EMS REPORT

Date / /	Inc. #	☐ Regular Run ☐ No Pt ☐ Cx at Scene ☐ IFT ☐ PuB Asst ☐ DOA ☐ FireLine ☐ Mutual Aid	MCI? ☐ Y ☐ N Pg. 2? ☐ Y ☐ N	Location Code	Prefixes change mid order. Plant will put on 00000 0 Orig. Seq.#_____

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

Prov	A/B/H	Unit	Disp Date	Disp	Arrival Date	Arrival	At Pt. Date	At Pt.	Left Date	Left	At Fac Date	At Fac	Fac Equip Date	Fac Equip	Avail Date	Avail

Team Member ID

#1	#2	#3
#4	#5	#6

PD on Scene? ☐ Y ☐ N

PD:

PD Unit #:

PD Actions:
☐ NarCan ☐ TourniQuet ☐ REstraints
☐ Hemostatic Dressing ☐ TAser
☐ CPR ☐ AED Placement ☐ AED Shock

Protocol	Protocol
Med. Ctrl.	Rec. Fac.
Notification? ☐ Y ☐ N	
Code 3? ☐ Y ☐ N	

VIA
☐ ALS ☐ BLS ☐ Heli
☐ No Transport
AMA? ☐ Y ☐ N
Release at Scene? ☐ Y ☐ N
Treat & Refer? ☐ Y ☐ N

TRANS TO
☐ MAR ☐ PeriNatal ☐ EDAP ☐ STEMI
☐ TC/PTC ☐ PMC ☐ PrimAry Stroke Ctr.
☐ SART ☐ Other ☐ Comp. StroKe Ctr.

RATIONALE
☐ No SC Req'd ☐ Criteria/Required ☐ ED Sat
☐ Guidelines ☐ Judgment ☐ EXtremis
☐ No SC Access ☐ Request by _____

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

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

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

O / P
Q
R
S
Hx
T
Allergies
ASA Allergy? ☐ Y ☐ N
Meds
SEDs in past 48hrs ☐ Y ☐ N

Suspected ETOH? ☐ Y ☐ N
Suspected Drug Use? ☐ Y ☐ N
If yes: ☐ AMPhetamines ☐ HERoin
☐ COCaine ☐ Cannabis (THC)
☐ Other OPioid ☐ OTHer
Route: ☐ INJected ☐ INGested
☐ INHaled ☐ OTHer

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

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

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

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

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

PATIENT ASSESSMENT

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

GCS

Time		
Eyes		
Verbal		
Motor		
GCS Total		

Normal for Pt/Age ☐ Y ☐ N

STROKE

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

Time	TM #	BP	Pulse	RR	O2 Sat	Pain	CO2
		/					
		/					
		/					
		/					

MEDS

Time	TM #	Rhythm	Meds	Dose	Dose Units	Route	Result

DEFIB

Time	TM #	Defib	Joules	Result

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

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

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

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

THERAPIES — TM#

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

SPECIAL CIRCUMSTANCES

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

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

ARREST

Date of Arrest: / / Time of 1st Arrest:
Presumed Arrest Etiology: ☐ Presumed Cardiac Etiology ☐ Drug OverDose ☐ SEpsis ☐ TRauma ☐ Respiratory/Asphyxia ☐ Drowning/Submersion ☐ ELectrocution ☐ EXsanguination/Hemorrhage (non-traumatic) ☐ OTher _____
Witnessed by: ☐ First Responder EMS ☐ Family Member ☐ Lay Person ☐ Healthcare Provider ☐ Law Enforcement ☐ Transport Unit ☐ NOne
Dispatcher CPR Instructions? ☐ Y ☐ N ☐ U
Resus by ALS Prov.? ☐ Y ☐ N
Who Init. CPR? ☐ First Responder EMS ☐ Family Member ☐ Lay Person ☐ Healthcare Provider ☐ Law Enforcement ☐ Transport Unit ☐ NO CPR
Arrest to CPR (min):
Time of Bystander CPR:
EMS CPR Time:
Type of Bystander CPR: ☐ Compressions Only ☐ Compressions & Ventilations ☐ Ventilations Only
Was AED Applied? ☐ Yes, w/defib ☐ Yes, w/o defib ☐ N
Who Applied AED? ☐ First Responder EMS ☐ Family Member ☐ Lay Person ☐ Healthcare Provider ☐ Law Enforcement ☐ Transport Unit
Who 1st Defibrillated Pt.? ☐ First Responder EMS ☐ Family Member ☐ Lay Person ☐ Healthcare Provider ☐ Law Enforcement ☐ Transport Unit ☐ NO Defibrillation
Time of AED Shock
ITD Used? ☐ Y ☐ N
Automated CPR Feedback Device? ☐ Y ☐ N
First Arrest Rhythm ☐ ASYstole ☐ PEA ☐ Unk Non-Shockable (AED) ☐ Unk Shockable (AED) ☐ VF ☐ V-Tach
Mechanical CPR Device? ☐ Y ☐ N Type: ☐ AutoPulse ☐ LUcas ☐ THumper ☐ OTher _____
ROSC Time:
Sustained ROSC? ☐ Y ☐ N
☐ Arrived at ED prior to 20 min
End of Event: ☐ DNR ☐ Ongoing Resus in ED ☐ Pronounced/TOR in Field ☐ Pronounced in ED
814 Time:
Pronounced Time
Pronounced By
Resus D/C Rhythm ☐ AGOnal Rhythm ☐ ASYstole ☐ PEA ☐ IdioVentricular Rhythm ☐ Ventricular Fibrillation
Reason(s) for Withholding/Terminating Resuscitation: ☐ DNR/AHCD/POLST ☐ Termination Of Resuscitation ☐ RIgor ☐ LIvidity ☐ Blunt Trauma ☐ OTher _____ ☐ FAmily _____ (signature)

