



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

Instruction Manual for the Illinois EMS Prehospital Care Report Form

For form version dated 02/02

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The Legal Basis for Collecting Prehospital Data

The Illinois Department of Public Health is authorized by the Illinois EMS Act, 210 ILCS 50/3.195, and the Emergency Medical Service and Trauma Center Code, 77 IAC § 515.350, to collect EMS run report data.

From the EMS Act (210 ILCS 50)

§ 3.195. Data Collection and Evaluation.

- (a) The Department shall develop and administer an emergency medical services data collection system. Nothing in this Section shall be construed to empower the Department to specify the form of internal recordkeeping.
- (b) The confidentiality of patient records shall be maintained in accordance with State and federal regulations on confidentiality of records.
- (c) The Department shall develop parameters by which the availability and quality of emergency medical care can be evaluated to assure a reasonable standard of performance by individuals and organizations providing such services.
- (d) EMS Medical Directors shall have the authority to require System participants to provide data to the System in addition to that required by the Department. Participants shall not be required to submit financial information that is proprietary in nature and unrelated to the scope or purposes of this Act.

From Illinois Administrative Code (77 IAC)

§ 515.350 (excerpts)

- a) A run report shall be completed by each vehicle service provider for every emergency prehospital or interhospital transport and for refusal of care.
 - 1) One copy shall be left with the receiving hospital emergency department, trauma center or health care facility before leaving this facility.
 - 2) Each Resource Hospital EMS System shall designate or approve a single form to be used by all of its vehicle providers. It shall be a form that contains the minimum prescribed data elements listed in Section 515.Appendix E of this Part.

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- c) The ambulance provider shall submit the run report data to the Resource Hospital EMS System. Each Resource Hospital EMS System shall submit a data report to the Department on March 1, June 1, September 1, and December 1 of each year, covering run report data from the preceding quarter. The report shall be in one of the following formats:
 - 1) Copies of a scannable run report form, or
 - 2) A data diskette containing the prescribed data elements.
 - A) The data elements shall be in a format compatible with the Department's data base input specifications, and
 - B) Department review and approval of data format compatibility is required prior to submission.

Completing the EMS Prehospital Care Report Form

These instructions apply to the one-page, two-sided computer form used to collect the prehospital data elements prescribed by the Illinois Department of Public Health. This form is commonly referred to as “the bubble sheet.”

General guidelines for the successful completion and shipment of the forms:

- ▶ Use black or blue ink to fill in the bubbles. Red ink, in particular, will not be recognized by the scanner.
- ▶ Errors may be covered using correction fluid or correction tape.
- ▶ Fill ovals completely. “Doughnuts,” checkmarks, or single lines through an oval will not be recognized by the scanner.
- ▶ Do not tear, fold, or otherwise damage the form.
- ▶ Do not staple other documents to the form, such as narrative documentation, or include other loose documents with the forms shipment; ensure all forms are free of staples.
- ▶ Do not write in the form margins, or anywhere else on the form except in the boxes and ovals directly underneath each of the blue-and-white data element labels.
- ▶ Ensure that the forms are securely packaged for shipping, especially if they are being sent by the carton. This will minimize shipping damage such as curled or creased edges, tears, and forms that do not lie flat.
- ▶ Send the forms to the appropriate EMS System Resource Hospital or, with the Resource Hospital’s permission, directly to the Illinois Department of Public Health:

IDPH/OPR/EMS and Highway Safety
122 S Michigan Ave, Rm 768
Chicago, IL 60603
Attn: Prehospital Report Forms

- ▶ All reports for runs that occur in a given quarter should be promptly shipped after the end of that quarter. Forms may be sent more but not less often than quarterly.

Additional information about the form:

- ▶ When a data element contains header boxes above columns of ovals, enter text in the boxes and fill in the oval below it that corresponds to the text entry.
- ▶ “Unknown” and “Not Applicable” responses are intended only for use in situations for which those descriptions truly apply. They should not be used when more specific information is available and applicable.
- ▶ When entering a number, such as a time, all available columns for the number must be completed, including leading zeros. If the time to be entered is 8:05 AM, the correct entry is 0805. Use military time, so for 8:05 PM the correct entry is 2005.
- ▶ Some data elements with multiple choices allow multiple entries, while other others allow only single entries. Refer to the element-by-element instructions in the next section for more information.

DATA ELEMENT	INSTRUCTIONS
Agency/Unit Number	Six digit number found on ambulance license and license plate.
Incident County	Three digit county code where patient is picked up. See Appendix A County Codes.
Incident State	Use only when incident occurred outside Illinois.
Date	Enter date of run. Y = Year's last digit M = Month DD = Day (use preceding 0 for days of month 1-9)
Received	The time the initial call was received by the dispatch center.
Dispatch	The time the unit was notified by the dispatcher to respond to the call.
En-Route	The time your unit departed its location and began responding to the call.
Arrive Location	The time your unit arrived at the scene of the call.
Pt. Contact	The time EMS personnel on the scene made physical or verbal contact with the patient.
Depart and Location	The time the unit left the scene.
Arrive Destination	The time the unit arrived at the receiving facility.
Location Type	Choose one location that most closely describes the location of the incident. See Appendix B Location Type for further definitions.
DNR	Mark "yes" or "no" to indicate if DNR papers were present.

