

# EMS DOCUMENTATION MANUAL



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

*EFFECTIVE:  
July 2022*





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## **INCIDENT INFORMATION**



## SEQUENCE NUMBER

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### Definition

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

### Field Values

- Providers utilizing field electronic data capture devices will have a 12 alpha-numeric value, always beginning with the two-letter provider code followed by the two-digit year
- Providers utilizing paper EMS Report Forms will have an 8 alpha-numeric value divisible by 9

### Additional Information

- **REQUIRED** for all records
- This is a unique number to the EMS Agency and must be provided to create a unique record ID within the EMS Database
- Neither sequence # format should contain spaces

### Uses

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

### Data Source Hierarchy

- Auto-generated by the EMS provider's electronic capture device
- EMS Report Form

## ORIG. SEQ. #

---

### Definition

Unique, alphanumeric EMS record number found pre-printed at the top right corner of paper EMS Report Forms or electronically assigned to ePCRs by the EMS provider's electronic capture device utilized by the originating provider

### Field Values

- Providers utilizing field electronic data capture devices will have a 12 alpha-numeric value, always beginning with the two-letter provider code followed by the two-digit year
- Providers utilizing paper EMS Report Forms will have an 8 alpha-numeric value divisible by 9

### Additional Information

- Utilized when there is more than one public provider on scene and more than one paper EMS Report Form or ePCR is started. This sequence number is to be utilized for all communications, e.g. Base Hospital contact
- **Do not** use when a second EMS Report Form or ePCR is started by another unit from the same provider agency
- Neither format should contain spaces

### Uses

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

### Data Source Hierarchy

- Auto-generated by the EMS provider's electronic capture device
- EMS Report Form

## DATE

---

### **Definition**

Date of the incident

### **Field Values**

- Collected as MMDDYYYY

### **Additional Information**

- **REQUIRED** for all records

### **Uses**

- Establishes care intervals and incident timelines

### **Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS Provider

## INC #

---

### **Definition**

The incident number assigned by the 911 or Dispatch Center

### **Field Values**

- Free text

### **Additional Information**

- Positive numeric values only

### **Uses**

- Allows for data sorting and incident tracking

### **Data Source Hierarchy**

- 9-1-1 or Dispatch Center

## LOCATION CODE

### Definition

The 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

- **REQUIRED** field for all records with the following provider impressions:
  - AGDE
  - BURN
  - CABT
  - CANT
  - CAPT
  - DCON
  - DEAD
  - DRWN
  - ELCT
  - ODPO
  - PSYC
  - TRMA

### Uses

- Incident tracking
- Epidemiological statistics

**Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS Provider

## PD ON SCENE?

---

### Definition

Checkbox indicating that a law enforcement agency responded to the incident, if applicable

### Field Values

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

### Additional Information

- **REQUIRED** field for all records with the following provider impressions:
  - AGDE
  - BURN
  - CABT
  - CANT
  - CAPT
  - DCON
  - DEAD
  - DRWN
  - ELCT
  - ODPO
  - PSYC
  - TRMA
- Law enforcement agencies are not considered EMS providers and therefore do not have a two-letter provider code. Please do not attempt to list them as a provider.

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## PD

---

### Definition

Three- or four-letter code of the law enforcement agency responding to the incident, if applicable

### Field Values

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

### Additional Information

- **REQUIRED** if 'PD On Scene?'= "Yes"
- If multiple law enforcement agencies are on scene, document the law enforcement agency in charge
- Law enforcement agencies are not considered EMS providers and therefore do not have a two-letter provider code. Please do not attempt to list them as a provider.

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider
- Law Enforcement Agency



## PD UNIT #

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**Definition**

The unit number/designation of the law enforcement agency on scene of the incident, if applicable

**Field Values**

- Free text

**Additional Information**

- If multiple law enforcement agencies are on scene, document the unit/designation of the law enforcement agency in charge
- Law enforcement agencies are not considered EMS providers and therefore do not have a two-letter provider code. Please do not attempt to list them as a provider.

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider
- Law Enforcement Agency

## PD ACTIONS

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### Definition

Checkbox indicated what procedure(s) were performed on the patient by members of law enforcement prior to EMS arrival, if applicable

### Field Values

<b>AE</b>	AED Placement	<b>HD</b>	Hemostatic Dressing	<b>TA</b>	CEW (e.g. Taser®)
<b>AS</b>	AED Shock	<b>NC</b>	Narcan	<b>TQ</b>	Tourniquet
<b>CP</b>	CPR	<b>RE</b>	Restraints		

### Additional Information

- Select all that apply

### Uses

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

### Data Source Hierarchy

- Law Enforcement Agency
- EMS Provider

## MCI?

---

**Definition**

Field indicating whether the incident involved three or more patients

**Field Values**

- Y: Yes
- N: No

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider

## RUN TYPE

---

### Definition

Checkbox indicating the level of service required of the provider

### Field Values

- **Regular Run:** Incident where patient contact is made - excludes IFTs, Public Assist, and DOAs
- **No Contact/No Patient:** EMS is dispatched to a scene and is either canceled in route or no patient is found
- **Cx at Scene:** Responding unit is canceled upon arrival by provider already on scene, no patient contact is made
- **PuBlic Assist:** EMS is dispatched to a scene for assistance for nonmedical issues involving a person
- **IFT:** Incident where patient is transferred via ALS from one acute care facility to another
- **DOA:** Patient is determined to be dead per Los Angeles County Prehospital Care Manual Reference 814
- **FireLine:** Incident where patient contact is made during FireLine Paramedic (FEMP), FireLine EMT (FEMT), or strike team assessment unit deployment
- **Mutual Aid:** Incident where units from more than one public provider agency have each completed an EMS Report Form or ePCR
- **PErson Found/No Pt.:** EMS is dispatched to a scene and a person is identified as a potential patient, is alert and appropriate for situation, does not meet trauma center guidelines or criteria by Ref 506, and declines assessment by EMS
- **Lift Assist:** EMS is dispatched to a scene to assist with transfer of a patient to a bed or wheelchair

### Additional Information

- If Run Type is **R** then the following data elements are **REQUIRED**:
  - Age
  - Age Unit
  - Gender
  - Complaint
  - Provider Impression
  - Team Member ID
  - Protocol
  - Med. Ctrl.
  - Patient Last Name
  - Patient First Name
- If Run Type is **D** then the following data elements are **REQUIRED**:
  - Complaint= **DO**
  - Provider Impression=**DEAD**
  - Time of 814 death
  - Exact 814 criteria the patient met

**Uses**

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

**Data Source Hierarchy**

- EMS Provider
- Auto-generated by the EMS Provider's electronic capture device

## PG 2

---

### Definition

Checkbox indicating that a Page 2 Advanced Life Support Continuation Form was needed to complete the EMS report for the patient

### Field Values

- Y: Yes
- N: No

### Additional Information

- The ALS Continuation Form is **REQUIRED** when a paper EMS Report Form is utilized and an advanced airway is attempted
- May also be used when additional space is needed to clearly document care
- Must be securely attached to the paper EMS Report Form and copies distributed in accordance with Los Angeles County Prehospital Care Manual, References 606 and 608

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## STREET NUMBER

---

### Definition

The street number of the incident location

### Field Values

- Free text

### Uses

- Incident tracking
- Epidemiological statistics

### Additional Information

- **REQUIRED** for every response
- For freeway incidents give the freeway number, direction, and nearest on/off ramp

### Data Source Hierarchy

- 9-1-1 or Dispatch Center

## STREET

---

### **Definition**

The name of the street where the incident occurred

### **Field Values**

- Free text

### **Uses**

- Incident tracking
- Epidemiological statistics

### **Additional Information**

- **REQUIRED** for every response

### **Data Source Hierarchy**

- 9-1-1 or Dispatch Center



## APT #

---

**Definition**

The apartment number of the incident location, if applicable

**Field Values**

- Free text

**Uses**

- Incident tracking
- Epidemiological statistics

**Data Source Hierarchy**

- 9-1-1 or Dispatch Center

## CITY

---

### Definition

The city code of the incident location

### Field Values

<b>AA</b>	Arleta	<b>CO</b>	Commerce	<b>HO</b>	Hollywood
<b>AC</b>	Acton	<b>CP</b>	Canoga Park	<b>HP</b>	Huntington Park
<b>AD</b>	Altadena	<b>CR</b>	Crenshaw	<b>HR</b>	Harbor City
<b>AE</b>	Arlington Heights	<b>CS</b>	Castaic	<b>HV</b>	Hi Vista
<b>AG</b>	Agua Dulce	<b>CT</b>	Century City	<b>HY</b>	Hyde Park
<b>AH</b>	Agoura Hills	<b>CU</b>	Cudahy	<b>IG</b>	Inglewood
<b>AL</b>	Alhambra	<b>CV</b>	Covina	<b>IN</b>	City of Industry
<b>AN</b>	Athens	<b>CY</b>	Cypress Park	<b>IR</b>	Irwindale
<b>AO</b>	Avocado Heights	<b>DB</b>	Diamond Bar	<b>JH</b>	Juniper Hills
<b>AR</b>	Arcadia	<b>DO</b>	Downey	<b>JP</b>	Jefferson Park
<b>AT</b>	Artesia	<b>DS</b>	Del Sur	<b>KG</b>	Kagel Canyon
<b>AV</b>	Avalon	<b>DU</b>	Duarte	<b>KO</b>	Koreatown
<b>AW</b>	Atwater Village	<b>DZ</b>	Dominguez	<b>LA</b>	Los Angeles
<b>AZ</b>	Azusa	<b>EL</b>	East Los Angeles	<b>LB</b>	Long Beach
<b>BA</b>	Bel Air Estates	<b>EM</b>	El Monte	<b>LC</b>	La Canada Flintridge
<b>BC</b>	Bell Canyon	<b>EN</b>	Encino	<b>LD</b>	Ladera Heights
<b>BE</b>	Bellflower	<b>EO</b>	El Sereno	<b>LE</b>	Leona Valley
<b>BG</b>	Bell Gardens	<b>EP</b>	Echo Park	<b>LF</b>	Los Feliz
<b>BH</b>	Beverly Hills	<b>ER</b>	Eagle Rock	<b>LH</b>	La Habra Heights
<b>BK</b>	Bixby Knolls	<b>ES</b>	El Segundo	<b>LI</b>	Little Rock
<b>BL</b>	Bell	<b>EV</b>	Elysian Valley	<b>LK</b>	Lakewood
<b>BN</b>	Baldwin Hills	<b>EZ</b>	East Rancho Dominguez	<b>LL</b>	Lake Los Angeles
<b>BO</b>	Bouquet Canyon	<b>FA</b>	Fairmont	<b>LM</b>	La Mirada
<b>BP</b>	Baldwin Park	<b>FL</b>	Florence County	<b>LN</b>	Lawndale
<b>BR</b>	Bradbury	<b>FO</b>	Fair Oaks Ranch	<b>LO</b>	Lomita
<b>BS</b>	Belmont Shore	<b>GA</b>	Gardena	<b>LP</b>	La Puente
<b>BT</b>	Bassett	<b>GF</b>	Griffith Park	<b>LQ</b>	LAX
<b>BU</b>	Burbank	<b>GH</b>	Granada Hills	<b>LR</b>	La Crescenta
<b>BV</b>	Beverly Glen	<b>GK</b>	Glenoaks	<b>LS</b>	Los Nietos
<b>BW</b>	Brentwood	<b>GL</b>	Glendale	<b>LT</b>	Lancaster
<b>BX</b>	Box Canyon	<b>GO</b>	Gorman	<b>LU</b>	Lake Hughes
<b>BY</b>	Boyle Heights	<b>GP</b>	Glassell Park	<b>LV</b>	La Verne
<b>BZ</b>	Byzantine-Latino Quarter	<b>GR</b>	Green Valley	<b>LW</b>	Lake View Terrace
<b>CA</b>	Carson	<b>GV</b>	Glenview	<b>LX</b>	Lennox
<b>CB</b>	Calabasas	<b>GW</b>	Glendora	<b>LY</b>	Lynwood
<b>CC</b>	Culver City	<b>HA</b>	Hawthorne	<b>LZ</b>	Lake Elizabeth
<b>CE</b>	Cerritos	<b>HB</b>	Hermosa Beach	<b>MA</b>	Malibu
<b>CH</b>	Chatsworth	<b>HC</b>	Hacienda Heights	<b>MB</b>	Manhattan Beach
<b>CI</b>	Chinatown	<b>HE</b>	Harvard Heights	<b>MC</b>	Malibu Beach
<b>CK</b>	Charter Oak	<b>HG</b>	Hawaiian Gardens	<b>MD</b>	Marina Del Rey
<b>CL</b>	Claremont	<b>HH</b>	Hidden Hills	<b>ME</b>	Monte Nido
<b>CM</b>	Compton	<b>HI</b>	Highland Park	<b>MG</b>	Montecito Heights
<b>CN</b>	Canyon Country	<b>HK</b>	Holly Park	<b>MH</b>	Mission Hills

<b>MI</b>	Mint Canyon	<b>RB</b>	Redondo Beach	<b>TD</b>	Tropico
<b>ML</b>	Malibu Lake	<b>RC</b>	Roosevelt Corner	<b>TE</b>	Topanga State Park
<b>MM</b>	Miracle Mile	<b>RD</b>	Rancho Dominguez	<b>TH</b>	Thousand Oaks
<b>MN</b>	Montrose	<b>RE</b>	Rolling Hills Estates	<b>TI</b>	Terminal Island
<b>MO</b>	Montebello	<b>RH</b>	Rolling Hills	<b>TJ</b>	Tujunga
<b>MP</b>	Monterey Park	<b>RK</b>	Rancho Park	<b>TL</b>	Toluca Lake
<b>MR</b>	Mar Vista	<b>RM</b>	Rosemead	<b>TO</b>	Torrance
<b>MS</b>	Mount Wilson	<b>RO</b>	Rowland Heights	<b>TP</b>	Topanga
<b>MT</b>	Montclair	<b>RP</b>	Rancho Palos Verdes	<b>TR</b>	Three Points
<b>MU</b>	Mount Olympus	<b>RS</b>	Reseda	<b>TT</b>	Toluca Terrace
<b>MV</b>	Monrovia	<b>RV</b>	Rampart Village	<b>UC</b>	Universal City
<b>MW</b>	Maywood	<b>RW</b>	Rosewood	<b>UP</b>	University Park
<b>MY</b>	Metler Valley	<b>SA</b>	Saugus	<b>VA</b>	Valencia
<b>NA</b>	Naples	<b>SB</b>	Sandberg	<b>VC</b>	Venice
<b>NE</b>	Newhall	<b>SC</b>	Santa Clara	<b>VE</b>	Vernon
<b>NH</b>	North Hollywood	<b>SD</b>	San Dimas	<b>VG</b>	Valley Glen
<b>NN</b>	Neenach	<b>SE</b>	South El Monte	<b>VI</b>	Valley Village
<b>NO</b>	Norwalk	<b>SF</b>	San Fernando	<b>VL</b>	Valinda
<b>NR</b>	Northridge	<b>SG</b>	San Gabriel	<b>VN</b>	Van Nuys
<b>NT</b>	North Hills	<b>SH</b>	Signal Hill	<b>VV</b>	Val Verde
<b>OP</b>	Ocean Park	<b>SI</b>	Sierra Madre	<b>VW</b>	View Park
<b>OT</b>	Other	<b>SJ</b>	Silver Lake	<b>VY</b>	Valyermo
<b>PA</b>	Pasadena	<b>SK</b>	Sherman Oaks	<b>WA</b>	Walnut
<b>PB</b>	Pearblossom	<b>SL</b>	Sun Valley	<b>WB</b>	Willowbrook
<b>PC</b>	Pacoima	<b>SM</b>	Santa Monica	<b>WC</b>	West Covina
<b>PD</b>	Palmdale	<b>SN</b>	San Marino	<b>WE</b>	West Hills
<b>PE</b>	Pacific Palisades	<b>SO</b>	South Gate	<b>WG</b>	Wilsona Gardens
<b>PH</b>	Pacific Highlands	<b>SP</b>	South Pasadena	<b>WH</b>	West Hollywood
<b>PI</b>	Phillips Ranch	<b>SQ</b>	Sleepy Valley	<b>WI</b>	Whittier
<b>PL</b>	Playa Vista	<b>SR</b>	San Pedro	<b>WK</b>	Winnetka
<b>PM</b>	Paramount	<b>SS</b>	Santa Fe Springs	<b>WL</b>	Woodland Hills
<b>PN</b>	Panorama City	<b>ST</b>	Santa Clarita	<b>WM</b>	Wilmington
<b>PO</b>	Pomona	<b>SU</b>	Sunland	<b>WN</b>	Windsor Hills
<b>PP</b>	Palos Verdes Peninsula	<b>SV</b>	Stevenson Ranch	<b>WO</b>	Westlake
<b>PR</b>	Pico Rivera	<b>SW</b>	Sawtelle	<b>WP</b>	Walnut Park
<b>PS</b>	Palms	<b>SX</b>	South Central County	<b>WR</b>	Westchester
<b>PT</b>	Porter Ranch	<b>SY</b>	Sylmar	<b>WS</b>	Windsor Square
<b>PV</b>	Palos Verdes Estates	<b>SZ</b>	Studio City	<b>WT</b>	Watts
<b>PY</b>	Playa Del Rey	<b>TA</b>	Tarzana	<b>WV</b>	Westlake Village
<b>QH</b>	Quartz Hill	<b>TC</b>	Temple City	<b>WW</b>	Westwood

