EMS REPORT

INCIDENT INFO

Date / /	Inc. # / Jur. Sta.	Location Code	MCI? ☐ Y ☐ N	PD & Unit #	☐ Regular Run ☐ No Pt ☐ Cx at Scene ☐ PuB Asst ☐ IFT ☐ DOA ☐ FireLine ☐ Mutual Aid ☐ Pg 2

Prefixes change mid order. Plant will put on. 00000

Orig. Seq.# _____

Inc Loc _____ Street Number _____ Street Name _____ Apt # _____ City Code _____ Incident Zip Code _____

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

TRANS

Protocol	Protocol	VIA	TRANS TO	RATIONALE
Med. Ctrl.	Rec Fac.	☐ ALS ☐ BLS ☐ Heli ☐ No Transport AMA? ☐ Y ☐ N	☐ MAR ☐ PeriNatal ☐ EDAP ☐ STEMI ☐ TC/PTC ☐ PMC ☐ PrimAry Stroke Ctr. ☐ SART ☐ Other ☐ Comp. StroKe Ctr.	☐ No SC Req'd ☐ Criteria/Required ☐ Guidelines ☐ Judgment ☐ EXtremis ☐ No SC Access ☐ ED Sat ☐ Request by _____
Notification? ☐ Y ☐ N		Release at Scene? ☐ Y ☐ N		
Code 3? ☐ Y ☐ N		Treat & Refer? ☐ Y ☐ N		

PT INFO

Name/Last _____ First _____ M.I. _____ DOB / / _____ Phone ( ) _____

Street Number _____ Street Name _____ Apt # _____ City _____ Zip _____ Mileage .

Insurance _____ Hospital ID _____ PMD Name _____ Partial SS # (last 4 digits) _____

COMMENTS

O / P

Q

R

S

Hx

T

Allergies

ASA Allergy? ☐ Y ☐ N

Meds

SEDs in past 48hrs ☐ Y ☐ N

Suspected ETOH? ☐ Y ☐ N

Suspected Drug Use? ☐ Y ☐ N

If yes: ☐ AMPhetamines ☐ HERoin ☐ COCaine ☐ Cannabis (THC) ☐ Other OPioid ☐ OTHer

Route: ☐ INJected ☐ INGested ☐ INHaled ☐ OTHer

COMPLAINTS

MEDICAL

☐ Abd/Pelvic Pain
☐ Agitated Delirium
☐ Allergic Reaction
☐ Altered LOC
☐ Apneic Episode
☐ BEHavioral
☐ Bleeding Other Site
☐ Brief Resolved Unexpl. Event
☐ Cardiac Arrest
☐ Chest Pain
☐ CHoking/Airway Obstr.
☐ Cough/Congestion
☐ DOA
☐ DYsrhythmia
☐ FEver
☐ Foreign Body
☐ GI Bleed
☐ Head Pain
☐ HYpoglycemia
☐ Local Neuro Signs
☐ Med Device Complaint
☐ Nausea/Vomiting
☐ Near Drowning
☐ Neck/Back Pain
☐ No Medical Complaint
☐ NOsebleed
☐ OBstetrics
☐ LAbor
☐ NeWborn
☐ OverDose
☐ POisoning
☐ Other Pain
☐ PalpitationS
☐ Respiratory Arrest
☐ SEizure
☐ Shortness of Breath
☐ SYncope
☐ VAginal Bleed
☐ WEak/DIzzy
☐ Inpatient Medical
☐ OTher _____

TRAUMA

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

B P
☐ ☐ Traumatic Arrest
☐ ☐ Head ☐ GCS ≤14
☐ ☐ Face/Mouth
☐ ☐ Neck
☐ ☐ Back
☐ ☐ Chest
☐ Flail Chest
☐ ☐ Tension Pneumo.
☐ ☐ Minor Lacerations

B P
☐ ☐ Abdomen
☐ Diffuse Abd. Tend.
☐ ☐ Genitals
☐ ☐ ButtocKs
☐ ☐ Extremities
☐ EXt. ↑ knee/elbow
☐ FRactures≥ 2 long
☐ ☐ Amp. ↑ wrIst/ankle
☐ ☐ Neur/Vasc/Mangl'd

MECHANISM

Protective Devices: ☐ Seat Belt ☐ Air Bag ☐ HeLmet ☐ Car Seat/Booster

☐ Enclosed Vehicle
☐ EJected ☐ EXtricated @_____
☐ Pass. Space. Intr. ☐ >12" ☐ >18"
☐ Survived Fatal Accident
☐ Impact >20 mph Unenclosed
☐ Ped/Bike Runover/Thrown/>20mph
☐ Ped/Bike <20 mph
☐ FAll ☐ 15ft/>10ft.
☐ TAser
☐ ASsault
☐ STabbing
☐ GSW
☐ Motorcycle/Moped
☐ SPorts/Recreation
☐ Self-Inflict'd/Acc.
☐ Self-Inflict'd/Int.
☐ AntiCoagulants
☐ Special Consid.
☐ Telemetry Data
☐ Hazmat Exposure
☐ ANimal Bite
☐ CRush
☐ ElectricalShock
☐ Thermal Burn
☐ Work-Related
☐ UNknown
☐ OTher:_____

IMPRESSION

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

PHYSICAL

PUPILS
☐ PERL
☐ PInpoint
☐ Sluggish
☐ Fixed & Dil.
☐ Cataracts
☐ Unequal
☐ Pt's Norm

RESP
☐ Normal ☐ Clear
☐ Wheezes ☐ Rales
☐ RHonchi ☐ SnorinG
☐ Unequal ☐ JVD
☐ Stridor ☐ Labored
☐ Apnea ☐ AMU
Tidal Volume ☐ N ☐ + ☐ -

SKIN
☐ Normal ☐ Diaphoretic
☐ Cyanotic ☐ Hot
☐ Flushed ☐ CoLd
☐ Pale
Cap Refill:
☐ NoRmal ☐ DElayed