Service Type	<p>Mark the appropriate service type.</p> <p>S = Scene to hospital</p> <p>Unscheduled transfer = transfer was not pre arranged</p> <p>Scheduled transfer = transfer was pre arranged</p> <p>Stand-by = i.e., hostage situation that results in a transport.</p> <p>Rendezvous = intercept</p> <p>Not Applicable = none of above</p> <p>Unknown</p>
Mutual Aid	<p>Mark "Given" if your unit provided mutual aid outside your normal service area. Mark "Received" if your unit received mutual aid from a provider outside your normal service area. Mark "None" if there was no mutual aid.</p>
Residence County	<p>Record the County of Residence Code. See Appendix A County Codes.</p>
Residence Zip Code	<p>Record the Zip Code of the residence of the patient. This is where the patient resides most of the year - not where the patient is picked up.</p>
Patient Date of Birth	<p>Record date of birth.</p> <p>YYY = Construct complete year</p> <p>Y = 18, 19, 20 (first two digits)</p> <p>YY = 00-99 (last two digits of year) If unknown, leave blank and estimate age in "Patient Age Est."</p>
Patient Age of Est.	<p>Record the patient's age or estimated age.</p> <p>M = Months - record 1-11 months</p> <p>D = Days - record 1-31 days</p> <p>Est = Mark only if age is estimated</p> <p>Years - mark appropriate bubbles - there is no "years" designation on form.</p>
Patient Gender	<p>Mark sex of patient or unknown.</p>
Allergies	<p>Mark yes or no for patient allergies for medications, latex, and other.</p>

Race/Ethnicity	Mark based on your observations.
Pre-Existing Conditions	Mark all that apply.
Complaint/Illness/Signs & Symptoms	Mark only one Primary (P) complaint, illness, sign or symptom. Mark as many Secondary (S) complaints, illnesses, signs or symptoms as needed to adequately describe the purpose of the ambulance run. This may be obtained from patient verbalizing or EMT observation.
Systolic BP	Record Systolic Blood Pressure.
Diastolic BP	Record Diastolic Blood Pressure.
Pulse Rate	Record Pulse Rate.
Respiratory Rate	Record Respiratory Rate.
No Vitals Taken	Mark reason vitals were not taken.
Weight	Mark unit of measure "P" pounds, "K" for Kilos. Record best estimate of weight or weight obtained by interview with patient or family.
LOC	Mark one.
Pupils	Mark one choice for each eye. R = Right L = Left
Cardiac Rhythm	Mark two cardiac rhythms, if applicable. F = First cardiac rhythm S = Second cardiac rhythm Last rhythm taken before patient is delivered into the emergency department. 88 = Not applicable (no rhythms done). 99 = Unknown Atrial fibrillation may be recorded as narrow complex or other rhythms. Choose closest description.
Lung Sounds	Mark all sounds that apply for each lung. R = Right Lung L = Left Lung

Skin Color	Mark one color that best describes the appearance of the skin.
Skin Temp	Mark one temperature that best describes the skin temperature.
Skin Moisture	Mark one Normal or Diaph. (Diaphoretic).
Procedures/Treatments	Mark all procedures completed by all crew members. Assign these crew member numbers to the narrative signatures. Assign numbers internally according to service protocol for each shift and maintain list.
EMS Resource Hospital	Record the four digit code for the primary EMS Resource Hospital for this agency. See EMS Resource Hospital Code Table Appendix C. This number is <u>NOT</u> the hospital number.
Glasgow Coma Scale	Record one assessment for each Eye, Motor, Verbal.
Total Glasgow	Record Total Glasgow Score.
Total RTS	Record Total Revised Trauma Score.
Medications	Record all medications administered by EMTs.
Route Meds. Admin.	Mark all routes of medication administration that apply.
IV Rate & Type	Mark rate of each type of IV administered.
Lock	Mark "y" for yes and "n" for no, to indicate use of a lock.
The following data elements are privileged and confidential	
Cause of Injury	Mark one primary cause of injury.
Injury Description	Mark all that apply.
Safety Equipment	For patients involved in incidents where safety equipment should have been used. Mark all that apply.

Suspected Alcohol Drug Use	Mark one.
Time start CPR	Record time CPR was started.
Time stop CPR	Record time CPR was stopped if it was terminated in the field. If CPR continues into hospital do not record a stop time.
Provider 1 st CPR	Mark one - EMS supercedes bystander in joint efforts.
Witness Arrest	Mark one - EMS supercedes bystander in joint efforts.
AED	Mark "yes" or "no".
Time of First Shock	Record time of first shock.
Return Spon. Circ.	Mark "yes", "no" or "NA".
Care Factors	Mark all that apply.
Minimum Trauma Field Triage Criteria	Mark <u>one</u> criteria in Category I or Category II, as applicable. See Appendix E.
Destination/Transferred To	Mark one destination.
Hospital Code (Not Ems System Code)	Mark hospital code. See Appendix D.
Destination Determination	Mark one choice.
Treatment Authorization	Mark one mode under which the majority of treatment was given.
Lights and Sirens From Scene	Mark one.
911 Usage	Mark one. Mark E911 w/EMD Asst when pre-arrival instructions were given
Incident Disposition	Mark one.
Contact w/body Fluids	Mark "yes" or "no".
Standard Precautions	Mark "yes" or "no" to indicate if standard precautions were used.
Vehicle Type	Mark one.

