

PERF

5/8 Glue & Crimp

PERF

FIRE DEPARTMENT EMERGENCY MEDICAL SERVICES REPORT FORM

DATE, INCIDENT NUMBER, Pt# of, Asst. Invl., SEQ.#, 98768, NK SERIAL #

TELEPHONE (Area Code + Number), INC. LOCATION, CITY CODE, TEAM MEM.#1-6, PROVIDER, BLS/ALS, DISPATCH, AT SCENE, AT PATIENT, MILEAGE, LEFT, AT HOSP., PT. TRANS. TIME

Suspected: ETOH/Drugs, Abuse/Neglect, Poison Control Contacted, Special Study, Exposure, AGE, Yrs, Wks, Apprx, SEX, M, F, ETH, SEVERITY, None, Mild, Moderate, Severe, EST. WEIGHT, Lbs, Kgs, NAME-Last, First, MI, ADDRESS, City, Zip, SS#, Medi-Cal, Private Ins. Co., Medicare, Account #

C/C, P, Q, R, S, T, Secondary Assessment, H, A, M, TRANSPORT, Fire, ALS transport, BLS transport, Helicopter, Private Vehicle, No transport, Other, DESTINATION, Most Access. Rec'g Fac., EDAP, Perinatal, Trauma, PCCC, Criteria, Guidelines, Judgement, Other, RATIONALE, Pt. Request, Health Plan, Specialty Ctr., Specialty Ctr. Not Req'd, Specialty Ctr. Not Access., AMA, Extremis, BASE CONTACT, REC'G FACILITY, DIVERTED FROM, EXTRICATED @, BROSELOW TAPE COLOR, NO TREATMENT, Released at Scene

COMPLAINTS: Abd./Pelvic Pain, Allergic Reaction, ALTE, Altered LOC, Apnea Episode, BEHAVIOR/Anxiety, Cardiac Arrest, Chest Pain, PalpitationS, DYsrhythmia, CHoking/Airway Obst, Cough/Congestion, External Bleeding: GI, NOse, VAginal, FEver, Foreign Body, Headache /Pain, Local Neuro Signs, Nausea/Vomiting, Near-Drowning, Neck/Back Complaint, OBstetrics, LAbor, NeWborn, OverDose, POisoning, Resp. Arrest/Apnea, SEizure, Shortness of Breath, SYNcope, Weak/Dizzy, Other Pain, OTHER: No Medical Complaint

COMPLAINTS: No Apparent Injury, AMbulatory @ Scene, BUrns/Elec. Shock, Spinal Cord Injury, B P Minor Lacerations, Head, Facial/Dental, Neck, Back, Chest, Flail Chest, Between Midclavic, B P Tension Pneumo, Traumatic Arrest, Abdomen, Diffuse Abd. Tend, Genital/Buttocks, Extremities, FRactures, Amputations, Enclosed Veh., Pass. Space Intr., Ejected, EXtric., Surv. Fatal Accident, Seat Belt, AirBag, WSD, SWD, Ped/Bike vs. Vehicle, Motorcycle/Moped, Vs. Veh., Helmet, ASsault, W/Blunt Instrument, STabbing, GSW, TRunk, Self-inflicted/Accident, Self-inflicted/Intentional, FALL, >15 ft., ANimal Bite, STing, CHIEF M.O.I., Electric Shock, HazMat Expos., Thermal Burn, SPorts, Work-Related, Technical Rescue, Traumatic CRush Injury

FINDINGS/TREATMENT: PUPILS, PERL, Pinpoint, Fixed & Dilated, Unequal; LOC, ALERT, Oriented x 4, 3, 2, 1, Not Alert, Combative, Normal for Patient; RESPIRATION, Wheezes, CLEAR, Unequal, Apnea, Other; TIDAL VOLUME: Normal, ↑, ↓; SKIN SIGNS, NORMAL, Pale, Cap refill, Cool/Cold, Diaphoretic, Cyanotic, Hot, Flushed, Jaundiced; BLS PROCEDURES, AED, ANALYZ, DEFIB, Airway, ORAL, NASAL, Bk blows/thrust, BVM, Childbirth, Dressings, O2, NC, MASK, Restraints, Spinal Restrict, Normal neuro exam: Before?, After?, Splint: TRACTION, Suction; ALS PROCEDURES, Blood glucose, Foreign body removal, IV gauge, Needle cricothyrotomy, Needle thoracostomy, Vagal maneuver, 12 Lead, OTHER: ALS, BLS

VITAL SIGNS, TIME, B/P, PULSE, RR, TM#, EKG, DRUGS/DEFIB/EKG, TIME, DRUG/DEFIB, AMT/Rate, VIA, ↑, ↓, N, TM#, AIRWAY, TM#, TM#, TM#, SUCCESS?, ETT Attempts, COMBI Attempts, CO2 detector, ETT size, O2 saturation, Existing Trach, Breath Sounds PRESENT after Advanced Airway, Airway comments/complications: SEE BACK OF FORM

REASSESSMENT/TRANSFER OF CARE VITALS, PROV, UNIT, TRANSFER TIME, B/P, HR, RR, GCS, EKG, IV FLUID TOTAL, TM#, CARDIAC ARREST, DNR, TM#, Witnessed by: Citizen, EMS, CPR done by: Citizen, EMS, Min. to CPR, Pulses r CPR, Pulses r CPR, TIME, Resuscitation D/C'd, TIME, WITNESS SIG: VALIUM, MORPHINE, Given, Wasted, GCS, EKG, IV FLUID TOTAL, TM#

PATIENT RELEASE

98769

SEQ.#

NK SERIAL #

(To be completed whenever a competent patient or guardian, against medical advice, refuses treatment and/or transport.)

