

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

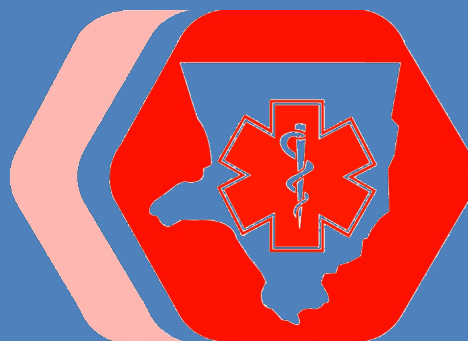
SUBJECT: **BASE HOSPITAL DOCUMENTATION MANUAL**

MICN/BASE PHYSICIAN  
REFERENCE NO. 644

# Base Hospital Documentation Manual & Data Dictionary

Los Angeles County

Emergency Medical Services Agency



JULY 2025

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MCI DOCUMENTATION MANUAL	

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## COMMON NULL VALUES

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### Definition

Signifies the concept of an unknown or missing value

### Field Values

- **F6:** Not Documented
- **F7:** Not Applicable

### Additional Information

- For any collection of data to be of value and reliably represent intended information, a strong commitment must be made to ensure that data collected are complete and accurate
- **Not Documented:** This null value is relevant when a field is intended to contain a value but contains no data. (e.g., “Arrest to CPR”, if arrest was witnessed, but minutes from arrest to CPR is not provided, enter “Not Documented” (F6) in TEMIS)
- **Not Applicable:** This null value code applies if the field doesn’t apply to the current situation or patient record. (e.g., “Total Min. EMS CPR”, if the patient was transported, enter “Not Applicable” (F7) in TEMIS)
- **Blank:** Is not a null value, but regarded as an empty cell
- If data is missing or unknown, check the relevant fields to see if a null value is appropriate for data entry

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**      REFERENCE NO. 644

## **NOTIFICATIONS**



## LOG #

---

**Definition**

A unique number that is assigned by the hospital

**Additional Information**

- Format is unique to each individual hospital
- The “Log #” inputted on Base 1 Tab will automatically populate on the Notification Tab

**Uses**

- Assists in tracking the record and the corresponding audio file

**Data Source Hierarchy**

- Notification Form
- Notification Log

---

## NOTIFICATION ONLY?

---

**Definition**

Field indicating whether the record is a notification call

**Field Values**

- **Y:** Yes
- **N:** No

**Additional Information**

- At initiation of data entry, the field will automatically default to “N”
- Users must manually change the “ Notification Only?” status to “Y,” when entering a notification call and select the Notification tab to complete data entry. Do not enter any information in the Base 1, Base 2, or Dispo/QI
- Enter base to base and public provider notification calls in TEMIS
- If a base hospital erroneously receives a notification for a patient that is not transported to their facility, do not enter in TEMIS
- Notification calls from public providers for 9-1-1 IFTs should be entered in TEMIS
- Notifications calls from private providers for IFTs, and non-9-1-1 calls should not be entered in TEMIS

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Notification Form
- Notification Log
- Base Form
- Audio Records

---

## SEQUENCE NUMBER

---

### Definition

Unique, alphanumeric EMS record number electronically assigned to electronic patient care record (ePCRs) by EMS provider's electronic device or found pre-printed at the top right-hand corner of the EMS Report Form hard copies

### Additional Information

- **Required** field for notification calls
- Data entry cannot begin without this number
- Private providers utilizing an EMS Report Form hard copy will have 8 alpha-numeric sequence value
- Providers utilizing electronic patient care records (ePCR) will have a 12 alpha-numeric value, always beginning with the two-letter provider code followed by the two-digit year. Neither format should contain spaces
- If sequence number is missing or incorrectly documented, every effort must be taken by the base hospital to obtain it – either by reviewing the audio recording or by contacting the appropriate provider agency directly. Only after all efforts to obtain the actual sequence number have been exhausted may a request be made to the EMS Agency for assistance, or a “dummy” sequence number as a final option. Such requests should be submitted in a **timely** manner.
- A fictitious sequence number **should not** be generated for any reason

### Uses

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

### Data Source Hierarchy

- Notification Form
- Notification Log
- Radio Recording System
- EMS Record
- Fire Station Logs
- EMS Agency

## DATE

---

**Definition**

Date of notification call

**Field Values**

- Collected as MMDDYYYY

**Additional Information**

- **Required** field for notification calls
- Excluding midnight crossover from New Year's Eve to New Year's Day, the last two digits of the date must match the first two numeric digits in a 12-digit sequence number

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- Notification Form
- Notification Log
- EMS Record
- Radio Recording System

## TIME

---

**Definition**

Time of day when notification was initiated

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- **Required** field for notification calls

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- Notification Form
- Notification Log
- Radio Recording System

## PROVIDER CODE

### Definition

Two-letter code for the EMS provider primarily responsible for the patient's prehospital care

### Field Values

PUBLIC PROVIDERS			
<b>AF</b>	Arcadia Fire Department	<b>LH</b>	La Habra Heights Fire Department
<b>AH</b>	Alhambra Fire Department	<b>LV</b>	La Verne Fire Department
<b>AV</b>	Avalon Fire Department	<b>MB</b>	Manhattan Beach Fire Department
<b>BA</b>	Burbank Airport Fire Department	<b>MF</b>	Monrovia Fire Department
<b>BF</b>	Burbank Fire Department	<b>MO</b>	Montebello Fire Department
<b>BH</b>	Beverly Hills Fire Department	<b>MP</b>	Monterey Park Fire Department
<b>CC</b>	Culver City Fire Department	<b>OT</b>	Other Provider
<b>CF</b>	LA County Fire Department	<b>PF</b>	Pasadena Fire Department
<b>CG</b>	US Coast Guard	<b>RB</b>	Redondo Beach Fire Department
<b>CI</b>	LA City Fire Department	<b>SA</b>	San Marino Fire Department
<b>CM</b>	Compton Fire Department	<b>SG</b>	San Gabriel Fire Department
<b>CS</b>	LA County Sheriff's Department	<b>SI</b>	Sierra Madre Fire Department
<b>DF</b>	Downey Fire Department	<b>SM</b>	Santa Monica Fire Department
<b>ES</b>	El Segundo Fire Department	<b>SP</b>	South Pasadena Fire Department
<b>FS</b>	U.S. Forest Service	<b>SS</b>	Santa Fe Springs Fire Department
<b>GL</b>	Glendale Fire Department	<b>TF</b>	Torrance Fire Department
<b>LB</b>	Long Beach Fire Department	<b>WC</b>	West Covina Fire Department
PRIVATE PROVIDERS			
<b>AR</b>	American Medical Response of Southern California	<b>WM</b>	Westmed Ambulance, Inc. dba McCormick Ambulance
<b>CA</b>	Falck Mobile Health Corp. dba Care Ambulance		

### Additional Information

- **Required** field for notification calls
- Public EMS provider agency providing notification for 9-1-1 patients, including 9-1-1 IFTs and BLS downgrades
- Notification of IFTs or non-9-1-1 calls by private provider agencies should not be entered in TEMIS

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- Notification Form
- Notification Log
- EMS Record
- Audio Records

## PROVIDER UNIT

---

### Definition

The vehicle number specific to the paramedic unit providing hospital notification

### Additional Information

- **Required** field for notification calls
- Free-text field

### Uses

- System evaluation and monitoring

### Data Hierarchy

- Notification Form
- Notification Log
- EMS Record
- Audio Records

## AGE

---

**Definition**

Numeric value indicating the patient's age (actual or best approximation)

**Field Values**

- Enter the numerical value

**Additional Information**

- **Required** field for notification calls
- Must also indicate unit of age

**Uses**

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

**Data Source Hierarchy**

- Notification Form
- Notification Log
- Audio Records
- EMS Record



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## AGE UNITS

---

### Definition

Checkboxes representing the units of measurement to report age

### Field Values

- **Hrs:** Hours – newborn to 23 hours old
- **Days:** Days – 1 day to 29 days old
- **Wks:** Weeks – age reported in weeks instead of months
- **Mos:** Months – 1 month to 23 months old
- **Yrs:** Years – 2 years and older
- **HE:** Hours Estimated
- **DE:** Days Estimated
- **WE:** Weeks Estimated
- **ME:** Months Estimated
- **YE:** Years Estimated

### Additional Information

- **Required** field for notification calls

### Uses

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

### Data Source Hierarchy

- Notification Form
- Notification Log
- Audio Records
- EMS Record

---

## GENDER

---

### Definition

Checkboxes representing the patient's gender

### Field Values

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

### Additional Information

- **Required** field for notification calls
- 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 per 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

- Notification Form
- Notification Log
- Audio Records
- EMS Record

## PROVIDER IMPRESSION

### Definition

Four-letter code(s) representing the provider's impression of the patient's primary issue or most significant condition which led to the treatment, medications or procedures administered to the patient

### Field Values

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

### Additional Information

- **Required** field for notification calls
- First copy of Provider Impression cannot be a null value
- Do not enter more than one copy of the same Provider Impression Code

### Uses

- System evaluation and monitoring
- Epidemiological statistics

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**     REFERENCE NO. 644

**Data Source Hierarchy**

- Notification Form
- Notification Log
- Audio Records

---

## HOSP DISPO

---

### Definition

Checkbox indicating the patient's disposition from the emergency department

### Field Values

- **Discharged:** Patient was discharged home from the emergency department
- **Ward:** Patient was admitted to a medical/surgical ward
- **Stepdown:** Patient was admitted to a Direct Observation Unit (DOU), Stepdown Unit, or Telemetry Unit
- **ICU:** Patient was admitted to an Intensive Care Unit or Cardiac Care Unit
- **ObserVation:** Observation unit (provides < 24-hour stays)
- **OR:** Patient was transferred directly from the emergency department to the operating room
- **Cath Lab:** Patient was transferred directly from the emergency department to the Cardiac Catheterization Lab
- **INterventional Radiology:** Patient was transferred directly from the emergency department to Interventional Radiology for embolization, angiography, etc.
- **Expired in ED:** Patient died in the emergency department
- **OB:** Patient was admitted to an obstetrics department
- **Transferred to:** Patient was transferred directly from the emergency department to another healthcare facility – document the name of the facility or the three-letter hospital code in the space provided
- **Other:** Patient disposition other than those listed above – document disposition on the line provided

### Additional Information

- **Required** field for patients for whom the base hospital notified is also the receiving facility
- May be completed later by personnel other than the MICN/MD

### Uses

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

### Data Source Hierarchy

- Notification Form
- Notification Log
- ED Records
- Other Hospital Records

## DISPO COMM.

---

### **Definition**

Space provided for documentation of any additional information related to the patient's disposition from the ED

### **Field Values**

- Free text

### **Uses**

- Space for documentation, if needed

### **Data Source Hierarchy**

- Notification Form
- Notification Log
- ED Records
- Other Hospital Records

---

## ED DIAGNOSIS

---

**Definition**

Emergency department diagnosis as documented by a physician

**Field Values**

- ICD-10 codes

**Additional Information**

- **Required** field for all patients for whom the base hospital notified is also the receiving facility
- May be completed later by personnel other than the MICN/MD

**Uses**

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

**Data Source Hierarchy**

- Notification Form
- Notification Log
- ED Records
- Other Hospital Records

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**   REFERENCE NO. 644

## **BASE CONTACTS**



SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**   REFERENCE NO. 644

## **GEN INFO**

## LOG #

---

**Definition**

A unique number that is assigned by the hospital

**Additional Information**

- Format is unique to each individual hospital

**Uses**

- Unique patient identifier
- Assists in tracking the record and the corresponding audio file

**Data Source Hierarchy**

- Base Hospital Log
- Base Hospital Form

---

## NOTIFICATION ONLY?

---

**Definition**

Field indicating whether the record is a notification call

**Field Values**

- **Y:** Yes
- **N:** No

**Additional Information**

- Automatically defaults to “N” and should remain as “N” for base contacts

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Audio Records
- Base Hospital Form

---

## MCI PATIENT?

---

**Definition**

Field indicating whether the incident involves three or more patients

**Field Values**

- **Y:** Yes
- **N:** No

**Additional Information**

- Automatically defaults to “N” unless changed by user to “Y”
- If “Y,” proceed directly to the MCI Tab for data entry. Do not enter data on Base 1, Base 2, or the Dispo/QI tab
- See the appendix for an example of the MCI form and instructions for entering data on the MCI Tab in TEMIS
- The MCI form should be used for MCIs involving three or more patients

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records
- EMS Record

---

## SEQUENCE NUMBER

---

### Definition

Unique, alphanumeric EMS record number electronically assigned to electronic patient care record (ePCRs) by EMS provider's electronic device or found pre-printed at the top right-hand corner of the EMS Report Form hard copies

### Additional Information

- **Required** field for base hospital contacts
- Data entry cannot begin without this number
- Providers utilizing an EMS Report Form hard copy will have an 8 alpha-numeric sequence value
- Providers utilizing electronic patient care records (ePCR) will have a 12 alpha-numeric value, always beginning with the two-letter provider code followed by the two-digit year. Neither format should contain spaces
- If sequence number is missing or incorrectly documented, every effort must be taken by the base hospital to obtain it – either by reviewing the audio recording or by contacting the appropriate provider agency directly. Only after all efforts to obtain the actual sequence number have been exhausted may a request be made to the EMS Agency for assistance, or a "dummy" sequence number as a final option. Such requests should be submitted in a **timely** manner
- A fictitious sequence number **should not** be generated for any reason

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log
- Audio Records
- EMS Record
- Fire Station Logs
- EMS Agency

## PG 2

---

### **Definition**

Checkbox indicating that a Base Hospital Form supplemental page was used

### **Uses**

- Use when additional space is needed for documentation of medications or treatments that cannot be recorded on the base form

### **Data Source Hierarchy**

- Base Hospital Form Page 2
- Base Hospital Form

## DATE

---

### Definition

Date of base hospital contact

### Field Values

- Collected as MMDDYYYY

### Additional Information

- **Required** field for base hospital contacts
- Excluding midnight crossover from New Year's Eve to New Year's Day, the last two digits of the date must match the first two numeric digits in a 12-digit sequence number

### Uses

- Establishes care intervals and incident timelines

### Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log
- EMS Record
- Radio Recording System

## TIME

---

**Definition**

Time of day when base hospital contact was initiated

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- **Required** field for base hospital contacts

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- Base Hospital Form
- Base Hospital Log
- Radio Recording System



## LOCATION

### Definition

Two-letter code indicating where the incident occurred

### Field Values

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

### Additional Information

- Location codes are listed on the back of pages 1 and 3 of the Base Hospital Form
- Additional details can be written on the adjacent line, e.g., the name of the facility or business, or any other useful information
- Free-text field

### Uses

- Allows for data sorting and tracking by incident location
- Epidemiological statistics

### Data Source Hierarchy

- Base Hospital Form
- Audio Records
- EMS Record

## PROVIDER CODE

### Definition

Two-letter code for the EMS provider primarily responsible for the patient's prehospital care

### Field Values

PUBLIC PROVIDERS			
<b>AF</b>	Arcadia Fire Department	<b>LH</b>	La Habra Heights Fire Department
<b>AH</b>	Alhambra Fire Department	<b>LV</b>	La Verne Fire Department
<b>AV</b>	Avalon Fire Department	<b>MB</b>	Manhattan Beach Fire Department
<b>BA</b>	Burbank Airport Fire Department	<b>MF</b>	Monrovia Fire Department
<b>BF</b>	Burbank Fire Department	<b>MO</b>	Montebello Fire Department
<b>BH</b>	Beverly Hills Fire Department	<b>MP</b>	Monterey Park Fire Department
<b>CC</b>	Culver City Fire Department	<b>OT</b>	Other Provider
<b>CF</b>	LA County Fire Department	<b>PF</b>	Pasadena Fire Department
<b>CG</b>	U.S. Coast Guard	<b>RB</b>	Redondo Beach Fire Department
<b>CI</b>	LA City Fire Department	<b>SA</b>	San Marino Fire Department
<b>CM</b>	Compton Fire Department	<b>SG</b>	San Gabriel Fire Department
<b>CS</b>	LA County Sheriff's Department	<b>SI</b>	Sierra Madre Fire Department
<b>DF</b>	Downey Fire Department	<b>SM</b>	Santa Monica Fire Department
<b>ES</b>	El Segundo Fire Department	<b>SP</b>	South Pasadena Fire Department
<b>FS</b>	U.S. Forest Service	<b>SS</b>	Santa Fe Springs Fire Department
<b>GL</b>	Glendale Fire Department	<b>TF</b>	Torrance Fire Department
<b>LB</b>	Long Beach Fire Department	<b>WC</b>	West Covina Fire Department
PRIVATE PROVIDERS			
<b>AA</b>	American Professional Ambulance Corp.	<b>LY</b>	Filyn Corporation dba Lynch
<b>AB</b>	Ambulife Ambulance, Inc.	<b>MA</b>	Mauran Ambulance Service Inc.
<b>AN</b>	Antelope Ambulance Service	<b>MD</b>	MedTrans, Inc.
<b>AR</b>	American Medical Response of So. Calif.	<b>MI</b>	MedResponse, Inc.
<b>AT</b>	All Town Ambulance, LLC	<b>MR</b>	MedReach Inc. dba: MedReach Ambulance
<b>AU</b>	AmbuServe, Inc.	<b>MU</b>	Mercury Ambulances Services, LLC
<b>AW</b>	Amwest, Inc. dba Amwest Ambulance	<b>MY</b>	Mercy Air Service, Inc.
<b>BR</b>	Brougham Ambulance	<b>PE</b>	Premier Medical Transport, Inc. dba Premier Ambulance
<b>CA</b>	Falck Mobile Health Corp. dba Care Ambulance	<b>PN</b>	PRN Ambulance, LLC dba PRN Ambulance
<b>CW</b>	Citywide Ambulance, LLC	<b>RE</b>	REACH Air Medical Service, LLC
<b>CL</b>	California Medical Response, Inc. dba Cal-Med Ambulance	<b>RR</b>	Rescue Services International, Ltd. dba Medic-1 Ambulance
<b>CO</b>	College Coastal Care, LLC	<b>RY</b>	Royalty Ambulance Services, Inc.
<b>EA</b>	Emergency Ambulance Service, Incorporated	<b>SO</b>	Di Biassi Corporation dba Symbiosis

<b>EX</b>	Explorer 1 Ambulance & Medical Services, LLC	<b>SY</b>	Symons Emergency Specialties, Inc. dba Symbiosis
<b>FC</b>	First Rescue Ambulance, Inc.	<b>UC</b>	Ronald Reagan UCLA Emergency Services
<b>FM</b>	Firstmed Ambulance Services, Inc.	<b>VA</b>	Viewpoint Ambulance, Inc.
<b>GR</b>	Gentle Ride, Inc.	<b>VI</b>	Vital Care Ambulance, Inc
<b>HE</b>	Heart Ambulance Corporation	<b>WE</b>	West Coast Ambulance, Inc.
<b>HN</b>	Horizon OC.LLC, dba Horizon OC Ambulance	<b>WM</b>	Westmed Ambulance, Inc. dba McCormick Ambulance
<b>JA</b>	Journey via Gurney, LLC., dba Journey Ambulance	<b>ZM</b>	Solartricity dba Zoom Medical Transportation
<b>LE</b>	EastWestProto. Inc. dba Lifeline Ambulance		

#### Additional Information

- **Required** field for base hospital contacts
- EMS provider establishing base hospital contact (including private ALS providers when base contact is required)

#### Uses

- System evaluation and monitoring

#### Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log
- EMS Record
- Audio Records

## PROVIDER UNIT

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### Definition

The vehicle number specific to the paramedic unit who establishes base contact

### Additional Information

- **Required** field for base hospital contacts
- Free-text field

### Uses

- System evaluation and monitoring

### Data Hierarchy

- Base Hospital Form
- Base Hospital Log
- EMS Record
- Audio Records

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PT. # \_\_\_\_ OF \_\_\_\_

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**Definition**

The number to identify the patient among the total patients involved in an incident

**Additional Information**

- “Pt.# 1 of 1” is automatically populated and users must manually change the patient number and total patient count
- Example: if a mother delivers her baby in the field, the mother would be patient number 1 and documented as “Pt. # 1 of 2”. The newborn would be patient number 2, and documented as “Pt. # 2 of 2”

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- EMS Record
- Base Hospital Log
- Audio Records

## AGE

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**Definition**

Numeric value indicating the patient's age (actual or best approximation)

**Field Values**

- Enter the numerical value

**Additional Information**

- **Required** field for base hospital contacts
- Must also indicate unit of age

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Base Hospital Log
- EMS Record
- Audio Records

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## AGE UNITS

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### Definition

Checkboxes representing the units of measurement to report age

### Field Values

- **Hrs:** Hours – newborn to 23 hours old
- **Days:** Days - 1 day to 29 days old
- **Wks:** Weeks – age reported in weeks
- **Mos:** Months – 1 month to 23 months old
- **Yrs:** Years – 2 years and older
- **HE:** Hour Estimated
- **DE:** Days Estimated
- **WE:** Weeks Estimated
- **ME:** Months Estimated
- **YE:** Years Estimated

### Additional Information

- **Required** field for base hospital contacts
- If the unit of age is estimated, mark the “Est.” box on the Base Hospital Form and enter the unit of age as “YE,” “ME,” “WE,” “DE,” or “HE”

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log
- EMS Record
- Audio Records

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## GENDER

---

### Definition

Checkbox representing the patient's gender

### Field Values

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

### Additional Information

- **Required** field for base hospital contacts
- 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 per 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

- Base Hospital Form
- Base Hospital Log
- EMS Record
- Audio Records



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## WEIGHT

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### Definition

Numeric value of the patient's weight

### Field Values

- Up to three-digit numeric field

### Additional Information

- **Required** field for pediatric base contacts
- For pediatric patients, document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape
- If the pediatric patient is shorter or taller than the length-based pediatric resuscitation tape, mark the "Too Short" or "Too Tall" box, and estimate the weight in kilograms

### Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

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## WEIGHT UNITS

---

### Definition

Checkbox representing the unit of measurement to report weight

### Field Values

- **Kg:** Kilograms

### Additional Information

- **Required** field for pediatric base contacts
- All weights should be documented in kilograms only
- For pediatric patients, document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape
- If the pediatric patient is shorter or taller than the length-based pediatric resuscitation tape, mark the “Too Short” or “Too Tall” box, and estimate the patient’s weight in kilograms

### Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

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## COLOR CODE

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### 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 - > than 3 months)
- P**l**nk: 6-7 kg (~3 -6 mos.)
- R**e**d: 8-9 kg (~7-10 mos.)
- P**U**rp**l**e: 10-11 kg (~11-18 mos.)
- Y**e**llow: 12-14 kg (~19-35 mos.)
- W**h**ite: 15-18 kg (~3-4 yrs.)
- B**l**ue: 19-22 kg (~5-6 yrs.)
- O**r**ange: 24-28 kg (~7-9 yrs.)
- G**r**E**e**n: 30-36 kg, or about 80 lbs (~10-12 yrs.)
- Too **S**hort: patient is shorter than tape
- Too **T**all: patient is longer than tape

### Additional Information

- **Required** field for pediatric base contacts
- Document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape
- If the pediatric patient is shorter or taller than the length-based pediatric resuscitation tape, mark the “Too Short” or “Too Tall” box, and estimate the patient’s weight in kilograms

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

## HOSPITAL CODE

### Definition

Three-letter code for the base hospital contacted

### Field Values

<b>AMH</b>	USC Arcadia Hospital	<b>LMC</b>	Los Angeles General Medical Center
<b>AVH</b>	Antelope Valley Medical Center	<b>NRH</b>	Dignity Health - Northridge Hospital Medical Center
<b>CAL</b>	Dignity Health - California Hospital Medical Center	<b>PIH</b>	PIH Health Whittier Hospital
<b>CSM</b>	Cedars-Sinai Medical Center	<b>PVC</b>	Pomona Valley Hospital Medical Center
<b>GWT</b>	Adventist Health Glendale	<b>QVH</b>	Emanate Health Queen of the Valley Hospital
<b>HCH</b>	Providence Holy Cross Medical Center	<b>SFM</b>	St. Francis Medical Center
<b>HGH</b>	Harbor-UCLA Medical Center	<b>SJS</b>	Providence Saint Joseph Medical Center
<b>HMH</b>	Huntington Hospital	<b>SMM</b>	Dignity Health - Saint Mary Medical Center
<b>HMN</b>	Henry Mayo Newhall Hospital	<b>TOR</b>	Torrance Memorial Medical Center
<b>LCM</b>	Providence Little Company of Mary Medical Center Torrance	<b>UCL</b>	Ronald Reagan UCLA Medical Center
<b>LBM</b>	MemorialCare Long Beach Medical Center		

### Additional Information

- The hospital code is auto populated when data entry is initiated
- Codes are also listed on the back of pages 1 and 3 of the Base Hospital Form

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log

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## COMMUNICATION TYPE

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**Definition**

Checkbox indicating the device used by the paramedic to establish base hospital contact

**Field Values**

- **Radio:** Radio
- **Phone:** Telephone/Cell Phone
- **VMED28:** Formerly known as Hospital Emergency Administrative Radio (HEAR)

**Additional Information**

- **Required** field for base hospital contacts

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

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## CALL TYPE

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### Definition

Checkboxes indicating the type of EMS encounter

### Field Values

- 9-1-1 **Call**: Paramedics establish base contact for online medical direction based upon a complete patient report (includes Against Medical Advice calls and calls downgraded from ALS to BLS)
- 9-1-1 **RE-Triage**: Patient meeting the 9-1-1 trauma re-triage criteria defined in Reference No. 506 is transferred from the ED of an acute care facility emergently via 9-1-1 to the ED of a designated trauma center
- **IFT** (Interfacility Transfer): Patient is transferred by private provider or 9-1-1 emergency response from one acute care facility to another

### Additional Information

- **Required** field for base hospital contacts

### Uses

- System evaluation and monitoring
- Establishes system participants' roles and responsibilities

### Data Source Hierarchy

- Base Hospital Form
- Base Log
- EMS Record
- Audio Records

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**      REFERENCE NO. 644

## **ASSESSMENT**

## PROVIDER IMPRESSION

### Definition

Four-letter code(s) representing the provider's impression of the patient's primary issue or most significant condition which led to the treatment, medications or procedures administered to the patient

### Field Values

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

### Additional Information

- **Required** field for base hospital contacts
- The primary provider impression should be the most significant condition which led to the management of the patient and should be documented in the first field
- The secondary provider impression may represent a second separate condition (e.g., STRK, TRMA), or it may add further definition for the primary provider impression (e.g., ANPH, SOBB)
- First copy of Provider Impression cannot be a null value
- Do not enter more than one copy of the same Provider Impression Code
- Provider Impression Codes are found on the back of pages 1 and 3 of the Base Hospital Form



**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Base Hospital Form
- Base Hospital Log
- Audio Records

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## CHIEF COMPLAINT CODES

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### Definition

Two-letter code(s) representing the patient's most significant medical or trauma complaint

### Field Values – Trauma Codes

- **No Apparent Injury (NA)**: No complaint, signs, or symptoms of injury following a traumatic event
- **BURNS/Elec. Shock (BU)**: Thermal or chemical burn or electric shock
- **Critical Burn (CB)**: Patients  $\geq 15$  years of age with 2<sup>nd</sup> (partial thickness) and 3<sup>rd</sup> (full thickness) degree burns involving  $\geq 20\%$  Total Body Surface Area (TBSA) **OR** patients  $\leq 14$  years of age with 2<sup>nd</sup> and 3<sup>rd</sup>-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/paresthesia 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 use of a tourniquet or hemostatic dressing
- **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  $\leq 14$  (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 xiphoid 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
- **FRactures  $\geq$  2 long bones (BR):** Blunt force injury resulting in apparent fracture of 2 or more proximal long bones (humerus, femur)
- **EXtrem. above knee/elbow (PX):** Penetrating force injury to an extremity proximal to (above) the knee or elbow
- **FRactures  $\geq$  2 long bones (BR):** Blunt force injury resulting in apparent fracture of 2 or more proximal long bones (humerus, femur)
- **Amputatlon above 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
- **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

#### Field Values – Medical Codes

- **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, combativeness, 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):** An event occurring in an infant  $\leq$  12 months of age characterized by any of the following: absent, decreased, or irregular breathing, color change (cyanosis or pallor), marked change in muscle tone (limpness or hypertonia), and or altered level of responsiveness
- **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

- **CH**oking/Airway Obstruction (**CH**): Acute onset of apnea, choking, and/or difficulty breathing due to apparent partial or complete obstruction of the airway
- **C**ough/**C**ongestion (**CC**): Cough and/or congestion in the chest, nasal passages, or throat
- **D**evice (Medical) **C**omplaint (**DC**): Any complaint associated with a patient's existing medical device (e.g., G-tube, AICD, ventilator, LVAD, etc.)
- **D**izzy (**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
- **DY**srhythmia (**DY**): Cardiac monitor indicates an abnormal cardiac rhythm (SVT, VT, etc.)
- **F**Ever (**FE**): Patient exhibits or complains of an elevated body temperature
- **F**oreign **B**ody (**FB**): Patient complains of a foreign body anywhere in the body
- **G**I **B**leed (**GI**): Signs or symptoms of gastrointestinal bleeding such as vomiting blood, coffee-ground emesis, melena, rectal bleeding, etc.
- **H**ead **P**ain (**HP**): Headache or any other type of head pain not associated with trauma
- **H**Ypoglycemia (**HY**): Patient is symptomatic and has a measured blood glucose level that is below < 60 mg/dL
- **I**npatient **M**edical (**IM**): Interfacility transfer (IFT) of an admitted, ill (not injured) patient from one facility to an inpatient bed at another facility
- **L**abor (**LA**): Pregnant patient experiencing signs or symptoms of labor such as uterine contractions, vaginal bleeding, spontaneous rupture of membranes, crowning, etc.
- **L**ocal **N**euro Signs (**LN**): Speech and Language disturbances, altered level of consciousness, unilateral weakness or numbness, new onset seizures, dizziness, visual disturbances, and ataxia
- **N**ausea/**V**omiting (**NV**): Patient is vomiting or complains of nausea or vomiting without blood
- **N**ear **D**rowning (**ND**): Submersion causing water inhalation, unconsciousness, or death not associated with trauma
- **N**eck/**B**ack Pain (**NB**): Pain in any area from the base of the skull and the shoulders to the buttocks not associated with trauma
- **N**e**W**born (**NW**): Newborn infant delivered out of the hospital setting
- **N**o Medical **C**omplaint (**NC**): No complaint, or signs or symptoms of illness in a patient not involved in a traumatic event
- **N**Osebleed (**NO**): Bleeding from the nose, not associated with trauma
- **OB**stetrics (**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)
- **O**ther **P**ain (**OP**): Complaint of pain at a site not listed and which is not associated with trauma (e.g., toothache, ear pain, etc.)
- **O**T**h**er (**OT**): Signs or symptoms not listed above that are not associated with trauma
- **O**ver**D**ose (**OD**): Ingestion of or contact with a drug or other substance in quantities greater than recommended or generally practiced
- **P**alpitation**S** (**PS**): Sensation that the heartbeat is irregular or fast but has normal heart rate and rhythm
- **P**Oisoning (**PO**): Ingestion of or contact with a toxic substance
- **R**espiratory **A**rrest (**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
- **WEak (WE)**: Patient complains of feeling weak, or exhibits signs or symptoms of decreased strength and/or muscle tone

### **Additional Information**

- **Required** field for base hospital contacts
- First copy of Chief Complaint cannot be a null value
- Do not enter more than one copy of the same chief complaint
- If the patient has multiple complaints, enter in order of significance
- Two-letter codes for trauma chief complaints can be derived from the bolded, capitalized letters in the trauma area of the Base Hospital Form
- Medical complaint codes are found on the back of pages 1 and 3 of the Base Hospital Form
- 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."
- All trauma chief complaint codes require a mechanism of injury
- Hangings are considered asphyxia not trauma, unless a cervical spine fracture is suspected

### **Uses**

- System evaluation and monitoring
- Epidemiological statistics

### **Data Source Hierarchy**

- Base Hospital Form
- Base Hospital Log
- Audio Records

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## LEVEL OF DISTRESS

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**Definition**

Checkboxes indicating the paramedics' evaluation of the patient's discomfort or illness severity

**Field Values**

- **None:** The patient appears well and has no acute signs or symptoms related to the incident.
- **Mild:** Indicates that the patient does not have a life-threatening problem.
- **Moderate:** Patient may have a life-threatening problem, or the degree of patient discomfort is high.
- **Severe:** Refers to a life-threatening condition.

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

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## mLAPSS MET

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**Definition**

Checkboxes indicating whether the patient met all Modified Los Angeles Prehospital Stroke Screen (mLAPSS) criteria

**Field Values**

- **Y:** Yes, patient met all mLAPSS criteria
- **N:** No, patient did not meet all mLAPSS criteria
- **U:** Unable to Obtain (UTO)

**Additional Information**

- **Required** for patients exhibiting local neurologic signs or with a provider impression of “STRK”
- If mLAPSS is performed, blood glucose value must also be documented
- Unable to Obtain (UTO) should only be used if the paramedic is unable to obtain an mLAPSS Screen

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Stroke Center Log
- Audio Records

---

## LAST KNOWN WELL DATE

---

**Definition**

The date at which the patient was last known to be without the signs and symptoms of the current stroke or at their prior baseline

**Field Values**

- Collected as MMDDYYYY

**Additional Information**

- **Required** for patients with a provider impression of “STRK,” or Stroke Center destination
- If unknown, enter “Not Applicable” (F7)

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Stroke Center Log
- Audio Records



---

## LAST KNOWN WELL TIME

---

**Definition**

The time at which the patient was last known to be without the signs and symptoms of the current stroke or at their prior baseline

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- **Required** for patients with a provider impression of “STRK or Stroke Center destination
- If unknown, enter “Not Applicable” (F7)

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Stroke Center Log
- Audio Records

---

## LAMS SCORE

---

**Definition**

The Los Angeles Motor Scale (LAMS) score used to determine the severity of the stroke

**Field Values**

- Numeric value ranges from 0 to 5
- **U:** Unable to Obtain (UTO)

**Additional Information**

- **Required** field for patients with suspected stroke
- Unable to Obtain (UTO) should only be used if the paramedic is unable to obtain the patient's LAMS Score

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Stroke Center Log
- Audio Records

## PROTOCOL

### Definition

The treatment protocol number utilized by the EMS provider

### Field Values

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

<b>1236</b>	Inhalation Injury	<b>1236-P</b>	Inhalation Injury (Pediatric)
<b>1237</b>	Respiratory Distress	<b>1237-P</b>	Respiratory Distress (Pediatric)
<b>1238</b>	Carbon Monoxide Exposure	<b>1238-P</b>	Carbon Monoxide Exposure (Pediatric)
<b>1239</b>	Dystonic Reaction	<b>1239-P</b>	Dystonic Reaction (Pediatric)
<b>1240</b>	HazMat	<b>1240-P</b>	HazMat (Pediatric)
<b>1241</b>	Overdose/Poisoning/Ingestion	<b>1241-P</b>	Overdose/Poisoning/Ingestion (Pediatric)
<b>1242</b>	Crush Injury/Syndrome	<b>1242-P</b>	Crush Injury/Syndrome (Pediatric)
<b>1243</b>	Traumatic Arrest	<b>1243-P</b>	Traumatic Arrest (Pediatric)
<b>1244</b>	Traumatic Injury	<b>1244-P</b>	Traumatic Injury (Pediatric)
<b>1245</b>	COVID		

### Additional Information

- **Required** field for base hospital contacts
- More than one protocol can be used
- Do not enter more than one copy of the same protocol number
- Protocol number must correspond with 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

- Base Hospital Form
- Audio Records
- Base Log

## 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

- Base Hospital Form
- Audio Records

---

## MEDICAL HX

---

**Definition**

Space designated for noting any pre-existing medical issues

**Field Values**

- Flag **H**: History

**Additional Information**

- TEMIS: chose the Flag Field and select “H” and enter the patient’s medical history in the comment field
- Free text

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## MEDICATIONS

---

**Definition**

Space designated for noting the medications the patient is currently using

**Field Values**

- Flag **M**: Medications

**Additional Information**

- TEMIS: chose the Flag Field and select “M” and enter the medications in the comment field
- Free text

**Uses**

- Assists with determination of appropriate treatment and transport

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## ALLERGIES

---

**Definition**

Checkbox and space to indicate the patient's medication allergies

**Field Values**

- Flag **A**: Allergies

**Additional Information**

- If the patient has no known allergies, mark the "NKA" box on the base hospital form
- TEMIS: chose the Flag Field and select "A," and enter the allergies or "NKA" in the comment field
- Free text

**Uses**

- Patient safety

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records



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## IUP\_ WKS

---

**Definition**

Checkbox and space indicating the number of weeks of intrauterine pregnancy

**Field Values**

- Flag I: Intrauterine pregnancy

**Additional Information**

- If the patient is pregnant, mark the “IUP” box on the base form and document the weeks reported by the patient
- Patients may specify their pregnancy in months instead of weeks. Pregnancies greater than 4 ½ months can be assumed to be greater than 20 weeks
- TEMIS: chose the Flag Field and select “I,” and enter the weeks of pregnancy in the comment field
- Free text

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## SUSPECTED DRUGS/ETOH?

---

**Definition**

Checkbox and space indicating the patient's behavior or statements made by the patient, family members, or bystanders lead paramedics to suspect that the patient's presentation may be related to the use of alcohol or drugs

**Field Values**

- Flag **E**: Suspected Drugs/ETOH?/Drugs

**Additional Information**

- If suspected drugs or alcohol, mark the "Suspected Drugs/ETOH?" box on the base hospital form
- TEMIS: chose the Flag Field, select "E," and enter if drugs or alcohol in the comment field
- Free text

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## DNR/AHCD/POLST?

---

**Definition**

Checkbox indicating the presence of a valid Do Not Resuscitate (DNR), Advance Healthcare Directive (AHCD), or Physician Order for Life-Sustaining Treatment (POLST) form

**Field Values**

- **Y:** Yes
- **N:** No
- **U:** Unknown

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## PRIOR TO BASE MEDS

### Definition

Checkboxes and spaces indicating medications and dosages administered prior to base contact

### Field Values

<b>PAS</b>	Aspirin Prior to Arrival	<b>PNA</b>	Narcan Prior to Arrival	<b>PEP</b>	Epinephrine autoinjector Prior to Arrival
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- PAS refer to the administration of aspirin by MD office, hospital or clinic
- PNA and PEP include patients who self-administered or received treatment from law-enforcement officer, school nurse or family member, etc.

<b>ADE</b>	Adenosine	<b>GLU/GLP</b>	Glucagon/Glucopaste
<b>ALB</b>	Nebulized Albuterol	<b>KLC</b>	Ketorolac
<b>AMI</b>	Amiodarone	<b>MID</b>	Midazolam
<b>ASA</b>	Aspirin	<b>Morphine</b>	Morphine Sulfate
<b>ATR</b>	Atropine	<b>NAR</b>	Narcan
<b>BEN</b>	Benadryl	<b>NTG</b>	Nitroglycerin
<b>BIC</b>	Sodium Bicarbonate	<b>OLN</b>	Olanzapine
<b>CAL</b>	Calcium Chloride	<b>OND</b>	Ondansetron
<b>D10</b>	10% Dextrose	<b>PD-EPI</b>	Push-Dose Epinephrine
<b>EPI</b>	Epinephrine	<b>TXA</b>	Tranexamic Acid
<b>FEN</b>	Fentanyl	<b>OTH</b>	Other medication not listed

### LA DROP Pilot Program

<b>FPRBC</b>	Field Packed Red Blood Cells	<b>FWBL</b>	Field Whole Blood
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### Additional Information:

- Indicate if blood was initiated prior to base contact mark "Other" and document the blood given on base form in the space provided
- TEMIS: if "Other" is marked, select the corresponding blood type from the picklist

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

## PRIOR TO BASE TXS

### Definition

Checkboxes indicating treatments performed prior to base contact

### Field Values

<b>B</b>	Bag-Mask Ventilation	<b>MCD</b>	CPR Mechanical Compression Device
<b>C</b>	Continuous Positive Airway Pressure	<b>TC</b>	Transcutaneous Pacing
<b>E</b>	Endotracheal Tube Intubation	<b>TK</b>	Tourniquet
<b>K</b>	Supraglottic Airway	<b>TH</b>	Needle Thoracostomy
<b>AA</b>	AED Analyzed	<b>SM</b>	Spinal Motion Restriction
<b>AD</b>	AED Defibrillated	<b>GL</b>	Glucometer Reading
<b>DEF</b>	Defibrillated & number of defibrillation attempts	<b>IV</b>	IV/IO Fluid ____ amount in mLs
<b>CAR</b>	Cardioversion	<b>OT</b>	Other Treatment Not Listed

### Additional Information

- The “Glucometer” box should include a corresponding reading
  - TEMIS: select “Treatment” then make selection from the picklist
- The “Defibrillated X” box should include the corresponding instances of defibrillation
  - TEMIS: select “Cardiac” then make selection from the picklist
- Specify the volume of fluid administered on base form in the space provided
  - TEMIS: select “Treatment” then make the selection from the picklist
- Indicate if CPR Mechanical Compression Device (MCD) was initiated by marking “Other” and document the treatment on base form in the space provided
  - TEMIS: if “Other” is marked, select the corresponding “MCD” code from the picklist

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**      REFERENCE NO. 644

## **PHYSICAL**

## LOC

---

### Definition

Checkboxes indicating the patient's initial level of consciousness

### Field Values

- **Alert:** Patient is awake and responsive to the environment
- **O X 3:** Patient is oriented to person, time, and place
- **Disoriented:** Patient is not oriented to person, time, or place
- **Combative:** Patient is physically resistant to interaction with on-scene personnel
- **NoT Alert:** Patient is awake but is drowsy or lethargic – may include intoxicated patients
- **NorMal for Patient:** Patient's behavior, although not typical of most patients, is reported by family, caregivers, etc., to be the same as it was before the incident (e.g., patients who suffer from mental illness, dementia, developmental delays, etc.). Can also be used for infants and children who are age appropriate
- **No Response:** Patient is unresponsive to verbal and painful stimuli

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

---

## EYE

---

**Definition**

Checkboxes indicating the Glasgow Coma Scale numerical value that corresponds to the patient's initial eye-opening response

**Field Values – Adult/Child/Infant**

- **4:** Spontaneous – Opens eyes spontaneously
- **3:** To Verbal – Opens eyes to verbal stimulation or shouting
- **2:** To Pain – Opens eyes to painful stimulation
- **1:** None – No eye opening

**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**

- Base Hospital Form
- Audio Records



---

## VERBAL

---

### Definition

Checkboxes indicating the Glasgow Coma Scale numerical value that corresponds to the patient's initial verbal response

### Field Values – Adult/Child

- **5:** Oriented– 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 –No verbal response

### Field Values – Infants/Toddlers

- **5:** Oriented - Smiles and tracks objects, speech appropriate for age, interacts
- **4:** Confused - Cries but consolable, inappropriate interactions
- **3:** Inappropriate – Persistent inappropriate crying and or screaming
- **2:** Incomprehensible - Moaning, incoherent sounds, grunts or agitated
- **1:** None – No verbal response

### 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

- Base Hospital Form
- Audio Records

---

## MOTOR

---

### Definition

Checkboxes indicating the Glasgow Coma Scale numerical value that corresponds to the patient's initial motor response

### Field Values – Adult/Child/Infant

- **6:** Obedient – Obeys verbal commands / spontaneous purposeful movement
- **5:** Purposeful – Localizes to pain
- **4:** Withdraws – Withdraws to pain
- **3:** Flexion – Extremities move towards body core (decorticate posturing)
- **2:** Extension – Extremities move away from body core (decerebrate posturing)
- **1:** None – No motor response

### 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

- Base Hospital Form
- Audio Records

---

## TOTAL GCS

---

**Definition**

Sum of the initial three numerical values documented for each element of the Glasgow Coma Scale

**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
- Space is provided for documentation of a repeat GCS, if applicable

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## PUPILS

---

**Definition**

Checkboxes indicating findings from an assessment of the patient's initial pupillary response to light

**Field Values**

- **PERL:** Pupils are equal in size and react to light
- **Unequal:** Pupils are unequal in size
- **Pinpoint:** Pupils are extremely constricted
- **Fixed/Dilated:** Pupils are dilated and do not react to light
- **Cataracts:** Cataracts in one or both eyes interfere with pupil exam
- **Sluggish:** Pupils react to light slower than normal

**Additional Information:**

- Comment field allows for the documentation of information that is not available in the picklist

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## RESPIRATIONS

---

### Definition

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

### Field Values

- **Normal:** Breathing appears effortless, and rate is within normal limits for patient
- **Tidal Volume:**
  - **+**: Increased depth of inspiration is observed
  - **-**: Decreased depth of inspiration is observed
- **Clear:** No abnormal sounds are heard on auscultation
- **Wheezes:** Coarse, whistling sound heard on auscultation, associated with inspiration and/or expiration
- **Rales:** Rattling or crackling noises heard on auscultation, associated with inspiration
- **RHonchi:** Coarse, rattling, or snoring sound heard on auscultation, associated with inspiration and/or expiration
- **STridor:** High-pitched, audible wheezing sound associated with inspiration and/or expiration
- **Unequal:** Chest rise or breath sounds diminished on one side

### Breathing Effort

- **Labored:** Breathing appears to be difficult or requires extra effort
- **Accessory Muscle Use:** Patient is using additional muscles to assist with difficulty breathing, such as those of the neck, shoulders, or abdomen
- **JVD:** Distended jugular veins are observed in the supine patient
- **Snoring:** Prolonged snorting sound/soft palate vibration that is audible during inspiration
- **Apnea:** Patient is not breathing or stops breathing for periods of time

### Additional Information:

- Comment field allows for the documentation of information that is not available in the picklist

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

---

## SKIN

---

### Definition

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

### Field Values

- **NML:** All aspects of skin assessment (color, temperature, moisture, and appearance) are normal
- **Pale:** Skin appears abnormally pale, ashen, or gray
- **Cool/Cold:** Skin feels cool or cold to touch
- **Diaphoretic:** Skin is sweaty or moist to touch
- **Jaundice:** A yellow discoloration of the skin
- **Cyanotic:** Skin or lips appear blue
- **Flushed:** Skin appears red
- **Hot:** Skin feels warmer than normal or hot 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

### Additional Information

- Comment field allows for the documentation of information that is not available in the picklist

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

---

## GLUCOMETER

---

**Definition**

Numeric value of the patient's blood glucose measurement

**Field Values**

- Up to three-digit positive numeric value range from 1-999
- HI: If the glucometer measurement indicates 'HIGH'
- LO: If the glucometer measurement indicates 'LOW'
- #1: The initial blood glucose level
- #2: The second blood glucose level, if applicable

**Additional Information**

- If equipment used yields an alpha reading indicating blood sugar is "LOW," enter the text 'LO'
- If equipment used yields an alpha reading indicating blood sugar is "HIGH," enter the text 'HI'

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## GLUCOMETER ORDERED?