**Additional Information**

- **REQUIRED** for every response
- City codes are found on the back of the yellow copy of the paper EMS Report Form

**Uses**

- Incident tracking
- Epidemiological statistics
- System evaluation and monitoring

**Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS Provider

## INCIDENT ZIP CODE

---

### Definition

The zip code of the incident location

### Field Values

- Five-digit positive numeric value

### Uses

- Incident tracking
- Epidemiological statistics
- System monitoring

### Additional Information

- **REQUIRED** for every response

### Data Source Hierarchy

- 9-1-1 or Dispatch Center

## SCENE GPS LOCATION

---

### Definition

The global positioning system (GPS) coordinates for the incident location

### Field Values

- Numeric values only

### Additional Information

- Also known as “lat/long”
- Collected as decimal degrees. For example, 33.944191/ -118.080833 indicates the address of 10100 Pioneer Boulevard, Santa Fe Springs, CA.
- Positive longitude, negative latitude, longitude=0, latitude=0 or other single digit latitude or longitude values will not be accepted
- Is auto-generated based on the incident location and applies to ePCRs only, does not apply to incidents documented on a paper EMS Report Form

### Uses

- Incident tracking
- Epidemiological statistics
- System evaluation and monitoring

### Data Source Hierarchy

- 9-1-1 or Dispatch Center
- Auto-generated by the EMS provider’s electronic capture device

## PROV

### Definition

Two-letter provider code of the agency (or agencies) responding to the incident

### Field Values

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

### Additional Information

- First copy of provider should never be=OT
- Law enforcement agencies are not considered EMS providers and therefore do not have a two-letter provider code. Please do not attempt to list them as a provider.
- Provider codes are found on the back of the yellow copy of the paper EMS Report Form

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Auto-generated by the EMS provider's electronic capture device
- EMS Provider



## A/B/H

---

**Definition**

The highest capability of care for the responding provider unit

**Field Values**

- **A:** ALS
- **B:** BLS
- **H:** Helicopter

**Additional Information**

- Is not related to the level of care given or the acuity of the patient

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider
- Auto-generated by the EMS provider's electronic capture device

## UNIT

---

**Definition**

The unit letter and number designation for the responding provider unit

**Field Values**

- Free text

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider
- Auto-generated by the EMS provider's electronic capture device

## DISP DATE

---

**Definition**

Date the responding unit was notified by dispatch of the incident

**Field Values**

- Collected as MMDDYYYY

**Additional Information**

- **REQUIRED** for all records

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS Provider

## DISP

---

### Definition

Time of day the responding unit was notified by dispatch of the incident

### Field Values

- Collected as HHMM
- Use 24-hour clock

### Additional Information

- **REQUIRED** for all records

### Uses

- Establishes care intervals and incident timelines

### Data Source Hierarchy

- 9-1-1 or Dispatch Center
- EMS Provider

## ARRIVAL DATE

---

### **Definition**

Date the responding unit arrived at the incident location

### **Field Values**

- Collected as MMDDYYYY

### **Uses**

- Establishes care intervals and incident timelines

### **Data Source Hierarchy**

- EMS Provider

## ARRIVAL

---

**Definition**

Time of day the responding unit arrived at the incident location

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- EMS Provider

## AT PT DATE

---

**Definition**

Date the responding unit reached the patient at the incident location

**Field Values**

- Collected as MMDDYYYY

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- EMS Provider

## AT PT

---

**Definition**

Time of day the responding unit reached the patient at the incident location

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- May differ from arrival at scene time
- Document in the Comments section the reason for an extended delay from arrival at scene to at patient times

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- EMS Provider



## LEFT DATE

---

**Definition**

Date the transporting unit left the incident location with the patient, if applicable

**Field Values**

- Collected as MMDDYYYY

**Additional Information**

- Only applies if the unit is transporting the patient. Should not be used to document when the unit left the scene and went back into service.

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- EMS Provider

## LEFT

---

**Definition**

Time of day the transporting unit left the incident location with the patient, if applicable

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- Only applies if the unit is transporting the patient. Should not be used to document when the unit left scene and went back into service.

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- EMS Provider

## AT FAC DATE

---

**Definition**

Date the transporting unit arrived at the receiving facility with the patient, if applicable

**Field Values**

- Collected as MMDDYYYY

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- EMS Provider

## AT FAC

---

**Definition**

Time of day the transporting unit arrived at the receiving facility with the patient, if applicable

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- EMS Provider

## FAC EQUIP DATE

---

### Definition

Date the transporting unit transferred the patient to hospital equipment, if applicable

### Field Values

- Collected as MMDDYYYY

### Additional Information

- Is used to calculate wall time, which is defined as the time from arrival in the ED to when patient is removed from the EMS gurney and placed on hospital equipment
- Hospital equipment may include a chair or gurney in triage or a treatment area
- Hospital equipment **does not** include using the hospital's vital sign machine to check the patient's vitals

### Uses

- Establishes care intervals and incident timelines

### Data Source Hierarchy

- EMS Provider

## FAC EQUIP

---

### Definition

Time of day the transporting unit transferred the patient to hospital equipment, if applicable

### Field Values

- Collected as HHMM
- Use 24-hour clock

### Additional Information

- Field is used to calculate wall time, which is defined as the time from arrival in the ED to when patient is removed from the EMS gurney and placed on hospital equipment
- Hospital equipment may include a chair or gurney in triage or a treatment area
- Hospital equipment **does not** include using the hospital's vital sign machine to check the patient's vitals

### Uses

- Establishes care intervals and incident timelines

### Data Source Hierarchy

- EMS Provider

## AVAIL DATE

---

### Definition

Date the provider is available to return to service

### Field Values

- Collected as MMDDYYYY

### Uses

- Establishes care intervals and incident timelines

### Data Source Hierarchy

- EMS Provider

## AVAIL

---

**Definition**

Time of day the provider is available to return to service

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

- Establishes care intervals and incident timelines

**Data Source Hierarchy**

- EMS Provider



## TEAM MEMBER ID

---

**Definition**

The identification number of personnel involved in the patient's care

**Field Values**

- Free text

**Additional Information**

- The format used for Paramedics is "P" followed by the L.A. County issued accreditation number– example P1234
- The format used for EMTs is "E" followed by the CA certification number– example E12345
- Every record must have at least one team member ID listed in the first copy

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider

## **PATIENT ASSESSMENT**

## PATIENT NUMBER

---

### Definition

Number identifying the patient amongst the total number of patients involved in an incident

### Field Values

- Up to two-digit positive numeric value

### Additional Information

- If there is only one patient write “Pt.# 1 of 1”
- If there are two patients, and the patient is identified by the paramedics as the second patient, write “Pt.# 2 of 2”
- Patients who are not transported, such as DOAs and those who refuse transport, should also be assigned a number

### Uses

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

### Data Source Hierarchy

- EMS Provider

## TOTAL PATIENT NUMBER

---

### Definition

The total number of patients involved in the incident

### Field Values

- Up to a two-digit positive numeric value

### Additional Information

- If there is only one patient write "Pt.# 1 of 1"
- If there are two patients, and the patient is identified by the paramedics as the second patient, write "Pt.# 2 of 2"
- Patients who are not transported, such as DOAs and those who refuse transport, should also be assigned a number

### Uses

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

### Data Source Hierarchy

- EMS Provider

## # PTS TRANSPORTED

---

**Definition**

The total number of patients transported from an incident

**Field Values**

- Up to two-digit positive numeric value

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## AGE

---

### Definition

Numeric value for the age (actual or best approximation) of the patient

### Field Values

- Up to three-digit positive numeric value

### Additional Information

- **REQUIRED** for all patient contacts
- Must also indicate a unit of age
- If the age is estimated, mark the “Est.” checkbox

### Uses

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

### Data Source Hierarchy

- EMS Provider
- Auto-generated by the EMS provider’s electronic capture device from the patient’s date of birth (DOB)

## AGE UNIT

---

### Definition

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

### Field Values

- **Yrs:** Years – used for patients 2 years old or older
- **YE:** Years Estimated
- **Mos:** Months – used for patients 1 month to 23 months old
- **ME:** Months Estimated
- **Wks:** Weeks – used for patients whose age is reported in weeks instead of months
- **WE:** Weeks Estimated
- **Days:** Days – used for patients 1 to 29 days old
- **DE:** Days Estimated
- **Hrs:** Hours – used for patients who are newborn and up to 23 hours old
- **HE:** Hours Estimated

### Additional Information

- **REQUIRED** for all patient contacts
- If the age is estimated, mark the “Est.” checkbox

### Uses

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

### Data Source Hierarchy

- EMS Provider

## GENDER

---

### Definition

Checkbox indicating the gender of the patient

### Field Values

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

### Additional Information

- 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 according to 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

- EMS Provider



## WEIGHT

---

### Definition

Numeric value of the weight of the patient (either as stated or best approximation)

### Field Values

- Up to three-digit positive numeric value

### Additional Information

- **REQUIRED** for all patient contacts
- All weights should be documented in kilograms
- 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, mark the “Too Short” or “Too Tall” checkbox, and estimate the weight in kilograms

### Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

### Data Source Hierarchy

- Patient
- Family Member
- Caretaker
- EMS Provider

## WEIGHT UNITS

---

### Definition

Checkbox indicating the unit of measurement used to report patient's weight

### Field Values

- **Kg:** Kilograms

### Additional Information

- **REQUIRED** for all patient contacts
- All weights provided in pounds need to be converted to kilograms. Conversion from pounds to kilograms is accomplished by dividing the weight in pounds by 2.2
- 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, mark the "Too Short" or "Too Tall" checkbox, and estimate the weight in kilograms

### Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

### Data Source Hierarchy

- Patient
- Family Member
- Caretaker
- EMS Provider

## PEDS 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)
- Pink: 6-7 kg (~3 -6 mos)
- Red: 8-9 kg (~7-10 mos)
- Purple: 10-11 kg (~12-18 mos)
- Yellow: 12-14 kg (~19-35 mos)
- White: 15-18 kg (~3-4 yrs)
- Blue: 19-22 kg (~5-6 yrs)
- Orange: 24-28 kg (~7-9 yrs)
- Green: 30-36 kg, or about 80 lbs (~10-12 yrs)
- Too Tall: patient is longer than tape
- Too Short: patient is shorter than tape

### Additional Information

- **REQUIRED** for all pediatric ALS 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, mark the “Too Short” or “Too Tall” checkbox, and estimate the weight in kilograms

### Uses

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

### Data Source Hierarchy

- EMS Provider

## DISTRESS LEVEL

---

### Definition

Checkboxes indicating the EMS providers' impression of the level of discomfort or severity of illness of the patient, based on assessment of signs, symptoms, and complaints

### Field Values

- **None:** The patient appears well and has no acute signs or symptoms related to the incident. Advanced life support techniques and transportation may not be necessary
- **Mild:** Indicates that the patient does not have a life-threatening problem. Advanced life support techniques and transportation may not be necessary
- **Moderate:** Patient may have a life-threatening problem, or the degree of patient discomfort is high. Advanced life support techniques, base hospital contact, and patient transportation are usually necessary
- **Severe:** Refers to a life-threatening condition. Advanced life support techniques, base hospital contact, and patient transportation are generally necessary

### Uses

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

### Data Source Hierarchy

- EMS Provider

---

## COMPLAINT

---

### 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/parasthesia 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 the use of a tourniquet or hemostatic dressing
- **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
- **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 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
- **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 apparent fracture of 2 or more proximal long bones (humerus, femur)
- **Amputation ↑ 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

#### Field Values – Medical Codes

- **Agitated Delirium (AD)**: Acute onset of extreme agitation and combative or bizarre behavior that may be accompanied by paranoid delusions, hallucinations, aggression with unusual increase in human strength, and hyperthermia
- **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)**: Also known as “BRUE” – a brief, and now resolved, episode of at least one of the following in children less than 1yr of age: cyanosis or pallor; absent, decreased, or irregular breathing; marked change in tone (hyper- or hypotonia); & altered level of consciousness
- **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 **C**omplaint (**DC**): Any complaint associated with a patient's existing medical device (e.g. G-tube, AICD, ventilator, 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 normal
- **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**): Patient is greater than 20 weeks pregnant, and experiencing signs or symptoms of labor such as uterine contractions, vaginal bleeding, spontaneous rupture of membranes, crowning, etc.
- **L**ocal **N**euro Signs (**LN**): Weakness, numbness, or paralysis of a body part or region – including slurred speech, facial droop, and/or expressive aphasia
- **N**ausea/**V**omiting (**NV**): Patient is vomiting, or complains of nausea and/or vomiting
- **N**ear **D**rowning (**ND**): Submersion causing water inhalation, unconsciousness, or death
- **N**eck/**B**ack **P**ain (**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 **M**edical **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**ver**D**ose (**OD**): Ingestion of or contact with a drug or other substance in quantities greater than recommended or generally practiced
- **P**Oisoning (**PO**): Ingestion of or contact with a toxic substance
- **P**alpitation**S** (**PS**): Sensation that the heartbeat is irregular or fast
- **R**espiratory **A**rrest (**RA**): Sudden cessation of breathing not associated with trauma
- **S**Eizure (**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
- **VA**ginal Bleeding (**VA**): Abnormal vaginal bleeding
- **WE**akness (**WE**): Patient complains of feeling weak, or exhibits signs or symptoms of decreased strength and/or muscle tone
- **OT**her (**OT**): Signs or symptoms not listed above, that are not associated with trauma

### Additional Information

- **REQUIRED** for all patient contacts
- OT (Other) should **never** be the first complaint if there is a defined complaint, cannot be listed as a subsequent complaint if the first complaint is a defined complaint, and should only be used if no other complaint fits the patient's presentation
- If the patient has multiple complaints, enter in order of significance
- Do not document the same complaint twice
- Patients with a mechanism of injury documented must also have a trauma chief complaint code and trauma provider impression documented – and vice versa
- 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."
- Medical chief complaint codes can be found on the back of the red copy of the paper EMS Report Form

### Uses

- System evaluation and monitoring
- Epidemiological statistics

### Data Source Hierarchy

- EMS Provider



## PROVIDER IMPRESSION

### Definition

Four-letter codes representing the paramedic's primary impression of the patient's presentation

### Field Values

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

### Additional Information

- **REQUIRED** for all patient contacts
- Do not document more than one copy of the same Provider Impression code
- Provider impression codes can be found on the back of the red copy of the paper EMS Report Form

### Uses

- Epidemiological statistics
- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

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## MECHANISM OF INJURY

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### Definition

Checkboxes indicating how the patient was injured, if applicable

### Field Values

- Protective Devices – **HeLmet (HL)**: The patient riding on an unenclosed motorized vehicle/bicycle was wearing a helmet at the time of impact
- Protective Devices – **Seat Belt (SB)**: Patient was wearing a seat belt at the time of impact
- Protective Devices – **AirBag (AB)**: Airbag deployed at the time of impact and directly protected the patient
- Protective Devices – **Car Seat/Booster (CS)**: The patient was riding in a car seat or booster at the time of impact
- **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**: 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**: 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 Run Over/Thrown/>20mph (RT)**: Pedestrian, bicyclist, or motorcyclist 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 20mph 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)