ASSESSMENT OF PATIENT:

- Oriented x 4?
Altered LOC?
Head Injury?
ETOH/drug ingestion? (by exam or history)

INCIDENT NUMBER
[] [] [] [] [] [] [] [] [] []

REASON FOR REFUSAL:

INFORMATION GIVEN TO PATIENT:

- MEDICAL TREATMENT/EVALUATION NECESSARY
TRANSPORTATION VIA AMBULANCE NECESSARY
PATIENT UNDERSTANDS POTENTIAL CONSEQUENCES
Interpreter used:
Patient signed release form
RECONTACT 911 if necessary or pt. reconsiders need for treatment/transport

DISPOSITION:

- Patient:
Refused ALL EMS assistance
Refused TREATMENT, but accepted transport
Refused TRANSPORT, but accepted treatment
Released in care or custody of:
Refused transport to RECOMMENDED facility
Departed via private vehicle to:
Relative/Friend
Law Enforcement

"I have refused recommended emergency care and/or transportation to the nearest medical facility. I hereby release Fire Department and/or (Base Hospital, if contact made) from any liability of medical claims resulting from my refusal. I further understand that I have been directed to contact my personal physician as to my present condition as soon as possible. I have received an explanation of the potential consequences (see above) of my refusal."

PATIENT SIGNATURE:
Relationship/Agency:
WITNESS signature:
Relationship/Agency:

ADVANCED AIRWAY INFORMATION (if applicable)

TO BE COMPLETED BY PARAMEDIC:

COMPLICATIONS/COMMENTS:

- NONE
Patient resisted intubation
Other/Comments:
Oral or pharyngeal trauma
Anatomical abnormality
Foreign body in airway
Vomitus/blood/secretions in airway

TO BE COMPLETED BY THE RECEIVING ED PHYSICIAN: (or ED nurse, as per ED physician exam)

IN PLACE ON ARRIVAL:

- CombiTube
BLUE cuff inflated
WHITE cuff inflated
ETT: size mm
TubeChek
End-tidal CO2 detector

PLACEMENT:

- TRACHEA
Mainstem Bronchus
ESOPHAGUS
Pharynx/hypopharynx

FINDINGS/PROBLEMS:

- Soft tissue injury
Injury to teeth
Evidence of aspiration
Leaky cuff

METHOD USED TO DETERMINE PLACEMENT:

- Direct visualization
X-ray
Auscultation/Observation of chest

ED MD or RN signature

Verifying physician's name (PLEASE PRINT)

By signing this document, I (or my agent) authorize to provide medical treatment and/or transportation services to me. Additionally, I (or my agent) consent to all procedures that may be performed, including emergency treatment or services. I (or my agent) authorize to use this original document or a copy of it to bill my health insurance carrier and further authorize my health insurance carrier to make payment via assignment of benefits directly to for services provided by. I (or my agent) understand that I am responsible for payment to for all expenses not covered by my insurance or should my insurance fail or refuse to make payment.

Signature

Reason if Unable to Sign

PERF

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% Glue & Crimp

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COMMENTS, C/C, P, Q, R, S, T, Secondary Assessment, H, A, M, TRANSPORT, DESTINATION, RATIONALE, BASE CONTACT, REC'G FACILITY, DIVERTED FROM, EXTRICATED @, BROSELOW TAPE COLOR, NO TREATMENT, Released at Scene

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FINDINGS/TREATMENT: PUPILS, LOC, ALERT, RESPIRATION, CLEAR, Unequal, Apnea, Other, TIDAL VOLUME, SKIN SIGNS, BLS PROCEDURES, EYE OPENING, BEST MOTOR, BEST VERBAL, DRUGS/DEFIB/EKG, VITAL SIGNS, AIRWAY, SUCCESS?, ETT Attempts, COMBI Attempts, CO2 detector, O2 saturation, REASSessment/TRANSFER OF CARE VITALS

REASSessment/TRANSFER OF CARE VITALS: TIME, B/P, PULSE, RR, TM#, EKG, TIME, DRUG/DEFIB, AMT/Rate, VIA, N, TM#, AIRWAY, TM#, SUCCESS?, ETT Attempts, COMBI Attempts, CO2 detector, O2 saturation, REASSessment/TRANSFER OF CARE VITALS: PROV, UNIT, TRANSFER TIME, B/P, HR, RR, GCS, EKG, IV FLUID TOTAL, TM#