---

**Definition**

Checkbox indicating that a glucometer was ordered by the base hospital when a numerical value is not obtained during the call

**Field Value**

- Y: Yes

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records



SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**   REFERENCE NO. 644

## **ECG**

---

## INITIAL RHYTHM

---

### Definition

Two or three-letter code indicating the patient's initial cardiac rhythm

### Field Values

<b>1HB</b>	1 <sup>st</sup> Degree Heart Block	<b>PEA</b>	Pulseless Electrical Activity
<b>2HB</b>	2 <sup>nd</sup> Degree Heart Block	<b>PM</b>	Pacemaker Rhythm
<b>3HB</b>	3 <sup>rd</sup> Degree Heart Block	<b>PVC</b>	Premature Ventricular Contraction
<b>AFI</b>	Atrial Fibrillation	<b>SA</b>	Sinus Arrhythmia
<b>AFL</b>	Atrial Flutter	<b>SB</b>	Sinus Bradycardia
<b>AGO</b>	Agonal Rhythm	<b>SR</b>	Sinus Rhythm
<b>ASY</b>	Asystole	<b>ST</b>	Sinus Tachycardia
<b>IV</b>	Idioventricular Rhythm	<b>SVT</b>	Supraventricular Tachycardia
<b>JR</b>	Junctional Rhythm	<b>VF</b>	Ventricular Fibrillation
<b>PAC</b>	Premature Atrial Contraction	<b>VT</b>	Ventricular Tachycardia

### Additional Information

- ECG codes are also found on the back of pages 1 and 3 of the Base Hospital Form
- The initial rhythm is the four - lead cardiac rhythm interpretation

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

---

## 12-LEAD ECG ORDERED?

---

**Definition**

Checkbox indicating that a 12-lead ECG was ordered by the base hospital when the 12-lead ECG cannot be obtained during the call

**Field Value**

- Y: Yes

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## 12 LEAD ECG TIME

---

**Definition**

Time of day that a 12-lead ECG was performed

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- 12-Lead ECG
- SRC Log
- Audio Records

---

## EMS INTERPRETATION (STEMI)

---

**Definition**

Checkboxes indicating if EMS Interpretation of the 12-lead ECG is STEMI

**Field Values**

- **Y:** Yes
- **N:** No

**Additional Information**

- **Required** field for base hospital contacts when a 12-lead ECG is performed
- If unable to obtain a quality ECG, document the ECG with highest quality

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- 12-Lead ECG
- SRC Log
- Audio Records

---

## SOFTWARE INTERPRETATION

---

### Definition

Checkboxes indicating the software's interpretation of the 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

### Additional Information

- **Required** field for base hospital contacts when a 12-lead ECG is performed
- If unable to obtain a quality ECG, document the ECG with highest quality

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- 12-Lead ECG
- SRC Log
- Audio Records

---

## ECG QUALITY ISSUE?

---

**Definition**

Checkbox indicating the quality of the 12-lead ECG ensuring there is no artifact or wavy baseline present

**Field Values**

- Y: Yes
- N: No

**Additional Information**

- **Required** for patients on whom a 12-lead ECG is performed
- If unable to obtain a quality ECG, document the ECG with highest quality

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- 12-Lead ECG
- Audio Records

---

## ECG RECEIVED?

---

**Definition**

Checkbox indicating if the 12-lead ECG transmission was received

**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**

- Base Hospital Form
- 12-Lead ECG
- Audio Records



SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**   REFERENCE NO. 644

## **ARREST**

---

## ARREST WITNESSED

---

### Definition

Checkbox indicating if the cardiac arrest was witnessed

### Field Values

- **Y:** Yes
- **N:** No

### Additional Information

- **Required** field for base hospital contacts with a provider impression code of “CANT”

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

---

## CPR PRIOR TO EMS

---

**Definition**

Checkbox indicating if CPR was initiated prior to EMS arrival

**Field Values**

- **Y:** Yes
- **N:** No

**Additional Information**

- **Required** for base hospital contacts with a provider impression code of “CANT”

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## ARREST TO CPR

---

**Definition**

Estimated time of arrest to the initiation of CPR by citizen or EMS personnel

**Field Value**

- Collected as minutes

**Additional Information**

- **Required** for base hospital contacts with a provider code of “CANT” when cardiac arrest is witnessed
- If the arrest was unwitnessed, enter as “Not Applicable” (F7) in TEMIS
- If arrest was witnessed, but minutes from arrest to CPR is not provided, entered as “Not Documented” (F6) in TEMIS

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## ROSC?

---

**Definition**

Checkbox indicating whether return of spontaneous circulation(ROSC) occurred, which is defined as restoration of a spontaneous perfusing rhythm. Signs of ROSC include palpable pulse, breathing (more than occasional gasp), a measurable blood pressure, or a sudden rise in capnography to a normal to high reading

**Field Values**

- **Y:** Yes
- **N:** No

**Additional Information**

- **Required** for base hospital contacts with a provider impression code of "CANT"

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## ROSC TIME

---

**Definition**

The time when return of spontaneous circulation (ROSC) occurred

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- **Required** for base hospital contacts with a provider impression code of “CANT” with ROSC in the field
- If patient does not have ROSC, enter as “Not Applicable” (F7) in TEMIS

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## REARREST?

---

**Definition**

Checkbox indicating a subsequent arrest after achieving ROSC

**Field Values**

- **Y:** Yes
- **N:** No

**Additional Information**

- **Required** for base hospital contacts with a provider impression code of “CANT” with ROSC
- Document “Yes” if rearrest occurred after the return of spontaneous circulation (ROSC)
- If patient does not have ROSC, enter as “Not Applicable” (F7) in TEMIS

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## REARREST TIME

---

**Definition**

The time when rearrest occurred

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- Base hospital contacts with a provider code of “CANT” who had ROSC and rearrest is “Yes”
- Document the first rearrest time
- If rearrest is “No”, enter as “Not Applicable” (F7) in TEMIS
- If rearrest is “Yes”, but time in minutes is not provided, enter “Not Documented” (F6) in TEMIS

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records



---

## RESUS D/C TIME

---

**Definition**

The time when resuscitative efforts were discontinued in the field

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- **Required** for base hospital contacts with a provider impression code of “CANT” where resuscitative measures were discontinued in the field
- If the patient was transported enter as “Not Applicable” (F7) in TEMIS

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## RESUS D/C RHYTHM

---

**Definition**

Cardiac rhythm reported when resuscitative efforts were discontinued

**Field Values**

<b>AGO</b>	Agonal	<b>PEA</b>	Pulseless Electrical Activity
<b>ASY</b>	Asystole	<b>VF</b>	Ventricular Fibrillation
<b>IV</b>	Idioventricular Rhythm		

**Additional Information**

- **Required** for base hospital contacts with a provider impression code of “CANT” where resuscitative efforts were discontinued in the field
- If the patient was transported, enter as “Not Applicable” (F7) in TEMIS

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## TOTAL MIN. EMS CPR

---

**Definition**

Time from the initiation of CPR by EMS personnel to the time when resuscitative efforts were discontinued

**Field Values**

- Collected in minutes
- Up to two-digit positive numeric value

**Additional Information**

- **Required** for base hospital contacts with a provider impression code of “CANT” where resuscitative measures were discontinued in the field
- If the patient was transported, enter as “Not Applicable” (F7) in TEMIS

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**   REFERENCE NO. 644

## **VITALS & TXS**

---

## O2 @ \_\_\_\_ LPM

---

**Definition**

Numeric value indicating the liters of oxygen per minute

**Field Values**

- One- or two-digit positive numeric value between 2 and 15

**Additional Information**

- The oxygen delivery system used must also be indicated

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## TITRATED?

---

**Definition**

Checkbox indicating the titration of oxygen

**Field Value**

- Y: Yes

**Additional Information**

- It is not necessary to enter the liters of oxygen delivered when “Yes” is checked
- Record the targeted SpO2 level appropriate for the patient’s clinical condition

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## VIA

---

### Definition

Checkboxes indicating the type of system used to deliver oxygen

### Field Values

- **NC:** Nasal Cannula
- **Mask:** Oxygen mask
- **BMV:** Bag-Mask Ventilation
- **BloW By:** Oxygen delivery device is used to “blow” oxygen toward patient’s face
- **EXisting Trach:** Patient is being oxygenated/ventilated via an existing tracheostomy tube
- **ETT:** Endotracheal Tube
- **SGA (K):** Supraglottic Airway
- **CPAP:** Continuous Positive Airway Pressure

### Additional Information

- Enter up two types of systems if applicable (e.g., Endotracheal Tube and a Bag-Valve-Mask, or Existing Trachea and Blow by)
- The liters of oxygen per minute must also be indicated

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

## IV

---

**Definition**

Checkboxes indicating the type of vascular access device

**Field Values**

- **SL:** Saline Lock
- **IO:** Intraosseous access
- **Pre-eXisting IV**
- **FL. Bolus:** Fluid Bolus
- **IV Unable**
- **Refused**
- **Not Ordered**

**Additional Information**

- Fluid Bolus is a free text space to document the amount of fluids administered

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records



---

## ELECTRICAL CAPTURE

---

**Definition**

Checkbox indicating whether electrical capture (as evidenced by a QRS complex and a T wave after each pacer spike observed on the cardiac monitor) was achieved during transcutaneous pacing

**Field Values**

- **Y:** Yes
- **N:** No

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## MECHANICAL CAPTURE

---

**Definition**

Checkbox indicating whether mechanical capture (as evidenced by a palpable pulse that corresponds with each QRS complex) was achieved during transcutaneous pacing

**Field Values**

- **Y:** Yes
- **N:** No

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## NEEDLE THORACOSTOMY

---

**Definition**

Checkbox indicating whether a needle thoracostomy was ordered

**Field Value**

- **TH:** Needle Thoracostomy

**Additional information**

- Document “TH” in the ‘Treatments’ section on Base 2 tab and select the ‘Breathing’ option to open the picklist

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## SPINAL MOTION RESTRICTION

---

**Definition**

Checkbox indicating whether the patient was placed in spinal motion restriction

**Field Value**

- **SM:** Spinal Motion Restriction

**Additional information**

- Document “SM” in the ‘Treatments’ section on the Base 2 tab and select ‘Musculo-Skeletal’ option to open the picklist

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## SMR REFUSED

---

**Definition**

Checkboxes indicating that spinal motion restriction was refused by the patient

**Field Value**

- **SR:** Spinal Motion Refused

**Additional information**

- Document “SR” in the ‘Treatments’ section on the Base 2 tab and select ‘Musculo-Skeletal’ option to open the picklist

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## TOURNIQUET

---

**Definition**

Checkbox indicating that a tourniquet (commercial) was applied to control extremity bleeding

**Field Value**

- **TK:** Tourniquet

**Additional Information**

- Document “TK” in the ‘Treatments’ section on the Base 2 tab and select ‘Circulation’ option to open the picklist

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## TIME

---

**Definition**

The time associated with the corresponding vital signs, ECG, and treatments

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- If “PTC,” prior to base contact is documented on the base form enter “Not Documented” (F6) in TEMIS
- Time base contact was initiated should not be used as the time for vital signs obtained prior to base contact
- The radio console time can indicate the recurring vital signs or the time when medication(s) are ordered by the base

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## B/P

---

### Definition

Numeric value of the patient's systolic and/or diastolic blood pressure

### Field Values

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

### Additional Information

- If blood pressure is document as palpated (e.g., 150/p), enter "Not Documented" (F6) in the diastolic field in TEMIS
- Cardiac arrest without ROSC, record the systolic and diastolic values as "Not Applicable" (F7). Do not document a value of '0' in this situation
- If unable to obtain a blood pressure as patient's condition does not allow for assessment (e.g., uncooperative, scene safety, or situations like **ROSC** when the blood pressure is not measurable) enter:
  - "US" Unable to Obtain Systolic Blood Pressure
  - "UD" Unable to Obtain Diastolic Blood PressureDocument the code(s) in the DISPO/QI Tab in County QA Filters

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records



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## PULSE

---

**Definition**

Numeric value of the patient's palpated pulse rate

**Field Values**

- Up to three-digit positive numeric value

**Additional Information**

- Cardiac arrest without ROSC, record the pulse as "Not Applicable" (F7). Do not document a value of '0' in this situation
- Do not enter the pulse associated with CPR rate
- If the cardiac monitor shows a rhythm that does not produce signs of perfusion, rate should be documented as "0"
- If unable to obtain as the patient's condition does not allow for assessment (e.g., uncooperative, scene safety,) enter:
  - "UP" Unable to Obtain Pulse

Document the code in the DISPO/QI Tab in County QA Filters

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## RR

---

**Definition**

Numeric value of the patient's initial unassisted respiratory rate

**Field Values**

- Up to three-digit positive numeric value

**Additional Information**

- Measured in breaths per minute
- If patient requires mechanical assistance document the unassisted rate, not the assisted rate

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## O2 SAT

---

**Definition**

Numeric value of the patient's oxygen saturation

**Field Values**

- Up to a three-digit percentage from 0 to 100

**Additional Information**

- If unable to obtain as the patient's condition does not allow for assessment (e.g., uncooperative, scene safety, etc.) enter:
  - "UO" Unable to Obtain Oxygen Saturation
- Document the code in the DISPO/QI Tab in County QA Filters

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## PAIN

---

**Definition**

Numeric value indicating the patient's pain level

**Field Values**

- Up to two-digit value from 0 to 10

**Additional Information**

- Pain reassessment should be performed with each assessment of vital signs and after any intervention

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## TEMP

---

**Definition**

Numeric value indicating the patient's recorded temperature

**Field Values**

- Up to three-digit positive value from 25 to 110

**Additional Information**

- If unable to obtain as the patient's condition does not allow for assessment (e.g., uncooperative, scene safety, etc.) enter:
  - "UT" Unable to Obtain Temperature
- Document the code in the DISPO/QI Tab in County QA Filters

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## CO2 #

---

**Definition**

Numeric value indicating the end-tidal CO2 measurement

**Field Values**

- Up to three-digit positive numeric value

**Additional Information**

- If unable to obtain due to equipment failure or other reasons
  - "UC" Unable to Obtain Capnography
- Document the code in the DISPO/QI Tab in County QA Filters

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## WAVEFORM?

---

**Definition**

Indicates whether a waveform is observed on the capnography tracing

**Field Values**

- **Y:** Yes
- **N:** No

**Additional Information**

- Yes, represents a normal-shaped waveform
- No, represents an absent waveform

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## ECG

---

### Definition

Two or three letter code indicating the patient's subsequent cardiac rhythm(s)

### Field Values

<b>1HB</b>	1 <sup>st</sup> Degree Heart Block	<b>PEA</b>	Pulseless Electrical Activity
<b>2HB</b>	2 <sup>nd</sup> Degree Heart Block	<b>PM</b>	Pacemaker Rhythm
<b>3HB</b>	3 <sup>rd</sup> Degree Heart Block	<b>PVC</b>	Premature Ventricular Contraction
<b>AFI</b>	Atrial Fibrillation	<b>SA</b>	Sinus Arrhythmia
<b>AFL</b>	Atrial Flutter	<b>SB</b>	Sinus Bradycardia
<b>AGO</b>	Agonal Rhythm	<b>SR</b>	Sinus Rhythm
<b>ASY</b>	Asystole	<b>ST</b>	Sinus Tachycardia
<b>IV</b>	Idioventricular Rhythm	<b>SVT</b>	Supraventricular Tachycardia
<b>JR</b>	Junctional Rhythm	<b>VF</b>	Ventricular Fibrillation
<b>PAC</b>	Premature Atrial Contraction	<b>VT</b>	Ventricular Tachycardia

### Additional Information

- Cardiac rhythm should be assessed and documented any time a change is noted or after any cardiac-related treatment

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records



## DRUG/DEFIB

### Definition

Space for documenting defibrillation/cardioversion, medications administered (including those not ordered by the base hospital but documented for record-keeping), and base orders.

### Field Values

<b>ADE</b>	Adenosine	<b>GLP</b>	Oral Glucose Paste
<b>ALB</b>	Nebulized Albuterol	<b>GLU</b>	Glucagon
<b>AMI</b>	Amiodarone	<b>KLC</b>	Ketorolac
<b>ASA</b>	Aspirin	<b>LID</b>	Lidocaine
<b>ATR</b>	Atropine	<b>MID</b>	Midazolam
<b>BEN</b>	Benadryl	<b>Morphine</b>	Morphine Sulfate
<b>BIC</b>	Sodium Bicarbonate	<b>NAR</b>	Narcan
<b>CAL</b>	Calcium Chloride	<b>NTG</b>	Nitroglycerin
<b>COL</b>	Glucola	<b>OLN</b>	Olanzapine
<b>D10</b>	D10W	<b>OND</b>	Ondansetron
<b>EPI</b>	Epinephrine	<b>PD-EPI</b>	Push-dose Epinephrine
<b>FEN</b>	Fentanyl	<b>TXA</b>	Tranexamic Acid
Advanced Life Support Therapies			
<b>CAR</b>	Cardioversion	<b>TC</b>	Transcutaneous Pacing
<b>DEF</b>	Defibrillation		
Blood Products (IFT)			
<b>IPRBC</b>	Interfacility Packed Red Blood Cells	<b>IFFP</b>	Interfacility Fresh Frozen Plasma
<b>IWBL</b>	Interfacility Whole Blood	<b>ICRYO</b>	Interfacility Cryoprecipitate
<b>IPCC</b>	Interfacility Prothrombin Complex Concentrate	<b>IPLT</b>	Interfacility Platelets
Blood Products (Field)- LA DROP Pilot			
<b>FPRBC</b>	Field Packed Red Blood Cells	<b>FWBL</b>	Field Whole Blood

### Additional Information

- **Required** field for base hospital contacts in which medications or treatment are indicated
- It is essential to list each medication on a separate line to ensure clear identification
- Include the "Time" for medication and therapies ordered
- TEMIS: Select "Defib" to open the advance life support therapy picklist
- TEMIS: Select "Drug" to open the medication picklist
- If patient refuses medication, mark the "Refused" box on the base form and enter "Yes" in TEMIS
- If the medication or ALS therapy is pro re nata, mark the "PRN" box on the base form and enter "Yes" in TEMIS
- Document the blood product as "I" (interfacility) when EMS monitors a blood transfusion during a 9-1-1 Trauma Re-Triage transfer
- Document the blood product as "F" (Field) when LA DROP Pilot criteria is met

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## SEDs IN PAST 48 HRS

---

**Definition**

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

**Field Values**

- **Y:** Yes
- **N:** No

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## DOSE

---

**Definition**

Space for the numeric value of joules for defibrillation or cardioversion, as well as the dosage of medication ordered by the base hospital

**Field Values**

- Up to three-digit positive numeric value

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## DOSE UNITS

---

**Definition**

The units of medication administered, or the amount of energy delivered for defibrillation or cardioversion

**Field Values**

- **g:** Gram
- **J:** Joules
- **mcg:** Micrograms
- **mEq:** Milliequivalent
- **mg:** Milligrams
- **mL:** Milliliters
- **puffs:** Puffs
- **U:** Unit

**Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring
- Document blood products in units

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## ROUTE

---

### Definition

Two-letter code indicating the route medication is administration

### Field Values

- **IM:** Intramuscular
- **IN:** Intranasal/Inhalation (e.g., HHN)
- **IO:** Intraosseous
- **IV:** Intravenous
- **PO:** By Mouth
- **SL:** Sublingual
- **SQ:** Subcutaneous

### Additional Information

- Drug route codes are listed on the back of pages 1 and 4 of the Base Hospital Form
- Oral disintegrating tablets (ODT) are “PO” routes

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**   REFERENCE NO. 644

## **TRAUMA**

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## TRAUMA

---

### Definition

Checkboxes indicating the nature and location of the patient's injury

### Field Values

- **No Apparent Injury (NA)**: No complaint, or signs, or symptoms of injury
- **BURns/Elec. Shock (BU)**: Thermal or chemical burn or electric shock
- **Critical Burn (CB)**: Patients  $\geq 15$  years of age with 2<sup>nd</sup> or 3<sup>rd</sup> degree burns involving  $\geq 20\%$  Total Body Surface Area (TBSA) **OR** patients  $\leq 14$  years of age with 2<sup>nd</sup> and 3<sup>rd</sup>-degree burns involving  $\geq 10\%$  TBSA
- **SBP  $<90$  ( $<70$  if under 1y) (90)**: Systolic blood pressure less than 90mmHg, or less than 70mmHg in infants age less than one year
- **RR  $<10/>29$  ( $<20$  if  $<1y$ ) (RR)**: A sustained respiratory rate greater than 29 breaths/minute, or less than 10 breaths/minute or less than 20 breaths/minute in infants age less than one year
- **Susp. Pelvic FX (SX)**: Suspected pelvic fracture(excluding isolated hip fractures from a ground-level fall)
- **Spinal Cord Injury (SC)**: Associated with acute sensory or motor deficit
- **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 use of a tourniquet or hemostatic dressing
- **Trauma Arrest (BT or PT)**: Cardiopulmonary arrest 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  $\leq 14$  (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 xiphoid process, bordered on either side by the posterior axillary line, due to blunt or penetrating force
- **Flail Chest (FC)**: Blunt injury to the chest with an unstable chest wall
- **Tension Pneum (BP or PP)**: When air enters the pleural space due to blunt or penetrating force
- **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
- **ButtockKs (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 fractures of 2 or more proximal long bones (humerus, femur).
- **Amputatlon ↑ 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
- **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

### **Additional Information**

- **Required** for base hospital contacts where the patient is reported to be injured, or a mechanism of injury is present
- Codes beginning with “B” or “P” indicate Blunt or Penetrating injury, respectively
- Two-letter codes can be derived from the bolded, capitalized letters of the trauma descriptions – trauma codes should be listed in order of significance in the “Chief Complaint Code” field
- Patients with injuries must have a trauma code and mechanism of injury documented – and vice versa
- Medical complaints should only be documented with trauma complaints when the medical complaint preceded/caused the injury, or vice versa (e.g., seizure and blunt head injury)
- Penetrating injuries can result from dull objects traveling at high velocity (e.g., bullets), sharp objects with a low velocity, or from a slashing or puncturing force
- Blunt injuries occur from forces that do not typically penetrate the skin (e.g., baseball bat) though lacerations may be caused by the tearing/crushing force of a blunt object or broken bones
- Injury descriptions listed in **red** meet trauma triage criteria
- Injury description listed in **blue** meet trauma triage guidelines
- Hangings are considered asphyxia and are considered medical events not trauma ,unless a cervical spine fracture is suspected.