Crew Members	<p>Indicate the level of crew members for all present on run.</p> <p>P = Paramedic I = Intermediate BD/CD - Do not use these choices as they are being phased out. Use "B" or "C" instead. B = Basic C = Coal Miner FRD = First Responder - Defibrillator FR = First Responder O = Other</p>
Crew Member Number 1-5	<p>Complete only if EMS System requires it. Numbers are found on EMT license. Complete all digits pre-filling with zeros to use all 10 digits.</p>
Crash Number	<p>Obtain from police if possible. Is preprinted number on IDOT Traffic Crash Report.</p>
Incident Number	<p>If your service assigns a unique number for each incident reported to dispatch, enter it here.</p>

File Name: Prehospital Care Report General Instructions

LIST OF ILLINOIS COUNTIES AND FIPS COUNTY CODES
APPENDIX A

FIPS CODE	COUNTY	FIPS CODE	COUNTY	FIPS CODE	COUNTY
001	Adams	069	Hardin	137	Morgan
003	Alexander	071	Henderson	139	Moultrie
005	Bond	073	Henry	141	Ogle
007	Boone	075	Iroquois	143	Peoria
009	Brown	077	Jackson	145	Perry
011	Bureau	079	Jasper	147	Piatt
013	Calhoun	081	Jefferson	149	Pike
015	Carroll	083	Jersey	151	Pope
017	Cass	085	JoDaviess	153	Pulaski
019	Champaign	087	Johnson	155	Putnam
021	Christian	089	Kane	157	Randolph
023	Clark	091	Kankakee	159	Richland
025	Clay	093	Kendall	161	Rock Island
027	Clinton	095	Knox	163	St. Clair
029	Coles	097	Lake	165	Saline
031	Cook	099	LaSalle	167	Sangamon
033	Crawford	101	Lawrence	169	Schuyler
035	Cumberland	103	Lee	171	Scott
037	DeKalb	105	Livingston	173	Shelby
039	DeWitt	107	Logan	175	Stark
041	Douglas	109	McDonough	177	Stephenson
043	DuPage	111	McHenry	179	Tazewell
045	Edgar	113	McLean	181	Union
047	Edwards	115	Macon	183	Vermillion
049	Effingham	117	Macoupin	185	Wabash
051	Fayette	119	Madison	187	Warren
053	Ford	121	Marion	189	Washington
055	Franklin	123	Marshall	191	Wayne
057	Fulton	125	Mason	193	White
059	Gallatin	127	Massac	195	Whiteside
061	Greene	129	Menard	197	Will
063	Grundy	131	Mercer	199	Williamson
065	Hamilton	133	Monroe	201	Winnebago
067	Hancock	135	Montgomery	203	Woodford

OUT OF STATE CODES

900	Unknown State	919	Iowa	929	Missouri
918	Indiana	921	Kentucky	955	Wisconsin

Location Type
Appendix B

Home / Residence (E Code 849.0)

Includes apartment, boarding house, farm house, home premises, residential house, non-institutional place of residence, private driveway, private garage, private garden, private home, private walkway, swimming pool within private house or garden, and yard of home. Excludes home under construction but not occupied, or institutional place of residence.

Farm (E Code 849.1)

Includes farm buildings and land under cultivation. Excludes farm house and home premises of farm.

Mine or quarry (E Code 849.2)

Includes gravel pit, sand pit, or tunnel under construction.

Industrial place and premises (E Code 849.3)

Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.

Place for recreation or sport (E Code 849.4)

Includes amusement park, baseball field, basketball court, beach resort, cricket ground, football field, golf course, gymnasium, hockey field, holiday camps, ice palace, lake resort, mountain resort, playgrounds including school playground, public parks, racecourses, resorts of all types, riding school, rifle range, seashore resorts, skating rink, sports ground, sports palace, stadium, public swimming pool, tennis court, vacation resort. Excludes occurrences in private house, private garden, private swimming pool, private yard.

Street or highway (E Code 849.5)

Includes all public roadways.

Public building (E Code 849.6)

Includes any building used by the general public, including airport, bank, café, casino, church, cinema, clubhouse, courthouse, dance hall, parking garage, hotel, market, movie theater, music hall, nightclub, office, office building, opera house, post office, public hall, broadcasting station, restaurant, commercial shop, bus or railway station, store, or theater. Excludes home garage or industrial building or workplace. Also excludes state, public, and private schools, which varies from the ICD-9 definition.

Residential institution (E Code 849.7)

Children's home, dormitory, hospital, jail, home for elderly, orphanage, prison, reform school.

Education institution (E Code 849.E)

Includes state, public and private schools. Excludes playground, gymnasium, and other recreational locations within education institutions, which should be coded as place for recreation or sport.

Other specified location (E Code 849.8)

Includes beaches, canal, caravan site, derelict house, desert, dock, forest, harbor, hill, lake, mountain, parking lot, parking place, pond or natural pool, prairie, railway line, reservoir, river, sea, seashore, stream, swamp, trailer court, and woods. Excludes resorts.

Unspecified location (E Code 849.9)

Includes any location not included in the above classification.

Unknown E Code 849.U)

To be used when the location of incident is not known.

Appendix C: EMS System Numbers and Resource Hospitals

As of 6 February 2009

<u>EMS System #</u>	<u>Resource Hospital Name and City</u>
0121	St. Anthony Med Ctr, Rockford
0134	Katherine Shaw Bethea, Dixon
0139	Rockford Memorial, Rockford
0165	Kishwaukee Comm, DeKalb
0175	Swedish American, Rockford
0215	Trinity Medical Center, Rock Island
0218	St Francis Medical Ctr, Peoria
0219	McDonough District, Macomb
0237	BroMenn Reg Med Ctr., Normal
0238	St. Joseph Med. Ctr., Blm
0240	Kewanee Hospital, Kewanee
0242	St. Mary's Hosp, Galesburg
0243	Galesburg Cottage Hosp, Galesburg
0245	St. Mary's Hosp, Streator
0253	Genesis Hospital, Silvis
0254	Illinois Valley Comm Hosp, Peru
0256	Ottawa Reg Hosp & HC Ctr, Ottawa
0257	St. James Hosp, Pontiac
0316	St. John's Hosp, Springfield
0320	Blessing Hospital, Quincy
0324	Passavant Hosp, Jacksonville
0327	Memorial Med Ctr, Springfield
0360	Jersey Community Hosp, Jerseyville
0425	Memorial Hospital, Belleville
0432	Anderson Hosp, Maryville
0451	Alton Memorial Hosp, Alton
0473	St. Anthony's Health Ctr, Alton