AIRWAY MANAGEMENT

BMV Used? ☐ Y ☐ N
BMV Successful? ☐ Y ☐ N
BMV TM #

Reassessment After Therapies and/or Condition on Transfer:

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

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

PROVIDER

PATIENT RELEASE

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

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

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

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

Risks / Consequences: _____
Riesgos / Consequencias:

Reason for refusal: _____
Mi argumento para denegar:

Additional comments: _____
Mas comentos:

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

Check all that apply:

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

Refused: ☐ Treatment
☐ Transport

EMS REPORT

Date / /	Inc. #	☐ **R**egular Run ☐ **N**o Pt ☐ **C**x at Scene ☐ **I**FT ☐ Pu**B** Asst ☐ **D**OA ☐ **F**ireLine ☐ **M**utual Aid	MCI? ☐ **Y** ☐ **N** Pg. 2? ☐ **Y** ☐ **N**	Location Code	0 Orig. Seq.#_____

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

Prov	A/B/H	Unit	Disp Date	Disp	Arrival Date	Arrival	At Pt. Date	At Pt.	Left Date	Left	At Fac Date	At Fac	Fac Equip Date	Fac Equip	Avail Date	Avail

Team Member ID

#1	#2	#3
#4	#5	#6

PD on Scene? ☐ **Y** ☐ **N**

PD:

PD Unit #:

PD Actions:
☐ **N**ar**C**an ☐ **T**ourni**Q**uet ☐ **RE**straints
☐ **H**emostatic **D**ressing ☐ **TA**ser
☐ **CPR** ☐ **AE**D Placement ☐ **A**ED **S**hock

Protocol	Protocol
Med. Ctrl.	Rec. Fac.
Notification? ☐ **Y** ☐ **N**	
Code 3? ☐ **Y** ☐ **N**	

VIA
☐ **A**LS ☐ **B**LS ☐ **H**eli
☐ **N**o Transport
AMA? ☐ **Y** ☐ **N**
Release at Scene? ☐ **Y** ☐ **N**
Treat & Refer? ☐ **Y** ☐ **N**

TRANS TO
☐ **M**AR ☐ Peri**N**atal ☐ **E**DAP ☐ **S**TEMI
☐ **T**C/PTC ☐ **P**MC ☐ Prim**A**ry Stroke Ctr.
☐ SA**R**T ☐ **O**ther ☐ Comp. Stro**K**e Ctr.