### **Uses**

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

### **Data Source Hierarchy**

- Base Hospital Form
- Audio Records

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## MECHANISM OF INJURY

---

### Definition

Checkboxes indicating how the patient was injured

### Field Values

- Protective Devices - **HeLmet (HL)**
- Protective Devices - **Seat Belt (SB)**
- Protective Devices - **AirBag (AB)**
- Protective Devices - **Car Seat/Booster (CS)**
- **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
- **12**: Passenger Space 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**: Passenger Space 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: Runover/Thrown/>20mph (RT)**: Pedestrian, bicyclist, or motorcyclist was 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 20 mph or less
- **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

- **Telemetry Data (TD):** Vehicle telemetry data is encountered that is consistent with high risk of serious injury
- **Special Consid. (SC):** Include patients in blunt traumatic full arrest, age greater than 65 years with systolic blood pressure less than 110mmHG (may represent shock), a heart rate that is greater than systolic blood pressure for a patient  $\geq 14$  years of age. Children (0-9 years of age) unrestrained or in an unsecured child safety seat, pregnancy greater than 20 weeks gestation, and prehospital judgment
- **AntiCoagulants (AC):** Injured patient on anticoagulation or antiplatelet therapy, other than aspirin-only (excludes minor extremity injury)
- **Fall (FA):** Any injury resulting from a fall from any height
- **>10 feet (10):** A vertical, uninterrupted fall greater than 10 feet for all patients. This mechanism is a subcategory of "Fall." This does not include falling downstairs 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 because 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 or uncontrolled bleeding that does not fall into any of the existing categories

### Additional Information

- **Required** field for base hospital contacts where patient is reported to be injured
- Check all that apply
- Two-letter codes can be derived from the bolded, capitalized letters of the mechanisms of injury (MOI) – MOIs should be listed in order of significance in the MOI code fields
- Patients with a MOI documented must have an associated trauma complaint
- MOIs listed in **red** on the base hospital form meet trauma triage criteria
- MOIs listed in **blue** on the base hospital form meet trauma guidelines
- Cannot have a MOI that is only Anticoagulants (AC) or Special Considerations (SC); an additional mechanism of injury must be entered
- If patient has uncontrolled bleeding due to a non-traumatic reason, such as a medical device failure (e.g., AV shunt bleeding), mechanism of injury should be documented as "OT"
- "Comment Field" free text field for documenting additional information

### Uses

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

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**   REFERENCE NO. 644

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**   REFERENCE NO. 644

## **TRANSPORT**

## CODE OPTIONS

### Definition

A three-letter code indicating the MAR or EDAP ( $\geq 14$  years of age), and the specialty center that best matches the patient's condition, if applicable

### Field Values

LOS ANGELES COUNTY 9-1-1 RECEIVING			
ACH	Alhambra Hospital Medical Center	KFW	Kaiser Foundation Hospital - West Los Angeles
AHM	Catalina Island Medical Center (Avalon)	LBM	MemorialCare Long Beach Medical Center
AMH	USC Arcadia Hospital	LCH	Palmdale Regional Medical Center
AVH	Antelope Valley Medical Center	LCM	Providence Little Company of Mary Medical Center Torrance
KFA	Kaiser Foundation Hospital- Baldwin Park	LMC	Los Angeles General Medical Center
BEV	Adventist Health White Memorial Montebello	MCP	Mission Community Hospital
BMC	Southern California Hospital at Culver City	MHG	Memorial Hospital of Gardena
CAL	Dignity Health - California Hospital Medical Center	MLK	Martin Luther King Jr. Community Hospital
CHH	Children's Hospital Los Angeles	MPH	Monterey Park Hospital
CHP	Community Hospital of Huntington Park	NOR	Norwalk Community Hospital
CNT	Centinela Hospital Medical Center	NRH	Dignity Health - Northridge Hospital Medical Center
CPM	Coast Plaza Hospital	OVM	Olive View-UCLA Medical Center
CSM	Cedars-Sinai Medical Center	PAC	Pacifica Hospital of the Valley
DCH	PIH Health Downey Hospital	PIH	PIH Health Whittier Hospital
DFM	Cedars-Sinai Marina Del Rey Hospital	PLB	College Medical Center
DHL	UCI Health - Lakewood	PVC	Pomona Valley Hospital Medical Center
ELA	East Los Angeles Doctors Hospital	QOA	Hollywood Presbyterian Medical Center
ENH	Encino Hospital Medical Center	QVH	Emanate Health Queen of the Valley Hospital
FPH	Emanate Health Foothill Presbyterian Hospital	SDC	San Dimas Community Hospital
GAR	Garfield Medical Center	SFM	St. Francis Medical Center
GEM	Greater El Monte Community Hospital	SGC	San Gabriel Valley Medical Center
GMH	Dignity Health - Glendale Memorial Hospital & Health Center	SJH	Providence Saint John's Health Center
GSH	PIH Health Good Samaritan Hospital	SJS	Providence St. Joseph Medical Center
GWT	Adventist Health Glendale	SMH	Santa Monica-UCLA Medical Center and Orthopaedic Hospital
HCH	Providence Holy Cross Medical Center	SMM	Dignity Health - St. Mary Medical Center
HGH	Harbor-UCLA Medical Center	SOC	Sherman Oaks Hospital
HMH	Huntington Hospital	SPP	Providence Little Company of Mary Medical Center San Pedro
HMN	Henry Mayo Newhall Hospital	TOR	Torrance Memorial Medical Center
HWH	UCLA West Valley Medical Center	TRM	Providence Cedars-Sinai Tarzana Medical Center
ICH	Emanate Health Inter-Community Hospital	UCL	Ronald Reagan UCLA Medical Center
KFB	Kaiser Foundation Hospital - Downey	VHH	USC Verdugo Hills Hospital
KFH	Kaiser Foundation Hospital - South Bay	VPH	Valley Presbyterian Hospital
KFL	Kaiser Foundation Hospital - Los Angeles	WHH	Whittier Hospital Medical Center

KFO	Kaiser Foundation Hospital - Woodland Hills	WMH	Adventist Health White Memorial
KFP	Kaiser Foundation Hospital - Panorama City		
<b>ORANGE COUNTY 9-1-1 RECEIVING</b>			
ANH	AHMC Anaheim Regional Medical Center	LPI	La Palma Intercommunity Hospital
CHO	Children's Hospital of Orange County	PLH	UCI Health – Placentia Linda
KHA	Kaiser Foundation Hospital - Anaheim	SJD	St. Jude Medical Center
KFI	Kaiser Foundation Hospital - Irvine	UCI	UCI Health - Irvine
LAG	UCI Health - Los Alamitos	WMC	Orange County Global Medical Center
<b>SAN BERNARDINO COUNTY 9-1-1 RECEIVING</b>			
ARM	Arrowhead Regional Medical Center	KFN	Kaiser Foundation Hospital - Ontario
CHI	Chino Valley Medical Center	LLU	Loma Linda University Medical Hospital
DHM	Montclair Hospital Medical Center	SAC	San Antonio Regional Hospital
KFF	Kaiser Foundation Hospital - Fontana		
<b>OTHER COUNTY 9-1-1 RECEIVING</b>			
LRR	Los Robles Regional Medical Center (Ventura)	SJO	St. John's Regional Medical Center (Ventura)
SIM	Adventist Health Simi Valley (Ventura)	RCC	Ridgecrest Regional Hospital (Kern)
<b>NON-BASIC HOSPITALS</b>			
LBV	Veteran's Administration Hospital-Long Beach(VA)	WVA	Veteran's Administration Hospital-West LA/Wadsworth (VA)
HBC	Hyperbaric Chamber		

### Additional Information

- **Required** field for base hospital contacts and patients transported
- Patients who are 14 years of age or less, the MAR is the EDAP Center

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

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## CHECK ACTUAL DESTINATION

---

### Definition

Checkboxes indicating the actual patient's destination

### 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 to receive patients  $\leq 14$  years of age
- **TC:** Most accessible Trauma Center approved to receive critically injured patients
- **PTC:** Most accessible Pediatric Trauma Center approved to receive critically injured pediatric patients  $\leq 14$  years of age
- **PMC:** Most accessible Pediatric Medical Center approved to receive critically ill pediatric patients  $\leq$  to 14 years of age
- **STEMI Receiving Center:** Most accessible ST-Elevation Myocardial Infarction (STEMI) Receiving Center approved to receive patients with a suspected STEMI or transported patients in non-traumatic cardiac arrest
- **ECPRX:** Most accessible Extracorporeal Cardiopulmonary Resuscitation (ECPR) Center approved to receive patients with a cardiac arrest who meet guidelines for ECMO
- **PrimAry Stroke Center:** Most accessible Primary Stroke Center (PSC) approved to receive stroke patients
- **Comprehensive StroKe Center:** Most accessible Comprehensive Stroke Center (CSC)
- **PeriNatal:** Most accessible Perinatal Center approved to receive patients  $\geq$  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 "Destination Rationale" section

### Additional Information

- **Required** field for base hospital contacts and patients transported
- Mark the patient's actual destination

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- Base Hospital Form
- Audio Records



## ETA

---

**Definition**

Estimated time of arrival (ETA) to the receiving hospital

**Field Values**

- Collected as minutes

**Additional Information**

- **Required** field for base hospital contacts and patients transported

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Base Hospital Form
- Audio records

## CHECK ONE

---

**Definition**

Checkboxes indicating whether the patients' condition met specialty center destination

**Field Values**

- **SN: Specialty Center Not Required:** Patient does not meet guidelines or criteria
- **SM: Specialty Center Required/Guidelines Met:** Patient meets criteria or guidelines

**Additional Information**

- **Required** for base hospital contacts and patients transported
- Mark the box most applicable to the patient's presentation
- If patient meets specialty center requirements and is not transported to the closest specialty center, enter the reason in the "Destination Rationale" section

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## DESTINATION RATIONALE

---

### 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

- **ED Saturation:** Most accessible receiving (MAR) facility or EDAP has requested emergency department closure
- **Internal Disaster:** Most accessible receiving (MAR) facility or specialty center is closed due to internal disaster
- **CT Diversion:** CT scanner is non-functioning
- **IFT:** Patient is being transferred from one facility to another

### Specialty Diversion:

- **TC/PTC:** Most accessible TC/PTC is closed to incoming EMS patients
- **PMC:** Most accessible PMC is closed to incoming EMS patients
- **STEMI:** Most accessible SRC is closed to incoming EMS patients
- **Primary Stroke Center:** Most accessible primary stroke center is closed to incoming EMS patients
- **Comprehensive Stroke Center:** Most accessible comprehensive stroke center is closed to incoming EMS patients
- **ECPRX Center:** Most accessible extracorporeal cardiopulmonary resuscitation center is closed to incoming EMS patients
- **SC Not Accessible:** Specialty center not accessible due to transport time constraints or geography
- **Judgment (Provider/Base/Base MD):** Patient does not meet specialty center criteria or guidelines but is transported to a specialty center because of the decision by the Provider, Base hospital or Base MD
- **Shared Ambulance:** The patient does not meet specialty center criteria or guidelines but is transported to SC because they are sharing an ambulance with a patient who does meet transport to a specialty center
- **Minimal Injuries:** Patient meets trauma criteria or guidelines but is determined to have only minimal injuries which do not warrant transport to a specialty center
- **Unmanageable Airway:** Patient meets specialty center criteria, requirements, or guidelines, but the airway cannot be adequately managed due to injury or illness, and patient's life may be jeopardized by transport to any facility but the closest
- **Requested 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
- **Other:** Patient is transported to a facility other than the most accessible receiving facility or specialty center for any reason other than those listed above (use the space on the base form to document the reason and enter the information in the Comment field)

### Additional Information

- **Required** field for base hospital contacts

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

## PT TRANSPORTED VIA

---

### Definition

Checkboxes indicating the type of transport

### Field Values

- ALS:
- BLS:
- Helicopter
- No Transport

### Additional Information

- **Required** field for base hospital contacts
- Helicopter ETA can be entered in the comment field
- Indicate the reason for no transport in both the “Reason for No Transport” section of the base form and in TEMIS
- If more than one type of transport is used indicate in both fields (e.g., ALS and Helicopter transport)

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

---

## REASON FOR NO TRANSPORT

---

### Definition

Checkboxes indicating reason why patient was not transported

### Field Values

- **AMA:** Patient refuses transport
- **DOA:** Patient is determined to be dead on arrival
- **Assess, Treat & Release:** Patient does not desire transport to the emergency department for evaluation, assessment and treatment by EMS personnel
- **Eloped:** Patient left scene prior to transport initiation
- **T.O.R./814:** Resuscitative measures are terminated by EMS personnel
- **Pronounced:** Mark this box if a physician pronounced the patient dead
- **Released Following Protocol Guidelines:** Disposition for patients who lack established decision-making capacity or in whom capacity cannot be determined due to inability to access or assess the patient, and for whom EMS personnel have exhausted all options (including law enforcement when appropriate) such that EMS cannot safely access and/or transport the patient to the hospital.
- **Other:** Mark this box if the patient was not transported due to a reason not listed above

### Additional Information

- **Required** field for base hospital contacts where the patient is not transported
- If "Other" is marked, document the reason in the space provided and enter the reason from the TEMIS picklist or enter it in the Comment field if not listed.
- If the patient is no longer present on scene at the time of base hospital contact (e.g., patient has left the scene or has been transported to the hospital), the patient record does not need to be entered into TEMIS.

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Audio Records

---

## TIME CLEAR

---

**Definition**

The time of day that paramedic contact with the base hospital ends

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- **Required** field for base hospital contacts
- Use one timepiece throughout call to ensure accurate time intervals

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Radio Recording System

---

## TIME RECEIVING HOSPITAL NOTIFIED

---

**Definition**

The time of day that the receiving hospital was notified

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- Use one timepiece throughout call to ensure accurate time intervals

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- Radio Recording System



---

## NAME OF PERSON NOTIFIED

---

**Definition**

The name of the person at the receiving facility who was notified

**Field Values**

- Free text

**Additional Information**

- Not necessary if the base hospital is the receiving facility
- Document whatever name is given – e.g., “Mary” or “Dr. Jones”

**Uses**

- Provides documentation of communication

**Data Source Hierarchy**

- Base Hospital Form
- Audio Records

---

## MICN/PHYSICIAN

---

### Definition

Signature and certification number of the MICN and/or Base physician who managed the call

### Field Values

- Free text

### Additional Information

- **Required** field for base hospital contacts
- First initial and last name is sufficient for signature
- If **both** a MICN and a physician handle the call, or if a physician is consulted both names and numbers are documented
- Physician #s is created by each base hospital and are not assigned by ESO Solutions or the EMS Agency
- Enter a second MICN certification number in the comment field on the base form when a recontact occurs and the primary MICN is unavailable.

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**   REFERENCE NO. 644

**DISPO (IF BASE IS RECEIVING HOSPITAL)**

---

## HOSPITAL DISPO

---

### Definition

Checkboxes indicating the emergency department disposition of patients transported to the base hospital

### Field Values

- **Discharged:** Patient was discharged home from the emergency department
- **Ward:** Patient was admitted to a medical/surgical ward
- **Stepdown:** Patient was admitted to a Direct Observation Unit (DOU), Stepdown Unit, or Telemetry Unit
- **ICU:** Patient was admitted to an Intensive Care Unit or Cardiac Care Unit
- **ObserVation:** Observation unit (provides < 24-hour stays)
- **OR:** Patient was transferred directly from the emergency department to the operating room
- **Cath Lab:** Patient was transferred directly from the emergency department to the Cardiac Catheterization Lab
- **INterventional Radiology:** Patient was transferred directly from the emergency department to Interventional Radiology for embolization, angiography, etc.
- **Expired in ED:** Patient died in the emergency department
- **OB:** Patient was admitted to an obstetrics department
- **Transferred to:** Patient was transferred directly from the emergency department to another healthcare facility – document the name of the facility or the three-letter hospital code in the space provided
- **Other:** Patient disposition other than those listed above – document disposition on the line provided

### Additional Information

- **Required** field for patients for whom the base hospital contacted is also the receiving facility
- May be completed later by personnel other than the MICN/MD

### Uses

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

### Data Source Hierarchy

- Base Hospital Form
- ED Records
- Other Hospital Records

## DISPO COMM.

---

### **Definition**

Space provided for documentation of any additional information related to the patient's disposition from the ED

### **Field Values**

- Free text

### **Uses**

- Additional documentation, if needed

### **Data Source Hierarchy**

- Base Hospital Form

---

## ED DIAGNOSES

---

**Definition**

ED diagnosis documented by the physician

**Field Values**

- ICD-10 codes

**Additional Information**

- **Required** field for patients for whom the base hospital contacted is also the receiving facility
- May be completed later by personnel other than the MICN/MD

**Uses**

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

**Data Source Hierarchy**

- Base Hospital Form
- ED Records
- Other Hospital Records

## XFER FROM ED TO

### Definition

Three-letter code for the facility the patient was transferred to

### field Values

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

KFP	Kaiser Foundation Hospital - Panorama City		
<b>ORANGE COUNTY 9-1-1 RECEIVING</b>			
ANH	AHMC Anaheim Regional Medical Center	LPI	La Palma Intercommunity Hospital
CHO	Children's Hospital of Orange County	PLH	UCI Health Placentia-Linda
KHA	Kaiser Foundation Hospital - Anaheim	SJD	St. Jude Medical Center
KFI	Kaiser Foundation Hospital - Irvine	UCI	UCI Health Irvine
LAG	UCI Health - Los Alamitos	WMC	Orange County Global Medical Center
<b>SAN BERNARDINO COUNTY 9-1-1 RECEIVING</b>			
ARM	Arrowhead Regional Medical Center	KFN	Kaiser Foundation Hospital - Ontario
CHI	Chino Valley Medical Center	LLU	Loma Linda University Medical Hospital
DHM	Montclair Hospital Medical Center	SAC	San Antonio Regional Hospital
KFF	Kaiser Foundation Hospital - Fontana		
<b>OTHER COUNTY 9-1-1 RECEIVING</b>			
LRR	Los Robles Hospital Regional Medical Center (Ventura)	SJO	St. John's Regional Medical Center (Ventura)
SIM	Adventist Health Simi Valley (Ventura)	RCC	Ridgecrest Regional Hospital (Kern)
<b>NON-BASIC HOSPITALS</b>			
LBV	Veteran's Administration Hospital-Long Beach (VA)	WVA	Veteran's Administration Hospital – West LA/Wadsworth (VA)
HBC	Hyperbaric Chamber		

#### Additional Information

- If patient is transferred to a facility that is not a 9-1-1 receiving hospital or specialty center, enter the name of the facility in the General Narrative section

#### Uses

- System evaluation and monitoring

#### Data Source Hierarchy

- Base Hospital Form
- ED Records
- Other Hospital Records



---

## LAST NAME

---

**Definition**

Patient's last name

**Field Values**

- Free text

**Additional Information**

- May be completed later by personnel other than the MICN/MD
- Should contain letters only

**Uses**

- Patient identification
- Link between other databases

**Data Source Hierarchy**

- Base Hospital Form
- ED Records
- Other Hospital Records

---

## FIRST NAME

---

**Definition**

Patient's first name

**Field Values**

- Free text

**Additional Information**

- May be completed later by personnel other than the MICN/MD
- Should contain letters only

**Uses**

- Patient identification
- Link between other databases

**Data Source Hierarchy**

- Base Hospital Form
- ED Records
- Other Hospital Records

## M.I.

---

**Definition**

Patient's middle initial

**Field Values**

- Free text

**Additional Information**

- May be completed later by personnel other than the MICN/MD
- Should contain letters only

**Uses**

- Patient identification
- Link between other databases

**Data Source Hierarchy**

- Base Hospital Form
- ED Records
- Other Hospital Records

---

## HOSPITAL IDENTIFIER #

---

**Definition**

A unique identification number specific to a hospital, which may refer to either a medical record number or visit number

**Field Values**

- Free text

**Additional Information**

- May be completed later by personnel other than the MICN/MD
- Should contain numbers only

**Uses**

- Patient identification
- Link between other databases

**Data Source Hierarchy**

- Base Hospital Form
- ED Records
- Other Hospital Records

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**      REFERENCE NO. 644

## **APPENDIX**

SUBJECT:           **BASE HOSPITAL DOCUMENTATION MANUAL**   REFERENCE NO. 644

## **TRANSPORT SCENARIOS**

## Specialty Care Center Not Required

70 y/o female with shortness of breath x 2 hours, speaking in full sentences, in moderate distress:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:	
	<input checked="" type="checkbox"/> MAR		PIH	7	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:	
	<input type="checkbox"/> EDAP (age ≤14)						
	<input type="checkbox"/> TC						
	<input type="checkbox"/> PTC (trauma, age ≤14)				PT TRANSPORTED VIA:	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> ELOPED <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> PMC (medical, age ≤14)						
	<input type="checkbox"/> STEMI Receiving Center						
	<input type="checkbox"/> ECPRX Center				ALS <input type="checkbox"/> BLS Helicopter-ETA: _____ No Transport	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis:	
	<input type="checkbox"/> PrimAry Stroke Center						
	<input type="checkbox"/> Comprehensive StroKe Center						
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				DISPO			
<input type="checkbox"/> SART							
<input type="checkbox"/> Other							
Time Clear							
Time Receiving Hospital Notified							
Name of Person Notified:							

