hole 1/4 4 1/4 c-to-c

BASE HOSPITAL FORM

Log #_____ Sequence #_____ ☐ Pg2

GEN INFO

Date ☐☐☐☐☐☐☐☐ Provider Code ☐☐☐
Time ☐☐☐☐ Unit_____
Location_____ ☐☐

Pt.#____of_____ Gender: ☐ M ☐ F ☐ N
Age_____ ☐ Yrs ☐ Mos ☐ Days ☐ Wks ☐ Hrs ☐ Est.
Weight_____ ☐ Kg

Peds Weight Color Code: ☐ Too Tall ☐ Too Short

Hospital Code: ☐☐☐
☐ Phone ☐ 9-1-1 Call
☐ Radio ☐ 9-1-1 RE-Triage
☐ VMED28 ☐ IFT

3 Hole 1/4 4 1/4 c-to-c

ASSESSMENT

PROVIDER IMPRESSION ☐☐☐☐ ☐☐☐☐ LEVEL OF DISTRESS ☐None ☐MilD ☐Moderate ☐Severe

CHIEF COMPLAINT CODES ☐☐ ☐☐ ☐☐

mLAPSS
Met: ☐ Y ☐ N
Last Known Well: _____
Date: _____
Time:

Protocol:

O/P
Q
R
S
T

LAMS Score:

Medical Hx:

Medications:

☐ NKA Allergies: DNR/AHCD/POLST? ☐ Y ☐ N ☐ Unk

PRIOR TO BASE

MEDS:
☐ADE _____ ☐FEN _____
☐ALB _____ ☐GLU/GLP _____
☐AMI _____ ☐KLC _____
☐ASA _____ ☐MID _____
☐BIC _____ ☐Morphine _____
☐CAL _____ ☐NAR _____
☐D10 _____ ☐NTG _____
☐EPI _____ ☐OND _____

TXS:
☐BMV ☐CPAP ☐ETT ☐King
☐SMR ☐GLucometer:
☐DEFibrillatedX ___ ☐CAR ☐TCP
☐AED-Analyzed ☐AED-Defibrillated
☐Needle THoracost. ☐Tourniquet(TK)
☐IV/IO Fluid ____cc ☐OTher:

PHYSICAL

LOC ☐ALERT ☐Ox3
☐Disoriented
☐Combative
☐NoT Alert
☐NorMal for Pt
☐No Response

PUPILS ☐PERL
☐Unequal
☐PInpoint
☐Fixed/Dilated
☐Cataracts
☐Sluggish

RESPIRATION ☐CLEAR ☐NORMAL rate/effort
TIDAL VOLUME: ☐ N ☐ + ☐ -
☐Wheezes ☐Labored ☐Apnea
☐Rales ☐Unequal ☐Snoring
☐RHonchi ☐JVD
☐STridor ☐Accessory Muscle Use

Capnography#:_____
Waveform? ☐Y ☐N
ADV AIRWAY
BS after ETT/King?
☐Y ☐N
ETCO$_2$? ☐+ ☐-

SKIN ☐NML
☐Pale ☐Hot
☐CooL/Cold
☐Diaphoretic
☐Cyanotic
☐Flushed

☐IUP:_____wks
☐Suspected Drugs/ETOH

GCS
Eye _____ Verbal _____ Motor _____
TOTAL GCS: Repeat GCS *(if applicable)*:

Glucometer
#1: _____ #2: _____
Glucometer Ordered? ☐ Y ☐ N

Cap Refill:
☐NoRmal
☐DElayed

ECG

Initial Rhythm: ☐☐☐
12-Lead ECG Ordered? ☐ Y ☐ N
12-Lead ECG @ ____:____
EMS Interpretation:
☐ NormaL ☐ ABnormal ☐ STEMI
Software Interpretation:
☐ NormaL ☐ ABnormal ☐ STEMI
Artifact? ☐ Y ☐ N
Wavy Baseline? ☐ Y ☐ N
Paced Rhythm? ☐ Y ☐ N

VITALS & TXS

O2@_____lpm Titrated? ☐ Y ☐ N via: ☐ NC ☐ Mask ☐ BMV ☐ BloW by ☐ EXisting Trach. ☐ ETT ☐ King ☐ CPAP
IV: ☐ SL ☐ FC:_____cc ☐ Not Ordered ☐ IV Unable ☐ Refused ☐ IO ☐ PreeXisting IV
TransCutaneous Pacing @ mA: _____ Rate: _____ Capture? ☐ Y ☐ N Needle THoracostomy? ☐ Y ☐ N
Spinal Motion Restriction? ☐ Y ☐ N CMS Intact: ☐ Before ☐ After SMR Refused? ☐ Y ☐ N ☐ Tourniquet (TK)

TIME	B/P	PULSE	RR	O2 SAT	PAIN	CO2 #	ECG	DRUG/DEFIB	SEDs past 48hrs? ☐Y ☐N	DOSE	DOSE UNITS	ROUTE	RESULT
								☐REFUSED					
								☐PRN					
								☐PRN					
								☐PRN					

