

EMS REPORT FORM TRAINING MANUAL

Los Angeles County
Emergency Medical Services Agency



*Revised:
March 2014*

EMS REPORT FORM TRAINING MANUAL

March, 2014

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INTRODUCTION

Documentation should reflect the standard of care in the community and justify the services rendered. The goal is to provide a form that facilitates patient assessment, encourages documentation of treatment, prompts reassessment after intervention, reduces liability, and ultimately improves patient care.

The EMS Report Form is a medical, legal, and data collection document.



THE EMS FORM PROVIDES:

- Healthcare personnel with an irreplaceable source of vital medical information and a foundation for further treatment.
- Agencies with an operational record to monitor response times, efficiency of service, cost of operations, and whether the community standards are being met.
- Billing departments with information to justify cost of services.
- Courts with an official document. Poor report completion can lead to costly awards. Insurance carriers, defendants, or plaintiffs in criminal or civil liability cases may use it.

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- Law enforcement personnel with pertinent information when investigating child or elder abuse, rape, intimate partner violence, and death by questionable means.
- Government agencies, coroners, community health agencies, HAZMAT teams, and researchers with specific information.
- A continuous quality improvement tool for use by provider agencies, hospitals, specialty centers and the EMS Agency.

In order to examine whether a given EMS system component, medical procedure or system modification is beneficial for patient outcome, the provider must collect the required elements in a consistent fashion for data entry.

The Trauma and Emergency Medical Information System (TEMIS) provides for standard data collection and is a centralized EMS data registry, managed by the Los Angeles County Emergency Medical Services Agency.

- Justification for care rendered.

Precision in documentation reflects quality in care

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HOW TO USE THIS MANUAL



The explanations in this book are grouped in sections, each representing a portion of the EMS Report Form. The sections are as follows:

- INCIDENT INFORMATION
- PT ASSESSMENT
- GCS / mLAPSS
- SPECIAL CIRCUMSTANCES
- THERAPIES
- TRANSPORT
- PATIENT INFORMATION
- COMMENTS
- COMPLAINTS
- PHYSICAL
 - Pupil
 - Resp
 - Skin
 - 12Lead
- VITAL SIGNS
- MEDICATIONS/DEFIBRILLATION
- CARDIAC ARREST

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- PRN MEDICATION and NARCOTIC WASTE
- REASSESSMENT after THERAPIES and/or CONDITION on TRANSFER
- SIGNATURES
- MULTIPLE CASUALTY INCIDENT FORM (MCI)
- ALS CONTINUATION FORM

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REPORT COMPLETION



- **WHEN**

An EMS Report Form must be completed for every EMS response (one form per patient). A provider agency may elect to submit a quarterly volume report to the EMS Agency for the following types of calls, in lieu of an EMS Report form:

- a. Canceled calls
- b. No patient found
- c. False alarms

- **BY WHOM**

Paramedic/EMT personnel from the first responding provider agency shall complete one approved local EMS Agency form for every 9-1-1 patient response, which includes the following:

- a. Regular runs
- b. Dead on Arrival (DOA); patients determined or pronounced dead per Los Angeles County Prehospital Care Manual, Reference No. 814, Determination/ Pronouncement of Death in the Field
- c. ALS Interfacility Transfer patients

In the event of a mutual aid incident, when two first responding agencies have responded and each have completed an EMS Report Form for the same patient, each provider agency shall legibly write the Sequence Number

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from the other provider's form in the space provided for the Original Sequence Number. Do not cross out or line through the imprinted Sequence Number.

If care is transferred from one ALS provider agency to another ALS provider, each provider agency shall complete an EMS Report Form and legibly handwrite the Sequence Number from the other provider's form in the space provided for Original Sequence Number. Do not cross out or line through the imprinted Sequence Number.

- **WHERE**

The EMS Report Form should be completed at the scene whenever possible. If unable to complete at scene, additional time should be taken to complete it at the receiving facility. A complete report shall accompany the patient.

- **WHY**

The EMS Report Form is a medical record of care provided. It is the only written document which can reflect the condition and justify treatment/transport of the prehospital patient at the time of accident or illness. A re-creation of prehospital events should be easily accomplished with a complete and accurately documented EMS Report Form.

A properly completed EMS Report Form should enable you to re-create the incident after the fact.

An accurate and complete EMS Report Form may be utilized to:

- Assist the emergency department staff gather additional patient information after paramedics have left the hospital.

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- Assist an EMT or paramedic to recall a long forgotten incident in a court of law. Litigation may occur many years after an incident.
- Avoid frivolous lawsuits. Attorneys look at incident documentation to determine the validity of a lawsuit. It is difficult for an attorney to proceed with a claim when the medical record reflects treatment rendered in accordance with the standard of care.
- Shift the burden of proof in a lawsuit to the plaintiff, who will need to prove that the written EMS Report Form is incorrect. Conversely, if information is not documented on the EMS Report Form, it is impossible to prove that it was done.

NOTE:

Most malpractice law suits involve accusations of negligence, which alleges that the EMS provider (defendant) did not conform to the Standard of Care.

Negligence Consists of Four Elements:

- 1) The EMS provider had a duty to act.
- 2) The EMS provider breached that duty by not conforming to the Standard of Care required.
- 3) Failure to perform a specific duty was the cause of injury or harm to the patient.
- 4) Actual loss or injury occurred which can be measured for specific damages (\$\$\$\$\$\$).



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In most cases, the duty to act is easily established. The central issue becomes whether or not the EMS provider breached the “Standard of Care”.

“Standard of Care”

What would a reasonable, prudent EMS provider, with like training and experience, do under similar circumstances?

The EMS provider’s best defense in a negligence claim is to provide quality medical care in conformance with the standard of care, and to accurately and completely document the care given.

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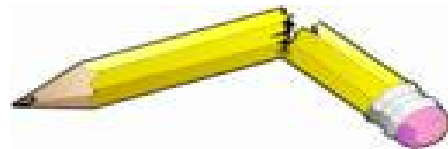
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GENERAL GUIDELINES

When completing the EMS Report Form, remember to:

- Write or print **legibly**.
- Complete the gray shaded area for all responses.
- Complete all appropriate black sections.
- Use only accepted medical abbreviations (located in the index section).
- Complete all codes (located on the back of page 2 and 3).
- Correct errors properly by drawing a straight line through the error and place your initials next to the error.
- Use military time.



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HOW TO MAKE CORRECTIONS

Never erase or obliterate an original record. Draw a single line through an entry so that the original item remains readable. Initial each correction and document the date and time any changes are made.

Modifications should be made by the person who wrote the initial report, not by someone who did not participate in the response. The signature of the person modifying the report must appear on the form in the *Signature Section*.

If a change is made after copies have been dispersed, photocopy the change and send it to every receiver, along with a cover letter explaining the change, requesting that the original copy be replaced by the new one.

Do not attempt to reconstruct the original. Fill out a supplemental form and describe the incident in more detail, but do not alter the facts. Also, document additional information into the agency's computerized data system, if applicable.

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BEFORE COMPLETING THE RUN



Review the EMS Report Form and check for complete and accurate content. The documentation should answer the following questions:

- Does it contain all the information needed by others who rely on your record for ongoing patient care?
- Does it reflect your observations about the patient?
- Does the treatment fit the observed medical condition of the patient?
- Is all care provided completely documented?
- Can the receiving facility interpret the severity of the patient's condition and determine the response to treatment rendered?
- Can the run be re-created at a later date with the information provided?

"The job is not complete until all the paperwork is done"

For additional information concerning documentation of prehospital care, refer to the Los Angeles County Prehospital Care Manual, Reference No. 606, Documentation of Prehospital Care.

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DISTRIBUTION OF COPIES



The primary care giver is responsible for the correct distribution of all copies of the EMS Report Form.

- **Provider Copy (White)** – Remains with the jurisdictional provider that initiates the form. If a private ambulance transports the patient without ALS personnel, the Receiving Facility copy (red) is sent with the transporting team. Additionally, most providers send the EMS Agency copy (yellow) with the private provider transport team where it is used for billing purposes and forwarded to the EMS Agency.
- **Receiving Hospital Copy (Red)** – Must be sent with all transported patients to the receiving facility where it becomes part of the patient medical record. If the patient is not transported, use is at the discretion of the EMS Provider Agency that initiates the form.
- **EMS Agency Copy (Yellow)** – Must be sent to the Emergency Medical Services Agency. The EMS Agency must receive the yellow copy of the **completed form**, within 45 days of the last day of the preceding month, to reflect all care given in the prehospital setting and ensure that all data elements are entered into the TEMIS database.
- **Supplemental Copy (Blue)** – Presented to the County pharmacist in the assigned County facility(ies) in accordance with Los Angeles County Prehospital Care Manual,

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Reference No. 702, Controlled Drugs Carried On ALS Units, for replacement of any controlled drugs administered to the patient in the field. If not required for controlled drug replacement, use is at the discretion of the EMS Provider Agency that initiated the form.



**IT IS VITAL THAT COMPLETE AND
ACCURATE DOCUMENTATION IS DONE
BY THE EMS PROVIDER IN THE FIELD.**

For additional information concerning form distribution, refer to the Los Angeles County Prehospital Care Manual, Reference No. 608, Retention and Disposition of Prehospital Care Records and Reference No. 607, Electronic Submission of Prehospital Data.

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INCIDENT INFORMATION

INCIDENT INFO	Date	MM/DD/YYYY		Inc #	Jur Sta	PD Unit #	<input type="checkbox"/> No Pt <input type="checkbox"/> Cx at Scene <input type="checkbox"/> PuB Asst <input type="checkbox"/> DOA <input type="checkbox"/> Pronc'd by Base <input type="checkbox"/> IFT <input type="checkbox"/> Pg 2				
	Inc Loc	Street Number		Street Name		Type	Apt #	City Code		Incident Zip Code	
	Prov	A/B/H	Unit	Disp	Arrival	At Pt	Left	At Fac	Avail	Team Member ID	
										#1	#2
										#3	#4
										#5	#6
										#7	#8

This section includes general information for the incident, the identification of the prehospital care personnel, times, and other important details.

The gray shaded area represents information that **must be** completed on every EMS response.

Los Angeles County Prehospital Care Manual, Reference No. 606, Documentation of Prehospital Care.

- Date** Enter the date of the incident using eight numbers in the MM/DD/YYYY format.
- Inc#** Incident number. This number is assigned by the provider agency to identify the incident.
- Jur Sta** The jurisdictional station identifies the fire station in whose jurisdiction the incident occurred.
- PD unit#** Enter the number/designation of the police unit on scene. If multiple units are on scene document the unit in charge. Use of the *Comments Section* for further documentation and/or clarification is strongly suggested.

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- ☐ **No Pt** **No Patient:** Mark this box whenever the unit has a false alarm, is canceled in route, or a situation in which no patient is found. Use *Comments Section* to explain the circumstances.
- ☐ **Cx at Scene** **Canceled at Scene:** Upon arrival at scene, the responding unit is canceled by another first responder who is on scene and has determined that the arriving unit is not needed. When canceled at scene is marked, the unit has not had patient contact. The incident information section should be completed and a brief explanation of the circumstances should be documented in the *Comments Section*.
- ☐ **PuB Assist** **Public Assist:** EMS responds to a request for lifting assistance (bed to chair, chair to bed, car to home, etc) and the individual is determined not to have an illness or injury. Responses where an individual or third party called 9-1-1 for a possible medical issue should be considered a full call and appropriate patient assessment and documentation should be completed. For example, if a third party calls for a “person down” and upon arrival the person is fully oriented and denies illness or injury.
- ☐ **DOA** **Dead on Arrival:** The patient is determined to be dead per Los Angeles County Prehospital Care Manual, Reference No. 814, Determination/Pronouncement of Death in the Field. DOA should be marked for patients meeting circumstances listed in Reference No. 814. The *Comments Section* should include documentation of physical findings.

The *Reason(s) for Withholding Resuscitation Section* should be marked to indicate the exact criteria the patient met. It is **NOT** sufficient to merely document “Meets

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Reference No. 814”.

The two letter Chief Complaint code (first code) should be entered for DOAs as follows:

DO if the patient is determined dead upon EMS arrival based on Reference No. 814 criteria.

- ☐ **Pronc'd by Base** **Pronounced by Base:** The patient does NOT meet criteria specified in Reference No. 814 and cannot be determined to be dead upon EMS arrival. BLS and ALS should be initiated and base hospital contact made for direction. The base hospital physician will make the decision to continue with resuscitative measures or pronouncement.

The two letter Chief Complaint code (first code) should be entered for patient pronounced by the base as follows:

CA if the patient is in cardiac arrest upon arrival but does not meet any Reference No. 814 criteria.

- ☐ **IFT** **Interfacility Transport:** A response in which the patient is transferred on an elective, non-emergency basis from one medical facility to another. This type of response is usually accepted only by a private ambulance company and is scheduled. This box is not checked for 9-1-1 emergency responses to convalescent hospitals or medical offices. If a 9-1-1 unit is called to transport a patient from an Emergency Department to a higher level of care facility, such as a Trauma Center or STEMI Receiving Center they **are not** considered an IFT for documentation purposes.

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IFTs can be categorized as either outpatient (typically a call originating from an emergency department), or inpatient (a call originating from a hospital ward or ICU). All inpatients will be classified as either medical or trauma. (See *Complaints Section* for documentation instructions on IFT patients).

- **Page 2** Indicates the use of an Advanced Life Support (ALS) Continuation Form. The ALS Continuation Form is **required** when an advanced airway is attempted, when resuscitation is initiated or when a patient is pronounced by the base hospital physician. It should also be used when additional space is needed to clearly document care. The margin areas should **NOT** be used for continued documentation.

The second page must be securely attached to the EMS Report Form and copies distributed in accordance with Los Angeles County Prehospital Care Manual, Reference No. 608, Retention and Disposition of Prehospital Care Records and Reference No. 607, Electronic Submission of Prehospital Data.

Incident Location: The incident location must be completed for every response. Be sure all of the following elements are completed.

Street Number	Enter the street number where the incident took place. Be sure to include the directional cues (N orth, S outh, E ast, or W est) when appropriate.
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Street corners are acceptable; however, list a street number whenever possible. For freeway incidents, give the freeway number, direction, and the nearest on/off ramp.

Street Name	Enter the name of the street on which the incident occurred.
Type	Street Type: The street type (Av, Bl, Wy, etc.).
Apt #	Apartment Number: Enter the number or letter of the apartment when applicable.
City Code	<p>City codes identify the community in which the incident occurred. These codes include smaller communities located within cities.</p> <p>Enter the most specific code possible e.g., enter SK for Sherman Oaks, not LA for Los Angeles.</p> <p>City Codes are found on the back of Page 3 (Yellow – EMS Agency copy). City Codes and Provider Codes are not necessarily the same.</p>
Incident Zip Code	Insert the zip code of the incident location. The provider agencies should assure the availability of current maps. Zip code provides information critical to the tracking of EMS incidents and must be included on every report.
Prov	<p>Provider code of the agency (or agencies) responding. The provider code and city code are not necessarily the same.</p> <p>Provider agency codes are found on the back EMS Agency copy (yellow).</p>

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A/B/H **ALS/BLS/Helicopter:** Indicates the highest capability of care for the responding unit, ALS (A) or BLS (B) or Helicopter (H). **It is not the level of care given.**

Unit Enter the unit letter and number designation.

- AU for Assessment Unit
- AT for Assessment Truck
- AE for Assessment Engine
- PE for Paramedic Engine
- PT for Paramedic Truck
- SQ for Squad (no transport capability)
- RA for Rescue (can transport)
- BK for Bike
- BT for Boat
- CT for Cart
- HE for Helicopter

Times are an important area of the EMS Report Form. Every effort must be made to complete them for all units involved in the incident.

Disp **Dispatch Time:** Time each unit was dispatched to the incident.

Arrival **Arrival Time at Scene:** Time each unit arrives at the scene of the incident.

At Pt **Arrival Time at Patient:** Time that EMS personnel actually arrive at the patient's side. This may differ from the arrival at scene time (e.g., a long walk into an

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apartment complex, waiting for the police to secure the scene, etc.). Note in the *Comments Section* the circumstances if the time at patient differs significantly from the on scene arrival time.

Left	Left Scene Time: The time the unit left the scene for transport to the receiving facility.
At Fac	Arrival Time at Receiving Facility: The time the unit arrived at the receiving facility. Must be recorded on all transported patients. Information is used to calculate transport times and will also identify which unit transported the patient.
Avail	Available Time: The time that the unit was available to respond to another call. If the patient does not require transportation this will also be the left scene time.
Team Member ID	<p>The identification of personnel involved in patient care. Paramedics should use "P" followed by the L.A. County issued accreditation number (P1234).</p> <p>EMTs should use "E" followed by the CA certification number (E12345).</p>

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PATIENT ASSESSMENT

PATIENT ASSESSMENT	
Pt ____ of ____	# Pts ____
Transported	
Orig. Seq. # ____	
RC	
Age ____	<input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> H
	<input type="checkbox"/> Est.
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Wt ____	<input type="checkbox"/> lb <input type="checkbox"/> kg
Peds Color Code <input type="checkbox"/> Too Tall	

Pt ____ of ____

Patient ____ of ____: Identifies the patient number of each patient among the **total** number of patients involved in an incident.

Example: Pt 1 of 1. There is only **one patient**.

If there are **multiple patients**, assign a number to each patient. This number must remain constant throughout the incident. Complete the report form by identifying the # of the patient along with the total number of patients involved in the incident. Patients who are not transported, such as those documented as DOA or those who are refusing treatment, should be assigned a patient number as well.

Example: Pt 3 of 5. This is the third patient of a five patient incident.

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# Pts. Transported	Number of Patients Transported: Total number of patients transported from one incident.
Orig. Seq. #	Original Sequence Number: Complete whenever two or more first responding providers have responded and have each completed an EMS Report Form. Legibly handwrite the Sequence Number from the other provider's form in the space provided for Original Sequence Number. Be sure to include the entire Sequence Number. Do NOT line through the imprinted Sequence Number.
Seq. #	Sequence Number: A preprinted number on the EMS Report Form used to link the EMS, base hospital, and trauma databases. It is the only unique identifier for each patient responded to by the EMS system. Be accurate when communicating this number to the base hospital.
Age	Patient Age: Document the exact age stated by the patient or caregiver. Complete for all patient responses. Estimate the age if the exact age cannot be obtained. Mark the correct unit of age: <ul style="list-style-type: none">• H (Hours): Newborn, less than 1 day• D (Days): Greater than 1 day but less than 1 month• M (Months): More than 1 month but less than 2 years• Y (Years): 2 years and over• Est. (Estimated): If the exact age cannot be obtained
<input type="checkbox"/> M <input type="checkbox"/> F	Gender: Indicate the patient's gender, M for male or F for female.

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Wt___**□Lb□Kg** **Patient Weight:** The weight stated by the patient or caregiver. Complete for all patient responses, estimate the weight if the exact weight cannot be obtained. **Mark** the correct unit of weight (Lb or Kg).

Peds Color Code **Pediatric Weight Color Code:** A Pediatric Resuscitation Tape shall be used to obtain the patient's weight and treatment color code on all pediatric ALS patients. (Los Angeles County EMS Agency Medical Control Guidelines, Pediatric Age.)

□ Too Tall **Mark** if the pediatric patient is taller than the Pediatric Resuscitation Tape.

DISTRESS LEVEL

The EMS personnel's subjective estimate of the patient's condition upon arrival at the scene. The estimate is based upon how life threatening the patient's condition appears to be.

- Sev** **Severe:** Refer to a life-threatening condition. Advanced life support techniques, base hospital contact, and patient transportation are generally necessary.
- Mod** **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.
- Mild** Indicates that the patient does not have a life-threatening problem. Advance life support techniques and transportation may not be necessary.

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☐ **None**

The patient appears well and has no acute signs or symptoms related to the incident. Advanced life support techniques and transportation by paramedics may not be necessary.

Complaint

Describe the patient's medical or trauma complaint. Enter the two-letter code from the Trauma/Medical complaint check boxes. If the patient is experiencing more than one complaint, enter the most significant complaint first.

Distress Level	<input type="checkbox"/> Sev	<input type="checkbox"/> Mod
	<input type="checkbox"/> Mild	<input type="checkbox"/> None
Complaint	{ 1 3	2 4
Mechanism of Injury	{ 1 3	2 4

Example: Complaint C P | S B

Chief complaint of chest pain and secondary complaint of shortness of breath.

IF THE PATIENT HAS BOTH MEDICAL AND TRAUMA COMPLAINTS, INSERT THE MOST SIGNIFICANT INTO THE UPPER LEFT CORNER OF THE COMPLAINT CODE AREA. CONTINUE TO INSERT ANY FURTHER CODES IN A LEFT TO RIGHT MANNER.