- **AN**imal 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”
- **CR**ush (**CR**): Injury sustained as the result of external pressure being placed on body parts between two opposing forces
- **SC**pecial **C**onsiderations (**SC**): Injured patient that meet Special Considerations due to age greater than 55 years, pregnancy > 20 weeks, age greater than 65 years with a systolic BP of less than 110mmHg, or patients in blunt traumatic full arrest who, based on a paramedic’s thorough patient assessment, believes transport is indicated
- **AC**ti**C**oagulants (**AC**): Injured patient is on anticoagulant medication other than aspirin (excludes minor extremity injury)
- **TD**lemetry **D**ata (**TD**): Vehicle telemetry data is encountered that is consistent with high risk of serious injury
- **FA**ll (**FA**): Any injury resulting from a fall from any height
- **>15 ft. (>10 ft. Peds) (15)**: A vertical, uninterrupted fall of greater than 15 feet for an adult or greater than 10 feet or 3 times the height of the child for a pediatric patient. This mechanism is a subcategory of “Fall.” This does not include falling down stairs or rolling down a sloping cliff.
- **SA**lf-Inflict’d/**Accid.** (**SA**): The injury appears to have been accidentally caused by the patient
- **SI**lf-Inflict’d/**Intent.** (**SI**): The injury appears to have been intentionally caused by the patient
- **ES**Electrical **S**hock (**ES**): Passage of an electrical current through body tissue as a result of contact with an electrical source
- **TB**ermal **B**urn (**TB**): Burn caused by heat
- **HE**zmat **E**xposure (**HE**): The patient was exposed to toxic or poisonous agents, such as liquids, gases, powders, foams, or radioactive material
- **WR**ork- **R**elated (**WR**): Injury occurred while patient was working, and may be covered by Worker’s Compensation
- **UN**known (**UN**): The cause or mechanism of injury is unknown
- **OT**her (**OT**): A cause of injury that does not fall into any of the existing categories

### Additional Information

- Patients with a mechanism of injury documented must also have a trauma complaint and provider impression code documented – and vice versa
- If the patient has multiple mechanisms of injury, enter in order of significance
- Check all that apply
- Mechanisms of injury listed in **red** on the paper EMS Report Form meet trauma triage criteria for transport to the nearest available trauma center
- Mechanisms of injury listed in **blue** on the paper EMS Report Form meet trauma guidelines for transport to the nearest available trauma center - strong consideration should be given to a trauma center destination
- Cannot have a MOI that is only Anticoagulants (AC) or Special Considerations (SC), an additional mechanism of injury must be documented
- Hangings are considered asphyxia not trauma

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## TIME EXTRICATED

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**Definition**

Time of day that the patient was removed from the vehicle when use of a pneumatic tool was required, if applicable

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- **REQUIRED** if MOI= EX

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

**GCS**

## GLASGOW COMA SCALE- TIME

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### Definition

Time of day when the patient's initial, and subsequent if applicable, Glasgow Coma Scale was performed

### Field Values

- Collected as HHMM
- Use 24-hour clock

### Additional Information

- **REQUIRED** on all patients who are one year of age and older

### Uses

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

### Data Source Hierarchy

- EMS Provider

## EYE

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### Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's initial and subsequent, if applicable, eye opening response to stimuli

### Field Values

- **4:** Spontaneous – opens eyes spontaneously, no stimuli required
- **3:** To Verbal – opens eyes only when spoken to
- **2:** To Pain – opens eyes only in response to noxious stimuli such as sternal rub or nail bed pressure
- **1:** None – patient does not open eyes in response to noxious stimuli

### Additional Information

- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy of the paper EMS Report Form

### 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

- EMS Provider



## VERBAL

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### Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's initial and subsequent, if applicable, verbal response to stimuli

### Field Values – Adult and Verbal Pediatric Patients

- **5:** Oriented x 3 – 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 – patient has no verbal response to noxious stimuli

### Field Values – Infants and Toddlers

- **5:** Smiles and tracks objects, speech appropriate for age
- **4:** Cries but consolable, or confused
- **3:** Inconsistently consolable, or random words
- **2:** Moaning, incoherent sounds only
- **1:** No verbal response to noxious stimuli

### Additional Information

- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy of the paper EMS Report Form

### 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

- EMS Provider

## MOTOR

---

### Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's initial and subsequent, if applicable, motor response to stimuli

### Field Values

- **6:** Obedient – obeys verbal commands / spontaneous purposeful movement
- **5:** Purposeful – purposeful movement is made in response to noxious stimuli (e.g., attempts to push away or grab source of stimuli)
- **4:** Withdrawal – withdraws body part from source of noxious stimuli
- **3:** Flexion –extremities move towards body core in response to noxious stimuli (decorticate posturing)
- **2:** Extension – extremities move away from body core in response to noxious stimuli (decerebrate posturing)
- **1:** None – patient has no motor response to noxious stimuli

### Additional Information

- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy of the paper EMS Report Form

### 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

- EMS Provider

## GCS TOTAL

---

### Definition

Sum of the three numerical values documented for each element of the patient's initial and subsequent, if applicable, Glasgow Coma Scale score(s)

### 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
  - 3 to 8 may indicate severe brain injury
  - 9 to 13 may indicate moderate brain injury
  - 14 or 15 may indicate mild or no brain injury
- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy of the paper EMS Report Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## NORMAL FOR PATIENT/AGE

---

**Definition**

Patient's behavior and mentation, although perhaps not typical of most patients, is reported by family, caregivers, etc., to be the same as it was before the incident

**Field Values**

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

**Additional Information**

- Can be used on patients who suffer from mental illness, dementia, developmental delays, etc. and on infants and children who are age appropriate

**Uses**

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

**Data Source Hierarchy**

- Family Member
- Caregiver
- EMS Provider

## **STROKE**

## mLAPSS?

---

### Definition

Checkbox indicating whether the patient met all Modified Los Angeles Prehospital Stroke Screen (mLAPSS) criteria as defined in Reference No. 521 – Stroke Patient Destination

### Field Values

- **M:** Met
- **N:** Not Met

### Additional Information

- mLAPSS criteria include:
  - No history of seizures or epilepsy
  - Age  $\geq$  40
  - At baseline, patient is not wheelchair bound or bedridden
  - Blood glucose value between 60 and 400mg/dL
  - Obvious asymmetry or unilateral weakness is observed in one or more of the following:
    - Facial Smile/Grimace
    - Grip
    - Arm Strength
- **REQUIRED** for all patients with a provider impression code of “STRK”, or with a destination of a Primary Stroke Center (PSC) or Comprehensive Stroke Center (CSC)
- If mLAPSS is performed, a blood glucose value must also be documented
- Patients who meet mLAPSS criteria with a Last Known Well Time (LKWT) < 24 hrs. should have a LAMS performed. If the LAMS score is < 4, the patient should be transported to the nearest available PSC. If the LAMS score is  $\geq$  4, the patient should be transported to the nearest available CSC
- Patients who do not meet mLAPSS criteria should still have a LAMS performed and be transported to the nearest available PSC or CSC if the provider or base hospital still has a high suspicion of stroke or large vessel occlusion (LVO)

### Uses

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

### Data Source Hierarchy

- EMS Provider

## LAST KNOWN WELL DATE

---

### Definition

Date when the patient was last known to be well, symptom-free, at baseline, or usual state of health

### Field Values

- Collected as MMDDYYYY

### Additional Information

- **REQUIRED** for all patients with a “M” value for “mLAPSS?” or with a destination of a Primary or Comprehensive Stroke Center for suspected stroke
- Should only be used for suspected stroke patients. Do not utilize this field to document down time for a patient in cardiac arrest, who is altered, etc.

### Uses

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

### Data Source Hierarchy

- Patient
- Family Member
- Caregiver
- EMS Provider

## LAST KNOWN WELL TIME

---

### Definition

Time of day when the patient was last known to be well, symptom-free, at baseline, or usual state of health

### Field Values

- Collected as HHMM
- Use 24-hour clock

### Additional Information

- **REQUIRED** for all patients with a “M” value for “mLAPSS?” or with a destination of a Primary or Comprehensive Stroke Center for suspected stroke
- Should only be used for suspected stroke patients. Do not utilize this field to document down time for a patient in cardiac arrest, who is altered, etc.

### Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

### Data Source Hierarchy

- Patient
- Family Member
- Caregiver
- EMS Provider



## LAST KNOWN WELL DATE AND TIME UNKNOWN

---

**Definition**

The date and/or time the patient was last known to be well, symptom-free, at baseline, or usual state of health is not known

**Field Values**

- **U:** Unknown

**Additional Information**

- Should only be used for suspected stroke patients. Do not utilize this field to document down time for a patient in cardiac arrest, who is altered, etc.

**Uses**

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

**Data Source Hierarchy**

- Patient
- Family Member
- Caregiver
- EMS Provider

## FACIAL DROOP

---

### Definition

The numerical value that corresponds to the presence, or absence, of a facial droop in a suspected stroke patient

### Field Values

- **0**: Absent
- **1**: Present
- **U**: Unable

### Additional Information

- **REQUIRED** on all suspected stroke patients with a positive mLAPSS
- Patients who do not meet mLAPSS criteria should still have a LAMS performed and be transported to the nearest available PSC or CSC if the provider or base hospital still has a high suspicion of stroke or LVO
- LAMS components are found on the back of the red copy of the paper EMS Report Form
- Unable should only be used if the patient's condition does not allow for assessment (e.g. uncooperative, GCS 6, etc.)

### Uses

- Element necessary to calculate the overall LAMS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## ARM DRIFT

---

### Definition

The numerical value that corresponds to the presence, or absence, of an arm drift in a suspected stroke patient

### Field Values

- **0**: Absent
- **1**: Drifts down
- **2**: Falls rapidly
- **U**: Unable

### Additional Information

- **REQUIRED** on all suspected stroke patients with a positive mLAPSS
- If patient is unable to lift their arms, lift arms for the patient and observe either a slow drift down or a rapid fall
- Patients who do not meet mLAPSS criteria should still have a LAMS performed and be transported to the nearest available PSC or CSC if the provider or base hospital still has a high suspicion of stroke or LVO
- LAMS components are found on the back of the red copy of the paper EMS Report Form
- Unable should only be used if the patient's condition does not allow for assessment (e.g. uncooperative, GCS 6, etc.)

### Uses

- Element necessary to calculate the overall LAMS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## GRIP STRENGTH

---

### Definition

The numerical value that corresponds to the quality of the grip strength in a suspected stroke patient

### Field Values

- **0**: Normal
- **1**: Weak grip
- **2**: No grip
- **U**: Unable

### Additional Information

- **REQUIRED** on all suspected stroke patients with a positive mLAPSS
- Patients who do not meet mLAPSS criteria should still have a LAMS performed and be transported to the nearest available PSC or CSC if the provider or base hospital still has a high suspicion of stroke or LVO
- LAMS components are found on the back of the red copy of the paper EMS Report Form
- Unable should only be used if the patient's condition does not allow for assessment (e.g. uncooperative, GCS 6, etc.)

### Uses

- Element necessary to calculate the overall LAMS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## TOTAL SCORE

---

### Definition

Sum of the three numerical values documented for facial droop, arm drift, and grip strength in a suspected stroke patient

### Field Values

- One-digit numeric value between 0 and 5
- **U**: Unable

### Additional Information

- A large vessel occlusion should be suspected in patients with a score of  $\geq 4$ , therefore these patients should be transported to the closest CSC
- Patients with a score  $< 4$  should be transported to the closest PSC
- **REQUIRED** on all suspected stroke patients with a positive mLAPSS
- LAMS components are found on the back of the red copy of the paper EMS Report Form
- Unable should only be used if the patient's condition does not allow for assessment of one or more of the LAMS components (e.g. facial droop, arm drift, or grip strength)

### Uses

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

### Data Source Hierarchy

- EMS Provider

## THERAPIES

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## THERAPIES

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### Definition

Checkbox indicating what procedure(s) were performed on the patient

### Field Values

- Assisted with **Home Meds**: EMS personnel assisted the patient with administration of their home meds
- **Back Blows/Thrust**: Performed for suspected foreign body obstruction
- **Existing Trach**: Patient is being oxygenated/ventilated via an existing tracheostomy tube
- **OP/NP Airway**: An airway adjunct was placed; circle which adjunct was used
- **Cooling Measures**: Cooling measures performed by removing clothing, applying cool, damp cloths, fanning patient, etc.
- **DRessings**: Dressing was applied to the patient by EMS personnel
- **Ice Pack**: An ice pack was applied to the patient by EMS personnel
- **TourniQuet**: A device for stopping the flow of blood through a vein or artery was applied to the patient by EMS personnel
- **Hemostatic Dressing**: A hemostatic dressing was applied to the patient by EMS personnel; for use by approved providers only
- **OX\_lpm**: Oxygen was delivered to the patient, specify the numeric value, between 2 and 15, of the number of liters per minute in the space provided
- **NC**: Oxygen was delivered to the patient via nasal cannula
- **Mask**: Oxygen was delivered to the patient via oxygen mask
- **REstraints**: Restraints were applied to the patient and/or monitored by EMS personnel
- **Distal CMS Intact**: Circulation, motor function, and sensation of extremities were intact after restraint application or splinting
- **Spinal Motion Restriction**: Patient was placed in spinal motion restriction
  - **C-Collar**: Patient was placed in a c-collar
- **Backboard**: A backboard was used as an extrication or splinting device
- **CMS Intact – Before**: Circulation, motor function, and sensation were intact in all extremities prior to spinal immobilization
- **CMS Intact – After**: Circulation, motor function, and sensation were intact in all extremities after spinal immobilization
- **SPlint**: A splint was applied to the patient by EMS personnel
- **Traction Splint**: A traction splint device was applied to the patient by EMS personnel
- **SUction**: The patient's airway was suctioned by EMS personnel
- **BLd Gluc #1\_ #2**: The patient's initial, and subsequent if applicable, blood glucose measurement
- **CPAP \_\_cm H20, Time:\_\_**: Continuous positive airway pressure device was used to deliver oxygen to the patient; document beginning pressure (measured in cm H20) and time applied
- **FB Removal**: A foreign body was removed from the patient's airway via visualization and Magill forceps
- **IV\_\_g**: IV access was established; document the gauge (14, 16, 18, 20, 22, or 24) on the line provided

- **IO Length:** the needle length used to start the IO line
  - Site: checkbox indicating the site, **HU**merus or **TibiA**, where the IO was established
- **Needle THoracostomy:** A needle thoracostomy was performed on the patient
  - Site: checkbox indicating the site, **2<sup>nd</sup> ICS** or **4<sup>th</sup> ICS**, where the needle thoracostomy was performed on the patient
- **Vagal M**aneuver: Technique performed in an attempt to slow down the patient's heart rate
- **TC Pacing** \_\_mA, \_\_bpm, Time\_\_: Transcutaneous pacing was initiated on the patient; document mA, rate in beats per minute (bpm), and time started on the lines provided
- **HB:** The head of the patient's bed was elevated by EMS personnel
- **PP:** EMS personnel utilized standard personal protective equipment, e.g. gloves
- **PC:** EMS personnel utilized contact personal protective equipment, e.g. gloves, gown
- **PA:** EMS personnel utilized aerosol personal protective equipment, e.g. gloves, gown, eye protection, N-95 mask or equivalent
- **PQ:** A tourniquet (commercial) was applied prior to EMS personnel arrival
- **OT**her: EMS personnel perform a therapy that is not listed above

### Additional Information

- If the patient is in restraints, use the Comments section to document location of restraints, patient position, and quality of circulation distal to restraints
- Use the Comments section to document the patient's response to therapies administered, any pressure adjustments made during CPAP administration, and the location of the placement of dressings, tourniquets, hemostatic dressings, and splints

### Uses

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

### Data Source Hierarchy

- EMS Provider



## TM #

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**Definition**

The team member number of the personnel who performed or attempted the procedure

**Field Values**

- Numeric values only

**Additional Information**

- If more than one team member performs the therapy, enter the number of the team member who initiated the therapy

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## TOTAL IV/IO FLUIDS RECEIVED

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**Definition**

The total amount of intravenous or intraosseous fluids the patient received

**Field Values**

- Up to four-digit positive numeric value

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## TRANSPORT

## MED. CTRL.

### Definition

The three-letter-code indicating whether medical control was provided by a protocol, a base hospital, or a medical director/EMS fellow on scene, or if the EMS provider contacted the MAC

### Field Values

<b>AMH</b>	Methodist Hospital of Southern California	<b>PIH</b>	PIH Health –Whittier Hospital
<b>AVH</b>	Antelope Valley Hospital	<b>PVC</b>	Pomona Valley Hospital Medical Center
<b>CAL</b>	Dignity Health - California Hospital Medical Center	<b>QVH</b>	Emanate Health Queen of the Valley Hospital
<b>CSM</b>	Cedars-Sinai Medical Center	<b>SFM</b>	St. Francis Medical Center
<b>GWT</b>	Adventist Health - Glendale	<b>SJS</b>	Providence Saint Joseph Medical Center
<b>HCH</b>	Providence Holy Cross Medical Center	<b>SMM</b>	Dignity Health - Saint Mary Medical Center
<b>HGH</b>	LAC Harbor - UCLA Medical Center	<b>TOR</b>	Torrance Memorial Medical Center
<b>HMH</b>	Huntington Hospital	<b>UCL</b>	Ronald Reagan UCLA Medical Center
<b>HMN</b>	Henry Mayo Newhall Hospital	<b>USC</b>	LAC + USC Medical Center
<b>LBM</b>	MemorialCare Long Beach Medical Center	<b>MAC</b>	Medical Alert Center
<b>LCM</b>	Providence Little Company of Mary Medical Center - Torrance	<b>MTP</b>	Medical Treatment Protocol
<b>NRH</b>	Dignity Health - Northridge Hospital Medical Center	<b>MDS</b>	Medical Director/EMS Fellow on Scene

### Additional Information

- **REQUIRED** for all patient contacts
- If base contact is not attempted, enter “MTP”
- If notification is provided to a base hospital but the base hospital is not contacted for online medical control, enter “MTP”. Three-letter hospital codes should not be utilized for notification calls.