12 LEAD

12 Lead Time: _____
EMS Interpretation:
☐ NL ☐ ABnl ☐ STEMI
Software Interpretation:
☐ NL ☐ ABnl ☐ STEMI
Artifact ☐ Y ☐ N
Wavy Baseline ☐ Y ☐ N
Paced Rhythm ☐ Y ☐ N
Transmitted? ☐ Y ☐ N

2nd 12 Lead Time: _____
EMS Interpretation:
☐ NL ☐ ABnl ☐ STEMI
Software Interpretation:
☐ NL ☐ ABnl ☐ STEMI
Artifact ☐ Y ☐ N
Wavy Baseline ☐ Y ☐ N
Paced Rhythm ☐ Y ☐ N
Transmitted? ☐ Y ☐ N

PATIENT ASSESSMENT

Pt ____ of ____ # Pts
Transported ____
Age_____ ☐ Y ☐ M ☐ W ☐ D ☐ H ☐ Est.
Gender ☐ M ☐ F ☐ N
Weight _____ ☐ Lbs ☐ Kg
Peds Color Code ____ ☐ Too Tall
Distress Level ☐ None ☐ MilD ☐ Mod ☐ Severe
Pt Complaint 1 2 3 4
Prov Impress 1 2
Mechanism 1 2 3 4

GCS

Time		
Eyes		
Verbal		
Motor		
GCS Total		
Normal for Pt/Age	☐ Y ☐ N	

STROKE

mLAPSS ☐ Met ☐ Not Met
Last Known Well: ☐ Unk
Date: Time:
LAMS
Facial Droop: ____ Arm Drift:_____
Grip Strength: ____ Total Score:___

THERAPIES

Care Provided by PD:	TM#
☐ NarCan	_____
☐ TourniQuet	_____
☐ Hemostatic Dressing	_____
☐ Assisted with Home Meds	_____
☐ Back Blows/Thrust	_____
☐ BMV ☐ CO2 _____	_____
☐ Breath Sounds	_____
☐ Chest Rise	_____
☐ Existing Trach	_____
☐ OP/NP Airway	_____
☐ Cooling Measures	_____
☐ DRessings	_____
☐ Ice Pack	_____
☐ TourniQuet	_____
☐ Hemostatic Dressing	_____
☐ OX ____ lpm ☐ NC ☐ Mask	_____
☐ REstraints	_____
☐ Distal CMS Intact	_____
☐ Spinal MotIon Restriction	_____
☐ C-Collar	_____
☐ BackboarD	_____
☐ CMS Intact - Before	_____
☐ CMS Intact - After	_____
☐ SPlint ☐ Traction Splint	_____
☐ SUction	_____
☐ BLd Gluc #1_____#2_____	_____
☐ CPAP _____ cm H2O Time: _____	_____
☐ FB Removal	_____
☐ IV _____ g _____ site	_____
☐ IO _____ g Site ☐ HUmerus ☐ TibiA	_____
☐ Needle THoracostomy Site ☐ 2nd ICS ☐ 4th ICS	_____
☐ Vagal Maneuver	_____
☐ TC Pacing ___ mA ___ bpm Time: _____	_____
☐ OTher _____	_____

Total IV/IO Fluids Rec'd: _____ mls

ARREST

Witness ☐ Citizen ☐ EMS ☐ None
☐ Citizen CPR ☐ Citizen AED
EMS CPR @ _____ (time)
Arrest to CPR _____ (min)
AED ☐ Analyze ☐ Defibrillation
☐ ALS Resuscitation (use pg 2) PRN

Reason(s) for Withholding/Terminating Resuscitation:
☐ DNR/AHCD/POLST ☐ Termination Of Resuscitation
Time of 814 Death: _____
☐ RIgor ☐ LIvidity ☐ Blunt Trauma
☐ OTher _____
☐ FAmily _____ (signature)

SPECIAL CIRCUMSTANCES

DNR/AHCD/POLST? ☐ Y ☐ N Poison Control Contacted? ☐ Y ☐ N
Suspected Abuse/Neglect? ☐ Y ☐ N Contacted MCS (LVAD)? ☐ Y ☐ N
≥20wks IUP? ☐ Y ☐ N _____ wks
Barriers to Pt. Care: ☐ Speech ☐ Hearing ☐ Language
☐ Physical ☐ Other_____ Translator:_____

VITALS

Time	TM #	BP	Pulse	RR	O2 Sat	Pain	CO2	Time	TM #	Rhythm	Meds/Defib	Dose	Dose Units	Route	Result
		/													
		/													
		/													
		/													

Morphine Given: _____ mg Wasted: _____ mg
Midazolam Given: _____ mg Wasted: _____ mg
Fentanyl Given: _____ mcg Wasted: _____ mcg
Narcotic Wasted: RN Witness Name (print)_____ Signature _____

Reassessment After Therapies and/or Condition on Transfer:

Care Transferred To: ☐ Facility ☐ ALS ☐ BLS ☐ Heli	Transfer VS	Time	TM #	BP /	Pulse	RR	O2 Sat	CO2	Rhythm	CPAP Pressure	GCS E V M

Signature TM Completing Form
Sig #1 Sig #2 Reviewed By

EMS1993 (7-19)

PROVIDER

PATIENT RELEASE

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

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

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

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

Risks / Consequences: _____
Riesgos / Consequencias:

_____

_____

_____

Reason for refusal: _____
Mi argumento para denegar:

_____

Additional comments: _____
Mas comentos:

_____

Patient Signature ***Firma del Paciente***	Date ***Fecha***
Legal Representative ***Custodio Legal***	Relationship to Patient ***Parentesco al Paciente***
Witness 1 ***Presenciador***	Date ***Fecha***
Witness 2 ***Presenciador***	Date ***Fecha***

Check all that apply:

- ☐ GCS = 15
- ☐ Advised of risks and consequences
- ☐ Interpreter used: Name: _____
- ☐ Patient has plans for follow up
- ☐ Advised to seek alternative medical care at once
- ☐ Understands consequences of refusal
- ☐ Instructed to recontact 911 if patient's condition deteriorates or patient reconsiders the need for 911 assistance

