

*REVISED:
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Base Hospital Form Instruction Manual

Los Angeles County
Emergency Medical Services Agency



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY



LANCET TECHNOLOGY
Innovative Data Solutions

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COMMON NULL VALUES

Definition

These values are to be used with each of the data elements described in this document which have been defined to accept the Null Values.

Field Values

- F6: Not Documented
- F7: Not Applicable

Additional Information

- For any collection of data to be of value and reliably represent intended information, a strong commitment must be made to ensure that data collected are complete and accurate.
- Not Documented: This null value code applies if the documentation being referenced has nothing recorded in a specific field that is applicable to the patient (e.g., age)
- Not Applicable: This null value code applies if the data field referenced does not apply to the patient (e.g., "Pt Transported Via:" if patient was not transported) or is unobtainable due to unforeseen circumstances.

GEN INFO SECTION

LOG

Definition

Number assigned by the hospital to each base contact that coincides with its numbered entry on a base contact log

Additional Information

- Mandatory field for all base hospital contacts
- Format is unique to each individual hospital

Uses

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

Data Source Hierarchy

- Base Hospital Log
- Base Hospital Form

MCI PATIENT?

Definition

Field indicating whether or not incident involved three or more patients

Field Values

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

Additional Information

- Field is autofilled with “N” unless changed by user to “Y”

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

SEQUENCE NUMBER

Definition

Unique, alphanumeric EMS record number provided by the paramedic, and found pre-printed at the top right corner of EMS report form hard copies. Electronically assigned to ePCRs from approved providers

Additional Information

- Mandatory Field for all base hospital contacts: electronic data entry cannot begin without this number
- Consists of two letters and six digits on pre-printed EMS Report Forms; or two letters, ten digits if obtained from an approved ePCR provider
- If sequence number is missing or incorrectly documented, every effort must be taken by the base hospital to obtain it – either by reviewing the audio recording, or by contacting the appropriate provider agency directly. Only after all efforts to obtain the actual sequence number have been exhausted may a request be made of the EMS Agency for assistance, or as a last resort, a ‘dummy’ sequence number, in a **timely** fashion

Uses

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

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Audio records
- Fire Station logs
- EMS Agency

Definition

Checkbox indicating that a Base Hospital Form supplemental page was used

Uses

- Use when space is needed for additional Drugs, ECGs, Treatments, and/or Comments

Data Source Hierarchy

- Base Hospital Form Page 2
- Base Hospital Form

DATE

Definition

Date of base hospital contact

Field Values

- Collected as MMDDYYYY

Additional Information

- Mandatory field for all base hospital contacts

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log

TIME

Definition

Time of day that base hospital contact was initiated

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

- Mandatory field for all base hospital contacts

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log

LOCATION

Definition

Two-letter code indicating where the incident occurred

Field Values

AI	Airport	OF	Office
AM	Ambulance	PA	Park
BE	Beach	PL	Parking Lot
CL	Cliff/Canyon	PV	Public Venue/Event
DO	Doctor's Office/Clinic	RE	Restaurant
FR	Freeway	RL	Religious Building
HO	Home	RS	Retail/Store
IN	Industrial	SC	School
JA	Jail	ST	Street
MC	Hospital/Medical Center	OT	Other
NH	Nursing Home		

Additional Information

- Mandatory field for all base hospital contacts
- Location codes are listed on the back of pages 1 and 4 of the Base Hospital Form
- Additional details can be written on the adjacent line: e.g., the name of the facility or business, or any other useful information

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

PROVIDER CODE

Definition

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

Field Values

PUBLIC PROVIDERS			
AF	Arcadia Fire	MB	Manhattan Beach Fire
AH	Alhambra Fire	MF	Monrovia Fire
AV	Avalon Fire	MO	Montebello Fire
BF	Burbank Fire	MP	Monterey Park Fire
BH	Beverly Hills Fire	OT	Other Provider
CC	Culver City Fire	PF	Pasadena Fire
CF	LA County Fire	RB	Redondo Beach Fire
CG	US Coast Guard	SA	San Marino Fire
CI	LA City Fire	SG	San Gabriel Fire
CM	Compton Fire	SI	Sierra Madre Fire
CS	LA County Sheriff	SM	Santa Monica Fire
DF	Downey Fire	SP	South Pasadena Fire
ES	El Segundo Fire	SS	Santa Fe Springs Fire
FS	U.S. Forest Service	TF	Torrance Fire
GL	Glendale Fire	VE	Ventura County Fire
HB	Hermosa Beach Fire	UN	Unknown
LB	Long Beach Fire	WC	West Covina Fire
LH	La Habra Heights Fire	VF	Vernon Fire
LV	La Verne Fire		
PRIVATE PROVIDERS			
AC	Americare Ambulance Service	ME	Mercy Ambulance
AE	Aegis Ambulance Service	MI	MedResponse, Inc.
AN	Antelope Ambulance Service	MY	Mercy Air
AR	American Medical Response	MR	MedReach Ambulance
AU	AmbuServe Ambulance	PM	PRN Ambulance, Inc.
BO	Bowers Companies, Inc.	PT	Priority One
CA	CARE Ambulance	RE	REACH Air Medical Service
GC	Gentle Care Transport	RR	Rescue Services International
GE	Gerber Ambulance	SC	Schaefer Ambulance
GU	Guardian Ambulance Service	SY	Symons Ambulance
IA	Impulse Ambulance	WE	Westcoast Ambulance
LT	Liberty Ambulance	WM	West Med/McCormick Amb Service

Additional Information

- Mandatory field for all base hospital contacts
- Refers to the EMS care provider establishing base contact – not transport-only provider

Uses

- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form / Log

- Audio records

PROVIDER UNIT

Definition

Alphanumeric apparatus code consisting of type of vehicle + numeric vehicle identifier for the paramedic unit that establishes base contact

Field Values

- AB: Private Ambulance
- AT: Assessment Truck
- AE: Assessment Engine
- BK: Bike
- BT: Boat
- CT: Cart
- HE: Helicopter
- PE: Paramedic Engine
- PT: Paramedic Truck
- SQ: Squad
- RA: Rescue

Additional Information

- Mandatory field for all base hospital contacts
- This is a free-text field – the values above reflect those used by EMS providers

Uses

- System evaluation and monitoring

Data Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Audio records

PT. # __ OF __

Definition

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

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”

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Audio records

AGE

Definition

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

Field Values

- Enter the numeric age value

Additional Information

- Mandatory field for all base hospital contacts
- Must also indicate 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

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Audio records

AGE UNITS

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
- **Mos:** Months – used for patients 1 month to 23 months old
- **Wks:** Weeks – used for patients whose age is reported in weeks instead of months
- **Days:** Days – used for patients 1 to 29 days old
- **Hrs:** Hours – used for patients who are newborn and up to 23 hours old

Additional Information

- Mandatory field for all base hospital contacts
- If the unit of age is estimated, mark the “Est.” checkbox

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Audio records

SEX

Definition

Checkbox indicating the gender of the patient

Field Values

- **M:** Male
- **F:** Female

Additional Information

- Mandatory field for all base hospital contacts
- Patients who are undergoing or have undergone a hormonal and/or surgical sex reassignment should be coded using their stated preference
- Patients unable to state their preference should be coded according to paramedic observation/judgment

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Audio records

WEIGHT

Definition

Numeric value of the weight of the patient

Field Values

- Up to three-digit numeric field

Additional Information

- Mandatory field for all pediatric patients and all adult patients for whom medications are ordered
- Must also indicate a unit of weight
- For pediatric patients, document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the “Too Tall” checkbox, and obtain weight in estimated kilograms

Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

WEIGHT UNITS

Definition

Checkboxes indicating units of measurement used to report patient's weight

Field Values

- **Kg:** Kilograms
- **Lbs.:** Pounds

Additional Information

- Mandatory field for all pediatric patients and all adult patients for whom medications are ordered
- For pediatric patients, document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the "Too Tall" checkbox, and obtain weight in estimated kilograms

Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

PEDS WEIGHT COLOR CODE

Definition

Color that corresponds with the length of an infant or child as measured on a length-based pediatric resuscitation tape

Field Values

- Grey: 3-5 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

Additional Information

- Mandatory field for all pediatric patients
- Document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the “Too Tall” checkbox, and obtain weight in estimated kilograms

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

HOSPITAL CODE

Definition

Three-letter code for the base hospital contacted

Field Values

AMH	Methodist Hospital of So. California	NRH	Northridge Hospital Medical Center
AVH	Antelope Valley Medical Center	PVC	Pomona Valley Hospital Medical Center
CAL	California Medical Center	PIH	Presbyterian Intercommunity Hospital
CSM	Cedars-Sinai Medical Center	QVH	Citrus Valley- Queen of the Valley
GWT	Glendale Adventist Medical Center	SFM	Saint Francis Medical Center
HCH	Providence Holy Cross Medical Center	SJS	Providence St. Joseph Medical Center
HGH	Harbor-UCLA Medical Center	SMM	Saint Mary Medical Center
HMH	Huntington Memorial Hospital	TOR	Torrance Memorial Medical Center
HMN	Henry Mayo Newhall Memorial	UCL	Ronald Reagan UCLA Medical Center
LCM	Providence Little Co. of Mary Torrance	USC	LAC-USC Medical Center
LBM	Long Beach Memorial Medical Center		

Additional Information

- Mandatory field for all base hospital contacts
- Codes are also listed on the back of pages 1 and 4 of the Base Hospital Form