#1 SIG., #2 SIG., REV. CAPT. INITIALS, RECEIVING FACILITY

CODES

RECEIVING FACILITIES *(Base Hospitals in Bold)*

ACH Alhambra Hospital
AVH Antelope Valley Medical Center
 AHM Avalon Municipal Hospital
 BEL Bellflower Medical Center
BEV Beverly Hospital
 BRC Brea Community Hospital
 BMC Brotman Medical Center
 CAL California Hospital Medical Center
CSM Cedars-Sinai Medical Center
 CNT Centinela Hospital Medical Center
 CEN Century City Hospital
 CHH Children's Hospital of Los Angeles
 CHI Chino Valley Med Center (San Bernardino County)
 ICH Citrus Valley Medical Center, Intercommunity
QVH Citrus Valley Med Ctr, Queen of the Valley
 CPM Coast Plaza Doctors Hospital
 LRR Columbia Los Robles (Ventura County)
 DFM Daniel Freeman Marina Hospital
 DFH Daniel Freeman Memorial Hospital
 DCH Downey Community Hospital
 ELA East Los Angeles Doctors Hospital
 ENH Encino Tarzana Reg Med Ctr, Encino Campus
 TRM Encino Tarzana Reg Med Ctr, Tarzana Campus
 FPH Foothill Presbyterian Hospital
 GAR Garfield Medical Center
GWT Glendale Adventist Medical Center
 GMH Glendale Memorial Hospital and Health Center
 GSH Good Samaritan Hospital
 GHC Granada Hills Community Hospital
 GEM Greater El Monte Community Hospital
HGH Harbor/UCLA Medical Center
HMN Henry Mayo Newhall Memorial Hospital
 GCH Huntington East Valley Hospital
HMH Huntington Memorial Hospital
 KFA Kaiser Foundation - Baldwin Park
 KFB Kaiser Foundation - Bellflower
 KFH Kaiser Foundation - Harbor City
 KFL Kaiser Foundation - Los Angeles
 KFP Kaiser Foundation - Panorama City
 KFW Kaiser Foundation - West Los Angeles
 KFO Kaiser Foundation - Woodland Hills
 DHM KPC Global (San Bernardino)
USC LAC+USC Medical Center
 SCJ LAC+USC Jail Ward
 LPI La Palma Intercommunity (Orange County)
 DHL Lakewood Regional Medical Center
 LCH Lancaster Community Hospital
LCM Little Company of Mary Hospital
 LBM Long Beach Memorial Medical Center
 LAG Los Alamitos General Hospital (Orange County)
 NOR Los Angeles Community Hospital of Norwalk
MLK Martin Luther King Jr./Charles R. Drew Med Ctr
MAC Medical Alert Center
 MHG Memorial Hospital of Gardena
AMH Methodist Hospital of Southern California
 MID Midway Medical Center
 PAN Mission Community Hospital, Panorama City
 MPH Monterey Park Hospital
NRH Northridge Hospital Med Ctr, Roscoe Campus
 VMC Northridge Hosp M C, Sherman Way Campus
 OVM Olive View Medical Center
 PLB Pacific Hospital of Long Beach
 PAC Pacifica Hospital of the Valley
PVC Pomona Valley Hospital Medical Center
PIH Presbyterian Intercommunity Hospital
HCH Providence Holy Cross Medical Center
SJS Providence Saint Joseph Medical Center
QOA Queen of Angels/Hollywood Presbyterian
 RCC Ridgecrest Community Hospital (Kern County)
RFK Robert F. Kennedy Medical Center
SFM Saint Francis Medical Center
 SJH Saint John's Hospital/Health Center
 SJO Saint John's Regional Med Ctr (Ventura County)
 SJP Saint John's Pleasant Valley (Ventura County)
 SJD Saint Jude's Hospital

SLH Saint Luke Medical Center
SMM Saint Mary Medical Center
 SAC San Antonio Community (San Bernardino)
 SDC San Dimas Community Hospital
 SGC San Gabriel Valley Medical Center
 SPP San Pedro Peninsula Hospital
 SMT Santa Marta Hospital
 SMH Santa Monica-UCLA Medical Center
 STH Santa Teresita Hospital
 SOC Sherman Oaks Community Hospital
 SVH Simi Valley Hospital (Ventura County)
 CSH Suburban Medical Center
TOR Torrance Memorial Medical Center
 TRI Tri-City Regional Medical Center
 UCI UC Irvine (Orange County)
 UCL UCLA Medical Center
 VPH Valley Presbyterian Hospital
 VHH Verdugo Hills Hospital
 HWH West Hills Hospital Medical Center
 WMH White Memorial Medical Center
 WHH Whittier Hospital Medical Center
 OTH Facility Not Listed