Refused: ☐ Treatment
☐ Transport

EMS REPORT

INCIDENT INFO

Date / /	Inc. # / Jur. Sta.	Location Code	MCI? ☐ Y ☐ N	PD & Unit #	☐ Regular Run ☐ No Pt ☐ Cx at Scene ☐ PuB Asst ☐ IFT ☐ DOA ☐ FireLine ☐ Mutual Aid ☐ Pg 2

Orig. Seq.# _____

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

Prov	A/B/H	Unit	Disp	Arrival	At Pt	Left	At Fac	Fac Equip	Avail	Team Member ID	
										#1	#2
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										#5	#6
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TRANS

Protocol	Protocol	VIA	TRANS TO	RATIONALE
Med. Ctrl.	Rec Fac.	☐ ALS ☐ BLS ☐ Heli ☐ No Transport AMA? ☐ Y ☐ N	☐ MAR ☐ PeriNatal ☐ EDAP ☐ STEMI ☐ TC/PTC ☐ PMC ☐ PrimAry Stroke Ctr. ☐ SART ☐ Other ☐ Comp. StroKe Ctr.	☐ No SC Req'd ☐ Criteria/Required ☐ Guidelines ☐ Judgment ☐ EXtremis ☐ No SC Access ☐ ED Sat ☐ Request by _____
Notification? ☐ Y ☐ N		Release at Scene? ☐ Y ☐ N		
Code 3? ☐ Y ☐ N		Treat & Refer? ☐ Y ☐ N		

PT INFO

Name/Last | First | M.I. | DOB / / | Phone ( )

Street Number | Street Name | Apt # | City | Zip | Mileage .

Insurance | Hospital ID | PMD Name | Partial SS # (last 4 digits)

COMMENTS

O / P
Q
R
S
T
Hx
Allergies
Meds

Suspected ETOH? ☐ Y ☐ N
Suspected Drug Use? ☐ Y ☐ N
If yes: ☐ AMPhetamines ☐ HERoin ☐ COCaine ☐ Cannabis (THC) ☐ Other OPioid ☐ OTHer
Route: ☐ INJected ☐ INGested ☐ INHaled ☐ OTHer
ASA Allergy? ☐ Y ☐ N
SEDs in past 48hrs ☐ Y ☐ N

COMPLAINTS

MEDICAL

☐ Abd/Pelvic Pain
☐ Agitated Delirium
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☐ Apneic Episode
☐ BEHavioral
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☐ Traumatic Injury (TRMA)
☐ Upper GI Bleeding (UPGI)
☐ Vaginal Bleeding (VABL)
☐ Weakness-General (WEAK)

PHYSICAL

PUPILS: ☐ PERL ☐ PInpoint ☐ Sluggish ☐ Fixed & Dil. ☐ Cataracts ☐ Unequal ☐ Pt's Norm

RESP: ☐ Normal ☐ Clear ☐ Wheezes ☐ Rales ☐ RHonchi ☐ SnorinG ☐ Unequal ☐ JVD ☐ Stridor ☐ Labored ☐ Apnea ☐ AMU
Tidal Volume ☐ N ☐ + ☐ -

SKIN: ☐ Normal ☐ Diaphoretic ☐ Cyanotic ☐ Hot ☐ Flushed ☐ CoLd ☐ Pale
Cap Refill: ☐ NoRmal ☐ DElayed

12 LEAD

12 Lead Time: _____	2nd 12 Lead Time: _____
EMS Interpretation: ☐ NL ☐ ABnl ☐ STEMI	EMS Interpretation: ☐ NL ☐ ABnl ☐ STEMI
Software Interpretation: ☐ NL ☐ ABnl ☐ STEMI	Software Interpretation: ☐ NL ☐ ABnl ☐ STEMI
Artifact ☐ Y ☐ N	Artifact ☐ Y ☐ N
Wavy Baseline ☐ Y ☐ N	Wavy Baseline ☐ Y ☐ N
Paced Rhythm ☐ Y ☐ N	Paced Rhythm ☐ Y ☐ N
Transmitted? ☐ Y ☐ N	Transmitted? ☐ Y ☐ N

PATIENT ASSESSMENT

Pt ____ of ____ # Pts
Transported ____
Age_____ ☐ Y ☐ M ☐ W ☐ D ☐ H ☐ Est.
Gender ☐ M ☐ F ☐ N
Weight _____ ☐ Lbs ☐ Kg
Peds Color Code ____ ☐ Too Tall
Distress Level ☐ None ☐ MilD ☐ Mod ☐ Severe
Pt Complaint 1 2 3 4
Prov Impress 1 2
Mechanism 1 2 3 4

GCS

Time		
Eyes		
Verbal		
Motor		
GCS Total		

Normal for Pt/Age ☐ Y ☐ N

STROKE

mLAPSS ☐ Met ☐ Not Met
Last Known Well: ☐ Unk
Date: Time:
LAMS
Facial Droop: ____ Arm Drift:_____
Grip Strength: ____ Total Score:___

THERAPIES

TM#

Care Provided by PD:
☐ NarCan _____
☐ TourniQuet _____
☐ Hemostatic Dressing _____
☐ Assisted with Home Meds _____
☐ Back Blows/Thrust _____
☐ BMV ☐ CO2 _____ _____
☐ Breath Sounds _____
☐ Chest Rise _____
☐ Existing Trach _____
☐ OP/NP Airway _____
☐ Cooling Measures _____
☐ DRessings _____
☐ Ice Pack _____
☐ TourniQuet _____
☐ Hemostatic Dressing _____
☐ OX ____ lpm ☐ NC ☐ Mask _____
☐ REstraints _____
☐ Distal CMS Intact _____
☐ Spinal MotIon Restriction _____
☐ C-Collar _____
☐ BackboarD _____
☐ CMS Intact - Before _____
☐ CMS Intact - After _____
☐ SPlint ☐ Traction Splint _____
☐ SUction _____
☐ BLd Gluc #1_____#2_____ _____
☐ CPAP _____ cm H2O _____
Time: _____
☐ FB Removal _____
☐ IV _____ g _____ site _____
☐ IO _____ g _____
Site ☐ HUmerus ☐ TibiA
☐ Needle THoracostomy _____
Site ☐ 2nd ICS ☐ 4th ICS
☐ Vagal Maneuver _____
☐ TC Pacing ___ mA ___ bpm _____
Time: _____
☐ OTher _____ _____