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log

COMMUNICATION TYPE

Definition

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

Field Values

- **Radio:** Radio
- **Phone:** Telephone
- **VMED28:** formerly known as Hospital Emergency Administrative Radio (HEAR)

Additional Information

- Mandatory field for all base hospital contacts

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Base Hospital Form

CALL TYPE

Definition

Checkboxes indicating the level of EMS encounter

Field Values

- **Full Call:** Paramedics establish base contact for online medical direction based upon a complete patient report (includes Against Medical Advice calls and calls downgraded from ALS to BLS)
- **SFTP:** Paramedics working for an authorized SFTP provider agency assess, treat, and transport patients according to existing protocols. Only limited patient and destination information is exchanged with the base hospital – no medical direction is given
- **Joint Run:** Paramedics for an authorized SFTP provider agency initially utilize existing protocols, but then establish base contact when patient has an additional complaint not covered by protocol, requires treatment beyond what is covered by protocol, or when additional medical direction or consultation is needed. A full patient report is then given and medical direction is provided by the base hospital.
- **Info Only:** Base hospital contact is established for the purpose of documenting information only when base hospital orders are not possible or practical (i.e., patient elopes prior to establishment of base contact, or patient arrives at the receiving facility before base contact was possible)
- **IFT (Interfacility Transfer):** Patient is being transferred via ALS from one acute care facility to another

Additional Information

- Mandatory field for all base hospital contacts
- An AMA call is considered to be a Full Call – not Info Only
- If a call is both an IFT and an SFTP, check the IFT box as the protocol number will be documented elsewhere and can be used to identify SFTP calls

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

ASSESSMENT SECTION

CHIEF COMPLAINT CODE

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
- **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
- **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 ≤14 (14)**: Blunt force head injury associated with a Glasgow Coma Scale score of less than or equal to 14. Code may also be used when a strong index of suspicion for blunt head injury exists due to mechanism of injury and/or signs or symptoms such as seizures, unequal pupils, or focal neurological deficits
- **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/Buttocks (BG, BK, PG or PK):** Injury to the external reproductive structures or 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)
- **Amputatlon ↑ wrist/ankle (BI or PI):** Amputation proximal to (above) the wrist or ankle due to blunt or penetrating force
- **Neur/Vasc/Mangled (BV or PV):** Injury to an extremity with neurological and/or vascular compromise, or that is crushed, degloved, or mangled due to blunt or penetrating force

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. The patient may have been in contact with a known allergen (shellfish, milk products, etc.)
- **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
- **Apparent Life Threatening Event (TE):** Also known as “ALTE” – any combination of transient apnea, color change, marked change in muscle tone, and choking and/or gagging in children less than 1yr of age, that is frightening to the observer
- **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)
- **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
- **CHoking/Airway Obstruction (CH):** Acute onset of apnea, choking and/or difficulty breathing due to apparent partial or complete obstruction of the airway
- **Cough/Congestion (CC):** Cough and/or congestion in the chest, nasal passages, or throat
- **Device Complaint (DC):** Any complaint associated with a patient’s existing medical device (e.g. G-tube, AICD, ventilator, etc.)

- **Dizzy (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
- **DYsrhythmia (DY):** Cardiac monitor indicates an abnormal cardiac rhythm (SVT, VT, etc.)
- **FEver (FE):** Patient exhibits or complains of an elevated body temperature
- **Foreign Body (FB):** Patient complains of a foreign body anywhere in the body
- **GI Bleed (GI):** Signs or symptoms of gastrointestinal bleeding such as vomiting blood, coffee-ground emesis, melena, rectal bleeding, etc.
- **Head Pain (HP):** Headache or any other type of head pain not associated with trauma
- **HYpoglycemia (HY):** Patient is symptomatic and has a measured blood glucose level that is below normal
- **Inpatient Medical (IM):** Interfacility transfer (IFT) of an admitted, ill (not injured) patient from one facility to an inpatient bed at another facility, excluding ER to ER transfers
- **LABor (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.
- **Local Neuro Signs (LN):** Weakness, numbness, or paralysis of a body part or region – including slurred speech, facial droop, and/or expressive aphasia
- **Nausea/Vomiting (NV):** Patient is vomiting, or complains of nausea and/or vomiting
- **Near Drowning (ND):** Submersion causing water inhalation, unconsciousness, or death
- **Neck/Back Pain (NB):** Pain in any area from base of skull and the shoulders to the buttocks not associated with trauma
- **NeWborn (NW):** Newborn infant delivered out of the hospital setting
- **No Medical Complaint (NC):** No complaint, or signs or symptoms of illness in a patient not involved in a traumatic event
- **NOsebleed (NO):** Bleeding from the nose, not associated with trauma
- **OBstetrics (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)
- **Other Pain (OP):** Complaint of pain at a site not listed, and which is not associated with trauma (e.g. toothache, ear pain, etc.)
- **OverDose (OD):** Ingestion of or contact with a drug or other substance in quantities greater than recommended or generally practiced
- **POisoning (PO):** Ingestion of or contact with a toxic substance
- **PalpitationS (PS):** Sensation that the heartbeat is irregular or fast
- **Respiratory Arrest (RA):** Sudden cessation of breathing not associated with trauma
- **SEizure (SE):** Convulsions or involuntary body movements or gaze (not associated with trauma), or signs, symptoms, or history of recent seizure
- **Shortness of Breath (SB):** Sensation of not being able to catch one's breath, and/or signs or symptoms of difficulty breathing such as gasping, wheezing, rapid respiratory rate, cyanosis, retractions, use of accessory muscles, etc.
- **SYncope (SY):** Transient loss of consciousness, including sensation of "near syncope" when other associated symptoms such as weakness/dizziness do not apply
- **VAginal Bleeding (VA):** Abnormal vaginal bleeding

- **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

- Mandatory field for all base hospital contacts
- If the patient has multiple complaints, enter in order of significance
- Two-letter codes for trauma can be derived from the bolded, capitalized letters in the Trauma area of the Base Hospital Form
- Medical complaint codes are found on the back of pages 1 and 4 of the Base Hospital Form
- Medical complaints should not be documented with trauma complaints, unless it is suspected that a medical complaint preceded/caused the injury, or vice versa (e.g., chest pain/dizziness that caused an MVA, or seizure activity following a blow to the head.) Do not document a medical complaint such as “HP” (head pain) if the pain is due to a gunshot wound to the head – instead use only the trauma code of “PH.”

Uses

- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Audio records

SEVERITY OF DISTRESS

Definition

Checkboxes indicating paramedics' 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

Additional Information

- Mandatory field for all base hospital contacts

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

PROTOCOL

Definition

Four-digit numeric code of the Standing Field Treatment Protocol (SFTP) utilized by approved SFTP providers

Field Values

General Advanced Life Support			
1202	General ALS		
Dysrhythmias			
1210	Non-Traumatic Cardiac Arrest (Adult)		
Medical			
1243	Altered Level of Consciousness	1249	Respiratory Distress
1244	Chest Pain	1250	Seizure (Adult)
1247	Overdose/Poisoning (Suspected)	1251	Stroke/Acute Neurological Deficits
1248	Pain Management	1252	Syncope
Pediatrics/Childbirth			
1261	Emergency Childbirth - Mother	1264	Pediatric Seizure
1262	Emergency Childbirth – Newborn		
Trauma			
1271	Burns	1277	Traumatic Arrest
1275	General Trauma		

Additional Information

- Mandatory field for all SFTP and Joint call types
- More than one protocol can be used
- Protocol identified must match the patient's chief complaint

Uses

- Allows for data sorting and tracking by protocol
- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

O/P,Q,R,S,T

Definition

Acronym used as a tool to assess and document the following symptom attributes:

- O/P: Onset/Provocation
- Q: Quality
- R: Region/Radiation/Relief
- S: Severity
- T: Time

Field Values

- Free text

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

MEDICAL 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

- Base Hospital Form
- EMS Report Form
- Audio records

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, or
- NKA: No known allergies checkbox

Additional Information

- If the patient has no known allergies, mark the “NKA” box
- 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

- Base Hospital Form
- EMS Report Form
- Audio Records

MEDICATIONS

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

- Base Hospital Form
- EMS Report Form
- Audio Records

ANTICOAGULANTS

Definition

Checkbox indicating that the patient is currently taking an anticoagulant medication such as warfarin

Additional Information

- Patients injured while on anticoagulants meet trauma triage guidelines for transport to a trauma center

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

IUP_ WKS

Definition

Checkbox and space indicating the number of weeks of intrauterine pregnancy, if applicable

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 pregnant meet trauma triage special considerations for transport to a trauma center due to risk to the fetus – not the mother

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

SUSPECTED DRUGS/ETOH

Definition

Checkbox indicating that the situation, patient behavior, or statements made by the patient, family members or bystanders cause the paramedics to suspect that chief complaint may be related to alcohol and/or drug use

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

PRIOR TO BASE MEDS

Definition

Checkboxes and spaces indicating medications and dosages administered prior to base contact, if applicable

Field Values

ADE	Adenosine	GLP	Glucose Paste
ALB	Nebulized Albuterol	MID	Midazolam
AMI	Amiodarone	NAR	Narcan
ASA	Aspirin	NTG	Nitroglycerin
ATR	Atropine	OND	Ondansetron
D50/25	D50W/D25W	Morphine	Morphine Sulfate
EPI	Epinephrine	Other	Other Medication Not Listed
GLU	Glucagon		

Additional Information

- If medication is not listed on form, use “Other” checkbox and space provided, then enter correct three-letter medication code in TEMIS

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

PRIOR TO BASE TXS

Definition

Checkboxes indicating treatments rendered prior to base contact, if applicable

Field Values

IV	IV	King	King Airway
IO	Intraosseous Access	GLucometer:	Glucometer Reading
O2_lpm	O2 administered at _ liters/minute	DEFibrillated X:	Number of defibrillation attempts
NC	Nasal Cannula	CAR	Cardioversion
M	Face Mask/Non-Rebreather Mask	TCP	Transcutaneous Pacing
Monitor	Monitor	AED- Analyzed	AED Analyzed Rhythm
12 Lead	12 Lead Performed	AED- Defibrillated	AED Defibrillated Patient
BVM	Bag Valve Mask Ventilation	Needle THoracost.	Needle Thoracostomy
CPAP	Continuous Positive Airway Pressure	Spinal Immob.	Spinal Immobilization
ETT	Endotracheal Tube Intubation	OTHer	Other Treatment Not Listed

Additional Information

- Checked Glucometer checkbox should be accompanied by the reading obtained
- Checked Defibrillated checkbox should be accompanied by the number of times performed

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

DNR/AHCD/POLST?