MEDICATIONS

ACT Activated Charcoal
 ADE Adenosine
 ALB Albuterol
 ASA Aspirin
 ATR Atropine
 BEN Benadryl
 BIC Sodium Bicarbonate
 BRE Brevium
 CAL Calcium Chloride
 D25 25% Dextrose
 D50 50% Dextrose
 DOP Dopamine
 EPI Epinephrine
 GLU Glucagon
 COL Glucola
 LAS Lasix
 LID Lidocaine
 MS Morphine Sulfate
 NAR Narcan
 NTG Nitroglycerin
 VAL Valium

MEDICATION ROUTES

ET Endotracheal
 IM Intramuscular
 IN Inhaled
 IV Intravenous
 PB Piggyback
 PO By Mouth
 PR By Rectum
 SL Sublingual
 SQ Subcutaneous

IV RATE

FC Fluid Challenge
 TKO To Keep Open
 WO Wide Open

IV CODES *(Document as Medication)*

NS Normal Saline
 SL Saline Lock
 IVU Unobtainable

UNIT CODES

AS Air Squad	P Patrol
B Boat	Q Quint
E Engine	S Squad
G Lifeguard	T Truck
L Light Force	U USAR
MA Mobile Aid	

AMBULANCE CODES

AI Air Force Plant 42
 AL Allen
 AR AMR
 AP APT
 BO Bowers
 EI ESI
 EA Emergency Amb Serv
 GE Gerber
 GU Guardian
 HA Hall
 HU Huntington
 LA Liberty
 MA Mauraan
 MC McCormick
 MR Med Reach
 RR Rescue Services
 SC Schaefer
 US UCLA Emerg Med Serv
 UH United Health
 OT Other

HELICOPTER CODES

CF LA County Fire
 CG US Coast Guard
 CI LA City Fire
 CS LA County Sheriff
 MY Mercy Air
 VC Ventura County Sheriff
 OH Other Helicopter

CONTACT CODES

CNA Contact Not Attempted
 CFP Comm. Failure Protocol

ETHNICITY CODES

A Asian/Pacific Islanders
 B Black
 F Filipino
 H Hispanic
 N Native American/Eskimo/
 Aleutian
 W White
 U Unknown
 O Other

DEFIBRILLATOR CODES

CAR Cardioversion
 DEF Defibrillation

EKG CODES

AFI Atrial Fibrillation
 AFL Atrial Flutter
 AGO Agonal Rhythm
 ASY Asystole
 AVR Accelerated Ventricular
 1HB 1st° Heart Block
 2HB 2nd° Heart Block
 3HB 3rd° Heart Block
 IV Idioventricular
 JR Junctional Rhythm
 NSR Normal Sinus Rhythm
 PM Pacemaker
 PAC Premature Atrial Contrac.
 PAT Paroxysmal Atrial Tach
 PEA Pulseless Elect. Activity
 PST Paroxysmal SVT
 PVC Premature Vent. Contrac.
 SR Sinus Rhythm
 SB Sinus Bradycardia
 ST Sinus Tachycardia
 SVT Supraventricular Tach
 VF Ventricular Fibrillation
 VT Ventricular Tachycardia



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FIRE DEPARTMENT EMERGENCY MEDICAL SERVICES REPORT FORM

No Pt. **DATE** **INCIDENT NUMBER** Asst. Invl. **SEQ.#** **98768** **NK SERIAL #**

TELEPHONE (Area Code + Number) **INC. LOCATION** **CITY CODE**

TEAM MEM. #1 **TEAM MEM. #2** **TEAM MEM. #3** **TEAM MEM. #4** **TEAM MEM. #5** **TEAM MEM. #6**

Suspected: ETOH/Drugs Abuse/Neglect Poison Control Contacted Special Study Exposure

AGE Yrs. Wks. Apprx. **DOB** SEX M F **ETH**

SEVERITY None Mild Moderate Severe | **EST. WEIGHT** Lbs. Kgs.

NAME-Last **First** **MI**

ADDRESS **City** **Zip**

SS# Medi-Cal Private Ins.Co. Medicare Account #

C/C **P** **Q** **R** **S** **T**

Secondary Assessment

H **A** **M** **PMD**

PROVIDER **UNIT** **DISPATCH** **AT SCENE** **AT PATIENT** **MILEAGE** **LEFT** **AT HOSP.** **PT. TRANS. TIME**

TRANSPORT Fire ALS transport Police BLS transport Helicopter Private Vehicle No transport Other

DESTINATION Most Access. Rec'g Fac. EDAP Perinatal Trauma: PCCC: Criteria Guidelines Judgement Other: Fire Police Helicopter No transport Other

RATIONALE DOA Pt. Request Pronounced Health Plan Specialty Ctr. Specialty Ctr. Not Req'd Specialty Ctr. Not Access. AMA (see back of form) Extremis