Total IV/IO Fluids Rec'd: _____ mls

ARREST

Witness ☐ Citizen ☐ EMS ☐ None
☐ Citizen CPR ☐ Citizen AED
EMS CPR @ _____ (time)
Arrest to CPR _____ (min)
AED ☐ Analyze ☐ Defibrillation
☐ ALS Resuscitation (use pg 2) PRN

Reason(s) for Withholding/Terminating Resuscitation:
☐ DNR/AHCD/POLST ☐ Termination Of Resuscitation
Time of 814 Death: _____
☐ RIgor ☐ LIvidity ☐ Blunt Trauma
☐ OTher _____
☐ FAmily _____ (signature)

SPECIAL CIRCUMSTANCES

DNR/AHCD/POLST? ☐ Y ☐ N Poison Control Contacted? ☐ Y ☐ N
Suspected Abuse/Neglect? ☐ Y ☐ N Contacted MCS (LVAD)? ☐ Y ☐ N
≥20wks IUP? ☐ Y ☐ N _____ wks
Barriers to Pt. Care: ☐ Speech ☐ Hearing ☐ Language
☐ Physical ☐ Other_____ Translator:_____

VITALS

Time	TM #	BP	Pulse	RR	O2 Sat	Pain	CO2	Time	TM #	Rhythm	Meds/Defib	Dose	Dose Units	Route	Result
		/													
		/													
		/													
		/													

Morphine Given: _____ mg Wasted: _____ mg
Midazolam Given: _____ mg Wasted: _____ mg
Fentanyl Given: _____ mcg Wasted: _____ mcg
Narcotic Wasted: RN Witness Name (print)_____ Signature _____

Reassessment After Therapies and/or Condition on Transfer:

Care Transferred To: ☐ Facility ☐ ALS ☐ BLS ☐ Heli	Transfer VS	Time	TM #	BP /	Pulse	RR	O2 Sat	CO2	Rhythm	CPAP Pressure	GCS E V M

Signature TM Completing Form
Sig #1 Sig #2 Reviewed By

EMS1993 (7-19)

RECEIVING HOSPITAL

PED. GLASGOW COMA SCALE

EYE OPENING

Spontaneously	4
To speech	3
To pain	2
No opening	1

BEST VERBAL RESPONSE

Smiles, tracks objects	5
Cries but consolable	4
Inconsistently inconsolable, moaning	3
Inconsolable, agitated	2
No response	1

BEST MOTOR RESPONSE

Spontaneous or purposeful	6
Withdraws from touch	5
Withdraws from pain	4
Abnormal flexion	3
Abnormal extension	2
No response	1

NORMAL PEDIATRIC VITAL SIGNS

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

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

PEDIATRIC AGE / ASSESSMENT

PRINCIPLES:

1. Pediatric patients require special consideration in assessment, treatment and administration of medication.
2. The treatment and concentration of medications are age or weight specific for the pediatric patient.
3. For purposes of destination, pediatric patients in the prehospital setting are defined as children **14 years of age or younger**.
4. Brief Resolved Unexplained Event (BRUE) is defined as an event occurring in an infant <1 year of age when the observer reports a sudden, brief, and now resolved episode of 1 or more of the following:
   - Cyanosis or pallor
   - Absent, decreased, or irregular breathing
   - Marked change in tone (hyper - or hypotonia)
   - Altered level of responsiveness

GUIDELINES:

1. A Pediatric Resuscitation Tape shall be used to obtain the patient's weight and treatment color code on all ALS pediatric patients. Pediatric patients < 12 years or height greater than the length of the pediatric tape, who require ventilatory support will be managed with BLS measures as indicated.
2. A King LTS-D may be used for pediatric patients ≥ 12 years of age.
   - Small Adult (Height between 4 feet and 5 feet)
   - Adult (Height between 5 feet and 6 feet)
   - Large Adult (Height 6 feet and taller)
3. Child CPR is used for patients from 1 year of age to the onset of puberty..
4. Infant CPR is used for patients 2-13 months.
5. Neonatal CPR is used for patients newborn to 1 month of age.
6. AED may be used for all children. Pediatric pads are recommended for infants and children <8 years of age. For children ≥ 8 years of age, use a standard AED.

ECG CODES

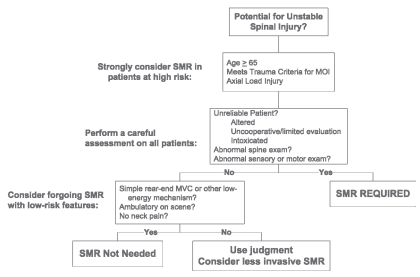
AFI	Atrial Fibrillation	PAC	Premature Atrial Contrac
AFL	Atrial Flutter	PAT	Paroxysmal Atrial Tach
AGO	Agonal Rhythm	PEA	Pulseless Elec Activity
ASY	Asystole	PST	Paroxysmal Supravent Tach
AVR	Accelerated Ventricular	PVC	Premature Ventric Contrac
1HB	1-Heart Block	SR	Sinus Rhythm
2HB	2-Heart Block	SB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

Monitoring Principles:

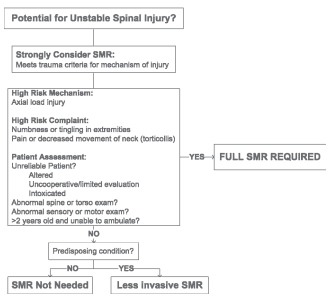
1. Any patient placed on a cardiac monitor should remain on the monitor until care is transferred.
2. Any patient that requires a monitor should have a 6 second strip attached to the original and receiving facility copies of the EMS Report Form.