ARREST

Witnessed by:
☐ Citizen ☐ EMS ☐ None
CPR by:
☐ Citizen ☐ EMS ☐ None
Arrest to CPR (in minutes) _____
Rtn of Pulse (ROSC)? ☐ Y ☐ N
Rtn of Pulse (ROSC) @ ___:___
Resus D/C @ ___:___
Resus D/C Rhythm ☐☐☐
Total Min. EMS CPR: _____

TRAUMA

☐No Apparent Injury
☐BUrns/Elec. Shock
☐Critical Burn
☐SBP <90(<70 if<1yr)
☐RR<10/>29(<20<1yr)
☐Susp. Pelvic FX
☐Spinal Cord Injury
☐Inpatient Trauma
☐Uncontrolled Bleeding

B P
☐ ☐Trauma Arrest
☐ ☐Head
☐ GCS≤14
☐ ☐Face/Mouth
☐ ☐Neck
☐ ☐Back
☐ ☐Chest
☐ Flail Chest
☐ ☐Tension Pneumo

B P
☐ ☐ Abdomen
☐ Diffuse Abd. Tenderness
☐ ☐ Genitals
☐ ☐ ButtocKs
☐ ☐ Extremities
☐ EXtrem. above knee/elbow
☐ FRactures ≥2 long bones
☐ ☐ AmputatIon above wrist/ankle
☐ ☐ Neur/Vasc/Mangled
☐ ☐ Minor Lacerations

MECHANISM

PROTECTIVE DEVICES: ☐HeLmet ☐Seat Belt ☐Air Bag ☐Car Seat/Booster

☐Enclosed Vehicle
☐EJected
☐EXtricated@___:___
☐Pass. Space Intr.☐>12"☐>18"
☐Survived Fatal Accident
☐Impact >20mph Unenclosed
☐Ped/Bike: Runover/Thrown/>20mph
☐Ped/Bike: <20mph
☐Motorcycle/Moped
☐TAser

☐SPorts/Rec
☐ASsault
☐STabbing
☐GSW
☐ANimal Bite
☐CRush
☐Telemetry Data
☐Special Consid.
☐AntiCoagulants

☐FAll ☐>15ft(>10ft Peds)
☐Self-Inflict'd/Accid.
☐Self-Inflict'd/Intent.
☐Electrical Shock
☐Thermal Burn
☐HazMat Exposure
☐Work-Related
☐UNknown
☐OTher:

MOIs: ☐☐ ☐☐ ☐☐ ☐☐

TRANSPORT

CODE all options, CHECK actual destination:	CODE	ETA
☐MAR		
☐EDAP (age ≤14)		
☐TC		
☐PTC (trauma, age ≤14)		
☐PMC (medical, age ≤14)		
☐STEMI Receiving Center		
☐PrimAry Stroke Center		
☐Comprehensive StroKe Center		
☐PeriNatal (≥20wks pregnancy)		
☐SART		
☐Other		
Time Clear		
Time Receiving Hospital Notified		
Name of Person Notified:		

CHECK ONE:
Specialty Center:
☐ Not Required
☐ Required/Criteria Met
☐ Guidelines Met

PT TRANSPORTED VIA:
☐ ALS ☐ BLS ☐ Other
☐ Helicopter - ETA: _____
☐ No Transport

DESTINATION RATIONALE:
☐ ED Saturation ☐ Internal Disaster ☐ CT Diversion ☐ IFT
SC diversion: ☐ TC/PTC ☐ PMC ☐ STEMI
☐ PrimAry Stroke Center ☐ Comprehensive StroKe Center
☐ SC Not AccessibLe ☐ JudGment *(Provider/Base)*
☐ Shared AmBulance ☐ Minimal InJuries ☐ Unmanageable Airway
☐ Requested by: ☐ Other:

REASON FOR NO TRANSPORT:
☐ AMA ☐ DOA ☐ Unwarranted ☐ T.O.R. ☐ Other
☐ Pronounced by: _____, MD

DISPO
If Base is receiving hospital: ☐ Discharged ☐ Ward ☐ Stepdown ☐ ICU ☐ ObserVation
☐ OR ☐ Cath Lab ☐ INterventional Radiology ☐ Expired in ED ☐ OB
Transferred to: _____ ☐☐☐☐ (Hosp. code) ☐ Other: _____
ED Diagnosis:

COMMENTS:

MICN: ☐☐☐☐☐ Physician: ☐☐☐☐☐ Patient Name/Number:

3 Hole 1/4 4 1/4 c-to-c

BASE HOSPITAL FORM

Log #_____ Sequence #_____ ☐ Pg2

GEN INFO

Date ☐☐☐☐☐☐☐☐ Provider Code ☐☐☐
Time ☐☐☐☐ Unit_____
Location_____ ☐☐

Pt.#____of_____ Gender: ☐ M ☐ F ☐ N
Age_____ ☐ Yrs ☐ Mos ☐ Days ☐ Wks ☐ Hrs ☐ Est.
Weight_____ ☐ Kg

