BASE HOSPITAL FORM

Log #_____ Sequence #_____ ☐ Pg2

GEN INFO

Date |___|___|___|___|___|___|___|___| Provider Code |___|___|
Time |___|___|___|___|___| Unit_____
Location_____|___|___|

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

Peds Weight Color Code:
☐ **T**oo Tall
☐ Too **S**hort

Hospital Code: |___|___|___|
☐ **P**hone ☐ 9-1-1 **C**all
☐ **R**adio ☐ 9-1-1 **RE**-Triage
☐ **V**MED28 ☐ **I**FT

ASSESSMENT

PROVIDER IMPRESSION |___|___|___|___| |___|___|___|___|
LEVEL OF DISTRESS ☐**N**one ☐**M**il**D** ☐**M**oderate ☐**S**evere
CHIEF COMPLAINT CODES |___|___| |___|___| |___|___|

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

O/P
Q
R
S
T

LAMS Score: ☐ **UTO**
Medical **H**x:
Medications:
☐ NKA **A**llergies:
☐ IUP :_____wks
☐ Suspected Drugs/**ETOH**?
DNR/AHCD/POLST? ☐**Y** ☐**N** ☐**U**nk

PRIOR to BASE

MEDS: ☐ PAS ☐ PNA ☐ PEP

☐ ADE	_____	☐ GLU/GLP	_____
☐ ALB	_____	☐ KLC	_____
☐ AMI	_____	☐ MID	_____
☐ ASA	_____	☐ Morphine	_____
☐ ATR	_____	☐ NAR	_____
☐ BEN	_____	☐ NTG	_____
☐ BIC	_____	☐ OLN	_____
☐ CAL	_____	☐ OND	_____
☐ D10	_____	☐ PD-EPI	_____
☐ EPI	_____	☐ TXA	_____
☐ FEN	_____	☐ OTH	_____

TXS: ☐ **B**MV ☐ **C**PAP ☐ **E**TT ☐ SGA(**K**)
☐ **A**ED-**A**nalyzed ☐ **A**ED-**D**efibrillated
☐ **DE**FibrillatedX _____ ☐ **CAR** ☐ **TCP**
☐ Tourniquet (**TK**) ☐ Needle **TH**oracost
☐ **SM**R ☐ **GL**ucometer:
OTher: IV/IO Fluid _____cc

PHYSICAL

LOC ☐**A**LERT ☐**O**x3
☐**D**isoriented ☐**N**or**M**al for Pt
☐**C**ombative ☐**N**o **R**esponse
☐No**T** Alert

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

PUPILS
☐**PE**RL ☐**F**ixed/Dilated
☐**U**nequal ☐**C**ataracts
☐**PI**npoint ☐**S**luggish

RESPIRATIONS ☐**C**LEAR ☐**N**ORMAL rate/effort
TIDAL VOLUME: ☐ **N** ☐ **+** ☐ **-**
☐**W**heezes ☐**L**abored ☐**A**pnea
☐**R**ales ☐**U**nequal ☐**S**noring
☐**RH**onchi ☐ **J**VD
☐**ST**ridor ☐Accessory **M**uscle Use

SKIN ☐**N**ML
☐ **P**ale ☐ **C**yanotic
☐ Coo**L**/Cold ☐ **F**lushed
☐ **D**iaphoretic ☐ **H**ot
☐ **J**aundice

Cap Refill:
☐ No**R**mal
☐ **DE**layed

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

ECG

Initial Rhythm: |___|___|___|
12-Lead ECG Ordered? ☐ **Y** ☐ **N**
12-Lead ECG @ ____:____
EMS Interpretation:
☐ **N**ormal ☐ **AB**normal ☐ STE**MI**
Software Interpretation:
☐ **N**ormal ☐ **AB**normal ☐ STE**MI**
ECG Quality Issue? ☐ **Y** ☐ **N**
ECG Received? ☐ **Y** ☐ **N**

ARREST

Witness by: ☐ **C**itizen ☐ **EMS** ☐ **N**one
CPR by: ☐ **C**itizen ☐ **EMS** ☐ **N**one
Arrest to CPR (in minutes) _____
Rtn of Pulse (ROSC)? ☐ **Y** ☐ **N**
Rtn of Pulse (ROSC) @ ___:___
Rearrest? ☐ **Y** ☐ **N**
Rearrest @ ___:___
Resus D/C @ ___:___
Resus D/C Rhythm |___|___|___|
Total Min. EMS CPR: _____

VITALS&TXS

O2@_____lpm Titrated ☐ **Y** ☐ **N** via: ☐ **NC** ☐ **M**ask ☐ **BMV** ☐ Blo**W** by ☐ **EX**isting Trach. ☐ **ETT** ☐ SGA(**K**) ☐ **CPAP**
IV: ☐ **SL** ☐ **FC**:_____cc ☐ **N**ot Ordered ☐ **IV** Unable ☐ **R**efused ☐ **IO** ☐ Pree**X**isting IV
Trans**C**utaneous Pacing: Electrical Capture ☐ **Y** ☐ **N** Mechanical Capture ☐ **Y** ☐ **N** ☐ Needle **TH**oracostomy
☐ **S**pinal **M**otion Restriction ☐ **SMR** Refused ☐ Tourniquet (**TK**)