SPINAL MOTION RESTRICTION

ADULT



PEDS



MEDICATIONS / DEFIBRILLATION

Medications:

ADE	Adenosine
ALB	Albuterol
AMI	Amiodarone
ASA	Aspirin
ATR	Atropine
BEN	Benadryl
BIC	Sodium Bicarbonate
CAL	Calcium Chloride
D10	10% Dextrose
EPI	Epinephrine
P-EPI	Push-dose Epinephrine
FEN	Fentanyl
GLU	Glucagon
GLP	Oral Glucose Paste
LID	Lidocaine
MID	Midazolam
MORPHINE	Morphine Sulfate
NAR	Narcan
NTG	Nitroglycerin
OND	Ondansetron

Medications Routes:

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

Dose:

FC	Fluid Challenge
TKO	To Keep Open
WO	Wide Open

Defibrillation:

CAR	Cardioversion
DEF	Defibrillation
TCP	Transcutaneous Pacing

IV Access: (Chart as medication)

NS	Normal Saline
SL	Saline Lock
IVU	IV Unobtainable

GLASGOW COMA SCALE

EYE OPENING

Spontaneously	4
To Verbal Command	3
To Pain	2
No Response	1

BEST VERBAL RESPONSE

Oriented	5
Confused	4
Inappropriate Words	3
Incomprehensible Sounds	2
No Response	1

BEST MOTOR RESPONSE

Obedient	6
Purposeful	5
Withdrawal	4
Flexion	3
Extension	2
No Response	1

Modified Los Angeles Prehospital Stroke Screen (mLAPSS)

MODIFIED LAPSS CRITERIA

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. Strength

Los Angeles Motor Scale (LAMS)

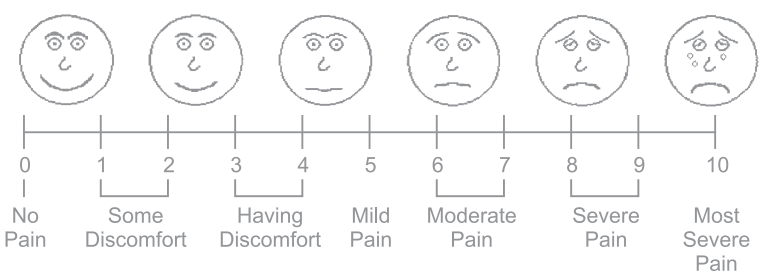
1. Facial Droop
   a. Absent = 0
   b. Present = 1
2. Arm Drift
   a. Absent = 0
   b. Drifts Down = 1
   c. Falls Rapidly = 2
3. Grip Strength
   a. Normal = 0
   b. Weak Grip = 1
   c. No Grip = 2

Total LAMS Score = Sum of assessments 1-3

FLACC (Face, Legs, Activity, Cry and Consolability) (< 3 yrs or with cognitive impairment)

	Behavior	0	1	2
F	Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
L	Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
A	Activity	Lying quietly, normal position, moves easily	Squirming, tense, shifting back and forth, hesitant to move, guarding	Arched, rigid or jerking, fixed position, rubbing of body part
C	Cry	No cry/moan (awake or asleep)	Moans or whispers, occasional cries, sighs or complaint	Cries steadily, screams, sobs, moans, groans, frequent complaints
C	Consolability	Calm, content, relaxed, needs no consoling	Reassured by hugging, talking to, distractible	Difficult to console or comfort

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



EMS REPORT

INCIDENT INFO

Date / /	Inc. # / Jur. Sta.	Location Code	MCI? ☐ Y ☐ N	PD & Unit #	☐ Regular Run ☐ No Pt ☐ Cx at Scene ☐ PuB Asst ☐ IFT ☐ DOA ☐ FireLine ☐ Mutual Aid ☐ Pg 2

Orig. Seq.# _____

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

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

TRANS

Protocol	Protocol	VIA	TRANS TO	RATIONALE
Med. Ctrl.	Rec Fac.	☐ ALS ☐ BLS ☐ Heli ☐ No Transport AMA? ☐ Y ☐ N	☐ MAR ☐ PeriNatal ☐ EDAP ☐ STEMI ☐ TC/PTC ☐ PMC ☐ PrimAry Stroke Ctr. ☐ SART ☐ Other ☐ Comp. StroKe Ctr.	☐ No SC Req'd ☐ Criteria/Required ☐ Guidelines ☐ Judgment ☐ EXtremis ☐ No SC Access ☐ ED Sat ☐ Request by _____
Notification? ☐ Y ☐ N		Release at Scene? ☐ Y ☐ N		
Code 3? ☐ Y ☐ N		Treat & Refer? ☐ Y ☐ N		

PT INFO

Name/Last — First — M.I. — DOB / / — Phone ( )

Street Number — Street Name — Apt # — City — Zip — Mileage .

Insurance — Hospital ID — PMD Name — Partial SS # (last 4 digits)

COMMENTS

O / P
Q
R
S
T
Hx
Allergies
Meds

Suspected ETOH? ☐ Y ☐ N
Suspected Drug Use? ☐ Y ☐ N
If yes: ☐ AMPhetamines ☐ HERoin ☐ COCaine ☐ Cannabis (THC) ☐ Other OPioid ☐ OTHer
Route: ☐ INJected ☐ INGested ☐ INHaled ☐ OTHer
ASA Allergy? ☐ Y ☐ N
SEDs in past 48hrs ☐ Y ☐ N

COMPLAINTS

MEDICAL

☐ Abd/Pelvic Pain ☐ Agitated Delirium ☐ Allergic Reaction ☐ Altered LOC ☐ Apneic Episode ☐ BEHavioral ☐ Bleeding Other Site
☐ Brief Resolved Unexpl. Event ☐ Cardiac Arrest ☐ Chest Pain ☐ CHoking/Airway Obstr. ☐ Cough/Congestion ☐ DOA
☐ DYsrhythmia ☐ FEver ☐ Foreign Body ☐ GI Bleed ☐ Head Pain ☐ HYpoglycemia ☐ Local Neuro Signs
☐ Med Device Complaint ☐ Nausea/Vomiting ☐ Near Drowning ☐ Neck/Back Pain ☐ No Medical Complaint ☐ NOsebleed
☐ OBstetrics ☐ LAbor ☐ NeWborn ☐ OverDose ☐ POisoning ☐ Other Pain ☐ PalpitationS ☐ Respiratory Arrest
☐ SEizure ☐ Shortness of Breath ☐ SYncope ☐ VAginal Bleed ☐ WEak/DIzzy ☐ Inpatient Medical ☐ OTher _____