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

# PROTOCOL

## Definition

Four- or five-digit code of the Medical Treatment Protocol (MTP) utilized to treat the patient

## 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)
1208	Agitated Delirium	1208-P	Agitated Delirium (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)
1236	Inhalation Injury	1236-P	Inhalation Injury (Pediatric)
1237	Respiratory Distress	1237-P	Respiratory Distress (Pediatric)
1238	Carbon Monoxide Exposure	1238-P	Carbon Monoxide Exposure (Pediatric)
1239	Dystonic Reaction	1239-P	Dystonic Reaction (Pediatric)
1240	HazMat	1240-P	HazMat (Pediatric)
1241	Overdose/Poisoning/Ingestion	1241-P	Overdose/Poisoning/Ingestion (Pediatric)
1242	Crush Injury/Syndrome	1242-P	Crush Injury/Syndrome (Pediatric)
1243	Traumatic Arrest	1243-P	Traumatic Arrest (Pediatric)
1244	Traumatic Injury	1244-P	Traumatic Injury (Pediatric)
1245	COVID		

**Additional Information**

- **REQUIRED** for all patient contacts
- More than one protocol can be used, do not list the same protocol number more than once
- Protocol(s) identified must correlate to 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**

- EMS Provider

## REC FAC

### Definition

The three-letter code of the facility to which the patient was transported

### Field Values

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

<b>XIN</b>	Star Behavioral Health Urgent Care Center, City of Industry	<b>XUS</b>	Exodus Recovery Center – USC
<b>XLB</b>	Star Behavioral Health Urgent Care Center, Long Beach	<b>ZLA</b>	David L. Murphy Sobering Center
<b>XLK</b>	Exodus Recovery Center – MLK		

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

<b>DISASTER RECEIVING FACILITIES ONLY</b>			
<b>BRH</b>	Barlow Respiratory Hospital	<b>NCH</b>	USC Kenneth Norris Jr. Cancer Center
<b>COA</b>	Silver Lake Medical Center	<b>PAM</b>	Pacific Alliance Medical Center
<b>COH</b>	City of Hope National Medical Center	<b>RLA</b>	LAC-Rancho Los Amigos
<b>LAC</b>	Los Angeles Community Hospital – Olympic	<b>TEM</b>	Temple Community Hospital
<b>HOL</b>	Southern California Hospital at Hollywood	<b>USH</b>	Keck Hospital of USC
<b>KMC</b>	Kern Medical Center		

**Additional Information**

- **REQUIRED** field if ‘Via’= “A”, “B”, or “H”
- Receiving facility codes are found on the back of the yellow copy of the paper EMS Report Form

**Uses**

- System evaluation and monitoring
- Epidemiological statistics

**Data Source Hierarchy**

- EMS Provider



## ADVANCED PROVIDER COMMENT

---

**Definition**

Field provided for additional documentation related to the utilization of an advanced healthcare provider. Documentation may include such items as: level of provider; telemedicine; or patient refusal of advanced healthcare provider services.

**Field Values**

- Free text

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider

## NOTIFICATION?

---

**Definition**

Checkbox indicating whether the base or receiving hospital was notified prior to the patient's arrival

**Field Values**

- Y: Yes
- N: No

**Additional Information**

- The base hospital is responsible for notifying the receiving hospital of an incoming patient so if base contact was made, notification should be marked as "Yes"

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider

## CODE 3?

---

**Definition**

Checkbox indicating whether the patient was transported to the receiving facility Code 3 (lights and sirens)

**Field Values**

- Y: Yes
- N: No

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider

## VIA

---

### Definition

Checkbox indicating the type of transport unit used

### Field Values

- **ALS:** ALS monitoring or interventions are required during transport; at least one paramedic must be on board during transport
- **BLS:** No ALS monitoring or interventions are required during transport; patient transported by EMS personnel only
- **Helicopter**
- **No Transport:** Patient was not transported (must indicate reason for no transport in the Comments Section)

### Additional Information

- **REQUIRED** field for all patient contacts
- If field value is “A”, “B”, or “H” then a receiving facility and destination (“Trans To”) must be documented
- If the patient was not transported, must complete ‘AMA?’, ‘Assess, Treat, & Release?’, ‘Assess, Treat & Transfer?’, and ‘Treatment in Place?’ fields

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## TRANS TO

---

### Definition

Checkbox indicating the actual destination of the patient

### 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 of less than or equal to 14 years of age
- **TC/PTC:** Most accessible Trauma Center approved to receive critically injured patients or most accessible Pediatric Trauma Center approved to receive critically injured pediatric patients less than or equal to 14 years of age
- **PMC:** Most accessible Pediatric Medical Center approved to receive critically ill pediatric patients of less than or equal to 14 years of age
- **STEMI:** 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, regardless of ROSC
- **PrimAry Stroke Center:** Most accessible Primary Stroke Center approved to receive suspected stroke patients or patients with a positive mLAPSS exam and a LAMS score <4
- **Comprehensive StroKe Center:** Most accessible Comprehensive Stroke Center approved to receive patients with a positive mLAPSS exam and a LAMS score ≥ 4
- **PeriNatal:** Most accessible Perinatal Center approved to receive patients greater than or equal 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 “Reason” section

### Additional Information

- **REQUIRED** field if ‘Via’= “A”, “B”, or “H”

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## REASON

---

### 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

- **No SC Required:** Patient does not meet criteria, requirements, or guidelines for transport to a specialty center
- **Criteria/Required:** Patient meets criteria or requirements for transport to a specialty center (EDAP, TC/PTC, or SRC)
- **Guidelines:** Patient meets guidelines for transport to a specialty center (TC/PTC, Perinatal, PMC, ASC, CSC, or SART)
- **Judgment (Provider/Base):** Patient does not meet specialty center criteria, requirements, or guidelines, but is transported to a specialty center based on Base or the Provider judgment; or, meets, but is not transported to a specialty center
- **EXtremis:** Patient is transported to the most accessible receiving facility because the severity of the injury/illness precludes transport to a specialty center (e.g. unmanageable airways, etc.)
- **ED Saturation:** Most accessible receiving facility or EDAP has requested diversion due to emergency department saturation
- **No SC Access:** Specialty center not accessible due to transport time constraints or geography
- **Request 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

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## AMA?

---

### Definition

Checkbox indicating whether the patient refused transport and signed out against medical advice

### Field Values

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

### Additional Information

- **REQUIRED** for all patient contacts where 'Via'= "No"
- A patient refusing treatment or transport must sign the release on the back of the first page of the paper EMS Report Form
- If patients meet the conditions for 'Assess, Treat, & Release?', 'Assess, Treat, & Transfer?', or 'Treatment in Place?', the patient does not have to sign a release and 'AMA?' should = "No"
- If 'AMA?'= "No", must complete 'Assess, Treat & Release?', 'Assess, Treat, & Transfer?', and 'Treatment in Place?' fields
- If 'AMA?'= "Yes", 'Assess, Treat, & Release?', 'Assess, Treat, & Transfer?', and 'Treatment in Place?' should= "No"

### Uses

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

### Data Source Hierarchy

- EMS Provider

## ASSESS, TREAT, & RELEASE?

---

### Definition

Checkbox indicating whether the patient does not desire transport to the emergency department for evaluation and after an assessment and/or treatment by EMS personnel, **does not** have an ongoing emergency medical condition, a high-risk presentation, or social risk factors and is released at scene to follow-up with the patient's regular healthcare provider or a doctor's office or clinic

### Field Values

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

### Additional Information

- **REQUIRED** for all patient contacts where 'Via'= "No"
- If 'AMA?'= "Yes", 'Assess, Treat, & Release?' should= "No"

### Data Source Hierarchy

- EMS Provider



## ASSESS, TREAT, & TRANSFER?

---

### Definition

Checkbox indicating whether the patient, after assessment and/or treatment by EMS personnel, does not have an ongoing emergency medical condition, a high-risk presentation, or social risk factors and care is transferred to the department of mental health for a mental health evaluation

### Field Values

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

### Additional Information

- **REQUIRED** for all patient contacts where 'Via' = "No"
- If 'AMA?' = "Yes", 'Assess, Treat, & Transfer?' should = "No"

### Data Source Hierarchy

- EMS Provider

## TREATMENT IN PLACE?

---

### Definition

Checkbox indicating whether the patient, after assessment by EMS personnel and medical clearance by an authorized advanced health care provider on scene or via Telemedicine, does not require ambulance transport to an emergency department. Appropriate follow-up should be arranged by the authorized physician or advanced health care provider.

### Field Values

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

### Additional Information

- **REQUIRED** for all patient contacts where 'Via' = "No"
- If 'AMA?' = "Yes", 'Treatment in Place?' should = "No"

### Data Source Hierarchy

- EMS Provider

## ADVANCED PROVIDER LEVEL

---

### Definition

Checkbox indicating whether the authorized advanced healthcare provider is an EMS physician authorized to direct EMS care on scene or via telemedicine or an advanced practice provider identified by the EMS Provider Agency Medical Director to provide medical direction on scene or via telemedicine

### Field Values

- **APP:** Advanced Practice Provider
- **EMS MD:** EMS MD

### Additional Information

- **REQUIRED** for all patient contacts where 'Treatment in Place?'= "Yes"

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## **PATIENT INFORMATION**

## LAST NAME

---

**Definition**

The patient's last name

**Field Values**

- Free text

**Additional Information**

- If Run Type= "R", then the patient's last name must be documented
- If the patient's last name is unknown, last name should be documented as "Doe"

**Uses**

- Patient identification
- Link between other databases

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker

## FIRST NAME

---

**Definition**

The patient's first name

**Field Values**

- Free text

**Additional Information**

- If Run Type= "R", then the patient's first name must be documented
- If the patient's first name is unknown, should be documented as "John" or "Jane"

**Uses**

- Patient identification
- Link between other databases

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker

## MI

---

**Definition**

The first letter of the patient's middle name

**Field Values**

- Free text

**Uses**

- Patient identification
- Link between other databases

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker

## DOB

---

### Definition

The patient's date of birth

### Field Values

- Collected as MMDDYYYY

### Additional Information

- Year must be  $\geq$  1910

### Uses

- Patient identification
- Link between other databases

### Data Source Hierarchy

- Patient
- Family Member
- Caretaker



## PHONE

---

**Definition**

The patient's primary telephone number

**Field Values**

- Free text

**Additional Information**

- An area code is needed for all phone numbers
- When making base contact for suspected stroke patients, phone numbers for a relative/caregiver/person who can verify the LKWT should be reported

**Uses**

- Patient identification

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker

## STREET NUMBER

---

**Definition**

The street number of the patient's primary residence

**Field Values**

- Free text

**Additional Information**

- Positive numeric values only

**Uses**

- Epidemiological statistics

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center

## STREET NAME

---

**Definition**

The name of the street of the patient's primary residence

**Field Values**

- Free text

**Uses**

- Epidemiological statistics

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center

## APT #

---

**Definition**

The apartment number of the patient's primary residence

**Field Values**

- Free text

**Additional Information**

- Positive numeric values only

**Uses**

- Epidemiological statistics

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center

## CITY

---

### Definition

The city code of the patient's primary residence

### Field Values

<b>AA</b>	Arleta	<b>CO</b>	Commerce	<b>HO</b>	Hollywood
<b>AC</b>	Acton	<b>CP</b>	Canoga Park	<b>HP</b>	Huntington Park
<b>AD</b>	Altadena	<b>CR</b>	Crenshaw	<b>HR</b>	Harbor City
<b>AE</b>	Arlington Heights	<b>CS</b>	Castaic	<b>HV</b>	Hi Vista
<b>AG</b>	Agua Dulce	<b>CT</b>	Century City	<b>HY</b>	Hyde Park
<b>AH</b>	Agoura Hills	<b>CU</b>	Cudahy	<b>IG</b>	Inglewood
<b>AL</b>	Alhambra	<b>CV</b>	Covina	<b>IN</b>	City of Industry
<b>AN</b>	Athens	<b>CY</b>	Cypress Park	<b>IR</b>	Irwindale
<b>AO</b>	Avocado Heights	<b>DB</b>	Diamond Bar	<b>JH</b>	Juniper Hills
<b>AR</b>	Arcadia	<b>DO</b>	Downey	<b>JP</b>	Jefferson Park
<b>AT</b>	Artesia	<b>DS</b>	Del Sur	<b>KG</b>	Kagel Canyon
<b>AV</b>	Avalon	<b>DU</b>	Duarte	<b>KO</b>	Koreatown
<b>AW</b>	Atwater Village	<b>DZ</b>	Dominguez	<b>LA</b>	Los Angeles
<b>AZ</b>	Azusa	<b>EL</b>	East Los Angeles	<b>LB</b>	Long Beach
<b>BA</b>	Bel Air Estates	<b>EM</b>	El Monte	<b>LC</b>	La Canada Flintridge
<b>BC</b>	Bell Canyon	<b>EN</b>	Encino	<b>LD</b>	Ladera Heights
<b>BE</b>	Bellflower	<b>EO</b>	El Sereno	<b>LE</b>	Leona Valley
<b>BG</b>	Bell Gardens	<b>EP</b>	Echo Park	<b>LF</b>	Los Feliz
<b>BH</b>	Beverly Hills	<b>ER</b>	Eagle Rock	<b>LH</b>	La Habra Heights
<b>BK</b>	Bixby Knolls	<b>ES</b>	El Segundo	<b>LI</b>	Little Rock
<b>BL</b>	Bell	<b>EV</b>	Elysian Valley	<b>LK</b>	Lakewood
<b>BN</b>	Baldwin Hills	<b>EZ</b>	East Rancho Dominguez	<b>LL</b>	Lake Los Angeles
<b>BO</b>	Bouquet Canyon	<b>FA</b>	Fairmont	<b>LM</b>	La Mirada
<b>BP</b>	Baldwin Park	<b>FL</b>	Florence County	<b>LN</b>	Lawndale
<b>BR</b>	Bradbury	<b>FO</b>	Fair Oaks Ranch	<b>LO</b>	Lomita
<b>BS</b>	Belmont Shore	<b>GA</b>	Gardena	<b>LP</b>	La Puente
<b>BT</b>	Bassett	<b>GF</b>	Griffith Park	<b>LQ</b>	LAX
<b>BU</b>	Burbank	<b>GH</b>	Granada Hills	<b>LR</b>	La Crescenta
<b>BV</b>	Beverly Glen	<b>GK</b>	Glenoaks	<b>LS</b>	Los Nietos
<b>BW</b>	Brentwood	<b>GL</b>	Glendale	<b>LT</b>	Lancaster
<b>BX</b>	Box Canyon	<b>GO</b>	Gorman	<b>LU</b>	Lake Hughes
<b>BY</b>	Boyle Heights	<b>GP</b>	Glassell Park	<b>LV</b>	La Verne
<b>BZ</b>	Byzantine-Latino Quarter	<b>GR</b>	Green Valley	<b>LW</b>	Lake View Terrace
<b>CA</b>	Carson	<b>GV</b>	Glenview	<b>LX</b>	Lennox
<b>CB</b>	Calabasas	<b>GW</b>	Glendora	<b>LY</b>	Lynwood
<b>CC</b>	Culver City	<b>HA</b>	Hawthorne	<b>LZ</b>	Lake Elizabeth
<b>CE</b>	Cerritos	<b>HB</b>	Hermosa Beach	<b>MA</b>	Malibu
<b>CH</b>	Chatsworth	<b>HC</b>	Hacienda Heights	<b>MB</b>	Manhattan Beach
<b>CI</b>	Chinatown	<b>HE</b>	Harvard Heights	<b>MC</b>	Malibu Beach
<b>CK</b>	Charter Oak	<b>HG</b>	Hawaiian Gardens	<b>MD</b>	Marina Del Rey
<b>CL</b>	Claremont	<b>HH</b>	Hidden Hills	<b>ME</b>	Monte Nido
<b>CM</b>	Compton	<b>HI</b>	Highland Park	<b>MG</b>	Montecito Heights
<b>CN</b>	Canyon Country	<b>HK</b>	Holly Park	<b>MH</b>	Mission Hills