Definition

Checkbox indicating presence of a valid DNR, Advance Healthcare Directive (AHCD), or Physician Order for Life Sustaining Treatment (POLST) form for the patient

Field Values

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

Additional Information

- EMS personnel need not validate authenticity of document provided – should provide base hospital with the type of document and its contents

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- DNR/AHCD/POLST
- Audio Records

PHYSICAL SECTION

LOC

Definition

Checkboxes indicating the patient's initial level of consciousness

Field Values

- **Alert:** Patient is awake and responsive to the environment
- **Oriented X 3:** Patient is oriented to person, time, and place
- **Disoriented:** Patient is not oriented to person, time, and/or place
- **NoT Alert:** Patient is awake, but is drowsy or lethargic – may include intoxicated patients
- **Combative:** Patient is physically resistant to interaction with on-scene personnel
- **NorMal for Patient:** Patient's behavior, although not typical of most patients, is reported by family, caregivers, etc., to be the same as it was before the incident (e.g., patients who suffer from mental illness, dementia, developmental delays, etc.) Can also be used for infants and children who are age appropriate

Additional Information

- Mandatory field for all Full Call base hospital contacts
- Mark all that apply

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

EYE OPENING

Definition

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

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

- Mandatory field for all Full Call and General Trauma protocol base hospital contacts
- GCS eye opening values are the same for adult and pediatric patients

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

MOTOR RESPONSE

Definition

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

- Mandatory field for all Full Call and General Trauma protocol base hospital contacts
- GCS motor values are the same for adult and pediatric patients

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

VERBAL RESPONSE

Definition

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

- Mandatory field for all Full Call and General Trauma protocol base hospital contacts

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

TOTAL GCS

Definition

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

Field Values

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

Additional Information

- Maximum total score is 15, which is considered normal. Minimum score possible is 3, which may indicate severe or fatal brain injury
 - 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
- Space is provided for documentation of a repeat GCS, if applicable

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

PUPILS

Definition

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

Field Values

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

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

RESPIRATION

Definition

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

Field Values

- **Clear:** No abnormal sounds are heard on auscultation
- **Normal rate/effort:** Breathing appears effortless and rate is within normal limits for patient
- **Wheezes:** Coarse, whistling sound heard on auscultation, associated with inspiration and/or expiration
- **Rales:** Rattling or crackling noises heard on auscultation, associated with inspiration
- **RHonchi:** Coarse, rattling or snoring sound heard on auscultation, associated with inspiration and/or expiration
- **STridor:** High-pitched, audible wheezing sound associated with inspiration and/or expiration
- **Snoring:** Prolonged snorting sound/soft palate vibration that is audible during inspiration
- **Tidal Volume:**
 - **N:** Normal depth of inspiration is observed
 - **+**: Increased depth of inspiration is observed
 - **-:** Decreased depth of inspiration is observed
- **Accessory Muscle Use:** Patient is using additional muscles to assist with difficulty breathing, such as those of the neck, shoulders, or abdomen
- **Labored:** Breathing appears to be difficult or requires extra effort
- **Unequal:** Chest rise or breath sounds diminished on one side
- **Apnea:** Patient is not breathing or stops breathing for periods of time
- **JVD:** Distended jugular veins are observed in the supine patient
- **Capnography #:** The numerical CO₂ measurement from the capnometer
- **Waveform:** Indicates whether or not a waveform is observed on the capnography tracing:
 - **Yes**
 - **No**

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

ADV AIRWAY

Definition

Checkboxes indicating initial assessment of findings after placement of an advanced airway, if applicable

Field Values

- BS after ETT/King: Mark appropriate box to indicate whether or not breath sounds are auscultated after placement of an endotracheal tube or King LTs-D
 - Yes
 - No
- ETCO₂: Mark appropriate box to indicate presence or absence of CO₂ detected after placement of an endotracheal tube or King LTs-D:
 - +: present
 - -: absent

Additional Information

- Mandatory field for all patients with advanced airway placement in the field

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

mLAPSS MET

Definition

Checkboxes indicating whether or not patient met all Modified Los Angeles Prehospital Stroke Screen (mLAPSS) criteria as defined in Reference 521 – Stroke Patient Destination

Field Values

- **Y:** Yes, patient met all mLAPSS criteria
- **N:** No, patient did not meet all mLAPSS criteria

Additional Information

- mLAPSS criteria include:
 - Symptom duration of less than 2 hours
 - No history of seizures or epilepsy
 - Age \geq 40
 - At baseline, patient is not wheel-chair 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
- Mandatory field for all patients with a chief complaint of “LN” or with a destination of Approved Stroke Center, or “ASC”
- If mLAPSS performed, blood glucose value must also be documented
- Patients who meet mLAPSS criteria should be transported to the nearest available ASC

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ASC Log
- Audio records

LAST KNOWN WELL DATE

Definition

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

Field Values

- Collected as MMDDYYYY

Additional Information

- Mandatory field for all patients with a “Y” value for “mLAPSS Met,” or with a destination of “ASC” for suspected stroke
- If unknown, enter “Not Applicable” (F7)

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ASC Log
- Audio records

LAST KNOWN WELL TIME

Definition

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

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

- Mandatory field for all patients with a “Y” value for “mLAPSS Met,” or with a destination of “ASC” for suspected stroke
- If unknown, enter “Not Applicable” (F7)

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ASC Log
- Audio records

SKIN

Definition

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

Field Values

- **NML:** All aspects of skin assessment are normal (color, temperature, moisture, and appearance)
- **Warm:** Skin feels warm to touch
- **Pale:** Skin appears abnormally pale, ashen, or gray
- **Cool/Cold:** Skin feels cool or cold to touch
- **Diaphoretic:** Skin is sweaty or moist to touch
- **Cyanotic:** Skin or lips appear blue
- **Hot:** Skin feels warmer than normal or hot to touch
- **Flushed:** Skin appears red
- **Jaundiced:** Skin and/or sclera appear yellow
- **Cap Refill NoRmal:** Capillary refill is less than or equal to 2 seconds
- **Cap Refill DElayed:** Capillary refill is greater than 2 seconds

Additional Information

- Capillary refill must be completed for all pediatric patients without a documented systolic blood pressure

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

EKG/ARREST

INITIAL RHYTHM

Definition

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

Field Values

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

Additional Information

- Mandatory field for all patients who are placed on a cardiac monitor
- ECG codes are also found on the back of pages 1 and 4 of the Base Hospital Form
- Additional cardiac rhythm information can be documented in the Assessment section

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- Audio Records

12 LEAD @ ____:____

Definition

Time of day that a 12-lead ECG was performed, if applicable

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

- Mandatory field for all base hospital contacts where 12 lead ECG's electronic interpretation indicates STEMI (or manufacturer's equivalent)
- 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

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- SRC Log
- Audio records

NORMAL ABNORMAL STEMI

Definition

Checkbox indicating interpretation of 12-lead ECG, if applicable

Field Values

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

Additional Information

- Mandatory field 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, enter STEMI (two-letter code **MI**) 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

- Base Hospital Form
- EMS Report Form
- ECG strip
- SRC Log
- Audio records

ARTIFACT?

Definition

Checkbox indicating whether or not artifact is observed on 12-lead ECG tracing

Field Values

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

Additional Information

- Mandatory field for all base hospital contacts where 12 lead ECG's electronic interpretation indicates STEMI (or manufacturer's equivalent)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, indicate whether artifact is present on the STEMI ECG in this field
- Electronic artifact interferes with accurate ECG interpretation, and may indicate need to repeat ECG

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- Audio records

WAVY BASELINE?

Definition

Checkbox indicating whether or not baseline of 12-lead ECG tracing moves with respiration

Field Values

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

Additional Information

- Mandatory field for all base hospital contacts where 12-lead ECG's electronic interpretation indicates STEMI (or manufacturer's equivalent)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, indicate whether wavy baseline is present on the STEMI ECG in this field
- Wavy baseline can interfere with accurate ECG interpretation, and may indicate need to reposition leads and repeat ECG

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- Audio Records

PACED RHYTHM?