TRAUMA

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

B P	B P
☐ ☐ Traumatic Arrest	☐ ☐ Abdomen
☐ ☐ Head ☐ GCS ≤14	☐ Diffuse Abd. Tend.
☐ ☐ Face/Mouth	☐ ☐ Genitals
☐ ☐ Neck	☐ ☐ ButtocKs
☐ ☐ Back	☐ ☐ Extremities
☐ ☐ Chest	☐ EXt. ↑ knee/elbow
☐ Flail Chest	☐ FRactures≥ 2 long
☐ ☐ Tension Pneumo.	☐ ☐ Amp. ↑ wrIst/ankle
☐ ☐ Minor Lacerations	☐ ☐ Neur/Vasc/Mangl'd

MECHANISM

Protective Devices: ☐ Seat Belt ☐ Air Bag ☐ HeLmet ☐ Car Seat/Booster

☐ Enclosed Vehicle ☐ EJected ☐ EXtricated @_____ ☐ Pass. Space. Intr. ☐ >12" ☐ >18" ☐ Survived Fatal Accident ☐ Impact >20 mph Unenclosed ☐ Ped/Bike Runover/Thrown/>20mph ☐ Ped/Bike <20 mph ☐ FAll ☐ 15ft/>10ft. ☐ TAser
☐ ASsault ☐ STabbing ☐ GSW ☐ Motorcycle/Moped ☐ SPorts/Recreation ☐ Self-Inflict'd/Acc. ☐ Self-Inflict'd/Int. ☐ AntiCoagulants ☐ Special Consid.
☐ Telemetry Data ☐ Hazmat Exposure ☐ ANimal Bite ☐ CRush ☐ ElectricalShock ☐ Thermal Burn ☐ Work-Related ☐ UNknown ☐ OTher:_____

IMPRESSION

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

PHYSICAL

PUPILS: ☐ PERL ☐ PInpoint ☐ Sluggish ☐ Fixed & Dil. ☐ Cataracts ☐ Unequal ☐ Pt's Norm

RESP: ☐ Normal ☐ Clear ☐ Wheezes ☐ Rales ☐ RHonchi ☐ SnorinG ☐ Unequal ☐ JVD ☐ Stridor ☐ Labored ☐ Apnea ☐ AMU
Tidal Volume ☐ N ☐ + ☐ -

SKIN: ☐ Normal ☐ Diaphoretic ☐ Cyanotic ☐ Hot ☐ Flushed ☐ CoLd ☐ Pale
Cap Refill: ☐ NoRmal ☐ DElayed

12 LEAD

12 Lead Time: _____	2nd 12 Lead Time: _____
EMS Interpretation: ☐ NL ☐ ABnl ☐ STEMI	EMS Interpretation: ☐ NL ☐ ABnl ☐ STEMI
Software Interpretation: ☐ NL ☐ ABnl ☐ STEMI	Software Interpretation: ☐ NL ☐ ABnl ☐ STEMI
Artifact ☐ Y ☐ N	Artifact ☐ Y ☐ N
Wavy Baseline ☐ Y ☐ N	Wavy Baseline ☐ Y ☐ N
Paced Rhythm ☐ Y ☐ N	Paced Rhythm ☐ Y ☐ N
Transmitted? ☐ Y ☐ N	Transmitted? ☐ Y ☐ N

PATIENT ASSESSMENT

Pt ____ of ____ # Pts
Transported ____
Age_____ ☐ Y ☐ M ☐ W ☐ D ☐ H ☐ Est.
Gender ☐ M ☐ F ☐ N
Weight _____ ☐ Lbs ☐ Kg
Peds Color Code ____ ☐ Too Tall
Distress Level ☐ None ☐ MilD ☐ Mod ☐ Severe
Pt Complaint 1 2 3 4
Prov Impress 1 2
Mechanism 1 2 3 4

GCS

Time		
Eyes		
Verbal		
Motor		
GCS Total		

Normal for Pt/Age ☐ Y ☐ N

STROKE

mLAPSS ☐ Met ☐ Not Met
Last Known Well: ☐ Unk
Date: Time:
LAMS
Facial Droop: ____ Arm Drift:_____
Grip Strength: ____ Total Score:___

THERAPIES

TM#

Care Provided by PD:
☐ NarCan ____
☐ TourniQuet ____
☐ Hemostatic Dressing ____
☐ Assisted with Home Meds ____
☐ Back Blows/Thrust ____
☐ BMV ☐ CO2 _____ ____
☐ Breath Sounds ____
☐ Chest Rise ____
☐ Existing Trach ____
☐ OP/NP Airway ____
☐ Cooling Measures ____
☐ DRessings ____
☐ Ice Pack ____
☐ TourniQuet ____
☐ Hemostatic Dressing ____
☐ OX ____ lpm ☐ NC ☐ Mask ____
☐ REstraints ____
☐ Distal CMS Intact ____
☐ Spinal MotIon Restriction ____
☐ C-Collar ____
☐ BackboarD ____
☐ CMS Intact - Before ____
☐ CMS Intact - After ____
☐ SPlint ☐ Traction Splint ____
☐ SUction ____
☐ BLd Gluc #1_____#2_____ ____
☐ CPAP _____ cm H2O ____
Time: _____
☐ FB Removal ____
☐ IV _____ g _____ site ____
☐ IO _____ g ____
Site ☐ HUmerus ☐ TibiA
☐ Needle THoracostomy ____
Site ☐ 2nd ICS ☐ 4th ICS
☐ Vagal Maneuver ____
☐ TC Pacing ___ mA ___ bpm ____
Time: _____
☐ OTher _____ ____
Total IV/IO Fluids Rec'd: _____ mls

ARREST

Witness ☐ Citizen ☐ EMS ☐ None
☐ Citizen CPR ☐ Citizen AED
EMS CPR @ _____ (time)
Arrest to CPR _____ (min)
AED ☐ Analyze ☐ Defibrillation
☐ ALS Resuscitation (use pg 2) PRN