- Enter hospital code for the MAR
- Indicate the actual destination by checking "MAR"
- Mark Specialty Center: "Not Required" (no specialty center met per Ref. No. 502, Patient Destination)
- Destination Rationale is blank as there is no deviation from destination principles

## Pediatric: EDAP Required

2 y/o male, febrile seizure. No signs of trauma, GCS is improving:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:	
	<input type="checkbox"/> MAR				Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:	
	<input checked="" type="checkbox"/> EDAP (age ≤14)		SFM	7			
	<input type="checkbox"/> TC						
	<input type="checkbox"/> PTC (trauma, age ≤14)				PT TRANSPORTED VIA:	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> ELOPED <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> PMC (medical, age ≤14)						
	<input type="checkbox"/> STEMI Receiving Center						
	<input type="checkbox"/> ECPRX Center				ALS <input type="checkbox"/> BLS Helicopter-ETA: _____ No Transport	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis:	
	<input type="checkbox"/> PrimAry Stroke Center						
	<input type="checkbox"/> Comprehensive StroKe Center						
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				DISPO			
<input type="checkbox"/> SART							
<input type="checkbox"/> Other							
Time Clear							
Time Receiving Hospital Notified							
Name of Person Notified:							

- Enter hospital code for EDAP (same as the MAR for ≥ 14 years of age)
- Indicate the actual destination by marking "EDAP"
- Mark Specialty Center: "Criteria/Guidelines Met" (requirement met for transport to the EDAP per Ref. No. 510, Pediatric Patient Destination)
- Destination Rationale is blank as there is no deviation from destination principles

## Pediatric: PTC Criteria

5 y/o female fell from a second story window, GCS 4-6-5. CC = BB, PI=TRMA, MOIs = 10':

CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<b>T R A N S P O R T</b>	<input type="checkbox"/> MAR			Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> EDAP (age ≤14)	UCL	7		
	<input type="checkbox"/> TC			PT TRANSPORTED VIA:	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other:
	<input checked="" type="checkbox"/> PTC (trauma, age ≤14)	UCL	7		
	<input type="checkbox"/> PMC (medical, age ≤14)			<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> ECPRX Center			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis:	
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center			<b>D I S P O</b>	
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified					

- Enter hospital code for EDAP (same as the MAR for ≥ 14 years of age) and PTC
- Indicate the actual destination by marking "PTC"
- Mark Specialty Center: "Criteria/Guidelines Met" (criteria met for transport to a PTC as per Ref. No. 506, Trauma Triage)
- Destination Rationale is blank as there is no deviation from destination principles

## Pediatric: PTC Guidelines

7 y/o female, auto vs bicycle at less than 5mph, wearing a helmet. CC = BE, PI=TRMA, MOIs = PB and HL:

CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<b>T R A N S P O R T</b>	<input type="checkbox"/> MAR			Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input checked="" type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input checked="" type="checkbox"/> EDAP (age ≤14)	AMH	8		
	<input type="checkbox"/> TC			PT TRANSPORTED VIA:	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other:
	<input type="checkbox"/> PTC (trauma, age ≤14)	USC	15		
	<input type="checkbox"/> PMC (medical, age ≤14)			<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> ECPRX Center			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis:	
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center			<b>D I S P O</b>	
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for MAR (same as the MAR for ≥ 14 years of age) and PTC
- Indicate the actual destination by marking "EDAP"
- Mark Specialty Center: "Criteria/Guidelines Met" (guidelines met for transport to a PTC as per Ref. No. 506, Trauma Triage).
- Mark Destination Rationale: "Minimal Injuries" for the reason patient was not transported to the PTC



## Pediatric: PMC Guidelines

4 y/o male witnessed tonic/clonic seizure. No signs of trauma, GCS is not improving:

TRANSPORT	CODE all options, CHECK actual destination		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR				Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)		SJS	4		
	<input type="checkbox"/> TC				PT TRANSPORTED VIA:	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PTC (trauma, age ≤14)					
	<input checked="" type="checkbox"/> PMC (medical, age ≤14)		CHH	15	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> STEMI Receiving Center					
	<input type="checkbox"/> ECPRX Center				If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> PrimAry Stroke Center					
	<input type="checkbox"/> Comprehensive StroKe Center				DISPO	
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)						
<input type="checkbox"/> SART						
<input type="checkbox"/> Other						
Time Clear						
Time Receiving Hospital Notified						
Name of Person Notified:						

- Enter hospital code for MAR (same as the MAR for ≥ 14 years of age) and PMC
- Indicate the actual destination by marking "PMC"
- Mark Specialty Center: "Criteria/Guidelines Met" (guidelines met for transport to a PMC, as per Ref. No. 510, Pediatric Patient Destination)
- Destination Rationale is blank as there is no deviation from destination principles

## Perinatal: Specialty Center Guidelines

24 y/o female, 22 weeks pregnant with abdominal cramping x 2 hours. No signs of trauma:

TRANSPORT	CODE all options, CHECK actual destination		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR		ENH	10	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)					
	<input type="checkbox"/> TC				PT TRANSPORTED VIA:	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PTC (trauma, age ≤14)					
	<input type="checkbox"/> PMC (medical, age ≤14)				<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> STEMI Receiving Center					
	<input type="checkbox"/> ECPRX Center				If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> PrimAry Stroke Center					
	<input type="checkbox"/> Comprehensive StroKe Center				DISPO	
<input checked="" type="checkbox"/> PeriNatal (≥20wks pregnancy)		NRH	15			
<input type="checkbox"/> SART						
<input type="checkbox"/> Other						
Time Clear						
Time Receiving Hospital Notified						
Name of Person Notified:						

- Enter hospital code for MAR and Perinatal Center
- Indicate the actual destination by marking "Perinatal Center"
- Mark Specialty Center: "Criteria/Guidelines Met" (guidelines met for transport to a Perinatal Center, as per Ref. No. 511, Perinatal Patient Destination)
- Destination Rationale is blank as there is no deviation from destination principles

## PSC: Specialty Center Guidelines

50 y/o male, left sided facial droop x 1 hour with a positive mLAPSS exam and LAMS Score = 2:

<b>TRANSPORT</b>	<b>CODE</b> all options, <b>CHECK</b> actual destination:	<b>CODE</b>	<b>ETA</b>	<b>CHECK ONE:</b>	<b>DESTINATION RATIONALE:</b>
	<input type="checkbox"/> MAR	HGH	5	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT <b>SC diversion:</b> <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> Prim <sup>Ar</sup> y Stroke Center <input type="checkbox"/> Comprehensive Stro <sup>Ke</sup> Center <input type="checkbox"/> SC Not Accessib <sup>Le</sup> <input type="checkbox"/> Jud <sup>G</sup> ment (Provider/Base/Base MD) <input type="checkbox"/> Shared Am <sup>B</sup> ulance <input type="checkbox"/> Minimal In <sup>J</sup> uries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC			<b>PT TRANSPORTED VIA:</b>	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other:
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> ECPRX Center			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> Obser <sup>V</sup> ation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis:	
	<input checked="" type="checkbox"/> Prim <sup>Ar</sup> y Stroke Center	TOR	12		
	<input type="checkbox"/> Comprehensive Stro <sup>Ke</sup> Center				
<input type="checkbox"/> Peri <sup>N</sup> atal (≥20wks pregnancy)					
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear			<b>DISPO</b>		
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for MAR and PSC
- Indicate the actual destination by marking "PSC"
- Mark Specialty Center: "Criteria/Guidelines Met" (guidelines met for transport to a PSC as per Ref. No. 521, Stroke Patient Destination)
- Destination Rationale is blank as there is no deviation from destination principles

## CSC: Specialty Center Guidelines

62 y/o female, right arm drift and no right grip strength x 3 hours, positive mLAPSS exam, LAMS Score = 4:

<b>TRANSPORT</b>	<b>CODE</b> all options, <b>CHECK</b> actual destination:	<b>CODE</b>	<b>ETA</b>	<b>CHECK ONE:</b>	<b>DESTINATION RATIONALE:</b>
	<input type="checkbox"/> MAR	SFM	5	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT <b>SC diversion:</b> <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> Prim <sup>Ar</sup> y Stroke Center <input type="checkbox"/> Comprehensive Stro <sup>Ke</sup> Center <input type="checkbox"/> SC Not Accessib <sup>Le</sup> <input type="checkbox"/> Jud <sup>G</sup> ment (Provider/Base/Base MD) <input type="checkbox"/> Shared Am <sup>B</sup> ulance <input type="checkbox"/> Minimal In <sup>J</sup> uries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC			<b>PT TRANSPORTED VIA:</b>	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other:
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> ECPRX Center			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> Obser <sup>V</sup> ation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis:	
	<input type="checkbox"/> Prim <sup>Ar</sup> y Stroke Center	LBM	12		
	<input checked="" type="checkbox"/> Comprehensive Stro <sup>Ke</sup> Center				
<input type="checkbox"/> Peri <sup>N</sup> atal (≥20wks pregnancy)					
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear			<b>DISPO</b>		
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for MAR and CSC
- Indicate the actual destination by marking "CSC"
- Mark Specialty Center: "Criteria/Guidelines Met" (guidelines met for transport to a CSC as per Ref. No. 521, Stroke Patient Destination)
- Destination Rationale is blank as there is no deviation from destination principles

## Specialty Center Judgment

66 y/o male with chest pain and SOB. ECG is abnormal. Patient history is MI, DM, and HTN. MICN directs transport to the SRC :

TRANSPORT	CODE all options, CHECK actual destination	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	MHG	5	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input checked="" type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC				
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			PT TRANSPORTED VIA:	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other:
	<input checked="" type="checkbox"/> STEMI Receiving Center	SFM	9		
	<input type="checkbox"/> ECPRX Center				
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for MAR and SRC
- Indicate the actual destination by marking "SRC"
- Mark Specialty Center: "Not Required" (does not meet criteria for SRC transport as per Ref. No. 513, ST-Elevation Myocardial Infarction Patient Destination )
- Mark Destination Rationale: "Judgment" (Provider/Base/Base MD)

## Interfacility Transfer

66 y/o male presented by private auto to a non-SRC facility, c/o crushing chest pain and SOB for 15min, ECG in ED shows STEMI. 9-1-1 is activated for rapid transport to closest SRC:

TRANSPORT	CODE all options, CHECK actual destination	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	KFW	0	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input checked="" type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC				
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			PT TRANSPORTED VIA:	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other:
	<input checked="" type="checkbox"/> STEMI Receiving Center	UCL	9		
	<input type="checkbox"/> ECPRX Center				
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

(Call Type at top right of form is IFT)

- Enter hospital code for MAR and SRC
- Indicate the actual destination by marking "SRC"
- Mark Specialty Center: "Criteria/Guidelines Met" (criteria met for transport to the SRC as per Ref. No. 513, ST-Elevation Myocardial Infarction Patient Destination )
- Destination Rationale is blank as there is no deviation from destination principles

## ED Saturation

55 y/o female, c/o abdominal pain x 3 days. The closest facility has requested diversion due to ED saturation:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:	
	<input type="checkbox"/> MAR		NRH	8	<b>Specialty Center:</b> <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Criteria/Guidelines Met	<input checked="" type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:	
	<input type="checkbox"/> EDAP (age ≤14)					<b>PT TRANSPORTED VIA:</b> <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____
	<input type="checkbox"/> TC						
	<input type="checkbox"/> PTC (trauma, age ≤14)						
	<input type="checkbox"/> PMC (medical, age ≤14)						
	<input type="checkbox"/> STEMI Receiving Center				<b>DISPO</b> If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____		
	<input type="checkbox"/> ECPRX Center						
	<input type="checkbox"/> PrimAry Stroke Center						
	<input type="checkbox"/> Comprehensive StroKe Center						
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)							
<input type="checkbox"/> SART							
<input checked="" type="checkbox"/> Other		MCP	12				
Time Clear							
Time Receiving Hospital Notified							
Name of Person Notified:							

- Enter hospital code for MAR and Other
- Indicate the actual destination by marking "Other" and the hospital code
- Mark Specialty Center: "Not Required" (no specialty center criteria or guidelines met per Ref. No. 502, Patient Destination)
- Mark Destination Rationale: "ED Saturation" as the patient did not go to the MAR due to diversion request for ED Saturation

## Specialty Center Diversion

17 y/o male, single stab wound to LUQ, CC = PA, PI=TRMA, MOI = ST. Most accessible trauma center has requested trauma diversion:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:	
	<input type="checkbox"/> MAR		MHG	5	<b>Specialty Center:</b> <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input checked="" type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:	
	<input type="checkbox"/> EDAP (age ≤14)					<b>PT TRANSPORTED VIA:</b> <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____
	<input type="checkbox"/> TC		SFM	10			
	<input type="checkbox"/> PTC (trauma, age ≤14)						
	<input type="checkbox"/> PMC (medical, age ≤14)						
	<input type="checkbox"/> STEMI Receiving Center				<b>DISPO</b> If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____		
	<input type="checkbox"/> ECPRX Center						
	<input type="checkbox"/> PrimAry Stroke Center						
	<input type="checkbox"/> Comprehensive StroKe Center						
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)							
<input type="checkbox"/> SART							
<input checked="" type="checkbox"/> Other		HGH	15				
Time Clear							
Time Receiving Hospital Notified							
Name of Person Notified:							

- Enter hospital codes for the MAR, TC and Other
- Indicate the actual destination by marking "Other" and the hospital code
- Mark Specialty Center: "Criteria/Guidelines Met" (criteria met for transport to a TC per Ref No. 506, Trauma Triage)
- Mark Destination Rationale: SC Diversion "TC/PTC" (TC diversion request by the closest trauma center)

## Conducted Electrical Weapon (CEW, aka Taser®)

34 y/o male, status post deployment of a conducted electrical weapon (CEW, trade name Taser®) dart to chest, minor laceration to chest, no other trauma or associated signs or symptoms. CC = PL, PI=TRMA, MOI = TA:

<b>T R A N S P O R T</b>	<b>CODE</b> all options, <b>CHECK</b> actual destination:	<b>CODE</b>	<b>ETA</b>	<b>CHECK ONE:</b>	<b>DESTINATION RATIONALE:</b>
	<input checked="" type="checkbox"/> <b>MAR</b>	PLB	3	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> <b>EDAP</b> (age ≤14)				
	<input type="checkbox"/> <b>TC</b>			<b>PT TRANSPORTED VIA:</b>	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other:
	<input type="checkbox"/> <b>PTC</b> (trauma, age ≤14)				
	<input type="checkbox"/> <b>PMC</b> (medical, age ≤14)			<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> <b>STEMI</b> Receiving Center				
	<input type="checkbox"/> <b>ECPRX</b> Center			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center			<b>DISP</b>	
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> <b>SART</b>					
<input type="checkbox"/> <b>Other</b>					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for MAR
- Indicate the actual destination by marking "MAR"
- Mark Specialty Center: "Not Required" (does not meet criteria or guidelines for transport to a TC per Ref. No. 506, Trauma Triage)
- Destination Rationale is blank as there is no deviation from destination principles

## Destination Rationale: Minimal Injuries

17 y/o male, status post leg struck by car in parking lot, minor abrasion to foot, no deformity, no other trauma or associated signs or symptoms. CC = BE, PI=TRMA, MOI = PB:

<b>T R A N S P O R T</b>	<b>CODE</b> all options, <b>CHECK</b> actual destination:	<b>CODE</b>	<b>ETA</b>	<b>CHECK ONE:</b>	<b>DESTINATION RATIONALE:</b>
	<input checked="" type="checkbox"/> <b>MAR</b>	LMC	3	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input checked="" type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> <b>EDAP</b> (age ≤14)				
	<input type="checkbox"/> <b>TC</b>	HGH	10	<b>PT TRANSPORTED VIA:</b>	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other:
	<input type="checkbox"/> <b>PTC</b> (trauma, age ≤14)				
	<input type="checkbox"/> <b>PMC</b> (medical, age ≤14)			<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> <b>STEMI</b> Receiving Center				
	<input type="checkbox"/> <b>ECPRX</b> Center			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center			<b>DISP</b>	
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> <b>SART</b>					
<input type="checkbox"/> <b>Other</b>					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for MAR and TC
- Indicate the actual destination by marking "MAR"
- Mark Specialty Center: "Guidelines Met" (guidelines met for transport to a TC as per Ref. No. 506, Trauma Triage)
- Mark Destination Rationale: "Minimal Injuries"

### Destination Rationale: Shared Ambulance

8 y/o male restrained rear passenger in a moderate speed MVA. Pt. c/o LLE pain only, no deformity noted. CC = BE, PI=TRMA, MOIs = EV, SB. Patient's mother was unrestrained driver and meets trauma criteria:

CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<b>T R A N S P O R T</b>	<input type="checkbox"/> MAR			Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input checked="" type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> EDAP (age ≤14)	DCH	3		
	<input type="checkbox"/> TC			PT TRANSPORTED VIA:  <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> ECPRX Center			<b>D I S P O</b>	
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center				
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART					
<input checked="" type="checkbox"/> Other	SFM	8			
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for EDAP (same as the MAR for ≥ 14 years of age) and Other
- Indicate the child's actual destination by marking "Other" and the hospital code
- Mark Specialty Center: "Criteria/Guidelines Met" (requirement met for transport to the EDAP per Ref. No. 510, Pediatric Patient Destination)
- Mark Destination Rationale: "Shared Ambulance", as the patient was transported to Other

### Destination Rationale: Patient Request

82 y/o male, c/o cough and fever x 3 days, vital signs stable. Pt. is a Kaiser member and is requesting transport to Kaiser – which is accessible but not the MAR:

CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<b>T R A N S P O R T</b>	<input type="checkbox"/> MAR	DCH	3	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input checked="" type="checkbox"/> Requested by: <i>Patient</i> <input type="checkbox"/> Other:
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC			PT TRANSPORTED VIA:  <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> ECPRX Center			<b>D I S P O</b>	
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center				
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART					
<input checked="" type="checkbox"/> Other	KFB	6			
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for MAR and Other
- Indicate the actual destination by marking "Other" and the hospital
- Mark Specialty Center: "Not Required" (no specialty center criteria or guidelines met per Ref. No. 502, Patient Destination)
- Mark Destination Rationale: "Requested by": Patient

## No Transport: AMA

36 y/o female with altered mental status, now resolved after paramedic administration of D10 for blood glucose level of 40mg/dL. The patient does not want to be transported to the hospital and wishes to sign out against medical advice:

T R A N S P O R T	CODE all options, CHECK actual destination	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR			Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC			PT TRANSPORTED VIA:  <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input checked="" type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input checked="" type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> ECPRX Center				
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center				
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- No actual destination is indicated, as patient is not transported
- Mark Reason for No Transport: AMA

## Hyperbaric Chamber

25 y/o male, status post scuba diving accident, GCS 2-1-4, no signs of trauma, helicopter transport 5 minutes away:

T R A N S P O R T	CODE all options, CHECK actual destination	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	AHM	3	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input checked="" type="checkbox"/> Other: HBC
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC			PT TRANSPORTED VIA:  <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input checked="" type="checkbox"/> Helicopter-ETA: 5 <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> ECPRX Center				
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center				
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> SART					
<input checked="" type="checkbox"/> Other	USC	25			
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for MAR and Other
- Indicate the actual destination by marking "Other" and the hospital code
- Mark Specialty Center: "Criteria/Guidelines Met" (the physician directs the transport to the hyperbaric chamber per Ref. No. 518, Decompression Emergencies/Patient Destination)
- Mark Destination Rationale: "Other": HBC (hyperbaric chamber)

### Specialty Center: ECPRX Center

55 y/o male in cardiac arrest with an initial shockable rhythm, and paramedics are deploying the mechanical compression device (MCD), with no additional factors delaying transport:

<b>T R A N S P O R T</b>	<b>CODE</b> all options, <b>CHECK</b> actual destination:	<b>CODE</b>	<b>ETA</b>	<b>CHECK ONE:</b>	<b>DESTINATION RATIONALE:</b>
	<input type="checkbox"/> <b>MAR</b>	PIH	10	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> <b>EDAP</b> (age ≤14)				
	<input type="checkbox"/> <b>TC</b>			<b>PT TRANSPORTED VIA:</b>	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> ELOPED <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other:
	<input type="checkbox"/> <b>PTC</b> (trauma, age ≤14)				
	<input type="checkbox"/> <b>PMC</b> (medical, age ≤14)			<input checked="" type="checkbox"/> <b>ALS</b> <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> <b>STEMI</b> Receiving Center				
	<input checked="" type="checkbox"/> <b>ECPRX</b> Center	LBM	20	<b>DISPO</b> If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis:	
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center				
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> <b>SART</b>					
<input type="checkbox"/> <b>Other</b>					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for MAR and ECPRX Center
- Indicate the actual destination by marking “ECPRX” and the hospital code.
- Mark Specialty Center: “Criteria/Guidelines Met” (criteria met per Ref. No 516, Cardiac Arrest Non-Traumatic Patient Destination)
- Destination Rationale is blank, as there is no deviation from destination principles

### Out of County

24 y/o male with GSW to left upper thigh. Patient is stable and bleeding is controlled. The paramedics want to transport to the closest trauma center. Base directs the paramedics to the trauma center in Orange County:

<b>T R A N S P O R T</b>	<b>CODE</b> all options, <b>CHECK</b> actual destination:	<b>CODE</b>	<b>ETA</b>	<b>CHECK ONE:</b>	<b>DESTINATION RATIONALE:</b>
	<input type="checkbox"/> <b>MAR</b>	PIH	8	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> ECPRX <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base/Base MD) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input checked="" type="checkbox"/> Requested by: Paramedics <input type="checkbox"/> Other:
	<input type="checkbox"/> <b>EDAP</b> (age ≤14)				
	<input type="checkbox"/> <b>TC</b>	SFM	25	<b>PT TRANSPORTED VIA:</b>	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> ELOPED <input type="checkbox"/> T.O.R./814 <input type="checkbox"/> Pronounced <input type="checkbox"/> Other:
	<input type="checkbox"/> <b>PTC</b> (trauma, age ≤14)				
	<input type="checkbox"/> <b>PMC</b> (medical, age ≤14)			<input checked="" type="checkbox"/> <b>ALS</b> <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> <b>STEMI</b> Receiving Center				
	<input type="checkbox"/> <b>ECPRX</b> Center			<b>DISPO</b> If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis:	
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center				
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> <b>SART</b>					
<input checked="" type="checkbox"/> <b>Other</b>	UCI	15			
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for MAR, TC (LA County Approved Center) and Other
- Indicate the actual destination by marking “Other” and the hospital code
- Mark Specialty Center: “Criteria/Guidelines Met” (criteria met per Ref. No 506, Trauma Triage)
- Mark Destination Rationale: “Requested by”: Paramedics



### Destination Rationale: Judgement (Base MD)

An 87 y/o male with c/o of abdominal pain with nausea and vomiting. The paramedics perform an ECG, which is interpreted as STEMI by both EMS and software interpretation. The ECG is transmitted to the SRC, where the base physician determines the ECG as a non-STEMI and directs the paramedics to the MAR.