Peds Weight Color Code: ☐ Too Tall ☐ Too Short

Hospital Code: ☐☐☐
☐ Phone ☐ 9-1-1 Call
☐ Radio ☐ 9-1-1 RE-Triage
☐ VMED28 ☐ IFT

3 Hole 1/4 4 1/4 c-to-c

ASSESSMENT

PROVIDER IMPRESSION ☐☐☐☐ ☐☐☐☐ LEVEL OF DISTRESS ☐None ☐MilD ☐Moderate ☐Severe

CHIEF COMPLAINT CODES ☐☐ ☐☐ ☐☐

mLAPSS
Met: ☐ Y ☐ N
Last Known Well: _____
Date: _____
Time:

Protocol:

O/P
Q
R
S
T

LAMS Score:

Medical Hx:

Medications:

☐ NKA Allergies: DNR/AHCD/POLST? ☐ Y ☐ N ☐ Unk

PRIOR TO BASE

MEDS:
☐ADE _____ ☐FEN _____
☐ALB _____ ☐GLU/GLP _____
☐AMI _____ ☐KLC _____
☐ASA _____ ☐MID _____
☐BIC _____ ☐Morphine _____
☐CAL _____ ☐NAR _____
☐D10 _____ ☐NTG _____
☐EPI _____ ☐OND _____

TXS:
☐BMV ☐CPAP ☐ETT ☐King
☐SMR ☐GLucometer:
☐DEFibrillatedX ___ ☐CAR ☐TCP
☐AED-Analyzed ☐AED-Defibrillated
☐Needle THoracost. ☐Tourniquet(TK)
☐IV/IO Fluid ____cc ☐OTher:

PHYSICAL

LOC ☐ALERT ☐Ox3
☐Disoriented
☐Combative
☐NoT Alert
☐NorMal for Pt
☐No Response

PUPILS ☐PERL
☐Unequal
☐PInpoint
☐Fixed/Dilated
☐Cataracts
☐Sluggish

RESPIRATION ☐CLEAR ☐NORMAL rate/effort
TIDAL VOLUME: ☐ N ☐ + ☐ -
☐Wheezes ☐Labored ☐Apnea
☐Rales ☐Unequal ☐Snoring
☐RHonchi ☐JVD
☐STridor ☐Accessory Muscle Use

Capnography#:_____
Waveform? ☐Y ☐N
ADV AIRWAY
BS after ETT/King?
☐Y ☐N
ETCO$_2$? ☐+ ☐-

SKIN ☐NML
☐Pale ☐Hot
☐CooL/Cold
☐Diaphoretic
☐Cyanotic
☐Flushed

☐IUP:_____wks
☐Suspected Drugs/ETOH

GCS
Eye _____ Verbal _____ Motor _____
TOTAL GCS: Repeat GCS *(if applicable)*:

Glucometer
#1: _____ #2: _____
Glucometer Ordered? ☐ Y ☐ N

Cap Refill:
☐NoRmal
☐DElayed

ECG

Initial Rhythm: ☐☐☐
12-Lead ECG Ordered? ☐ Y ☐ N
12-Lead ECG @ ____:____
EMS Interpretation:
☐ NormaL ☐ ABnormal ☐ STEMI
Software Interpretation:
☐ NormaL ☐ ABnormal ☐ STEMI
Artifact? ☐ Y ☐ N
Wavy Baseline? ☐ Y ☐ N
Paced Rhythm? ☐ Y ☐ N

VITALS & TXS

O2@_____lpm Titrated? ☐ Y ☐ N via: ☐ NC ☐ Mask ☐ BMV ☐ BloW by ☐ EXisting Trach. ☐ ETT ☐ King ☐ CPAP
IV: ☐ SL ☐ FC:_____cc ☐ Not Ordered ☐ IV Unable ☐ Refused ☐ IO ☐ PreeXisting IV
TransCutaneous Pacing @ mA: _____ Rate: _____ Capture? ☐ Y ☐ N Needle THoracostomy? ☐ Y ☐ N
Spinal Motion Restriction? ☐ Y ☐ N CMS Intact: ☐ Before ☐ After SMR Refused? ☐ Y ☐ N ☐ Tourniquet (TK)

TIME	B/P	PULSE	RR	O2 SAT	PAIN	CO2 #	ECG	DRUG/DEFIB	SEDs past 48hrs? ☐Y ☐N	DOSE	DOSE UNITS	ROUTE	RESULT
								☐REFUSED					
								☐PRN					
								☐PRN					
								☐PRN					

ARREST

Witnessed by:
☐ Citizen ☐ EMS ☐ None
CPR by:
☐ Citizen ☐ EMS ☐ None
Arrest to CPR (in minutes) _____
Rtn of Pulse (ROSC)? ☐ Y ☐ N
Rtn of Pulse (ROSC) @ ___:___
Resus D/C @ ___:___
Resus D/C Rhythm ☐☐☐
Total Min. EMS CPR: _____