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COMPLAINTS:

COMPLAINTS	MEDICAL	<input type="checkbox"/> Abd/Pelvic Pain <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Fever <input type="checkbox"/> Near Drowning <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> No Medical Complaint <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> DOA <input type="checkbox"/> Foreign Body <input type="checkbox"/> Neck/Back Pain <input type="checkbox"/> SEizure <input type="checkbox"/> Inpatient Medical <input type="checkbox"/> A.L.T.E. <input type="checkbox"/> Chest Pain <input type="checkbox"/> GI Bleed <input type="checkbox"/> Nosebleed <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Other Pain <input type="checkbox"/> Altered Loc <input type="checkbox"/> Choking/Airway Obst <input type="checkbox"/> Head Pain <input type="checkbox"/> OBstetrics <input type="checkbox"/> SYNcope <input type="checkbox"/> Medical Device <input type="checkbox"/> Apnea Episode <input type="checkbox"/> Cough/Congestion <input type="checkbox"/> HYPoglycemia <input type="checkbox"/> Labor <input type="checkbox"/> Newborn <input type="checkbox"/> WEak/Dizzy <input type="checkbox"/> Complaint <input type="checkbox"/> Bleeding Oth Site <input type="checkbox"/> DYSrhythmia <input type="checkbox"/> Local Neuro Signs <input type="checkbox"/> OD/POisoning <input type="checkbox"/> Vaginal Bleed <input type="checkbox"/> Other _____ <input type="checkbox"/> BEHavioral <input type="checkbox"/> AgitateD <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Palpitations					
	TRAUMA	<input type="checkbox"/> No Apparent Injury B P <input type="checkbox"/> Traumatic Arrest B P <input type="checkbox"/> Abdomen <input type="checkbox"/> Protective Devices: <input type="checkbox"/> SeatBelt <input type="checkbox"/> AirBag <input type="checkbox"/> HeLmet <input type="checkbox"/> CarSeat/Booster <input type="checkbox"/> BUrns/Elec. Shock <input type="checkbox"/> Head <input type="checkbox"/> GCS≤14 <input type="checkbox"/> Diffuse Abd. Tend <input type="checkbox"/> Ejected <input type="checkbox"/> EXtricated @ <input type="checkbox"/> SPorts/Recreation <input type="checkbox"/> Self-Inflict'd/Acc. <input type="checkbox"/> SBP <90, <70 (<1yr) <input type="checkbox"/> Face/mouth <input type="checkbox"/> Genital/Buttocks <input type="checkbox"/> Pass. Space Intr. >12" >18" <input type="checkbox"/> STabbing <input type="checkbox"/> GSW <input type="checkbox"/> Self-Inflict'd/Int. <input type="checkbox"/> RR <10/>29, <20 (<1yr) <input type="checkbox"/> Neck <input type="checkbox"/> Extremities <input type="checkbox"/> Survived Fatal Accident <input type="checkbox"/> ANimal Bite <input type="checkbox"/> HazMat Exposure <input type="checkbox"/> Susp. Pelvic FX. <input type="checkbox"/> Back <input type="checkbox"/> EXtr ↑ knee/elbow <input type="checkbox"/> Impact >20 mph unenclosed <input type="checkbox"/> CRush <input type="checkbox"/> Work-Related <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Chest <input type="checkbox"/> FRactures ≥ 2 long <input type="checkbox"/> Ped/Bike Runover/Thrown >20mph <input type="checkbox"/> FAil <input type="checkbox"/> >15ft/>10ft <input type="checkbox"/> Telemetry Data <input type="checkbox"/> Inpatient Trauma <input type="checkbox"/> Flail Chest <input type="checkbox"/> Amp ↑ wrist/ankle <input type="checkbox"/> Ped/Bike <20mph <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Medical Hx <input type="checkbox"/> Minor Lacerations <input type="checkbox"/> Tension Pneum <input type="checkbox"/> Neur/Vasc/Mangl'd <input type="checkbox"/> Motorcycle/Moped <input type="checkbox"/> Thermal Burn <input type="checkbox"/> Anti-Coag <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKnown <input type="checkbox"/> Other:					

Trauma

Trauma chief complaints are categorized as Blunt or Penetrating, with the following exceptions:

- BU: Burn/Shock
- 90: SBP <90mmHg or <70mmHg if <1yr
- RR: Respiratory Rate <10 breaths per minute or >29 breaths per minute or <20 breaths per minute if <1yr
- SX: Suspected Pelvic Fracture
- SC: Spinal Cord Injury
- IT: Inpatient Trauma

If the chief complaint is a result of trauma, insert the two-letter code describing the patient's most significant injury. More than one complaint may be entered, but the chief complaint should be entered first.

Subcategories (indented codes) identify more specific injuries and should be used, when applicable, instead of the injury code they follow.

Example: Complaint FC | BC

Flail Chest (FC) injury is more specific than a blunt chest (BC) injury.

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Medical Mark all that apply. Document the bold two-letter code in the *Patient Assessment Section*.

MECHANISM OF INJURY

M E C H A N I S M	Protective Devices: <input type="checkbox"/> S eat B elt <input type="checkbox"/> A ir B ag <input type="checkbox"/> H e L met <input type="checkbox"/> C ar S eat/Booster		
	<input type="checkbox"/> E nclosed V eh.	<input type="checkbox"/> S Ports/Recreation	<input type="checkbox"/> S elf-Inflict'd/ A cc.
	<input type="checkbox"/> E Jected <input type="checkbox"/> E Xtricated @ _____	<input type="checkbox"/> A SSault	<input type="checkbox"/> S elf-Inflict'd/ I nt.
	<input type="checkbox"/> P ass. Space Intr. <input type="checkbox"/> >12" <input type="checkbox"/> >18"	<input type="checkbox"/> S Tabbing <input type="checkbox"/> G SW	<input type="checkbox"/> H azMat E xposure
	<input type="checkbox"/> S urvived F atal Accident	<input type="checkbox"/> A Nimal Bite	<input type="checkbox"/> W ork- R elated
	<input type="checkbox"/> Impact > 20 mph unenclosed	<input type="checkbox"/> C Rush	<input type="checkbox"/> T elemetry D ata
	<input type="checkbox"/> Ped/Bike R unover/ T hrown/>20mph	<input type="checkbox"/> F ALL <input type="checkbox"/> > 15 ft/>10ft	<input type="checkbox"/> M edical H x
	<input type="checkbox"/> Ped/Bike <20mph	<input type="checkbox"/> E lectrical S hock	<input type="checkbox"/> A nti- C oag
	<input type="checkbox"/> M otorcycle/ M oped	<input type="checkbox"/> T hermal B urn	<input type="checkbox"/> U Nknown
			<input type="checkbox"/> O ther: _____

Mechanism **Mechanism of Injury (MOI):** A two-letter code identifying how an injury was sustained. If the chief complaint is a trauma complaint, at least one mechanism of injury must be listed. Enter the codes of the primary MOI followed by the **most significant** subcategories.

Example: Mechanism E V | P S

E X | S F

Enclosed vehicle (EV) traffic accident with passenger space intrusion (PS), extrication required (EX) and survival of fatal accident (SF).

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GCS/mLAPSS

GCS

Glasgow Coma Score

(GCS): A numerical system describing a patient's level of consciousness and the patient's response to external stimuli.

GCS MUST be completed on all patients who are one year of age and older.

GCS/mLAPSS	
Time	
Eyes	
Verbal	
Motor	
GCS Total	
<input type="checkbox"/> NorMal for pt / Age	
mLAPSS <input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Last known well:	
Date: _____	<input type="checkbox"/> UNK
Time: _____	

Space is provided for each individual component (eye, verbal, and motor) of the scale as well as the total GCS and the time the exam was performed. The space on the left is where the initial GCS is documented. The space on the right is provided for reassessment of the GCS due to changes in the patient's condition. Insert this score adjacent to the initial score.

☐ **Normal
PT/Age**

Normal for Patient or Age: Behavior, although not typical, is the same as it was before the incident. May also describe patients who suffer from mental illness, dementia, developmental delays, etc. This box can also be marked for children and infants who are age appropriate.

Document who supplied this information (parent, caregiver, etc.) in the *Comments Section*.

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mLAPSS

Modified Los Angeles Stroke Screen (mLAPSS):

Document on all patients exhibiting local neurological signs and/or patients showing signs/symptoms of a possible stroke.

Mark: “Met” or “Not Met”.

The Glasgow Coma Scale (Adult and Pediatric) and mLAPSS are located on the back of the Receiving Facility copy (Red).

Last Known Well: Completed for all patients exhibiting acute stroke symptoms, neurological deficits, or whenever a mLAPSS exam is performed.

Date The date the patient was last seen at their baseline neurological status.

Time The time the patient was last seen at their baseline neurological status. If the patient awakes with symptoms, then the time they were last known to be at baseline should be recorded.

UNK If unable to determine the last known well date and time.

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SPECIAL CIRCUMSTANCES

SPECIAL CIRCUMSTANCES	
<input type="checkbox"/>	BA rriers to Pt Care _____
<input type="checkbox"/>	P oison C ontrol Contacted
<input type="checkbox"/>	A buse S uspected Reported To: _____
<input type="checkbox"/>	E TOH Suspected
<input type="checkbox"/>	D rugs S uspected

- ☐ **BA**rriers to Patient Care Identify specific barriers to patient care such blind, deaf, combative, speech impaired, altered, etc. Check box and describe specific reason on line provided.
- ☐ **P**oison **C**ontrol Contacted Poison control contacted by EMS on scene, dispatch, or by family members prior to the arrival of paramedics.
- ☐ **A**buse **S**uspected Family violence, neglect, or abuse is suspected. Must be followed up with the appropriate reports. Refer to the Los Angeles County Prehospital Care Policy Manual, Reference No. 822, Suspected Child Abuse/ Neglect Reporting Guidelines, and Reference No. 823, Elder Abuse and Dependent Abuse Reporting Guidelines.

Enter the individual's name and the agency the suspected abuse was reported to on the line provided.
- ☐ **D**rugs **S**uspected Indicates that statements by the patient, family or bystanders and/or the situation and behavior suggest the patient has used drugs. Reasons for checking the box must be noted in the *Comments Section*. Include objective findings such as drug paraphernalia, etc.

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THERAPIES

THERAPIES		<u>TM #</u>
<input type="checkbox"/> Bk Blows/Thrust		_____
<input type="checkbox"/> BVM		_____
<input type="checkbox"/> Breath Sounds		
<input type="checkbox"/> Chest Rise		
<input type="checkbox"/> Existing Trach.		
<input type="checkbox"/> OP/NP Airway		_____
<input type="checkbox"/> Cooling Measures		
<input type="checkbox"/> Dressings		_____
<input type="checkbox"/> Ice Pack		_____
<input type="checkbox"/> Tourniquet		_____
<input type="checkbox"/> O₂ _____ NC or M		_____
<input type="checkbox"/> REstraints		_____
<input type="checkbox"/> Distal CSM Intact		_____
<input type="checkbox"/> Spinal Motion Rest		_____
<input type="checkbox"/> CMS Intact - Before		_____
<input type="checkbox"/> CMS Intact - After		_____
<input type="checkbox"/> SPlint <input type="checkbox"/> Traction S		_____
<input type="checkbox"/> SUction		_____
<input type="checkbox"/> BLd Gluc #1 _____		
#2 _____		
<input type="checkbox"/> CPAP @ _____ cm H ₂ O		
@ _____ time		
<input type="checkbox"/> FB Removal		_____
<input type="checkbox"/> IV _____ g _____ site		_____
<input type="checkbox"/> I.O. _____ g _____ site		_____
<input type="checkbox"/> Needle THoracost		_____
<input type="checkbox"/> Vagal Maneuvers		_____
<input type="checkbox"/> TC Pacing, mA _____		
@Time _____ bpm _____		
<input type="checkbox"/> OTher _____		_____

The *Therapies Section* provides an area to document patient care procedures that are routinely not documented elsewhere on the EMS Report Form.

Use the *Drug/Defib Section* to fully document IV's in more detail. Document the initial reading when space is provided to document a specific number (Blood glucose, CPAP, etc.).

When therapies are performed or attempted, check the box and enter the team member number on the line provided. If more than one team member performs the therapy, enter the team member who initiated the therapy.

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<input type="checkbox"/>	Bk Blows/ Thrust	Back Blows or Abdominal Thrusts: Performed for suspected foreign body obstruction.
<input type="checkbox"/>	BVM Breath Sounds Chest Rise Existing Trach.	Bag Valve Mask Device: Respiration assisted with bag/valve/mask device. Mark the appropriate assessment results or reason why BVM used.
<input type="checkbox"/>	OP/NP Airway	Oropharyngeal (OP) or nasopharyngeal (NP) Airway: EMS personnel insert an airway adjunct. Circle the specific airway used.
<input type="checkbox"/>	Cooling Measures	Cooling Measures performed. This may include removing clothing; applying cool, damp cloths; fanning patient; etc.
<input type="checkbox"/>	DRessings	EMS personnel apply a dressing.
<input type="checkbox"/>	Ice Pack	EMS personnel applied an ice pack.
<input type="checkbox"/>	TourniQuet	EMS personnel applied a bleeding control tourniquet.
<input type="checkbox"/>	OXy____ NC or M	Oxygen by Nasal Cannula (NC) or Mask (M): EMS personnel provide oxygen to the patient. Circle device used to administer O ₂ (NC or M). Enter the O ₂ flow rate in the space provided.
<input type="checkbox"/>	REstraints	EMS personnel apply or monitor restraints. If this box is checked, additional documentation in the <i>Comments Section</i> should reflect location of restraints, patient position, and quality of circulation distal to restrained extremities.
<input type="checkbox"/>	Distal CSM Intact	Distal Circulation, Sensation, and Motor Function Intact: EMS personnel should mark this box when they apply or monitor restraints to indicate that they have assessed the circulation, sensation, and motor

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		function of the restrained limbs. Document ongoing assessment of distal CSM in the <i>Comments</i> Section.
<input type="checkbox"/>	Spinal Motion Rest	Spinal Motion Restriction: Patient is placed in/on device to restrict spinal movement.
<input type="checkbox"/>	CMS Intact - Before	Circulation, Motor, and Sensation Before: EMS personnel must document circulation, motor, and sensation before spinal motion restriction or splinting.
<input type="checkbox"/>	CMS Intact – After	Circulation, Motor, and Sensation After: EMS personnel must document circulation, motor, and sensation after spinal motion restriction or splinting.
<input type="checkbox"/>	SPlint	EMS personnel apply a splint.
<input type="checkbox"/>	Traction S	EMS personnel apply a traction splint device.
<input type="checkbox"/>	SUction	EMS personnel suction the patient's airway.
<input type="checkbox"/>	BLd Gluc #1 _____ #2 _____	Blood Glucose: EMS personnel assess the patient's blood glucose. Enter the results of the glucometer reading on the line. There are two spaces for blood glucose documentation (one should be documented before glucose administration and another one after).
<input type="checkbox"/>	CPAP @ __cmH ₂ O @ __ Time	Continuous Positive Airway Pressure (CPAP): ALS personnel employed by an approved provider agency apply the CPAP device. Document beginning pressure measurement and time applied. Document any pressure adjustments in the <i>Comments</i> Section.
<input type="checkbox"/>	FB Removal	Foreign Body Removal: ALS personnel remove a foreign body from the airway by visualization and Magill forceps.
<input type="checkbox"/>	IV _____gauge	Intravenous (IV) Insertion: EMS personnel attempt to insert an IV. Document site and gauge on the lines

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	____ site	provided. If not successful, document "IVU" (IV Unable) in the <i>Meds/Defib Section</i> .
<input type="checkbox"/>	I.O. ____ gauge ____ site	Intraosseous (I.O.) Insertion: EMS personnel attempt to insert an I.O. device. Document the site and gauge on the lines provided. Approved providers are allowed two I.O. insertion attempts in the field.
<input type="checkbox"/>	Needle THoracost	Needle Thoracostomy: ALS personnel perform a needle thoracostomy. Document reason for the procedure, location and results in the <i>Comments Section</i> .
<input type="checkbox"/>	Vagal Maneuvers	Personnel monitor the patient while they perform the valsalva maneuver. Document the procedure and results in the <i>Comments Section</i> .
<input type="checkbox"/>	TC Pacing mA ____ bpm ____ @ Time ____	Transcutaneous Pacing: An approved provider initiates transcutaneous pacing. Document mA, rate (bpm), and time started in space provided. Patient response is documented in the <i>Comments Section</i> . Attach a rhythm strip to the patient care record.
<input type="checkbox"/>	OTher	EMS personnel perform a therapy that is not listed above or by a pre-preprinted location elsewhere in the EMS record. The therapy administered must be documented on the line provide and further explained in the <i>Comments Section</i> .

TRANSPORT

The transport section identifies if, how, where, and why the patient was transported. This section identifies the mode of transport, the receiving facility, transport rationale, and whether base contact was established or protocols were used.

T R A N S	B. Contact	Protocol	Protocol	B. Ntf'd	Rec Fac	VIA	Trans To	Reason
						<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Heli <input type="checkbox"/> No Transport	<input type="checkbox"/> MAR <input type="checkbox"/> PeriNat <input type="checkbox"/> EDAP <input type="checkbox"/> ASC <input type="checkbox"/> Other <input type="checkbox"/> SRC <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC	<input type="checkbox"/> No SC Req'd <input type="checkbox"/> SC Guide <input type="checkbox"/> Request <input type="checkbox"/> No SC Access <input type="checkbox"/> EXTremis <input type="checkbox"/> Criteria <input type="checkbox"/> Guideline <input type="checkbox"/> Judgment
	<input type="checkbox"/> AMA <input type="checkbox"/> Code 3	MAR: _____ <input type="checkbox"/> ED Sat						

B. Contact **Base Contact:** Enter the 3-letter base hospital designator if a Base Hospital is contacted for medical control. If contact is not attempted, enter the three-letter code (CNA). If a protocol is used, put the 3-letter code (PRO).

Contact Codes are found on the reverse side of the EMS Agency (yellow) copy of the EMS Report Form.

Protocol (SFTP) When using Standing Field Treatment Protocols (SFTPs) enter the treatment protocol(s) used here. Examples – 1244, 1247.

Only approved providers may use SFTP's.

B. Notified **Base Notified:** SFTP approved providers shall enter the 3-letter base hospital designator when a base hospital is contacted for a destination decision or notification of patient in route. No medical control is provided.

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Rec Fac

Receiving Facility: Enter the 3-letter code for the receiving facility to which the patient was transported.

Many receiving facilities have changed names over the years. The three letter data codes generally do NOT change when a facility is renamed.

Receiving Facility codes are found on the reverse side of EMS Agency (yellow) copy of the EMS Report Form.

- ☐ **ALS** Patient is transported to the receiving facility accompanied by paramedics. The patient complaint should not be considered (i.e., sprained ankle vs. cardiac arrest). Mark this box if ALS personnel accompany the patient to the receiving facility.
- ☐ **BLS** Patient transported to the receiving facility accompanied by EMT personnel **ONLY**.
- ☐ **Heli** **Helicopter:** Transported via helicopter.
- ☐ **No Transport** The patient is not transported by EMS. Document the explanation for not transporting the patient in the *Comments Section*.

Transport To / Reason Subsection

Mark only **one** box under the *Transport To Section* and only **one** box under the *Reason Section*.

Example: If the **EDAP** box is marked under the area below the ***Transport To Section***, the only available choices to mark in the ***Reason Section***, would be one of the reasons **directly to the right**.

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If the **TRAUMA** or **PMC** boxes are checked, only three choices (**Criteria**, **Guideline**, or **Judgment**) are available to mark in the reason section **directly to the right**.

Trans To	Reason
<input type="checkbox"/> MAR <input type="checkbox"/> PeriNat <input type="checkbox"/> EDAP	<input type="checkbox"/> No SC Req'd <input type="checkbox"/> SC Guide <input type="checkbox"/> Request
<input type="checkbox"/> ASC <input type="checkbox"/> Other <input type="checkbox"/> SRC	<input type="checkbox"/> No SC Access <input type="checkbox"/> EXtremis
<input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC	<input type="checkbox"/> Criteria <input type="checkbox"/> Guideline <input type="checkbox"/> Judgment

TRANS TO:

Trans To
<input type="checkbox"/> MAR <input type="checkbox"/> PeriNat <input type="checkbox"/> EDAP
<input type="checkbox"/> ASC <input type="checkbox"/> Other <input type="checkbox"/> SRC
<input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC

Indicates which facility the patient was transported to. **Mark only one box.**

- ☐ **MAR** The **M**ost **A**ccessible **R**eceiving facility (**MAR**) to which the patient was transported. (This may not necessarily be the closest facility due to traffic conditions, freeway access, etc.).
- ☐ **PeriNatal** Patient transported to the receiving facility because the patient was **greater than 20 weeks pregnant** (viable fetus) **and the complaint is pregnancy related**. Refer to Los Angeles County Prehospital Care Manual, Reference No. 511, Perinatal Patient Destination.
- ☐ **EDAP** An **E**mergency **D**epartment **A**pproved for **P**ediatrics (**EDAP**) is a designated licensed basic emergency department which meets specific criteria to provide basic emergency pediatric care. Mark this box when a patient is transported to an EDAP. All pediatric patients fourteen years of age and under must be transported to

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an EDAP or PTC/PMC. Refer to Los Angeles County Prehospital Care Manual, Reference No. 510, Pediatric Patient Destination.