Definition

Checkbox indicating whether or not 12-lead ECG or electronic interpretation indicates presence of a pacemaker-generated rhythm

Field Values

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

Additional Information

- Mandatory field for all base hospital contacts where 12-lead ECG's electronic interpretation indicates STEMI (or manufacturer's equivalent)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, indicate whether a paced rhythm is present on the STEMI ECG in this field
- 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

- Base Hospital Form
- EMS Report Form
- ECG strip
- Audio Records

WITNESSED BY:

Definition

Checkbox indicating witnesses to a patient's collapse due to cardiac arrest, if applicable

Field Values

- **Citizen:** Witnessed by a non-EMS person (e.g., law enforcement or nursing home personnel, bystanders, family, etc.)
- **EMS:** Witnessed by EMS personnel
- **None:** Not witnessed

Additional Information

- Mandatory field for all Full Call base hospital contacts with a chief complaint of "CA"

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

CPR BY:

Definition

Checkbox indicating by whom CPR was performed on a patient in cardiac arrest, if applicable

Field Values

- **Citizen:** CPR was initiated by a non-EMS person (e.g., law enforcement or nursing home personnel, bystanders, family, etc.)
- **EMS:** CPR was initiated by EMS upon arrival
- **None:** No CPR was initiated

Additional Information

- Mandatory field for all Full Call base hospital contacts with a chief complaint of “CA”

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

ESTIMATED DOWN TIME:

Definition

Estimated time in minutes from the time of, to the time of initiation of CPR, if applicable

Field Values

- Collected as minutes

Additional Information

- Mandatory field for all Full Call base hospital contacts with a witnessed, non-traumatic cardiac arrest/collapse
- If the arrest was unwitnessed, field will be entered as “Not Applicable” (F7 key) in TEMIS
- If arrest was witnessed, but down time is not provided, field will be entered as “Not Documented” (F6 key) in TEMIS

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

RESUSCITATION D/C'D @

Definition

Time of day when resuscitative measures were discontinued due to patient being pronounced dead by base hospital, if applicable

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

- Mandatory field for all patients pronounced in the field

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

RTN OF PULSE (ROSC)?

Definition

Checkboxes indicating whether or not return of spontaneous circulation (ROSC) – or ‘sustained restoration of a spontaneous, perfusing rhythm that results in a palpable pulse, breathing (more than occasional gasp), coughing, movement, and/or a measureable blood pressure following cardiac arrest’ – occurred, if applicable

Field Values

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

Additional Information

- Mandatory field for all patients with a chief complaint of “CA”
- Document even if the pulses are lost prior to arrival at the receiving facility
- Non-traumatic patients with ROSC in the field should be transported to the nearest available STEMI Receiving Center (SRC)
- Traumatic arrests should be transported according to trauma destination policies

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

RTN OF PULSE (ROSC) @

Definition

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

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

- Mandatory field for all patients with ROSC in the field
- Document even if the pulses are lost prior to arrival at the receiving facility
- Patients with ROSC in the field should be transported to the nearest available STEMI Receiving Center (SRC)

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

PRONOUNCED RHYTHM

Definition

Two- or three-letter code identifying the cardiac rhythm reported when the patient was pronounced dead, if applicable

Field Values

AGO	Agonal	PEA	Pulseless Electrical Activity
ASY	Asystole	VF	Ventricular Fibrillation
IV	Idioventricular Rhythm		

Additional Information

- Mandatory field for all patients pronounced dead in the field
- PEA is not a defined rhythm, but rather a finding that may be present at time of pronouncement where electrical activity and/or rhythm seen on the cardiac monitor does not produce a palpable pulse or auscultatable heartbeat

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

TOTAL MIN. EMS CPR:

Definition

Time in minutes from the initiation of CPR by EMS personnel, to the time when CPR was discontinued due to patient being pronounced dead by base hospital, if applicable

Field Values

- Collected in minutes

Additional Information

- Mandatory field for all patients pronounced dead in the field

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

VITALS & TXS SECTION

O2 @ ___ LPM

Definition

Numeric value of the number of liters per minute of oxygen delivered to the patient, if applicable

Field Values

- One- or two-digit numeric value

Additional Information

- The oxygen delivery device used must also be indicated

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

VIA:

Definition

Checkboxes indicating the type of device used to deliver oxygen to the patient, if applicable

Field Values

- **NC:** Nasal Cannula
- **Mask:** Oxygen mask
- **BVM:** Bag Valve Mask
- **BloW By:** Oxygen delivery device is used to “blow” oxygen towards patient’s face
- **EXisting Trach.:** Patient is being oxygenated/ventilated via an existing tracheostomy tube
- **ETT:** Endotracheal Tube
- **King:** King LTS-D (laryngeal tube suction device)
- **CPAP:** Continuous Positive Airway Pressure

Additional Information

- The number of liters per minute of oxygen delivered must also be indicated

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

IV:

Definition

Checkboxes indicating whether or not IV access was ordered for the patient, and type

Field Values

- **TKO:** To keep open – minimum drip rate necessary to keep line patent
- **WO:** Wide open – maximum drip rate possible (clamp wide open)
- **FC:** Fluid challenge –specified amount of IV fluid is ordered to be given over a specified amount of time. In the space provided, enter the number of cc's of IV fluid ordered
- **Not Ordered:** No IV ordered
- **IV Unable:** Paramedics were not able to successfully establish an IV
- **Refused:** Patient refused to allow paramedics to establish IV access
- **SL:** Saline Lock device
- **IO:** Intraosseous device
- **Preexisting IV:** Upon arrival of EMS personnel, the patient already had IV access established (by a clinic, urgent care, doctor's office, etc.)

Additional Information

- Mandatory field for all Full Call base hospital contacts

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

TRANSCUTANEOUS PACING @ mA:

Definition

Numeric value of the electrical current strength in milliamps (mA) required to achieve capture (as evidenced by a palpable pulse that corresponds with rhythm observed on cardiac monitor) during transcutaneous pacing, if applicable

Field Values

- Up to three-digit numeric value

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

RATE:

Definition

Numeric value of the rate of capture during transcutaneous pacing (as evidenced by a palpable pulse that corresponds with rhythm observed on cardiac monitor), if applicable

Field Values

- Up to three-digit numeric value

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

CAPTURE?

Definition

Checkboxes indicating whether or not mechanical capture (as evidenced by a palpable pulse that corresponds with rhythm observed on cardiac monitor) was achieved during transcutaneous pacing, if applicable

Field Values

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

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

NEEDLE THORACOSTOMY?

Definition

Checkboxes indicating whether or not a needle thoracostomy was ordered, if applicable

Field Values

- Y: Yes
- N: No

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

SPINAL IMMOBILIZATION?

Definition

Checkboxes indicating whether or not spinal immobilization was ordered, if applicable

Field Values

- Y: Yes
- N: No

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

CMS INTACT:

Definition

Checkboxes indicating whether patient's circulation, motor function, and sensation (CMS) were intact before and after spinal immobilization, if applicable

Field Values

- Intact **B**efore: CMS intact in all extremities prior to spinal immobilization
- Intact **A**fter: CMS intact in all extremities after spinal immobilization

Additional Information

- CMS should always be assessed before and after spinal immobilization

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

CLEAR BY ALGORITHM

Definition

Checkbox indicating that spinal immobilization was not performed in the field based on parameters outlined in the Prehospital Care Manual, if applicable

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

SPINAL IMMOB. REFUSED

Definition

Checkbox indicating that spinal immobilization was refused by the patient, if applicable

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

GLUCOMETER

Definition

Numeric value of the patient's blood glucose measurement, if applicable

Field Values

- Up to three-digit numeric value
- #1: The initial blood glucose level
- #2: The second blood glucose level, if applicable

Additional Information

- Mandatory field if mLAPSS is performed **OR** if Protocol 1251 is utilized
- If equipment used yields an alpha reading indicating blood sugar is "LOW," enter the number "1"
- If equipment used yields an alpha reading indicating blood sugar is "HIGH," enter the number "999"

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

TIME

Definition

Time of day that corresponds to the adjacent vital signs, ECG, and treatments fields

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

- May write “PTC” if event occurred prior to base contact – will be entered as “Not Documented” (F6 key) in TEMIS

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

B/P

Definition

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

Field Values

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

Additional Information

- If the blood pressure is palpated or not reported, write "P" for the diastolic value – will be entered as "Not Documented" (F6 key) in TEMIS

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

PULSE

Definition

Numeric value of the patient's palpated pulse rate

Field Values

- Up to three-digit numeric value

Additional Information

- Measured in beats palpated per minute
- If cardiac monitor shows a rhythm that does not produce signs of perfusion, rate is documented as "0"

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

RR

Definition

Numeric values of the patient's initial, unassisted respiratory rate

Field Values

- Up to three-digit numeric value

Additional Information

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

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

O2 SAT

Definition

Numeric value of the patient's percent oxygen saturation in the prehospital setting

Additional Information

- Up to three-digit percentage

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

PAIN

Definition

Numeric value indicating the patient's subjective pain level

Field Values

- Up to two-digit value from 0 to 10

Additional Information

- Pain level should be assessed whenever trauma or pain is the chief complaint, a mechanism of injury exists, and before and after administration of pain medication

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

EKG

Definition

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

Field Values

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

Additional Information

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

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- Audio Records

DRUG/DEFIB

Definition

Space for documenting defibrillation/cardioversion and medication codes ordered by the base hospital

Field Values

ADE	Adenosine	DOP	Dopamine
ALB	Nebulized Albuterol	EPI	Epinephrine
AMI	Amiodarone	GLP	Glucose Paste
ASA	Aspirin	GLU	Glucagon
ATR	Atropine	COL	Glucola
BEN	Benadryl	MAG	Magnesium Sulfate
BIC	Sodium Bicarbonate	MID	Midazolam
CAL	Calcium Chloride	Morphine	Morphine Sulfate
CAR	Cardioversion	NAR	Narcan
D25	D25W	NTG	Nitroglycerin
D50	D50W	OND	Ondansetron
DEF	Defibrillation		

Additional Information

- Mandatory field for all base hospital contacts in which medications are ordered
- Each drug/defibrillation ordered should be written on a separate line so that dose and results can be clearly documented.
- Mark the “PRN” box if the medication and/or defibrillation are ordered as PRN.