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

TRAUMA

☐**N**o Apparent Injury
☐**BU**rns/Elec. Shock
☐**C**ritical **B**urn
☐SBP <**90**(<70 if<1yr)
☐**RR**<10/>29(<20<1yr)
☐**S**usp. Pelvic F**X**
☐**S**pinal **C**ord Injury
☐**I**npatient **T**rauma
☐**U**ncontrolled **B**leeding

B P
☐ ☐ Trauma Arrest
☐ ☐ Trauma Arrest
☐ ☐ **H**ead
☐ ☐ GCS≤**14**
☐ ☐ **F**ace/Mouth
☐ ☐ **N**eck
☐ ☐ **B**ack
☐ ☐ **C**hest
☐ ☐ **F**lail **C**hest
☐ ☐ Tension **P**neumo

B P
☐ ☐ **A**bdomen
☐ ☐ **D**iffuse Abd. Tenderness
☐ ☐ **G**enitals
☐ ☐ Buttoc**K**s
☐ ☐ **E**xtremities
☐ ☐ **EX**trem. above knee/elbow
☐ ☐ **FR**actures ≥2 long bones
☐ ☐ Amputat**I**on above wrist/ankle
☐ ☐ Neur/**V**asc/Mangled
☐ ☐ Minor **L**acerations

MECHANISM

PROTECTIVE DEVICES: ☐**H**e**L**met ☐**S**eat **B**elt ☐**A**ir **B**ag ☐**C**ar **S**eat/Booster

☐**E**nclosed **V**ehicle
☐**EJ**ected
☐**EX**tricated@___:___
Pass. Space Intr.☐**>12"**☐**>18"**
☐**S**urvived **F**atal Accident
☐Impact **>20**mph Unenclosed
☐Ped/Bike: **R**unover/**T**hrown/>20mph
☐**P**ed/**B**ike ≤20mph
☐**M**otorcycle/**M**oped
☐**TA**ser

☐**SP**orts/Rec
☐**AS**sault
☐**ST**abbing
☐**GSW**
☐**AN**imal Bite
☐**CR**ush
☐**T**elemetry **D**ata
☐**S**pecial **C**onsid.
☐**A**nti**C**oagulants

☐**FA**ll ☐**>10** feet
☐**S**elf-Inflict'd/**A**ccid.
☐**S**elf-Inflict'd/**I**ntent.
☐**E**lectrical **S**hock
☐**T**hermal **B**urn
☐**H**azmat **E**xposure
☐**W**ork-**R**elated
☐**UN**known
☐**OT**her:

MOIs:
__	__
__	__
__	__

TRANSPORT

CODE all options, **CHECK** actual destination:	**CODE**	**ETA**
☐ **MA**R		
☐ **E**DAP (age ≤14)		
☐ **TC**		
☐ PT**C** (trauma, age ≤14)		
☐ **PM**C (medical, age ≤14)		
☐ **ST**EMI Receiving Center		
☐ ECPR**X** Center		
☐ Prim**A**ry Stroke Center		
☐ Comprehansive Stro**K**e Center		
☐ Peri**N**atal (≤20 wks pregnancy)		
☐ SA**RT**		
☐ **O**ther		
Time Clear		
Name Receiving Hospital Notified:		

CHECK ONE:
Specialty Center:
☐ **N**ot Required
☐ **R**equired/Criteria Met
☐ **G**uidelines Met

PT TRANSPORTED VIA:
☐ **A**LS ☐ **B**LS
☐ **H**elicopter - ETA: _____
☐ **N**o Transport

DESTINATION RATIONALE:
☐ **E**D Saturation ☐ Internal **D**isaster ☐ **C**T Diversion ☐ **I**FT
SC diversion: ☐ **TC**/PTC ☐ **PM**C ☐ STE**MI**
☐ Prim**A**ry Stroke Center ☐ Comprehensive Stro**K**e Center
☐ SC Not Accessib**L**e ☐ Jud**G**ment *(Provider/Base)*
☐ Shared Am**B**ulance ☐ Minimal In**J**uries ☐ **U**nmanageable Airway
☐ **R**equested by: ☐ **O**ther:

REASON FOR NO TRANSPORT:
☐ **A**MA ☐ **D**OA ☐ Assess, Treat & **R**elease ☐ **E**loped ☐ **T**.O.R./814
☐ **P**ronounced ☐ **O**ther:_____

DISPO
If Base is receiving hospital: ☐ **D**ischarged ☐ **W**ard ☐ **S**tepdown ☐ **I**CU ☐ Obser**V**ation
☐ **OR** ☐ **C**ath Lab ☐ **IN**terventional Radiology ☐ Expired in ED ☐ **OB**
Transferred to: _____ |___|___|___| (Hosp. code) ☐ **O**ther: _____
ED Diagnosis:

Name of Person Notified:
COMMENTS:

MICN: |___|___|___|___|
Physician: |___|___|___|___|
Patient Name/Number:

PROVIDER IMPRESSION CODES

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

PARAMEDIC PROVIDER AGENCY CODES

AA	American Professional Ambulance Corp.
AB	Ambulife Ambulance, Inc.
AF	Arcadia Fire
AH	Alhambra Fire
AN	Antelope Ambulance Service
AR	American Medical Response of So. Calif.
AT	All Town Ambulance, LLC
AU	AmbuServe, Inc.
AV	Avalon Fire
AW	Amwest, Inc. dba Amwest Ambulance
BA	Burbank Airport Fire
BF	Burbank Fire
BH	Beverly Hills Fire
CA	Falck Mobile Health Corp. dba Care Ambulance
CC	Culver City Fire
CF	Los Angeles County Fire
CG	US Coast Guard
CI	Los Angeles City Fire
CL	California Medical Response, Inc. dba Cal-Med Ambulance
CM	Compton Fire
CO	College Coastal Care, LLC
CS	Los Angeles County Sheriff
DF	Downey Fire
EA	Emergency Ambulance Service Incorporated
ES	El Segundo Fire
EX	Explorer 1 Ambulance & Medical Services, LLC
FC	First Rescue Ambulance, Inc.
FM	Firstmed Ambulance Services, Inc.
FS	US Forest Service
GL	Glendale Fire
GR	Gentle Ride Ambulance, Inc.
HE	Heart Ambulance Corporation
HN	Horizon OC. LLC, dba Horizon OC Ambulance
JA	Journey via Gurney, LLC., dba Journey Ambulance
LB	Long Beach Fire
LE	EastWestProto, Inc. dba Lifeline Ambulance
LH	La Habra Heights Fire
LV	La Verne Fire
LY	Filyn Corporation, dba Lynch
MA	Mauran Ambulance Service Inc.
MB	Manhattan Beach Fire
MD	MedTrans, Inc.
MF	Monrovia Fire
MI	MedResponse, Inc
MO	Montebello Fire
MP	Monterey Park Fire
MR	MedReach, Inc. dba MedReach Ambulance
MU	Mercury Ambulance Services, LLC
MY	Mercy Air Service, Inc.
PE	Premier Medical Transport, Inc. dba Premier Ambulance
PF	Pasadena Fire
PN	PRN Ambulance, Inc.
RB	Redondo Beach Fire
RE	REACH Air Medical Service, LLC.
RR	Rescue Services International, Ltd. dba Medic-1 Ambulance
RY	Royalty Ambulance Services, Inc.
SA	San Marino Fire
SG	San Gabriel Fire
SI	Sierra Madre Fire
SM	Santa Monica Fire
SO	DiBiassi Corporation dba Symbiosis
SP	South Pasadena Fire
SS	Santa Fe Springs Fire
SY	Symons Emergency Specialties, Inc. dba Symbiosis
TF	Torrance Fire
UC	UCLA Emergency Services
VA	Viewpoint Ambulance, Inc.
VI	Vital Care Ambulance, Inc.
WC	West Covina Fire
WE	West Coast Ambulance, Inc.
WM	Westmed Ambulance, Inc. dba McCormick Ambulance
OT	Other Provider

ECG CODES

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

MEDICAL CHIEF COMPLAINT CODES

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

LOCATION CODES

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

DRUG ROUTE

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

MODIFIED LAPSS CRITERIA (mLAPSS)

1. No history of seizures or epilepsy
2. Age equal to or greater than 40 years
3. At baseline, not wheelchair bound or bedridden
4. Blood glucose between 60 and 400 mg/dl
5. Obvious asymmetry-unilateral weakness with any of the following motor exams.
   a. Facial Smile/Grimace
   b. Grip
   c. Arm Strength

LOS ANGELES MOTOR SCALE (LAMS)

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

Total LAMS Score = Sum of assessments 1-3

9-1-1 RECEIVING HOSPITAL CODES

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

Out-of-County 9-1-1 RECEIVING HOSPITAL CODES

ANH	AHMC Anaheim Regional Medical Center (Orange Co.)
ARM	Arrowhead Regional Medical Center (San Bern. Co.)
CHI	Chino Valley Medical Center (San Bern. Co.)
CHO	Children's Hospital of Orange County (Orange Co.)
DHM	Montclair Hospital Medical Center (San Bern Co.)
KFF	Kaiser Foundation Hospital – Fontana (San Bern. Co.)
KFI	Kaiser Foundation Hospital – Irvine (Orange Co.)
KFN	Kaiser Foundation Hospital – Ontario (San Bern. Co.)
KHA	Kaiser Foundation Hospital – Anaheim (Orange Co.)
LAG	UCI Health-Los Alamitos (Orange Co.)
LLU	Loma Linda University Medical Hospital (San Bern. Co.)
LPI	La Palma Intercommunity Hospital (Orange Co.)
LRR	Los Robles Regional Medical Center (Ventura Co.)
PLH	Placentia-Linda Hospital (Orange Co.)
RCC	Ridgecrest Regional Hospital (Kern Co.)
SAC	San Antonio Regional Hospital (San Bern. Co.)
SIM	Adventist Health Simi Valley (Ventura Co.)
SJD	St. Jude Medical Center (Orange Co.)
SJO	Saint John's Regional Medical Center (Ventura Co.)
UCI	University of California, Irvine Medical Center
WMC	Orange County Global Medical Center

VA CODES (non basic)

LBV	Veteran's Administration Hospital-Long Beach
WVA	Veteran's Administration Hospital -West LA/Wadsworth