- **SRC** A SRC (**ST** Elevation Myocardial Infarction **R**eceiving **C**enter) is a facility licensed for a cardiac catheterization laboratory and cardiovascular surgery by the Department of Health Services License and Certification Division and approved by the Los Angeles County EMS Agency as an SRC. Refer to Los Angeles County Prehospital Care Manual, Reference No. 513, ST Elevation Myocardial Infarction Patient Destination. Patients who experience a cardiac arrest and have Return of Spontaneous Circulation (ROSC) will also be transported to a SRC.
- **Other** A receiving facility which is not the MAR, EDAP, SRC, ASC or Perinatal Center.
- **ASC** An ASC (Approved Stroke Center) is a 9-1-1 receiving facility that has been approved by the Los Angeles EMS Agency as a Stroke Center. Refer to Los Angeles County Prehospital Care Manual, Reference No. 521, Stroke Patient Destination.
- **TC/PTC** Trauma Center or Pediatric Trauma Center. Refer to Los Angeles County Prehospital Care Manual, Reference No. 506, Trauma Triage and Reference No. 510, Pediatric Patient Destination.
- **PMC** Pediatric Medical Care. A hospital approved to receive critically **ILL** pediatric patients. **Guidelines** for identifying critically ill pediatric patients are specified in Los Angeles County Prehospital Care Manual, Reference No. 510, Pediatric Patient Destination.

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Trauma Center (TC/PTC): Patient was transported to a Trauma Center (TC) or Pediatric Trauma Center (PTC) because they met trauma criteria, guidelines or judgment.

Pediatric Medical Center (PMC): Patient was transported to a Pediatric Medical (PMC) because they met guidelines or judgment. You **MUST** indicate the reason for transport.

Do **NOT** use this section if the patient **does not** need TC/PTC or PMC care but is transported to a TC/PTC/PMC because it was the most accessible facility.

<input type="checkbox"/> Criteria	<input type="checkbox"/> Guideline	<input type="checkbox"/> Judgment
-----------------------------------	------------------------------------	-----------------------------------

- ☐ **Criteria** The patient is transported to a Trauma/PTC because they meet specific criteria. Refer to Los Angeles County Prehospital Care Manual, Reference No. 506, Trauma Triage.
- ☐ **Guideline** The patient is transported to a Trauma/PTC/PMC because they meet suggested guidelines. Refer to Los Angeles County Prehospital Care Manual, Reference No. 506, Trauma Triage.
- ☐ **Judgment** The patient is transported to a Trauma Center/PTC/PMC because EMS or base hospital personnel decided that the patient would benefit from transport to the Trauma Center/PTC/PMC, even though they do not meet the criteria or guidelines. Documentation in the *Comments Section* should include the rationale.

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Reason		
<input type="checkbox"/> No SC Req'd	<input type="checkbox"/> SC Guide	<input type="checkbox"/> Request
<input type="checkbox"/> No SC Access	<input type="checkbox"/> EXtremis	

REASON:

Indicate **why** a patient was transported to a specific facility.

- ☐ **No SC Req'd** **No Specialty Center Required:** The patient is transported to the most accessible receiving facility when the complaint or injury does not meet any specific criteria or guideline.
- ☐ **No SC Access** **No Specialty Center Access:** The patient is transported to a non-specialty center due to time constraints or geography. Refer to Los Angeles County Prehospital Care Manual, Reference No. 510, Pediatric Patient Destination; Reference No. 511, Perinatal Patient Destination; Reference No. 521, Stroke Patient Destination; Reference No. 513, ST Elevation Myocardial Infarction Patient Destination or Reference No. 506, Trauma Triage.
- ☐ **SC Guide** Specialty center guidelines. The patient was transported to an EDAP, Perinatal, ASC or STEMI Receiving Center because the patient complaint met specific guidelines. Refer to Los Angeles County Prehospital Care Manual, Reference No. 510, Pediatric Patient Destination; Reference No. 511, Perinatal Patient Destination; Reference No. 513, STEMI Patient Destination; Reference No. 521, Stroke Patient Destination.
- ☐ **EXtremis** The patient is transported to the most accessible facility because the severity of the injury/illness precludes transportation to a specialty center. Extremis patients

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include those with unmanageable airways, cardiopulmonary arrest (excluding traumatic penetrating torso injuries), and other patients, as determined by the base hospital, whose lives would be jeopardized by transportation to any but the most accessible receiving hospital.

- ☐ **Request** A patient, physician or other legally authorized representative requests transport to a receiving facility that differs from the one to which the patient would have been transported. Refer to Los Angeles County Prehospital Care Policy Manual, Reference No. 502, Patient Destination. This would include the patient who requests a specific facility due to their health plan (e.g., membership in a Health Maintenance Organization such as Kaiser).
- ☐ **AMA** The patient signed out against medical advice (AMA). This box should only be marked when the patient refuses treatment or transport that EMS personnel feel is medically necessary. A competent patient refusing emergency treatment or transportation must sign the release located on the reverse side of the first page of the EMS form. This release is not to be signed if the patient's condition does not warrant treatment or transportation. Refer to Los Angeles County Prehospital Care Manual, Reference No. 834, Patient Refusal of Treatment or Transportation.
- ☐ **Code 3** The patient was transported to the receiving facility Code 3 (transporting unit activates its lights and sirens).
- ☐ **MAR** The patient is not transported to the closest receiving facility because the facility (whether MAR, EDAP, etc.) was closed or the patient requested a different facility.

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Enter the 3-letter code, for the hospital from which the patient was diverted, on the line provided.

ED Sat The patient was not transported to the MAR as the MAR was on diversion due to ED saturation. Refer to Los Angeles County Prehospital Care Manual, Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients.

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PATIENT INFORMATION

This section contains basic patient information. Date of Birth and the last 5 digits of the patient Social Security number are required by the EMS Authority for database matching. Specific provider agencies may require additional information for billing purposes.

PATIENT INFORMATION	Name/Last	First	MI	DOB / /	Phone ()	
	Address			City	Zip	Total Mileage
	Insurance	Hospital ID	PMD Name		Partial SS # (last 5 digits)	

Name The patient's last name, first name and middle initial. If name is unknown, use "John Doe" or "Jane Doe".

DOB Date of birth. Enter the patient's date of birth using eight numbers in the MM/DD/YYYY format. Four digits are necessary when documenting the year in order to differentiate between patients born in the 1900's vs. those born in 2000's.

Phone The patient's home telephone number, including the area code.

If a home telephone number is not available, enter a cellular or business telephone number or the number of a relative through which the patient can be reached.

Address The patient's permanent address if one can be obtained. Include city, state, and zip code.

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- Total Mileage** Document here according to your Agency's policy. This information is for billing purposes only.
- Insurance Co.** The insurance company name, if applicable.
- Hospital ID** The hospital identification, if applicable.
- PMD Name** The patient's private medical doctor's (PMD) name, if known.
- Partial SS #** The EMS Authority requires the last 5 digits of the patient's social security number (SS#). Individual providers may require the entire SS # for billing purposes.

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COMMENTS

The *Comments Section* is used to document critical run information that is NOT covered in other sections of the Emergency Medical Services (EMS) Form. This section enhances the ability to accurately describe events of the run.

C O M M E N T S		O
		P
		Q
		R
		S
		T
	HX	
	ALLergies	
	MEds	
		SEDS in past 48 hrs <input type="checkbox"/> Y <input type="checkbox"/> N

What to include in the Comments Section:

- Chief complaint
- Explanation of any deviation from the usual standard of care.
This section should allow you to reconstruct the incident at a later date.
- A complete scene description including:
 - Mechanism of injury, if trauma is present
 - Time needed to secure the scene
 - Approximate speed of and/or damage to vehicle
 - Distance of fall and onto what surface (grass, concrete, bushes, etc.)

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- Pertinent subjective (what the patient states) information – including facts leading up to the incident, and/or patient/bystander comments.
- Pertinent objective (what you see) information specific to chief complaint (i.e., crowning noted with patient in labor).
- Pertinent negative information (negative findings related to chief complaint).
- Barriers that may be present (i.e., Korean speaking, no interpreter present, patient is deaf, etc.). If information is obtained from an interpreter, document the name of the individual and their role on scene (family member, bystander, EMS team member). Mark the Barriers to Patient Care box in the *Special Circumstances Section*.
- Why no medical intervention was necessary, if applicable.
- Expand on family violence/neglect when it is suspected (i.e., patient found unconscious. Father states he “slapped” child this morning for...). Mark Abuse Suspected in the *Special Circumstances Section* and report as required.
- Describe why ETOH/Drugs are suspected (i.e., needles present, track marks noted on left forearm, slurred speech, staggering gait, etc.). Mark ETOH/Drugs Suspected box in *Special Circumstances Section*.
- Changes in patient status – for constantly changing status the time of each reassessment should be noted (use second page if necessary).
- Pertinent information concerning restraints – include rationale for use, name/title of person who applied, patient position, respiratory rate/tidal volume, circulation/sensation/movement (CSM) of extremity distal to restraint and ongoing reassessment.

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- Reasons for incomplete report or vital signs (i.e., unable to obtain BP because cuff is too large/too small for arm).
- Explanation if “normal for patient” is used (i.e., normally patient non-verbal and only follows simple commands according to wife).
- Expand on response to treatments when ↑, ↓ arrows are used (i.e., SVT converted to NSR after Adenosine 12mg given).
- ALL unusual circumstances that affect patient care.

Items printed in white over gray should be used as listed below or written over when not indicated.

OPQRST

This mnemonic is for patients complaining of pain or shortness of breath. **O**-onset, **P**-provoked, **Q**-quality, **R**-region/radiation, **S**-severity, **T**-time.

HX

History: Pertinent patient medical history. If no significant medical history – write “none”.

Allergies

Patient allergies. If none – write NKA (no known allergies).

Meds

Medications the patient is currently taking. If none – write “none”.

Mark SEDs (sexual enhancement drugs) in past 48 hours (yes or no), when applicable.

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The following is an example on a completed *Comments Section*.

C	Found down in alley. Awakens after vigorous shaking. Speech slow and slurred.
O	Respirations unlabored. Strong odor of ETOH on breath with 2 empty vodka
M	bottles found beside the patient. Possibly has not taken seizure medication for
M	approximately one (1) month per medication refill date. Bystanders witnessed
E	tonic-clonic activity lasting approximately 3 minutes. Patient incontinent of urine.
N	HX: Seizures
T	Meds: Dilantin (possibly has not taken x1 mo)
S	Allergies: NKA

KEY POINTS:

- Write legibly.
- Write a brief but THOROUGH summary of run.
- **REMEMBER TO USE PAGE TWO FOR RUNS REQUIRING MORE ROOM FOR DOCUMENTATION.**
- Comments should be professional and list only pertinent points.
- State the facts, avoid conclusions.
- Use appropriate abbreviations only.
- Avoid use of humor or inflammatory statements.
- Document pertinent negative findings.

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COMPLAINTS

The *Complaints Section* describes the patient's ailment or injury. More than one complaint can be marked; however, all complaints should be either in the medical or trauma section, unless the patient has two or more entirely different problems.

COMPLAINTS	MEDICAL	<input type="checkbox"/> Abd/Pelvic Pain <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Fever <input type="checkbox"/> Near Drowning <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> No Medical <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> DOA <input type="checkbox"/> Foreign Body <input type="checkbox"/> Neck/Back Pain <input type="checkbox"/> SEizure <input type="checkbox"/> Complaint <input type="checkbox"/> A.L.T.E. <input type="checkbox"/> Chest Pain <input type="checkbox"/> GI Bleed <input type="checkbox"/> NOsebleed <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Inpatient Medical <input type="checkbox"/> Altered Loc <input type="checkbox"/> CHoking/Airway Obst <input type="checkbox"/> Head Pain <input type="checkbox"/> OBstetrics <input type="checkbox"/> SYNcope <input type="checkbox"/> Other Pain <input type="checkbox"/> Apnea Episode <input type="checkbox"/> Cough/Congestion <input type="checkbox"/> HYPoglycemia <input type="checkbox"/> Labor <input type="checkbox"/> NeWborn <input type="checkbox"/> WEak/Dizzy <input type="checkbox"/> Medical Device <input type="checkbox"/> Bleeding Oth Site <input type="checkbox"/> DYsrhythmia <input type="checkbox"/> Local Neuro Signs <input type="checkbox"/> OD/POisoning <input type="checkbox"/> VAginal Bleed <input type="checkbox"/> Complaint <input type="checkbox"/> BEHavioral <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> PalpitationS <input type="checkbox"/> Other _____ <input type="checkbox"/> AgitateD			
	TRAUMA	Protective Devices: <input type="checkbox"/> SeatBelt <input type="checkbox"/> AirBag <input type="checkbox"/> HeLmet <input type="checkbox"/> CarSeat/Booster <input type="checkbox"/> No Apparent Injury <input type="checkbox"/> B P <input type="checkbox"/> Traumatic Arrest <input type="checkbox"/> B P <input type="checkbox"/> Abdomen <input type="checkbox"/> Enclosed Veh. <input type="checkbox"/> SPorts/Recreation <input type="checkbox"/> Self-Inflct'd/Acc. <input type="checkbox"/> BUrns/Elec. Shock <input type="checkbox"/> Head <input type="checkbox"/> GCS≤14 <input type="checkbox"/> Diffuse Abd. Tend <input type="checkbox"/> Ejected <input type="checkbox"/> EXtricated @ <input type="checkbox"/> ASsault <input type="checkbox"/> Self-Inflct'd/Int. <input type="checkbox"/> SBP <90, <70 (<1yr) <input type="checkbox"/> Face/mouth <input type="checkbox"/> Genital/Buttocks <input type="checkbox"/> Pass. Space Intr. <input type="checkbox"/> >12" <input type="checkbox"/> >18" <input type="checkbox"/> STabbing <input type="checkbox"/> GSW <input type="checkbox"/> HazMat Exposure <input type="checkbox"/> RR <10/>29, <20 (<1yr) <input type="checkbox"/> Neck <input type="checkbox"/> Extremities <input type="checkbox"/> Survived Fatal Accident <input type="checkbox"/> ANimal Bite <input type="checkbox"/> Work-Related <input type="checkbox"/> Susp. Pelvic FX. <input type="checkbox"/> Back <input type="checkbox"/> EXtr ↑ knee/elbow <input type="checkbox"/> Impact >20 mph unenclosed <input type="checkbox"/> CRush <input type="checkbox"/> Telemetry Data <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Chest <input type="checkbox"/> FRactures ≥ 2 long <input type="checkbox"/> Ped/Bike Runover/Thrown/>20mph <input type="checkbox"/> FAIL <input type="checkbox"/> >15ft/>10ft <input type="checkbox"/> Medical Hx <input type="checkbox"/> Inpatient Trauma <input type="checkbox"/> Flail Chest <input type="checkbox"/> Amp ↑ wrist/ankle <input type="checkbox"/> Ped/Bike <20mph <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Anti-Coag <input type="checkbox"/> B P <input type="checkbox"/> Tension Pneum <input type="checkbox"/> Neur/Vasc/Mangl'd <input type="checkbox"/> Motorcycle/Moped <input type="checkbox"/> Thermal Burn <input type="checkbox"/> UNKnown <input type="checkbox"/> Minor Lacerations <input type="checkbox"/> Other: _____			

Situations in which items are marked in both the medical and trauma sections occur when a medical problem causes or follows a traumatic injury. Such instances include:

- A seizure victim who falls and sustains an injury.
- A patient with chest pain who has an auto accident.

Do not use a medical complaint code for a patient who has sustained trauma. The following are common errors.

Incorrect	Correct
Nosebleed	Blunt Facial/Dental
Head Pain	Blunt Head
Neck/Back Pain	Blunt Neck or Blunt Back

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The *Complaints Section* is divided into medical and trauma subsections.

MEDICAL SUBSECTION

The bolded letters are the two letter code for each complaint.

- ☐ **Abd/Pelvic Pain** Pain or discomfort in the abdomen or pelvic region unrelated to trauma.
- ☐ **Allergic Reaction** Hives, itching, redness of the skin, runny nose or shortness of breath that have occurred suddenly. The history may relate the signs/symptoms to a known allergen (shellfish, milk products, medication, etc.) with which the patient has had contact.
- ☐ **ALTE** Apparent Life Threatening Event. An infant (12 months or younger) has an episode that is frightening to the observer and characterized by a **combination** of transient apnea, color change (usually cyanosis, but occasionally erythematic or plethoric), marked changes in muscle tone (usually limpness), choking and/or gagging. The infant may appear normal by the time rescuers arrive. See Los Angeles County Prehospital Care Manual, Reference No. 1328, Pediatric Patients.
- ☐ **Altered LOC** Altered Level of Consciousness. Refers to an abnormal response to the environment (i.e., disorientation, drowsiness, no spontaneous eye opening). Check this box if the patient is altered even if they appear to be under the influence of drugs or alcohol.
- ☐ **Apnea Episode** One or more episodes in which respiration has ceased for a brief time. This should not be confused with the complaint “Respiratory Arrest”, which is marked when

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the patient has stopped breathing and shows no sign of regaining spontaneous respirations.

- ☐ **Bleeding Oth Site** Refers to bleeding from a site other than those listed on the form. This code is not used for trauma patients. Use for bleeding from ear, shunt, etc.
- ☐ **BEHavioral** Refers to any abnormal behavior that seems to be of emotional or mental origin. Do not mark this box for psychiatric patients unless the bizarre behavior is the cause of, or related to, their chief complaint.
- ☐ **AgitatedD** Behavioral emergency where patient exhibits an acute onset of extreme agitation, combative and bizarre behavior that may be accompanied by paranoid delusions, hallucinations, aggression with an unusual increase in human strength, and hyperthermia.
- ☐ **Cardiac Arrest** Cardiac arrest is defined as a sudden cessation of cardiac output and effective circulation, usually precipitated by ventricular fibrillation and, in some instances, by ventricular asystole. **This code should NOT be used when the arrest was caused by a traumatic injury (blunt or penetrating mechanism). See trauma complaint subsection for specific codes to be used for traumatic full arrests.**
- ☐ **DOA** Refers to patients who are **determined dead** under the criteria specified in Los Angeles County Prehospital Care Manual, Reference No. 814, Determination/Pronouncement of Death in the Field.
- ☐ **Chest Pain** Pain in the chest occurring anywhere from below the clavicles to the lower costal margins.
- ☐ **CHoking/
Airway Obst** Characterized by apnea, choking and/or difficulty breathing of rapid onset, which appears to be due to an obstruction of the airway.

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- ☐ **Cough/ Congestion** Cough/congestion in the chest, nasal passages, or throat.
- ☐ **DYsrythmia** Mark if the ECG indicates a dysrhythmia that requires medical attention (SVT, VT, etc.)
- ☐ **FEver** Complaint of/or exhibits an elevated body temperature.
- ☐ **Foreign Body** A foreign body within any orifice of the body.
- ☐ **GI Bleed** Gastrointestinal Bleed. Bleeding from the upper or lower GI tract. The patient has coffee ground emesis, bloody stool or vomitus, and/or black tarry stool.
- ☐ **Head Pain** "Headache" or any other type of head pain not associated with trauma.
- ☐ **HYpoglycemia** Hypoglycemia is documented. A second glucose test should be done following treatment in order to document the return of a normal glucose range.
- ☐ **Local Neuro Signs** Exhibits or experiences weakness or numbness of a specific part of the body or expressive aphasia.
- ☐ **Nausea/ Vomiting** Experiences nausea and/or vomiting.
- ☐ **Near Drowning** History of submersion causing signs/symptoms that include difficulty breathing. This category includes patients who die from drowning.
- ☐ **Neck/Back Pain** Pain in the neck or back from the shoulders to the buttocks **not associated with trauma**.
- ☐ **NOsebleed** Bleeding from the nose, which has occurred spontaneously and is **not associated with trauma**. Hypertension is frequently the underlying cause.

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- ☐ **OB**stetrics A patient who is known to be pregnant shows signs and/or symptoms related to the pregnancy. These signs or symptoms may include high blood pressure, convulsions, severe headaches, edema, vaginal bleeding, abdominal pain and/or cramping.
- ☐ **LA**bor An obstetric patient late in her pregnancy that is experiencing regular uterine contractions.
- ☐ **NeW**born When a woman gives birth in the course of an EMS run, a separate EMS Report Form must be completed for both the woman and the newborn child. Mark “Newborn” on the infant’s form for chief complaint. If the newborn has any medical findings, mark the appropriate box(es).
- ☐ **OD/ PO**isoning Overdose/Poisoning. Ingestion, injection, or inhalation of a poisonous substance and/or an overdose of drugs. Circle the correct complaint code (OD/PO) and use the appropriate two-letter code for the circled item in the complaint code box. Additional documentation is required in the *Comments Section* (intentional/ unintentional ingestion, time of ingestion, amount ingested, etc.). Pepper spray incidents should **not** be considered OD/PO, code as “OTHER” (OT).
- ☐ **PalpitationS** Mark if the patient feels his/her heart is not beating normally (“missing a beat”, etc.). Additional documentation is required in the *Comments Section*.
- ☐ **Respiratory Arrest** Complete absence of breathing. This complaint does not apply in cases of apnea episodes or trauma arrest.