Uses

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

Data Source Hierarchy

- Base Hospital Form
- Audio records

SEDs IN PAST 48 HRS

Definition

Checkboxes indicating whether or not patient has used sexually enhancing drugs (SED) within the past 48 hours

Field Values

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

Additional Information

- Use of SEDs must be assessed prior to ordering nitroglycerin for any patient

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

DOSE/AMT

Definition

Space for alphanumeric value of joules of defibrillation/cardioversion and/or dose of medication ordered by the base hospital

Field Values

- Free text

Additional Information

- Include dose and unit of measurement: e.g., “1mg” or “300J”

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

ROUTE

Definition

Two-letter code indicating the route of medication administration ordered by the base hospital, if applicable

Field Values

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

Additional Information

- Drug route codes are listed on the back of pages 1 and 4 of the Base Hospital Form

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

TREATMENT /RESULTS

Definition

Space for brief documentation of results of medications given or treatments rendered

Field Values

- “-”: Deteriorated
- “+”: Improved
- “N”: No Change

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

TRAUMA SECTION

TRAUMA

Definition

Checkboxes indicating the nature and location of the patient's injury, if applicable

Field Values

- **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
- **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
- **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 ≤14 (14)**: Blunt force head injury associated with a Glasgow Coma Scale score of less than or equal to 14. Code may also be used when a strong index of suspicion for blunt head injury exists due to mechanism of injury and/or signs or symptoms such as seizures, unequal pupils, or focal neurological deficits
- **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/Buttocks (BG, BK, PG or PK):** Injury to the external reproductive structures or 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)
- **Amputatlon ↑ wrist/ankle (BI or PI):** Amputation proximal to (above) the wrist or ankle due to blunt or penetrating force
- **Neur/Vasc/Mangled (BV or PV):** Injury to an extremity with neurological and/or vascular compromise, or that is crushed, degloved, or mangled due to blunt or penetrating force

Additional Information

- Mandatory field for all injured patients
- Check all that apply - if the patient has multiple complaints, enter Chief Complaints in order of significance
- Codes beginning with “B” or “P” indicate Blunt or Penetrating injury, respectively
- Two-letter codes can be derived from the bolded, capitalized letters of the trauma descriptions – trauma codes should be listed in order of significance in the “Chief Complaint Code” fields
- Patient’s with injuries documented must also have a mechanism of injury 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.”
- Penetrating injuries may be inflicted by dull objects travelling at high velocity (e.g., bullets), sharp objects with a low velocity, or from a slashing or puncturing force
- Blunt injuries occur from a forces that do not typically penetrate the skin (e.g., baseball bat) though lacerations may be caused by the tearing/crushing force of a blunt object or broken bones
- Injury descriptions listed in **red** meet trauma triage criteria for transport to the nearest available trauma center

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form

- Audio Records

MECHANISM OF INJURY

Definition

Checkboxes indicating how the patient was injured

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 a 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
- **Passenger Space Intrusion (PS)**: Intrusion of greater than 12 inches into an occupied passenger space of a motor vehicle, or greater than 18 inches into an unoccupied passenger space – check this box if amount of intrusion is not known or not specified by paramedics
- **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) with an estimated impact greater than 20mph
- **Ped/Bike Run Over/Thrown/>20mph (RT)**: Pedestrian, bicyclist, or motorcyclist is thrown, run over, or with an estimated impact of greater than 20mph
- **Ped/Bike < 20mph (PB)**: A bicyclist or pedestrian is hit by a motorized vehicle with less than 20mph estimated impact
- **Motorcycle/Moped (MM)**: The patient was riding on a motorcycle or moped at the time of impact
- **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
- **M**edical Hx (**MH**): Injured patient meeting Special Considerations of greater than 55 years of age, or greater than 65 years of age with a systolic BP of less than 110mmHg. **Note: this field is currently printed erroneously in blue ink – this will be corrected to black ink on the next form revision.**
- **T**elemetry **D**ata (**TD**): Vehicle telemetry data is encountered that is consistent with high risk of serious injury
- **F**all (**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.
- **S**elf-Inflict’d/**A**ccid. (**SA**): The injury appears to have been accidentally caused by the patient
- **S**elf-Inflict’d/**I**ntent. (**SI**): The injury appears to have been intentionally caused by the patient
- **E**lectrical **S**hock (**ES**): Passage of an electrical current through body tissue as a result of contact with an electrical source
- **T**hermal **B**urn (**TB**): Burn caused by heat
- **H**azmat **E**xposure (**HE**): The patient was exposed to toxic or poisonous agents, such as liquids, gases, powders, foams, or radioactive material
- **W**ork- **R**elated (**WR**): Injury occurred while patient was working, and may be covered by Worker’s Compensation
- **U**Nknown (**UN**): The cause or mechanism of injury is unknown
- **O**THER (**OT**): A cause of injury that does not fall into any of the existing categories

Additional Information

- Mandatory field for all injured patients
- Check all that apply
- Two-letter codes can be derived from the bolded, capitalized letters of the mechanisms of injury (MOI) – MOIs should be listed in order of significance in the MOI code fields
- Patient’s with a mechanism of injury documented must also have a trauma code documented – and vice versa
- Mechanisms of injury listed in **red** meet trauma triage criteria for transport to the nearest available trauma center
- Mechanisms of injury listed in **blue** meet trauma guidelines for transport to the nearest available trauma center - strong consideration should be given to a trauma center destination

Uses

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

Data Source Hierarchy

- Base Hospital Form

- EMS Report Form
- Audio Records

TRANSPORT SECTION

CODE ALL OPTIONS

Definition

Three-letter code for each of the potential patient destination facilities

Field Values

LOS ANGELES COUNTY 9-1-1 RECEIVING			
ACH	Alhambra Community Hospital	LCH	Palmdale Regional Medical Center
AVH	Antelope Valley Medical Center	LBM	Long Beach Memorial Medical Center
BEL	Bellflower Medical Center	NOR	LA Community Hospital of Norwalk
BEV	Beverly Hospital	LAD	Los Angeles Metro Hospital
BMC	Brotman Medical Center	DFM	Marina Del Rey Hospital
CAL	California Medical Center	MHG	Memorial Hospital of Gardena
AHM	Catalina Island Medical Center	AMH	Methodist Hospital of Southern California
CSM	Cedars-Sinai Medical Center	MCP	Mission Community Hospital
CNT	Centinela Hospital Medical Center	MPH	Monterey Park Hospital
CHH	Children's Hospital Los Angeles	NRH	Northridge Hospital Medical Center
ICH	Citrus Valley - Intercommunity	MID	Olympia Medical Center
QVH	Citrus Valley- Queen of the Valley	PAC	Pacifica Hospital of the Valley
CPM	Coast Plaza Doctors Hospital	PLB	Pacific Hospital of Long Beach
CHP	Community Hospital of Huntington Park	PVC	Pomona Valley Hospital Medical Center
LBC	Community Hospital of Long Beach	PIH	Presbyterian Intercommunity Hospital
DCH	Downey Regional Medical Center	HCH	Providence Holy Cross Medical Center
ELA	East Los Angeles Doctors	SPP	Providence Little Co. of Mary San Pedro
HEV	East Valley Hospital	LCM	Providence Little Co. of Mary Torrance
ENH	Encino Hospital Medical Center	SJS	Providence Saint Joseph Medical Center
FPH	Foothill Presbyterian Hospital	TRM	Providence Tarzana Medical Center
GAR	Garfield Medical Center	QOA	Queen of Angels/Hollywood Presbyterian
GWT	Glendale Adventist Medical Center	UCL	Ronald Reagan UCLA Medical Center
GMH	Glendale Memorial Hospital	SFM	Saint Francis Medical Center
GSH	Good Samaritan Hospital	SJH	Saint John's Health Center
GEM	Greater El Monte Community	SMM	Saint Mary Medical Center
HGH	Harbor-UCLA Medical Center	SVH	Saint Vincent Medical Center
HMN	Henry Mayo Newhall Memorial	SDC	San Dimas Community
HMH	Huntington Memorial Hospital	SGC	San Gabriel Valley Medical Center
KFA	Kaiser Permanente Baldwin Park	SMH	Santa Monica-UCLA Medical Center
KFB	Kaiser Permanente Downey Med Ctr	SOC	Sherman Oaks Community Hospital
KFL	Kaiser Permanente Los Angeles Med Ctr	TOR	Torrance Memorial Med Ctr
KFP	Kaiser Permanente Panorama City Hosp	TRI	Tri-City Regional Med Ctr
KFH	Kaiser Permanente South Bay Med Ctr	VPH	Valley Presbyterian Hospital
KFW	Kaiser Permanente West LA Med Ctr	VHH	Verdugo Hills Hospital
KFO	Kaiser Foundation Woodland Hills	HWH	West Hills Hospital & Medical Center
OVM	LAC Olive View Medical Center	WMH	White Memorial Medical Center
USC	LAC USC Medical Center	WHH	Whittier Hospital Medical Center
DHL	Lakewood Regional Medical Center	WVA	Wadsworth Veterans Administration