<u>EMS System #</u>	<u>Resource Hospital Name and City</u>
0476	Greenville Reg Hosp, Greenville
0526	Good Samaritan, Mt. Vernon
0530	Memorial Hospital, Carbondale
0550	Massac Mem Hosp, Metropolis
0562	Heartland Hospital, Marion
0564	Fairfield Mem Hosp, Fairfield
0623	St Mary's, Decatur
0633	Sara Bush Lincoln, Mattoon
0644	Carle Foundation, Urbana
0663	Crawford Mem Hosp, Robinson
0671	Provena Covenant Med Ctr Urbana
0704	Ingalls Memorial Hosp, Harvey
0710	Silver Cross Hosp, Joliet
0712	St Mary's Kankakee
0729	Christ Hospital, Oak Lawn
0746	Riverside Medical, Kankakee
0805	Loyola Univ Med Ctr, Maywood
0828	Good Samaritan, Downers Grove
0849	Central DuPage Hosp. Winfield
0859	Edward Hospital, Naperville
0906	Centegra NIMC, McHenry
0907	Northwest Comm, Arlington Hts
0909	Sherman Hospital, Elgin
0948	Delnor Community, Geneva
0961	St Joseph's, Elgin
1002	Highland Park Hosp, Highland Park
1011	St Francis, Evanston
1014	Vista Med Ctr East, Waukegan
1072	Condell Medl Ctr, Libertyville

<u>EMS System #</u>	<u>Resource Hospital Name and City</u>
1103	Illinois Masonic Med Ctr, Chgo
1108	Northwestern Memorial, Chgo
1113	Univ of Chicago Hosp, Chicago
1236	Mercy Healthcare, Dubuque
1241	Union Hospital, Terre Haute
1255	St.Mary's, Evansville, IN
1275	Deaconess Hospital, Evansville IN

Appendix D: Destination Hospitals and ID Numbers

As of 6 February 2009

<u>Hospital Name</u>	<u>ID #</u>
ABRAHAM LINCOLN MEMORIAL HOSP	0578
ADVENTIST BOLINGBROOK HOSPITAL	1031
ALEXIAN BROTHERS MEDICAL CTR	0145
ALTON MEMORIAL HOSPITAL	0653
ANDERSON HOSPITAL	0655
BARNES HOSPITAL	9632
BARNES WEST COUNTY	9628
BETHANY HOSPITAL	6004
BLESSING HOSPITAL AT 11TH STR,QUINCY	0001
BLESSING HOSPITAL AT 14 STREET,QUINCY	0003
BROMENN LIFECARE CENTER	0618
BROMENN REGIONAL MEDICAL CTR	0615
CARDINAL GLENNON CHILDREN'S	9630
CARLE FOUNDATION HOSPITAL,URBANA	0083
CARLINVILLE AREA HOSPITAL	0641
CARMI TOWNSHIP HOSPITAL	1003
CENTER POINTE HOSPITAL	9620
CENTRAL DUPAGE HOSPITAL	0236
CGH MEDICAL CENTER	1014
CHILDREN'S MEMORIAL HOSPITAL	6017
CHRIST HOSPITAL	0146
CHRISTIAN HOSPITAL NORTHEAST	9640
CLAY COUNTY HOSPITAL,FLORIA	0110
COLUMBIA GRANT HOSPITAL	6026
COLUMBUS HOSPITAL	6019
COMMUNITY MEM HOSP,MOMMOUTH	0969
COMMUNITY MEMORIAL HOSPITAL,STAUTON	0642
CONDELL MEDICAL CENTER	0507

<u>Hospital Name</u>	<u>ID #</u>
COOK COUNTY - PEDIATRIC TRAUM	6021
COOK COUNTY HOSPITAL	6020
CRAWFORD MEMORIAL HOSPITAL	0190
CROSSROADS COMMUNITY HOSPITAL	0416
DEACONESS HOSP, EVANSVILLE IN	9453
DEACONESS HOSP, ST LOUIS MO	9636
DECATUR MEMORIAL HOSPITAL	0629
DELNOR COMMUNITY HOSPITAL	0460
DEPAUL HEALTH CENTER	9624
DES PERES HOSPITAL	9629
DOCTORS HOSP OF HYDE PARK	6030
DOCTOR'S HOSPITAL	0874
DR. JOHN WARNER HOSPITAL	0214
EDGEWATER HOSPITAL AND MEDICA	6022
EDWARD HOSPITAL	0237
EHS GOOD SHEPHERD HOSPITAL	0508
ELMHURST MEMORIAL HOSPITAL	0238
EUREKA COMMUNITY HOSPITAL	1067
FAIRFIELD MEMORIAL HOSPITAL	0992
FAYETTE COUNTY HOSPITAL	0275
FERRELL HOSPITAL INC.	0860
FINLEY HOSPITAL	9532
FRANKLIN HOSPITAL & SKILLED N	0299
FREEPORT MEMORIAL HOSPITAL	0909
GALENA-STAUSS HOSPITAL	0438
GALESBURG COTTAGE HOSPITAL	0493
GATEWAY REGIONAL MEDICAL CENTER	0657
GIBSON COMMUNITY HOSPITAL	0287
GLENOAKS MEDICAL CENTER	0239
GOOD SAMARITAN HOSP, DOWNERS G.	0240