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- ☐ **SEizure** Seizure activity is witnessed by prehospital care personnel or reliable witnesses on scene. Additional documentation is required in the *Comments Section* to record type of seizure, number of seizures, and estimated length of time patient seized.
- ☐ **Shortness of Breath** Patient complains of shortness of breath and/or breathing is characterized by gasping, rapid respirations, cyanosis, use of accessory muscles, retractions, etc.
- ☐ **SYncope** Exhibits transient loss of consciousness or history that is suggestive of loss of consciousness. Use this code for near syncope unless there are other associated symptoms such as weakness/dizziness which would be more descriptive.
- ☐ **WEak** Weakness described by patient or observed by EMS personnel. Refers to general weakness as opposed to unilateral weakness that may be associated with local neurological signs. If patient is weak and dizzy – use both codes (WE and DI).
- ☐ **Dizzy** Dizziness or lightheadedness. If patient is weak and dizzy – use both codes (WE and DI).
- ☐ **VAginal Bleed** Complains of abnormal vaginal bleeding.
- ☐ **No Medical Complaint** The patient has no medical complaint and has no signs or symptoms relating to a medical problem. **Do not mark if the patient has a trauma complaint.**
- ☐ **Inpatient Medical** Mark this box for Interfacility Transfer patients who are transferred from a medical ward or ICU (inpatient). If the patient also exhibits other signs or symptoms (i.e., shortness of breath, etc.), then mark the appropriate chief complaint in addition to marking the Inpatient Medical box.

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Do not mark this box for patients transferred from the emergency department (ED). For these patients, use the medical (or trauma) complaint as it relates to the patients diagnosis. Use the following examples as a guide:

ED DIAGNOSIS	CHECK THIS BOX
Angina	<input type="checkbox"/> Chest Pain
Pneumonia	<input type="checkbox"/> Shortness of Breath
CVA	<input type="checkbox"/> Local Neuro
<input type="checkbox"/> Other Pain	Any other pain not covered by one of the other medical complaints. For example, leg pain that is not trauma related .
<input type="checkbox"/> Medical Device Complaint	Use this code if the response is related to a medical device (foley, gastric tube, internal defibrillator, ventilator, etc.). Document other complaints as applicable (chest pain, short of breath, etc.)
<input type="checkbox"/> OTher	Mark only as a last resort when a patient shows signs that do not fit into any other category mentioned specifically in this section.

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TRAUMA SUBSECTION

The Trauma subsection describes complaints caused by injury. This section is divided into two parts; one that describes the location of the injury (Trauma Complaint), and one that describes how the injury occurred (Mechanism of Injury). **If an injury occurs, at least one box must be marked in both the *Trauma Complaint Section* and the *Mechanism of Injury Section*.**

TRAUMA COMPLAINTS

The Trauma Complaint identifies the type and location of the Injury sustained. Each mark should represent a separate injury. Mark all items that describe the patient's complaint(s).

Trauma Criteria are in RED ink and Trauma Guidelines are in BLUE ink.

- ☐ **No Apparent** No complaints, signs or symptoms of injury following a traumatic event. This code is to be used when there is a Mechanism of Injury present but no actual injury. **Mark this box ONLY if there is a trauma mechanism of injury but the patient has no complaints or apparent injuries – do not mark it for medical complaints.**
- ☐ **BUrns/Shock** Thermal/chemical burn or electric shock.
- ☐ **SBP <90, <70 (1yr)** Systolic blood pressure less than 90 mmHg, or less than 70 mmHg in infants age less than one year
- ☐ **RR<10/>29, <20 (1yr)** Respiratory rate greater than 29 breaths/minute (sustained), less than 10 breaths/minute, less than 20 breaths/minute in infants age less than one year, or requiring ventilator support

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- ☐ **Susp. Pelvic FX** Suspected pelvic fracture (excluding isolated hip fracture from a ground level fall)
- ☐ **Spinal Cord Inj.** Spinal cord injury is suspected if weakness, paresthesia, or paralysis is present following a traumatic injury.
- ☐ **Inpatient Trauma** Mark this box for Interfacility Transfer Patients who are transferred from a hospital ward or ICU and have a diagnosis related to trauma or a trauma complaint.

Below are the majority of injuries that are associated with excessive blunt force or penetration beyond the skin and subcutaneous tissue. These injuries are marked as either blunt or penetrating in the boxes adjacent to the portion of the body that is affected.

Penetrating injuries may be inflicted by dull objects traveling at high velocity or a sharp object with a relatively low velocity (e.g., broken bottles, knives, etc.). Penetrating injuries may occur from a slashing or puncturing force.

Blunt injuries occur from a force that has not actually penetrated the skin, although a laceration may have been caused by the tearing/crushing force of a blunt object such as a boxing glove or striking one's head against the windshield.

Example: A patient falls from a second story window and lands on his head sustaining an 8" laceration and a fractured skull. This is considered to be a blunt injury because the applied force (the ground) did not penetrate the skin.

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B P (Blunt or Penetrating)

- ☐ ☐ **Minor Lac./** Minor Laceration/Contusion/Abrasion. An insignificant laceration, contusion or abrasion involving the skin or subcutaneous tissue.
- ☐ ☐ **Trauma Arrest** A cessation of cardiac output and effective circulation due to a traumatic injury. Do not use the Cardiac Arrest (medical) code for patients who arrest due to a traumatic injury. Indicate blunt (BT) or penetrating (PT).
- ☐ ☐ **Head** Any injury to the head or skull from above the eyebrows and behind the ears.
 - An open fracture of the skull caused by blunt force is marked “blunt” not penetrating.
 - “Head” should also be marked in association with facial injuries when it is likely that the brain was involved (e.g., a gunshot wound or excessive blunt force to the face).
- ☐ ☐ **GCS \leq 14** Blunt head trauma with a GCS of 14 or less (Trauma Center Criteria). This should be the primary complaint when applicable.
- ☐ ☐ **Face/Mouth** Any injury to the face. Face is defined as the area from the eyebrows down to and including the angle of the jaw, and the ears.
 - Often an injury caused by excessive blunt force to the face will also require the marking of “Blunt Head” and “Blunt Neck”, since facial injuries frequently results in cranial and cervical injuries.

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- | | | |
|---|--------------------------|--|
| <input type="checkbox"/> <input type="checkbox"/> | Neck | Any injury or pain occurring between the angle of the jaw and the clavicle, including suspected cervical spine injuries. |
| <input type="checkbox"/> <input type="checkbox"/> | Back | Refers to all injuries occurring from the shoulders to the buttocks. The buttocks are not included. |
| <input type="checkbox"/> <input type="checkbox"/> | Chest | Any injury to the torso occurring below the clavicle to the sixth rib, bordered on either side by the posterior axillary line. |
| <input type="checkbox"/> | Flail Chest | Blunt injury to the chest resulting in an unstable chest wall, identified by paradoxical chest wall movement. |
| <input type="checkbox"/> <input type="checkbox"/> | Tension Pneum | Tension Pneumothorax. A life-threatening collection of air under increased pressure in the pleural cavity.

Signs and symptoms include those of a pneumothorax (shortness of breath, tachypnea, decreased/absent lung sounds on one side) plus shock, neck vein distention and tracheal deviation (late sign). |
| <input type="checkbox"/> <input type="checkbox"/> | Abdominal | Includes the flank and pelvis as well as the four abdominal quadrants. |
| <input type="checkbox"/> | Diffuse Tend | Diffuse Tenderness. The patient exhibits objective signs of pain in response to palpation in two or more of the four quadrants of the abdomen. |
| <input type="checkbox"/> <input type="checkbox"/> | Genital/ ButtoCKs | An injury to the buttocks or external reproductive structures. Both codes may be marked, if applicable. |
| <input type="checkbox"/> <input type="checkbox"/> | Extremities | PE- Penetrating injury below the knee or elbow.

BE- Any blunt injury to an extremity that does not meet the definition of Blunt FR acture, Blunt Amp ↑ wrlst /ankle or Blunt Neur/ Vasc Mangl'd |

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- ☐ **EXtr ↑** All penetrating injuries to extremities proximal to the knee/elbow elbow or knee
- ☐ **FRacture** Extremity injury with fractures of two or more proximal (humerus/femur) long bones
- ☐ ☐ **Amp ↑** Amputation proximal to the wrist or ankle
wrist/ankle
- ☐ ☐ **Neur/ Vasc** Extremity injuries with neurovascular compromised
Mangl'd and/or crushed, degloved, or mangled extremity

MECHANISM OF INJURY

The Mechanism of injury subsection identifies how an injury is sustained. When a patient suffers a traumatic injury, at least one box in this section must be marked. Check as many boxes as apply.

Protective Devices: Mark the appropriate box(es) regardless of the type of mode of transportation the patient is in/using

- ☐ **Seat Belt** The patient was wearing a seat belt at the time of impact.
- ☐ **AirBag** An airbag was deployed at the time of impact and appeared to have directly protected the patient (e.g., driver-side airbag was protecting the driver, or a passenger-side airbag protecting a passenger in the front or rear seat).

NOTE: If a patient was involved in an enclosed vehicle collision and was not wearing a seatbelt and/or an airbag did not deploy, draw a line through a circle over the word(s) “airbag” and/or “seatbelt” to show that an assessment was done concerning the use of safety devices.

- ☐ **HeLmet** The patient riding on an unenclosed motorized vehicle was wearing a helmet at the time of impact.

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NOTE: If a motorcycle/moped patient was not wearing a helmet, draw a circle with a line over the word “helmet” to show that an assessment for safety devices was performed.

- ☐ **CarSeat /Booster** The patient was riding in a car seat or booster at the time of impact
- ☐ **Enc. Veh.** Enclosed Vehicle. Refers to all types of motor vehicle collisions in which the patient was riding in a car or truck. Jeeps, convertibles, buses and golf carts are considered enclosed vehicles.

Mark the subcategories (under enclosed vehicle) below, if applicable.

- ☐ **EJected from Vehicle** The patient was partially or completely thrown from an enclosed vehicle. This includes patients thrown from convertibles.
- ☐ **Extricated @ _____** Special equipment (jaws of life, etc.) was necessary to remove the injured person from a vehicle or building. This does not include simply removing a patient on a backboard or breaking a window.

Insert the time at which the patient was extricated.

- ☐ **Pass Space Intrusion** Passenger Space Intrusion of greater than 12 inches occupant site, or greater than 18 inches into any other passenger space.
- ☐ **>12”** Intrusion of greater than 12 inches into an occupied passenger space of a motor vehicle
- ☐ **>18”** Intrusion of greater than 18 inches into an unoccupied passenger space

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- ☐ **Surv. of Fatal Accident** Survivor of a Fatal Accident. The patient survived a collision in which another individual riding **in the same** enclosed vehicle (not an opposing vehicle) died.
- ☐ **Impact >20 mph unenclosed** Unenclosed transport (e.g.: motorcycle, skateboard, ATV, etc.) crash with significant (greater than 20 mph) impact
- ☐ **Ped/Bike Runover/Thrown/>20mph** Auto versus pedestrian/bicyclist/motorcyclist thrown, run over, or with significant (greater than 20 mph) impact
- ☐ **Ped/Bike <20 mph** Pedestrian/Bike vs. Vehicle. The patient was either a pedestrian or bicyclist who hit (or was hit) by a motorized vehicle that was traveling less than 20 mph
- ☐ **Motorcycle/Moped** The patient was riding on an unenclosed motorized vehicle (motorcycle, moped, ATV, etc.) at the time of the accident.
- ☐ **SPorts/Recreation** An injury incurred during a sporting or recreational activity. This includes such activities as aerobics and jogging.
- ☐ **ASsault** The patient was assaulted (punched, kicked, strangled, etc.) without an instrument.
- ☐ **STabbing** A sharp or piercing instrument (e.g., knife, broken bottle, etc.) caused an injury, which penetrated the skin during an assault.
- ☐ **GSW** Gunshot Wound. The patient sustained a gunshot wound (accidental or intentional).
- ☐ **ANimal Bite** The injury was inflicted by the teeth of a dog, cat, human, snake or other animal. This box can be marked whether the skin was punctured or not.

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Insect bites and bee stings are **not** considered animal bites.

- ☐ **CRush** The injuries sustained were a result of external pressure being placed on body parts between two opposing forces.
- ☐ **FAI** An injury resulting from a fall from any height. This category includes slipping in a bathtub, falling off a bicycle, jumping from a ledge, falling from a horse, etc.
- ☐ **> 15 ft/10ft** Fall greater than (>) 15 feet. A **vertical uninterrupted** fall from heights greater than 15 feet in an adult or pediatric patient from heights greater than 10 feet, or greater than 3 times the height of the child. This does not include falling down stairs or rolling down a sloping cliff.
- ☐ **Electric Shock** Passage of electrical current through body tissue from contact with an electrical source.
- ☐ **Thermal Burn** A burn caused by heat.
- ☐ **Self -Inflic'td /Acc.** Self-inflicted, accidental. The injury appears to have been accidentally caused by the patient.
- ☐ **Self -Inflic'td /Int.** Self-inflicted, intentional. The injury appears to have been intentionally caused by the patient.
- ☐ **Hazmat Exposure** Hazardous Materials Exposure. The patient is exposed to any toxic or poisonous agents. Materials included are liquids, gases, powders, foam or radioactive material. This includes chemical burns.

Note: This code should not be marked for pepper spray incidents or brief exposures to minor irritants. Use the **medical** code "OT" unless another more appropriate chief complaint exists.

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- ☐ **Work Related** An injury incurred while the patient was working, and may be covered by Worker's Compensation.
- ☐ **Telemetry Data** Vehicle telemetry data consistent with high risk of injury.
- ☐ **Medical Hx** Injured patient meeting Trauma Special Considerations: greater than 55 years of age; greater than 65 years of age with a systolic BP of less than 110mmHg; or pregnancy greater than 20 weeks gestation
- ☐ **Anti-Coag** Injured patients (excluding isolated minor extremity injuries) on anticoagulation therapy other than aspirin only and/or with bleeding disorders.
- ☐ **UNknown** The cause or mechanism of injury is unknown.
- ☐ **OTher** A mechanism of injury that does not fall into any of the existing categories. Explain further in the *Comments Section*.

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COMPLAINT/MECHANISM OF INJURY CODE INSERTION

The following procedure shall be used for proper insertion of trauma/medical/mechanism of injury codes into the complaint area in the upper right of the EMS Report Form.

Medical Complaint

1. Check the box(es) next to the appropriate medical complaint.

☒ **Head Pain** ☒ **Nausea/Vomiting**

2. Note that each medical complaint has two bold/capitalized red letters. Insert both letters into the Complaint space of the Patient Assessment area.

Complaint H P | N V

3. If multiple boxes are checked, insert the chief complaint into the upper left area of the *Complaint Section*. Continue entering codes in a left to right, top to bottom fashion up to a maximum of four complaints.
4. **Enter the most significant complaint as the primary complaint and additional complaints in descending order (most significant to least significant).**

Trauma Complaint (Injury Description)

1. Trauma injury codes are categorized as “Blunt” or “Penetrating”, with the exception of the following codes:
 - i. NA (No Apparent Injury)
 - ii. BU (Burn)

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- iii. 90 (Systolic BP <90, <70 (1yr))
 - iv. RR (Resp Rate <10/>29, <20(1yr))
 - v. SX (Suspected Pelvic Fracture)
 - vi. SC (Spinal)
 - vii. IT (Inpatient Trauma)
2. Enter the two-letter code identifying the type of injury, “B” for blunt force (Traffic Accidents, Falls, etc.) or “P” for penetrating force (Gunshots, Stabbings, etc.).

B P

☒ ☐ **Extremities**

☒ **Fractures \geq 2 long bones**

3. If the patient has more than one injury, enter the most significant injury code, followed by the other less significant injury codes.
4. Insert the indented (sub-category) code for blunt fracture into the Complaint space in the Patient Assessment area of the EMS Form. In terms of trauma complaints, the subcategory should be placed into the upper left corner as the chief complaint because it describes the injury more accurately. Then inset all other complaints in a left to right, top to bottom manner.

Complaint B R | B E

Complaint {	<u>1</u>	<u>2</u>
	<u>3</u>	<u>4</u>

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Mechanism of Injury

1. The mechanism of injury (MOI) code is a two letter code identifying how an injury was sustained. Enter the code for the most significant primary category and subcategory (use only identified MOI codes).

Check the box(es) next to the appropriate mechanism of injury.

☒ **Enc. Veh.** ☒ **Seat Belt**

2. ☒ **Pass Space Intrusion**

☐ **Surv. Of Fatal Acc.**

☒ **EJected from Vehicle**

3. Combine the bold capitalized red letters from each mechanism of injury.
4. Insert the primary (non-indented mechanism) into the upper left space of the code section as the chief mechanism of injury. Enter each additional subcategory in a left to right manner.

Mechanism E V | P S

Of Injury E J | S B

Mechanism of Injury {	<u>1</u>	<u>2</u>
	<u>3</u>	<u>4</u>

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PHYSICAL

P H Y S I C A L	<input type="checkbox"/> PERL	<input type="checkbox"/> Unequal	<input type="checkbox"/> Normal	<input type="checkbox"/> Unequal	<input type="checkbox"/> JVD	S K I N	<input type="checkbox"/> Normal	<input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> CoLd <input type="checkbox"/> Diaph	Cap Refill: <input type="checkbox"/> NoRmal/ <input type="checkbox"/> DElayed	1 2 L E A D	12 LEAD TIME: _____				
	<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Clear	<input type="checkbox"/> Stridor	<input type="checkbox"/> AMU		<input type="checkbox"/> Jaundiced				<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Pale	<input type="checkbox"/> Flushed	<input type="checkbox"/> NL	<input type="checkbox"/> ArtiFact
	<input type="checkbox"/> Fixed & Dil.		<input type="checkbox"/> Wheezes	<input type="checkbox"/> Rales	<input type="checkbox"/> Labored		<input type="checkbox"/> Pale				<input type="checkbox"/> CoLd	<input type="checkbox"/> ABnl	<input type="checkbox"/> Wavy Baseline		
	<input type="checkbox"/> Cataracts	<input type="checkbox"/> Pt's Nml	<input type="checkbox"/> RHonchi	<input type="checkbox"/> SnorinG	<input type="checkbox"/> Apnea		<input type="checkbox"/> STEMI				<input type="checkbox"/> Paced Rhythm				

The physical exam is one of the most important aspects of patient assessment. Subsections within this area that require an entry include:

- Pupil check
- Respiratory assessment
- Skin assessment
- 12-Lead ECG (if applicable)

This section identifies the findings obtained during the initial assessment. Changes in condition from initial assessment are documented in the *Comments Section*.

PUPILS

This section is used to record the patient assessment findings following an examination of the patient's eyes. This field requires one entry.

- ☐ **PERL** Pupils are equal and reactive to light. The pupils are completely normal.
- ☐ **Unequal** Pupils are not equal in size. Document the specific findings in the *Comments Section*.
- ☐ **Pinpoint** Pupils are extremely constricted.
- ☐ **Fixed and Dil.** Fixed and dilated. The pupils are dilated and do not react to light.
- ☐ **Cataracts** Pupil is cloudy and may have decreased vision.

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- ☐ **Sluggish** Pupils react slower to light than expected
- ☐ **Pt's Nml** Patient's abnormal pupil exam is normal for the patient. To be used with another choice for example, unequal.

RESPIRATION

This section is used to record the assessment following an examination of the patient's lungs. This field requires at least one entry.

- ☐ **Normal** Breathing appears to be normal with respect to rate and rhythm.
- ☐ **Clear** Breath sounds are clear bilaterally upon auscultation.
- ☐ **Wheezes** A high-pitched musical sound heard upon auscultation of the lungs during inspiration or expiration.
- ☐ **RHonchi** An abnormal course rattling sound heard upon auscultation of the lungs.
- ☐ **Unequal** Breath sounds are absent or considerably decreased on one side of the chest upon auscultation.
- ☐ **Stridor** A harsh, high pitched, crowing sound caused by obstruction in the trachea or larynx usually heard during inspiration.
- ☐ **Rales** An abnormal crackling sound heard on auscultation of the chest.
- ☐ **SnorinG** A rough, hoarse breathing caused by relaxation of the soft palate.

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- ☐ **JVD** Distended jugular veins are observed in the supine position.
- ☐ **AMU** 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.
- ☐ **Apnea** Patient is not breathing or stops breathing for periods of time

SKIN

This section is used to record the findings following an examination of the patient's skin. It requires at least one entry.