BASE CONTACT **REC'G FACILITY** **DIVERTED FROM**

EXTRICATED @ (Time of day) **HH : MM** **BROSELOW TAPE COLOR:**

NO TREATMENT Released at Scene

COMPLAINTS

Abd./Pelvic Pain Cardiac Arrest Cough/Congestion Local Neuro Signs Allergic Reaction Chest Pain External Bleeding: Nausea/Vomiting OverDose POisoning Resp. Arrest/Apnea SEizure Shortness of Breath ALTE PalpitationS GI NOse VAginal Near-Drowning Neck/Back Complaint OBstetrics LAbor NeWborn Apnea Episode DYsrhythmia FEver Neck/Back Complaint Other Pain: OTHER: No Medical Complaint BEHavior/Anxiety CHoking/Airway Obst Headache /Pain Motorcyle/Moped ANimal Bite STinG

CHIEF COMPLAINT CODE

MECH INJ

No Apparent Injury AMbulatory @ Scene BUrns/Elec. Shock Spinal Cord Injury

B P Minor Lacerations Head Facial/Dental Neck Back Chest Flail Chest Between Midclavic

B P Tension Pneumo Traumatic Arrest Abdomen Diffuse Abd. Tend Genital/Buttocks Extremities FRactures Amputations

Enclosed Veh. Pass. Space Intr. Ejected EXtric. Surv. Fatal Accident Seat Belt AirBag WSD SWD Ped/Bike vs. Vehicle Motorcycle/Moped Vs. Veh Helmet ASsault W/Blunt Instrument STabbing GSW TRunk Self-inflicted/Accident Self-inflicted/Intentional FALL >15 ft. ANimal Bite STinG

CHIEF M.O.I. Electric Shock HazMat Expos. Thermal Burn SPorts Work-Related Technical Rescue Traumatic CRush Injury

PUPILS PERL Pinpoint Fixed & Dilated Unequal:

LOC ALERT Oriented x 4 3 2 1 Not Alert Combative Normal for Patient

RESPIRATION Wheezes Rales Rhonchi Stridor CLEAR Unequal Apnea Other:

NORMAL rate/effort Labored Accessory Muscle Use

SKIN SIGNS NORMAL Pale Cap refill Cool/Cold Diaphoretic Cyanotic Hot Flushed Jaundiced

BLS PROCEDURES **TM #**

AED: ANALYZ DEFIB

Airway: ORAL NASAL

Bk blows/thrust

BVM

Childbirth

Dressings

O₂ NC MASK

Restraints

Spinal Restrict.

Normal neuro exam:

Before? Yes No*

After? Yes No*

Splint: TRACTION

Suction

GCS **EYE OPENING** 4 = Spontaneous 3 = To Verbal 2 = To Pain 1 = No Response

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

BEST VERBAL 5 = Oriented x 4 4 = Confused 3 = Inappropriate 2 = Incomprehensible 1 = No Response

2nd GCS: (if applicable) **E** **M** **V** **3rd GCS: (if applicable)** **E** **M** **V**

VITAL SIGNS **DRUGS/DEFIB/EKG**

TIME	B/P	PULSE	RR	TM #	EKG	TIME	DRUG/DEFIB	AMT/Rate	VIA	↑↓N	TM #

AIRWAY **TM #** **TM #** **TM #** **SUCCESS?**

ETT Attempts: Yes No

COMBI Attempts: Yes No

CO₂ detector: Yel Tan Pur **ETT size** **mm**

O₂ saturation % Existing Trach

Breath Sounds PRESENT after Advanced Airway

Airway comments/complications: *SEE BACK OF FORM*

CARDIAC ARREST DNR **TM #**

Witnessed by: Citizen EMS

CPR done by: Citizen EMS

Min. to CPR Pulses Pulses τ CPR

Pulses Restored **TIME** **HH : MM**

Resuscitation D/C'd **TIME** **HH : MM**

PRN: VALIUM MORPHINE

Given: mg mg

Wasted: mg mg

WITNESS SIG:

PROV **UNIT** **TRANSFER TIME** **B/P** **HR** **RR** **GCS** **EKG** **IV FLUID TOTAL** **TM #**

#1 SIG. **#2 SIG.** **REV. CAPT. INITIALS**

EMS AGENCY

NORMAL PEDIATRIC VITAL SIGNS

HEART RATE	ALTEs (Apparent Life-Threatening Event)
<ul style="list-style-type: none"> • Infant: 100–180 • Toddler: 80–110 • Preschooler: 70–110 • School-age: 60–110 	<p>An event that is frightening to the observer, in which infant is described as exhibiting 2 or more of the following:</p> <ul style="list-style-type: none"> • Transient apnea • Color change • Marked change in muscle tone • Choking or gagging <p>Field responsibilities include:</p> <ul style="list-style-type: none"> • Mandatory BASE CONTACT and transport to a PCCC • Obtaining and documenting a thorough history of the event, as well as pertinent medical history (previous episodes, abnormal breathing patterns, feeding problems, seizures, perinatal complications, family hx of SIDS, seizures, or cardiac problems, etc.) <p>50% of these infants will have an identifiable medical or surgical cause for the event.</p>
RESPIRATORY RATE	
<ul style="list-style-type: none"> • Infant: 30–60 • Toddler: 24–40 • Preschooler: 22–34 • School-age: 18–30 	
SYSTOLIC BLOOD PRESSURE	
<ul style="list-style-type: none"> • $90 + (2 \times \text{age}) = \text{normal SBP}$ • $70 + (2 \times \text{age}) = \text{lower limits of normal SBP}$ 	