<u>Hospital Name</u>	<u>ID #</u>
GOOD SAMARITAN REGIONAL HEALT	0415
GOTTLIEB MEMORIAL HOSPITAL	0152
GRAHAM HOSPITAL ASSOCIATION	0311
GREENVILLE REGIONAL HOSPITAL	0025
HAMILTON MEMORIAL HOSPITAL	0345
HAMMOND-HENRY HOSPITAL	0379
HARDIN COUNTY GENERAL HOSPITA	0368
HARRISBURG MEDICAL CENTER INC	0861
HARVARD COMMUNITY MEMORIAL HO	0602
HERRIN HOSPITAL	1040
HILLSBORO AREA HOSPITAL	0717
HINES VETERANS ADMINISTRATION HOSP	0153
HINSDALE HOSPITAL	0241
HOLY CROSS HOSPITAL	6028
HOLY FAMILY MEDICAL CENTER	0154
HOOPESTON COMMUNITY MEMORIAL	0944
HOPEDALE HOSPITAL	0920
ILLINI COMMUNITY HOSPITAL	0791
ILLINI HOSPITAL	0831
ILLINOIS MASONIC MEDICAL CENT	6032
ILLINOIS VALLEY COMMUNITY HOS	0527
INGALLS MEMORIAL HOSPITAL	0156
IROQUOIS MEMORIAL HOSPITAL	0392
JACKSON PARK HOSPITAL & MEDIC	6034
JEFFERSON MEMORIAL HOSPITAL	9625
JERSEY COMMUNITY HOSPITAL	0427
JEWISH HOSPITAL OF ST LOUIS	9635
JOHN & MARY E. KIRBY HOSPITAL	0780
KATHERINE SHAW BETHEA HOSPITA	0552
KEWANEE HOSPITAL	0380

<u>Hospital Name</u>	<u>ID #</u>
KISHWAUKEE COMMUNITY HOSPITAL	0201
LAGRANGE COMMUNITY HOSPITAL,LAGRANGE	0147
LAKE FOREST HOSPITAL	0510
LARABIDA CHILDREN'S HOSP & RE	6035
LAWRENCE COUNTY MEMORIAL HOSP	0541
LITTLE COMPANY OF MARY HOSPIT	0157
LORETTO HOSPITAL	6036
LOUIS A. WEISS MEMORIAL HOSPI	6037
LOYOLA UNIVERSITY MEDICAL CNT	0150
LUTHERAN GEN HOSP, LINCOLN PARK	6002
LUTHERAN GENERAL HOSPITAL	0160
MACNEAL MEMORIAL HOSPITAL	0161
MARION MEMORIAL HOSPITAL	1041
MARSHALL BROWNING HOSPITAL	0768
MASON DISTRICT HOSPITAL	0683
MASSAC MEMORIAL HOSPITAL	0694
MC KINLEY MEMORIAL HOSPITAL	0085
MCDONOUGH DISTRICT HOSPITAL	0591
MEMORIAL HOSPITAL OF CARBONDA	0403
MEMORIAL HOSPITAL, BELLEVILLE	0846
MEMORIAL HOSPITAL, CARTHAGE	0357
MEMORIAL HOSPITAL, CHESTER	0803
MEMORIAL MEDICAL CENTER	0875
MEMORIAL MEDICAL CENTER OF WOODSTOCK	0603
MENDOTA COMMUNITY HOSPITAL	0528
MERCER COUNTY HOSPITAL	0705
MERCY CENTER FOR HEALTHCARE, AURORA	0466
MERCY HEALTH CTR, DUBUQUE IA	9531
MERCY HOSPITAL & MEDICAL CENT	6041
MERITER HOSPITAL, MADISON WI	9510

<u>Hospital Name</u>	<u>ID #</u>
METHODIST HOSPITAL OF CHICAGO	6005
METHODIST MEDICAL CENTER OF I	0755
METROSOUTH MED CTR, BLUE ISLAN	0174
MICHAEL REESE HOSPIT	6042
MIDWESTERN REGIONAL MEDICAL CENTER	0506
MILWAUKEE CHILDRENS HOSPITAL	9639
MISSOURI BAPTIST, CHESTERFIELD	9643
MORRIS HOSPITAL	0334
MORRISON COMMUNITY HOSPITAL	1015
MT. SINAI HOSPITAL MEDICAL CE	6043
NON-SPEC ALABAMA	7037
NON-SPEC ALASKA	7091
NON-SPEC ARIZONA	7087
NON-SPEC ARKANSAS	7071
NON-SPEC CALIFORNIA	7097
NON-SPEC CENTRAL MIDWEST STAT	7060
NON-SPEC COLORADO	7083
NON-SPEC CONNECTICUT	7007
NON-SPEC DELAWARE	7017
NON-SPEC DISTRICT OF COLUMBIA	7022
NON-SPEC FLORIDA	7035
NON-SPEC GEORGIA	7033
NON-SPEC HAWAII	7099
NON-SPEC IDAHO	7081
NON-SPEC ILLINOIS	7061
NON-SPEC INDIANA	7045
NON-SPEC IOWA	7053
NON-SPEC KANSAS	7065
NON-SPEC KENTUCKY	7047
NON-SPEC LOUISIANA	7073

<u>Hospital Name</u>	<u>ID #</u>
NON-SPEC MAINE	7002
NON-SPEC MARYLAND	7021
NON-SPEC MASSACHUSETTS	7005
NON-SPEC MICHIGAN	7041
NON-SPEC MINNESOTA (INC. MAYO	7052
NON-SPEC MISSISSIPPI	7039
NON-SPEC MISSOURI	7063
NON-SPEC MONTANA	7056
NON-SPEC MOUNTAIN STATES	7080
NON-SPEC NEBRASKA	7067
NON-SPEC NEVADA	7085
NON-SPEC NEW ENGLAND & NEW JERSEY	7001
NON-SPEC NEW HAMPSHIRE	7003
NON-SPEC NEW JERSEY	7008
NON-SPEC NEW MEXICO	7086
NON-SPEC NEW YORK	7011
NON-SPEC NORTH CAROLINA	7025
NON-SPEC NORTH CENTRAL STATES	7040
NON-SPEC NORTH DAKOTA	7054
NON-SPEC NORTH MID-ATLANTIC	7010
NON-SPEC NORTHERN MIDWEST	7050
NON-SPEC OHIO	7043
NON-SPEC OKLAHOMA	7075
NON-SPEC OREGON	7095
NON-SPEC PACIFIC COAST	7090
NON-SPEC PENNSYLVANIA	7014
NON-SPEC RHODE ISLAND	7006
NON-SPEC SOUTH CAROLINA	7026
NON-SPEC SOUTH DAKOTA	7055
NON-SPEC SOUTH MID-ATLANTIC	7020