- ☐ **Normal** Skin appears normal in all aspects, including temperature, moisture and color.
If normal is marked, no other entry should be made in this section
- ☐ **Jaundiced** Skin and/or sclera appear yellow.
- ☐ **Cyanotic** Skin or lips appear blue.
- ☐ **Pale** Skin is abnormally pale, ashen or gray.
- ☐ **Flushed** Skin appears abnormally red.
- ☐ **Warm** Skin feels warm to the touch.
- ☐ **Hot** Skin feels warmer than normal.
- ☐ **CoLd** Skin feels cooler than normal.
- ☐ **Diaphoretic** Skin is abnormally sweaty or moist to touch.

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CAP REFILL

- ☐ **NoR**mal Capillary Refill time is less than or equal to 2 sec.
- ☐ **DE**layed Capillary Refill time is greater than 2 sec.

12 LEAD ECG

12 Lead Time Write the time that the 12 Lead was done.

- ☐ **NL** ECG Electronic reading indicates a normal 12 Lead ECG.
- ☐ **AB**nl ECG Electronic reading indicates an abnormal ECG that is not a STEMI.
- ☐ **STEMI** Electronic reading indicates “Acute MI” or manufacturer’s equivalent.
- ☐ **Arti**Fact Mark if there is artifact that may give a false positive STEMI.
- ☐ **W**avy **B**aseline Mark if the baseline is wavy on the 12-Lead ECG.
- ☐ **P**aced **R**hythm Mark if the underlying rhythm is paced.

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VITAL SIGNS

V I T A L S I G N S	Time	TM#	BP	Pulse	Resp	SpO2%	T Vol (N + -)	Pain (0-10)
			/					
			/					
			/					
			/					
			/					

Time The time must be entered for each set of vital signs taken. Use military time (HHMM).

TM# Team member number. The number of the team member who obtains vital signs is entered in this section. Number entered here should correspond to the team member numbers listed on the *Incident Information* section.

B/P Blood pressure. Insert the systolic **and** diastolic blood pressure in the space provided.

If the blood pressure is palpated, enter "P" in the space for diastolic blood pressure. Blood pressure should ONLY be palpated when environmental noise or other extenuating factors makes it impossible to accurately auscultate. Blood pressure should be repeated when it becomes possible to auscultate and both systolic and diastolic measurements recorded.

Pulse Rate Insert the pulse rate in the space provided.

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Respiratory Rate	Insert the respiratory rate in the space provided.
SpO2%	Pulse oximetry measurement. Should (if possible) be recorded prior to and after oxygen administration.
Tidal Volume	The amount of air inhaled or exhaled during normal ventilation. Document as 'N' Normal; '+' Increased; or '-' decreased for all patients.
Pain (0-10)	<p>Numeric Pain Score: The initial pain score should be recorded when the initial vital signs are done. Subsequent pain assessment should be recorded with each set of vital signs and after each medication is administered to relieve the pain. The subjective pain score given by the patient is the number that should be documented. Discrepancies noted by prehospital care givers should be documented in the <i>Comments Section</i>. For example, a patient who has fallen and has a minor knee abrasion verbalizes a pain score of "9"; however, he appears to be relaxed, in no apparent distress, laughing and chatting on his cellular telephone. The subjective pain score does not match the objective appearance and behavior.</p> <p>When assessing non-verbal patients the faces pain assessment tool may be used to obtain the corresponding numeric pain score.</p> <p>The "Face of Pain" score assessment tool for pediatric (>3 years old) or patients with a language barrier is on the back of the Receiving Facility (Red) copy of the EMS Report Form.</p> <p>The FLACC (Face, Legs, Activity, Cry and Consolability) assessment tool for patients less than 3 years old or cognitively impaired is on the back of</p>

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the Receiving Facility (Red) copy of the EMS Report Form.

Vital signs should be rechecked after EKG rhythm changes, administration of medication or fluid, and during long scene or transportation time.

MEDICATIONS/DEFIBRILLATION

The *Meds/Defib Section* provides space for entering details about any medications administered and ECG findings. The relationship between rhythm and medication can be correlated when applicable. All entries must be made from top to bottom, left to right. A Page 2 may be necessary to completely document sequence of events on complex calls where multiple medications and/or defibrillations have been administered.

M E D S / D E F I B	Time	TM#	Rhythm	Meds/Defib	Dose	Route	Result
			Attach				
			EKG				

Time Indicate the time when rhythm reading was taken, an IV/Saline lock was established, and/or the medication or treatment was administered. The exact time for each defibrillation/cardioversion, as well as the joules must be noted separately. Use military time (HHMM).

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TM# Team member number. The number of the team member who administers the medication, defibrillation or treatment to the patient. Number entered here should correspond to the team member numbers listed on the *Incident Information* section.

Rhythm The code which identifies the patient's 3-Lead ECG rhythm. A second rhythm can be entered along with the main rhythm (e.g., NSR with PVC's).

ECG codes are also found on the reverse side of Page 2 (Red - Receiving Hospital) copy of the EMS Report form.

ECG CODES

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

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Meds/Defib In the spaces provided, enter the code of the medication or IV solution administered and/or whether the patient was defibrillated or cardioverted.

Document all PRN medication orders in the *PRN Medication Section*. When the patient actually receives the medication, document the name of the medication, dose, time given, route, team member and results in the **Meds/Defib** area. If a PRN or other medication has been documented in the Meds/Defib area but was **not** given, then a clear explanation should be written next to, or immediately below, the medication indicating that the medication was not administered and the reason it was not administered.

If an IV cannot be established, enter "IVU".

Dose The medication dosage or the joules delivered during defibrillation/cardioversion. Each defibrillation/cardioversion must be entered separately as previously stated.

If an intravenous solution is administered, rate administered.

Route The code that identifies the route of medication administration.

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MEDICATION/DEFIBRILLATION CODES

Medications:		Medication Routes:	
ADE	Adenosine	IM	Intramuscular
ALB	Albuterol	IN	Inhaled/Intranasal
AMI	Amiodorone	IO	Intraosseous
ASA	Aspirin	IV	Intravenous
ATR	Atropine	PB	Piggyback
BEN	Benadryl	PO	By Mouth
BIC	Sodium Bicarbonate	SL	Sublingual
CAL	Calcium Chloride	SQ	Subcutaneous
D10	10% Dextrose		
D25	25% Dextrose		Dose:
D50	50% Dextrose	FC	Fluid Challenge
DOP	Dopamine	TKO	To Keep Open
EPI	Epinephrine	WO	Wide open
FEN	Fentanyl		
GLU	Glucagon		Defibrillation:
GLP	Oral Glucose Paste	CAR	Cardioversion
COL	Dextrose Carb. Solution	DEF	Defibrillation
MAG	Magnesium Sulfate Study	TCP	Transcut. Pacing
MID	Midazolam		
MS	Morphine Sulfate	IV Access: (Chart as med)	
NAR	Narcan	NS	Normal Saline
NTG	Nitroglycerin	SL	Saline Lock
OND	Ondansetron	IVU	IV Unobtainable

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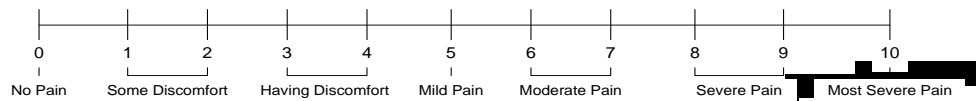
Medication codes are also found on the reverse side of Page 2 (Red - Receiving Hospital copy of the EMS Report Form)

Results Record the effect, if any, the treatment had on the patient. An arrow going up (↑) indicates improvement (see note below).
An arrow going down (↓) indicates deterioration (see note below).
An “N” indicates no change.

NOTE:

When documenting the effects of pain medication (Morphine, Nitroglycerin, etc.), the NUMERICAL SCALE (not the up and down arrows) **must** be used. Document the patient response using 0 as no pain and 10 as the most severe possible pain.

Additionally, the “Faces of Pain” scale may be used for children over 3 years and patients who are not cognitively impaired. Document the number corresponding to the applicable face on the scale below.



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The FLACC (Face, Legs, Activity, Cry and Consolability) scale can be used for children under the age of 3 years and those patients who are cognitively impaired. Document the total number corresponding to the sum of the boxes below.

	Behavior	0	1	2
F	Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
L	Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
A	Activity	Lying quietly, normal position, moves easily	Squirming, tense, shifting back and forth, hesitant to move, guarding	Arched, rigid or jerking, fixed position, rubbing of body part
C	Cry	No cry/moan (awake or asleep)	Moans or whispers, occasional cries, sighs or complaint	Cries steadily, screams, sobs, moans, groans, frequent complaints
C	Consolability	Calm, content, relaxed, needs no consoling	Reassured by hugging, talking to, distractible	Difficult to console or comfort

The effect on the patient's condition is always written on the same line as the medication believed to have caused the effect.

The Pain Scales are on the reverse side of Page 2 (Red - Receiving Hospital) copy of the EMS Report Form.

Any adverse effects must be noted in the *Comments Section*. A complete description of the suspected adverse effects must be documented.

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PRN MEDICATION AND NARCOTIC WASTE

PRN Meds	<input type="checkbox"/> MIDAZOLAM	<input type="checkbox"/> MORPHINE
<input type="checkbox"/> ALB <input type="checkbox"/> NTG	Given: _____ mg	Given: _____ mg
<input type="checkbox"/> MID	Wasted: _____ mg	Wasted: _____ mg
<input type="checkbox"/> MS	Narcotic wasted: RN Witness	
<input type="checkbox"/> D50 <input type="checkbox"/> GLU	Name (print) _____	
<input type="checkbox"/> NAR	Signature: _____	
OT _____		

PRN Meds Mark all medications that are ordered for “PRN” administration. The dose may be written in the space to the right. PRN medications should **NOT** be written in the medication/defibrillation area until they have actually been administered.

- **Narcotic Wasted/Witness:**

List the controlled substance and the amount discarded on the line provided. A registered nurse from the receiving facility who witnessed the wastage must sign next to the narcotic. For more information refer to Los Angeles County Prehospital Care Manual, Reference No. 702, Controlled Drugs Carried on ALS Units.

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CARDIAC ARREST

This section describes treatments used to assist in documentation of cardiopulmonary arrest.

A R R E S T	Wit. <input type="checkbox"/> Citizen <input type="checkbox"/> EMS <input type="checkbox"/> None	Reason(s) for withholding resuscitation:
	<input type="checkbox"/> Citizen CPR <input type="checkbox"/> Citizen AED	<input type="checkbox"/> DNR/AHCD/POLST
	EMS CPR @ _____ (time)	<input type="checkbox"/> ASY> _____ min _____ Time of 814 Death
	<input type="checkbox"/> Arrest to CPR: _____ (min)	<input type="checkbox"/> Rigor <input type="checkbox"/> Lividity <input type="checkbox"/> Bl. Trauma
	<input type="checkbox"/> AED <input type="checkbox"/> Analyze <input type="checkbox"/> Defib	<input type="checkbox"/> Other _____
	<input type="checkbox"/> ALS Resuscitation (use page 2)	<input type="checkbox"/> Family: _____ (relationship) (sig) _____

Witnessed by:

Identify who observed the arrest.

☐ **Citizen**

Law enforcement personnel are considered citizens in this situation.

☐ **EMS**

If the arrest was not witnessed – mark “None”

☐ **None**

☐ **Citizen CPR**

Cardiopulmonary resuscitation was performed by a bystander prior to the arrival of EMS personnel. Mark only if both chest compression and artificial ventilations were performed. Law enforcement personnel are considered citizens in this situation.

☐ **Citizen AED**

AED was applied prior to EMS arrival. This should be marked regardless of whether or not a shock was administered to the patient. Law enforcement personnel are considered citizens in this situation.

EMS CPR @
_____ **(time)**

Cardiopulmonary resuscitation by EMS personnel was initiated at _____ (time). Use military time.

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- Arrest to CPR:**
_____ (min) Minutes elapsed from the onset of arrest to the time bystander or medic CPR is initiated.
- ☐ **AED – Analyzed** AED is applied/analyzed (no shocks administered).
- ☐ **AED – Defibrillation** AED is applied and one or more shocks are administered.
- ☐ **ALS Resuscitation (use Page 2)** Mark if ALS resuscitation efforts are initiated or the patient is pronounced by the base hospital physician. Attach a completed “ALS Continuation Form”
- Reasons for withholding resuscitation** Resuscitation is not attempted because the patient meets requirements specified in Los Angeles County Prehospital Care Manual, Reference No. 814, Determination/Pronouncement of Death in the field. Mark all that apply.
- ☐ **DNR/AHCD/POLST** Mark if a valid DNR, AHCD or POLST is observed. See Los Angeles County Prehospital Care Manual, Reference No. 815, Honoring Prehospital DNR Orders and Physicians Orders for Life Sustaining Treatment.
- ☐ **ASystole for > _____ min.** Mark if patient meets the criteria specified in Reference No. 814, I, C5. A patient in atraumatic cardiopulmonary arrest is estimated to have been in asystole without CPR for at least 10 minutes.
- _____ **Time of 814 Death** Document military time that the patient is determined dead if determining death base upon patient meeting Reference No. 814, Determination/Pronouncement of Death in the Field

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- ☐ **Rigor** ☐ **Lividity** Mark if patient meets the criteria specified in Reference No. 814, Section I, B and rigor and/or lividity are present.
- ☐ **Bl. Trauma** Mark if patient meets criteria specified in Reference No. 814, 1A.7. These are blunt trauma patients who, based on the paramedic's thorough assessment, are found apneic, pulseless, and without organized ECG activity (narrow complex supraventricular rhythm) upon the arrival of EMS at the scene.
- Other**
_____ **(specify)** Reference. No 814 addresses numerous situations where a patient may be determined dead. If the rationale is different from previously those listed in the *Arrest Section*, indicate the reason (decapitation, incineration, massive crush injury, decomposition, etc.)
- ☐ **Family Request**
_____ **(relationship)** Mark if patient meets the criteria specified in Reference No. 814, I, C3. Immediate family at scene does not have a Living Will or DPAHC, in full agreement with others if present, requesting no resuscitation. Indicate the relationship of the closest relative.
- (sig)** Obtain the signature of the family member who requested resuscitation be withheld and whose relationship is stated under Family Request.

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REASSESSMENT AFTER THERAPIES &/OR CONDITION ON TRANSFER

This section should be used to document the patient's condition when care is transferred to another EMS provider or to a receiving facility.

Reassessment after Therapies and/or Condition on Transfer:									
Total IV Fluids Received: _____ cc's									
Care Transferred To: <input type="checkbox"/> Facility <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Heli	Transfer VS	Time	TM#	BP	Pulse	Resp	SpO2	EKG c	GCS E M V

What to include:

- A brief summary of the patient's condition
- Vital signs
- ECG rhythm
- GCS- When reporting upon transfer of care, state the specific category (eye, motor, verbal) prior to giving the result
- Total IV fluids received in the field (if applicable)
 - IV fluid challenge volume should also be documented here.
- Care Transferred To: Indicate the level of care the patient was transferred to.

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SIGNATURES

Signature TM completing form		
Sig #1	Sig #2	Reviewed By

Signature TM Completing form

ALS team members who have primary responsibility for the patient or ALS/BLS members who have completed the EMS Form should sign their names in the spaces provided.

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MULTIPLE CASUALTY INCIDENT FORM (MCI)

INTRODUCTION

The Multiple Casualty Incident Form (MCI) was developed by the Los Angeles County EMS Agency as an **OPTIONAL** form for use by providers in situations where multiple patients are encountered on scene. The form is a “shortened” version of the Los Angeles County EMS Report Form that encompasses the essential data for the incident while providing a valuable tool to providers for multi-victim incidents.

WHEN TO USE THE FORM

The MCI Form may be initiated for incidents involving three or more patients based on patient acuity and availability of resources. Each form should contain no less than three patient records.

WHO STARTS THE FORM

The first EMS provider on scene initiates the form. If the form is initiated by EMT's and care is transferred to paramedics, documentation will continue on the MCI Form.

WHERE TO USE THE FORM

The MCI Form should be completed at the scene whenever possible. The Receiving Hospital (Red) copy has adhesive on the back and should be affixed to the triage tag, which is attached to the patient for transport to the receiving facility. The triage tag becomes a permanent part of the receiving hospital medical record.

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WHY USE THIS FORM

The MCI Form is a medical record of care provided. This shortened form provides for documentation of the essential information for four (4) patients on one (1) page.

INCIDENT INFORMATION SECTION

DATE	BASE CONTACT	Total Patients	MCI EMS REPORT FORM				Juris. Station		Zip Code	
INC #			Prov	ALS/BLS	Unit	Disp	Arrival	At Pt	Left	Team Member ID
LOCATION										#1
										#2
										#3
										#4
Signature		Signature								#5
										#6
										#7
										#8

The top of the form contains Incident Information. The information in this area is similar to the EMS Report Form but in an abbreviated version. This section is filled out following the guidelines in Section 2.

This section **must** remain attached to all patient sections for the EMS Agency (yellow) copy. There is critical date and incident information that can only be found in this area. Detachment of the top section invalidates all patient documentation.

PATIENT ASSESSMENT/GCS/TRIAGE CATEGORIES

Pt #	<input type="checkbox"/> M	
	<input type="checkbox"/> F	
Age	Triage Tag #	
LW 771642		
Patient Name		
GCS	Vital Signs	Immediate
E	BP/	Delayed
M	Cap Refill	Minor
V	Pulse	DOA
	Resp	

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Sequence Number/Patient Number

Pt #
LW
771642

Each of the four (4) sections on the MCI Form has a **different** Sequence Number. This alleviates the need to fill out a full EMS Report Form on each patient. Above the Sequence Number is the patient number for the incident. For example, for the first four (4) patients on the incident, the patients would be numbered 1 through 4.

Triage Categories

<input type="checkbox"/>	Immediate
<input type="checkbox"/>	Delayed
<input type="checkbox"/>	Minor
<input type="checkbox"/>	DOA

There are four (4) categories (Immediate, Delayed, Minor, DOA) which correspond to Triage Tags commonly used in Los Angeles County. Mark the box that corresponds to what is indicated on the patient's Triage Tag.

Triage Tag #/Age/Gender

<input type="checkbox"/> M	
<input type="checkbox"/> F	
Age	Triage Tag #

At the top of the *Patient Assessment Section* is the *Triage Tag #*. This number corresponds to the printed number on the Triage Tags commonly used in Los Angeles

County. Write in the number that corresponds to the Triage Tag that is on the patient. To the left of the Triage Tag number is the Age and Gender of the patient. Write in the Age and Age units of the patient and mark the gender that corresponds to the patient.

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GCS/ Vital Signs

GCS	Vital Signs
E _____	BP/
M _____	Cap Refill _____
V _____	Pulse _____
	Resp _____

This section contains the Glasgow Coma Scale (GCS). Refer to Section 3 for definitions regarding GCS. The vital signs consist of the Blood Pressure (BP) or Cap Refill if using the START system, Pulse and Respirations.

CHIEF COMPLAINT/COMPLAINT CODES/MECHANISM OF INJURY/FIELD DECONTAMINATION

Chief Complaint _____

☐ Field Decontamination

Complaint	
Mech of Inj	

Chief Complaint

The *Chief Complaint Section* is a short narrative summary of the complaints of the patient.

Complaint Codes

Complaint	

This area contains two spaces for complaints. Each complaint code is a unique two-letter code. The Chief Complaint (most significant) should be placed first (left) followed

by the less significant complaint. See Section 7 for more information on Complaint codes.

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Mechanism of Injury

Mech of Inj	

This area contains two spaces for mechanism of injury. The most significant mechanism of injury should be placed first (left) followed by the less significant mechanism of

Injury. See Section 7 for more information on Mechanism of Injury codes.

Field Decontamination

☐ Field Decontamination This section is used to signify that some form of field decontamination, such as showering, has occurred. Mark the box if any type of field decontamination has been performed.

TREATMENT/AMA

Treatment: <input type="checkbox"/> O2 <input type="checkbox"/> IV <input type="checkbox"/> Sp. Immobil. <input type="checkbox"/> Meds	<input type="checkbox"/> AMA
---	-------------------------------------

Treatment

This section contains common treatments performed on patients as well as a section to write in other treatments. When indicated, mark the box to the left of the corresponding treatment performed on a patient.

AMA

When a patient signs out *Against Medical Advice*, mark the box to the left of **AMA**. See Section 4 for more information on AMA.

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TRANSPORT SECTION

Transported By: Unit (ALS): _____ Unit (BLS): _____ Time: _____ Transported Via: <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> No Transport	Rec Facility	Trans To <input type="checkbox"/> MAR <input type="checkbox"/> PeriNat <input type="checkbox"/> EDAP <input type="checkbox"/> Other <input type="checkbox"/> TC / PTC <input type="checkbox"/> PMC
--	---------------------	--

Transported By:

Transported By: Unit (ALS): _____ Unit (BLS): _____ Time: _____ Transported Via: <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> No Transport	Rec Facility
--	---------------------

This section contains the information about the EMS unit transporting the patient. Space is provided to write the Provider/Unit and the time the patient was transported. The bottom section provides check boxes to designate the type of transport: Advanced Life Support (ALS), Basic Life Support (BLS), and not transported (No Transport).