<b>MI</b>	Mint Canyon	<b>RB</b>	Redondo Beach	<b>TD</b>	Tropico
<b>ML</b>	Malibu Lake	<b>RC</b>	Roosevelt Corner	<b>TE</b>	Topanga State Park
<b>MM</b>	Miracle Mile	<b>RD</b>	Rancho Dominguez	<b>TH</b>	Thousand Oaks
<b>MN</b>	Montrose	<b>RE</b>	Rolling Hills Estates	<b>TI</b>	Terminal Island
<b>MO</b>	Montebello	<b>RH</b>	Rolling Hills	<b>TJ</b>	Tujunga
<b>MP</b>	Monterey Park	<b>RK</b>	Rancho Park	<b>TL</b>	Toluca Lake
<b>MR</b>	Mar Vista	<b>RM</b>	Rosemead	<b>TO</b>	Torrance
<b>MS</b>	Mount Wilson	<b>RO</b>	Rowland Heights	<b>TP</b>	Topanga
<b>MT</b>	Montclair	<b>RP</b>	Rancho Palos Verdes	<b>TR</b>	Three Points
<b>MU</b>	Mount Olympus	<b>RS</b>	Reseda	<b>TT</b>	Toluca Terrace
<b>MV</b>	Monrovia	<b>RV</b>	Rampart Village	<b>UC</b>	Universal City
<b>MW</b>	Maywood	<b>RW</b>	Rosewood	<b>UP</b>	University Park
<b>MY</b>	Metler Valley	<b>SA</b>	Saugus	<b>VA</b>	Valencia
<b>NA</b>	Naples	<b>SB</b>	Sandberg	<b>VC</b>	Venice
<b>NE</b>	Newhall	<b>SC</b>	Santa Clara	<b>VE</b>	Vernon
<b>NH</b>	North Hollywood	<b>SD</b>	San Dimas	<b>VG</b>	Valley Glen
<b>NN</b>	Neenach	<b>SE</b>	South El Monte	<b>VI</b>	Valley Village
<b>NO</b>	Norwalk	<b>SF</b>	San Fernando	<b>VL</b>	Valinda
<b>NR</b>	Northridge	<b>SG</b>	San Gabriel	<b>VN</b>	Van Nuys
<b>NT</b>	North Hills	<b>SH</b>	Signal Hill	<b>VV</b>	Val Verde
<b>OP</b>	Ocean Park	<b>SI</b>	Sierra Madre	<b>VW</b>	View Park
<b>OT</b>	Other	<b>SJ</b>	Silver Lake	<b>VY</b>	Valyermo
<b>PA</b>	Pasadena	<b>SK</b>	Sherman Oaks	<b>WA</b>	Walnut
<b>PB</b>	Pearblossom	<b>SL</b>	Sun Valley	<b>WB</b>	Willowbrook
<b>PC</b>	Pacoima	<b>SM</b>	Santa Monica	<b>WC</b>	West Covina
<b>PD</b>	Palmdale	<b>SN</b>	San Marino	<b>WE</b>	West Hills
<b>PE</b>	Pacific Palisades	<b>SO</b>	South Gate	<b>WG</b>	Wilsona Gardens
<b>PH</b>	Pacific Highlands	<b>SP</b>	South Pasadena	<b>WH</b>	West Hollywood
<b>PI</b>	Phillips Ranch	<b>SQ</b>	Sleepy Valley	<b>WI</b>	Whittier
<b>PL</b>	Playa Vista	<b>SR</b>	San Pedro	<b>WK</b>	Winnetka
<b>PM</b>	Paramount	<b>SS</b>	Santa Fe Springs	<b>WL</b>	Woodland Hills
<b>PN</b>	Panorama City	<b>ST</b>	Santa Clarita	<b>WM</b>	Wilmington
<b>PO</b>	Pomona	<b>SU</b>	Sunland	<b>WN</b>	Windsor Hills
<b>PP</b>	Palos Verdes Peninsula	<b>SV</b>	Stevenson Ranch	<b>WO</b>	Westlake
<b>PR</b>	Pico Rivera	<b>SW</b>	Sawtelle	<b>WP</b>	Walnut Park
<b>PS</b>	Palms	<b>SX</b>	South Central County	<b>WR</b>	Westchester
<b>PT</b>	Porter Ranch	<b>SY</b>	Sylmar	<b>WS</b>	Windsor Square
<b>PV</b>	Palos Verdes Estates	<b>SZ</b>	Studio City	<b>WT</b>	Watts
<b>PY</b>	Playa Del Rey	<b>TA</b>	Tarzana	<b>WV</b>	Westlake Village
<b>QH</b>	Quartz Hill	<b>TC</b>	Temple City	<b>WW</b>	Westwood

**Uses**

- Epidemiological statistics

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center

## PATIENT STATE

### Definition

The state of the patient's primary residence

### Field Values

<b>AK</b>	Alaska	<b>KS</b>	Kansas	<b>NM</b>	New Mexico	<b>WI</b>	Wisconsin
<b>AL</b>	Alabama	<b>KY</b>	Kentucky	<b>NV</b>	Nevada	<b>WV</b>	West Virginia
<b>AR</b>	Arkansas	<b>LA</b>	Louisiana	<b>NY</b>	New York	<b>WY</b>	Wyoming
<b>AZ</b>	Arizona	<b>MA</b>	Massachusetts	<b>OH</b>	Ohio	<b>AS</b>	American Samoa
<b>CA</b>	California	<b>MD</b>	Maryland	<b>OK</b>	Oklahoma	<b>FM</b>	Federated States of Micronesia
<b>CO</b>	Colorado	<b>ME</b>	Maine	<b>OR</b>	Oregon	<b>GU</b>	Guam
<b>CT</b>	Connecticut	<b>MI</b>	Michigan	<b>PA</b>	Pennsylvania	<b>MH</b>	Marshall Islands
<b>DC</b>	District of Columbia	<b>MN</b>	Minnesota	<b>RI</b>	Rhode Island	<b>MP</b>	Northern Mariana Islands
<b>DE</b>	Delaware	<b>MO</b>	Missouri	<b>SC</b>	South Carolina	<b>PR</b>	Puerto Rico
<b>FL</b>	Florida	<b>MS</b>	Mississippi	<b>SD</b>	South Dakota	<b>PW</b>	Palau
<b>GA</b>	Georgia	<b>MT</b>	Montana	<b>TN</b>	Tennessee	<b>UM</b>	US Minor Outlying Islands
<b>HI</b>	Hawaii	<b>NC</b>	North Carolina	<b>TX</b>	Texas	<b>VI</b>	Virgin Islands of the US
<b>IA</b>	Iowa	<b>NH</b>	New Hampshire	<b>UT</b>	Utah	<b>OT</b>	Other
<b>ID</b>	Idaho	<b>ND</b>	North Dakota	<b>VA</b>	Virginia		
<b>IL</b>	Illinois	<b>NE</b>	Nebraska	<b>VT</b>	Vermont		
<b>IN</b>	Indiana	<b>NJ</b>	New Jersey	<b>WA</b>	Washington		

### Uses

- Epidemiological statistics

### Data Source Hierarchy

- Patient
- Family Member
- Caretaker
- EMS Provider

## PATIENT ZIP CODE

---

**Definition**

The zip code of the patient's primary residence

**Field Values**

- Five-digit positive numeric value

**Uses**

- Epidemiological statistics

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center



## MILEAGE

---

**Definition**

Total mileage traveled from the incident to the receiving facility

**Field Values**

- Positive numeric values only

**Additional Information**

- Document according to your Agency's policy
- For billing purposes only

**Uses**

- Billing purposes

**Data Source Hierarchy**

- Internet based mapping program
- Auto-generated by the EMS provider's electronic capture device

## INSURANCE

---

**Definition**

The patient's insurance company, if applicable

**Field Values**

- Free text

**Additional Information**

- Document according to your Agency's policy
- For billing purposes only

**Uses**

- Billing purposes

**Data Source Hierarchy**

- Patient

## HOSP. VISIT #

---

**Definition**

The visit, or encounter, number that relates to the patient's current hospital visit

**Field Values**

- Free text

**Uses**

- Patient identification
- Link between other databases

**Data Source Hierarchy**

- Hospital Face Sheet

## PMD NAME

---

**Definition**

The name of the patient's private medical doctor (PMD), if known

**Field Values**

- Free text

**Additional Information**

- Document according to your Agency's policy

**Data Source Hierarchy**

- Patient

## PARTIAL SS # (LAST 4 DIGITS)

---

**Definition**

The last four digits of the patient's social security number

**Field Values**

- Positive numeric values only

**Additional Information**

- Document according to your Agency's policy

**Uses**

- Billing purposes

**Data Source Hierarchy**

- Patient

## COMMENTS

## COMMENT SECTION

---

### Definition

Area of the patient care record used to document critical run information that is not covered in other sections of the patient care record

### Field Values

- Free text

### Additional Information

- Write a legible, brief but thorough summary of run
- List pertinent points and findings, including all unusual circumstances that affect patient care
- Use appropriate abbreviations only
- Use to provide a complete scene description, including time needed to secure the scene, approximate speed and/or damage to the vehicle, and distance of the fall and onto what type of surface
- Use to describe why no medical intervention was needed or reasons for an incomplete report or vital signs (BP cuff too small/large for patient's arm, etc.)
- State facts, avoid conclusions or inflammatory statements
- Expand on response to treatment, change in patient status, and information concerning restraints
- Use a Page 2 if utilizing a paper EMS Report Form for runs requiring more space for additional medications, treatments, vitals, and/or comments

### Uses

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

### Data Source Hierarchy

- EMS Provider

## 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 a patient's symptoms
- Assists with determination of appropriate treatment and transport

### **Data Source Hierarchy**

- EMS Provider



## HX

---

**Definition**

Space to indicate previous medical problem(s) experienced by the patient, if applicable

**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**

- Patient
- Family Member
- Caretaker
- PMD

## ALLERGIES

---

**Definition**

Checkbox and space to indicate patient history of adverse reactions or allergies to medications or other substances, if applicable

**Field Values**

- Free text

**Additional Information**

- Allergies to non-medication items may be listed if they are related to the current problem or potential treatments (e.g., adhesive tape or latex)

**Uses**

- Patient safety

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker
- PMD

## ALLERGIC TO ASA?

---

**Definition**

Checkbox indicating whether the patient is allergic to aspirin

**Field Values**

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

**Uses**

- Assists with documentation of the State EMS Core Measure regarding aspirin administration in patients 35 ≥ years of age who have a provider impression of CPSC or CPMI
- Patient safety

**Data Source Hierarchy**

- EMS Provider

## MEDS

---

**Definition**

Space to indicate medications currently being taken by the patient, if applicable

**Field Values**

- Free text

**Additional Information**

- Indicate patient compliance, if applicable
- Include nonprescription drugs and herbal supplements

**Uses**

- Assists with determination of appropriate treatment and transport

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker
- PMD

## SEDs IN PAST 48 HRS

---

**Definition**

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

**Field Values**

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

**Additional Information**

- Use of SEDs must be assessed prior to administering nitroglycerin to any patient, regardless of gender

**Uses**

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

**Data Source Hierarchy**

- Patient
- Family Member
- Caretaker

## SUSPECTED ETOH?

---

### Definition

Checkbox indicating that statements by the patient, family, or bystanders and/or the situation and behavior suggest the patient has ingested alcohol

### 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

- Patient
- Family Member
- Caregiver
- Bystanders
- EMS Provider

## SUSPECTED DRUG USE?

---

**Definition**

Checkbox indicating that statements by the patient, family, or bystanders and/or the situation and behavior suggest the patient has used drugs

**Field Values**

- Y: Yes
- N: No

**Additional Information**

- If drug use is suspected, attempt to ascertain the type of drug used and the route, if possible

**Uses**

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

**Data Source Hierarchy**

- Patient
- Family Member
- Caregiver
- Bystanders
- EMS Provider

## IF YES:

---

### Definition

Checkboxes indicating what drug(s) the patient used

### Field Values

- **AMP:** Amphetamines
- **HER:** Heroin
- **COC:** Cocaine
- **THC:** Cannabis
- **OOP:** Other Opioid
- **OTH:** Other

### Uses

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

### Data Source Hierarchy

- Patient
- Family Member
- Caregiver
- Bystanders
- EMS Provider



## ROUTE

---

### Definition

Checkbox indicating what route the patient utilized to administer the drug(s)

### Field Values

- **INJ:** Injected
- **ING:** Ingested
- **INH:** Inhaled
- **OTH:** Other

### Uses

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

### Data Source Hierarchy

- Patient
- Family Member
- Caregiver
- Bystanders
- EMS Provider

## **PHYSICAL SIGNS**

## PUPILS

---

### Definition

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

### Field Values

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

### Additional Information

- If a value of "N" is documented, another value must also be entered, for example "S"

### Uses

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

### Data Source Hierarchy

- EMS Provider

## RESP

---

### Definition

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

### Field Values

- **Normal rate/effort:** Breathing appears effortless and rate is within normal limits for patient
- **Clear:** No abnormal sounds are heard on auscultation
- **Wheezes:** Coarse, whistling sound heard on auscultation, associated with inspiration and/or expiration
- **RH**onchi: Coarse, rattling or snoring sound heard on auscultation, associated with inspiration and/or expiration
- **U**nequal: Chest rise or breath sounds diminished on one side
- **S**tridor: High-pitched, audible wheezing sound associated with inspiration and/or expiration
- **R**ales: Rattling or crackling noises heard on auscultation, associated with inspiration
- **S**norin**G**: Prolonged snorting sound/soft palate vibration that is audible during inspiration
- **J**VD: Distended jugular veins are observed in the supine patient
- **A**ccessory **M**uscle Use (AMU): Patient is using additional muscles to assist with difficulty breathing, such as those of the neck, shoulders, or abdomen
- **L**abored: Breathing appears to be difficult or requires extra effort
- **A**pnea: Patient is not breathing or stops breathing for periods of time
- **T**idal Volume:
  - **N**: Normal depth of inspiration is observed
  - **+**: Increased depth of inspiration is observed
  - **-**: Decreased depth of inspiration is observed

### Uses

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

### Data Source Hierarchy

- EMS Provider

## SKIN

---

### Definition

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

### Field Values

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

### Uses

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

### Data Source Hierarchy

- EMS Provider

## FIRST 12 LEAD TIME

---

### Definition

Time of day the first 12-lead ECG was performed

### Field Values

- Collected as HHMM
- Use 24-hour clock

### Additional Information

- **REQUIRED** for all patients on whom a 12-lead ECG is performed
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, enter the 12-lead time from the STEMI ECG in this field
- **Do not** perform another 12-lead ECG if the clinic, doctor's office, or transferring hospital already has performed a 12-lead ECG indicating STEMI

### Uses

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

### Data Source Hierarchy

- EMS Provider

## EMS INTERPRETATION

---

### Definition

Checkbox indicating the EMS personnel's interpretation of the first 12-lead ECG

### Field Values

- **Normal**: EMS personnel interpretation indicates ECG is normal
- **ABnormal**: EMS personnel interpretation indicates ECG is abnormal
- **STEMI**: EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer's equivalent

### Additional Information

- **REQUIRED** for all patients on whom a 12-lead ECG is performed
- If EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer's equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, **do not** repeat the 12-lead ECG
- Every 12-lead ECG should be evaluated by EMS personnel, regardless of whether the ECG was performed by a clinic, doctor's office, transferring hospital, or EMS personnel

### Uses

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

### Data Source Hierarchy

- EMS Provider

## SOFTWARE INTERPRETATION

---

### Definition

Checkbox indicating the software's interpretation of the first 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, or manufacturer's equivalent

### Additional Information

- **REQUIRED** for all patients on whom a 12-lead ECG is performed
- If electronic interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer's equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, check the STEMI box in this field

### Uses

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

### Data Source Hierarchy

- ECG Strip



## ARTIFACT

---

### Definition

Checkbox indicating whether artifact is observed on the first 12-lead ECG tracing

### Field Values

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

### Additional Information

- **REQUIRED** for all patients on whom a 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Electronic artifact interferes with accurate ECG interpretation and may indicate the need to repeat the ECG

### Uses

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

### Data Source Hierarchy

- ECG Strip

## WAVY BASELINE

---

### Definition

Checkbox indicating whether the baseline of the first 12-lead ECG tracing moves with respiration

### Field Values

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

### Additional Information

- **REQUIRED** for all patients on whom a 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Wavy baseline can interfere with accurate ECG interpretation and may indicate the need to reposition the leads and repeat the ECG