RATIONALE
☐ **N**o SC Req'd ☐ **C**riteria/Required ☐ **E**D Sat
☐ **G**uidelines ☐ **J**udgment ☐ **EX**tremis
☐ No SC **A**ccess ☐ **R**equest by _____

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

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

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

O / P
Q
R
S
T

Hx

Allergies

Meds

Suspected ETOH? ☐ **Y** ☐ **N**
Suspected Drug Use? ☐ **Y** ☐ **N**
If yes: ☐ **AMP**hetamines ☐ **HER**oin
☐ **COC**aine ☐ Cannabis (**THC**)
☐ **O**ther **OP**ioid ☐ **OTH**er
Route: ☐ **INJ**ected ☐ **ING**ested
☐ **INH**aled ☐ **OTH**er

ASA Allergy? ☐ **Y** ☐ **N**

SEDs in past 48hrs ☐ **Y** ☐ **N**

PUPILS
☐ **P**ERL
☐ **P**Inpoint
☐ **S**luggish
☐ **F**ixed & Dil.
☐ **C**ataracts
☐ **U**nequal
☐ Pt's **N**orm

RESP
☐ **N**ormal ☐ **C**lear
☐ **W**heezes ☐ **R**ales
☐ **RH**onchi ☐ Snorin**G**
☐ **U**nequal ☐ **J**VD
☐ **S**tridor ☐ **L**abored
☐ **A**pnea ☐ AM**U**
Tidal Volume ☐ **N** ☐ **+** ☐ **-**

SKIN
☐ **N**ormal ☐ **D**iaphoretic
☐ **C**yanotic ☐ **H**ot
☐ **F**lushed ☐ Co**L**d
☐ **P**ale
Cap Refill:
☐ No**R**mal ☐ **DE**layed

12 LEAD
12 Lead Time: _____
EMS Interpretation:
☐ **NL** ☐ **AB**nl ☐ STE**MI**
Software Interpretation:
☐ **NL** ☐ **AB**nl ☐ STE**MI**
Artifact ☐ **Y** ☐ **N**
Wavy Baseline ☐ **Y** ☐ **N**
Paced Rhythm ☐ **Y** ☐ **N**
Transmitted? ☐ **Y** ☐ **N**

2nd 12 Lead Time:_____
EMS Interpretation:
☐ **NL** ☐ **AB**nl ☐ STE**MI**
Software Interpretation:
☐ **NL** ☐ **AB**nl ☐ STE**MI**
Artifact ☐ **Y** ☐ **N**
Wavy Baseline ☐ **Y** ☐ **N**
Paced Rhythm ☐ **Y** ☐ **N**
Transmitted? ☐ **Y** ☐ **N**

PATIENT ASSESSMENT

Pt ____ of ____ # Pts
Transported ____
Age_____ ☐ **Y** ☐ **M** ☐ **W** ☐ **D** ☐ **H** ☐ **E**st.
Gender ☐ **M** ☐ **F** ☐ **N**
Weight _____ ☐ **K**g
Peds Color Code ____ ☐ **T**oo Tall ☐ Too **S**hort
Distress Level ☐ **N**one ☐ Mil**D** ☐ **M**od ☐ **S**evere
Pt Complaint 1 2 3 4
Prov Impress 1 2
Mechanism 1 2 3 4

GCS

Time		
Eyes		
Verbal		
Motor		
GCS Total		

Normal for Pt/Age ☐ **Y** ☐ **N**

STROKE

mLAPSS ☐ **M**et ☐ **N**ot Met
Last Known Well: ☐ **U**nk
Date: Time:
LAMS
Facial Droop: ____ Arm Drift:____
Grip Strength: ____ Total Score:___

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

B P
☐ ☐ **T**raumatic Arrest
☐ ☐ **H**ead ☐ GCS ≤**14**
☐ ☐ **F**ace/Mouth
☐ ☐ **N**eck
☐ ☐ **B**ack
☐ ☐ **C**hest
☐ **F**lail **C**hest
☐ ☐ Tension **P**neumo.
☐ ☐ Minor **L**acerations

B P
☐ ☐ **A**bdomen
☐ **D**iffuse Abd. Tend.
☐ ☐ **G**enitals
☐ ☐ Buttoc**K**s
☐ ☐ **E**xtremities
☐ EX**t**. ↑ knee/elbow
☐ **FR**actures≥ 2 long
☐ ☐ Amp. ↑ wr**I**st/ankle
☐ ☐ Neur/**V**asc/Mangl'd

MECHANISM
Protective Devices: ☐ **S**eat **B**elt ☐ **A**ir **B**ag ☐ **HE**Lmet ☐ **C**ar **S**eat/Booster

☐ **E**nclosed **V**ehicle
☐ **EJ**ected ☐ **EX**tricated @_____
☐ **P**ass. **S**pace. Intr. ☐ **>12"** ☐ **>18"**
☐ **S**urvived **F**atal Accident
☐ Impact **>20** mph Unenclosed
☐ Ped/Bike **R**unover/**T**hrown/>20mph
☐ **P**ed/**B**ike <20 mph
☐ **FA**ll ☐ **15**ft/>10ft.
☐ **TA**ser

☐ **AS**sault
☐ **ST**abbing
☐ **GS**W
☐ **M**otorcycle/**M**oped
☐ **SP**orts/Recreation
☐ **S**elf-Inflict'd/**A**cc.
☐ **S**elf-Inflict'd/**I**nt.
☐ **A**nti**C**oagulants
☐ **S**pecial **C**onsid.