<u>Hospital Name</u>	<u>ID #</u>
NON-SPEC SOUTHEASTERN STATES	7030
NON-SPEC SOUTHERN MIDWEST	7070
NON-SPEC TENNESSEE	7031
NON-SPEC TEXAS	7077
NON-SPEC UTAH	7084
NON-SPEC VERMONT	7004
NON-SPEC VIRGINIA	7023
NON-SPEC WASHINGTON	7093
NON-SPEC WEST VIRGINIA	7024
NON-SPEC WISCONSIN	7051
NON-SPEC WYOMING	7082
NON-SPECIFIED UNITED STATES	7000
NORTHERN ILLINOIS MEDICAL CEN	0604
NORTHSHORE EVANSTON HOSPITAL	0148
NORTHSHORE GLENBROOK HOSPITAL	0151
NORTHSHORE HIGHLAND PARK HOSP	0509
NORTHSHORE SKOKIE HOSPITAL	0170
NORTHWEST COMMUNITY HOSPITAL	0162
NORTHWEST SUBURBAN HOSPITAL,BELVIDERE	0036
NORTHWESTERN MEMORIAL HOSPITA	6045
NORTON HOSPITAL	9470
NORWEGIAN-AMERICAN HOSP, INC.	6046
OAK FOREST HOSPITAL	0164
OAK PARK HOSPITAL	0165
OSF SAINT FRANCIS MEDICAL CTR	0757
OSF ST. MARY MEDICAL CENTER	0495
OTTAWA REG HOSP & HC CTR	0526
OUR LADY OF THE RESURRECTION	6044
PALOS COMMUNITY HOSPITAL	0168
PANA COMMUNITY HOSPITAL,PANA	0098

<u>Hospital Name</u>	<u>ID #</u>
PARIS COMMUNITY HOSPITAL	0253
PASSAVANT AREA HOSPITAL	0732
PEKIN MEMORIAL HOSPITAL	0921
PERRY MEMORIAL HOSPITAL,PRINCETON	0048
PINCKNEYVILLE COMMUNITY HOSPI	0769
PROCTOR COMMUNITY HOSPITAL	0756
PROVENA COVENANT MED CENTER, CHAMPAIGN	0082
PROVENA COVENANT MED CENTER,URBANA	0086
PROVENA SAINT JOSEPH HOSP. ELGIN	0468
PROVENA SAINT JOSEPH MED CTR, JOILET	1028
PROVENA ST. MARYS HOSPITAL	0482
PROVENA UNITED SAMARITANS MED CTR	0945
PROVIDENT HOSPITAL OF COOK CO	6047
PUBLIC HOSPITAL OF TOWN OF SA	0671
RAVENSWOOD HOSPITAL MEDICAL C	6048
RESURRECTION MEDICAL CENTER	6050
RICHLAND MEMORIAL HOSPITAL	0818
RILEY'S CHILDREN'S HOSPITAL	9450
RIVERSIDE MEDICAL CENTER	0480
ROCHELLE COMMUNITY HOSPITAL	0743
ROCKFORD MEMORIAL HOSPITAL	1054
ROSELAND COMMUNITY HOSPITAL	6052
RUSH COPLEY MEMORIAL HOSPITAL	0461
RUSH-PRESBYTERIAN-ST. LUKE'S	6053
SACRED HEART HOSPITAL	6025
SAINT ANTHONY MEDICAL CENTER	1055
SAINT ANTHONY'S HOSPITAL	0656
SAINT CLARE'S HOSPITAL	0658
SAINT JAMES HOSPITAL	0566
SAINT JOSEPH HOSPITAL	0037

<u>Hospital Name</u>	<u>ID #</u>
SAINT MARY OF NAZARETH HOSPITAL	6066
SARAH BUSH LINCOLN HEALTH CENTER, MATTOON	0134
SARAH D. CULBERTSON MEMORIAL	0887
SCOTT AIR FORCE MEDICAL CENTER	0849
SHELBY MEMORIAL HOSPITAL	0898
SHERMAN HOSPITAL ASSOCIATION	0467
SHRINERS HOSPITAL FOR CRIPPLE	6057
SILVER CROSS HOSPITAL	1027
SOUTH SHORE HOSPITAL	6059
SOUTH SUBURBAN HOSPITAL	0171
SOUTHEAST HOSPITAL	9637
SPARTA COMMUNITY HOSPITAL	0806
ST ALEXIUS MEDICAL CENTER	0155
ST JAMES MED.CTR.- OLYMPIA FIELDS	0167
ST LOUIS HOSPITAL,CHESTERFIELD	9641
ST LUKES HOSPITAL, CHESTERFIELD	9642
ST MARGARET MERCY, DYER IN	9459
ST MARGARET MERCY, HAMMOND IN	9452
ST MARY'S, EVANSVILLE IN	9451
ST. ALEXIUS HOSPITAL	9622
ST. ANTHONY HOSPITAL	6061
ST. ANTHONY'S MEDICAL CENTER	9626
ST. ANTHONY'S MEM HOSP, EFFINGHAM	0264
ST. BERNARD HOSPITAL	6062
ST. ELIZABETH'S HOSP, BELLEVILLE	0847
ST. ELIZABETH'S HOSPITAL, CHICAGO	6063
ST. FRANCIS HOSPITAL OF EVANS	0173
ST. FRANCIS HOSPITAL, LITCHFIELD	0718
ST. JAMES HOSPITAL,CHGO HTS	0175
ST. JOHN'S HOSPITAL	0876