ORANGE COUNTY 9-1-1 RECEIVING			
ANH	Anaheim Memorial Hospital	PLH	Placentia Linda Hospital
FHP	Fountain Valley Hospital	SJD	Saint Jude Medical Center
FHR	Friendly Hills Regional Medical Center	UCI	UCI Medical Center
KHA	Kaiser Permanente Anaheim Med Ctr	WAM	West Anaheim Medical Center
LPI	La Palma Intercommunity	WMC	Western Medical Center Santa Ana
LAG	Los Alamitos Medical Center		
SAN BERNARDINO COUNTY 9-1-1 RECEIVING			
ARM	Arrowhead Regional Medical Center	KFF	Kaiser Foundation Fontana
CHI	Chino Valley Medical Center	KFN	Kaiser Foundation Ontario
DHM	Montclair Hospital Medical Center	SAC	San Antonio Community Hospital
OTHER COUNTY 9-1-1 RECEIVING			
LRR	Los Robles Hospital & Med Ctr (Ventura)	RCC	Ridgecrest Community Hospital (Kern)
SJO	Saint John's Regional Med Ctr (Ventura)		

Additional Information

- Mandatory field for all base hospital contacts
- A three-letter code for MAR must be documented for all patients, regardless of age
- A three-letter code for EDAP must be documented for all pediatric patients of less than or equal to 14 years of age

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

CHECK ACTUAL DESTINATION

Definition

Checkboxes indicating actual destination of 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. Must be documented for all patients regardless of actual destination
- **EDAP:** Most accessible Emergency Department Approved for Pediatrics approved to receive patients of less than or equal to 14 years of age. Must be documented for all pediatric patients regardless of actual destination
- **TC:** Most accessible Trauma Center approved to receive critically injured patients. Must be documented for all adult patients that meet criteria, guidelines, or special considerations for transport to a TC, regardless of actual destination
- **PTC:** Most accessible Pediatric Trauma Center approved to receive critically injured pediatric patients of less than or equal to 14 years of age. Must be documented for all pediatric patients that meet criteria, guidelines, or special considerations for transport to a PTC, regardless of actual destination
- **PMC:** Most accessible Pediatric Medical Center approved to receive critically ill pediatric patients of less than or equal to 14 years of age. Must be documented for all pediatric patients that meet guidelines for transport to a PMC, regardless of actual destination
- **SRC:** Most accessible ST-Elevation Myocardial Infarction (STEMI) Receiving Center approved to receive patients with a suspected STEMI, or who have Return of Spontaneous Circulation (ROSC) following cardiac arrest. Must be documented for all patients who meet criteria for transport to a SRC, regardless of actual destination
- **ASC:** Most accessible Approved Stroke Center approved to receive suspected stroke patients or patients with a positive mLAPSS exam. Must be documented for all patients who meet guidelines for transport to an ASC, regardless of actual destination
- **PeriNatal:** Most accessible Perinatal Center approved to receive patients greater than or equal to 20 weeks pregnant. Must be documented for all patients who meet guidelines for transport to a Perinatal Center
- **SART:** Most accessible Sexual Assault Response Team facility approved to receive actual or suspected victims of sexual assault/abuse. Must be documented for patients who meet guidelines for transport to a SART Center
- **Other:** Licensed basic emergency department that may also appropriately receive the patient in addition to those listed above. Most frequently used when the closest facility is inaccessible (e.g., is requesting diversion.) The reason for using “Other” as a destination must be documented in the “Destination Rationale” section.

Additional Information

- Mandatory field for all transported patients
- Check only the actual patient destination

- If more than one specialty center option applies, choose the option most applicable to the patient's presentation (e.g., pregnant pediatric patients, or sexually assaulted trauma patients)

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

ETA

Definition

Estimated time of arrival (ETA) for each of the possible destinations documented

Field Values

- Collected as minutes

Additional Information

- ETA must be provided for each possible destination

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Base Hospital Form
- Audio records

CHECK ONE

Definition

Checkboxes indicating whether or not a specialty center destination was indicated for the patient

Field Values

- **Specialty Center Not Required:** Patient does not meet guidelines or criteria for transport to a specialty center
- **Specialty Center Required/Criteria Met:** Patient meets criteria or requirements for transport to a specialty center
- **Specialty Center Guidelines Met:** Patient meets guidelines for transport to a specialty center

Additional Information

- Mandatory field for all base hospital contacts
- Check one box only
- If more than one specialty center option applies, choose the option most applicable to the patient's presentation
- If patient meeting requirements, criteria, or guidelines is not transported to specialty center, must indicate reason in the "Destination Rationale" section

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Base Hospital Form
- Audio records

DESTINATION RATIONALE

Definition

Checkboxes indicating the reason that the patient was transported to a facility other than the most accessible receiving facility or specialty center, if applicable

Field Values

- **ED Saturation:** Most accessible receiving facility or EDAP has requested diversion due to emergency department saturation
- **Int. Disaster:** Most accessible receiving facility or specialty center is closed due to internal disaster such as fire, flood, etc.
- **CT Diversion:** CT scanner at the most accessible receiving facility or specialty center is non-functioning
- **SC Diversion TC/PTC:** Most accessible TC/PTC is closed due to encumbrment of the trauma team or OR
- **SC Diversion PMC:** Most accessible PMC is closed due to lack of critical equipment
- **SC Diversion STEMI:** Most accessible SRC is closed due to Cath lab encumbrment or malfunction
- **SC Not Accessible:** Specialty center not accessible due to transport time constraints or geography
- **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
- **Minimal Injuries:** Patient meets trauma criteria or guidelines but is determined to have only minimal injuries which do not warrant transport to a specialty center
- **Requested By:** Patient is transported to a facility other than the most accessible receiving facility or specialty center by request from the patient, a family member, patient's private medical doctor (PMD), or other authorized person
- **Shared Ambulance:** The patient does not meet specialty center criteria, requirements, or guidelines, but is transported to SC because they are sharing an ambulance with a patient who does meet SC criteria/guidelines/requirements
- **Unmanageable Airway:** Patient meets specialty center criteria, requirements, or guidelines, but airway cannot be adequately managed due to injury or illness, and patient's life may be jeopardized by transport to any facility but the closest
- **Other:** Patient is transported a facility other than the most accessible receiving facility or specialty center for any reason other than those listed above (use space below to briefly document reason)

Additional Information

- Mandatory field if the patient is transported to "Other," or if the patient meets specialty center criteria, requirements, or guidelines, but is transported to a facility other than the most accessible receiving facility or specialty center

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Base Hospital Form

- Audio records

PT TRANSPORTED VIA:

Definition

Checkboxes indicating the type of transport unit used

Field Values

- **ALS:** An Advanced Life Support Transport unit in which patient was accompanied by at least one paramedic
- **BLS:** Basic Life Support Transport unit in which patient was accompanied by EMTs only
- **Other:** Type of transport not listed above
- **Helicopter ETA:** Helicopter transport requested – indicate ETA of helicopter to scene
- **No Transport:** Patient was not transported (must indicate reason for no transport in the “Reason for No Transport” field)

Additional Information

- Mandatory field for all patients

Uses

- System evaluation and monitoring

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

REASON FOR NO TRANSPORT

Definition

Checkboxes indicating reason why patient was not transported, if applicable

Field Values

- **AMA:** Patient refuses transport
- **DOA:** Patient is determined to be dead on arrival as per Prehospital Care Manual
- **Unwarranted:** Patient's condition does not require transportation to a hospital
- **Pronounced by:** Enter the name of the physician who pronounced the patient dead, if applicable
- **Other:** Mark this box if the patient was not transported due a reason not listed above

Additional Information

- Mandatory field for all patients who are not transported

Uses

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

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

TIME CLEAR

Definition

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

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

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

Uses

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

Data Source Hierarchy

- Base Hospital Form

TIME RECEIVING HOSPITAL NOTIFIED

Definition

The time of day that the receiving hospital was notified of an arriving patient

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

- Mandatory field for all patients transported via ALS to a specialty center when the base hospital was not the receiving facility
- Use one timepiece throughout call to ensure accurate time intervals

Uses

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

Data Source Hierarchy

- Base Hospital Form

NAME OF PERSON NOTIFIED:

Definition

Space to document the name of the person notified of an arriving patient.