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input checked="" type="checkbox"/> MAR		HCH	7	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Criteria/Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT
	<input type="checkbox"/> EDAP (age ≤14)					SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI
	<input type="checkbox"/> TC				PT TRANSPORTED VIA:	<input type="checkbox"/> Primary Stroke Center <input type="checkbox"/> Comprehensive Stroke Center
	<input type="checkbox"/> PTC (trauma, age ≤14)					<input type="checkbox"/> SC Not Accessible <input checked="" type="checkbox"/> Judgement (Provider/Base/Base MD)
	<input type="checkbox"/> PMC (medical, age ≤14)				REASON FOR NO TRANSPORT:	<input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Unmanageable Airway
	<input type="checkbox"/> STEMI Receiving Center		HCH	7		<input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> ECPRX Center				<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	<input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Assess, Treat & Release <input type="checkbox"/> Eloped <input type="checkbox"/> T.O.R./814
	<input type="checkbox"/> Primary Stroke Center					<input type="checkbox"/> Pronounced <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Comprehensive Stroke Center				DISPO If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> Observation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> Int'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)						
<input type="checkbox"/> SART						
<input type="checkbox"/> Other						
Time Clear						
Time Receiving Hospital Notified						
Name of Person Notified:						

- Enter hospital code for MAR and SRC
- Indicate the actual destination by marking "MAR" and the hospital code.
- Mark Specialty Center: "Required Criteria Met" (criteria met per Ref. No 513, ST Elevation Myocardial Patient Destination)
- Destination Rationale is "Judgement" by the Base MD

## Check One Transport Reference

DESTINATION	CHECK ONE	TRANSPORT * All specialty centers transport times are 30 minutes or less * All MAR transports are 15 minutes or less	
MAR	Not Required		
EDAP	Criteria Met	<ul style="list-style-type: none"> <li>• ≤ 14 years of age</li> </ul>	
TC	Criteria Met Guidelines Met	<ul style="list-style-type: none"> <li>• Trauma Criteria</li> <li>• Trauma Guidelines</li> <li>• Special Considerations (includes judgement)</li> </ul>	
PTC	Criteria Met Guidelines Met	<ul style="list-style-type: none"> <li>• ≤ 14 years of age</li> <li>• Trauma Criteria</li> <li>• Trauma Guidelines</li> <li>• Special Considerations (includes judgement)</li> </ul>	
PMC	Guidelines Met	<ul style="list-style-type: none"> <li>• ≤ 14 years of age</li> <li>• Cardiac Dysrhythmia</li> <li>• Severe Respiratory Distress</li> <li>• Cyanosis</li> </ul>	<ul style="list-style-type: none"> <li>• ALOC without improvement</li> <li>• BRUE &lt; 12 mos. of age</li> <li>• Focal Neurologic Signs, not trauma</li> <li>• CANT with ROSC</li> </ul>
SRC	Criteria Met	<ul style="list-style-type: none"> <li>• PI = CPMI</li> <li>• Suspected Cardiogenic Shock</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiac Arrest -Non-Traumatic (including perinatal patients)</li> </ul>
ECPRX	Criteria Met	<ul style="list-style-type: none"> <li>• Age ≥15 to ≤75 years old</li> <li>• Mechanical compression device used</li> <li>• Initial shockable rhythm V-fib/V-tach, recurrent</li> </ul>	<ul style="list-style-type: none"> <li>• Presumed PE</li> <li>• No DNR</li> <li>• Scene time is ≤15 minutes</li> </ul>
PSC	Guidelines Met	<ul style="list-style-type: none"> <li>• PI=STRK</li> <li>• Positive mLAPSS</li> </ul>	<ul style="list-style-type: none"> <li>• LKWT within 24 hours</li> <li>• LAMS ≤ 3</li> </ul>
CSC	Guidelines Met	<ul style="list-style-type: none"> <li>• PI=STRK</li> <li>• Positive mLAPSS</li> </ul>	<ul style="list-style-type: none"> <li>• LKWT within 24 hours</li> <li>• LAMS ≥ 4</li> </ul>
PERINATAL	Guidelines Met	<ul style="list-style-type: none"> <li>• At least 20 weeks pregnant</li> <li>• Active Labor</li> <li>• C/C is pregnancy related</li> <li>• Perinatal Complications</li> <li>• Injured patients who do not meet Trauma Criteria/Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure 140/90 or greater</li> <li>• Post-partum patients (up to 6 weeks) with blood pressure of 140/90 mmHg</li> <li>• Delivery in the field</li> </ul>
SART	Guidelines Met	<ul style="list-style-type: none"> <li>• Sexual assault or suspected</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital affiliated with a designated SART Center</li> </ul>
OTHER	Not Required Criteria Met Guidelines Met	<ul style="list-style-type: none"> <li>• Destination Rationale Required</li> </ul>	

## BASE DATA ENTRY GUIDE

Scenario	Who	Enter Record Into TEMIS?
Public provider calls the receiving base hospital with a <b>NOTIFICATION</b> call for a patient who is enroute to their facility	Base hospital receiving both the notification call and the patient	Yes
Public provider erroneously calls assigned base hospital with a <b>NOTIFICATION</b> call for a patient who is not being transported to the assigned base hospital; receiving facility is another base hospital	Assigned base hospital who took notification call but is not receiving the patient	No
	Base hospital receiving both the notification call from the assigned base hospital and the patient	Yes
Public provider erroneously calls assigned base hospital with a <b>NOTIFICATION</b> call for a patient who is not being transported to the assigned base hospital; receiving facility is not a base hospital but is a specialty center	Assigned base hospital that took notification call but is not receiving the patient	No
	Receiving facility (that is a specialty center) that is receiving both the notification call from the assigned base hospital and the patient	No
Public provider erroneously calls assigned base hospital with a <b>NOTIFICATION</b> call for a patient who is not being transported to the assigned base hospital; receiving facility is not a base hospital or specialty center	Assigned base hospital that took notification call but is not receiving the patient	No
	Receiving facility (not a base or specialty center) that is receiving both the notification call from the assigned base hospital and the patient	No
Public provider calls their assigned base hospital with a <b>BASE CONTACT</b> , the assigned base hospital is also the facility receiving the patient	Assigned base hospital	Yes (with outcome)
Public provider calls their assigned base hospital with a <b>BASE CONTACT</b> , but the assigned base hospital is not the receiving facility; the receiving facility is another base hospital. The assigned base hospital notifies the other base hospital receiving the patient that a patient is enroute to their facility	Assigned base hospital that received the base contact	Yes (no outcome)
	Base hospital receiving both the notification from the assigned base hospital and the patient	No
Private provider transporting an IFT calls the base hospital who is also	Base hospital receiving the notification and the patient	No

Scenario	Who	Enter Record Into TEMIS?
the receiving hospital with notification of patient's arrival		
Private provider transporting an IFT calls their assigned base hospital with a <b>BASE CONTACT</b> for online medical control	Base hospital that received the base contact	Yes (Enter the preprinted 8-digit alphanumeric sequence # on the EMS Report Form)

## PROVIDER IMPRESSION DEFINITIONS

Provider Impression (PI) Name	PI Code	Treatment Protocol (TP)	TP Code	Guidelines for use of PI
Abdominal Pain/Problems (GI/GU)	ABOP	GI/GU Emergencies	1205 1205-P	For any pain or problem in the abdominal/flank region that does not have a more specific PI, includes post-surgical complications.
Airway Obstruction/ Choking	CHOK	Airway Obstruction	1234 1234-P	For any upper airway emergency including choking, foreign body, swelling, stridor, croup, and obstructed tracheostomy
Alcohol Intoxication	ETOH	Overdose/ Poisoning/Ingestion	1241 1241-P	For alcohol intoxication if it is the primary problem. Use of secondary PI if the patient has another acute emergency.
Allergic Reaction	ALRX	Allergy	1219 1219-P	For any simple allergic reaction that is isolated to the skin (hives/ urticarial only) and does not meet definition of anaphylaxis
ALOC - Not Hypoglycemia or Seizure	ALOC	ALOC	1229 1229-P	For altered mental status not attributed to a more specific PI (i.e., cause unknown). Use as secondary PI when cause known.
Anaphylaxis	ANPH	Allergy	1219 1219-P	For anaphylaxis.
Behavioral/ Psychiatric Crisis	PSYC	Behavioral/ Psychiatric Crisis	1209 1209-P	For psychiatric crisis that is the primary problem. NOT for anxiety/agitation secondary to medical etiology – use PI related to medical issue.
Body Pain – Non-Traumatic	BPNT	General Medical	1202 1202-P	For pain not related to trauma that is not localized to chest, abdomen, head, or extremity.
BRUE	BRUE	BRUE	1235-P	For a brief resolved unexplained event (BRUE). Patient must be ≤12 months of age and back to baseline on assessment.
Burns	BURN	Burns	1220 1220-P	For any burn injury to skin. For inhalation injury use PI Inhalation Injury. Use with PI Traumatic Injury if other trauma present.
Carbon Monoxide	COMO	Carbon Monoxide Exposure	1238 1238-P	For suspected or known carbon monoxide exposure.
Cardiac Arrest – Nontraumatic	CANT	Cardiac Arrest	1210 1210-P	For non-traumatic cardiac arrest in which any resuscitation is initiated, NOT dead on arrival.
Cardiac Dysrhythmia	DYSR	Cardiac Dysrhythmia – Bradycardia	1212 1212-P	For any bradycardic rhythm <60bpm.
Cardiac Dysrhythmia	DYSR	Cardiac Dysrhythmia – Tachycardia	1213 1213-P	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)

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**BASE HOSPITAL DOCUMENTATION MANUAL**

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Provider Impression (PI) Name	PI Code	Treatment Protocol (TP)	TP Code	Guidelines for use of PI
Cardiac Dysrhythmia	DYSR	Cardiac Dysrhythmia – Tachycardia	1213 1213-P	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)
Chest Pain – Not Cardiac	CPNC	General Medical	1202 1202-P	For musculoskeletal and pleuritic pain and any chest pain that is NOT of possible cardiovascular etiology.
Chest Pain – STEMI	CPMI	Cardiac Chest Pain	1211	For any suspected STEMI, with or without chest pain.
Chest Pain – Suspected Cardiac	CPSC	Cardiac Chest Pain	1211	For any chest pain/symptom that is of possible cardiovascular etiology but NOT STEMI (e.g., NSTEMI, pericarditis, dissection).
Childbirth (Mother)	BRTH	Childbirth (Mother)	1215 1215-P	For delivery or imminent delivery of a fetus beyond the first trimester (12 weeks). For <12 weeks use PI Pregnancy Complications.
Cold / Flu Symptoms	COFL	General Medical	1202 1202-P	For minor respiratory illness in a patient without shortness of breath or wheezing; must have normal respiratory rate and O <sub>2</sub> sat (if available).
Diarrhea	DRHA	GI/GU Emergencies	1205 1205-P	For diarrhea without bleeding. NOT for melena, use PI Upper GI Bleeding.
Dizziness/Vertigo	DIZZ	Dizziness/Vertigo	1230 1230-P	For lightheadedness or vertigo, without syncope.
DOA – Obvious Death	DEAD	Cardiac Arrest	1210 1210-P	For non-traumatic cardiac arrest found dead on arrival such that no resuscitation is initiated.
Dystonic Reaction	DYRX	Dystonic Reaction	1239 1239-P	For suspected dystonic reaction (i.e., reaction, typically from antipsychotic medications, causing abnormal contraction of head and neck muscles.)
Electrocution	ELCT	Electrocution	1221 1221-P	For any electrocution injury.
ENT / Dental Emergencies	ENTP	ENT / Dental Emergencies	1226 1226-P	For a problem located in the ear, nose, throat area, except NOT epistaxis – use PI Epistaxis, NOT airway obstruction – use PI Airway Obstruction.
Epistaxis	NOBL	ENT / Dental Emergencies	1226 1226-P	For any bleeding from the nares.
Extremity Pain/ Swelling – Non-Traumatic	EXNT	General Medical	1202 1202-P	For pain, swelling, or other non-traumatic problem of an extremity, includes rashes and non-traumatic bleeding (e.g., varicose vein bleed).
Eye Problem – Unspecified	EYEP	Eye Problem	1228 1228-P	For any pain or problem of the eye or periorbital region, use with PI Traumatic Injury if a traumatic mechanism.
Fever	FEVR	Fever	1204 1204-P	For reported or tactile fever that is NOT suspected sepsis. For sepsis use PI Sepsis.

SUBJECT:

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Provider Impression (PI) Name	PI Code	Treatment Protocol (TP)	TP Code	Guidelines for use of PI
Genitourinary Disorder – Unspecified	GUDO	GI/GU Emergencies	1205 1205-P	For urinary or genital related complaints, or for sexual assault, except NOT vaginal bleeding – use PI Vaginal Bleeding, NOT trauma-related – use PI Traumatic Injury.
HazMat Exposure	DCON	HAZMAT	1240 1240-P	For any hazardous material (chemical) exposure. May use with another PI (e.g., Inhalation Injury or Burns) when applicable.
Headache Non-Traumatic	HPNT	General Medical	1202 1202-P	For non-traumatic headache or head pain.
Hyperglycemia	HYPR	Diabetic Emergencies	1203 1203-P	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.
Hypertension	HYTN	General Medical	1202 1202-P	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.
Hyperthermia	HEAT	Hyperthermia (Environmental)	1222 1222-P	For environmental exposure causing hyperthermia, e.g., heat exhaustion and heat stroke, drugs may also be a contributing factor.
Hypoglycemia	HYPO	Diabetic Emergencies	1203 1203-P	For glucose <60mg/dL.
Hypotension	HOTN	Shock / Hypotension	1207 1207-P	For SBP <90mmHg in adults or below normal for size per 1309 in children with transient low BP or rapidly responds to fluid resuscitation and without signs of shock.
Hypothermia / Cold Injury	COLD	Hypothermia / Cold Injury	1223 1223-P	For environmental exposures causing hypothermia and/or frostbite injury.
Inhalation Injury	INHL	Inhalation Injury	1236 1236-P	For any signs/symptoms related to inhaling a gas or substance other than smoke or carbon monoxide.
Lower GI Bleeding	LOGI	GI/GU Emergencies	1205 1205-P	For bleeding from the rectum and/or bright red bloody stools.
Medical Device Malfunction – Fail	FAIL	Medical Device Malfunction	1206 1206-P	For a medical device that fails, including VADs, insulin pumps, and shunts. Usually for internal devices, may be used for vent 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).

Provider Impression (PI) Name	PI Code	Treatment Protocol (TP)	TP Code	Guidelines for use of PI
Severe Agitation with ALOC	SAAL	Behavioral/ Psychiatric Crisis	1209 1209-P	Severe agitation with altered mental status due to suspected psychiatric and/or substance-related cause that prevents critical EMS clinical evaluation and/or treatment and endangers the patient, EMS clinicians and/or bystanders.  NOT for anxiety/agitation secondary to medical etiology – use PI related to medical issue for medical agitation.
Shock	SHOK	Shock / Hypotension	1207 1207-P	For patients with poor perfusion not rapidly responsive to IV fluids.
Smoke Inhalation	SMOK	Inhalation Injury	1236 1236-P	For patients with smoke inhalation.
Stings / Venomous Bites	STNG	Stings / Venomous Bites	1224 1224-P	For snakes, scorpion, insects, and marine envenomations (stingrays, jelly fish). NOT for animal bites, use PI traumatic injury.
Stroke / CVA / TIA	STRK	Stroke / CVA / TIA	1232 1232-P	For suspected stroke or transient ischemic attack (stroke symptoms that resolve rapidly).
Submersion / Drowning	DRWN	Submersion	1225 1225-P	For any submersion injury, including drowning and dive (decompression) emergencies.
Syncope / Near Syncope	SYNC	Syncope / Near Syncope	1233 1233-P	For syncope (transient loss of consciousness). NOT for cardiac arrest, use PI Cardiac Arrest – Non-traumatic only.
Traumatic Arrest – Blunt	CABT	Traumatic Arrest	1243 1243-P	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.
Traumatic Arrest – Penetrating	CAPT	Traumatic Arrest	1243 1243-P	For cardiac arrest with penetrating traumatic mechanism, including those declared deceased in the field by Ref. 814.
Traumatic Injury	TRMA	Traumatic Injury	1242 1242-P 1244 1244-P	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 agitation – use PI Behavioral/ Psychiatric Crisis or PI Severe Agitation with ALOC as appropriate, and also PI Traumatic Injury).
Upper GI Bleeding	UPGI	GI/GU Emergencies	1205 1205-P	For vomiting blood or coffee ground emesis, and for melena (i.e., black, tarry stools).
Vaginal Bleeding	VABL	GI/GU Emergencies	1205 1205-P	For vaginal bleeding in the NON-pregnant patient. For vaginal bleeding in pregnancy use PI Pregnancy Complications.
Weakness – General	WEAK	General Weakness	1202 1202-P	For non focal weakness, general malaise, and any nonspecific ‘sick’ symptoms.



## BASE HOSPITAL

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## QUALITY IMPROVEMENT BY PROVIDER IMPRESSION

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### **PI=RARF**

- LOC/GCS
- Respirations
- Airway Management
  - (BVM, SGA, ETT)
- Capnography
- VS (BP, HR, RR, O2 Sat)

### **PI=STRK**

- mLAPSS
- LKWD
- LKWT
- LAMS Score
- POC Glucose
- Cardiac Rhythm
- VS (BP, HR, RR, O2 Sat)
- Stroke Center Destination

### **PI=HOTN**

- LOC/GCS
- Respirations
- Skin
- Cardiac Rhythm
- Vascular Access
- VS (BP, HR, RR, O2 Sat)

### **PI=SHOK**

- Cardiac Rhythm
- Oxygen Administration
- Fluid Administration
- VS (BP, HR, RR, O2 Sat)

### **PI=CPMI/CPSC transport to SRC**

- Cardiac Rhythm
- 12-Lead
  - EMS Interpretation
  - Software Interpretation
  - ECG Quality Issue
- Treatment
  - Aspirin/PAS
- VS (BP, HR, RR, O2 Sat,)
- SRC Destination

**PI=BRTH**

- LOC/GCS
- Respirations
- IUP: \_\_\_\_wks.
- VS (BP, HR, RR, O2 Sat,)

**PI=BABY**

- LOC/GCS
- Respirations
- VS (HR, RR, O2 Sat)

**PI=DYRX**

- LOC/GCS
- Treatment
  - Benadryl
- VS (BP, HR, RR, O2 Sat)

**PI=ANPH**

- LOC/GCS
- Respirations
- Skin
- Fluid Administration
- Treatment
  - Epinephrine
- VS (BP, HR, RR, O2 Sat)

**PI=BRUE**

- LOC/GCS
- Respirations
- Cardiac Rhythm
- Cap Refill
- VS (HR, RR, O2 Sat)

**PI=CANT**

- Cardiac Rhythm
- Witnessed by
- CPR by
- Arrest to CPR
- Airway Management
  - (BVM, SGA, ETT)
- Capnography
- ROSC?
- Rearrest?
- ROSC: Yes
- ROSC Time

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- POC Glucose
- 12-Lead ECG
- Fluid Administration
- Push-dose Epinephrine
- VS (SBP, HR)
- SRC Destination (all CANT transports)

**PI=CHOK**

- LOC/GCS
- Respirations
- Airway Management
  - O2 Via
- VS (BP, HR, RR, O2)

**PI=ALOC**

- LOC/GCS
- Pupils
- Respirations
- Skin
- POC Glucose
- Cardiac Rhythm
- Vascular Access
- VS (BP, HR, RR, O2 Sat)

**PI=PSYC**

- LOC/GCS
- Respirations
- VS (BP, HR, RR, O2 Sat)

**PI=DYSR**

- LOC/GCS
- Respirations
- Skin
- Cardiac Rhythm
- 12-Lead ECG
  - EMS Interpretation
  - Software Interpretation
  - ECG Quality Issue
- VS (BP, HR, RR, O2 Sat)

**PI=ODPO**

- LOC/GCS
- Respirations
- Skin
- VS (BP, HR, RR, O2 Sat)

**PI=PREG**

- LOC/GCS
- Respirations
- IUP \_\_\_ wks.
- VS (BP, HR, RR, O2 Sat)

**PI=LABR**

- LOC/GCS
- Respirations
- IUP \_\_\_ wks.
- VS (BP, HR, RR, O2 Sat)

**PI=SOBB/RDOT**

- LOC/GCS
- Respirations
- Oxygen Administration
- VS (BP,HR,RR,O2 Sat)

**PI=CHFF**

- LOC/GCS
- Respirations
- Oxygen Administration
- Cardiac Rhythm
- Vascular Access
- VS (BP, HR, RR, O2 Sat)

**PI=SEAC**

- LOC/GCS
- Pupils
- Respirations
- Skin
- VS (BP, HR, RR, O2 Sat)

**PI=DRWN**

- LOC/GCS
- Respirations
- Skin
- VS (BP, HR,RR,O2 Sat)

**PI=TRMA**

- LOC/GCS
- Respirations
- Skin
- VS (BP, HR, RR,O2 Sat)

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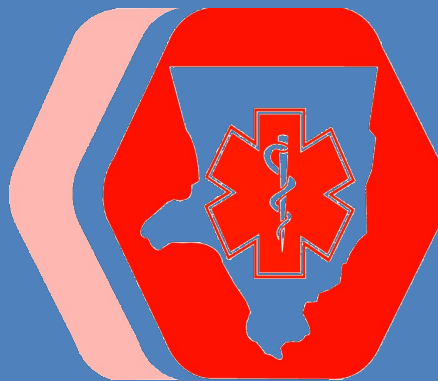
**PI=CABT/CAPT**

- Respirations
- Airway Management
- Cardiac Rhythm
- Fluid Administration

# MCI Documentation Manual

Los Angeles County

Emergency Medical Services Agency



July 2025

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## DATA ENTRY INSTRUCTIONS

---

### MCI Form

- A tool that collects essential information in an organized and simple manner to expedite patient treatment and transport
- The MCI form is useful when the provider declares the incident to be an MCI
- The MCI form contains four (4) patient records, document one (1) patient per record

### Data Entry

- To access the MCI Tab, select the Tools button on the toolbar and then select the Personal Settings button. Change the Pathway to MCI form and select Ok.
- To enter another record from the same incident, go to the File button and select Copy Patient. This shortcut will copy the general information from the previous record on to the new record.
- To clear the MCI settings. Go to the Tools button on the toolbar and select the Personal Settings button. Change the Pathway to Base form and select Ok. Then select the Modules button on the toolbar and Report Generator/Reports. When the report page opens, select the Modules button/Data Entry on the toolbar to begin base form entry.