<u>Hospital Name</u>	<u>ID #</u>
ST. JOHN'S MERCY	9638
ST. JOSEPH HEALTH CENTER	9623
ST. JOSEPH HOSPITAL OF KIRKWOOD	9627
ST. JOSEPH HOSPITAL, CHICAGO	6065
ST. JOSEPH MEDICAL CENTER	0617
ST. JOSEPH MEMORIAL HOSPITAL	0404
ST. JOSEPH'S HOSPITAL	0659
ST. JOSEPH'S HOSPITAL,BREESE	0122
ST. LOUIS CHILDREN'S HOSPITAL	9631
ST. LOUIS UNIVERSITY HOSPITAL	9621
ST. MARGARET'S HOSPITAL,SPRING VALLEY	0049
ST. MARY'S HEALTH CENTER	9633
ST. MARY'S HOSPITAL, CENTRALIA	0672
ST. MARY'S HOSPITAL, DECATUR	0630
ST. MARYS HOSPITAL, EAST ST LOUIS	0848
ST. MARY'S HOSPITAL, STREATOR	0530
ST. VINCENT MEMORIAL HOSPITAL,TAYLORVILLE	0099
SUBURBAN HOSP. & SANITARIUM O	0176
SWEDISH AMERICAN HOSPITAL	1056
SWEDISH COVENANT HOSPITAL	6067
THOMAS H. BOYD MEMORIAL HOSPI	0322
THOREK HOSPITAL & MEDICAL CENTER	6069
TOUCHETTE REGIONAL HOSPITAL,	0844
TRANSFER TO OTHER TRANSPORT (AIR)	9998
TRANSFER TO OTHER TRANSPORT (GROUND)	9997
TRINITY HOSPITAL	6058
TRINITY MED CTR WEST, ROCK ISL	0830
TRINITY MED CTR-7TH ST, MOLINE	0833
U S ARMY INFIRMARY,HIGHLAND PARK	0512
U S NAVY HOSPITAL,GREAT LAKES	0513

<u>Hospital Name</u>	<u>ID #</u>
U.M.W. OF A. UNION HOSPITAL	0300
UNION COUNTY HOSPITAL DISTRIC	0933
UNION HOSPITAL	9455
UNITY-ST. CLEMENT HEALTH SERV	0807
UNIV OF ILLINOIS HOSPITAL	6072
UNIVERSITY OF CHICAGO HOSPITAL	6071
UNIVERSITY OF IOWA	9530
UNIVERSITY OF MISSOURI CLINICS	9634
UNKNOWN HOSPITAL	9999
VALLEY WEST HOSP, SANDWICH	0202
VENCOR HOSP. SYCAMORE	0203
VENCOR HOSPITAL CHICAGO NORTH	6075
VENCOR HOSPITAL--CHICAGO	6076
VET ADMIN LAKESIDE MED CENTER	6073
VET ADMIN WEST SIDE MED CTR	6074
VETERANS ADM HOSP NORTH CHICAGO	0514
VETERAN'S ADMIN FACILITY, DANVILLE	0947
VETS ADMIN MED CTR, MARION	1042
VISTA MEDICAL CENTER EAST	0515
VISTA MEDICAL CENTER WEST	0511
WABASH GENERAL HOSPITAL DISTR	0958
WASHINGTON COUNTY HOSPITAL	0981
WELBORN BAPTIST HOSPITAL	9457
WEST SUBURBAN HOSPITAL MEDICA	0178
WESTERN BAPTIST HOSPITAL	9471
WESTLAKE COMMUNITY HOSPITAL	0179

ILLINOIS • Emergency Medical Services

Prehospital Care Report

Table with columns: AGENCY/UNIT NUMBER, INCIDENT COUNTY, INCIDENT STATE, DATE (Y M D D), RECEIVED (H H M M), DISPATCH (H H M M), EN-ROUTE (H H M M), ARRIVE LOC. (H H M M), PT. CONTACT (H H M M), DEPART LOC. (H H M M), ARRIVE DEST. (H H M M). Includes a state selection box for Indiana, Iowa, Kentucky, Missouri, Wisconsin.

Table with columns: LOCATION TYPE, DNR?, RESIDENCE COUNTY, RESIDENCE ZIP CODE, PATIENT DATE OF BIRTH (Y Y M M D D), PT. AGE OR EST., PT. GENDER, ALLERGIES, PRE-EXISTING CONDITIONS. Includes checkboxes for Home/Residence, Farm, Mine/Quarry, Industrial, etc., and a list of pre-existing conditions like Asthma, Cancer, Cardiac, etc.

Table with columns: COMPLAINT/ILLNESS/SIGNS/SYMPTOMS, SYSTOLIC BP, DIASTOLIC BP, PULSE RATE, RESP. RATE, WEIGHT (Pounds/Kilos), LOC, PUPILS, CARDIAC RHYTHM, LUNG SOUNDS, SKIN COLOR, SKIN TEMP., SKIN MOISTURE. Includes a list of symptoms like Abdominal Pn/Prob, Airway Obst/Choking, Allergic Reaction, etc., and vital signs recording fields.