BASE HOSPITAL FORM

Log #_____ Sequence #_____ ☐ Pg2

GEN INFO

Date |__|__|__|__|__|__|__|__| Provider Code |__|__|__|

Time |__|__|__|__|__| Unit_____

Location_____|__|__|

Pt.#____of____ Gender: ☐ **M** ☐ **F** ☐ **N**

Age_____ ☐ **Yrs** ☐ **Mos** ☐ **Days** ☐ **Wks** ☐ **Hrs** ☐ **Est.**

Weight_____ ☐ **Kg**

Peds Weight Color Code:

☐ **T**oo Tall
☐ Too **S**hort

Hospital Code: |__|__|__|__|

☐ **P**hone ☐ 9-1-1 **C**all
☐ **R**adio ☐ 9-1-1 **RE**-Triage
☐ **V**MED28 ☐ **I**FT

ASSESSMENT

PROVIDER IMPRESSION |__|__|__|__|__| |__|__|__|__|__| **LEVEL OF DISTRESS** ☐None ☐Mil**D** ☐**M**oderate ☐**S**evere

CHIEF COMPLAINT CODES |__|__|__| |__|__|__| |__|__|__|

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

Protocol: _____ _____

O/P
Q
R
S
T

LAMS Score: ☐ **UTO**

Medical **H**x:

Medications:

☐ NKA **A**llergies:

☐ IUP :_____wks

☐ Suspected Drugs/**ETOH**?

DNR/AHCD/POLST? ☐**Y** ☐**N** ☐**U**nk

PRIOR to BASE

MEDS: ☐ PAS ☐ PNA ☐ PEP

☐ ADE	_____	☐ GLU/GLP	_____
☐ ALB	_____	☐ KLC	_____
☐ AMI	_____	☐ MID	_____
☐ ASA	_____	☐ Morphine	_____
☐ ATR	_____	☐ NAR	_____
☐ BEN	_____	☐ NTG	_____
☐ BIC	_____	☐ OLN	_____
☐ CAL	_____	☐ OND	_____
☐ D10	_____	☐ PD-EPI	_____
☐ EPI	_____	☐ TXA	_____
☐ FEN	_____	☐ OTH	_____

TXS: ☐ **B**MV ☐ **C**PAP ☐ **E**TT ☐ SGA(**K**)
☐ **A**ED-**A**nalyzed ☐ **A**ED-**D**efibrillated
☐ **DE**FibrillatedX _____ ☐ **CAR** ☐ **TCP**
☐ Tourniquet (**TK**) ☐ Needle **TH**oracost
☐ **SM**R ☐ **GL**ucometer:
OTher: IV/IO Fluid _____cc

PHYSICAL

LOC ☐**A**LERT ☐**O**x3
☐**D**isoriented ☐**N**or**M**al for Pt
☐**C**ombative ☐**N**o **R**esponse
☐No**T** Alert

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

PUPILS
☐**P**ERL ☐**F**ixed/Dilated
☐**U**nequal ☐**C**ataracts
☐**P**Inpoint ☐**S**luggish

RESPIRATIONS ☐**C**LEAR ☐**N**ORMAL rate/effort
TIDAL VOLUME: ☐ **N** ☐ **+** ☐ **-**
☐**W**heezes ☐**L**abored ☐**A**pnea
☐**R**ales ☐**U**nequal ☐**S**noring
☐**RH**onchi ☐ **J**VD
☐**S**Tridor ☐Accessory **M**uscle Use

SKIN ☐**N**ML
☐**P**ale ☐**C**yanotic
☐Coo**L**/Cold ☐**F**lushed
☐**D**iaphoretic ☐**H**ot
☐**J**aundice

Cap Refill:
☐ No**R**mal
☐**DE**layed

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

ECG

Initial Rhythm: |__|__|__|__|
12-Lead ECG Ordered? ☐ **Y** ☐ **N**
12-Lead ECG @ ____:____
EMS Interpretation:
☐ **N**ormal ☐ **AB**normal ☐ STE**MI**
Software Interpretation:
☐ **N**ormal ☐ **AB**normal ☐ STE**MI**
ECG Quality Issue? ☐ **Y** ☐ **N**
ECG Received? ☐ **Y** ☐ **N**

ARREST

Witness by: ☐ **C**itizen ☐ **EMS** ☐ **N**one
CPR by: ☐ **C**itizen ☐ **EMS** ☐ **N**one
Arrest to CPR (in minutes) _____
Rtn of Pulse (ROSC)? ☐ **Y** ☐ **N**
Rtn of Pulse (ROSC) @ ___:___
Rearrest? ☐ **Y** ☐ **N**
Rearrest @ ___:___
Resus D/C @ ___:___
Resus D/C Rhythm |__|__|__|__|
Total Min. EMS CPR: _____

VITALS&TXS

O2@_____lpm Titrated ☐ **Y** ☐ **N** via: ☐ **NC** ☐ **M**ask ☐ **BMV** ☐ Blo**W** by ☐ **EX**isting Trach. ☐ **ETT** ☐ SGA(**K**) ☐ **CPAP**
IV: ☐ **SL** ☐ **FC**:_____cc ☐ **N**ot Ordered ☐ **IV** Unable ☐ **R**efused ☐ **IO** ☐ Pree**X**isting IV
Trans**C**utaneous Pacing: Electrical Capture ☐ **Y** ☐ **N** Mechanical Capture ☐ **Y** ☐ **N** ☐ Needle **TH**oracostomy
☐ **S**pinal **M**otion Restriction ☐ **SMR** Refused ☐ Tourniquet (**TK**)