☐ **T**elemetry **D**ata
☐ **H**azmat **E**xposure
☐ **AN**imal Bite
☐ **CR**ush
☐ **E**lectrical**S**hock
☐ **T**hermal **B**urn
☐ **W**ork-**R**elated
☐ **UN**known
☐ **OT**her:_____

SPECIAL CIRCUMSTANCES

DNR/AHCD/POLST? ☐ **Y** ☐ **N** Poison Control Contacted? ☐ **Y** ☐ **N**
Suspected Abuse/Neglect? ☐ **Y** ☐ **N** Contacted MCS (LVAD)? ☐ **Y** ☐ **N**
≥20wks IUP? ☐ **Y** ☐ **N** _____ wks
Barriers to Pt. Care: ☐ **S**peech ☐ **H**earing ☐ **L**anguage
☐ **P**hysical ☐ **O**ther_____ Translator:_____

Morphine: Given: _____ mg Wasted: _____ mg

Midazolam: Given: _____ mg Wasted: _____ mg

Fentanyl: Given: _____ mcg Wasted: _____ mcg

Narcotic Wasted: RN Witness
Name (print)_____ Signature_____

THERAPIES — TM#

☐ Assisted with **H**ome **M**eds ____
☐ **B**ack **B**lows/Thrust ____
☐ **E**xisting **T**rach ____
☐ OP/**NP** **A**irway ____
☐ **C**ooling **M**easures ____
☐ **DR**essings ____
☐ **I**ce **P**ack ____
☐ **T**ourni**Q**uet ____
☐ **H**emostatic **D**ressing ____
☐ **OX** ____ lpm ☐ **NC** ☐ **M**ask ____
☐ **RE**straints ____
☐ **D**istal CMS **I**ntact ____
☐ **S**pinal Mot**I**on Restriction ____
☐ **C-C**ollar ____
☐ **B**ackboar**D** ____
☐ CMS **I**ntact – **B**efore ____
☐ CMS **I**ntact – **A**fter ____
☐ **SP**lint ☐ **T**raction **S**plint ____
☐ **SU**ction ____
☐ **BL**d Gluc #1_____ #2_____ ____
☐ CP**AP** _____ cm H2O ____
Time: _____
☐ **FB** Removal ____
☐ **IV** _____ g ____
☐ **IO** _____ length ____
Site ☐ **HU**merus ☐ **T**ibi**A**
☐ Needle **TH**oracostomy
Site ☐ 2nd ICS ☐ 4th ICS ____
☐ **V**agal **M**aneuver
☐ **TC** Pacing ___ mA ___ bpm ____
Time: _____ ____
☐ **OT**her _____
Total IV/IO Fluids Rec'd: ____
_____ ccs

ARREST Date of Arrest: / / Time of 1st Arrest:

Presumed Arrest Etiology: ☐ Presumed **C**ardiac Etiology ☐ Drug **O**ver**D**ose ☐ **SE**psis ☐ **TR**auma ☐ **R**espiratory/**A**sphyxia ☐ Drowning/**S**ubmersion ☐ **EL**ectrocution ☐ **EX**sanguination/Hemorrhage (non-traumatic) ☐ **OT**her _____

Witnessed by: ☐ **F**irst Responder **E**MS ☐ **F**amily **M**ember ☐ **L**ay **P**erson ☐ **H**ealthcare **P**rovider ☐ **L**aw **E**nforcement ☐ **T**ransport **U**nit ☐ **NO**ne

Dispatcher CPR Instructions? ☐ **Y** ☐ **N** ☐ **U**

Resus by ALS Prov.? ☐ **Y** ☐ **N**

Who Init. CPR? ☐ **F**irst Responder **E**MS ☐ **F**amily **M**ember ☐ **L**ay **P**erson ☐ **H**ealthcare **P**rovider ☐ **L**aw **E**nforcement ☐ **T**ransport **U**nit ☐ **NO** CPR

Arrest to CPR (min):

Time of Bystander CPR:

EMS CPR Time:

Type of Bystander CPR: ☐ **C**ompressions Only ☐ **C**ompressions & **V**entilations ☐ **V**entilations Only

Was AED Applied? ☐ **Y**es, **w/d**efib ☐ **Y**es, **w/o** defib ☐ **N**

Who Applied AED? ☐ **F**irst Responder **E**MS ☐ **F**amily **M**ember ☐ **L**ay **P**erson ☐ **H**ealthcare **P**rovider ☐ **L**aw **E**nforcement ☐ **T**ransport **U**nit

Who 1st Defibrillated Pt.? ☐ **F**irst Responder **E**MS ☐ **F**amily **M**ember ☐ **L**ay **P**erson ☐ **H**ealthcare **P**rovider ☐ **L**aw **E**nforcement ☐ **T**ransport **U**nit ☐ **NO** Defibrillation

Time of AED Shock

ITD Used? ☐ **Y** ☐ **N**

Automated CPR Feedback Device? ☐ **Y** ☐ **N**

First Arrest Rhythm ☐ **ASY**stole ☐ **PEA** ☐ **U**nk **N**on-**S**hockable (AED) ☐ **U**nk **S**hockable (AED) ☐ **VF** ☐ **V-T**ach

Mechanical CPR Device? ☐ **Y** ☐ **N** Type: ☐ **A**uto**P**ulse ☐ **LU**cas ☐ **TH**umper ☐ **OT**her _____

ROSC Time:

Sustained ROSC? ☐ **Y** ☐ **N**
☐ Arrived at **E**D prior to 20 min

End of Event: ☐ **DNR** ☐ **O**ngoing Resus in **E**D ☐ **P**ronounced/TOR in **F**ield ☐ **P**ronounced in **E**D

814 Time: Pronounced Time: Pronounced By:

Resus D/C Rhythm ☐ **AGO**nal Rhythm ☐ **ASY**stole ☐ **PEA** ☐ **I**dio**V**entricular Rhythm ☐ **V**entricular **F**ibrillation

Reason(s) for Withholding/Terminating Resuscitation: ☐ **DNR**/AHCD/POLST ☐ **T**ermination Of **R**esuscitation ☐ **RI**gor ☐ **LI**vidity ☐ **B**lunt **T**rauma ☐ **OT**her _____ ☐ **FA**mily _____ (signature)

AIRWAY MANAGEMENT BMV Used? ☐ **Y** ☐ **N** BMV Successful? ☐ **Y** ☐ **N** BMV TM #

Reassessment After Therapies and/or Condition on Transfer:

Time	TM #	BP /	Pulse	RR	O2 Sat	Pain	CO2
		/					
		/					
		/					
		/					

MEDS

Time	TM #	Rhythm	Meds	Dose	Dose Units	Route	Result

DEFIB

Time	TM #	Defib	Joules	Result

Care Transferred To: ☐ Facility ☐ **A**LS ☐ **B**LS ☐ **H**eli

Transfer VS	Time	TM	BP /	Pulse	RR	O2 Sat	CO2	Rhythm	CPAP Pressure	GCS E	GCS V	GCS M

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

RECEIVING HOSPITAL

PROVIDER IMPRESSION CODES

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

MEDICAL CHIEF COMPLAINT CODES

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

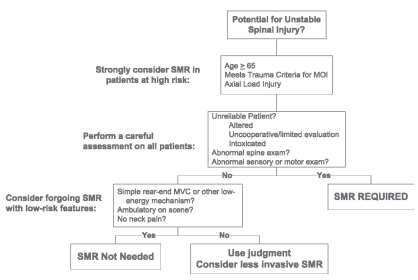
ECG CODES

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

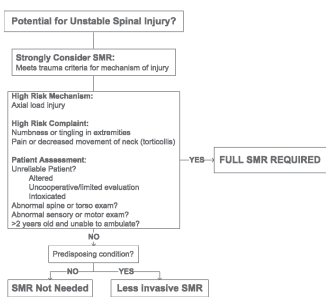
Monitoring Principles:
1. Any patient placed on a cardiac monitor should remain on the monitor until care is transferred.
2. Any patient that requires a monitor should have a 6 second strip attached to the original and receiving facility copies of the EMS Report Form.