Additional Information

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

Uses

- Provides documentation of communication

Data Source Hierarchy

- Base Hospital Form
- Audio records

TRANSPORT SCENARIOS

Specialty Care Center Not Required

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

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

- Enter hospital code for the closest MAR
- Indicate the actual destination by checking MAR
- Check Specialty Center: Not Required (SB as described meets no specialty center criteria or guidelines as per Reference No. 502)
- Destination Rationale is left blank, as there is no deviation from destination principles

Pediatric: EDAP Required

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

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR <input checked="" type="checkbox"/> EDAP (age ≤14) <input type="checkbox"/> TC <input type="checkbox"/> PTC (trauma, age ≤14) <input type="checkbox"/> PMC (medical, age ≤14) <input type="checkbox"/> SRC <input type="checkbox"/> ASC <input type="checkbox"/> PeriNatal (≥20wks pregnancy) <input type="checkbox"/> SART <input type="checkbox"/> Other	LCM	5	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
Time Clear Time Receiving Hospital Notified Name of Person Notified:			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD	
			DISPO If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> O Transferred to: _____ __ __ (Hosp. code) <input type="checkbox"/> Other _____ ED Diagnosis:		

- Enter hospital codes for the closest MAR and EDAP
- Indicate the actual destination by checking EDAP
- Check Specialty Center: Required/Criteria Met (EDAP specialty center is required for patients 14yrs of age or younger, as per Reference No. 510)
- Destination Rationale is left blank, as there is no deviation from destination principles

Pediatric: PTC Criteria

5 y/o female, fell from a second story window, GCS 4-6-5. CC = BB, MOIs = FA and 15:

CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<input type="checkbox"/> MAR	KFL	4	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible
<input type="checkbox"/> EDAP (age ≤14)	UCL	7		
<input type="checkbox"/> TC			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	<input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> PTC (trauma, age ≤14)	UCL	7		
<input type="checkbox"/> PMC (medical, age ≤14)			REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB
<input type="checkbox"/> SRC				
<input type="checkbox"/> ASC			D I S P O	Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis:
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART				
<input type="checkbox"/> Other				
Time Clear				
Time Receiving Hospital Notified				
Name of Person Notified:				

- Enter hospital codes for the closest MAR, EDAP, and PTC
- Indicate the actual destination by checking PTC
- Check Specialty Center: Required/Criteria Met (MOI=15 is a criteria for transport to a PTC as per Reference No. 506)
- Destination Rationale is left blank, as there is no deviation from destination principles

Pediatric: PTC Guideline

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

CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<input type="checkbox"/> MAR	HEV	2	Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input checked="" type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible
<input checked="" type="checkbox"/> EDAP (age ≤14)	GEM	8		
<input type="checkbox"/> TC			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	<input type="checkbox"/> Unmanageable Airway <input checked="" type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other:
<input type="checkbox"/> PTC (trauma, age ≤14)	USC	20		
<input type="checkbox"/> PMC (medical, age ≤14)			REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB
<input type="checkbox"/> SRC				
<input type="checkbox"/> ASC			D I S P O	Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis:
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART				
<input type="checkbox"/> Other				
Time Clear				
Time Receiving Hospital Notified				
Name of Person Notified:				

- Enter hospital codes for the closest MAR, EDAP, and PTC
- Indicate the actual destination by checking EDAP
- Check Specialty Center: Guidelines Met (Auto vs Ped/Bike at less than 20mph [PB] is a guideline for transport to a PTC as per Reference No. 506.) If more than one specialty center option applies, choose the option most applicable to the patient's presentation.
- Check Destination Rationale: Minimal Injuries, as this is the reason patient was not transported to the PTC

Pediatric: PMC Guideline

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

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	SJS	8	Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input checked="" type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible
	<input type="checkbox"/> EDAP (age ≤14)	SJS	8		
	<input type="checkbox"/> TC			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	<input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input checked="" type="checkbox"/> PMC (medical, age ≤14)	CHH	15	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> Other: _____ Transferred to: _____ _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> SRC				
	<input type="checkbox"/> ASC			DISPO	
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
	<input type="checkbox"/> SART				
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital codes for the closest MAR, EDAP, and PMC
- Indicate the actual destination by checking PMC
- Check Specialty Center: Guidelines Met (persistent altered mental status is a guideline for transport to a PMC, as per Reference No. 510)
- Destination Rationale is left blank, as there is no deviation from destination principles

Specialty Center Guidelines Met

50 y/o male, L facial droop x 1 hr, positive mLAPSS exam:

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	SMH	5	Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input checked="" type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	<input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> Other: _____ Transferred to: _____ _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> SRC				
	<input checked="" type="checkbox"/> ASC	UCL	12	DISPO	
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
	<input type="checkbox"/> SART				
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital codes for the closest MAR and ASC
- Indicate the actual destination by checking ASC
- Check Specialty Center: Guidelines Met (positive mLAPSS exam meets guidelines for transport to an ASC as per Reference No. 521)
- Destination Rationale is left blank, as there is no deviation from destination principles

Specialty Center Judgment

66 y/o male, crushing chest pain and SOB for 15min, Abnormal ECG, hx of MI, DM, HTN. MICN directs transport to SRC due to high suspicion of MI:

CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<input type="checkbox"/> MAR	CNT	5	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible
<input type="checkbox"/> EDAP (age ≤14)				
<input type="checkbox"/> TC			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	<input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries <input checked="" type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other:
<input type="checkbox"/> PTC (trauma, age ≤14)				
<input type="checkbox"/> PMC (medical, age ≤14)			DISPO	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
<input checked="" type="checkbox"/> SRC	UCL	15		
<input type="checkbox"/> ASC			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB	Transferred to: _____ __ __ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART				
<input type="checkbox"/> Other				
Time Clear				
Time Receiving Hospital Notified				
Name of Person Notified:				

- Enter hospital codes for the closest MAR and SRC
- Indicate the actual destination by checking SRC
- Check Specialty Center Not Required
- Check Destination Rationale: Judgment

9-1-1 Interfacility Transfer

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

CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<input type="checkbox"/> MAR	CNT	0	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible
<input type="checkbox"/> EDAP (age ≤14)				
<input type="checkbox"/> TC			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	<input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other:
<input type="checkbox"/> PTC (trauma, age ≤14)				
<input type="checkbox"/> PMC (medical, age ≤14)			DISPO	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
<input checked="" type="checkbox"/> SRC	UCL	15		
<input type="checkbox"/> ASC			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB	Transferred to: _____ __ __ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART				
<input type="checkbox"/> Other				
Time Clear				
Time Receiving Hospital Notified				
Name of Person Notified:				

- (Run Type at top right of form is IFT)
- Enter hospital codes for the closest MAR and SRC
- Indicate the actual destination by checking SRC
- Destination Rationale is left blank, as there is no deviation from destination principles

ED Saturation

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

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	NRH	5	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input checked="" type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC				
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> SRC				
	<input type="checkbox"/> ASC			DISPO If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> Int'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> Other: _____ Transferred to: _____ ____ ____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
	<input type="checkbox"/> SART				
<input checked="" type="checkbox"/> Other	MCP	12			
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for the closest MAR
- Indicate the actual destination by checking Other, and enter the hospital code for the actual destination
- Check Specialty Center: Not Required (AP as described meets no specialty center criteria or guidelines as per Reference No. 502)
- Destination Rationale is ED Saturation, as patient did not go to the MAR due to diversion request for ED Saturation

Specialty Center Diversion

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

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	MHG	8	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input checked="" type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC	SFM	10		
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> SRC				
	<input type="checkbox"/> ASC			DISPO If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> Int'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> Other: _____ Transferred to: _____ ____ ____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
	<input type="checkbox"/> SART				
<input checked="" type="checkbox"/> Other	HGH	15			
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital codes for the closest MAR and TC
- Indicate the actual destination by checking Other, and enter the hospital code for the actual destination
- Check Specialty Center: Required/Criteria Met (PA is a criteria for transport to a TC as per Reference No. 506)

- Destination Rationale is SC Diversion: TC/PTC, as patient was not transported to closest TC due to diversion request

Conducted Electrical Weapon (CEW, aka Taser®)

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

CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<input checked="" type="checkbox"/> MAR	PLB	3	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> EDAP (age ≤14)				
<input type="checkbox"/> TC	LBM	5	PT TRANSPORTED VIA: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
<input type="checkbox"/> PTC (trauma, age ≤14)				
<input type="checkbox"/> PMC (medical, age ≤14)			DISPO If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ __ __ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
<input type="checkbox"/> SRC				
<input type="checkbox"/> ASC				
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART				
<input type="checkbox"/> Other				
Time Clear				
Time Receiving Hospital Notified				
Name of Person Notified:				

- Enter hospital codes for the closest MAR and TC
- Indicate the actual destination by checking MAR
- Check Specialty Center: Not Required (PL is not a criteria or guideline for transport to a TC as per Reference No. 506)
- Destination Rationale is left blank, as there is no deviation from destination principles

Minimal Injuries

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

CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<input checked="" type="checkbox"/> MAR	BMC	3	Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input checked="" type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible <input type="checkbox"/> Unmanageable Airway <input checked="" type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> EDAP (age ≤14)				
<input type="checkbox"/> TC	UCL	15	PT TRANSPORTED VIA: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
<input type="checkbox"/> PTC (trauma, age ≤14)				
<input type="checkbox"/> PMC (medical, age ≤14)			DISPO If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ __ __ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
<input type="checkbox"/> SRC				
<input type="checkbox"/> ASC				
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART				
<input type="checkbox"/> Other				
Time Clear				
Time Receiving Hospital Notified				
Name of Person Notified:				

- Enter hospital codes for the closest MAR and TC
- Indicate the actual destination by checking MAR
- Check Specialty Center: Guidelines Met (PB is a guideline for transport to a TC as per Reference No. 506)
- Destination Rationale is Minimal Injuries, as patient was not transported to the closest TC, due to minimal injuries

Shared Ambulance

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

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	DCH	3	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion
	<input type="checkbox"/> EDAP (age ≤14)	DCH	3		SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible
	<input type="checkbox"/> TC				<input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries
	<input type="checkbox"/> PTC (trauma, age ≤14)	LBM	20	<input type="checkbox"/> JudGment (Provider/Base) <input checked="" type="checkbox"/> Shared Ambulance	
	<input type="checkbox"/> PMC (medical, age ≤14)			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other
	<input type="checkbox"/> SRC			<input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> ASC			DISPO If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> O Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	<input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
	<input type="checkbox"/> SART				
<input checked="" type="checkbox"/> Other	SFM	8			
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified: _____					