MODIFIED GCS

For PRE-VERBAL INFANT		
EYES	4	Opens eyes spontaneously
	3	Opens eyes to speech
	2	Opens eyes to pain
	1	NO RESPONSE
MOTOR	6	Spontaneous movement
	5	Withdraws from TOUCH
	4	Withdraws from PAIN
	3	Flexion (decorticate)
	2	Extension (decerebrate)
	1	NO RESPONSE
VERBAL	5	Coos, babbles
	4	Irritable cry
	3	Cries only to pain
	2	Moans to pain
	1	NO RESPONSE
TOTAL GCS = 3-15		

PEDIATRIC DESTINATION

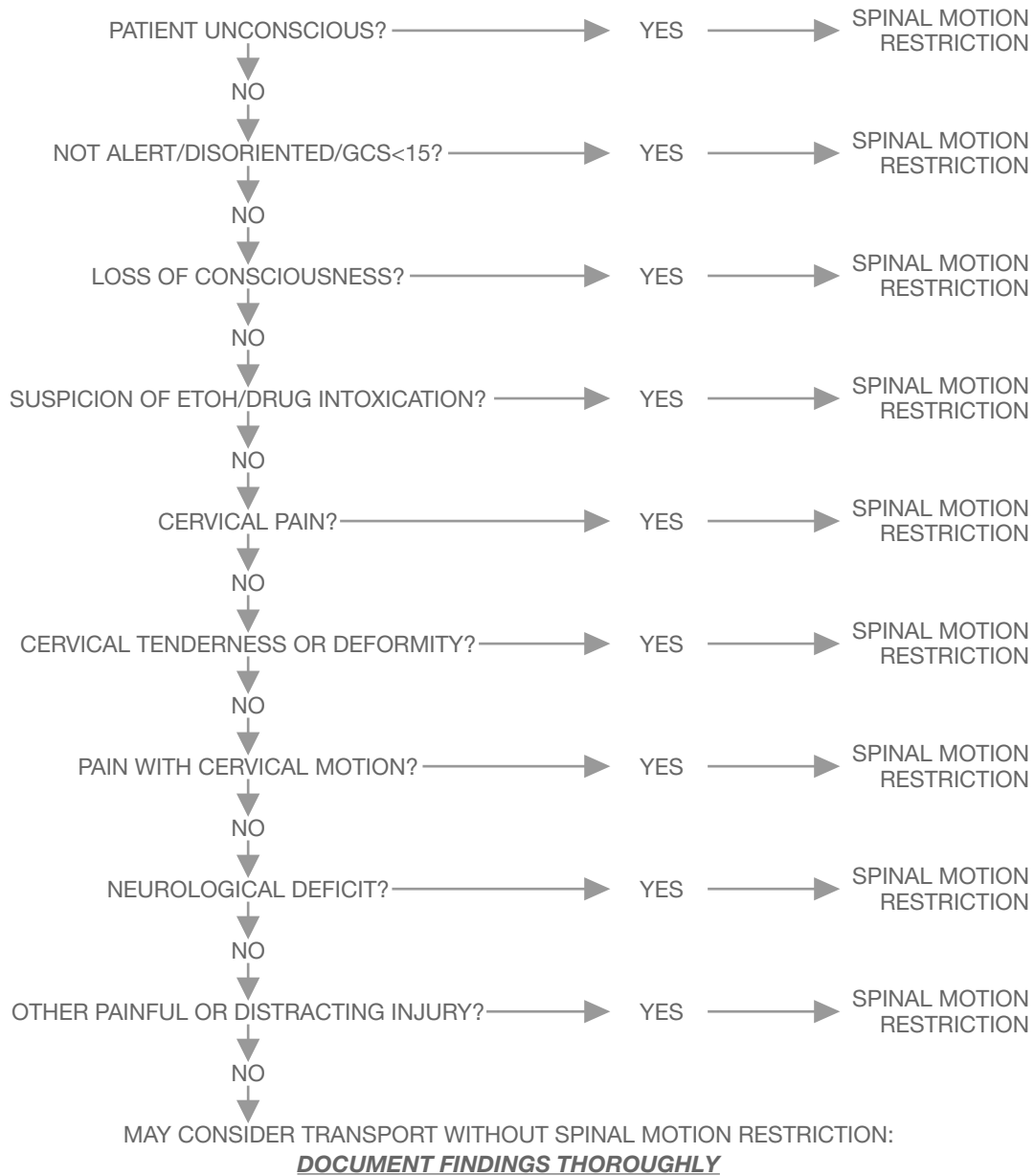
EDAP
<ul style="list-style-type: none"> • Age ≤ 14 yrs, requiring transport, who are NOT critically ill or injured • Extremis patients • Medical PCCC patients if ETA to PCCC >20 minutes • Trauma PCCC patients if ETA to PCCC >30 minutes, AND, ETA to a trauma center >30 minutes
PCCC
<ul style="list-style-type: none"> • Trauma center CRITERIA and/or GUIDELINES • If ETA to closest TC is >30 minutes = closest EDAP • Cardiac dysrhythmia • Severe respiratory distress • Cyanosis • Persistent altered mental status • Status epilepticus (2 or more generalized tonic clonic seizures without complete recovery of full consciousness between seizures OR the occurrence of continuous tonic clonic seizure activity for more than 15 minutes) • ALTE (Apparent Life Threatening Event – see above)
NON-EDAP (All of the following must occur)
<ul style="list-style-type: none"> • Family/MD requests non-EDAP • Family/MD is made aware of non-EDAP status • BASE hospital concurs and contacts the requested facility • Requested facility agrees to accept the patient • All of the above is documented on EMS report form