### Uses

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

### Data Source Hierarchy

- ECG Strip

## PACED RHYTHM

---

### Definition

Checkbox indicating the presence of a pacemaker-generated rhythm on the first 12-lead ECG tracing

### Field Values

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

### Additional Information

- **REQUIRED** for all patients on whom a 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Pacemakers can interfere with accurate ECG interpretation and must be reported

### Uses

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

### Data Source Hierarchy

- ECG Strip

## TRANSMITTED?

---

### Definition

Checkbox indicating whether the first 12-lead performed was transmitted to the receiving facility

### Field Values

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

### Additional Information

- **REQUIRED** for all patients on whom a 12-lead ECG is performed

### Uses

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

### Data Source Hierarchy

- EMS Provider

## SECOND 12 LEAD TIME

---

### Definition

Time of day the second 12-lead ECG was performed, if applicable

### Field Values

- Collected as HHMM
- Use 24-hour clock

### Additional Information

- **REQUIRED** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, enter the 12-lead time from the STEMI ECG in this field
- **Do not** perform another 12-lead ECG if the clinic, doctor's office, or transferring hospital already has performed a 12-lead ECG indicating STEMI

### Uses

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

### Data Source Hierarchy

- EMS Provider

## EMS INTERPRETATION

---

### Definition

Checkbox indicating the EMS personnel's interpretation of the second 12-lead ECG

### Field Values

- **Normal**: EMS personnel interpretation indicates ECG is normal
- **ABnormal**: EMS personnel interpretation indicates ECG is abnormal
- **STEMI**: EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer's equivalent

### Additional Information

- **REQUIRED** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed
- If EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer's equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, **do not** repeat the 12-lead ECG
- Every 12-lead ECG should be evaluated by EMS personnel, regardless of whether the ECG was performed by a clinic, doctor's office, transferring hospital, or EMS personnel

### Uses

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

### Data Source Hierarchy

- EMS Provider

## SOFTWARE INTERPRETATION

---

### Definition

Checkbox indicating the software's interpretation of the second 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, or manufacturer's equivalent

### Additional Information

- **REQUIRED** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed
- If electronic interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer's equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, check the STEMI box in this field

### Uses

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

### Data Source Hierarchy

- ECG Strip

## ARTIFACT

---

### Definition

Checkbox indicating whether artifact is observed on the second 12-lead ECG tracing

### Field Values

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

### Additional Information

- **REQUIRED** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Electronic artifact interferes with accurate ECG interpretation and may indicate the need to repeat the ECG

### Uses

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

### Data Source Hierarchy

- ECG Strip



## WAVY BASELINE

---

### Definition

Checkbox indicating whether the baseline of the second 12-lead ECG tracing moves with respiration

### Field Values

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

### Additional Information

- **REQUIRED** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Wavy baseline can interfere with accurate ECG interpretation and may indicate the need to reposition the leads and repeat the ECG

### Uses

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

### Data Source Hierarchy

- ECG Strip

## PACED RHYTHM

---

### Definition

Checkbox indicating presence of a pacemaker-generated rhythm on the second 12-lead ECG tracing

### Field Values

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

### Additional Information

- **REQUIRED** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Pacemakers can interfere with accurate ECG interpretation and must be reported

### Uses

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

### Data Source Hierarchy

- ECG Strip

## TRANSMITTED?

---

### Definition

Checkbox indicating whether the second 12-lead performed was transmitted to the receiving facility, if applicable

### Field Values

- Y: Yes
- N: No

### Additional Information

- **REQUIRED** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed

### Uses

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

### Data Source Hierarchy

- EMS Provider

## **SPECIAL CIRCUMSTANCES**

## DNR/AHCD/POLST?

---

**Definition**

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

**Field Values**

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

**Uses**

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

**Data Source Hierarchy**

- Patient
- Family Member
- Caregiver
- EMS Provider

## POISON CONTROL CONTACTED?

---

**Definition**

Checkbox indicating whether poison control was contacted

**Field Values**

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

**Additional Information**

- Applies to poison control contact made by dispatch, EMS on scene, or family members prior to arrival of paramedics

**Uses**

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

**Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS Provider
- Patient
- Family Member
- Caregiver

## DPH NOTIFIED?

---

### Definition

Checkbox indicating whether Department of Public Health was contacted

### Field Values

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

### Additional Information

- **REQUIRED** for all patients with a provider impression of "DRWN"

### Uses

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

### Data Source Hierarchy

- 9-1-1 or Dispatch Center
- EMS Provider
- Patient
- Family Member
- Caregiver

## SUSPECTED ABUSE/NEGLECT?

---

### Definition

Checkbox indicating whether family violence, neglect or abuse is suspected

### Field Values

- Y: Yes
- N: No

### Additional Information

- Must be followed up with the appropriate reports per Los Angeles County Prehospital Care Manual Ref. No. 822, Suspected Child Abuse/Neglect Reporting Guidelines, and Ref. No. 823, Elder Abuse and Dependent Adult Abuse Reporting Guidelines
- Documentation of Agency reported to and confirmation/report number, should be documented in the Comments section

### Uses

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

### Data Source Hierarchy

- Patient
- Caregiver
- Family Member
- EMS Provider



## CONTACTED MED. CIRC. SUPPORT?

---

**Definition**

Checkbox indicating whether the mechanical circulatory support (MCS) coordinator was contacted

**Field Values**

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

**Additional Information**

- Left ventricular assist device (LVAD) coordinators are the most common MCS coordinators contacted

**Data Source Hierarchy**

- EMS Provider
- Patient
- Family Member
- Caregiver

## ≥ 20 WKS IUP?

---

**Definition**

Checkbox indicating whether the patient is greater than or equal to twenty weeks of intrauterine pregnancy (IUP), if applicable

**Field Values**

- Y: Yes
- N: No

**Additional Information**

- Patients may only be able to provide the number of months, not weeks, of their pregnancy – in this case, pregnancies reported of greater than 4½ months can be assumed to be greater than 20 weeks
- Patients injured while ≥ 20 weeks pregnant meet trauma triage special considerations for transport to a trauma center

**Uses**

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

**Data Source Hierarchy**

- Patient
- Family Member
- Caregiver

## WKS

---

**Definition**

Space indicating the number of weeks of IUP, if applicable

**Field Values**

- Up to two-digit positive numeric value

**Uses**

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

**Data Source Hierarchy**

- Patient
- Family Member
- Caregiver

## BARRIERS TO PATIENT CARE

---

### Definition

Specific barriers that may potentially impact patient care

### Field Values

- **H:** Hearing
- **P:** Physical
- **L:** Language
- **S:** Speech
- **O:** Other

### Uses

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

### Data Source Hierarchy

- Patient
- Family Member
- Caregiver
- EMS Provider

## **CARDIAC ARREST**

## DATE OF ARREST

---

**Definition**

Date the patient first went into cardiac arrest

**Field Values**

- Collected as MMDDYYYY

**Uses**

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

**Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS Provider

## TIME OF 1<sup>ST</sup> ARREST

---

**Definition**

Time of day the patient first went into cardiac arrest

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

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

**Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS Provider

## ARREST WITNESSED BY

### Definition

Checkbox indicating who witnessed the patient first going into cardiac arrest

### Field Values

<b>FE</b>	First Responder EMS (assessment unit, truck, etc.)	<b>LE</b>	Law Enforcement	<b>TU</b>	Transport Unit (squad or rescue)
<b>FM</b>	Family Member	<b>LP</b>	Lay Person		
<b>HP</b>	Healthcare Provider	<b>NO</b>	None		

### Additional Information

- A first responder is personnel who respond to the incident but are not responsible for transporting the patient to the hospital
- Transport unit is considered the paramedic squad or rescue that arrives on scene, regardless if the provider does their own transports or utilizes an exclusive operating area (EOA) provider for patient transport to the hospital

### Uses

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

### Data Source Hierarchy

- EMS Provider



## PRESUMED CARDIAC ARREST ETIOLOGY

### Definition

Checkbox indicating what likely caused the patient to first go into cardiac arrest

### Field Values

<b>DS</b>	Drowning/Submersion	<b>OD</b>	Drug Overdose	<b>SE</b>	Sepsis
<b>EL</b>	Electrocution	<b>PC</b>	Presumed Cardiac Etiology	<b>TR</b>	Trauma
<b>EX</b>	Exsanguination/Hemorrhage (non-traumatic)	<b>RA</b>	Respiratory/Asphyxia	<b>OT</b>	Other

### Additional Information

- A non-traumatic cardiac arrest is presumed to be of cardiac etiology unless it is known, or likely to have been, caused by another reason
- Trauma includes an out-of-hospital injury resulting in traumatic arrest, such as blunt or penetrating trauma, burns, gunshot wounds, etc.
- Cardiac arrests due to drowning or hanging, are considered to be due to asphyxia not trauma
- Exsanguination/hemorrhage includes GI bleeding, post-surgical complications, etc.
- Examples of "Other" include end-stage cancer, carbon monoxide poisoning, etc.
- If "Other" is marked, must document the presumed reason in the 'If Other, Please Explain' field

### Uses

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

### Data Source Hierarchy

- EMS Provider

## IF OTHER, PLEASE EXPLAIN

---

**Definition**

Field provided to specify why “Other” was selected as the presumed cardiac arrest etiology, if applicable

**Field Values**

- Free text

**Additional Information**

- Do not enter information into this field unless ‘Presumed Cardiac Arrest Etiology’ has a value of “Other”

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## WERE DISPATCHER CPR INSTRUCTIONS PROVIDED?

---

**Definition**

Checkbox indicating whether CPR instructions were provided by the dispatcher to the 9-1-1 caller

**Field Values**

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

**Additional Information**

- If CPR instructions were provided but the bystander was unwilling or unable to provide CPR, enter a value of “Yes”
- If the 9-1-1 caller is not present on scene when EMS personnel arrive, enter a value of “Unknown”

**Uses**

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

**Data Source Hierarchy**

- 9-1-1 Caller
- EMS Provider

## RESUSCITATION ATTEMPTED BY AN ACLS PROVIDER?

---

**Definition**

Checkbox indicating whether the Advanced Cardiovascular Life Support (ACLS) provider on scene provided resuscitation

**Field Values**

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

**Additional Information**

- Includes CPR, defibrillation, and/or other related ACLS techniques performed by the ALS unit on scene
- Does not include CPR performed by EMTs on scene prior to the ALS unit arrival

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## WHO INITIATED CPR?

### Definition

Checkbox indicating who initiated CPR on the patient

### Field Values

<b>FE</b>	First Responder EMS (assessment unit, truck, etc.)	<b>LE</b>	Law Enforcement	<b>TU</b>	Transport Unit (squad or rescue)
<b>FM</b>	Family Member	<b>LP</b>	Lay Person		
<b>HP</b>	Healthcare Provider	<b>NO</b>	No CPR Performed		

### Additional Information

- A first responder is personnel who respond to the incident but are not responsible for transporting the patient to the hospital
- Transport unit is considered the paramedic squad or rescue that arrives on scene, regardless if the provider does their own transports or utilizes an EOA provider for patient transport to the hospital

### Uses

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

### Data Source Hierarchy

- EMS Provider

## ARREST TO CPR

---

**Definition**

The number of minutes from the time of cardiac arrest to the time CPR is initiated by a lay person, law enforcement, or EMS personnel

**Field Values**

- Up to two-digit positive numeric value

**Additional Information**

- Collected in minutes

**Uses**

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

**Data Source Hierarchy**

- EMS Provider
- Lay Person
- Law Enforcement

## TIME OF BYSTANDER CPR

---

**Definition**

Time of day a bystander began to perform CPR on the patient

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- Bystander includes family members, healthcare providers, law enforcement, and lay people

**Uses**

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

**Data Source Hierarchy**

- Family Member
- Lay Person
- Law Enforcement
- Healthcare Provider
- EMS Provider

## TYPE OF BYSTANDER CPR

---

### Definition

Checkbox indicating the type of CPR provided by non-EMS personnel, if applicable

### Field Values

- **C:** Compressions Only
- **CV:** Compressions and Ventilations
- **V:** Ventilations Only
- **U:** Unknown

### Additional Information

- Only enter a value in this field if the person who initiated CPR was a family member, lay person, law enforcement, or healthcare provider

### Uses

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

### Data Source Hierarchy

- Family Member
- Lay Person
- Law Enforcement
- Healthcare Provider
- EMS Provider



## EMS CPR TIME

---

**Definition**

Time of day EMS personnel began CPR

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## WAS AN AED APPLIED?

---

### Definition

Checkbox indicating whether an Automatic External Defibrillator (AED) was applied to the patient

### Field Values

- **YWD:** Yes, with defibrillation
- **YWO:** Yes, without defibrillation
- **N:** No

### Additional Information

- Includes AEDs applied by EMS personnel and non-EMS personnel

### Uses

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

### Data Source Hierarchy

- Family Member
- Lay Person
- Law Enforcement
- Healthcare Provider
- EMS Provider

## WHO FIRST APPLIED AED?

---

### Definition

Checkbox indicating who first applied the AED to the patient

### Field Values

<b>FE</b>	First Responder EMS (assessment unit, truck, etc.)	<b>HP</b>	Healthcare Provider	<b>LP</b>	Lay Person
<b>FM</b>	Family Member	<b>LE</b>	Law Enforcement	<b>TU</b>	Transport Unit (squad or rescue)

### Additional Information

- **REQUIRED** if an AED was applied with or without defibrillation
- A first responder is personnel who respond to the incident but are not responsible for transporting the patient to the hospital
- Transport unit is considered the paramedic squad or rescue that arrives on scene, regardless if the provider does their own transports or utilizes an EOA provider for patient transport to the hospital

### Uses

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

### Data Source Hierarchy

- Family Member
- Healthcare Provider
- Lay Person
- Law Enforcement
- EMS Provider

## WHO FIRST DEFIBRILLATED THE PATIENT?

### Definition

Checkbox indicating who first defibrillated the patient

### Field Values

<b>FE</b>	First Responder EMS (assessment unit, truck, etc.)	<b>LE</b>	Law Enforcement	<b>TU</b>	Transport Unit (squad or rescue)
<b>FM</b>	Family Member	<b>LP</b>	Lay Person		
<b>HP</b>	Healthcare Provider	<b>NO</b>	Patient was not defibrillated		

### Additional Information

- Includes defibrillation by an AED and/or manual monitor/defibrillator
- A first responder is personnel who respond to the incident but are not responsible for transporting the patient to the hospital
- Transport unit is considered the paramedic squad or rescue that arrives on scene, regardless if the provider does their own transports or utilizes an EOA provider for patient transport to the hospital

### Uses

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

### Data Source Hierarchy

- Family Member
- Healthcare Provider
- Lay Person
- Law Enforcement
- EMS Provider

## TIME OF AED SHOCK

---

**Definition**

Time of day a shock was delivered to the patient by an AED

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

**Data Source Hierarchy**

- Family Member
- Lay Person
- Law Enforcement
- Healthcare Provider
- EMS Provider

## FIRST ARREST RHYTHM OF PATIENT

### Definition

Checkbox indicating the first cardiac rhythm observed during the initial cardiac arrest

### Field Values

<b>ASY</b>	Asystole	<b>UNS</b>	Unknown Non-Shockable Rhythm (AED)	<b>VF</b>	Ventricular Fibrillation
<b>PEA</b>	Pulseless Electrical Activity	<b>US</b>	Unknown Shockable Rhythm (AED)	<b>VT</b>	Ventricular Tachycardia

### Additional Information

- **REQUIRED** if the patient has a provider impression of “CANT”, “CABT”, or “CABT”
- Not required if the patient is a blunt/penetrating traumatic arrest and has a reason for withholding/terminating resuscitation documented

### Uses

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

### Data Source Hierarchy

- EMS Provider

## MECHANICAL CPR DEVICE USED?

---

**Definition**

Checkbox indicating whether a mechanical device was used to provide CPR to the patient

**Field Values**

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

**Additional Information**

- If “Yes” is marked, must document specify the type of mechanical CPR device used in the ‘If Yes, Please Specify’ field

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## IF YES, PLEASE SPECIFY

---

### Definition

Field provided to specify why what type of mechanical CPR device was used, if applicable

### Field Values

- **AP:** AutoPulse
- **LU:** Lucas
- **TH:** Thumper
- **OT:** Other

### Additional Information

- If “Other” is marked, must document specify the type of mechanical CPR device used in the ‘If Other, Please Specify’ field

### Uses

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

### Data Source Hierarchy

- EMS Provider



## IF OTHER, PLEASE SPECIFY

---

**Definition**

Field provided to specify what other type of mechanical CPR device was used

**Field Values**

- Free text

**Additional Information**

- Do not enter information into this field unless 'If Yes, Please Specify' has a value of "Other"

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## AUTOMATED CPR FEEDBACK DEVICE USED?