TRAUMA

☐No Apparent Injury
☐BUrns/Elec. Shock
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☐ ☐Trauma Arrest
☐ ☐Head
☐ GCS≤14
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☐ ☐Neck
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☐ Flail Chest
☐ ☐Tension Pneumo

B P
☐ ☐ Abdomen
☐ Diffuse Abd. Tenderness
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☐ ☐ ButtocKs
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MECHANISM

PROTECTIVE DEVICES: ☐HeLmet ☐Seat Belt ☐Air Bag ☐Car Seat/Booster

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☐EJected
☐EXtricated@___:___
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☐Survived Fatal Accident
☐Impact >20mph Unenclosed
☐Ped/Bike: Runover/Thrown/>20mph
☐Ped/Bike: <20mph
☐Motorcycle/Moped
☐TAser

☐SPorts/Rec
☐ASsault
☐STabbing
☐GSW
☐ANimal Bite
☐CRush
☐Telemetry Data
☐Special Consid.
☐AntiCoagulants

☐FAll ☐>15ft(>10ft Peds)
☐Self-Inflict'd/Accid.
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☐Thermal Burn
☐HazMat Exposure
☐Work-Related
☐UNknown
☐OTher:

MOIs: ☐☐ ☐☐ ☐☐ ☐☐

TRANSPORT

CODE all options, CHECK actual destination:	CODE	ETA
☐MAR		
☐EDAP (age ≤14)		
☐TC		
☐PTC (trauma, age ≤14)		
☐PMC (medical, age ≤14)		
☐STEMI Receiving Center		
☐PrimAry Stroke Center		
☐Comprehensive StroKe Center		
☐PeriNatal (≥20wks pregnancy)		
☐SART		
☐Other		
Time Clear		
Time Receiving Hospital Notified		
Name of Person Notified:		

CHECK ONE:
Specialty Center:
☐ Not Required
☐ Required/Criteria Met
☐ Guidelines Met

PT TRANSPORTED VIA:
☐ ALS ☐ BLS ☐ Other
☐ Helicopter - ETA: _____
☐ No Transport

DESTINATION RATIONALE:
☐ ED Saturation ☐ Internal Disaster ☐ CT Diversion ☐ IFT
SC diversion: ☐ TC/PTC ☐ PMC ☐ STEMI
☐ PrimAry Stroke Center ☐ Comprehensive StroKe Center
☐ SC Not AccessibLe ☐ JudGment *(Provider/Base)*
☐ Shared AmBulance ☐ Minimal InJuries ☐ Unmanageable Airway
☐ Requested by: ☐ Other:

REASON FOR NO TRANSPORT:
☐ AMA ☐ DOA ☐ Unwarranted ☐ T.O.R. ☐ Other
☐ Pronounced by: _____, MD

DISPO
If Base is receiving hospital: ☐ Discharged ☐ Ward ☐ Stepdown ☐ ICU ☐ ObserVation
☐ OR ☐ Cath Lab ☐ INterventional Radiology ☐ Expired in ED ☐ OB
Transferred to: _____ ☐☐☐ (Hosp. code) ☐ Other: _____
ED Diagnosis:

COMMENTS:

MICN: ☐☐☐☐ Physician: ☐☐☐☐ Patient Name/Number:

COMPLIMENTARY COPY

3 Hole 1/4 4 1/4 c-to-c

BASE HOSPITAL FORM

Log #_____ Sequence #_____ ☐ Pg2

3 Hole 1/4 4 1/4 c-to-c

GEN INFO

Date ☐☐☐☐☐☐☐☐ Provider Code ☐☐☐
Time ☐☐☐☐ Unit_____
Location_____ ☐☐

Pt.#____of_____ Gender: ☐ M ☐ F ☐ N
Age_____ ☐ Yrs ☐ Mos ☐ Days ☐ Wks ☐ Hrs ☐ Est.
Weight_____ ☐ Kg

Peds Weight Color Code: ☐ Too Tall ☐ Too Short

Hospital Code: ☐☐☐
☐ Phone ☐ 9-1-1 Call
☐ Radio ☐ 9-1-1 RE-Triage
☐ VMED28 ☐ IFT

ASSESSMENT

PROVIDER IMPRESSION ☐☐☐☐ ☐☐☐☐ LEVEL OF DISTRESS ☐None ☐MilD ☐Moderate ☐Severe

CHIEF COMPLAINT CODES ☐☐ ☐☐ ☐☐

mLAPSS
Met: ☐ Y ☐ N
Last Known Well:
Date:
Time:

Protocol:

O/P
Q
R
S
T

LAMS Score:

Medical Hx:

Medications:

☐ NKA Allergies: DNR/AHCD/POLST? ☐ Y ☐ N ☐ Unk

PRIOR TO BASE

MEDS:
☐ADE _____ ☐FEN _____
☐ALB _____ ☐GLU/GLP _____
☐AMI _____ ☐KLC _____
☐ASA _____ ☐MID _____
☐BIC _____ ☐Morphine _____
☐CAL _____ ☐NAR _____
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TXS:
☐BMV ☐CPAP ☐ETT ☐King
☐SMR ☐GLucometer:
☐DEFibrillatedX ___ ☐CAR ☐TCP
☐AED-Analyzed ☐AED-Defibrillated
☐Needle THoracost. ☐Tourniquet(TK)
☐IV/IO Fluid ____cc ☐OTher:

PHYSICAL

LOC ☐ALERT ☐Ox3
☐Disoriented
☐Combative
☐NoT Alert
☐NorMal for Pt
☐No Response

PUPILS ☐PERL
☐Unequal
☐PInpoint
☐Fixed/Dilated
☐Cataracts
☐Sluggish

RESPIRATION ☐CLEAR ☐NORMAL rate/effort
TIDAL VOLUME: ☐ N ☐ + ☐ -
☐Wheezes ☐Labored ☐Apnea
☐Rales ☐Unequal ☐Snoring
☐RHonchi ☐JVD
☐STridor ☐Accessory Muscle Use

Capnography#:_____
Waveform? ☐Y ☐N
ADV AIRWAY
BS after ETT/King?
☐Y ☐N
ETCO$_2$? ☐+ ☐-

SKIN ☐NML
☐Pale ☐Hot
☐CooL/Cold
☐Diaphoretic
☐Cyanotic
☐Flushed

☐IUP:_____wks
☐Suspected Drugs/ETOH

GCS
Eye _____ Verbal _____ Motor _____
TOTAL GCS: Repeat GCS *(if applicable)*:

Glucometer
#1: _____ #2: _____
Glucometer Ordered? ☐ Y ☐ N

Cap Refill:
☐NoRmal
☐DElayed

ECG

Initial Rhythm: ☐☐☐
12-Lead ECG Ordered? ☐ Y ☐ N
12-Lead ECG @ ____:____
EMS Interpretation:
☐ NormaL ☐ ABnormal ☐ STEMI
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VITALS & TXS

O2@_____lpm Titrated? ☐ Y ☐ N via: ☐ NC ☐ Mask ☐ BMV ☐ BloW by ☐ EXisting Trach. ☐ ETT ☐ King ☐ CPAP
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TIME	B/P	PULSE	RR	O2 SAT	PAIN	CO2 #	ECG	DRUG/DEFIB	SEDs past 48hrs? ☐Y ☐N	DOSE	DOSE UNITS	ROUTE	RESULT
								☐REFUSED					
								☐PRN					
								☐PRN					
								☐PRN					

ARREST

Witnessed by:
☐ Citizen ☐ EMS ☐ None
CPR by:
☐ Citizen ☐ EMS ☐ None
Arrest to CPR (in minutes) _____
Rtn of Pulse (ROSC)? ☐ Y ☐ N
Rtn of Pulse (ROSC) @ ___:___
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Resus D/C Rhythm ☐☐☐
Total Min. EMS CPR: _____

TRAUMA

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☐ Flail Chest
☐ ☐Tension Pneumo

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☐ ☐ Abdomen
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☐ ☐ Minor Lacerations

MECHANISM

PROTECTIVE DEVICES: ☐HeLmet ☐Seat Belt ☐Air Bag ☐Car Seat/Booster

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☐EXtricated@___:___
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☐Ped/Bike: <20mph
☐Motorcycle/Moped
☐TAser

☐SPorts/Rec
☐ASsault
☐STabbing
☐GSW
☐ANimal Bite
☐CRush
☐Telemetry Data
☐Special Consid.
☐AntiCoagulants

☐FAll ☐>15ft(>10ft Peds)
☐Self-Inflict'd/Accid.
☐Self-Inflict'd/Intent.
☐Electrical Shock
☐Thermal Burn
☐HazMat Exposure
☐Work-Related
☐UNknown
☐OTher:

MOIs: ☐☐ ☐☐ ☐☐ ☐☐

TRANSPORT

CODE all options, CHECK actual destination:	CODE	ETA
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☐EDAP (age ≤14)		
☐TC		
☐PTC (trauma, age ≤14)		
☐PMC (medical, age ≤14)		
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☐PrimAry Stroke Center		
☐Comprehensive StroKe Center		
☐PeriNatal (≥20wks pregnancy)		
☐SART		
☐Other		
Time Clear		
Time Receiving Hospital Notified		
Name of Person Notified:		

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Specialty Center:
☐ Not Required
☐ Required/Criteria Met
☐ Guidelines Met

PT TRANSPORTED VIA:
☐ ALS ☐ BLS ☐ Other
☐ Helicopter - ETA: _____
☐ No Transport

DESTINATION RATIONALE:
☐ ED Saturation ☐ Internal Disaster ☐ CT Diversion ☐ IFT
SC diversion: ☐ TC/PTC ☐ PMC ☐ STEMI
☐ PrimAry Stroke Center ☐ Comprehensive StroKe Center
☐ SC Not AccessibLe ☐ JudGment *(Provider/Base)*
☐ Shared AmBulance ☐ Minimal InJuries ☐ Unmanageable Airway
☐ Requested by: ☐ Other:

REASON FOR NO TRANSPORT:
☐ AMA ☐ DOA ☐ Unwarranted ☐ T.O.R. ☐ Other
☐ Pronounced by: _____, MD

DISPO
If Base is receiving hospital: ☐ Discharged ☐ Ward ☐ Stepdown ☐ ICU ☐ ObserVation
☐ OR ☐ Cath Lab ☐ INterventional Radiology ☐ Expired in ED ☐ OB
Transferred to: _____ ☐☐☐ (Hosp. code) ☐ Other: _____
ED Diagnosis:

COMMENTS:

MICN: ☐☐☐☐ Physician: ☐☐☐☐ Patient Name/Number:

COMPLIMENTARY COPY

PROVIDER IMPRESSION CODES

ABOP	Abdominal Pain/Problems
AGDE	Agitated Delirium
CHOK	Airway Obstruction/Choking
ETOH	Alcohol Intoxication
ALRX	Allergic Reaction
ALOC	ALOC-Not Hypoglycemia or Seizure
ANPH	Anaphylaxis
PSYC	Behavioral/Psychiatric Crisis
BPNT	Body Pain-Non Traumatic
BRUE	BRUE
BURN	Burns
COMO	Carbon Monoxide
CANT	Cardiac Arrest-Non-Traumatic
DYSR	Cardiac Dysrhythmia
CPNC	Chest Pain-Not Cardiac
CPMI	Chest Pain-STEMI
CPSC	Chest Pain-Suspected Cardiac
BRTH	Childbirth (Mother)
COFL	Cold/Flu Symptoms
DRHA	Diarrhea
DIZZ	Dizziness/Vertigo
DEAD	DOA-Obvious Death
DYRX	Dystonic Reaction
ELCT	Electrocution
ENTP	ENT/Dental Emergencies
NOBL	Epistaxis
EXNT	Extremity Pain/Swelling-Non-Traumatic
EYEP	Eye Problem-Unspecified
FEVR	Fever
GUDO	Genitourinary Disorder-Unspecified
DCON	HazMat Exposure
HPNT	Headache-Non-Traumatic
HYPR	Hyperglycemia
HYTN	Hypertension
HEAT	Hyperthermia
HYPO	Hypoglycemia
HOTN	Hypotension
COLD	Hypothermia/Cold Injury
INHL	Inhalation Injury
LOGI	Lower GI Bleeding
FAIL	Medical Device Malfunction-Fail
NAVM	Nausea/Vomiting
BABY	Newborn
NOMC	No Medical Complaint
ODPO	Overdose/Poisoning/Ingestion
PALP	Palpitations
PREG	Pregnancy Complications
LABR	Pregnancy/Labor
RARF	Respiratory Arrest/Failure
SOBB	Respiratory Distress/Bronchospasm
RDOT	Respiratory Distress/Other
CHFF	Respiratory Distress/Pulmonary Edema/CHF
SEAC	Seizure-Active
SEPI	Seizure-Postictal
SEPS	Sepsis
SHOK	Shock
SMOK	Smoke Inhalation
STNG	Stings/Venomous Bites
STRK	Stroke/CVA/TIA
DRWN	Submersion/Drowning
SYNC	Syncope/Near Syncope
CABT	Traumatic Arrest-Blunt
CAPT	Traumatic Arrest-Penetrating
TRMA	Traumatic Injury
UPGI	Upper GI Bleeding
VABL	Vaginal Bleeding
WEAK	Weakness-General