SPINAL MOTION RESTRICTION

ADULT



PEDS



MEDICATIONS / DEFIBRILLATION

Medications:

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

Medication Route:

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

Defibrillation:

CAR	Cardioversion
DEF	Defibrillation

IV Access: (Chart as medication)

NS	Normal Saline
SL	Saline Lock
IVU	IV Unobtainable

GLASGOW COMA SCALE

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

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

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

Modified Los Angeles Prehospital Stroke Screen (mLAPSS)

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

Los Angeles Motor Scale (LAMS)
1. Facial Droop
   a. Absent = 0
   b. Present = 1
2. Arm Drift
   a. Absent = 0
   b. Drifts Down = 1
   c. Falls Rapidly = 2
3. Grip Strength
   a. Normal = 0
   b. Weak Grip = 1
   c. No Grip = 2

Total LAMS Score = Sum of assessments 1-3

PD Codes:

ALPD	Alhambra PD	CPD	Los Angeles County PD	LACS	LA County Sheriff	RBPD	Redondo Beach PD
ARPD	Arcadia PD	DFW	Dept. of Fish & Wildlife	LAPD	Los Angeles PD	SAPD	San Marino PD
AZPD	Azusa PD	DOPD	Downey PD	LAPR	LA City Park Ranger	SFPD	San Fernando PD
BEPD	Bell PD	EMPD	El Monte PD	LBPD	Long Beach PD	SGPD	San Gabriel PD
BGPD	Bell Gardens PD	ESPD	El Segundo PD	LHPD	La Habra PD	SHPD	Signal Hill PD
BHPD	Beverly Hills PD	GAPD	Gardena PD	LVPD	La Verne PD	SIPD	Sierra Madre PD
BPPD	Baldwin Park PD	GLPD	Glendale PD	MBPD	Manhattan Beach PD	SMPD	Santa Monica PD
BUPD	Burbank PD	GOPD	Glendora PD	MOPD	Montebello PD	SPPD	South Pasadena PD
CAPD	Campus PD	HAPD	Hawthorne PD	MPPD	Monterey Park PD	STPD	South Gate PD
CCPD	Culver City PD	HBPD	Hermosa Beach PD	MRPD	Monrovia PD	TPD	Torrance PD
CHP	California Highway Patrol	HPPD	Huntington Park PD	PAPD	Pasadena PD	VPD	Vernon PD
CLPD	Claremont PD	INPD	Inglewood PD	POLA	Port of LA PD	WCPD	West Covina PD
COPD	Covina PD	IRPD	Irwindale PD	POPD	Pomona PD	WPD	Whittier PD
		LAAP	LA Airport Police	PVPD	Palos Verdes Estates PD		

EMS REPORT

Date / /	Inc. #	☐ Regular Run ☐ No Pt ☐ Cx at Scene ☐ IFT ☐ PuB Asst ☐ DOA ☐ FireLine ☐ Mutual Aid	MCI? ☐ Y ☐ N Pg. 2? ☐ Y ☐ N	Location Code	0 Orig. Seq.#_____

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

Prov	A/B/H	Unit	Disp Date	Disp	Arrival Date	Arrival	At Pt. Date	At Pt.	Left Date	Left	At Fac Date	At Fac	Fac Equip Date	Fac Equip	Avail Date	Avail

Team Member ID

#1	#2	#3
#4	#5	#6

PD on Scene? ☐ Y ☐ N

PD:

PD Unit #:

PD Actions:
☐ NarCan ☐ TourniQuet ☐ REstraints
☐ Hemostatic Dressing ☐ TAser
☐ CPR ☐ AED Placement ☐ AED Shock

Protocol	Protocol
Med. Ctrl.	Rec. Fac.
Notification? ☐ Y ☐ N	
Code 3? ☐ Y ☐ N	

VIA
☐ ALS ☐ BLS ☐ Heli
☐ No Transport
AMA? ☐ Y ☐ N
Release at Scene? ☐ Y ☐ N
Treat & Refer? ☐ Y ☐ N

TRANS TO
☐ MAR ☐ PeriNatal ☐ EDAP ☐ STEMI
☐ TC/PTC ☐ PMC ☐ PrimAry Stroke Ctr.
☐ SART ☐ Other ☐ Comp. StroKe Ctr.