---

**Definition**

Checkbox indicating whether an automated CPR feedback device was used during CPR

**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**

- EMS Provider

## ITD USED?

---

**Definition**

Checkbox indicating whether an impedance threshold device (ITD) was used during CPR

**Field Values**

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

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## RESTORATION OF PULSE TIME

---

**Definition**

Time of day when return of spontaneous return of circulation (ROSC) first occurred, if applicable

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- Document the time when ROSC first occurred, even if pulses are lost prior to arrival at the receiving facility

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## SUSTAINED ROSC?

---

### Definition

Checkbox indicating whether sustained ROSC occurred, which is defined as persistent signs of circulation, with no chest compressions required, for at least twenty (20) consecutive minutes

### Field Values

- **Y:** Yes
- **N:** No
- **E:** Arrived at ED prior to 20 minutes

### Additional Information

- If the patient does not lose pulses and they arrival at the ED prior to 20 minutes after ROSC occurs, document "E"

### Uses

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

### Data Source Hierarchy

- EMS Provider

## END OF EVENT

---

### Definition

Checkbox indicating the end of the cardiac arrest event

### Field Values

- **DN:** Effort ceased due to DNR
- **OE:** Ongoing resuscitation in ED
- **PF:** Pronounced/TOR in field
- **PE:** Pronounced in ED

### Additional Information

- If EMS personnel do not know whether resuscitation was discontinued in the ED, document as “OE”

### Uses

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

### Data Source Hierarchy

- EMS Provider

## TIME OF 814 DEATH

---

**Definition**

Time of day EMS personnel determines the patient meets Reference 814 death criteria

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider

## PRONOUNCED TIME

---

**Definition**

Time of day when patient was pronounced dead by the base hospital physician, if applicable

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider



## PRONOUNCED BY

---

**Definition**

The name of the base hospital physician that pronounced the patient dead, if applicable

**Field Values**

- Free text

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## REASON FOR WITHHOLDING/TERMINATING RESUSCITATION

---

### Definition

Checkboxes indicating reason(s) why EMS personnel withheld or terminated cardiopulmonary resuscitation, if applicable

### Field Values

- **DNR/AHCD/POLST:** A valid DNR, Advanced Healthcare Directive (AHCD), or Physician Order for Life Sustaining Treatment (POLST) form is present
- **T.O.R.:** Resuscitative measures are terminated by EMS personnel
- **Rigor:** Rigor mortis is present
- **Lividity:** Post-mortem lividity is present
- **Blunt Trauma:** Mark for blunt trauma patients who, based on a paramedic's thorough patient assessment, are found apneic, pulseless, and without organized ECG activity (narrow complex supraventricular rhythm) due to traumatic mechanism upon the arrival of EMS personnel at the scene
- **Other:** The patient is determined dead per Reference 814 due to a reason not listed above (decapitation, incineration, decomposition, etc.)
- **Family \_\_ (signature):** The signature of the family member who requested resuscitation be withheld

### Additional Information

- Mark all that apply

### Uses

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

### Data Source Hierarchy

- EMS Provider

## RESUS D/C RHYTHM

---

### Definition

Two- or three-letter code identifying the cardiac rhythm reported when resuscitative measures were terminated or patient was pronounced dead by the base hospital, if applicable

### Field Values

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

### Uses

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

### Data Source Hierarchy

- EMS Provider

## VITAL SIGNS

## TIME

---

**Definition**

Time of day the patient's vital signs are obtained

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## TM #

---

**Definition**

The number of the team member who obtained vital signs from the patient

**Field Values**

- Free text

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## BLOOD PRESSURE

---

**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- blood pressure should only be palpated when environmental or other extenuating factors makes it impossible to accurately auscultate

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## 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
- If cardiac monitor shows a rhythm that does not produce signs of perfusion, rate should be documented as "0"
- Do not enter the pulse rate associated with CPR, if CPR is in progress, rate should be documented as "0"

**Uses**

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

**Data Source Hierarchy**

- EMS Provider



## RR

---

**Definition**

Numeric value of the patient's unassisted respiratory rate

**Field Values**

- Up to two-digit positive numeric value

**Additional Information**

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

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## O2 SAT

---

**Definition**

Numeric value of the patient's oxygen saturation

**Field Values**

- Up to three-digit value from 0 to 100

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

---

## PAIN

---

**Definition**

Numeric value indicating the patient's subjective pain level

**Field Values**

<b>0</b> No Pain	<b>6</b> Moderate Pain
<b>1</b> Some Discomfort	<b>7</b> Moderate Pain
<b>2</b> Some Discomfort	<b>8</b> Severe Pain
<b>3</b> Having Discomfort	<b>9</b> Severe Pain
<b>4</b> Having Discomfort	<b>10</b> Most Severe Pain
<b>5</b> Mild Pain	

**Additional Information**

- Pain level should be assessed and recorded with each set of vital signs, whenever trauma or pain is the provider impression or chief complaint, a mechanism of injury exists, and before and after administration of pain medication
- When assessing non-verbal patients, the "Faces Pain Scale" may be used to obtain the corresponding numeric pain score

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## TEMP

---

**Definition**

Numeric value indicating the patient's recorded temperature

**Field Values**

- Up to five-digit positive numeric value between 25 and 110

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## TEMP UNIT

---

**Definition**

Unit of measurement for the patient's recorded temperature

**Field Values**

- **C:** Celsius
- **F:** Fahrenheit

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## CO2

---

**Definition**

Numeric value indicating the subsequent numeric EtCO<sub>2</sub> reading by capnography, if applicable

**Field Values**

- Up to three-digit positive value

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## **MEDICATION/RHYTHM**

## TIME

---

**Definition**

Time of day when medication or treatment was administered and/or when a 3-lead rhythm was read from the cardiac monitor

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- The exact time for each medication, treatment, or rhythm, must be noted separately

**Uses**

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider



## TM #

---

**Definition**

The number of the team member who administered medication or treatment to the patient and/or who read the 3-lead rhythm from the cardiac monitor

**Field Values**

- Free text

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## RHYTHM

---

### Definition

Two- or three-letter code indicating the patient's subsequent rhythm(s) on the cardiac monitor, if applicable

### Field Values

<b>1HB</b> First degree Heart Block	<b>AFI</b> Atrial Fibrillation
<b>3HB</b> Third degree Heart Block	<b>AGO</b> Agonal Rhythm
<b>AFL</b> Atrial Flutter	<b>AVR</b> Accelerated Ventricular Rhythm
<b>ASY</b> Asystole	<b>JR</b> Junctional Rhythm
<b>IV</b> Idioventricular Rhythm	<b>PAC</b> Premature Atrial Contraction
<b>PAT</b> Paroxysmal Atrial Tachycardia	<b>PEA</b> Pulseless Electrical Activity
<b>PM</b> Pacemaker Rhythm	<b>PST</b> Paroxysmal Supraventricular Tachycardia
<b>PVC</b> Premature Ventricular Contraction	<b>SA</b> Sinus Arrhythmia
<b>SB</b> Sinus Bradycardia	<b>SR</b> Sinus Rhythm
<b>ST</b> Sinus Tachycardia	<b>SVT</b> Supraventricular Tachycardia
<b>VF</b> Ventricular Fibrillation	<b>VT</b> Ventricular Tachycardia
<b>2HB</b> Second degree Heart Block	

### Additional Information

- Cardiac rhythm should be assessed, and documented any time a change is noted, or after any cardiac-related treatments
- ECG Codes are found on the back of the red copy of the paper EMS Report Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## MEDS

### Definition

The medication or treatment administered to the patient

### Field Values

<b>ADE</b> Adenosine	<b>IVU</b> I.V. Unobtainable
<b>ALB</b> Nebulized Albuterol	<b>KLC</b> Ketorolac
<b>AMI</b> Amiodarone	<b>LID</b> Lidocaine
<b>ASA</b> Aspirin	<b>MDI</b> Albuterol MDI
<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>NS</b> Normal Saline
<b>COL</b> Glucola	<b>NTG</b> Nitroglycerin Spray
<b>D10</b> 10% Dextrose	<b>OND</b> Ondansetron
<b>EPI</b> Epinephrine	<b>PAS</b> Aspirin Prior to Arrival (by Medical Personnel only)
<b>P-EPI</b> Push-dose Epinephrine	<b>PEP</b> Epinephrine autoinjector Prior to Arrival
<b>FEN</b> Fentanyl	<b>PNA</b> Narcan Prior to Arrival
<b>GLP</b> Oral Glucose Paste	<b>SL</b> Saline Lock
<b>GLU</b> Glucagon	

### Additional Information

- Each medication and treatment administered should be written on a separate line so that the dose, dose units, and results can be clearly documented
- Medication codes are found on the back of the red copy of the paper EMS Report Form
- 'Meds' = "PAS", "PEP", or "PNA" can only be used if 'Route' = "TA"

### Uses

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

### Data Source Hierarchy

- EMS Provider

## DOSE

---

**Definition**

The medication dosage administered to the patient

**Field Values**

- Up to four-digit positive numeric value

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## DOSE UNITS

---

### Definition

The units of medication administered to the patient

### Field Values

- **gm:** grams
- **mcg:** micrograms
- **mEq:** milliequivalent
- **mg:** milligrams
- **mL:** milliliter
- **puffs:** puffs

### Data Source Hierarchy

- EMS Provider

## ROUTE

---

### Definition

Two-letter code indicating the route of medication administration

### Field Values

- **IV:** Intravenous
- **IO:** Intraosseous
- **SQ:** Subcutaneous
- **IM:** Intramuscular
- **PO:** By Mouth (per os)/oral disintegrating tablets (ODT)
- **IN:** Intranasal/Inhalation (e.g. hand-held nebulizer (HHN))
- **SL:** Sublingual
- **LB:** Left Behind
- **TA:** Prior to Arrival

### Additional Information

- 'Route'= "LB" can only be used when 'Meds'= "NAR"
- 'Route'= "TA" can only be used when 'Meds'= "PAS", "PEP", or "PNA"
- Medication route codes are found on the back of the red copy of the paper EMS Report Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## RESULT

---

### Definition

The effect the medication or treatment had on the patient

### Field Values

<b>0</b> No Pain	<b>6</b> Moderate Pain
<b>1</b> Some Discomfort	<b>7</b> Moderate Pain
<b>2</b> Some Discomfort	<b>8</b> Severe Pain
<b>3</b> Having Discomfort	<b>9</b> Severe Pain
<b>4</b> Having Discomfort	<b>10</b> Most Severe Pain
<b>5</b> Mild Pain	<b>N</b> No Change
<b>-</b> Deteriorated	<b>+</b> Improved

### Additional Information

- When documenting the effects of pain medication, the numeric scale (not the "+"/"-" values) must be used
- Any adverse effects must be noted in the Comments Section

### Uses

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

### Data Source Hierarchy

- EMS Provider

## DEFIBRILLATION



## DEFIB TIME

---

**Definition**

Time of day when defibrillation or cardioversion occurred

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## TM #

---

**Definition**

The number of the team member who defibrillated or cardioverted the patient

**Field Values**

- Free text

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## DEFIB

---

### Definition

Checkbox indicating whether the patient was defibrillated or cardioverted

### Field Values

- **CAR:** Cardioversion
- **DEF:** Defibrillation

### Uses

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

### Data Source Hierarchy

- EMS Provider

## JOULES

---

**Definition**

The amount of energy delivered to the patient during defibrillation or cardioversion, if known

**Field Values**

- Up to three-digit positive numeric value
- **AED** AED

**Additional Information**

- If an AED is used to defibrillate the patient, the amount of energy will not be known so document "AED"

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## RESULT

### Definition

Two- or three-letter code indicating the patient's subsequent rhythm(s) on the cardiac monitor following defibrillation or cardioversion

### Field Values

<b>1HB</b>	First degree Heart Block	<b>PM</b>	Pacemaker Rhythm
<b>2HB</b>	Second degree Heart Block	<b>PST</b>	Paroxysmal Supraventricular Tachycardia
<b>3HB</b>	Third degree Heart Block	<b>PVC</b>	Premature Ventricular Contraction
<b>AFL</b>	Atrial Flutter	<b>SA</b>	Sinus Arrhythmia
<b>AFI</b>	Atrial Fibrillation	<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>AVR</b>	Accelerated Ventricular Rhythm	<b>SVT</b>	Supraventricular Tachycardia
<b>IV</b>	Idioventricular Rhythm	<b>UNS</b>	Unknown Non-Shockable Rhythm (AED)
<b>JR</b>	Junctional Rhythm	<b>US</b>	Unknown Shockable Rhythm (AED)
<b>PAC</b>	Premature Atrial Contraction	<b>VF</b>	Ventricular Fibrillation
<b>PAT</b>	Paroxysmal Atrial Tachycardia	<b>VT</b>	Ventricular Tachycardia
<b>PEA</b>	Pulseless Electrical Activity		

### Uses

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

### Data Source Hierarchy

- EMS Provider

## TRANSFER OF CARE

## CONDITION ON TRANSFER

---

**Definition**

Area of patient care record used to document the patient's condition when care is transferred to another EMS provider or to a receiving facility

**Field Values**

- Free text

**Additional Information**

- Use this area to provide a brief summary of the patient's condition

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## MORPHINE

---

**Definition**

Amount of morphine given and wasted, if applicable

**Field Values**

- Given: \_\_\_\_mg
- Wasted: \_\_\_\_mg

**Additional Information**

- A registered nurse from the receiving facility who witnessed the wastage must print and sign their name in the space provided

**Uses**

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

**Data Source Hierarchy**

- EMS Provider



## MIDAZOLAM

---

**Definition**

Amount of midazolam given and wasted, if applicable

**Field Values**

- Given: \_\_\_\_mg
- Wasted: \_\_\_\_mg

**Additional Information**

- A registered nurse from the receiving facility who witnessed the wastage must print and sign their name in the space provided

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## FENTANYL

---

**Definition**

Amount of fentanyl given and wasted, if applicable

**Field Values**

- Given: \_\_\_\_mcg
- Wasted: \_\_\_\_mcg

**Additional Information**

- A registered nurse from the receiving facility who witnessed the wastage must print and sign their name in the space provided

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## CARE TRANSFERRED TO

---

### Definition

The level of care the patient was transferred to

### Field Values

- **ALS:** Care of the patient was transferred to an ALS provider
- **BLS:** Care of the patient was transferred to a BLS provider
- **Helicopter:** Care of the patient was transferred to the helicopter crew
- **Facility:** Care of the patient was transferred to the receiving facility

### Uses

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

### Data Source Hierarchy

- EMS Provider

## TRANSFER VS TIME

---

### Definition

Time of day vital signs were obtained for transfer of care

### Field Values

- Collected as HHMM
- Use 24-hour clock

### Uses

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

### Data Source Hierarchy

- EMS Provider

## TM #

---

**Definition**

The number of the team member who transferred care of the patient

**Field Values**

- Free text

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## BP

---

### 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

### Uses

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

### Data Source Hierarchy

- EMS Provider

## PULSE

---

**Definition**

Numeric value of the patient's pulse rate at transfer of care

**Field Values**

- Up to three-digit positive numeric value

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## RR

---

**Definition**

Numeric value of the patient's unassisted respiratory rate at transfer of care

**Field Values**

- Up to two-digit positive numeric value

**Uses**

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

**Data Source Hierarchy**

- EMS Provider



## O2 SAT

---

**Definition**

Numeric value of the patient's oxygen saturation at transfer of care

**Field Values**

- Up to three-digit numeric value from 0 to 100

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## CO2

---

**Definition**

Numeric CO2 measurement from the capnometer at transfer of care, if applicable

**Field Values**

- Up to two-digit positive numeric value

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## RHYTHM

---

### Definition

Two- or three-letter code indicating the patient's subsequent rhythm on the cardiac monitor at transfer of care, if applicable

### Field Values

<b>1HB</b>	First degree Heart Block	<b>AFI</b>	Atrial Fibrillation
<b>3HB</b>	Third degree Heart Block	<b>AGO</b>	Agonal Rhythm
<b>AFL</b>	Atrial Flutter	<b>AVR</b>	Accelerated Ventricular Rhythm
<b>ASY</b>	Asystole	<b>JR</b>	Junctional Rhythm
<b>IV</b>	Idioventricular Rhythm	<b>PAC</b>	Premature Atrial Contraction
<b>PAT</b>	Paroxysmal Atrial Tachycardia	<b>PEA</b>	Pulseless Electrical Activity
<b>PM</b>	Pacemaker Rhythm	<b>PST</b>	Paroxysmal Supraventricular Tachycardia
<b>PVC</b>	Premature Ventricular Contraction	<b>SA</b>	Sinus Arrhythmia
<b>SB</b>	Sinus Bradycardia	<b>SR</b>	Sinus Rhythm
<b>ST</b>	Sinus Tachycardia	<b>SVT</b>	Supraventricular Tachycardia
<b>VF</b>	Ventricular Fibrillation	<b>VT</b>	Ventricular Tachycardia
<b>2HB</b>	Second degree Heart Block		