Receiving Facility:

Rec Facility

Write in the three-letter Hospital Code that corresponds to the facility to which the patient is being transported.

Trans To:

Trans To <input type="checkbox"/> MAR <input type="checkbox"/> PeriNat <input type="checkbox"/> EDAP <input type="checkbox"/> Other <input type="checkbox"/> TC / PTC <input type="checkbox"/> PMC
--

Mark the box that corresponds to the designated type of facility to which the patient is transported.

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Filename: c:\docume~1\gjones\mydocu~1\design\h3062.f3f, Date: 6-10-105 8:33:50
Sheet: 1, Copy: Front, Scale: 100%, Type: Manufacturing

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ADVANCED LIFE SUPPORT (ALS) CONTINUATION FORM

NOTE:

The ALS Continuation Form has not been revised to reflect the discontinuation of the Combitube and the addition of the King LTS-D. Whenever ETC or Combitube is stated on the ALS Continuation Form, document the usage of the King LTS-D in this area.

WHEN TO USE THE FORM

The ALS Continuation Form is to be used by all paramedic provider agencies that utilize the Los Angeles County EMS Agency EMS Report Form. It must be completed for each patient on whom an advanced airway is attempted or is pronounced by the base hospital physician.

DISTRIBUTION OF COPIES OF THE FORM

- White – EMS Provider Agency (attach to original EMS Report Form)
- Red – Receiving Facility (attach to red copy of the EMS Report Form)
- Yellow – EMS Agency (attach to yellow copy of the EMS Report Form)
- Blue – Attach to blue copy of the EMS Report Form – use for narcotic replacement, if applicable.
- Green – At provider discretion or dispose of in an appropriate, secure manner.

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INCIDENT INFORMATION SECTION

Date: _____	Provider Code: _____	Unit: _____	Seq. # _____
Patient Name: _____	Sec. Seq. # _____		
Incident #: _____	(if applicable)		

Complete each area accurately. The Sequence Number must exactly match the original EMS Report Form (2 letters and 6 numbers).

The Second Sequence Number is not always applicable. It should only be filled in when two provider agencies have participated in the run and each has completed their own EMS Report Form.

VITAL SIGNS and MEDICATION/DEFIB SECTION

Vital Signs	Time	SBP / DBP	P	R	SpO2	Pain 0-10	Meds / Defib	Time	TM#	EKG	Med / Defib	Dose	Route	Result	
		/													
		/													
		/													
		/													
		/													

Complete this section the same as the vital signs and medication/defib sections of the EMS Report Form. Refer to Section 9 and Section 10 of the EMS Report Form Training Manual.

REASON FOR ADVANCED AIRWAY

REASON FOR ADVANCED AIRWAY				
<input type="checkbox"/> Resp Arrest	<input type="checkbox"/> Cardiopulmonary Arrest	<input type="checkbox"/> Hypoventilation	<input type="checkbox"/> Profoundly Altered	<input type="checkbox"/> Other: _____

Select the most critical reason that an advanced airway is needed. More than one may be selected but generally, the most serious reason is the most applicable.

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DOCUMENTATION OF ADVANCED AIRWAY PLACEMENT

THE FOLLOWING SECTION MUST BE COMPLETED ON ALL PATIENTS REQUIRING ADVANCED AIRWAY INTERVENTIONS

ENDOTRACHEAL TUBE/COMBITUBE Attempts:				ETT Size: _____	<input type="checkbox"/> Flex Guide
ET/ETC	ET/ETC	ET/ETC	ETC	SUCCESS <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Cric. Pressure <input type="checkbox"/> ELM
PM # _____	PM # _____	PM # _____	PM # _____		Tube Placement: Mark at teeth: _____
Time ET/ETC Start: _____		Time ET/ETC Success: _____		ETC ventilating: <input type="checkbox"/> Tube # 1 (Blue) <input type="checkbox"/> Tube #2 (Clear)	
Complications During		<input type="checkbox"/> NOne	<input type="checkbox"/> Emesis/Secretions/Blood	<input type="checkbox"/> CLenching	<input type="checkbox"/> ANatomy <input type="checkbox"/> Gag Reflex
Tube Insertion:		<input type="checkbox"/> Gastric Dist.	<input type="checkbox"/> OTher:		
Initial Advanced Airway Tube Placement Confirmation:					
<input type="checkbox"/> Bilateral Breath Sounds	<input type="checkbox"/> Bilateral Chest Rise	<input type="checkbox"/> Absent Gastric Sounds	<input type="checkbox"/> EtCO2 Detector Colorimetric:	<input type="checkbox"/> Y <input type="checkbox"/> T <input type="checkbox"/> P	
<input type="checkbox"/> EID No Resistance	<input type="checkbox"/> Capnometry Measure: _____	<input type="checkbox"/> Waveform Capnography (attach printout):			

ENDOTRACHEAL TUBE/COMBITUBE ATTEMPTS:

ENDOTRACHEAL TUBE/COMBITUBE Attempts:				
ET/ETC	ET/ETC	ET/ETC	ETC	SUCCESS <input type="checkbox"/> Y <input type="checkbox"/> N
PM # _____	PM # _____	PM # _____	PM # _____	
Time ET/ETC Start: _____		Time ET/ETC Success: _____		

Circle the device (ET or ETC-(for King LTS-D)) and write in the PM# in the appropriate space. Indicate if the procedure was successful or not. Write the time intubation attempts were initiated and the time successful intubation was achieved.

ETT Size: Write the tube size for either ET or King LTS-D.

Flex Guide: Mark if the flex guide was used for a difficult intubation.

Cric. Pressure: Mark if cricoid pressure was needed.

ELM: Mark if External Laryngeal Manipulation was needed.

Tube Placement Mark at Teeth: Mark the centimeter mark that is showing at the teeth.

ETC Ventilating: No longer in use.

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COMPLICATIONS DURING TUBE PLACEMENT: if “None” is marked – do not mark any other checkboxes. If “None” is not marked – mark all factors that apply.

Complications During Tube Insertion:	<input type="checkbox"/> None	<input type="checkbox"/> Emesis/Secretions/Blood	<input type="checkbox"/> CLenching	<input type="checkbox"/> ANatomy	<input type="checkbox"/> Gag Reflex
	<input type="checkbox"/> Gastric Dist.	<input type="checkbox"/> Other:			

None: Mark if no complications were encountered during advanced airway placement.

Emesis/Secretions: Mark if excess emesis or secretions hampered advanced airway placement.

Gastric Distension: Mark if gastric distension was observed.

Clenching: Mark if the patient clenched down as advanced airway placement was attempted.

Anatomy: Mark if anatomical factors affected advanced airway placement.

Gag reflex: Mark if the patient had a gag reflex that hampered advanced airway placement.

Other: Mark if other complications were encountered (describe the complications on the line provided).

INITIAL AIRWAY TUBE PLACEMENT CONFIRMATION: Mark all that apply.

Initial Advanced Airway Tube Placement Confirmation:			
<input type="checkbox"/> Bilateral Breath Sounds	<input type="checkbox"/> Bilateral Chest Rise	<input type="checkbox"/> Absent Gastric Sounds	<input type="checkbox"/> EtCO2 Detector Colorimetric: <input type="checkbox"/> Y <input type="checkbox"/> T <input type="checkbox"/> P
<input type="checkbox"/> EID No Resistance	<input type="checkbox"/> Capnometry Measure: _____	<input type="checkbox"/> Waveform Capnography (attach printout):	

Bilateral Breath Sounds: Mark if the patient had bilateral breath sounds following advanced airway placement.

Bilateral Chest Rise: Mark if bilateral chest rise is observed following advanced airway placement.

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Absent Gastric Sounds: Mark if there are no breath sounds auscultated over the gastric area following advanced airway placement.

ETCO₂ Colorimetric: Mark the color (yellow, tan or purple) observed when the CO₂ colorimetric device is used.

EID No Resistance: Mark if the EID is used to check advanced airway placement.

Capnometry Measure: Document the capnometry number.

Capnography Waveform: Mark the checkbox and attach a printout of the waveform capnography.

ONGOING VERIFICATION OF CORRECT PLACEMENT

ONGOING VERIFICATION OF CORRECT ADVANCED AIRWAY PLACEMENT			
Time: _____	<input type="checkbox"/> Reassessed after patient movement	<input type="checkbox"/> Continued correct placement	<input type="checkbox"/> Suspected dislodgement
Time: _____	<input type="checkbox"/> Reassessed after patient movement	<input type="checkbox"/> Continued correct placement	<input type="checkbox"/> Suspected dislodgement
Time: _____	Care Transferred to: _____	CO ₂ : _____	O ₂ Sat: _____ % Spontaneous Resp: <input type="checkbox"/> Y <input type="checkbox"/> N

Must be completed each time the patient with an advanced airway is moved because the tube can easily become dislodged.

Reassessed after patient movement: Mark the time the patient was reassessed.

Continued Correct Placement: Mark if the tube placement is correct upon reassessment.

Suspected Dislodgement: Mark if the tube seems to have dislodged upon patient movement. If dislodgement is suspected – comment on the measures taken to correct the situation (tube removed, patient reintubated, etc.).

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At the time of transfer of care to another provider or to hospital personnel:

Mark the time and indicate who the patient's care was transferred to (hospital code, provider agency code, etc.)

CO2: Write the final CO2 numerical measurement at the time of transfer.

O2 Sat: Write the final O2 Sat at the time of transfer of care.

Spontaneous Respirations: Mark "Yes" or "No".

ALS AIRWAY UNABLE (REASON)

ALS AIRWAY UNABLE (REASON)	
<input type="checkbox"/> Positive Gag Reflex	<input type="checkbox"/> Anatomy
<input type="checkbox"/> Blood/Secretions	
<input type="checkbox"/> Unable to Visualize Cords	
<input type="checkbox"/> Unable to Visualize Epiglottis	
<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Logistical/Environmental Issues	
<input type="checkbox"/> Describe issues: _____	
	BVM Ventilation (If AA Unable) Bilateral: <input type="checkbox"/> Breath Sounds <input type="checkbox"/> Chest Rise <input type="checkbox"/> Existing Tracheostomy

Mark one or more of the checkboxes in the leftmost box. Indicate all reasons that the advanced airway could not be successfully placed.

If an advanced airway was not possible, the patient should be ventilated using a bag-valve-mask device. Mark the applicable BVM Ventilation boxes.

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CARDIAC ARREST/RESUSCITATION

CARDIAC ARREST/RESUSCITATION	
Pulses with CPR by EMS: <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Restoration of Pulse:	_____ (Time)
<input type="checkbox"/> Resuscitation D/C by Base@	_____ (Time)
Pronounced By:	_____ M.D.
Rhythm when pronounced:	_____
Comments:	_____ _____

Pulses with CPR by EMS: Mark “Y” if pulses are present when compressions are done by EMS personnel. Mark “N” if pulses are not present when compressions are done by EMS personnel.

Restoration of Pulse: Mark the time (use military time) that pulses are restored.

Resuscitation Discontinued (D/C) by Base: Mark the time (use military time) that the base hospital physician discontinued resuscitative efforts.

Pronounced By: Print the name of the base hospital physician who pronounced the patient.

Rhythm when Pronounced: Mark the rhythm that the patient was in at the time resuscitative efforts were discontinued.

Comments: Write any special or unusual circumstances that may have occurred during the attempted resuscitation.

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VERIFICATION OF TUBE PLACEMENT

VERIFICATION OF TUBE PLACEMENT	
(attach waveform printout or obtain physician signature)	
Receiving Facility: _____	Verification technique: <input type="checkbox"/> Visualization <input type="checkbox"/> Auscultation <input type="checkbox"/> EtCO2 <input type="checkbox"/> X-ray
Patient Disposition: <input type="checkbox"/> Expired in ED <input type="checkbox"/> Admitted or transferred to another facility	
Placement: <input type="checkbox"/> Tracheal <input type="checkbox"/> Esophageal <input type="checkbox"/> Right Main	Comments: _____
(Print Name) _____	Signature: _____ MD

This section must be completed when care is transferred to a receiving facility. The ED physician (or designee) may sign the forms and identify the method(s) used to confirm placement and indicate if the endotracheal tube was found to be in the trachea, esophagus, or right main stem.

Provider agencies may attach a copy of the waveform capnography printout as an alternate means of verifying tube placement (physician signature is not required if the waveform is attached).

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APPROVED ABBREVIATIONS

ABBREVIATION	MEANING
ā	before
Ab	abortion
abd	abdomen
adm	admission
AED	automatic external defibrillator
AIDS	acquired immune deficiency syndrome
AKA	above the knee amputation
ALOC	altered level of consciousness
ALS	advanced life support
am	morning
AMA	against medical advice
Amb	ambulation/ambulance
amt	amount
AMU	accessory muscle usage
ant	anterior
a/o x3	alert and oriented to person, place, and time
approx	approximately
ASC	Approved Stroke Center
appt	appointment
ARDS	adult respiratory distress syndrome
ASA	aspirin

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ABBREVIATION	MEANING
ASAP	as soon as possible
ASHD	atherosclerotic heart disease
BCP	birth control pills
BIB	brought in by
BKA	below the knee amputation
BLS	basic life support
BM	bowel movement
BOA	born out of asepsis
BOW	bag of waters
BP	blood pressure
BS	breath sounds
BSA	body surface area
ċ	with
C	centigrade
CA	cancer
CAD	coronary artery disease
cc	cubic centimeter
CC or c/c	chief complaint
CHF	congestive heart failure
cm	centimeter
C/O	complains of
CO ₂	carbon dioxide
COA	condition on arrival

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ABBREVIATION	MEANING
COPD	chronic obstructive pulmonary disease
CP	chest pain
CPAP	Continuous positive airway pressure
CPR	cardiopulmonary resuscitation
CRF	chronic renal failure
CSF	cerebrospinal fluid
CSM	circulation, sensation, movement
CVA	cerebral vascular accident
CXR	chest x-ray
D&C	dilation and curettage
dc	discharge/discontinue
DM	diabetes mellitus
DNR	do not resuscitate
DOA	dead on arrival
DOB	date of birth
DOE	dyspnea on exertion
drg	dressing
DT's	delirium tremors
DVT	deep vein thrombosis
DX	diagnosis
EBL	estimated blood loss
ECG	electrocardiogram
ED/ER	emergency dept. / emergency room

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ABBREVIATION	MEANING
EDAP	emergency dept. approved for pediatrics
EMS	emergency medical services
EMT	emergency medical technician
EMT-P	emergency medical technician-paramedic
ET	endotracheal
ETA	estimated time of arrival
ETOH	ethanol (alcohol)
eval	evaluation
FB	foreign body
f/u	follow up
fx	fracture
G	gravida
GB	gallbladder
GI	gastrointestinal
gm	gram
GSW	gunshot wound
gtt	drop
GU	genitourinary
HMO	health maintenance organization
hosp	hospital
hr(s)	hour(s)
hs	at night
ht	height

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ABBREVIATION	MEANING
HTN	hypertension
Hx	history
ICU	intensive care unit
Inc Ab	incomplete abortion
IUD	intrauterine device
IUP	intrauterine pregnancy
IV	intravenous
IVP	Intravenous push
JVD	jugular vein distention
KCL	potassium chloride
kg	kilogram
KO	knocked out (loss of consciousness)
KVO	keep vein open
L	Liter
Ⓕ	left
lab	laboratory
lac	laceration
lb	pound
LLE	left lower extremity
LLL	left lower lobe (lung)
LLQ	left lower quadrant (abdomen)
LMP	last menstrual period
LOC	level of consciousness/loss of consciousness

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ABBREVIATION	MEANING
LUE	left upper extremity
LUL	left upper lobe (lung)
LUQ	left upper quadrant
MAR	most accessible receiving facility
max	maximum
MCL	mid clavicular line
MD/PMD	medical doctor/private medical doctor
mEq	milliequivalent
mg	milligram
MI	myocardial infarction
MICN	mobile intensive care nurse
min	minutes/minimum
ml	milliliter
mo	month
MS	multiple sclerosis/morphine sulfate
MVA	motor vehicle accident
NA	not applicable/not available
NAD	no apparent distress
narc	narcotic
NB	newborn
neg	negative
NKA	no known allergies
NP	nurse practitioner

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ABBREVIATION	MEANING
npo	nothing per mouth
NSR	normal sinus rhythm
NTG	nitroglycerin
nv	nausea/vomiting
n/v/d	nausea/vomiting/diarrhea
O ₂	oxygen
O ₂ sat	oxygen saturation
OB/GYN	obstetrical/gynecological
OBS	organic brain syndrome
OD	overdose/right eye
OS	left eye
OU	both eyes
̄p	after
P	para
PMC	Pediatric Medical Care (Center)
PE	physical exam/pedal edema/pulmonary embolus
Peds	pediatric/pedestrians
perf	perforation
PERL	pupils equal, react to light
PIH	pregnancy induced hypertension
pm	evening
PMH	past medical history
po	by mouth

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ABBREVIATION	MEANING
post	posterior/after
PPD	purified protein derivative (TB skin test)
pr	per rectum
prn	as needed
PSI	passenger space intrusion
Psych	psychiatric
pt	patient
PTA	prior to arrival
pulm	pulmonary
PVC	premature ventricular contraction
q	every
®	right
rehab	rehabilitation
RLE	right lower extremity
RLL	right lower lobe (lung)
RLQ	right lower quadrant (abdomen)
RML	right middle lobe (lung)
RN	registered nurse
r/o	rule out
RUE	right upper extremity
RUL	right upper lobe (lung)
RUQ	right upper quadrant (abdomen)
Rx	prescription

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ABBREVIATION	MEANING
̄	without
SC	specialty center
sec	second
SIDS	sudden infant death syndrome
SL	saline lock/sublingual
SOB	shortness of breath
sq	square
SQ	subcutaneous
SRC	STEMI Receiving Center
TB	tuberculosis
TBC	total body check
Tbsp	tablespoon
TC	traffic collision
TIA	transient ischemic attack
TKO	to keep open (IV rate)
TK	tourniquet
tsp	teaspoon
TV	tidal volume
unk	unknown
UTI	urinary tract infection
vag	vaginal
vol	volume
vs	versus

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ABBREVIATION	MEANING
VS	vital signs
wk	weak
WNL	within normal limits
w/o	without
wt	weight
y/o	year old
yr	year
@	at
&	and
↑	increase/positive
↓	decrease/negative
%	percent
2°	secondary to/ second degree
Δ	change
=	equal
♀	female
♂	male
#	number
>	greater than
<	less than
+	plus/positive
-	minus/negative

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GLOSSARY OF TERMS

The following are the data elements and element definitions for the Los Angeles County EMS Report. The definitions identify the meaning of the terms from the perspective of EMS personnel.

Term	Section(s) of Form	Definition
Abdomen	Trauma Complaints	Injury to abdomen including the flank and pelvis as well as the four quadrants of the abdomen.
Abd/Pelvic Pain (Abdominal/Pelvic Pain)	Medical Complaints	Pain or discomfort in the abdomen or pelvic region.
Abnormal EKG	12-Lead ECG	A12-Lead ECG has been done and it is not normal (but is not an acute MI) according to the electronic interpretation).
Absent Gastric Sounds	ALS Continuation – Tube Confirmation	When an ET tube is properly placed there should not be breath sounds over the gastric area.
Abuse Suspected	Patient Assessment	EMS personnel suspect the injuries resulted from family violence; this includes elder, spousal, and child abuse and/or neglect. Checking this box on the EMS Report DOES NOT replace mandatory reporting of suspected child or elder abuse to a local County Department of Public Social Services (DPSS) or law enforcement office. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 822, Suspected Child Abuse Reporting Guidelines and Reference No. 823, Suspected Elder and Dependent Adult Abuse reporting Guidelines.
Address	Patient Information	The patient's home address and zip code.
AED Analyzed (Automated External Defibrillator)	Arrest	The EMS personnel use the AED on a patient found down in full arrest to analyze the cardiac rhythm.

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Term	Section(s) of Form	Definition
AED Defibrillation (Automated External Defibrillator)	Arrest	The EMS personnel use the AED on a patient in cardiac arrest and a shock is delivered.
Age	Patient Assessment	Hours (up to 24 hours) Days (up to 1 month) Months (up to 2 years) Years (anyone over 2 years of age)
Agitated	Medical Complaints	Behavioral emergency where patients exhibit an acute onset of extreme agitation, combative and bizarre behavior that may be accompanied by paranoid delusions, hallucinations, aggression with an unusual increase in human strength, and hyperthermia.
AHCD	Arrest	Advance Health Care Directive. Refer to Los Angeles County Prehospital Care Policy, Reference No. 815, Honoring Prehospital Do Not Resuscitate (DNR) Orders
Air Bag	Mechanism of Injury	A subcategory of Enclosed Vehicle. An airbag inflated at the time of impact in an enclosed vehicle accident and directly protected the patient: i.e., a driver side airbag protecting a driver, or a passenger side airbag protecting a front-seat passenger.
Allergic Reaction	Medical Complaints	Hives, itching, redness of the skin, runny nose or shortness of breath that have occurred suddenly. The history may relate the signs and symptoms to a known allergen (e.g., animals, cologne, plants, milk products, medications, etc.) with which the patient has had contact.
Allergies	Comment	The patient has an allergy to one or more medications. The medication(s) to which the patient is allergic must be identified in the <i>Comments Section</i> . List any allergies to food, dust, bee stings, hay fever, etc. only if they are relevant to the current problem.