## COMMON NULL VALUES

---

### Definition

A null value is when the value is unknown or missing

### Field Values

- **F6:** Not Documented
- **F7:** Not Applicable

### Additional Information

- For any collection of data to be of value and reliably represent intended information, a strong commitment must be made to ensure that data collected are complete and accurate
- **Not Documented:** This null value is relevant when a field is intended to contain a value but contains no data
- **Not Applicable:** This null value code applies if the field doesn't apply to the current situation or patient record
- **Blank:** Is not a null value, but regarded as an empty cell
- If data is missing or unknown, check the relevant fields to see if a null value is appropriate for data entry

SUBJECT:

**MCI DOCUMENTATION MANUAL**

REFERENCE NO. 644

## **MCI DOCUMENTATION MANUAL**

---

## DATE

---

### Definition

Date of base hospital contact

### Field Values

- Collected as MMDDYYYY

### Additional Information

- **Required** field for base hospital contacts
- Excluding midnight crossover from New Year's Eve to New Year's Day, the last two digits of the date must match the first two numeric digits in a 12-digit sequence number

### Uses

- Establishes care intervals and incident timelines

### Data Source Hierarchy

- MCI Form
- Base Hospital Log
- EMS Record
- Radio Recording System

## TIME

---

**Definition**

Time of day base contact was initiated

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- Required field for base hospital contacts

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- MCI Form
- Base Hospital Log
- Radio Recording System

## PROVIDER CODE

### Definition

Two-letter code for the EMS provider primarily responsible for managing the MCI

### Field Values

PUBLIC PROVIDERS			
<b>AF</b>	Arcadia Fire Department	<b>LH</b>	La Habra Heights Fire Department
<b>AH</b>	Alhambra Fire Department	<b>LV</b>	La Verne Fire Department
<b>AV</b>	Avalon Fire Department	<b>MB</b>	Manhattan Beach Fire Department
<b>BA</b>	Burbank Airport Fire Department	<b>MF</b>	Monrovia Fire Department
<b>BF</b>	Burbank Fire Department	<b>MO</b>	Montebello Fire Department
<b>BH</b>	Beverly Hills Fire Department	<b>MP</b>	Monterey Park Fire Department
<b>CC</b>	Culver City Fire Department	<b>OT</b>	Other Provider
<b>CF</b>	LA County Fire Department	<b>PF</b>	Pasadena Fire Department
<b>CG</b>	US Coast Guard	<b>RB</b>	Redondo Beach Fire Department
<b>CI</b>	LA City Fire Department	<b>SA</b>	San Marino Fire Department
<b>CM</b>	Compton Fire Department	<b>SG</b>	San Gabriel Fire Department
<b>CS</b>	LA County Sheriff Department	<b>SI</b>	Sierra Madre Fire Department
<b>DF</b>	Downey Fire Department	<b>SM</b>	Santa Monica Fire Department
<b>ES</b>	El Segundo Fire Department	<b>SP</b>	South Pasadena Fire Department
<b>FS</b>	U.S. Forest Service	<b>SS</b>	Santa Fe Springs Fire Department
<b>GL</b>	Glendale Fire Department	<b>TF</b>	Torrance Fire Department
<b>LB</b>	Long Beach Fire Department	<b>WC</b>	West Covina Fire Department

### Additional Information

- **Required** field for base hospital contacts
- EMS provider code may be the Medical Communication Coordinator (Med Com) who establishes base contact

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- MCI Form
- Base Hospital Log
- Audio Records
- EMS Record

## PROVIDER UNIT

---

### Definition

The vehicle number specific to the paramedic unit who establishes base contact

### Additional Information

- **Required** field for base hospital contacts
- Free-text field

### Uses

- System evaluation and monitoring

### Data Hierarchy

- MCI Form
- Base Hospital Log
- Audio Records
- EMS Record



## TOTAL PTS

---

**Definition**

Number identifying the total number of patients involved in an incident

**Field Value**

- Free text

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Base Hospital Log
- Audio Records
- EMS Records

## TIME CLEAR

---

**Definition**

The time of day that paramedic contact with the base hospital ends

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- **Required** field for base hospital contacts
- Use one timepiece throughout the call to ensure accurate time intervals

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Audio Records

---

## COMMUNICATION TYPE

---

**Definition**

Checkbox indicating the device used by the paramedic to establish base hospital contact

**Field Values**

- **Radio:** Radio
- **Phone:** Telephone/Cell Phone
- **VMED28:** Formerly known as Hospital Emergency Administrative Radio (HEAR)

**Additional Information**

- **Required** field for base hospital contacts

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- MCI Form
- Audio Records

## MICN/PHYSICIAN

---

### Definition

Signature and certification/identification number of the MICN or Base physician who managed the call

### Field Values

- Free text

### Additional Information

- **Required** field for base hospital contacts
- First initial and last name is sufficient for signature
- If **both** a MICN and a physician handle the call, or if a physician is consulted during the run, both names and numbers are documented
- Physician # numbers are created by each base hospital and are not assigned by Lancet Technology by ESO Solutions or the EMS Agency

### Uses

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

### Data Source Hierarchy

- MCI Form
- Base Hospital Log

## LOCATION

### Definition

Two-letter code indicating where the incident occurred

### Field Values

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

### Additional Information

- Location codes are listed on the back of pages 1 and 3 of the MCI Form
- Additional details can be written on the adjacent lines in Description of Incident
- Free-text field

### Uses

- Allows for data sorting and tracking by incident location
- Epidemiological statistics

### Data Source Hierarchy

- MCI Form
- Audio Records

---

## PT #

---

**Definition**

To organize documentation of patient care when an incident involves multiple patients

**Field Values**

- Free text

**Additional Information**

- The MCI form contains four (4) patient records. Document one (1) patient per record.
- The provider assigns the patient number e.g., Pt #1, Pt # 2 typically based on the severity of the patient's injury and priority of transport to the trauma center

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Base Hospital Log

---

## Triage Category

---

### Definition

Simple Triage and Rapid Treatment (START) triage system rapidly classifies patients for treatment and transport based on the severity of injury during a mass casualty incident

### Field Values

- Immediate
- Delayed
- Minor

### Additional Information

- Immediate Category- patients who exhibit severe respiratory, circulatory, or neurological symptoms. Patients who require rapid assessment and medical intervention for survival
- Delayed Category- patients who require treatment, but whose injuries are less severe and not immediately life threatening
- Minor Category- patients who are ambulatory with minor injuries

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- MCI Form
- Base Hospital Log
- Triage Tags

## LOG #

---

**Definition**

A unique number that is assigned by the hospital

**Additional Information**

- Format is unique to each individual hospital
- One log # per patient record

**Uses**

- Unique patient identifier
- Assists in locating the coinciding audio file

**Data Source Hierarchy**

- MCI Form
- Base Hospital Log



## MCI PATIENT?

---

**Definition**

Field indicating whether the incident involves three or more patients

**Field Values**

- Yes
- No

**Additional Information**

- Automatically defaults to “N,” change field value to “Y”
- The MCI form should be used for MCIs involving three or more patients

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- MCI Form
- Audio Records

---

## SEQUENCE NUMBER

---

### Definition

Unique, alphanumeric EMS record number electronically assigned to the electronic patient care record (ePCRs) by EMS providers electronic device or found pre-printed at the top right-hand corner of the EMS Report Form, hard copy

### Additional Information

- **Required** field for base hospital contacts
- Data entry cannot begin without this number
- Providers utilizing an EMS Report Form hard copy will have an 8 alpha-numeric sequence value
- Providers utilizing electronic patient care records (ePCR) will have a 12 alpha-numeric value, always beginning with the two-letter provider code followed by the two digit year. Neither format should contain spaces
- If a sequence number is missing or incorrectly documented, every effort must be taken by the base hospital to obtain it,- either by reviewing the audio recording or by contacting the appropriate provider agency directly. Only after all efforts to obtain the actual sequence number have been exhausted may a request be made to the EMS Agency for assistance, or a dummy sequence number as a final option. Such requests should be submitted in a **timely** manner
- For large MCI incidents when triage tags are used, enter the triage tag # in the sequence # field

### Uses

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

### Data Source Hierarchy

- Base MCI Form
- Base Hospital Log
- Audio Records
- EMS Record
- Fire Station Logs
- EMS Agency
- Triage Tag #

## AGE

---

**Definition**

A numeric value indicating the patient's age (actual or best approximation)

**Field Values**

- Enter the numeric age value

**Additional Information**

- **Required** field for base hospital contacts
- Must also indicate a unit of age

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Base Hospital Log
- Audio Records
- EMS Record

## AGE UNITS

---

### Definition

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

### Field Values

- **Hrs:** Hours – newborn to 23 hours old
- **Days:** Days - 1 day to 29 days old
- **Wks:** Weeks – age reported in weeks
- **Mos:** Months – 1 month to 23 months old
- **Yrs:** Years – 2 years and older
- **HE:** Hour Estimated
- **DE:** Days Estimated
- **WE:** Weeks Estimated
- **ME:** Months Estimated
- **YE:** Years Estimated

### Additional Information

- **Required** field for base hospital contacts

### Uses

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

### Data Source Hierarchy

- MCI Form
- Base Hospital Log
- Audio Records
- EMS Record

## GENDER

---

### Definition

Checkbox indicating the patient's gender

### Field Values

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

### Additional Information

- **Required** for base hospital contacts
- 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 per 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

- MCI Form
- Base Hospital Log
- Audio Records
- EMS Record

## WEIGHT UNITS

---

### Definition

Unit of measurement used to report weight

### Field Value

- **Kg:** Kilograms

### Additional Information

- **Required** for all pediatric base hospital 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 shorter or taller than the length-based pediatric resuscitation tape, estimate the patient's weight in kilograms

### Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

### Data Source Hierarchy

- MCI Form
- Audio Records

---

## PEDS WEIGHT 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 - > than 3 months)
- P**I**nk: 6-7 kg (~3 -6 mos)
- R**e**d: 8-9 kg (~7-10 mos)
- P**U**rtle: 10-11 kg (~12-18 mos)
- Y**e**llow: 12-14 kg (~19-35 mos)
- W**h**ite: 15-18 kg (~3-4 yrs)
- B**l**ue: 19-22 kg (~5-6 yrs)
- O**r**ange: 24-28 kg (~7-9 yrs)
- G**r**E**e**n: 30-36 kg, or about 80 lbs (~10-12 yrs)
- Too Tall: patient is longer than the length-based pediatric tape
- Too S**h**ort: patient is shorter than the length-based pediatric tape

### Additional Information

- **Required** for all pediatric base hospital contacts
- Document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is shorter or taller than the length-based pediatric resuscitation tape, document 'T' for "Too Tall" or 'S' for "Too Short" on the MCI form and mark the "Too Short" or "Too Tall" checkbox in TEMI. Estimate the patient's weight in kilograms

### Uses

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

### Data Source Hierarchy

- MCI Form
- Audio Records

---

## CHIEF COMPLAINT CODES

---

### 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  $\geq 15$  years of age with 2<sup>nd</sup> (partial thickness) and 3<sup>rd</sup> (full thickness) degree burns involving  $\geq 20\%$  Total Body Surface Area (TBSA) **OR** patients  $\leq 14$  years of age with 2<sup>nd</sup> and 3<sup>rd</sup>-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/paresthesia 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 use of a tourniquet or hemostatic dressing
- **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  $\leq 14$  (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 **P**neum (**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
- **A**bdomen (**BA** or **PA**): Injury to any of the abdominal quadrants, flanks, or pelvis due to blunt or penetrating force
- **D**iffuse Abd. Tender. (**BD**): Blunt force injury to the abdomen resulting in tenderness in two or more quadrants
- **G**enitals (**BG** or **PG**): Injury to the external reproductive structures due to blunt or penetrating force
- **B**uttocks (**BK** or **PK**): Injury to the buttocks due to blunt or penetrating force
- **E**xtrEmities (**BE** or **PE**): Injury or pain to the shoulders, arms, hands, legs, or feet due to blunt or penetrating force
- **E**Xtrem. above knee/elbow (**PX**): Penetrating force injury to an extremity, proximal to (above) the knee or elbow
- **F**Ractures  $\geq$  2 long bones (**BR**): Blunt force injury resulting in apparent fracture of 2 or more proximal long bones (humerus, femur)
- Amputatlon above wrist/ankle (**BI** or **PI**): Amputation proximal to (above) the wrist or ankle due to blunt or penetrating force
- **N**eur/**V**asc/**M**angled (**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
- **M**inor **L**acerations (**BL** or **PL**): Superficial or non-serious lacerations, abrasions, or contusions involving the skin or subcutaneous tissue, due to blunt or penetrating force

### Field Values – Medical Codes

- **A**bd/**P**elvic Pain (**AP**): Pain or discomfort in the abdomen or pelvic region not associated with trauma
- **A**llergic **R**eaction (**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.
- **A**ltered **L**OC (**AL**): Any state of arousal other than normal, such as confusion, lethargy, combativeness, coma, etc., not associated with trauma
- **A**pneic **E**pisode (**AE**): Episode of cessation of respiration for a brief or prolonged period of time
- **B**EHavioral (**EH**): Abnormal behavior of apparent mental or emotional origin
- **B**leeding **O**ther **S**ite (**OS**): Bleeding from a site not elsewhere listed that is not associated with trauma (e.g., dialysis shunt)
- **B**rief **R**esolved **U**nexplained Event (**RU**): An event occurring in an infant  $\leq$  12 months of age characterized by any of the following: absent, decreased or irregular breathing, color change (cyanosis or pallor) marked change in muscle tone (limpness or hypertonia), and/or altered level of responsiveness
- **C**ardiac **A**rrest (**CA**): Sudden cessation of cardiac output and effective circulation not associated with trauma
- **C**hest **P**ain (**CP**): Pain in the anterior chest occurring anywhere from the clavicles to the lower costal margins not associated with trauma

- **CH**oking/Airway Obstruction (**CH**): Acute onset of apnea, choking and/or difficulty breathing due to apparent partial or complete obstruction of the airway
- **C**ough/**C**ongestion (**CC**): Cough and/or congestion in the chest, nasal passages, or throat
- **D**evice (Medical) **C**omplaint (**DC**): Any complaint associated with a patient's existing medical device (e.g., G-tube, AICD, ventilator, LVAD, etc.)
- **D**izzy (**DI**): The patient complains of sensation of spinning or feeling off-balance. If associated with complaint of weakness, code both complaints
- **D**OA (**DO**): Patient is determined to be dead upon arrival of EMS, as per the Prehospital Care Manual
- **DY**srhythmia (**DY**): Cardiac monitor indicates an abnormal cardiac rhythm (SVT, VT, etc.)
- **F**Ever (**FE**): Patient exhibits or complains of an elevated body temperature
- **F**oreign **B**ody (**FB**): Patient complains of a foreign body anywhere in the body
- **G**I Bleed (**GI**): Signs or symptoms of gastrointestinal bleeding such as vomiting blood, coffee-ground emesis, melena, rectal bleeding, etc.
- **H**ead **P**ain (**HP**): Headache or any other type of head pain not associated with trauma
- **H**Ypoglycemia (**HY**): Patient is symptomatic and has a measured blood glucose level that is below < 60 mg/dL
- **I**npatient **M**edical (**IM**): Interfacility transfer (IFT) of an admitted, ill (not injured) patient from one facility to an inpatient bed at another facility
- **L**abor (**LA**): Pregnant patient experiencing signs or symptoms of labor such as uterine contractions, vaginal bleeding, spontaneous rupture of membranes, crowning, etc.
- **L**ocal **N**euro Signs (**LN**): Speech and Language disturbances, altered level of consciousness, unilateral weakness or numbness, new onset seizures, dizziness, visual disturbances and ataxia
- **N**ausea/**V**omiting (**NV**): Patient is vomiting, or complains of nausea and/or vomiting without blood
- **N**ear **D**rowning (**ND**): Submersion causing water inhalation, unconsciousness, or death not associated with trauma
- **N**eck/**B**ack Pain (**NB**): Pain in any area from base of skull and the shoulders to the buttocks not associated with trauma
- **N**e**W**born (**NW**): Newborn infant delivered out of the hospital setting
- **N**o Medical **C**omplaint (**NC**): No complaint, or signs or symptoms of illness in a patient not involved in a traumatic event
- **N**Osebleed (**NO**): Bleeding from the nose, not associated with trauma
- **O**Bstetrics (**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)
- **O**ther **P**ain (**OP**): Complaint of pain at a site not listed, and which is not associated with trauma (e.g., toothache, ear pain, etc.)
- **O**Ther (**OT**): Signs or symptoms not listed above, that are not associated with trauma
- **O**ver**D**ose (**OD**): Ingestion of or contact with a drug or other substance in quantities greater than recommended or generally practiced
- **P**alpitation**S** (**PS**): Sensation that the heartbeat is irregular or fast but has normal heart rate and rhythm
- **P**Oisoning (**PO**): Ingestion of or contact with a toxic substance

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

### Additional Information

- **Required** field for base hospital contacts
- First copy of Chief Complaint cannot be a null value
- Do not enter more than one copy of the same chief complaint
- If the patient has multiple complaints, enter in order of significance
- Two-letter codes for trauma complaints can be found on the back of the MCI form on pages 2 and 6
- Two-letter codes for medical complaints can be found on the back of the MCI form on pages 2 and 6
- 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."
- All trauma chief complaint codes also require a mechanism of injury

### Uses

- System evaluation and monitoring
- Epidemiological statistics

### Data Source Hierarchy

- MCI Form
- Base Hospital Log
- Audio Records
- EMS Record

---

## MECHANISM OF INJURY

---

### Definition

Checkboxes indicating how the patient was injured

### Field Values

- Protective Devices – **HeLmet (HL)**
- Protective Devices – **Seat Belt (SB)**
- Protective Devices – **AirBag (AB)**
- Protective Devices – **Car Seat/Booster (CS)**
- **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 the use of a pneumatic tool was required
- **12**: Passenger Space Intrusion of greater than 12 inches into an occupied passenger space of a motor vehicle – check this box when the amount of intrusion is specified by paramedics
- **18**: Passenger Space Intrusion of greater than 18 inches into an unoccupied passenger space – check this box when the 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.) hit an object with an estimated impact greater than 20mph
- **Ped/Bike: Runover/Thrown/>20mph (RT)**: Pedestrian, bicyclist, or motorcyclist was 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 20 mph or less
- **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
- **Telemetry Data (TD):** Vehicle telemetry data is encountered that is consistent with high risk of serious injury
- **Special Consid. (SC):** DIncludes patients in blunt traumatic full arrest, age greater than 65 yeares with systolic blood pressure less than 110mmHG (may represent shock), a heart rate that is greater than systolic blood pressure for a patient that is > 14 years of age. Children (0-9 years of age) unrestrained or in an unsecured child safety seat, pregnancy greater than 20 weeks gestation, and prehospital judgment.
- **AntiCoagulants (AC):** Injured patient on anticoagulant or antiplatelet therapy, other than aspirin-only. (Excludes minor extremity injury)
- **FAll (FA):** Any injury resulting from a fall from any height
- **>10 ft. (10):** A vertical, uninterrupted fall of greater than 10 feet for all patients. This mechanism is a subcategory of "Fall." This does not include falling downstairs 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 because 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
- **WorkRelated (WR):** Injury occurred while the 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 or uncontrolled bleeding that does not fall into any of the existing categories

### Additional Information

- **Required** field for base hospital contacts where patient is reported to be injured
- Two-letter codes can be found on the back of the MCI pages 2 and 6. MOIs should be listed in order of significance in the MOI code fields
- Patients with a MOI documented must also have a trauma complaint
- Do not enter more than one copy of the same mechanism of injury
- Cannot have a MOI that is only Anticoagulants (AC) or Special Considerations (SC), an additional mechanism of injury must be entered
- If a patient has uncontrolled bleeding due to a non-traumatic reason, such as a medical device failure (e.g., AV shunt bleeding), the mechanism of injury should be documented as "OT"

### Uses

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

**Data Source Hierarchy**

- MCI Form
- Audio Records
- EMS Record

## EYE

---

### Definition

Checkboxes indicating the Glasgow Coma Scale numerical value that corresponds to the patient's initial eye-opening

### Field Values

- **4:** Spontaneous – Opens eyes spontaneously
- **3:** To Verbal – Opens eyes to verbal stimulation or shouting
- **2:** To Pain – Opens eyes to painful stimulation
- **1:** None – No eye opening

### 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

- MCI Form
- Audio Records

---

## VERBAL

---

### Definition

Checkboxes indicating the Glasgow Coma Scale numerical value that corresponds to the patient's initial verbal response

### Field Values – Adult/Child

- **5:** Oriented – 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 – No verbal response

### Field Values – Infants/Toddlers

- **5:** Oriented - Smiles and tracks objects, speech appropriate for age, interacts
- **4:** Confused - Cries but consolable, inappropriate interaction
- **3:** Inappropriate –Persistent inappropriate crying and or screaming
- **2:** Incomprehensible - Moaning, incoherent sounds, grunts or agitated
- **1:** None -No verbal response

### 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

- MCI Form
- Audio Records



## MOTOR

---

### Definition

Checkboxes indicating the Glasgow Coma Scale numerical value that corresponds to the patient's initial motor response

### Field Values

- **6:** Obedient – Obeys verbal commands / spontaneous purposeful movement
- **5:** Purposeful – Localizes to pain
- **4:** Withdrawal – Withdraws to pain
- **3:** Flexion –Extremities move towards the body core (decorticate posturing)
- **2:** Extension – Extremities move away from the body core (decerebrate posturing)
- **1:** None – No motor response

### 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

- MCI Form
- Audio Records

## TOTAL GCS

---

**Definition**

Sum of the initial three numerical values documented for each element of the Glasgow Coma Scale.