### Uses

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

### Data Source Hierarchy

- EMS Provider

## CPAP PRESSURE

---

**Definition**

Numeric pressure reading from the CPAP device at transfer of care, if applicable

**Field Values**

- Can include up to two decimal places (format example 99.99)

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## GCS E

---

### Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's eye-opening response to stimuli at transfer of care

### Field Values

- **4:** Spontaneous – opens eyes spontaneously, no stimuli required
- **3:** To Verbal – opens eyes only when spoken to or asked
- **2:** To Pain – opens eyes only in response to noxious stimuli such as sternal rub or nail bed pressure
- **1:** None – patient does not open eyes in response to noxious stimuli

### Additional Information

- **REQUIRED** on all transported patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy of the paper EMS Report Form

### Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## GCS V

---

### Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's verbal response to stimuli at transfer of care

### Field Values – Adult and Verbal Pediatric Patients

- **5:** Oriented x 3 – 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 – patient has no verbal response to noxious stimuli

### Field Values – Infants and Toddlers

- **5:** Smiles and tracks objects, speech appropriate for age
- **4:** Cries but consolable, or confused
- **3:** Inconsistently consolable, or random words
- **2:** Moaning, incoherent sounds only
- **1:** No verbal response to noxious stimuli

### Additional Information

- **REQUIRED** on all transported patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy of the paper EMS Report Form

### Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## GCS M

---

### Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's motor response to stimuli at transfer of care

### Field Values

- **6:** Obedient – obeys verbal commands / spontaneous purposeful movement
- **5:** Purposeful – purposeful movement is made in response to noxious stimuli (e.g., attempts to push away or grab source of stimuli)
- **4:** Withdrawal – withdraws body part from source of noxious stimuli
- **3:** Flexion –extremities move towards body core in response to noxious stimuli (decorticate posturing)
- **2:** Extension – extremities move away from body core in response to noxious stimuli (decerebrate posturing)
- **1:** None – patient has no motor response to noxious stimuli

### Additional Information

- **REQUIRED** on all transported patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy of the paper EMS Report Form

### Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

## GCS TOTAL

---

### Definition

Sum of the three numerical values documented for each element of the patient's Glasgow Coma Scale score at transfer of care

### 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
  - 3 to 8 may indicate severe brain injury
  - 9 to 13 may indicate moderate brain injury
  - 14 or 15 may indicate mild or no brain injury
- **REQUIRED** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy of the paper EMS Report Form

### Uses

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

### Data Source Hierarchy

- EMS Provider



## SIGNATURE TM COMPLETING FORM

---

**Definition**

Signature of the ALS team members who have primary responsibility for the patient or ALS/BLS members who have completed the paper EMS Report Form

**Field Values**

- Free text

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## **AIRWAY MANAGEMENT**

## BMV USED?

---

**Definition**

Checkbox indicating whether bag-mask-ventilation was used to assist the patient's respirations

**Field Values**

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

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## BMV SUCCESSFUL?

---

### Definition

Checkbox indicating the ability to ventilate the patient with minimal or no air leak, confirmed primarily with ETCO<sub>2</sub> measurement. Secondary confirmation methods include visible chest rise during ventilation and air movement on pulmonary auscultation.

### Field Values

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

### Uses

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

### Data Source Hierarchy

- EMS Provider

## BMV TM #

---

**Definition**

The number of the team member who attempted bag-mask-ventilation on the patient

**Field Values**

- Free text

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## REASON FOR ADVANCED AIRWAY

---

### Definition

The reason(s) that the patient needs an advanced airway

### Field Values

- Resp Arrest
- Cardiopulmonary Arrest
- HYpoventilation
- Profoundly Altered
- OTher

### Additional Information

- Profoundly altered is defined as having a total GCS score  $\leq 8$
- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## ADVANCED AIRWAY DEVICE

---

### Definition

Checkbox indicating the type of advanced airway device used

### Field Values

- **E:** Endotracheal Tube (ETT)
- **K:** King LTS-D
- **I:** iGel

### Additional Information

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## ADVANCED AIRWAY DEVICE PM #

---

**Definition**

The number of the team member who attempted to place an advanced airway device on the patient

**Field Values**

- Free text

**Additional Information**

- The format used for Paramedics is “P” followed by the L.A. County issued accreditation number– example P1234
- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider



## TIME OF ADVANCED AIRWAY ATTEMPT

---

**Definition**

Time of day the advanced airway device was placed in the patient's mouth

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- Three attempts with the primary device are not required to move on to a rescue device
- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## SUCCESSFUL PLACEMENT?

---

**Definition**

Checkbox indicating the ability to ventilate the patient with minimal or no air leak, confirmed primarily with ET<sub>CO</sub><sub>2</sub> measurement. Secondary confirmation methods include visible chest rise during ventilation and air movement on pulmonary auscultation.

**Field Values**

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

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## TIME OF SUCCESSFUL PLACEMENT

---

**Definition**

Time of day EMS personnel successfully placed an advanced airway device in the patient

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider

## ADVANCED AIRWAY DEVICE SIZE

---

**Definition**

The size of the endotracheal tube (ETT) or supraglottic airway (SGA) placed

**Field Values**

- Up to three-digit positive numeric value

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## TUBE PLACEMENT MARK AT TEETH

---

**Definition**

The centimeter mark at the teeth of the advanced airway device after insertion

**Field Values**

- Two-digit positive numeric value

**Additional Information**

- If patient is edentulous, indicate the centimeter mark at the lip
- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## DIFFICULT AIRWAY TECHNIQUES

---

### Definition

Checkbox indicating techniques utilized to assist with advanced airway device insertion

### Field Values

- **EL:** External Laryngeal Manipulation
- **IT:** Introducer (bougie)
- **VL:** Video Laryngoscopy

### Additional Information

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## ADVANCED AIRWAY DEVICE PLACEMENT CONFIRMED WITH CAPNOGRAPHY?

---

### Definition

Checkbox indicating whether advanced airway device placement was confirmed with capnography

### Field Values

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

### Additional Information

- If “Yes”, document the numeric capnography value in the ‘Capnography Measurement’ field
- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## CAPNOGRAPHY MEASUREMENT

---

**Definition**

The numeric measurement of carbon dioxide present in exhaled air after ETT or SGA insertion, if applicable

**Field Values**

- Up to two-digit positive numeric value

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider



## SPONTANEOUS RESPIRATIONS

---

**Definition**

Checkbox indicating whether the patient had spontaneous respirations after advanced airway placement

**Field Values**

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

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## IF PLACEMENT NOT CONFIRMED WITH CAPNOGRAPHY, WHY?

---

### Definition

Checkbox indicating why advanced airway placement was not confirmed with capnography

### Field Values

- **EF:** Capnography Equipment Failure
- **OT:** Other

### Additional Information

- If “OT” is marked, must document why “OT” was chosen as why placement was not confirmed with capnography in the ‘If Reason=Other, Explain’ field
- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## IF REASON=OTHER, EXPLAIN

---

### Definition

Field provided to explain why “Other” was chosen as a reason why advanced airway device placement was not confirmed with capnography

### Field Values

- Free text

### Additional Information

- Do not enter information into this field unless ‘If Placement Not Confirmed With Capnography, Why?’ has a value of “OT”
- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## CONFIRMATION WITH BACKUP DEVICE?

---

**Definition**

Checkbox indicating if advanced airway placement was confirmed by colorimeter or esophageal detector device (EDD)

**Field Values**

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

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## EtCO<sub>2</sub> DETECTOR COLORIMETRIC

---

**Definition**

Checkbox indicating the color observed when the carbon dioxide colorimetric device is used after advanced airway device placement

**Field Values**

- **Y:** Yellow
- **T:** Tan
- **P:** Purple

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## RESCUE DEVICE?

---

**Definition**

Checkbox indicating if a rescue device was used to ventilate the patient

**Field Values**

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

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## RESCUE DEVICE PM #

---

**Definition**

The number of the team member who utilized a rescue device on the patient

**Field Values**

- Free text

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## REASON(S) ALS AIRWAY UNABLE

### Definition

Checkboxes indicating the reason(s) an advanced ALS airway was unable to be inserted

### Field Values

<b>G</b> Positive Gag Reflex	<b>A</b> Anatomy
<b>B</b> Blood/Secretions	<b>C</b> Unable to Visualize Cords
<b>E</b> Unable to Visualize Epiglottis	<b>F</b> Equipment Failure
<b>L</b> Logistical/Environmental Issues	<b>D</b> Describe Issues

### Additional Information

- Mark all that apply
- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form
- If an advanced airway is not possible, the patient should be ventilated using a bag-mask-device

### Uses

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

### Data Source Hierarchy

- EMS Provider



## **COMPLICATION(S) DURING TUBE PLACEMENT**

## REGURGITATION/EMESIS?

---

**Definition**

Checkbox indicating whether the presence of gastric contents was noted in the oropharynx or on device during or after advanced airway placement

**Field Values**

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

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## BLEEDING/TRAUMA?

---

### Definition

Checkbox indicating whether the presence of blood was noted in the oropharynx or on the device during or after placement, or any abrasion, laceration, dental trauma, or other trauma occurring during placement or repositioning of the advanced airway device. This excludes bleeding or trauma present prior to attempted device placement.

### Field Values

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

### Additional Information

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## BRADYCARDIA?

---

**Definition**

Checkbox indicating whether there was a heart rate (HR) < 60 during advanced airway placement in a patient with a HR ≥ 60 prior to placement

**Field Values**

- Y: Yes
- N: No

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## HYPOXIA?

---

**Definition**

Checkbox indicating whether there was any O<sub>2</sub> saturation ≤ 90% during or after placement in a patient with an O<sub>2</sub> saturation > 90% prior to placement

**Field Values**

- **Y:** Yes
- **N:** No
- **H:** Hypoxia Prior to Placement

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## RIGHT MAINSTEM PLACEMENT?

---

**Definition**

Checkbox indicating whether the endotracheal tube (ETT) was placed in the right mainstem bronchus, as evidenced by absent breath sounds on the left and asymmetric chest rise

**Field Values**

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

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

**INITIAL ADVANCED AIRWAY PLACEMENT  
CONFIRMATION**

## BILATERAL BREATH SOUNDS?

---

**Definition**

Checkbox indicating whether bilateral breath sounds were auscultated following advanced airway device placement

**Field Values**

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

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider



## BILATERAL CHEST RISE?

---

### Definition

Checkbox indicating whether bilateral chest rise was observed following advanced airway device placement

### Field Values

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

### Additional Information

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## ABSENT GASTRIC SOUNDS?

---

**Definition**

Checkbox indicating whether no gastric sounds were auscultated during ventilation following advanced airway device placement

**Field Values**

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

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## ONGOING VERIFICATION TIME

---

**Definition**

Time of day the advanced airway device placement is verified

**Field Values**

- Collected as HHMM
- Use 24-hour clock

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Provider

## DISLODGEMENT?

---

**Definition**

Checkbox indicating whether there was a loss of ability to adequately ventilate the patient after successful advanced airway device placement was achieved

**Field Values**

- Y: Yes
- N: No

**Additional Information**

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

## IF DISLODGE MENT AFTER PLAC E MENT, SUCCESSFUL REPLACEMENT?

---

### Definition

Checkbox indicating whether there was the ability to ventilate the patient with minimal or no air leak, after dislodgement and replacement of the same type of device, confirmed primarily with ETCO<sub>2</sub> measurement with capnography. Secondary confirmation methods include visible chest rise during ventilation and air movement on pulmonary auscultation.

### Field Values

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

### Additional Information

- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

### Uses

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

### Data Source Hierarchy

- EMS Provider

## **VERIFICATION OF ADVANCED AIRWAY**

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## VERIFICATION TECHNIQUE(S)

---

**Definition**

Checkbox indicating the technique(s) utilized by the receiving facility physician to confirm advanced airway device placement

**Field Values**

<b>A</b> Auscultation	<b>V</b> Visualization
<b>E</b> EtCO <sub>2</sub>	<b>X</b> X-Ray

**Additional Information**

- Technique may be identified by ED physician (or designee)
- May attach a copy of the waveform capnography printout as an alternate means of verifying tube placement (physician signature is not required if waveform is attached)
- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider

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## PLACEMENT

---

**Definition**

The receiving facility physician's determination of the anatomical position of the advanced airway device inserted by EMS personnel

**Field Values**

<b>E</b> Esophageal	<b>T</b> Tracheal
<b>R</b> Right Main	

**Additional Information**

- May attach a copy of the waveform capnography printout as an alternate means of verifying tube placement (physician signature is not required if waveform is attached)
- If utilizing a paper EMS Report Form, document this information on the Advanced Life Support Continuation Form

**Uses**

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

**Data Source Hierarchy**

- EMS Provider



## APPENDIX

## 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.
Agitated Delirium	AGDE	Agitated Delirium	1208 1208-P	For Agitated Delirium only. NOT for psychiatric emergencies or other causes of agitation without delirium.
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 – Non-traumatic	CANT	Cardiac Arrest	1210 1210-P	For non-traumatic cardiac arrest in which any resuscitation is initiated, NOT dead on arrival

Provider Impression (PI) Name	PI Code	Treatment Protocol (TP)	TP Code	Guidelines for use of PI
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)
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 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.

Provider Impression (PI) Name	PI Code	Treatment Protocol (TP)	TP Code	Guidelines for use of PI
Fever	FEVR	Fever	1204 1204-P	For reported or tactile fever that is NOT suspected sepsis. For sepsis use PI Sepsis.
Genitourinary Disorder – Unspecified	GUDO	GI/GU Emergencies	1205 1205-P	For urinary or genital related complaints, 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 <70mmHg 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.

Provider Impression (PI) Name	PI Code	Treatment Protocol (TP)	TP Code	Guidelines for use of PI
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).
Nausea / Vomiting	NAVM	GI/GU Emergencies	1205 1205-P	For any nausea or vomiting without blood. Not for adverse reaction to opiate administration by EMS, manage with primary PI/TP.
Newborn	BABY	Newborn/Neonatal	1216-P	For any newborn deliveries in the field.
No Medical Complaint	NOMC	Assessment	1201	For patients without any medical, psychiatric or traumatic complaint and no signs of illness on assessment. Usually reserved for non-transports.
Overdose/ Poisoning/Ingestion	ODPO	Overdose/ Poisoning/ Ingestion	1241 1241-P	For any intentional or unintentional overdose/poisoning by any route, includes illicit substances and prescription medications, overdose and/or adverse reactions.
Palpitations	PALP	General Medical	1202 1202-P	For any patient complaint of palpitations (e.g., rapid heart rate beat, skipped beats, chest fluttering) with normal rate and rhythm on the ECG.
Pregnancy Complications	PREG	Pregnancy Complication	1217 1217-P	For any pregnancy-related condition that is not labor. Includes vaginal bleeding in pregnancy, hypertension, and complications of delivery.
Pregnancy / Labor	LABR	Pregnancy Labor	1218 1218-P	For contractions without imminent childbirth.
Respiratory Arrest / Failure	RARF	Respiratory Distress	1237 1237-P	For patients requiring positive-pressure ventilation and/or hypoxia despite 100% oxygen.
Respiratory Distress / Bronchospasm	SOBB	Respiratory Distress	1237 1237-P	For COPD/asthma exacerbations and any bronchospasms/wheezing not from pulmonary edema.
Respiratory Distress / Other	RDOT	Respiratory Distress	1237 1237-P	For patients with pulmonary disease that is not edema or bronchospasm, includes suspected pneumonia, PE, pneumothorax and non-pulmonary and unknown causes of respiratory distress.
Respiratory Distress / Pulmonary Edema / CHF	CHFF	Pulmonary Edema / CHF	1214	For congestive heart failure exacerbation.
Seizure – Active	SEAC	Seizure	1231 1231-P	For seizure witnessed by EMS, whether treated or not.

Provider Impression (PI) Name	PI Code	Treatment Protocol (TP)	TP Code	Guidelines for use of PI
Seizure – Postictal	SEPI	Seizure	1231 1231-P	For any seizure that stopped prior to EMS arrival and there is no further seizure activity during EMS contact.
Sepsis	SEPS	Fever / Sepsis	1204 1204-P	For patients with suspected sepsis (i.e., signs suggestive of sepsis including fever, tachycardia, suspected infection).
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 agitated delirium – use PI Agitated Delirium and 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 nonfocal weakness, general malaise, and any nonspecific ‘sick’ symptoms.