PARAMEDIC PROVIDER AGENCY CODES

AA	American Professional Ambulance Corp.
AB	Ambulife Ambulance, Inc.
AF	Arcadia Fire
AH	Alhambra Fire
AN	Antelope Ambulance Service
AR	American Medical Response
AT	All Town Ambulance, LLC
AU	AmbuServe Ambulance
AV	Avalon Fire
AW	AMWest Ambulance
AZ	Ambulnz Health, Inc.
BA	Burbank Airport Fire
BF	Burbank Fire
BH	Beverly Hills Fire
CA	CARE Ambulance
CC	Culver City Fire
CF	Los Angeles County Fire
CG	US Coast Guard
CI	Los Angeles City Fire
CL	CAL-MED Ambulance
CM	Compton Fire
CO	College Coastal Care, LLC
CS	Los Angeles County Sheriff
DF	Downey Fire
EA	Emergency Ambulance
ES	El Segundo Fire
EX	Explorer 1 Ambulance & Medical Services
FC	First Care Ambulance
FM	Firstmed Ambulance Services, Inc.
FS	US Forest Service
GG	Go Green Ambulance
GL	Glendale Fire
GU	Guardian Ambulance Service
LB	Long Beach Fire
LE	Lifeline Ambulance
LH	La Habra Heights Fire
LT	Liberty Ambulance
LV	La Verne Fire
LY	Lynch EMS Ambulance
MA	Mauran Ambulance
MB	Manhattan Beach Fire
MF	Monrovia Fire
MI	MedResponse, Inc.
MO	Montebello Fire
MP	Monterey Park Fire
MR	MedReach Ambulance
MT	MedCoast Ambulance
MY	Mercy Air
PE	Premier Medical Transport
PF	Pasadena Fire
PN	PRN Ambulance, Inc.
RB	Redondo Beach Fire
RE	REACH Air Medical Service
RR	Rescue Services (Medic-1)
RY	Royalty Ambulance
SA	San Marino Fire
SG	San Gabriel Fire
SI	Sierra Madre Fire
SM	Santa Monica Fire
SO	Southern California Ambulance
SP	South Pasadena Fire
SS	Santa Fe Springs Fire
SY	Symons Ambulance
TF	Torrance Fire
TR	Trinity Ambulance
VA	Viewpoint Ambulance, Inc.
VE	Ventura County Fire
VF	Vernon Fire
WC	West Covina Fire
WE	West Coast Ambulance
WM	Westmed/McCormick Ambulance
OT	Other Provider

ECG CODES

1HB	1 Heart Block
2HB	2 Heart Block
3HB	3 Heart Block
AFI	Atrial Fibrillation
AFL	Atrial Flutter
AGO	Agonal
ASY	Asystole
AVR	Accelerated Vent. Rhythm
IV	Idioventricular Rhythm
JR	Junctional Rhythm
PAC	Premature Atrial Cont.
PEA	Pulseless Electrical Activity
PM	Pacemaker Rhythm
PVC	Premature Vent. Cont.
PST/PAT	Paroxysmal Supravent. Tach.
SA	Sinus Arrhythmia
SB	Sinus Bradycardia
SR	Sinus Rhythm
ST	Sinus Tachycardia
SVT	Supraventricular Tach.
VF	Ventricular Fib.
VT	Ventricular Tach.

MEDICAL CHIEF COMPLAINT CODES

AP	Abd/Pelvic Pain
AD	Agitated Delirium
AR	Allergic Reaction
AL	Altered LOC
AE	Apneic Episode
EH	Behavioral
OS	Bleeding Other Site
RU	Brief Resolved Unexplained Event (<12 mo.)
CA	Cardiac Arrest
CP	Chest Pain
CH	Choking/Airway Obstruction
CC	Cough/Congestion
DC	Device (Medical) Complaint
DI	Dizzy
DO	DOA
DY	Dysrhythmia
FE	Fever
FB	Foreign Body
GI	GI Bleed
HP	Head Pain
HY	Hypoglycemia
IM	Inpatient Medical
LA	Labor
LN	Local Neuro Signs
NV	Nausea/Vomiting
ND	Near Drowning
NB	Neck/Back Pain
NW	Newborn
NC	No Medical Complaint
NO	Nosebleed
OB	Obstetrics
OP	Other Pain
OD	Overdose
PS	Palpitations
PO	Poisoning
RA	Respiratory Arrest
SE	Seizure
SB	Shortness of Breath
SY	Syncope
VA	Vaginal Bleed
WE	Weak
OT	Other

LOCATION CODES

AI	Airport/Transport Center
AM	Ambulance
BA	Beach
CL	Cliff/Canyon
CO	Commercial Establishment
DC	Dialysis Center
DO	Healthcare Provider's Office/Clinic
FA	Farm/Ranch
FR	Freeway
FS	Fire Station
GY	Health Club/Gym
HO	Home
HT	Hotel
IN	Industrial/Construction Area
JA	Jail
LA	Lake
MB	Military Base
MC	Hospital/Medical Center
NH	Nursing Home
OF	Office
ON	Ocean
PA	Park
PL	Parking Lot
PO	Pool
PS	Psych Urgent Care
PV	Public Venue/Event
RA	Recreation Area
RE	Restaurant
RI	Residential Institution
RL	Religious Building
RS	Retail Store
RT	Railroad Track
RV	River
SB	Sobering Center
SC	School/College/University
ST	Street/Highway
UC	Urgent Care
WI	Wilderness Area
OT	Other

DRUG ROUTE

IV	Intravenous
IO	Intraosseous
SQ	Subcutaneous
IM	Intramuscular
PO	By Mouth/ODT
IN	Inhalation/Intranasal
SL	Sublingual

MODIFIED LAPSS CRITERIA (mLAPSS)

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

LOS ANGELES MOTOR SCALE (LAMS)

1. Facial Droop
   a. Absent = 0
   b. Present = 1
2. Arm Drift
   a. Absent = 0
   b. Drifts Down = 1
   c. Falls Rapidly = 2
3. Grip Strength
   a. Normal = 0
   b. Weak Grip = 1
   c. No Grip = 2