- Enter hospital codes for the closest MAR, EDAP, and PTC
- Indicate the child's actual destination by checking Other (patient not transported to MAR, EDAP, or PTC) and enter the hospital code for the actual destination
- Check Specialty Center: Required/Criteria Met (EDAP, PMC or PTC is required for all pediatric patients)
- Destination Rationale is Shared Ambulance, as patient was transported to Other

Patient Request

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

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	DCH	3	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion
	<input type="checkbox"/> EDAP (age ≤14)				SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible
	<input type="checkbox"/> TC				<input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries
	<input type="checkbox"/> PTC (trauma, age ≤14)			<input type="checkbox"/> JudGment (Provider/Base) <input type="checkbox"/> Shared Ambulance	
	<input type="checkbox"/> PMC (medical, age ≤14)			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other
	<input type="checkbox"/> SRC			<input type="checkbox"/> Helicopter - ETA: _____ <input type="checkbox"/> No Transport	
	<input type="checkbox"/> ASC			DISPO If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> O Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	<input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
	<input type="checkbox"/> SART				
<input checked="" type="checkbox"/> Other	KFB	6			
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified: _____					

- Enter hospital code for the closest MAR
- Indicate the actual destination by checking Other, and enter the hospital code for the actual destination
- Check Specialty Center: Not Required (CC and FE, as described meet no specialty center criteria or guidelines as per Reference No. 502)

- Destination Rationale is Requested by: Patient, as patient did not go to the MAR due to patient request

AMA

36 y/o female, history of diabetes, status post altered mental status resolved with paramedic administration of D50 for blood glucose of 40. GCS now 4-6-5, no complaints, vital signs stable. The patient has decided she does not want to be transported to the hospital and wishes to sign out against the medical advice of the paramedics and MICN:

CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
<input type="checkbox"/> MAR	AMH	3	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> SC Not Accessible <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> EDAP (age ≤14)				
<input type="checkbox"/> TC			<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other	REASON FOR NO TRANSPORT: <input checked="" type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
<input type="checkbox"/> PTC (trauma, age ≤14)			<input type="checkbox"/> Helicopter - ETA: _____	
<input type="checkbox"/> PMC (medical, age ≤14)			<input checked="" type="checkbox"/> No Transport	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
<input type="checkbox"/> SRC				
<input type="checkbox"/> ASC				
<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART				
<input type="checkbox"/> Other				
Time Clear				
Time Receiving Hospital Notified				
Name of Person Notified:				

- Enter hospital code for the closest MAR
- No actual destination is indicated, as patient is not transported
- Check Specialty Center Not Required (adult with status post medical ALOC does not meet Specialty Center criteria or guidelines)
- Destination Rationale is left blank, as there is no destination
- Reason for No Transport is AMA

DISPO SECTION

IF BASE IS RECEIVING HOSPITAL

Definition

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

Field Values

- **Discharged:** Patient was discharged home from the emergency department
- **Ward:** Patient was admitted to a medical/surgical ward
- **Stepdown:** Patient was admitted to a Direct Observation Unit (DOU), Stepdown Unit, or Telemetry Unit
- **ICU:** Patient was admitted to an Intensive Care Unit or Cardiac Care Unit
- **OR:** Patient was transferred directly from the emergency department to the operating room
- **Cath Lab:** Patient was transferred directly from the emergency department to the Cardiac Catheterization Lab
- **INT'l Radiology:** Patient was transferred directly from the emergency department to Interventional Radiology for embolization, angiography, etc.
- **Expired in ED:** Patient died in the emergency department
- **OB:** Patient was admitted to an obstetrics department
- **Transferred to:** Patient was transferred directly from the emergency department to another healthcare facility – document the name of the facility or the three-letter hospital code in the space provided
- **Other:** Patient disposition other than those listed above – document disposition on the line provided
- **ED Diagnosis:** Emergency department diagnosis as documented by a physician – is entered into TEMIS as an ICD-9 code

Additional Information

- Mandatory field for all patients for whom the base hospital contacted is the receiving facility
- May be completed at a later time by personnel other than the MICN/MD contacted

Uses

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

Data Source Hierarchy

- Base Hospital Form
- ED Records
- Other hospital records

COMMENTS

Definition

Space provided for documentation of any additional information

Field Values

- Free text

Additional Information

- Base Hospital Form Page 2 can be utilized if additional space is needed for documentation

Uses

- Additional documentation, if needed

Data Source Hierarchy

- Base Hospital Form

MICN/PHYSICIAN

Definition

Signature and certification/identification number of the MICN and/or Base physician contacted

Field Values

- Free text

Additional Information

- Mandatory field for all base hospital contacts
- First initial and last name is sufficient for signature
- If **both** a MICN and a physician handle the call, or if a physician is consulted during the run, both names and numbers are documented

Uses

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

Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log

PATIENT NAME/NUMBER

Definition

Patient's name or hospital medical record number

Field Values

- Free text

Additional Information

- May be completed at a later time by personnel other than the MICN/MD contacted

Uses

- Patient identification
- Link between other databases

Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ED Records
- Other hospital records

APPENDIX

MANDATORY DATA FIELDS FOR ALL FULL CALLS

Field Values

- Gen Info:
 - Log and Sequence #
 - Date and Time of Call
 - Provider Code and Unit #
 - Age, Age Units, and Sex of Patient
 - Pediatric Weight (in kilograms, from length-based tape)
 - Pediatric Weight Color Code
 - Hospital Code of base handling the run
 - Communication and Call Type
 - Location
- Assessment:
 - Chief Complaint
 - Severity of Distress
- Physical:
 - LOC/GCS
 - mLAPSS (if CC=LN, or actual destination = ASC for suspected stroke)
 - Last Known Well Date/Time (if mLAPSS met = Y, or if patient was transported to an ASC for suspected stroke)
 - Adv Airway (if advanced airway placed): BS after ETT/King, and CO₂ Detection, if applicable
- ECG/Arrest:
 - Initial Rhythm (for all patients placed on a cardiac monitor or on whom a 12-lead is performed)
 - Interpretation (for all patients on whom a 12-lead is performed)
 - For all 12-lead ECGs with an interpretation of “STEMI”
 - 12-lead time
 - Artifact?
 - Wavy Baseline?
 - Paced Rhythm?
 - For all patients with a chief complaint of “CA”
 - Initial Rhythm:
 - Witnessed by:
 - CPR by:
 - Estimated down time (if arrest is witnessed)
 - Rtn of Pulse (ROSC)?
 - Rtn of Pulse (ROSC) @ (if patient has return of pulses)
 - Pronounced Rhythm (if patient is pronounced)
 - Total Min. EMS CPR (if patient is pronounced)
 - Resuscitation D/C'd @ (if patient is pronounced)
- Vitals/TXs:
 - Intravenous Access
 - Medications ordered (name) and PRN, if applicable
- Trauma:
 - Trauma Complaint
 - Mechanism of Injury

- Includes PSI, 12" or 18" if applicable

- Transport:
 - Destination options (MAR, TC, etc.)
 - Actual transport destination (if patient was transported)
 - Check One
 - Pt Transported Via
 - Destination Rationale (if applicable)
 - Reason For No Transport (if patient was not transported)
- Dispo:
 - Time Clear
 - Time Receiving Hospital Notified (for all patients transported via ALS to a specialty center when the base hospital was not the receiving facility)
 - ED Diagnosis (if the base is the receiving facility)
 - Patient Disposition (if the base is the receiving facility)
- Signature:
 - MICN # (if MICN handled the call)
 - Physician # (if the physician handled the call or was consulted by the MICN)

MANDATORY DATA FIELDS FOR ALL SFTP CALLS

Field Values

- Gen Info:
 - Log and Sequence #
 - Date and Time of Call
 - Provider Code and Unit Number
 - Age, Age Units, and Sex
 - Pediatric Weight (in kilograms, from length-based tape) and Color Code
 - Hospital Code of base handling run
 - Communication and Call Type
 - Location
- Assessment:
 - Chief Complaint
 - Severity of Distress
 - Protocol Used
- Physical:
 - GCS (for Protocol 1243)
 - mLAPSS, Last Known Well Date/Time (for Protocol 1251)
- EKG/Arrest (for Protocol 1244)
 - Initial Rhythm and Interpretation
 - For all 12-lead ECGs with an interpretation of “STEMI”
 - 12-lead time
 - Artifact?
 - Wavy Baseline?
 - Paced Rhythm?
 - ROSC? and ROSC@ (for Protocol 1210, if applicable)
- Vitals/TXs:
 - Glucometer (for Protocol 1251)
- Trauma:
 - Trauma Complaint
 - Mechanism of Injury
 - If patient was transported to a trauma center for criteria/guidelines/judgment:
 - Complete vital signs
 - GCS
- Transport:
 - Actual Transport Destination (if patient was transported)
 - Check One
 - Pt Transported Via
 - Destination Rationale (if applicable)
 - Reason For No Transport (if patient was not transported)
- Dispo:
 - Time Clear
 - Time Receiving Hospital Notified (for all patients transported via ALS to a specialty center when the base hospital was not the receiving facility)
 - ED Diagnosis (if the base is the receiving facility)
 - Patient Disposition (if the base is the receiving facility)
- Signature

- MICN # (if the MICN handled the call)
- Physician # (if the physician handled the call or was consulted by the MICN)