RATIONALE
☐ No SC Req'd ☐ Criteria/Required ☐ ED Sat
☐ Guidelines ☐ Judgment ☐ EXtremis
☐ No SC Access ☐ Request by _____

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

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

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

O / P
Q
R
S
Hx
T
Allergies
ASA Allergy? ☐ Y ☐ N
Meds
SEDs in past 48hrs ☐ Y ☐ N

Suspected ETOH? ☐ Y ☐ N
Suspected Drug Use? ☐ Y ☐ N
If yes: ☐ AMPhetamines ☐ HERoin ☐ COCaine ☐ Cannabis (THC) ☐ Other OPioid ☐ OTHer
Route: ☐ INJected ☐ INGested ☐ INHaled ☐ OTHer

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

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

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

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

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

PATIENT ASSESSMENT

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

GCS

Time		
Eyes		
Verbal		
Motor		
GCS Total		

Normal for Pt/Age ☐ Y ☐ N

STROKE

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

Time	TM #	BP	Pulse	RR	O2 Sat	Pain	CO2
		/					
		/					
		/					
		/					

MEDS

Time	TM #	Rhythm	Meds	Dose	Dose Units	Route	Result

DEFIB

Time	TM #	Defib	Joules	Result

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

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

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

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

SPECIAL CIRCUMSTANCES

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

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

THERAPIES

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

ARREST Date of Arrest: / / Time of 1st Arrest:

Presumed Arrest Etiology: ☐ Presumed Cardiac Etiology ☐ Drug OverDose ☐ SEpsis ☐ TRauma ☐ Respiratory/Asphyxia ☐ Drowning/Submersion ☐ ELectrocution ☐ EXsanguination/Hemorrhage (non-traumatic) ☐ OTher _____

Witnessed by: ☐ First Responder EMS ☐ Family Member ☐ Lay Person ☐ Healthcare Provider ☐ Law Enforcement ☐ Transport Unit ☐ NOne

Dispatcher CPR Instructions? ☐ Y ☐ N ☐ U

Resus by ALS Prov.? ☐ Y ☐ N

Who Init. CPR? ☐ First Responder EMS ☐ Family Member ☐ Lay Person ☐ Healthcare Provider ☐ Law Enforcement ☐ Transport Unit ☐ NO CPR

Arrest to CPR (min):

Time of Bystander CPR:

EMS CPR Time:

Type of Bystander CPR: ☐ Compressions Only ☐ Compressions & Ventilations ☐ Ventilations Only

Was AED Applied? ☐ Yes, w/defib ☐ Yes, w/o defib ☐ N

Who Applied AED? ☐ First Responder EMS ☐ Family Member ☐ Lay Person ☐ Healthcare Provider ☐ Law Enforcement ☐ Transport Unit

Who 1st Defibrillated Pt.? ☐ First Responder EMS ☐ Family Member ☐ Lay Person ☐ Healthcare Provider ☐ Law Enforcement ☐ Transport Unit ☐ NO Defibrillation

Time of AED Shock

ITD Used? ☐ Y ☐ N

Automated CPR Feedback Device? ☐ Y ☐ N

First Arrest Rhythm ☐ ASYstole ☐ PEA ☐ Unk Non-Shockable (AED) ☐ Unk Shockable (AED) ☐ VF ☐ V-Tach

Mechanical CPR Device? ☐ Y ☐ N Type: ☐ AutoPulse ☐ LUcas ☐ THumper ☐ OTher _____

ROSC Time:

Sustained ROSC? ☐ Y ☐ N
☐ Arrived at ED prior to 20 min

End of Event: ☐ DNR ☐ Ongoing Resus in ED ☐ Pronounced/TOR in Field ☐ Pronounced in ED

814 Time:

Pronounced Time

Pronounced By

Resus D/C Rhythm ☐ AGOnal Rhythm ☐ ASYstole ☐ PEA ☐ IdioVentricular Rhythm ☐ Ventricular Fibrillation

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

AIRWAY MANAGEMENT
BMV Used? ☐ Y ☐ N
BMV Successful? ☐ Y ☐ N
BMV TM #

Reassessment After Therapies and/or Condition on Transfer:

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

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

RECEIVING FACILITIES

(Base Hospitals are noted in Bold)