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

TRAUMA

☐No **A**pparent Injury
☐**BU**rns/Elec. Shock
☐**C**ritical **B**urn
☐SBP <**90**(<70 if<1yr)
☐**RR**<10/>29(<20<1yr)
☐**S**usp. Pelvic F**X**
☐**S**pinal **C**ord Injury
☐**I**npatient **T**rauma
☐**U**ncontrolled **B**leeding

B P
☐ ☐ **T**rauma Arrest
☐ **T**rauma Arrest
☐ ☐ **H**ead
☐ GCS≤**14**
☐ ☐ **F**ace/Mouth
☐ ☐ **N**eck
☐ ☐ **B**ack
☐ ☐ **C**hest
☐ **F**lail **C**hest
☐ ☐ Tension **P**neumo

B P
☐ ☐ **A**bdomen
☐ **D**iffuse Abd. Tenderness
☐ ☐ **G**enitals
☐ ☐ Buttoc**K**s
☐ ☐ **E**xtremities
☐ **EX**trem. above knee/elbow
☐ **FR**actures ≥2 long bones
☐ ☐ Amputat**I**on above wrist/ankle
☐ ☐ Neur/**V**asc/Mangled
☐ ☐ Minor **L**acerations

MECHANISM

PROTECTIVE DEVICES: ☐**HE**Lmet ☐**S**eat **B**elt ☐**A**ir **B**ag ☐**C**ar **S**eat/Booster

☐**E**nclosed **V**ehicle
☐**EJ**ected
☐**EX**tricated@___:___
Pass. Space Intr.☐**>12"**☐**>18"**
☐**S**urvived **F**atal Accident
☐Impact **>20**mph Unenclosed
☐Ped/Bike: **R**unover/**T**hrown/>20mph
☐**P**ed/**B**ike ≤20mph
☐**M**otorcycle/**M**oped
☐**TA**ser

☐**SP**orts/Rec
☐**AS**sault
☐**ST**abbing
☐**GS**W
☐**AN**imal Bite
☐**CR**ush
☐**T**elemetry **D**ata
☐**S**pecial **C**onsid.
☐**A**nti**C**oagulants

☐**FA**ll ☐**>10** feet
☐**S**elf-Inflict'd/**A**ccid.
☐**S**elf-Inflict'd/**I**ntent.
☐**E**lectrical **S**hock
☐**T**hermal **B**urn
☐**H**azmat **E**xposure
☐**W**ork-**R**elated
☐**UN**known
☐**OT**her:

MOIs:
__	__
__	__
__	__

TRANSPORT

CODE all options, CHECK actual destination:	CODE	ETA
☐ **MA**R		
☐ **E**DAP (age ≤14)		
☐ **TC**		
☐ PT**C** (trauma, age ≤14)		
☐ **PM**C (medical, age ≤14)		
☐ **ST**EMI Receiving Center		
☐ ECPR**X** Center		
☐ Prim**A**ry Stroke Center		
☐ Comprehansive Stro**K**e Center		
☐ Peri**N**atal (≤20 wks pregnancy)		
☐ SA**RT**		
☐ **O**ther		
Time Clear		

Name Receiving Hospital Notified:

CHECK ONE:

Specialty Center:
☐ **N**ot Required
☐ **R**equired/Criteria Met
☐ **G**uidelines Met

PT TRANSPORTED VIA:

☐ **A**LS ☐ **B**LS
☐ **H**elicopter - ETA: _____
☐ **N**o Transport

DESTINATION RATIONALE:

☐ **E**D Saturation ☐ Internal **D**isaster ☐ **CT** Diversion ☐ **IFT**
SC diversion: ☐ **TC**/PTC ☐ **PM**C ☐ STE**MI**
☐ Prim**A**ry Stroke Center ☐ Comprehensive Stro**K**e Center
☐ SC Not Accessib**L**e ☐ Jud**G**ment *(Provider/Base)*
☐ Shared Am**B**ulance ☐ Minimal In**J**uries ☐ **U**nmanageable Airway
☐ **R**equested by: ☐ **O**ther:

REASON FOR NO TRANSPORT:

☐ **A**MA ☐ **D**OA ☐ Assess, Treat & **R**elease ☐ **E**loped ☐ **T**.O.R./814
☐ **P**ronounced ☐ **O**ther:_____

DISPO

If Base is receiving hospital: ☐ **D**ischarged ☐ **W**ard ☐ **S**tepdown ☐ **I**CU ☐ Obser**V**ation
☐ **OR** ☐ **C**ath Lab ☐ **IN**terventional Radiology ☐ Expired in ED ☐ **OB**
Transferred to: _____ |__|__|__| (Hosp. code) ☐ **O**ther: _____
ED Diagnosis:

Name of Person Notified:

COMMENTS:

MICN: |__|__|__|__|

Physician: |__|__|__|__|

Patient Name/Number:

BASE HOSPITAL FORM

Log #_____ Sequence #_____ ☐ Pg2

GEN INFO

Date |__|__|__|__|__|__|__|__| Provider Code |__|__|__|
Time |__|__|__|__|__| Unit_____
Location_____|__|__|