Reason(s) for Withholding/Terminating Resuscitation:
☐ DNR/AHCD/POLST ☐ Termination Of Resuscitation
Time of 814 Death: _____
☐ RIgor ☐ LIvidity ☐ Blunt Trauma
☐ OTher _____
☐ FAmily _____ (signature)

SPECIAL CIRCUMSTANCES

DNR/AHCD/POLST? ☐ Y ☐ N Poison Control Contacted? ☐ Y ☐ N
Suspected Abuse/Neglect? ☐ Y ☐ N Contacted MCS (LVAD)? ☐ Y ☐ N
≥20wks IUP? ☐ Y ☐ N _____ wks
Barriers to Pt. Care: ☐ Speech ☐ Hearing ☐ Language
☐ Physical ☐ Other_____ Translator:_____

VITALS

Time	TM #	BP	Pulse	RR	O2 Sat	Pain	CO2	Time	TM #	Rhythm	Meds/Defib	Dose	Dose Units	Route	Result
		/													
		/													
		/													
		/													

Morphine Given: _____ mg Wasted: _____ mg
Midazolam Given: _____ mg Wasted: _____ mg
Fentanyl Given: _____ mcg Wasted: _____ mcg
Narcotic Wasted: RN Witness Name (print)_____ Signature _____

Reassessment After Therapies and/or Condition on Transfer:

Care Transferred To: ☐ Facility ☐ ALS ☐ BLS ☐ Heli	Transfer VS	Time	TM #	BP /	Pulse	RR	O2 Sat	CO2	Rhythm	CPAP Pressure	GCS E V M

Signature TM Completing Form
Sig #1 Sig #2 Reviewed By

EMS1993 (7-19)

EMS AGENCY

RECEIVING FACILITIES

(Base Hospitals are noted in Bold)

ACH	Alhambra Hospital Medical Center
AHM	Catalina Island Medical Center
AMH	**Methodist Hospital of Southern California**
ANH	Anaheim Regional Medical Center (Orange Co.)
ARM	Arrowhead Regional Medical Center (SB County)
AVH	**Antelope Valley Hospital**
BEV	Beverly Hospital
BMC	Southern California Hospital at Culver City
CAL	**Dignity Health–California Hospital Medical Center**
CHH	Childrens Hospital Los Angeles
CHI	Chino Valley Medical Center (San Bernardino Co)
CHO	Children's Hospital of Orange County (Orange County)
CHP	Community Hospital of Huntington Park
CNT	Centinela Hospital Medical Center
CPM	Coast Plaza Doctors Hospital
CSM	**Cedars-Sinai Medical Center**
DCH	PIH Health Hospital - Downey
DFM	Marina Del Rey Hospital
DHL	Lakewood Regional Medical Center
DHM	Montclair Hospital Medical Center (San Bernardino Co)
ELA	East Los Angeles Doctors Hospital
ENH	Encino Hospital Medical Center
FHP	Fountain Valley Hospital (Orange County)
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	Good Samaritan Hospital
GWT	**Adventist Health–Glendale**
HBC	Hyperbaric Chamber (NON-BASIC)
HCH	**Providence Holy Cross Medical Center**
HGH	**LAC Harbor-UCLA Medical Center**
HMH	**Huntington Hospital**
HMN	**Henry Mayo Newhall 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 (San Bernardino Co.)
KFH	Kaiser Foundation Hospital - South Bay
KFI	Kaiser Foundation Hospital - Irvine (Orange Co.)
KFL	Kaiser Foundation Hospital - Sunset (Los Angeles)
KFN	Kaiser Foundation Hospital - Ontario (San Bernardino Co.)
KFO	Kaiser Foundation Hospital - Woodland Hills
KFP	Kaiser Foundation Hospital - Panorama City
KFW	Kaiser Foundation Hospital – West Los Angeles
KHA	Kaiser Foundation Hospital Anaheim (Orange Co.)
LAG	Los Alamitos Medical Center (Orange Co)
LBM	**Long Beach Memorial Medical Center**
LBV	Long Beach VA (NON-BASIC)
LCH	Palmdale Regional Medical Center
LCM	**Providence Little Company of Mary Medical Center - Torrance**
LLU	Loma Linda University Medical Center (San Bernardino 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 Not on List
OVM	LAC Olive View - UCLA Medical Center
PAC	Pacifica Hospital of the Valley
PIH	**PIH Health Hospital - Whittier**
PLB	College Medical Center
PLH	Placentia Linda Hospital (Orange County)
PVC	**Pomona Valley Hospital Medical Center**
QOA	Hollywood Presbyterian Medical Center
QVH	**Emanate Health Queen of the Valley Hospital**
RCC	Ridgecrest Regional Hospital (Kern Co.)
SAC	San Antonio Community Hospital (San Bernardino Co)
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 Saint 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
SVH	Saint Vincent Medical Center
TOR	**Torrance Memorial Medical Center**
TRM	Providence Tarzana Medical Center
UCI	UCI Medical Center (Orange Co)
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
WMH	Adventist Health–White Memorial
WVA	Wadsworth VA (NON-BASIC)

CONTACT CODES

MAC	Medical Alert Center
MDS	Medical Director/EMS Fellow on Scene
MTP	Medical Treatment Protocol

PROVIDER 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
CB	LA County Beaches
CC	Culver City Fire
CF	LA County Fire
CG	US Coast Guard
CI	LA City Fire
CL	CAL-MED Ambulance
CM	Compton Fire
CS	LA County Sheriff
DF	Downey Fire
EA	Emergency Ambulance
ES	El Segundo Fire
EX	Explorer 1 Ambulance & Medical Service
FC	First Care Ambulance
FM	Firstmed Ambulance
FS	U.S. Forest Service
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
OC	Orange County Provider
OH	Other Helicopter
OT	Other Provider
PE	Premier Medical Transport
PF	Pasadena Fire
PN	PRN Ambulance, Inc.
RB	Redondo Beach Fire
RE	REACH Air Medical Services
RO	Rescue One Ambulance
RR	Rescue Services (Medic 1)
RY	Royalty Ambulance
SA	San Marino Fire
SB	San Bernardino County Provider
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
UC	UCLA Emer Med Serv
UF	Upland Fire
VA	Viewpoint Ambulance, Inc.
VE	Ventura County Fire
VF	Vernon Fire
WC	West Covina Fire
WE	West Coast Ambulance
WM	Westmed/McCormick Ambulance