TRAUMA CENTERS AND PEDIATRIC CRITICAL CARE CENTERS (PCCCs)

TRAUMA HOSPITALS		PCCC
CHH	Children's Hospital of Los Angeles	X
CSM	Cedars-Sinai Medical Center	X
HCH	Providence Holy Cross Medical Center	
HGH	Harbor/UCLA Medical Center	X
HMH	Huntington Memorial Hospital	X
HMN	Henry Mayo Newhall Memorial Hospital	
LBM	Long Beach Memorial Medical Center	X
MLK	Martin Luther King Jr./Charles R. Drew Medical Center	X
NRH	Northridge Hospital Medical Center (Roscoe)	
SFM	Saint Francis Medical Center	
SMM	Saint Mary Medical Center	X
UCL	UCLA Medical Center	X
USC	LAC+USC Medical Center	X



SPINAL MOTION RESTRICTION ALGORITHM *(for EMT-P use only)*



TRAUMA TRIAGE/BASE CONTACT CRITERIA

TRAUMA CRITERIA	TRAUMA GUIDELINES
ADULT (>=7 YRS) SYS BP <90 CHILD (<=6 YRS) SYS BP <70 ABNORMAL SYSTEMIC CAP REFILL NO SPONTANEOUS EYE PENETRATING TORSO IN FULL ARREST PENETRATING CRANIAL INJURY PENETRATING NECK INJURY PENETRATING THORACIC INJURY BTWN MID CLAVICULAR LINES GSW TO TRUNK FLAIL CHEST DIFFUSE ABDOMINAL TENDERNESS FALL >15 FEET PASSENGER SPACE INTRUSION BLUNT HEAD WITH GCS <15 (>1 YR OLD) SPINAL INJURY WITH DEFICIT AND/OR WEAKNESS	INJURED SURVIVORS OF FATAL COLLISIONS PEDESTRIANS STRUCK BY AUTOMOBILES EJECTED EXTRICATED VERY YOUNG AND VERY OLD PRECARIOUS MEDICAL HISTORY <div style="text-align: center; background-color: #f2f2f2; padding: 2px;">EXTREMIS</div> OBSTRUCTED AIRWAY TRAUMATIC FULL ARREST-EXCLUDING PENETRATING TORSO <div style="text-align: center; background-color: #f2f2f2; padding: 2px;">MANDATORY BASE CONTACT</div> <div style="text-align: center; background-color: #f2f2f2; padding: 2px;">ANY TRAUMA CRITERIA OR GUIDELINES (OR TRAUMATIC CRUSH) ANY PCCC GUIDELINES</div>

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FIRE DEPARTMENT EMERGENCY MEDICAL SERVICES REPORT FORM

DATE, INCIDENT NUMBER, Pt# of, Asst. Invl., SEQ.#, 98768, NK SERIAL #

TELEPHONE (Area Code + Number), INC. LOCATION, CITY CODE, TEAM MEM.#1-6, PROVIDER, BLS/ALS, DISPATCH, AT SCENE, AT PATIENT, MILEAGE, LEFT, AT HOSP., PT. TRANS. TIME

Suspected: ETOH/Drugs, Abuse/Neglect, Poison Control Contacted, Special Study, Exposure, AGE, Yrs, Wks, Apprx, SEVERITY, None, Mild, Moderate, Severe, EST. WEIGHT, Lbs, Kgs, NAME-Last, First, MI, ADDRESS, City, Zip, SS#, Medi-Cal, Private Ins. Co., Medicare, Account #

COMMENTS, C/C, P, Q, R, S, T, Secondary Assessment, H, A, M, TRANSPORT, Fire, ALS transport, BLS transport, Private Vehicle, No transport, Other, DESTINATION, Most Access. Rec'g Fac., EDAP, Perinatal, Trauma, Criteria, Guidelines, Judgement, RATIONALE, Pt. Request, Health Plan, Specialty Ctr., Specialty Ctr. Not Req'd, Specialty Ctr. Not Access., AMA, Extremis, BASE CONTACT, REC'G FACILITY, DIVERTED FROM, EXTRICATED @, BROSELOW TAPE COLOR, NO TREATMENT, Released at Scene