ACH	Alhambra Hospital Medical Center
AHM	Catalina Island Medical Center
AMH	**Methodist Hospital of Southern California**
ANH	Anaheim Regional Medical Center (Orange Co.)
ARM	Arrowhead Regional Medical Center (SB County)
AVH	**Antelope Valley Hospital**
BEV	Beverly Hospital
BMC	Southern California Hospital at Culver City
CAL	**Dignity Health–California Hospital Medical Center**
CHH	Childrens Hospital Los Angeles
CHI	Chino Valley Medical Center (San Bernardino Co)
CHO	Children's Hospital of Orange County (Orange County)
CHP	Community Hospital of Huntington Park
CNT	Centinela Hospital Medical Center
CPM	Coast Plaza Hospital
CSM	**Cedars-Sinai Medical Center**
DCH	PIH Health Downey Hospital
DFM	Cedars-Sinai Marina Del Rey Hospital
DHL	Lakewood Regional Medical Center
DHM	Montclair Hospital Medical Center (San Bernardino Co)
ELA	East Los Angeles Doctors Hospital
ENH	Encino Hospital Medical Center
FHP	Fountain Valley Hospital (Orange County)
FPH	Emanate Health Foothill Presbyterian Hospital
GAR	Garfield Medical Center
GEM	Greater El Monte Community Hospital
GMH	Dignity Health–Glendale Memorial Hospital and Health Center
GSH	PIH Health Good Samaritan Hospital
GWT	**Adventist Health–Glendale**
HBC	Hyperbaric Chamber (NON-BASIC)
HCH	**Providence Holy Cross Medical Center**
HGH	**LAC Harbor-UCLA Medical Center**
HMH	**Huntington Hospital**
HMN	**Henry Mayo Newhall Hospital**
HWH	West Hills Hospital and Medical Center
ICH	Emanate Health Inter-Community Hospital
KFA	Kaiser Foundation Hospital - Baldwin Park
KFB	Kaiser Foundation Hospital - Downey
KFF	Kaiser Foundation Hospital Fontana (San Bernardino Co.)
KFH	Kaiser Foundation Hospital - South Bay
KFI	Kaiser Foundation Hospital - Irvine (Orange Co.)
KFL	Kaiser Foundation Hospital - Sunset (Los Angeles)
KFN	Kaiser Foundation Hospital - Ontario (San Bernardino Co.)
KFO	Kaiser Foundation Hospital - Woodland Hills
KFP	Kaiser Foundation Hospital - Panorama City
KFW	Kaiser Foundation Hospital – West Los Angeles
KHA	Kaiser Foundation Hospital Anaheim (Orange Co.)
LAG	Los Alamitos Medical Center (Orange Co)
LBM	**MemorialCare Long Beach Medical Center**
LBV	Long Beach VA (NON-BASIC)
LCH	Palmdale Regional Medical Center
LCM	**Providence Little Company of Mary Medical Center - Torrance**
LLU	Loma Linda University Medical Center (San Bernardino Co)
LPI	La Palma Intercommunity Hospital (Orange Co)
LRR	Los Robles Hospital and Medical Center (Ventura Co.)
MCP	Mission Community Hospital
MHG	Memorial Hospital of Gardena
MID	Olympia Medical Center
MLK	Martin Luther King Jr. Community Hospital
MPH	Monterey Park Hospital
NOR	LA Community Hospital at Norwalk
NRH	**Dignity Health–Northridge Hospital Medical Center**
OTH	Other Hospital Not on List
OVM	LAC Olive View - UCLA Medical Center
PAC	Pacifica Hospital of the Valley
PIH	**PIH Health Whittier Hospital**
PLB	College Medical Center
PLH	Placentia Linda Hospital (Orange County)
PVC	**Pomona Valley Hospital Medical Center**
QOA	Hollywood Presbyterian Medical Center
QVH	**Emanate Health Queen of the Valley Hospital**
RCC	Ridgecrest Regional Hospital (Kern Co.)
SAC	San Antonio Community Hospital (San Bernardino Co)
SDC	San Dimas Community Hospital
SFM	**Saint Francis Medical Center**
SGC	San Gabriel Valley Medical Center
SIM	Simi Valley Hospital (Ventura Co.)
SJD	St. Jude Medical Center (Orange Co.)
SJH	Providence Saint John's Health Center
SJO	St. John Regional Medical Center
SJS	**Providence Saint Joseph Medical Center**
SMH	Santa Monica - UCLA Medical Center
SMM	**Dignity Health–Saint Mary Medical Center**
SOC	Sherman Oaks Hospital
SPP	Providence Little Company of Mary Medical Center - San Pedro
TOR	**Torrance Memorial Medical Center**
TRM	Cedars-Sinai Tarzana Medical Center
UCI	UCI Medical Center (Orange Co)
UCL	**Ronald Reagan UCLA Medical Center**
USC	**LAC+USC Medical Center**
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WHH	Whittier Hospital Medical Center
WMH	Adventist Health–White Memorial
WVA	Wadsworth VA (NON-BASIC)

CONTACT CODES

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

PROVIDER CODES

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

CITY CODES

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

LOCATION CODES

AI	Airport/Transport Center
AM	Ambulance
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