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Term	Section(s) of Form	Definition
ALS (Advanced Life Support)	Transport	Patient is transported accompanied by at least one paramedic.
ALS/BLS	Incident Information	Identifies whether the provider unit is an ALS unit or a BLS unit.
A.L.T.E. (Apparent Life Threatening Event)	Medical Complaints	An infant (12 months or younger) has an episode that is frightening to the observer and characterized by a combination of transient apnea, color change (usually cyanosis, but occasionally erythematic or plethoric), marked change in muscle tone (usually limpness) and choking and/or gagging. The infant may appear normal by the time rescuers arrive.
Altered Level of Consciousness	Medical Complaints	Characterized by an abnormal response to the environment, (e.g., disorientation, no spontaneous eye opening, etc). Refer to Los Angeles County <u>Medical Control Guidelines</u> , Altered Level of Consciousness.
AMA (Against Medical Advice)	Transport	Patient refuses medically recommended treatment or transportation by EMS personnel. Patient must be completely oriented and aware of the consequences of his actions. The patient (or parent/legal guardian, etc.) must sign the Patient Release form on the back of the EMS Report Form (page 1- Original). The signature must be witnessed, preferably by a family member. Refer to Los Angeles County <u>Prehospital Care Policy Manual</u> , Reference No. 834 Patient Refusal of Treatment or Transport.
Amputations	Trauma Complaints	A subcategory of Extremities that identifies amputation above the wrist or ankle.
AMU (Accessory Muscle Usage)	Physical/Respiratory	Patient is using additional muscles to assist with difficulty breathing, such as those of the neck, shoulders, or abdomen

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Term	Section(s) of Form	Definition
Animal Bite	Mechanism of Injury	An injury inflicted by the teeth of a human, dog, cat, reptile, or other animal. This box can be marked whether the skin is punctured or not. Insect bites and bee stings are not considered animal bites.
Anti-Coag	Mechanism of Injury	Injured patients on anticoagulation therapy other than aspirin-only.
Apnea	Physical/Respiratory	Patient is not breathing or stops breathing for periods of time
Apnea Episode	Medical Complaints	The patient had suffered one or more brief episodes during which respiration has ceased for a brief period of time.
Arrest to CPR	Arrest	Time from the beginning of the arrest until CPR (citizen or EMS).
Arrival	Incident Information	The time the EMS personnel leave their vehicle upon arriving at the scene.
Artifact	Physical – 12 Lead	Artifact is evident on the 12-Lead ECG (may be electronically read as positive for STEMI).
ASC	Transport	Approved Stroke Center receiving facility.
Assault	Mechanism of Injury	A violent physical attack by one or more persons upon another with a blunt instrument (fist, bat, etc.).
At Facility	Incident Information	The time the EMS personnel park their vehicle at the receiving facility.
At Patient	Incident Information	The time the EMS personnel make direct contact with the patient. This can vary dramatically from the arrival time in certain incidents (e.g., high-rise, large industrial complex, etc.)
Available	Incident Information	The time the EMS unit is free to respond to another incident.
Back Blows/Thrust	Therapies	The EMS personnel use the Heimlich maneuver or the abdominal thrust on a patient to relieve airway obstruction.
Barriers To Patient Care	Special Circumstances	Patient is developmentally, hearing, verbally, physically or mentally impaired.

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Term	Section(s) of Form	Definition
Base Contact	Transport	A letter code identifying which base hospital was contacted for medical control or an alpha code identifying a protocol was used or no contact was attempted.
Base Notified	Transport	A letter code identifying which base hospital was contacted for arrival notification or destination only. No medical control is provided.
BLS (Basic Life Support)	Transport	Patient was transported by EMT personnel only.
Behavioral	Medical Complaints	Any abnormal behavior that seems to be of emotional or mental origin.
Bilateral Breath Sounds	ALS Continuation – Tube Confirmation, BVM Ventilation	Auscultation of the chest to determine if breath sounds are heard over the right and left side of the chest.
Bilateral Chest Rise	ALS Continuation – Tube Confirmation, BVM Ventilation	Visualization of the chest to determine if chest rise is equal on the right and left sides of the chest.
Bleeding Other Site	Medical Complaints	Refers to bleeding from a site other than those listed on the form. This code is not used for trauma patients. Use for bleeding from ear, shunt, etc.
Blood Glucose	Therapies	Blood obtained for analysis of blood glucose.
Blood/Secretions	ALS Continuation – Airway Unable	Advanced airway attempts were not successful due to blood and/or secretions in the airway.
BP (Blood Pressure)	Vital Signs	The patient's blood pressure – systolic and diastolic.
Blunt	Trauma Complaints	An injury that was caused by a non-piercing or knife-like object. A blunt object can cause a laceration (e.g., a facial laceration from a boxing glove).
Blunt Trauma	Arrest	Patient has sustained a blunt trauma injury and their ECG shows no organized cardiac activity. May be determined to be dead in accordance with Los Angeles County Prehospital Care Policy, Reference No. 814.

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Term	Section(s) of Form	Definition
Burns/Shock	Trauma Complaints	An injury resulting from thermal, electrical or chemical burns.
BVM (Bag-Valve-Mask)	Therapies	Patient is ventilated by way of a bag-valve-mask device.
Capillary Refill	Physical/Skin	Indicate whether the patient has normal (2 seconds or less) or delayed (more than 2 seconds) capillary refill.
Capnometry Measure	ALS Continuation – Tube Confirmation	A device used to measure the amount of CO ₂ present in the exhaled air. This is also used during Bag-Valve-Mouth ventilation.
Cardiopulmonary Arrest	ALS Continuation - Reason	A patient does not have a pulse and is not breathing.
Cardioversion	Meds/Defib	The patient received synchronized cardioversion to convert an unstable cardiac rhythm (Supraventricular tachycardia) to a stable rhythm.
Care Transferred To	Reassessment	The level of provider that care has been transferred to.
Car Seat/Booster	Mechanism of Injury	The patient was riding in a car seat or booster at the time of impact
Cataract	Physical/Pupil	Patient has an eye disease resulting in the lens being covered with an opaque film. It may or may not affect vision depending on the stage.
Chest	Trauma Complaints	Injury occurring in the chest from below the clavicles to the lower costal margin, bordered on each side by the posterior axillary line.
Chest Pain	Medical Complaints	Pain in the chest from the clavicles to the lower costal margin.
Choking/Airway Obstruction	Medical Complaints	Characterized by apnea, choking and/or difficulty breathing of rapid onset, which appears to be due to an obstruction of the airway.
Citizen AED	Arrest	The patient had an AED applied by a bystander, including law enforcement, prior to the arrival of EMS personnel. A shock may or may not have been delivered.

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Term	Section(s) of Form	Definition
Citizen CPR	Arrest	The patient received resuscitative efforts by a bystander, including law enforcement, prior to the arrival of EMS personnel.
City Code	Incident Information	Identifies the city or community in which the incident occurred. City codes are listed on the back of the EMS Report Form (Page 3). City Codes and Provider Codes are not necessarily the same.
Clear	Physical/Respiration	The patient's lungs are clear bilaterally to auscultation.
CMS Intact- After	Therapies	Indicate that the patient's circulation, sensation, and motor function of the extremitie(s) are intact after applying spinal immobilization or splinting.
CMS Intact- Before	Therapies	Indicate that the patient's circulation, sensation, and motor function of the extremitie(s) were intact prior to applying spinal immobilization or splinting.
Cold	Physical/Skin Signs	The skin feels cooler than normal.
Complaint	Patient Assessment	The primary reason(s) the patient or third party has called 9-1-1. May be medical, trauma, or both.
Continued Correct Placement	ALS Continuation – Ongoing Verification	Patient was reassessed after movement and the ET/ETC tube remains correctly placed.
Cooling Measures	Therapies	Passive cooling measures.
CO₂ Det (Carbon Dioxide)	ALS Continuation- Tube Confirmation	An end tidal CO ₂ monitoring device is used to detect the presence of Carbon Dioxide.
Cough/Congestion	Medical Complaints	The patient is experiencing a cough and/or congestion.
CPAP	Therapies	A non-invasive, mechanically assisted, oxygen delivery system designed to decrease the work of breathing. CPAP is approved for patients >14 years of age with moderate to severe respiratory distress.
CPAP @ __cmH₂O	Therapies	The number measurement in centimeters of water that the CPAP pressure is set.

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Term	Section(s) of Form	Definition
CPAP @ ____ time	Therapies	The time CPAP is started.
Cric. Pressure	ALS Continuation – AA Interventions	Cricothyroid pressure is often needed to allow observation of the vocal cords.
Criteria	Transport	The patient meets criteria for transport to a trauma center. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 506, Trauma Triage.
Crush	Mechanism of Injury	Injuries sustained as a result of external pressure being placed on the body parts between two opposing forces.
Cyanotic	Physical/Skin Signs	The patient's skin or lips appear blue.
Date	Incident Information	The date of the incident.
Defibrillation	Meds/Defib	The patient receives an unsynchronized counter shock in an effort to convert a ventricular fibrillation or pulseless ventricular tachycardia to a more stable rhythm.
Device Complaint	Medical Complaints	Use this code if the response is related to a medical device (foley, gastric tube, internal defibrillator, ventilator, etc.). Document other complaints as applicable (chest pain, short of breath, etc.)
Diaphoretic	Physical/Skin Signs	The patient is moist or sweaty to touch.
Diffuse Tenderness	Trauma Complaints	A subcategory of Abdomen. The abdomen is tender in response to palpation in two or more of the four quadrants.
Dispatched	Incident Information	The time the EMS unit is dispatched to the incident.
Distress Level	Patient Assessment	The apparent severity of the current complaint. Upon the EMS personnel arrival, this item is marked according to the EMT's subjective estimate, not the patient's.
Dizzy	Medical Complaints	A patient who is experiencing dizziness or lightheadedness.

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Term	Section(s) of Form	Definition
DNR (Do Not Resuscitate)	Arrest	The patient has a valid DNR or Advance Healthcare Directive (AHCD). Refer to Los Angeles County <u>Prehospital Care Policy Manual</u> , Reference No. 815, Honoring Prehospital Do-Not-Resuscitate Orders.
DOA (Dead on Arrival)	Incident Information	Patient is pronounced dead when specific physical or circumstantial conditions exist. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 814, Determination/ Pronouncement of Death in the Field.
DOA	Medical Complaints	A complaint code (DO) used when a patient meets Reference No. 814 criteria and is determined to be Dead on Arrival.
DOB (Date of Birth)	Patient Information	A number in MM/DD/YYYY format indicating the patient's date of birth.
Dose	Meds/Defib	Identifies the medication dosage or the joules used during defibrillation.
Dressing	Therapies	A type of bandage used to cover a wound.
Drugs Suspected	Special Circumstances	The situation, statements by the patient, family or bystanders and/or the patient's behavior causes the EMS personnel to suspect the patient is under the influence of drugs.
Dysrhythmia	Medical Complaints	The ECG indicates a cardiac rhythm that requires medical attention.
EDAP (Emergency Department Approved for Pediatrics)	Transport	A licensed basic emergency department (physician on duty 24 hours) that has been confirmed as meeting specific service criteria in order to provide optimal pediatric care.
ED Sat	Transport	Patient is not transported to the Most Accessible Receiving (MAR) hospital as that facility is requesting diversion to ALS traffic due to ED saturation.
EID No Resistance (Esophageal Intubation Detector)	ALS Continuation – Tube Confirmation	A device used to assist ALS personnel to determine the correct placement of an ET tube.

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Term	Section(s) of Form	Definition
Ejected from Vehicle	Mechanism of Injury	A subcategory of Enclosed Vehicle. Injuries resulting from a traffic accident in which the victim was thrown from a car, truck or other enclosed vehicle. Patients thrown from a motorcycle are not included.
Electric Shock	Mechanism of Injury	Passage of electrical current through body tissue.
ELM	ALS Continuation – AA Interventions	External laryngeal manipulation is often required to allow observation of the vocal cords.
EMS CPR @	Arrest	The patient receives cardiopulmonary resuscitation by EMS personnel (EMT, paramedics, firefighters, etc.) and the time it was started.
Enc Veh. (Enclosed Vehicle)	Mechanism of Injury	Accident in which the victim was riding in a car, truck, or the back of a pickup truck at the time of impact. Convertibles, buses, and large construction/farm vehicles should be considered enclosed vehicles.
Endotracheal Tube/Combitube Attempts	ALS Continuation – AA Interventions	An ET or King is attempted. Indicate the team member number and number of attempts. Indicate if intubation was successful or not.
Equipment Failure	ALS Continuation – Airway Unable	Advanced airway attempts were not successful due to failure of equipment (light burned out, no batteries, etc.). Describe the issues in the appropriate space.
Estimated Age	Patient Assessment	The actual patient age is not available and the age recorded is an estimate.
Estimated Weight	Patient Assessment	The actual patient weight is not available and the weight recorded is an estimate.
EtCO₂ Detector Colormetric (End Tidal Carbon Dioxide)	ALS Continuation – Tube Confirmation	One method used to confirm the presence of CO ₂ . The device changes color if CO ₂ is detected in the exhaled air.
ETOH Suspected	Special Circumstances	The situation, statements by the patient, family or bystanders and/or the patient's behavior causes EMS personnel to suspect the patient is under the influence of alcohol.

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Term	Section(s) of Form	Definition
Existing Tracheostomy	ALS Continuation – Airway Unable, BVM Ventilation	Advanced airway attempts were not necessary because the patient has an existing tracheostomy tube and can be ventilated via the existing tube.
Extremis	Transport	<p>Patient requiring immediate transportation to the most accessible receiving facility:</p> <ul style="list-style-type: none"> • Patients with an obstructed airway. • Patients in cardiopulmonary arrest from traumatic injuries, excluding penetrating torso injuries. • Other patients, as determined by the base hospital personnel, whose lives would be jeopardized by transportation to any but the most accessible receiving facility. <p>Refer to Los Angeles County <u>Prehospital Care Manual</u>, Reference No. 506, Trauma Triage.</p>
Extremities	Trauma Complaints	Any significant blunt injury, strain, sprain or penetrating injury that extends beneath the skin and subcutaneous tissue of the extremities or shoulder.
Extr ↑ knee/elbow	Trauma Complaints	A subcategory of extremity injury. A penetrating injury above the elbow or knee.
Extricated @ __:__	Mechanism of Injury	Patient requires extrication. Enter the time the patient is removed from the vehicle, collapsed building, etc., in the space provided.
Extrication Required	Mechanism of Injury	A subcategory of Enclosed Vehicle. Use of special equipment is necessary to free the patient from the automobile.
Eye	GCS/mLAPSS	<p>A number indicating eye status according to Glasgow Coma Scale. This numbering is explained on the back of the EMS Report Form (Red Copy).</p> <p>Refer to Reference No.1306, Medical Control Guideline -Altered Level of Consciousness.</p>
F (Female)	Patient Assessment	Identifies the gender of the patient as female.

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Term	Section(s) of Form	Definition
Facial/Mouth	Trauma Complaints	Blunt or penetrating injury (extends beyond the skin and subcutaneous tissue) to the face, jaw or ears. When caused by excessive blunt force that might be associated with cranial injury, "head" should also be marked.
Fall > 15 Feet	Mechanism of Injury Mechanism of Injury	The patient's injuries resulted from a fall. This category includes all injuries that result from any height (e.g., from a bicycle, a horse, out of a window, etc.). A subcategory of Fall. A vertical uninterrupted fall of greater than 15 feet for adults; or pediatric patients from heights greater than 10 feet, or greater than 3 times the height of the child.
Family (relationship) (sig)- Signature	Arrest Arrest	The relationship of the family member who is requesting that resuscitative measures be discontinued. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 814, Determination/Pronouncement of Death in the Field. The signature of the family member requesting that resuscitative measures be discontinued.
Fever	Medical Complaints	The patient exhibits an elevated body temperature.
Fixed & Dilated	Physical/Pupils	The patient's pupils are dilated and unresponsive to light.
Flail Chest	Trauma Complaints	Blunt injury to the chest resulting in an unstable chest wall identified by paradoxical chest wall movement.
Flex Guide	ALS Continuation – AA Interventions	The flex guide is often needed to successfully intubate patients with a difficult airway.
Flushed	Physical/Skin Signs	The patient's skin appears abnormally red.
Foreign Body	Medical Complaints	A foreign body within any orifice of the body.
Foreign Body Removal	Therapies	A foreign body is removed from an orifice of the body.
Fractures	Trauma Complaints	A subcategory of Extremities. Identifies fractures of two or more proximal (humerus/femur) long-bones.

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Term	Section(s) of Form	Definition
GCS (Glasgow Coma Scale)	GCS/mLAPSS	A numerical system for describing a patient's level of consciousness found on the back of the EMS Report Form (Red Copy).
GCS 14 or less	Trauma Complaints	A subcategory of blunt head trauma to identify patients who have sustained blunt head trauma and have a GCS of 14 or less.
Genital/Buttocks	Trauma Complaints	Injury to the buttocks or external reproductive structures.
GI Bleed (Gastrointestinal Bleeding)	Medical Complaints	Bleeding from the upper or lower GI tract. Patient may have bloody or tarry stool or coffee-ground emesis.
GSW (Gunshot Wound)	Trauma Complaints	The victim received a wound from a firearm.
Guidelines	Transport	The patient meets trauma center guidelines. Refer to Los Angeles <u>Prehospital Care Manual</u> , Reference No. 506, Trauma Triage.
Hazmat Exposure	Mechanism of Injury	The patient was exposed to toxic or poisonous agent(s). Agents include liquids, gases, powders, foams, and radiation. This item includes chemical burns. NOTE: For pepper spray incidents or brief exposure to other minor irritants, use the medical code "OT" unless another more appropriate major chief complaint exists.
Head	Trauma Complaints	An injury to the head or skull, from above the eyebrows and behind the ears.
Head Pain	Medical Complaints	"Headache" or any other type of head pain not associated with trauma.
Helicopter	Transport	Transportation is provided by a helicopter with paramedics on board. This is usually not the primary EMS provider.
Helmet	Mechanism of Injury	A subcategory of Motorcycle/ Moped. A patient was involved in a motorcycle/moped accident and was wearing a helmet at the time of impact.

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Term	Section(s) of Form	Definition
Hot	Physical/Skin Signs	The patient's skin feels warmer than normal and the patient appears to have a fever.
Hypoglycemia	Medical Complaints	A patient with documented hypoglycemia.
Hypoventilation	ALS Continuation - Reason	The patient is not breathing adequately (diminished tidal volume).
HX (History)	History Comments	Indicate any significant past medical history.
IFT (Interfacility Transfer)	Incident Information	An elective (usually non-emergency) patient transport by a private ambulance company from one medical facility to another.
Impact >20 mph unenclosed	Mechanism of Injury	Unenclosed transport (e.g.: motorcycle, skateboard, ATV, etc.) crash with significant (greater than 20 mph) impact
Incident Location	Incident Information	The address of the incident. Must be completed as thoroughly as possible on every response.
Incident Number	Incident Information	A number assigned by each provider agency.
Inpatient Medical	Medical Complaints	A patient with a medical complaint or diagnosis who is transferred from the ward or ICU (not the emergency department) of a medical facility to another facility.
Inpatient Trauma	Trauma Complaints	A patient with a trauma complaint or diagnosis relating to a previous traumatic event who is transferred from a hospital ward or ICU (not the emergency department) to another medical facility.
IV Insertion	Therapies	An intravenous device is inserted. Documentation includes size of angiocatheter used (g) and site.
Jaundiced	Physical/Skin Signs	A yellow appearance of the patient's skin and/or sclera.
Judgment	Transport	The patient, in the judgment of the paramedic or base hospital, has sustained injuries that warrant transport to a trauma center. Refer to Los Angeles <u>Prehospital Care Manual</u> , Reference No. 506, Trauma Triage.