**Field Values**

- One- or two-digit numeric values between 3 and 15

**Additional Information**

- Maximum total score is 15, which is considered normal. The minimum score possible is 3, which may indicate severe or fatal brain injury

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Audio Records

## B/P

---

**Definition**

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

**Field Values**

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

**Additional Information**

- If the blood pressure is palpated, write "P" for the diastolic value- enter as "Not Documented" (F6) in TEMIS
- 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**

- MCI Form
- Audio Records

## PULSE

---

**Definition**

Numeric value of the patient's palpated pulse rate

**Field Values**

- Up to three-digit positive numeric value

**Additional Information**

- Measured in beats palpated per minute

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Audio Records

## RR

---

**Definition**

Numeric values of the patient's initial unassisted respiratory rate

**Field Values**

- Up to three-digit positive numeric value

**Additional Information**

- Measured in breaths per minute
- If patient requires mechanical assistance, document the unassisted rate

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Audio Records

## O2

---

**Definition**

Checkbox indicating if oxygen was given

**Field Value**

- **OX:** Oxygen

**Additional Information**

- If marked, choose “Airway” from the picklist and enter “OX” in the “Treatments” section

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Audio Records

## IV/IO

---

**Definition**

Checkboxes indicating if IV access was established

**Field Values**

- **IV**
- **IO:** Intraosseous

**Additional Information**

- If marked, choose “Other” from the picklist and enter “IV” or “IO” in the “Treatments” section ‘

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Audio Records

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## SPINAL MOTION RESTRICTION

---

**Definition**

Checkbox indicating whether the patient was placed in spinal motion restriction

**Field Value**

- **SM:** Spinal Motion Restriction

**Additional Information**

- If marked, choose “Musculo-Skeletal” from the picklist and enter “SM” in the “Treatments” section

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Audio Records



## TOURNIQUET

---

**Definition**

Checkbox indicating that a tourniquet (commercial) was applied to control extremity bleeding

**Field Value**

- **TK:** Tourniquet

**Additional Information**

- If marked, choose “Circulation” from the picklist and enter “TK” in the “Treatments” section

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Audio Records

## MEDICATION

### Definition

Space for documenting medication ordered by the base hospital

### Field Values

<b>ADE</b>	Adenosine	<b>GLP</b>	Oral Glucose Paste
<b>ALB</b>	Nebulized Albuterol	<b>GLU</b>	Glucagon
<b>AMI</b>	Amiodarone	<b>KLC</b>	Ketorolac
<b>ASA</b>	Aspirin	<b>LID</b>	Lidocaine
<b>ATR</b>	Atropine	<b>MID</b>	Midazolam
<b>BEN</b>	Benadryl	<b>Morphine</b>	Morphine Sulfate
<b>BIC</b>	Sodium Bicarbonate	<b>NAR</b>	Narcan
<b>CAL</b>	Calcium Chloride	<b>NTG</b>	Nitroglycerin
<b>COL</b>	Glucola	<b>OLN</b>	Olanzapine
<b>D10</b>	D10W	<b>OND</b>	Ondansetron
<b>EPI</b>	Epinephrine	<b>PD-EPI</b>	Push-dose Epinephrine
<b>FEN</b>	Fentanyl	<b>TXA</b>	Tranexamic Acid
Blood Products (Field)- LA DROP Pilot			
<b>FPRBC</b>	Field Packed Red Blood Cells	<b>FWBL</b>	Field Whole Blood

### Additional Information

- Use space on the MCI form to indicate the medication ordered

### Uses

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

### Data Source Hierarchy

- MCI Form
- Audio Records

## FIELD DECONTAMINATION

---

**Definition**

Checkbox indicating the need for hazardous contaminants to be removed from the patient

**Field Values**

- **Y:** Yes
- **N:** No

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- Audio Records

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## NO TRANSPORT

---

### Definition

Checkboxes that indicate the reason why the patient was not transported

### Field Values

- **AMA:** Patient refuses transport
- **DOA:** Patient is determined to be dead on arrival
- **Assess, Treat & Release:** Patient does not desire transport to the emergency department for evaluation, assessment and treatment by EMS personnel
- **Eloped:** Patient left scene prior to transport initiation
- **T.O.R./814:** Resuscitative measures are terminated by EMS personnel
- **Pronounced:** Mark this box if a physician pronounced the patient dead
- **Released Following Protocol Guidelines:** Disposition for patients who lack established decision-making capacity or in whom capacity cannot be determined due to inability to access or assess the patient, and for whom EMS personnel have exhausted all options (including law enforcement when appropriate) such that EMS cannot safely access and/or transport the patient to the hospital.
- **Other:** Mark this box if the patient was not transported due to a reason not listed above

### Additional Information

- **Required** when the patient is not transported
- Data entry for AMA is in the “Reason for No Transport” field
- Data entry for No Transport is in the “Via” field

### Uses

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

### Data Source Hierarchy

- MCI Form
- Audio Records
- EMS Records

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## TRANS TO

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### Definition

Checkboxes indicating the actual patient's destination

### 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  $\leq$  to 14 years of age
- **TC:** Most accessible Trauma Center approved to receive critically injured patients.
- **PTC:** Most accessible Pediatric Trauma Center approved to receive critically injured pediatric patients  $\leq$  to 14 years of age
- **PMC:** Most accessible Pediatric Medical Center approved to receive critically ill pediatric patients  $\leq$  to 14 years of age
- **PeriNatal:** Most accessible Perinatal Center approved to receive patients greater than or equal to 20 weeks pregnant
- **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)

### Additional Information

- **Required** for base hospital contacts when patients are transported
- Only check the actual patient destination

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- MCI Form
- Audio Records

## TRANS BY - PROV

### Definition

Two-letter code for the EMS provider primarily responsible for the patient's prehospital care and transport

### Field Values

PUBLIC PROVIDERS			
<b>AF</b>	Arcadia Fire Department	<b>LH</b>	La Habra Heights Fire Department
<b>AH</b>	Alhambra Fire Department	<b>LV</b>	La Verne Fire Department
<b>AV</b>	Avalon Fire Department	<b>MB</b>	Manhattan Beach Fire Department
<b>BA</b>	Burbank Airport Fire Department	<b>MF</b>	Monrovia Fire Department
<b>BF</b>	Burbank Fire Department	<b>MO</b>	Montebello Fire Department
<b>BH</b>	Beverly Hills Fire Department	<b>MP</b>	Monterey Park Fire Department
<b>CC</b>	Culver City Fire Department	<b>OT</b>	Other Provider
<b>CF</b>	LA County Fire Department	<b>PF</b>	Pasadena Fire Department
<b>CG</b>	US Coast Guard	<b>RB</b>	Redondo Beach Fire Department
<b>CI</b>	LA City Fire Department	<b>SA</b>	San Marino Fire Department
<b>CM</b>	Compton Fire Department	<b>SG</b>	San Gabriel Fire Department
<b>CS</b>	LA County Sheriff Department	<b>SI</b>	Sierra Madre Fire Department
<b>DF</b>	Downey Fire Department	<b>SM</b>	Santa Monica Fire Department
<b>ES</b>	El Segundo Fire Department	<b>SP</b>	South Pasadena Fire Department
<b>FS</b>	U.S. Forest Service	<b>SS</b>	Santa Fe Springs Fire Department
<b>GL</b>	Glendale Fire Department	<b>TF</b>	Torrance Fire Department
<b>LB</b>	Long Beach Fire Department	<b>WC</b>	West Covina Fire Department
PRIVATE PROVIDERS			
<b>AA</b>	American Professional Ambulance Corp.	<b>LY</b>	Filyn Corporation, dba Lynch
<b>AB</b>	Ambulife Ambulance, Inc.	<b>MA</b>	Mauran Ambulance Service Inc.
<b>AN</b>	Antelope Ambulance Service	<b>MD</b>	MedTrans, Inc.
<b>AR</b>	American Medical Response of So. Calif.	<b>MI</b>	MedResponse, Inc.
<b>AT</b>	All Town Ambulance, LLC	<b>MR</b>	MedReach, Inc. dba MedReach Ambulance
<b>AU</b>	AmbuServe, Inc.	<b>MU</b>	Mercury Ambulances Services, LLC
<b>AW</b>	Amwest, Inc. dba Amwest Ambulance	<b>MY</b>	Mercy Air Service, Inc.
<b>BR</b>	Brougham Ambulance	<b>PE</b>	Premier Medical Transport, Inc. dba Premier Ambulance
<b>CA</b>	Falck Mobile Health Corp. dba Care Ambulance	<b>PN</b>	PRN Ambulance, LLC dba PRN Ambulance
<b>CW</b>	Citywide Ambulance, LLC	<b>RE</b>	REACH Air Medical Service, LLC
<b>CL</b>	California Medical Response, Inc. dba Cal-Med Ambulance	<b>RR</b>	Rescue Services International, Ltd. dba Medic-1 Ambulance
<b>CO</b>	College Coastal Care, LLC	<b>RY</b>	Royalty Ambulance Services, Inc.

<b>EA</b>	Emergency Ambulance Service, Incorporated	<b>SO</b>	Di Biassi Corporation dba Symbiosis
<b>EX</b>	Explorer 1 Ambulance & Medical Services, LLC	<b>SY</b>	Symons Emergency Specialties, Inc. dba Symbiosis
<b>FC</b>	First Rescue Ambulance, Inc.	<b>UC</b>	Ronald Reagan UCLA Emergency Services
<b>FM</b>	Firstmed Ambulance Services, Inc.	<b>VA</b>	Viewpoint Ambulance, Inc
<b>GR</b>	Gentle Ride, Inc.	<b>VI</b>	Vital Care Ambulance
<b>HE</b>	Heart Ambulance Corporation	<b>WE</b>	Westcoast Ambulance, Inc.
<b>HN</b>	Horizon OC.LLC, dba Horizon OC Ambulance	<b>WM</b>	Westmed Ambulance, Inc. dba McCormick Ambulance
<b>JA</b>	Journey via Gurney, LLC., dba Journey Ambulance	<b>ZM</b>	Solartricity dba Zoom Medical Transportation
<b>LE</b>	EastWestProto. Inc. dba Lifeline Ambulance		

### Additional Information

- Indicate the provider agency that transported the patient to the hospital
- The transporting provider may be private or other public provider

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- MCI Form
- Base Hospital Log
- Audio Records

## TRANS BY - UNIT

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**Definition**

The vehicle number specific to the paramedic unit who establishes base contact

**Additional Information**

- Free-text field

**Uses**

- System evaluation and monitoring

**Data Hierarchy**

- MCI Form
- Base Hospital Log
- Audio Records



## RECEIVING FACILITY

### Definition

Three-letter hospital code

### Field Values

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

ORANGE COUNTY 9-1-1 RECEIVING			
ANH	AHMC Anaheim Regional Medical Center	LPI	La Palma Intercommunity Hospital
CHO	Children's Hospital of Orange County	PLH	UCI Health -Placentia
KHA	Kaiser Foundation Hospital - Anaheim	SJD	St. Jude Medical Center
KFI	Kaiser Foundation Hospital - Irvine	UCI	University of California, Irvine Medical Center
LAG	UCI Health - Los Alamitos	WMC	Orange County Global Medical Center
SAN BERNARDINO COUNTY 9-1-1 RECEIVING			
ARM	Arrowhead Regional Medical Center	KFN	Kaiser Foundation Hospital - Ontario
CHI	Chino Valley Medical Center	LLU	Loma Linda University Medical Hospital
DHM	Montclair Hospital Medical Center	SAC	San Antonio Regional Hospital
KFF	Kaiser Foundation Hospital - Fontana		
OTHER COUNTY 9-1-1 RECEIVING			
LRR	Los Robles Regional Medical Center (Ventura)	SJO	St. John's Regional Medical Center (Ventura)
SIM	Adventist Health Simi Valley (Ventura)	RCC	Ridgecrest Regional Hospital (Kern)
NON-BASIC HOSPITALS			
LBV	Veteran's Administration Hospital-Long Beach (VA)	WVA	Veteran's Administration Hospital-West LA/Wadsworth (VA)
HBC	Hyperbaric Chamber		

**Additional Information**

- **Required** for patients transported

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- MCI Form
- Audio Records

## ETA

---

**Definition**

Estimated time of arrival (ETA) to the receiving hospital

**Field Values**

- Collected as minutes

**Additional Information**

- **Required** for patient transported

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- MCI Form
- Audio records

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## HOSPITAL DISPO

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### Definition

Checkboxes indicating the emergency department disposition of patients transported to the base hospital

### Field Values

- **Discharged:** Patient was discharged home from the emergency department
- **Ward:** Patient was admitted to a medical/surgical ward
- **Stepdown:** Patient was admitted to a Direct Observation Unit (DOU), Stepdown Unit, or Telemetry Unit
- **ICU:** Patient was admitted to an Intensive Care Unit or Cardiac Care Unit
- **Observation:** Observation unit (provides < 24-hour stays)
- **OR:** Patient was transferred directly from the emergency department to the operating room
- **Interventional Radiology:** Patient was transferred directly from the emergency department to Interventional Radiology for embolization, angiography, etc.
- **Expired in ED:** Patient died in the emergency department
- **OB:** Patient was admitted to an obstetrics department
- **Transferred to:** Patient was transferred directly from the emergency department to another healthcare facility – document the name of the facility or the three-letter hospital code in the space provided
- **Other:** Patient disposition other than those listed above – document disposition on the line provided

### Additional Information

- **Required** field for patients whom the base hospital contact is also the receiving facility
- May be completed later by personnel other than the MICN/MD

### Uses

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

### Data Source Hierarchy

- MCI Form
- ED Records
- Other Hospital Records

## XFER FROM ED TO

### Definition

Three-letter code for the facility the patient was transferred to

### Field Values

LOS ANGELES COUNTY 9-1-1 RECEIVING			
ACH	Alhambra Hospital Medical Center	KFW	Kaiser Foundation Hospital – West Los Angeles
AHM	Catalina Island Medical Center (Avalon)	LBM	MemorialCare Long Beach Medical Center
AMH	USC Arcadia Hospital	LCH	Palmdale Regional Medical Center
AVH	Antelope Valley Hospital	LCM	Providence Little Company of Mary Medical Center Torrance
KFA	Kaiser Foundation Hospital - Baldwin Park	LMC	Los Angeles General Medical Center
BEV	Adventist Health White Memorial Montebello	MCP	Mission Community Hospital
BMC	Southern California Hospital at Culver City	MHG	Memorial Hospital of Gardena
CAL	Dignity Health-California Hospital Medical Center	MLK	Martin Luther King Jr. Community Hospital
CHH	Children's Hospital Los Angeles	MPH	Monterey Park Hospital
CHP	Community Hospital of Huntington Park	NOR	Norwalk Community Hospital
CNT	Centinela Hospital Medical Center	NRH	Dignity Health-Northridge Hospital Medical Center
CPM	Coast Plaza Hospital	OVM	Olive View-UCLA Medical Center
CSM	Cedars-Sinai Medical Center	PAC	Pacifica Hospital of the Valley
DCH	PIH Health Downey Hospital	PIH	PIH Health Whittier Hospital
DFM	Cedars-Sinai Marina Del Rey Hospital	PLB	College Medical Center
DHL	UCI Health - Lakewood	PVC	Pomona Valley Hospital Medical Center
ELA	East Los Angeles Doctors Hospital	QOA	Hollywood Presbyterian Medical Center
ENH	Encino Hospital Medical Center	QVH	Emanate Health Queen of the Valley Hospital
FPH	Emanate Health Foothill Presbyterian Hospital	SDC	San Dimas Community Hospital
GAR	Garfield Medical Center	SFM	St. Francis Medical Center
GEM	Greater El Monte Community Hospital	SGC	San Gabriel Valley Medical Center
GMH	Dignity Health-Glendale Memorial Hospital and Health Center	SJH	Providence Saint John's Health Center
GSH	PIH Health Good Samaritan Hospital	SJS	Providence Saint Joseph Medical Center
GWT	Adventist Health Glendale	SMH	Santa Monica-UCLA Medical Center and Orthopaedic Hospital
HCH	Providence Holy Cross Medical Center	SMM	Dignity Health-St. Mary Medical Center
HGH	Harbor - UCLA Medical Center	SOC	Sherman Oaks Hospital
HMH	Huntington Hospital	SPP	Providence Little Company of Mary Medical Center San Pedro
HMN	Henry Mayo Newhall Hospital	TOR	Torrance Memorial Medical Center
HWH	UCLA West Valley Medical Center	TRM	Providence Cedars-Sinai Tarzana Medical Center
ICH	Emanate Health Inter-Community Hospital	UCL	Ronald Reagan UCLA Medical Center
KFB	Kaiser Foundation Hospital - Downey	VHH	USC Verdugo Hills Hospital

KFH	Kaiser Foundation Hospital – South Bay	VPH	Valley Presbyterian Hospital
KFL	Kaiser Foundation Hospital – Los Angeles	WHH	Whittier Hospital Medical Center
KFO	Kaiser Foundation Hospital – Woodland Hills	WMH	Adventist Health White Memorial
KFP	Kaiser Foundation Hospital – Panorama City		
<b>ORANGE COUNTY 9-1-1 RECEIVING</b>			
ANH	AHMC Anaheim Regional Medical Center	LPI	La Palma Intercommunity Hospital
CHO	Children's Hospital of Orange County	PLH	UCI Health Placentia Linda
KHA	Kaiser Foundation Hospital - Anaheim	SJD	St. Jude Medical Center
KFI	Kaiser Foundation Hospital - Irvine	UCI	University of California, Irvine Medical Center
LAG	UCI Health - Los Alamitos	WMC	Orange County Global Medical Center
<b>SAN BERNARDINO COUNTY 9-1-1 RECEIVING</b>			
ARM	Arrowhead Regional Medical Center	KFN	Kaiser Foundation Hospital - Ontario
CHI	Chino Valley Medical Center	LLU	Loma Linda University Medical Hospital
DHM	Montclair Hospital Medical Center	SAC	San Antonio Regional Hospital
KFF	Kaiser Foundation Hospital - Fontana		
<b>OTHER COUNTY 9-1-1 RECEIVING</b>			
LRR	Los Robles Hospital Regional Medical Center (Ventura)	SJO	St. John's Regional Medical Center (Ventura)
SIM	Adventist Health Simi Valley (Ventura)	RCC	Ridgecrest Regional Hospital (Kern)
<b>NON-BASIC HOSPITALS</b>			
LBV	Veteran's Administration Hospital-Long Beach (VA)	WVA	Veteran's Administration Hospital – West LA/Wadsworth (VA)r
HBC	Hyperbaric Chamber		

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- MCI Form
- ED Records
- Other Hospital Records

## ED DIAGNOSES

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**Definition**

ED diagnosis as documented by a physician

**Field Values**

- ICD-10 codes

**Additional Information**

- **Required** field for patients whom the base hospital contacted is also the receiving facility
- May be completed later by personnel other than the MICN/MD

**Uses**

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

**Data Source Hierarchy**

- MCI Form
- ED Records
- Other Hospital Records

## LAST NAME

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**Definition**

Patient's last name

**Field Values**

- Free text

**Additional Information**

- May be completed later by personnel other than the MICN/MD
- Should only contain letters

**Uses**

- Patient identification
- Link between other databases

**Data Source Hierarchy**

- MCI Form
- ED Records
- Other Hospital Records



## FIRST NAME

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**Definition**

Patient's first name

**Field Values**

- Free text

**Additional Information**

- May be completed later by personnel other than the MICN/MD
- Should contain letters only

**Uses**

- Patient identification
- Link between other databases

**Data Source Hierarchy**

- MCI Form
- ED Records
- Other Hospital Records

Date		Time		MCI BASE HOSPITAL FORM	Prov. Code		Prov. Unit	
Total Pts:		Time Clear		<input type="checkbox"/> Radio <input type="checkbox"/> Phone <input type="checkbox"/> VMED 28	MICN #		Physician #	
Location								
Description of Incident								

PT#	Log # _____ Sequence # _____		
Immediate	Age _____ Units _____	M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/>	
Delayed	Wt. _____ Kg. _____	PWCC: _____	
Minor	Narrative: _____		
Complaint	_____		
MOI	_____		
GCS	Vital Signs	Treatments	
E _____	SBP _____	<input type="checkbox"/> O2 <input type="checkbox"/> N/IO	
V _____	Cap Ref + -	<input type="checkbox"/> SMR <input type="checkbox"/> Tourniquet	
M _____	Pulse _____	<input type="checkbox"/> Med _____	
Tot: _____	Resp. _____	<input type="checkbox"/> Field Decontamination	
TRANS TO	<input type="checkbox"/> AMA <input type="checkbox"/> No Transport	TRANS BY	RECEIVING FACILITY
<input type="checkbox"/> MAR <input type="checkbox"/> TC/PTC <input type="checkbox"/> PeriNa		PROV:	HOSP:
<input type="checkbox"/> EDAP <input type="checkbox"/> PMC <input type="checkbox"/> Other _____		UNIT:	ETA:
Dispo: <input type="checkbox"/> DC <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObsV <input type="checkbox"/> OR <input type="checkbox"/> IN Rad. <input type="checkbox"/> Expired <input type="checkbox"/> OB <input type="checkbox"/> Oth. _____ Trans. Fac. _____			
ED Diagnosis: _____			
Patient Name: _____			

PT#	Log # _____ Sequence # _____		
Immediate	Age _____ Units _____	M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/>	
Delayed	Wt. _____ Kg. _____	PWCC: _____	
Minor	Narrative: _____		
Complaint	_____		
MOI	_____		
GCS	Vital Signs	Treatments	
E _____	SBP _____	<input type="checkbox"/> O2 <input type="checkbox"/> N/IO	
V _____	Cap Ref + -	<input type="checkbox"/> SMR <input type="checkbox"/> Tourniquet	
M _____	Pulse _____	<input type="checkbox"/> Med _____	
Tot: _____	Resp. _____	<input type="checkbox"/> Field Decontamination	
TRANS TO	<input type="checkbox"/> AMA <input type="checkbox"/> No Transport	TRANS BY	RECEIVING FACILITY
<input type="checkbox"/> MAR <input type="checkbox"/> TC/PTC <input type="checkbox"/> PeriNa		PROV:	HOSP:
<input type="checkbox"/> EDAP <input type="checkbox"/> PMC <input type="checkbox"/> Other _____		UNIT:	ETA:
Dispo: <input type="checkbox"/> DC <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObsV <input type="checkbox"/> OR <input type="checkbox"/> IN Rad. <input type="checkbox"/> Expired <input type="checkbox"/> OB <input type="checkbox"/> Oth. _____ Trans. Fac. _____			
ED Diagnosis: _____			
Patient Name: _____			