Pt.#____of____ Gender: ☐ **M** ☐ **F** ☐ **N**
Age_____ ☐ **Y**rs ☐ **M**os ☐ **D**ays ☐ **W**ks ☐ **H**rs ☐ **E**st.
Weight_____ ☐ **K**g

Peds Weight Color Code:
☐ **T**oo Tall
☐ Too **S**hort

Hospital Code: |__|__|__|__|
☐ **P**hone ☐ 9-1-1 **C**all
☐ **R**adio ☐ 9-1-1 **RE**-Triage
☐ **V**MED28 ☐ **I**FT

ASSESSMENT

PROVIDER IMPRESSION |__|__|__|__|__| |__|__|__|__|__| **LEVEL OF DISTRESS** ☐**N**one ☐**M**il**D** ☐**M**oderate ☐**S**evere

CHIEF COMPLAINT CODES |__|__|__| |__|__|__| |__|__|__|

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

Protocol: _____ _____

O/P
Q
R
S
T

LAMS Score: ☐ **UTO**

Medical **H**x:
Medications:
☐ NKA **A**llergies:

☐ **I**UP :_____wks
☐ Suspected Drugs/**E**TOH?
DNR/AHCD/POLST? ☐**Y** ☐**N** ☐**U**nk

PRIOR to BASE

MEDS: ☐ PAS ☐ PNA ☐ PEP

☐ ADE	_____	☐ GLU/GLP	_____
☐ ALB	_____	☐ KLC	_____
☐ AMI	_____	☐ MID	_____
☐ ASA	_____	☐ Morphine	_____
☐ ATR	_____	☐ NAR	_____
☐ BEN	_____	☐ NTG	_____
☐ BIC	_____	☐ OLN	_____
☐ CAL	_____	☐ OND	_____
☐ D10	_____	☐ PD-EPI	_____
☐ EPI	_____	☐ TXA	_____
☐ FEN	_____	☐ OTH	_____

TXS: ☐ **B**MV ☐ **C**PAP ☐ **E**TT ☐ SGA(**K**)
☐ **A**ED-**A**nalyzed ☐ **A**ED-**D**efibrillated
☐ **DE**FibrillatedX _____ ☐ **CAR** ☐ **TCP**
☐ Tourniquet (**TK**) ☐ Needle **TH**oracost
☐ **SM**R ☐ **GL**ucometer:
OTher: IV/IO Fluid _____cc

PHYSICAL

LOC ☐**A**LERT ☐**O**x3
☐**D**isoriented ☐**N**or**M**al for Pt
☐**C**ombative ☐**N**o **R**esponse
☐**N**o**T** Alert

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

PUPILS
☐**PE**RL ☐**F**ixed/Dilated
☐**U**nequal ☐**C**ataracts
☐**PI**npoint ☐**S**luggish

RESPIRATIONS ☐**C**LEAR ☐**N**ORMAL rate/effort
TIDAL VOLUME: ☐ **N** ☐ **+** ☐ **-**
☐**W**heezes ☐**L**abored ☐**A**pnea
☐**R**ales ☐**U**nequal ☐**S**noring
☐**RH**onchi ☐ **J**VD
☐**ST**ridor ☐Accessory **M**uscle Use

SKIN ☐**N**ML
☐ **P**ale ☐ **C**yanotic
☐ Coo**L**/Cold ☐ **F**lushed
☐ **D**iaphoretic ☐ **H**ot
☐ **J**aundice

Cap Refill:
☐ No**R**mal
☐ **DE**layed

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

ECG

Initial Rhythm: |__|__|__|
12-Lead ECG Ordered? ☐ **Y** ☐ **N**
12-Lead ECG @ ____:____
EMS Interpretation:
☐ **N**orma**L** ☐ **AB**normal ☐ STE**MI**
Software Interpretation:
☐ **N**orma**L** ☐ **AB**normal ☐ STE**MI**
ECG Quality Issue? ☐ **Y** ☐ **N**
ECG Received? ☐ **Y** ☐ **N**

ARREST

Witness by: ☐ **C**itizen ☐ **EMS** ☐ **N**one
CPR by: ☐ **C**itizen ☐ **EMS** ☐ **N**one
Arrest to CPR (in minutes) _____
Rtn of Pulse (ROSC)? ☐ **Y** ☐ **N**
Rtn of Pulse (ROSC) @ ___:___
Rearrest? ☐ **Y** ☐ **N**
Rearrest @ ___:___
Resus D/C @ ___:___
Resus D/C Rhythm |__|__|__|
Total Min. EMS CPR: _____

VITALS&TXS

O2@_____lpm Titrated ☐ **Y** ☐ **N** via: ☐ **NC** ☐ **M**ask ☐ **BMV** ☐ Blo**W** by ☐ **EX**isting Trach. ☐ **ETT** ☐ SGA(**K**) ☐ **CPAP**
IV: ☐ **SL** ☐ **FC**:_____cc ☐ **N**ot Ordered ☐ **IV** Unable ☐ **R**efused ☐ **IO** ☐ Pree**X**isting IV
Trans**C**utaneous Pacing: Electrical Capture ☐ **Y** ☐ **N** Mechanical Capture ☐ **Y** ☐ **N** ☐ Needle **TH**oracostomy
☐ **S**pinal **M**otion Restriction ☐ **SMR** Refused ☐ Tourniquet (**TK**)