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Term	Section(s) of Form	Definition
Jurisdictional Station	Incident Information	A number identifying the fire station in whose jurisdiction the incident occurred.
JVD (Jugular Vein Distention)	Physical/ Respiratory	Distended jugular veins are observed in the supine patient
Labor	Medical Complaints	A subcategory of "Obstetric". An obstetric patient experiencing regular uterine contractions.
Labored	Physical/Respiratory	Breathing appears to be difficult or requires extra effort
Last known well: Date: Time: UNK:	GCS/mLAPSS	The date the patient was last seen at their baseline neurological status. The time the patient was last seen at their baseline neurological status. If unable to determine the last known well date and time of the patient
Left	Incident Information	The time an EMS unit leaves the scene.
Local Neuro Signs	Medical Complaints	Weakness/numbness of a specific part of the body, or expressive aphasia.
Logistical/Environmental Issues	ALS Continuation – Airway Unable	Advanced airway attempts were not successful due to logistical issues (patient access, safety hazards, etc). Describe the issues in the space provided.
Lividity	Arrest	Patient has signs of post mortem lividity and may be determined to be dead in accordance with Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 814.
M (Male)	Patient Assessment	Identifies the gender of the patient as male.
MAR (Most Accessible Receiving)	Transport	The emergency facility that can be accessed in the shortest possible time. EMS personnel should take into consideration traffic patterns, weather conditions, or other similar factors, when identifying which hospital is the most accessible.
MAR (Diversion)	Transport	The most accessible receiving facility or specialty center is closed to incoming patients. Enter the letter code of the hospital on diversion in the space provided.

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Term	Section(s) of Form	Definition
Mechanism of Injury	MOI Patient Assessment	A two-letter code identifying how an injury was sustained. If the chief complaint is a trauma complaint, at least one mechanism of injury must be indicated. Always use the primary MOI followed by the most significant subcategories to a maximum of four.
Medical Hx	Mechanism of Injury	Patient has a medical history that meets trauma special considerations. Refer to Los Angeles <u>Prehospital Care Manual</u> , Reference No. 506, Trauma Triage.
Meds	Comments	The patient is currently taking medications. The medications must be listed.
Meds/Defib (Medication/ Defibrillation)	Vital Signs	Indicates the medication or defibrillation that the patient received from the EMS provider in the prehospital setting. Codes are provided on the back of the EMS Report Form (Page 2- Red).
Midazolam	Controlled Drugs	The amount of midazolam administered to the patient, the amount wasted, and the signature of the RN who witnessed the wastage.
Mild	Patient Assessment	A subcategory of Distress Level. The patient has few external cues indicating a low level of distress related to the chief complaint.
Minor Laceration/ Contusion	Trauma Complaints	An insignificant laceration, contusion or abrasion involving the skin or subcutaneous tissue.
mLAPSS	GCS/mLAPSS	Modified Los Angeles Prehospital Stroke Screen. A screening tool used to determine patient destination to an ASC. Criteria are located on the back of the EMS Report Form (Page 2- Red). Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 521, Stroke Patient Destination.
Moderate	Patient Assessment	A subcategory of Distress Level. The patient exhibits an increasing level of distress and is not easily distracted and remains more focused on the chief complaint/signs and symptoms.
Morphine	Controlled Drugs	The amount of morphine administered to the patient, the amount wasted and the signature of the RN who witnessed the wastage.

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Term	Section(s) of Form	Definition
Motor	GCS/mLAPSS	A number indicating patient motor status according to the Glasgow Coma Scale. The GCS can be found on the back of the EMS Report Form (Page 2-Red). Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 1306, Medical Control Guideline: Altered Level of Consciousness.
Motorcycle/Moped	Mechanism of injury	The victim was riding on an unenclosed motorized vehicle at the time of the accident.
Name	Patient Information	The patient's full name. If name is unknown, indicate "unknown".
Nausea/Vomiting	Medical Complaints	The patient is experiencing nausea and/or vomiting.
Near Drowning	Medical Complaints	History of submersion causing signs/symptoms (including difficulty breathing). This category includes patients who die from drowning.
Neck	Trauma Complaints	Pain or injury occurring between the angle of the jaw and the clavicle, including probable cervical spine injuries.
Neck/Back Pain	Medical Complaints	Pain in the neck or the back from the shoulders to the buttocks not associated with trauma.
Needle Thoracostomy	Therapies	A needle thoracostomy was attempted or performed.
Neuro/Vasc/Mangled (Neurological and/or vascular Compromise)	Trauma Complaints	The victim sustained a blunt or penetrating injury that resulted in neurological and/or vascular compromise and/or crushed, degloved or mangled extremity.
Newborn	Medical Complaints	A subcategory of Obstetrics. A baby is born during the course of the run. Separate EMS Report Forms must be completed for the mother and the newborn.
No Apparent Injury	Trauma Complaints	The patient has experience a trauma mechanism of injury but does not have ANY complaints or visible signs of injury. Do NOT use this code for medical patients.

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Term	Section(s) of Form	Definition
No Medical Complaint	Medical Complaints	The patient has no medical complaint(s) and has no signs and symptoms relating to a medical problem. Do NOT use this code for injured patients.
None	Patient Assessment	A subcategory of Distress Level. Advanced Life Support evaluation and/or transportation are generally not necessary.
No Patient	Incident Information	No ill or injured patient could be found at the scene.
Normal	Physical/Respiration	All parameters of the respiration are normal (rate, rhythm, etc.)
Normal	Physical/Skin	All parameters of the skin are normal (cannot be considered normal if the skin is jaundiced, pale, moist, etc.).
Normal ECG	12-Lead ECG	The patient has had a 12-Lead ECG done and it is normal according to the ECG printout.
Normal for Patient/Age	GCS/mLAPSS	The patient's behavior, although not typical, is the same as it was before the "incident". This should also be used for a child who is behaving appropriately for their age.
Nosebleed	Medical Complaints	Bleeding from the nose, which has occurred spontaneously and is not associated with trauma.
No Transport	Transport	The patient is not transported by the EMS system.
Obstetrics	Medical Complaint	Any signs or symptoms in a patient who is known to be pregnant that is likely to be related to the pregnancy. These signs and symptoms may include: edema, severe headaches, vaginal bleeding, dizziness, or any signs or symptoms of labor. If the patient exhibits signs or symptoms of labor use the chief complaint of "Labor".
OD/Poisoning (Overdose/Poisoning)	Medical Complaints	Ingestion of a poisonous substance or overdose of drugs.
OP/NP Airway	Therapies	Either an oropharyngeal (OP) or nasopharyngeal (NP) airway is used on the patient.

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Term	Section(s) of Form	Definition
O/P/Q/R/S/T	Comment	A mnemonic used to evaluate pain: O = Onset (sudden or gradual) P = Provoking/Palliating factors Q = Quality of the pain (sharp, dull, colicky, etc.). The pain 0-10 pain scale should be used to rate the pain R = Radiation (location of the pain) T = Time of onset or how long the patient has been in pain
Original Sequence Number	Patient Assessment	Completed when two or more providers have responded and each have completed an EMS Report Form. Write the Sequence Number from the other provider in the space provided for Original Sequence Number.
Other Pain	Medical Complaints	Pain in a site other than the chest, head, abdomen, pelvis, or back.
Oxygen	Therapies	Patient receives oxygen. The flow rate is entered in liters per minute. Indicate whether a nasal cannula or mask is used by circling the appropriate letter(s).
O₂Sat (Oxygen Saturation)	Vital Signs	The measurement of oxygen saturation.
Paced Rhythm	Physical – 12 Lead	The underlying rhythm is paced (may be electronically read as a positive STEMI).
Pain (0-10)	Vital Signs	A subjective pain score obtained by asking the patient to rate their pain on a 1-10 scale with 10 being the most severe pain the patient can imagine.
Pale	Physical/Skin Signs	The patient's skin is paler than usual, ashen or grey.
Palpitations	Medical Complaints	The patient feels an abnormal heartbeat, which may be described as a pounding sensation or racing.
Pass Space Intrusion (Passenger Space Intrusion)	Mechanism of Injury	A subcategory of Enclosed Vehicle. Following an incident the patient is unable to sit in the normal position in the space previously occupied due to encroachment of the dash, another auto, etc., into the patient's passenger space.

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Term	Section(s) of Form	Definition
>12"		A subcategory of Passenger Space intrusion. Encroachment of greater than 12 inches into an occupied passenger space of a motor vehicle.
>18"		A subcategory of Passenger Space intrusion. Encroachment of greater than 18 inches into an unoccupied passenger space of a motor vehicle.
Patient Number	Patient Assessment	Identifies a particular patient among the total number of patients involved in an incident. Numbering MUST remain constant.
PD Unit # (Police Department Unit Number)	Incident Information	Identifies the police department and unit #, if on scene.
Ped/Bike Runover/Thrown/>20 mph	Mechanism of Injury	Auto versus pedestrian/bicyclist/motorcyclist thrown, run over, or with significant (greater than 20 mph) impact.
Ped/Bike <20 mph (Pedestrian/Bicyclist vs Vehicle)	Mechanism of Injury	The victim was a pedestrian or bicyclist who was struck by a motorized vehicle traveling at less than 20 mph.
Pediatric Weight Color Code	Patient Assessment	The color code identified when a pediatric patient is measured using an approved Pediatric Emergency Tape. Refer to Los Angeles <u>Prehospital Care Manual</u> , Reference No. 1328, Medical Control Guideline- Pediatric Patients
Penetrating	Trauma Complaints	The injury was caused by a piercing or knife-like object and extends beyond the skin through the subcutaneous tissue.
Perinatal	Transport	A hospital with an obstetrical department.
PERL (Pupils Equal and Reactive to Light)	Physical/Pupils	Patient's pupils are the same size and react to light.
Pg 2 (Page 2)	Incident Information	A second page is needed to complete the documentation of care given to the patient.
Pinpoint	Physical/Pupils	The patient's pupils are extremely constricted.

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Term	Section(s) of Form	Definition
PMC (Pediatric Medical Care)	Transport	A designated acute care hospital approved to receive critically ILL pediatric patients. Guidelines for the mandatory transport of pediatric patients to a designated PMC are contained in Los Angeles <u>Prehospital Care Manual</u> , Reference No. 510, Pediatric Patient Destination.
Poison Control Contacted	Special Circumstances	The Poison Control Center was notified or contacted for product information.
Positive Gag Reflex	ALS Continuation – Airway Unable	Advanced airway attempts were not successful due to the presence of a gag reflex.
PRN Medication	Arrest	A medication that may be given at the discretion of the paramedic based on certain parameters specified by the base hospital (glucose for a blood sugar < 60, Morphine for pain unrelieved by NTG, etc.)
Profoundly Altered	ALS Continuation - Reason	Patient is very difficult to arouse (may not be able to handle oral secretions, may not have a gag reflex).
Pronc'd by Base (Pronounced by Base)	Incident Information	The patient did not meet Reference No. 814 criteria for determination of death and was pronounced by the Base Hospital physician.
Pronounced By	ALS Continuation – Arrest/Resuscitation	The name of the base hospital physician who discontinued resuscitative efforts and pronounced the patient.
Protocol	Transport	Indicates the Standing Field Treatment Protocol(s) (SFTP) used by EMS personnel in the treatment of the patient. SFTPs may only be utilized by approved SFTP providers.
Provider	Incident Information	A two-letter code used to identify all EMS provider agencies responding to the incident and involved in patient care. City Codes and Provider Codes are not necessarily the same.
PTC (Pediatric Trauma Center)	Transport	A designated acute care hospital approved to receive critically INJURED pediatric patients. Guidelines for the mandatory transport of

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Term	Section(s) of Form	Definition
		pediatric patients to a designated PTC are contained in Los Angeles <u>Prehospital Care Manual</u> , Reference No. 510, Pediatric Patient Destination.
Pt's Nml	Physical/Pupil	Abnormal pupil exam is normal for the patient. To be used with another choice, such as unequal.
Pulse	Vital Signs	The patient's heart rate in beats per minute.
Rales	Physical/Respiratory	An abnormal crackling sound heard upon auscultation of the chest.
Receiving Facility	Transport	The three-digit letter code that identifies the facility to which the patient is transported. The codes are found on the back of the EMS Report Form (Page 3- Yellow).
Reference No. 814	Arrest	Refers to indications for determining death based on criteria addressed in Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 814, Determination/Pronouncement of Death in the Field.
Request	Transport	A patient, physician, or legally authorized representative requests transportation to a facility which differs from the one to which the patient would have otherwise been transported.
Resp (Respiratory Rate)	Vital Signs	The patient's respirations per minute.
Respiratory Arrest	Medical Complaints	The patient has stopped breathing.
Restoration of Pulse	ALS Continuation – Arrest/Resuscitation	A patient who was in full arrest has pulses restored at any time during the prehospital phase, even if the pulses are lost prior to arrival at the receiving facility. Note the time (use military time) that pulses were restored.
Restraints	Therapies	The patient's hands and/or feet are restrained to protect the patient and/or EMS personnel. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 838, Application of Patient Restraints.
Results	Meds/Defib	Identifies the results of administration of a medication or therapy. The result is either "improved" (up arrow), "deteriorated" (down

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Term	Section(s) of Form	Definition
		arrow), or “no change” (N), and should be noted on the same line as the medication or therapy. Results of pain medication must be marked using the numerical 1-10 scale. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 1326, Medical Control Guideline: Pain Assessment.
Resuscitation Discontinued by Base	ALS Continuation – Arrest/Resuscitation	CPR and other life saving therapies are terminated due to the decision of the base hospital physician. Note the time (use military time).
Reviewed By	Signature	The signature of personnel reviewing the EMS Report for completeness and accuracy.
Rhonchi	Physical/Respiration	An abnormal coarse rattling sound heard on auscultation of the chest.
Rhythm	Meds/Defib	A code identifying the patient's rhythm. EKG codes can be found on the back of the EMS Report Form.
Rhythm when Pronounced	ALS Continuation – Arrest/Resuscitation	The rhythm that the patient was in when the resuscitative efforts were discontinued by the base hospital physician.
Rigor	Arrest	Patient has signs of rigor mortis and may be determined to be dead in accordance with Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 814, Determination/ Pronouncement of Death in the Field.
Route	Meds/Defib	A code identifying the route of medication administration. Codes are found on the back of the EMS Report Form (Page 2- Red copy).
RR <10/>29, <20 (1yr)	Trauma Complaints	Respiratory rate greater than 29 breaths/minute (sustained), less than 10 breaths/minute, less than 20 breaths/minute in infants age less than one year, or requiring ventilator support
SBP <90, <70 (1yr)	Trauma Complaints	Systolic blood pressure less than 90 mmHg, or less than 70 mmHg in infants age less than one year.

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Term	Section(s) of Form	Definition
Seat Belt	Mechanism of Injury	A subcategory of Enclosed Vehicle. A patient involved in an enclosed vehicle accident was wearing a seat belt at the time of impact.
Seizure	Medical Complaints	Active convulsions or current incident history that suggests the patient was seizing prior to EMS arrival.
Sequence Number	Patient Assessment	A pre-printed number on the EMS Form that is a unique identifier for each patient.
Severe	Patient Assessment	A subcategory of Distress Level. The patient's problem is life threatening.
Sex	General Information	The gender of the patient, indicated by "M" for male and "F" for female.
Shortness of Breath	Medical Complaints	The patient states they are short of breath and/or breathing is characterized by gasping, rapid respirations, cyanosis, use of accessory muscles, retractions, etc.
SI Accidental (Self Inflicted Intentional)	Mechanism of Injury	A subcategory in Mechanism of Injury. The injury was caused accidentally by the patient,
SI Intentional (Self Inflicted Intentional)	Mechanism of Injury	A subcategory in Mechanism of Injury. The patient causes the injury intentionally.
Sluggish	Physical/Pupil	One or both pupils react more slowly to light than normal.
Snoring	Physical/Respiration	A rough, hoarse breathing caused by relaxation of the soft palate.
Specialty Center (SC)	Transport	Facilities that are able to care for patients with specific complaints, injuries, or of certain age groups. These include PTC/PMC, EDAP, SRC, ASC, Perinatal and Trauma Centers.
Spinal Cord Injury	Trauma Complaints	A trauma patient is suspected of having a spinal cord injury based on objective and subjective symptoms (weakness, paresthesia, paralysis, etc.).
Spinal Motion Restriction	Therapies	Application of device with the intent to restrict spinal movement.

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Term	Section(s) of Form	Definition
Splint	Therapies	Application of an appliance to immobilize a limb or joint for possible sprain, dislocation, or fracture.
Sports/Recreation	Mechanism of Injury	The injury occurred while the patient was engaged in a sporting or recreational athletic activity.
SS #	Patient Information	Partial Social Security Number (last 5 numbers) is required for CEMSIS.
Stabbing	Mechanism of Injury	A subcategory of Assault. An injury caused by a knife or other sharp piercing object.
STEMI	12-Lead ECG	The 12-Lead ECG indicates an acute ST Elevation Myocardial Infarction (STEMI).
Street Type	Incident Information	A code indicating the official street type, e.g., lane, road, boulevard, etc.
Stridor	Physical/Respiration	A harsh, high-pitched, crowing sound heard during respiration.
Suction	Therapies	A device is used to aspirate blood, mucous, and debris from the oropharynx.
Survivor of Fatal Accident	Mechanism of Injury	A subcategory of Enclosed Vehicle. The patient's injuries resulted from a motor vehicle accident in which one or more fatalities occurred. The fatalities must have occurred in the vehicle in which the victim was riding.
Suspected Dislodgement	ALS Continuation – Ongoing Verification	ET Tube placement is reassessed after patient movement and found to be dislodged (or possibly dislodged). A statement should be made in the narrative section to address the action(s) taken when the tube became dislodged (ET tube removed/BVM ventilation, etc).
Susp. Pelvic Fx	Trauma Complaints	Suspected pelvic fracture (excluding isolated hip fracture from a ground level fall)
Syncope	Medical Complaints	The patient exhibits transient loss of consciousness.
SRC	Transport	ST Elevation MI (STEMI) Receiving Center.
TC Pacing mA (milliamps) ppm (pacing rate)	Therapies	Transcutaneous pacing is initiated. Document mA (current) and rate (ppm).

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Term	Section(s) of Form	Definition
Team Member ID	Incident Information	Los Angeles County Paramedic Certification number. This number indicates which members were on scene regardless if direct patient care was given. The State certification number preceded by "E" is to be used for EMTs.
Team Member #	Therapies, VS, Meds/Defib, Transfer VS	This number identifies the paramedic who initiated a therapy, inserted or attempted an advanced airway, administered a medication, took vital signs, or applied an ECG monitor.
Telephone	Patient Information	The patient's home, cellular or business number. If not available, a relative or other contact number is appropriate.
Tension Pneumothorax	Trauma Complaints	A life-threatening collection of air under increased pressure in the pleural cavity. Signs and symptoms include those of a pneumothorax plus increasing shortness of breath, restlessness, shock, neck vein distention, and tracheal deviation.
Thermal Burn	Mechanism of Injury	A burn resulting from heat.
Tidal Volume	Vital Signs	Document as normal, decreased or increased.
Total IV Fluids Received	Reassessment	The total amount of IV fluid received by the patient in the field or during interfacility transport.
Traction Splint	Therapies	Application of a device used to immobilize a suspected fracture by means of traction.
Tourniquet	Therapies	Application a device used to control bleeding.
Transfer Vital Signs	Reassessment	The final vital signs taken at the time of transfer of care from one provider to another or from an EMS unit to a receiving facility.
Trauma Arrest	Trauma Complaints	An absence of respiration/pulse as a result of trauma.
Unable to Visualize Cords	ALS Continuation – Airway Unable	Advanced airway attempts were not successful due to the inability to view the cords.

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Term	Section(s) of Form	Definition
Unable to Visualize the Epiglottis	ALS Continuation – Airway Unable	Advanced airway attempts were not successful due to the inability to view the epiglottis.
Unequal	Physical- Pupils/Respirations	A difference is observed between the right and left.
Unit	Incident Information	The number code used to identify a responding provider.
Unknown	Mechanism of Injury	The cause or the mechanism of injury is not known.
Vagal Maneuvers	Therapies	A therapy used to convert a supraventricular tachycardia. The patient is asked to “bear down” or to “blow on his/her thumb”.
Vaginal Bleed	Medical Complaints	Abnormal vaginal bleeding as described by the patient.
Verbal	GCS/mLAPSS	A number indicating the patient’s verbal status according to Glasgow Coma Scale. This numbering system can be found on the back of the EMS Report Form (Page 2-Red). Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 1306, Medical Control Guideline: Altered Level of Consciousness.
Verification of Tube Placement	ALS Continuation – Verification of Placement	The ED physician must complete the bottom section upon arrival at the receiving facility OR a copy of the waveform capnography printout must be attached to verify tube placement at the time of transfer of care.
Wavy Baseline	Physical – 12 Lead	The baseline on the 12-Lead ECG is wavy (may be electronically read as a positive STEMI).
Waveform Capnography	ALS Continuation – Tube Conformation	A device used to measure the CO ₂ in the expired air and produce a waveform graph.
Weak	Medical Complaint	The patient is experiencing general weakness.
Weight	Patient Assessment	Indicate the patient’s weight in pounds or kilograms. Mark one.
Wheezes	Physical/Respiration	A high-pitched sound heard audibly or upon auscultation of the chest.

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Term	Section(s) of Form	Definition
Witnessed by Citizen, EMS, None	Arrest	Used to identify who (if anyone) witnessed the patient go into cardiac arrest.
Work Related	Mechanism of Injury	Any employee injury that occurs during work hours and is work related or occurs on the work premises while on duty.
Zip Code	Incident Information	Zip Code of the incident location.