COMPLAINTS, Abd./Pelvic Pain, Allergic Reaction, ALTE, Altered LOC, Apnea Episode, BEHAVIOR/Anxiety, Cardiac Arrest, Chest Pain, PalpitationS, DYsrhythmia, CHoking/Airway Obst, Cough/Congestion, External Bleeding: GI, NOse, VAginal, FEver, Foreign Body, Headache /Pain, Local Neuro Signs, Nausea/Vomiting, Near-Drowning, Neck/Back Complaint, OBstetrics, LABOR, NeWborn, OverDose, POisoning, Resp. Arrest/Apnea, SEizure, Shortness of Breath, SYNcope, Weak/Dizzy, Other Pain: NO Medical Complaint, OTHER: No Medical Complaint

COMPLAINTS, No Apparent Injury, AMbulatory @ Scene, BUrns/Elec. Shock, Spinal Cord Injury, B P, Minor Lacerations, Head, Facial/Dental, Neck, Back, Chest, Flail Chest, Between Midclavic, Tension Pneumo, Traumatic Arrest, Abdomen, Diffuse Abd. Tend, Genital/Buttocks, Extremities, FRactures, Amputations, Enclosed Veh., Pass. Space Intr., Ejected, EXtric., Surv. Fatal Accident, Seat Belt, AirBag, WSD, SWD, Ped/Bike vs. Vehicle, Motorcycle/Moped, Vs. Veh., Helmet, ASsault, W/Blunt Instrument, STabbing, GSW, TRunk, Self-inflicted/Accident, Self-inflicted/Intentional, FALL, >15 ft., ANimal Bite, STing, CHIEF M.O.I., Electric Shock, HazMat Expos., Thermal Burn, SPorts, Work-Related, Technical Rescue, Traumatic CRush Injury

FINDINGS/TREATMENT, PUPILS, PERL, Pinpoint, Fixed & Dilated, Unequal, LOC, ALERT, Oriented x 4, 3, 2, 1, Not Alert, Combative, Normal for Patient, RESPIRATION, Wheezes, CLEAR, Unequal, Apnea, Other: TIDAL VOLUME: Normal, up, down, SKIN SIGNS, NORMAL, Pale, Cap refill, Cool/Cold, Diaphoretic, Cyanotic, Hot, Flushed, Jaundiced, BLS PROCEDURES, AED, ANALYZ, DEFIB, Airway, ORAL, NASAL, Bk blows/thrust, BVM, Childbirth, Dressings, O2, NC, MASK, Restraints, Spinal Restrict, Normal neuro exam: Before?, Yes, No*, After?, Yes, No*, Splint: TRACTION, Suction

VITAL SIGNS, TIME, B/P, PULSE, RR, TM#, EKG, DRUGS/DEFIB/EKG, TIME, DRUG/DEFIB, AMT/Rate, VIA, N, TM#, AIRWAY, TM#, TM#, TM#, SUCCESS?, ETT Attempts: Yes, No, COMBI Attempts: Yes, No, CO2 detector: Yel, Tan, Pur, ETT size mm, O2 saturation %, Existing Trach, BREATH SOUNDS PRESENT after Advanced Airway, Airway comments/complications: SEE BACK OF FORM

CARDIAC ARREST, DNR, TM#, Witnessed by: Citizen, EMS, CPR done by: Citizen, EMS, Min. to CPR, Pulses restored, TIME, Resuscitation D/C'd, TIME, VALIUM, MORPHINE, Given: mg, Wasted: mg, WITNESS SIG: PG 2

REASSESSMENT/TRANSFER OF CARE VITALS: PROV, UNIT, TRANSFER TIME, B/P, HR, RR, GCS, EKG, IV FLUID TOTAL, TM#

#1 SIG., #2 SIG., REV. CAPT. INITIALS

MULTICASUALTY INCIDENT

Patient # _____ Age _____ Sex _____ Wt _____	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor <input type="checkbox"/> DOA	Injuries: _____	Resp: _____ Pulse: _____ Cap Refill: <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds GCS: _____	Treatment: _____	Receiving Facility: _____ ETA/Unit _____/_____ Pt. Name: _____
Patient # _____ Age _____ Sex _____ Wt _____	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor <input type="checkbox"/> DOA	Injuries: _____	Resp: _____ Pulse: _____ Cap Refill: <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds GCS: _____	Treatment: _____	Receiving Facility: _____ ETA/Unit _____/_____ Pt. Name: _____
Patient # _____ Age _____ Sex _____ Wt _____	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor <input type="checkbox"/> DOA	Injuries: _____	Resp: _____ Pulse: _____ Cap Refill: <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds GCS: _____	Treatment: _____	Receiving Facility: _____ ETA/Unit _____/_____ Pt. Name: _____
Patient # _____ Age _____ Sex _____ Wt _____	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor <input type="checkbox"/> DOA	Injuries: _____	Resp: _____ Pulse: _____ Cap Refill: <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds GCS: _____	Treatment: _____	Receiving Facility: _____ ETA/Unit _____/_____ Pt. Name: _____
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