CITY CODES

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
CO	Commerce
CP	Canoga Park
CR	Crenshaw
CS	Castaic
CT	Century City
CU	Cudahy
CV	Covina
CY	Cypress Park
DB	Diamond Bar
DO	Downey
DS	Del Sur
DU	Duarte
DZ	Dominguez
EL	East Los Angeles
EM	El Monte
EN	Encino
EO	El Sereno
EP	Echo Park
ER	Eagle Rock
ES	El Segundo
EV	Elysian Valley
EZ	East Rancho Dominguez
FA	Fairmont
FL	Florence
FO	Fair Oaks Ranch
GA	Gardena
GF	Griffith Park
GH	Granada Hills
GK	Glenoaks
GL	Glendale
GO	Gorman
GP	Glassell Park
GR	Green Valley
GV	Glenview
GW	Glendora
HA	Hawthorne
HB	Hermosa Beach
HC	Hacienda Heights
HE	Harvard Heights
HG	Hawaiian Gardens
HH	Hidden Hills
HI	Highland Park
HK	Holly Park
HO	Hollywood
HP	Huntington Park
HR	Harbor City
HV	Hi Vista
HY	Hyde Park
IG	Inglewood
IN	City of Industry
IR	Irwindale
JH	Juniper Hills
JP	Jefferson Park
KG	Kagel Canyon
KO	Koreatown
LA	Los Angeles
LB	Long Beach
LC	La Canada/Flintridge
LD	Ladera Heights
LE	Leona Valley
LF	Los Feliz
LH	La Habra Heights
LI	Littlerock
LK	Lakewood
LL	Lake Los Angeles
LM	La Mirada
LN	Lawndale
LO	Lomita
LP	La Puente
LQ	LAX
LR	La Crescenta
LS	Los Nietos
LT	Lancaster
LU	Lake Hughes
LV	La Verne
LW	Lake View Terrace
LX	Lennox
LY	Lynwood
LZ	Lake Elizabeth
MA	Malibu
MB	Manhattan Beach
MC	Malibu Beach
MD	Marina del Rey
ME	Monte Nido
MG	Montecito Heights
MH	Mission Hills
MI	Mint Canyon
ML	Malibou Lake
MM	Miracle Mile
MN	Montrose
MO	Montebello
MP	Monterey Park
MR	Mar Vista
MS	Mount Wilson
MT	Montclair
MU	Mount Olympus
MV	Monrovia
MW	Maywood
MY	Metler Valley
NA	Naples
NE	Newhall
NH	North Hollywood
NN	Neenach
NO	Norwalk
NR	Northridge
NT	North Hills
OP	Ocean Park
OT	Other
PA	Pasadena
PB	Pearblossom
PC	Pacoima
PD	Palmdale
PE	Pacific Palisades
PH	Pacific Highlands
PI	Phillips Ranch
PL	Playa Vista
PM	Paramount
PN	Panorama City
PO	Pomona
PP	Palos Verdes Peninsula
PR	Pico Rivera
PS	Palms
PT	Porter Ranch
PV	Palos Verdes Est
PY	Playa del Rey
QH	Quartz Hill
RB	Redondo Beach
RC	Roosevelt Corner
RD	Rancho Dominguez
RE	Rolling Hills Est
RH	Rolling Hills
RK	Rancho Park
RM	Rosemead
RO	Rowland Heights
RP	Rancho P V
RS	Reseda
RV	Rampart Village
RW	Rosewood
SA	Saugus
SB	Sandberg
SC	Santa Clara
SD	San Dimas
SE	South El Monte
SF	San Fernando
SG	San Gabriel
SH	Signal Hill
SI	Sierra Madre
SJ	Silver Lake
SK	Sherman Oaks
SL	Sun Valley
SM	Santa Monica
SN	San Marino
SO	South Gate
SP	South Pasadena
SQ	Sleepy Valley
SR	San Pedro
SS	Santa Fe Springs
ST	Santa Clarita
SU	Sunland
SV	Stevenson Ranch
SW	Sawtelle
SX	South Central
SY	Sylmar
SZ	Studio City
TA	Tarzana
TC	Temple City
TD	Tropico
TE	Topanga State Park
TH	Thousand Oaks
TI	Terminal Island
TJ	Tujunga
TL	Toluca Lake
TO	Torrance
TP	Topanga
TT	Toluca Terrace
UC	Universal City
UP	University Park
VA	Valencia
VC	Venice
VE	Vernon
VG	Valley Glen
VI	Valley Village
VL	Valinda
VN	Van Nuys
VV	Val Verde
VW	View Park
VY	Valyermo
WA	Walnut
WB	Willowbrook
WC	West Covina
WE	West Hills
WG	Wilsona Gardens
WH	West Hollywood
WI	Whittier
WK	Winnetka
WL	Woodland Hills
WM	Wilmington
WN	Windsor Hills
WO	Westlake
WP	Walnut Park
WR	Westchester
WS	Windsor Square
WT	Watts
WV	Westlake Village
WW	Westwood

LOCATION CODES

AI	Airport/Transport Center
AM	Ambulance
BE	Beach/Ocean/Lake/River
CL	Cliff/Canyon
CO	Private 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
IN	Industrial/Construction Area
JA	Jail
MB	Military Base
MC	Hospital/Medical Center
NH	Nursing Home
OF	Office
PA	Park
PL	Parking Lot
PO	Swimming Pool
PV	Public Venue/Event
RA	Recreational Area
RE	Restaurant
RI	Residential Institution
RL	Religious Building
RS	Retail/Store
RT	Railroad Track
SC	School/College/University
ST	Street/Highway
UC	Urgent Care
WI	Wilderness Area
OT	Other