Total LAMS Score = Sum of assessments 1-3

9-1-1 RECEIVING HOSPITAL CODES

ACH	Alhambra Hospital Medical Center
AHM	Catalina Island Medical Center (Avalon)
AMH	**Methodist Hospital of Southern Californi**a
ANH	Anaheim Regional Medical Center (Orange Co.)
ARM	Arrowhead Regional M.C. (S.B. Co)
AVH	**Antelope Valley Hospital**
BEV	Beverly Hospital
BMC	Southern California Hospital at Culver City
CAL	**Dignity Health-California Hospital Medical Center**
CHH	Children's Hospital Los Angeles
CHI	Chino Valley Medical Center (S. Bern. Co.)
CHO	Children's Hospital of Orange County (Orange Co.)
CHP	Community Hospital of Huntington Park
CNT	Centinela Hospital Medical Center
CPM	Coast Plaza Hospital
CSM	**Cedars-Sinai Medical Center**
DCH	PIH Health Downey Hospital
DFM	Cedars-Sinai Marina Del Rey Hospital
DHL	Lakewood Regional Medical Center
DHM	Montclair Hospital Medical Center (S. Bern. Co.)
ELA	East LA Doctors Hospital
ENH	Encino Hospital Medical Center
FPH	Emanate Health Foothill Presbyterian Hospital
GAR	Garfield Medical Center
GEM	Greater El Monte Community Hospital
GMH	Dignity Health-Glendale Memorial Hospital and Health Center
GSH	PIH Health Good Samaritan Hospital
GWT	**Adventist Health-Glendale**
HCH	**Providence Holy Cross Medical Center**
HGH	**LAC Harbor-UCLA Medical Center**
HMH	**Huntington Hospital**
HMN	**Henry Mayo Newhall Memorial Hospital**
HWH	West Hills Hospital and Medical Center
ICH	Emanate Health Inter-Community Hospital
KFA	Kaiser Foundation Hospital – Baldwin Park
KFB	Kaiser Foundation Hospital – Downey
KFF	Kaiser Foundation Hospital – Fontana
KFH	Kaiser Foundation Hospital – South Bay
KFI	Kaiser Foundation Hospital – Irvine
KFL	Kaiser Foundation Hospital – Sunset (Los Angeles)
KFN	Kaiser Foundation Hospital – Ontario
KFO	Kaiser Foundation Hospital – Woodland Hills
KFP	Kaiser Foundation Hospital – Panorama City
KFW	Kaiser Foundation Hospital – West Los Angeles
KHA	Kaiser Foundation Hospital – Anaheim
LAG	Los Alamitos Medical Center (O.C.)
LBM	**MemorialCare Long Beach Medical Center**
LCH	Palmdale Regional Medical Center
LCM	**Providence Little Company of Mary Medical Center – Torrance**
LLU	Loma Linda University Medical Center (S. Bern. Co.)
LPI	La Palma Intercommunity Hospital (Orange Co.)
LRR	Los Robles Hospital and Medical Center (Ventura Co.)
MCP	Mission Community Hospital
MHG	Memorial Hospital of Gardena
MID	Olympia Medical Center
MLK	Martin Luther King, JR Community Hospital
MPH	Monterey Park Hospital
NOR	LA Community Hospital at Norwalk
NRH	**Dignity Health-Northridge Hospital Medical Center**
OTH	Other Hospital
OVM	LAC Olive View – UCLA Medical Center
PAC	Pacifica Hospital of the Valley
PIH	**PIH Health Whittier Hospital**
PLB	College Medical Center
PLH	Placentia Linda Hospital (Orange Co.)
PVC	**Pomona Valley Hospital Medical Center**
QOA	Hollywood Presbyterian Medical Center
QVH	**Emanate Health Queen of the Valley Hospital**
RCC	Ridgecrest Regional Hospital
SAC	San Antonio Community Hospital
SDC	San Dimas Community Hospital
SFM	**Saint Francis Medical Center**
SGC	San Gabriel Valley Medical Center
SIM	Simi Valley Hospital (Ventura Co.)
SJD	St. Jude Medical Center (Orange Co.)
SJH	Providence Saint John's Health Center
SJO	St. John Regional Medical Center
SJS	**Providence St. Joseph Medical Center**
SMH	Santa Monica – UCLA Medical Center
SMM	**Dignity Health-Saint Mary Medical Center**
SOC	Sherman Oaks Hospital
SPP	Providence Little Company of Mary Medical Center–San Pedro
TOR	**Torrance Memorial Medical Center**
TRM	Providence Cedars-Sinai Tarzana Medical Center
UCI	UCI Medical Center (Orange County)
UCL	**Ronald Reagan UCLA Medical Center**
USC	**LAC+USC Medical Center**
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WHH	Whittier Hospital Medical Center
WMC	Western Medical Center Santa Ana (Orange Co.)
WMH	Adventist Health-White Memorial

VA CODES (non basic)

LBV	Long Beach VA
WVA	Wadsworth

3 Hole 1/4 4 1/4 c-to-c