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

TRAUMA

☐**N**o Apparent Injury
☐**BU**rns/Elec. Shock
☐**C**ritical **B**urn
☐SBP <**90**(<70 if<1yr)
☐**RR**<10/>29(<20<1yr)
☐**S**usp. Pelvic F**X**
☐**S**pinal **C**ord Injury
☐**I**npatient **T**rauma
☐**U**ncontrolled **B**leeding

B P
☐ ☐ Trauma Arrest
☐ ☐ Trauma Arrest
☐ ☐ **H**ead
☐ ☐ GCS≤**14**
☐ ☐ **F**ace/Mouth
☐ ☐ **N**eck
☐ ☐ **B**ack
☐ ☐ **C**hest
☐ ☐ **F**lail **C**hest
☐ ☐ Tension **P**neumo

B P
☐ ☐ **A**bdomen
☐ ☐ **D**iffuse Abd. Tenderness
☐ ☐ **G**enitals
☐ ☐ Buttoc**K**s
☐ ☐ **E**xtremities
☐ ☐ **EX**trem. above knee/elbow
☐ ☐ **FR**actures ≥2 long bones
☐ ☐ Amputat**I**on above wrist/ankle
☐ ☐ Neur/**V**asc/Mangled
☐ ☐ Minor **L**acerations

MECHANISM

PROTECTIVE DEVICES: ☐**H**e**L**met ☐**S**eat **B**elt ☐**A**ir **B**ag ☐**C**ar **S**eat/Booster

☐**E**nclosed **V**ehicle
☐**EJ**ected
☐**EX**tricated@___:___
Pass. Space Intr.☐**>12"**☐**>18"**
☐**S**urvived **F**atal Accident
☐Impact **>20**mph Unenclosed
☐Ped/Bike: **R**unover/**T**hrown/>20mph
☐**P**ed/**B**ike ≤20mph
☐**M**otorcycle/**M**oped
☐**TA**ser

☐**SP**orts/Rec
☐**AS**sault
☐**ST**abbing
☐**GSW**
☐**AN**imal Bite
☐**CR**ush
☐**T**elemetry **D**ata
☐**S**pecial **C**onsid.
☐**A**nti**C**oagulants

☐**FA**ll ☐**>10** feet
☐**S**elf-Inflict'd/**A**ccid.
☐**S**elf-Inflict'd/**I**ntent.
☐**E**lectrical **S**hock
☐**T**hermal **B**urn
☐**H**azmat **E**xposure
☐**W**ork-**R**elated
☐**UN**known
☐**OT**her:

MOIs:
__	__
__	__
__	__

TRANSPORT

CODE all options, **CHECK** actual destination:	**CODE**	**ETA**
☐ **MAR**		
☐ **E**DAP (age ≤14)		
☐ **TC**		
☐ PT**C** (trauma, age ≤14)		
☐ **PMC** (medical, age ≤14)		
☐ **STEMI** Receiving Center		
☐ ECPR**X** Center		
☐ Prim**A**ry Stroke Center		
☐ Comprehansive Stro**K**e Center		
☐ Peri**N**atal (≤20 wks pregnancy)		
☐ SA**RT**		
☐ **O**ther		
Time Clear		

Name Receiving Hospital Notified:

CHECK ONE:
Specialty Center:
☐ **N**ot Required
☐ **R**equired/Criteria Met
☐ **G**uidelines Met

PT TRANSPORTED VIA:
☐ **A**LS ☐ **B**LS
☐ **H**elicopter - ETA: _____
☐ **N**o Transport

DESTINATION RATIONALE:
☐ **E**D Saturation ☐ Internal **D**isaster ☐ **C**T Diversion ☐ **I**FT
SC diversion: ☐ **T**C/PTC ☐ **P**MC ☐ STE**MI**
☐ Prim**A**ry Stroke Center ☐ Comprehensive Stro**K**e Center
☐ SC Not Accessib**L**e ☐ Jud**G**ment *(Provider/Base)*
☐ Shared Am**B**ulance ☐ Minimal In**J**uries ☐ **U**nmanageable Airway
☐ **R**equested by: ☐ **O**ther:

REASON FOR NO TRANSPORT:
☐ **A**MA ☐ **D**OA ☐ Assess, Treat & **R**elease ☐ **E**loped ☐ **T**.O.R./814
☐ **P**ronounced ☐ **O**ther:_____

DISPO
If Base is receiving hospital: ☐ **D**ischarged ☐ **W**ard ☐ **S**tepdown ☐ **I**CU ☐ Obser**V**ation
☐ **OR** ☐ **C**ath Lab ☐ **IN**terventional Radiology ☐ Expired in ED ☐ **OB**
Transferred to: _____ |__|__|__| (Hosp. code) ☐ **O**ther: _____
ED Diagnosis:

Name of Person Notified:

COMMENTS:

MICN: |__|__|__|__|__|

Physician: |__|__|__|__|

Patient Name/Number:

PROVIDER IMPRESSION CODES

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

PARAMEDIC PROVIDER AGENCY CODES

AA	American Professional Ambulance Corp.
AB	Ambulife Ambulance, Inc.
AF	Arcadia Fire
AH	Alhambra Fire
AN	Antelope Ambulance Service
AR	American Medical Response of So. Calif.
AT	All Town Ambulance, LLC
AU	AmbuServe, Inc.
AV	Avalon Fire
AW	Amwest, Inc. dba Amwest Ambulance
BA	Burbank Airport Fire
BF	Burbank Fire
BH	Beverly Hills Fire
CA	Falck Mobile Health Corp. dba Care Ambulance
CC	Culver City Fire
CF	Los Angeles County Fire
CG	US Coast Guard
CI	Los Angeles City Fire
CL	California Medical Response, Inc. dba Cal-Med Ambulance
CM	Compton Fire
CO	College Coastal Care, LLC
CS	Los Angeles County Sheriff
DF	Downey Fire
EA	Emergency Ambulance Service Incorporated
ES	El Segundo Fire
EX	Explorer 1 Ambulance & Medical Services, LLC
FC	First Rescue Ambulance, Inc.
FM	Firstmed Ambulance Services, Inc.
FS	US Forest Service
GL	Glendale Fire
GR	Gentle Ride Ambulance, Inc.
HE	Heart Ambulance Corporation
HN	Horizon OC. LLC, dba Horizon OC Ambulance
JA	Journey via Gurney, LLC., dba Journey Ambulance
LB	Long Beach Fire
LE	EastWestProto, Inc. dba Lifeline Ambulance
LH	La Habra Heights Fire
LV	La Verne Fire
LY	Filyn Corporation, dba Lynch
MA	Mauran Ambulance Service Inc.
MB	Manhattan Beach Fire
MD	MedTrans, Inc.
MF	Monrovia Fire
MI	MedResponse, Inc
MO	Montebello Fire
MP	Monterey Park Fire
MR	MedReach, Inc. dba MedReach Ambulance
MU	Mercury Ambulance Services, LLC
MY	Mercy Air Service, Inc.
PE	Premier Medical Transport, Inc. dba Premier Ambulance
PF	Pasadena Fire
PN	PRN Ambulance, Inc.
RB	Redondo Beach Fire
RE	REACH Air Medical Service, LLC.
RR	Rescue Services International, Ltd. dba Medic-1 Ambulance
RY	Royalty Ambulance Services, Inc.
SA	San Marino Fire
SG	San Gabriel Fire
SI	Sierra Madre Fire
SM	Santa Monica Fire
SO	DiBiassi Corporation dba Symbiosis
SP	South Pasadena Fire
SS	Santa Fe Springs Fire
SY	Symons Emergency Specialties, Inc. dba Symbiosis
TF	Torrance Fire
UC	UCLA Emergency Services
VA	Viewpoint Ambulance, Inc.
VI	Vital Care Ambulance, Inc.
WC	West Covina Fire
WE	West Coast Ambulance, Inc.
WM	Westmed Ambulance, Inc. dba McCormick Ambulance
OT	Other Provider

ECG CODES

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

MEDICAL CHIEF COMPLAINT CODES

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

LOCATION CODES

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

DRUG ROUTE

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

MODIFIED LAPSS CRITERIA (mLAPSS)

1. No history of seizures or epilepsy
2. Age equal to or greater than 40 years
3. At baseline, not wheelchair bound or bedridden
4. Blood glucose between 60 and 400 mg/dl
5. Obvious asymmetry-unilateral weakness with any of the following motor exams.
   a. Facial Smile/Grimace
   b. Grip
   c. Arm Strength

LOS ANGELES MOTOR SCALE (LAMS)

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

Total LAMS Score = Sum of assessments 1-3

9-1-1 RECEIVING HOSPITAL CODES

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

Out-of-County 9-1-1 RECEIVING HOSPITAL CODES

ANH	AHMC Anaheim Regional Medical Center (Orange Co.)
ARM	Arrowhead Regional Medical Center (San Bern. Co.)
CHI	Chino Valley Medical Center (San Bern. Co.)
CHO	Children's Hospital of Orange County (Orange Co.)
DHM	Montclair Hospital Medical Center (San Bern Co.)
KFF	Kaiser Foundation Hospital – Fontana (San Bern. Co.)
KFI	Kaiser Foundation Hospital – Irvine (Orange Co.)
KFN	Kaiser Foundation Hospital – Ontario (San Bern. Co.)
KHA	Kaiser Foundation Hospital – Anaheim (Orange Co.)
LAG	UCI Health-Los Alamitos (Orange Co.)
LLU	Loma Linda University Medical Hospital (San Bern. Co.)
LPI	La Palma Intercommunity Hospital (Orange Co.)
LRR	Los Robles Regional Medical Center (Ventura Co.)
PLH	Placentia-Linda Hospital (Orange Co.)
RCC	Ridgecrest Regional Hospital (Kern Co.)
SAC	San Antonio Regional Hospital (San Bern. Co.)
SIM	Adventist Health Simi Valley (Ventura Co.)
SJD	St. Jude Medical Center (Orange Co.)
SJO	Saint John's Regional Medical Center (Ventura Co.)
UCI	University of California, Irvine Medical Center
WMC	Orange County Global Medical Center

VA CODES (non basic)

LBV	Veteran's Administration Hospital-Long Beach
WVA	Veteran's Administration Hospital -West LA/Wadsworth