Table with columns: PROCEDURES/TREATMENTS, EMS RESOURCE HOSPITAL, GLASGOW COMA SCALE (EYES, VERBAL, MOTOR), TOTAL GLASGOW, TOTAL RTS. Lists various medical procedures like Airway Insertion, Assist Ventilation, Bleeding Control, etc., and Glasgow Coma Scale components.

Table with columns: MEDICATIONS, ROUTE MEDS ADMIN., IV RATE/TYPE. Lists various medications like Adenocard, Aminophylline, Amiodarone, Aspirin, Atropine, Benadryl, Bicarbonate, Calcium, Dextrose 25%, etc., and their administration routes.

8422552

PLEASE DO NOT MARK IN THIS AREA

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Medical Audit Information – Privileged and Confidential Under EMS Act and Medical Studies Act

CAUSE OF INJURY		INJURY DESCRIPTION										SAFETY EQUIPMENT				SUSPECTED ALCOHOL/DRUG USE																		
<input type="checkbox"/> MVC	<input type="checkbox"/> Mech. Suffocation	<input type="checkbox"/> None <input type="checkbox"/> SITE External Head Only Face/Ear Neck Thorax Abdomen Spine Upper Ext. Lower Ext. Unspecified	<input type="checkbox"/> Pain, No Swell	<input type="checkbox"/> Soft Tis. Swell	<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown
<input type="checkbox"/> Pedestrian vs. MV	<input type="checkbox"/> Machinery Acc.		<input type="checkbox"/> Head Only	<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	
<input type="checkbox"/> MV-non-traffic	<input type="checkbox"/> Electrocutation		<input type="checkbox"/> Face/Ear	<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Bike Related	<input type="checkbox"/> Radiation Exposure		<input type="checkbox"/> Neck	<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Boat Related	<input type="checkbox"/> Firearm Acc.		<input type="checkbox"/> Thorax	<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Aircraft Related	<input type="checkbox"/> Firearm Assault		<input type="checkbox"/> Abdomen	<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Acc. Drug Poison	<input type="checkbox"/> Firearm Self Infl.		<input type="checkbox"/> Spine	<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Acc. Chem. Poison	<input type="checkbox"/> Rape		<input type="checkbox"/> Upper Ext.	<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Fire	<input type="checkbox"/> Stabbing Assault		<input type="checkbox"/> Lower Ext.	<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Venomous Sting	<input type="checkbox"/> Child Battering		<input type="checkbox"/> Unspecified	<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Bites	<input type="checkbox"/> Not Appl.		<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Lightning	<input type="checkbox"/> Unknown		<input type="checkbox"/> Blunt Injury	<input type="checkbox"/> Laceration	<input type="checkbox"/> Disloc/Fract.	<input type="checkbox"/> Puncture/Stab	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Amputation	<input type="checkbox"/> Crush	<input type="checkbox"/> Burn	<input type="checkbox"/> None Used	<input type="checkbox"/> Shoulder Belt Only	<input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder & Lap Belt	<input type="checkbox"/> Child Safety Seat	<input type="checkbox"/> Airbag Deployed, No Belt	<input type="checkbox"/> Airbag Deployed, Lap Belt	<input type="checkbox"/> Airbag Deployed, Lap/Shoulder Belt	<input type="checkbox"/> Airbag Deployed, Child Safety Seat	<input type="checkbox"/> Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Flotation Device	<input type="checkbox"/> Protective Gear	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol, Yes	<input type="checkbox"/> Drugs, Yes	<input type="checkbox"/> Both, Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown		

TIME CPR START		TIME CPR STOP		PROVIDER 1ST CPR		TIME OF 1ST DEF. SHOCK		RETURN SPON. CIRC.		MINIMUM TRAUMA FIELD TRIAGE				
<input type="checkbox"/> Bystander	<input type="checkbox"/> EMS	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Bystander	<input type="checkbox"/> EMS	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	<input type="checkbox"/> NA Not Applicable	CATEGORY 1 <input type="checkbox"/> Hypotension-Adult <input type="checkbox"/> Hypotension-Peds <input type="checkbox"/> Glasgow = or < 10 <input type="checkbox"/> Penetrate Head, Neck, Torso, Groin <input type="checkbox"/> Trauma & Burn = or > 20% TBSA <input type="checkbox"/> Amputation Above Wrist or Ankle <input type="checkbox"/> Limb Paralysis/Sensory Def. Above Wrist/Ankle <input type="checkbox"/> Two or More Proximal Long Bone Fractures		CATEGORY 2 <input type="checkbox"/> Ejection from MV <input type="checkbox"/> Death in Same Passenger Compartment <input type="checkbox"/> Falls > 20ft.-Adult <input type="checkbox"/> Fall-Peds (3x Body Length) <input type="checkbox"/> Pregnancy > = 24 Weeks	
0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0				
1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1				
2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2				
3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3				
4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4				
5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5				
6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6				
7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7				
8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8				
9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9				

DESTINATION/ TRANSFERRED TO		HOSPITAL CODE		DESTINATION DETERMINATION		TREATMENT AUTHORIZATION		LIGHTS/SIRENS FROM SCENE		911 USAGE		INCIDENT DISPOSITION	
<input type="checkbox"/> Home	<input type="checkbox"/> Hospital	<input type="checkbox"/> 0 0 0 0	<input type="checkbox"/> 1 1 1 1	<input type="checkbox"/> Closest Facility	<input type="checkbox"/> Patient/Family Request	<input type="checkbox"/> Protocol	<input type="checkbox"/> On-Line	<input type="checkbox"/> Non-Emergent-No L/S	<input type="checkbox"/> Downgraded-No L/S	<input type="checkbox"/> None	<input type="checkbox"/> 911	<input type="checkbox"/> Treat/Transport	<input type="checkbox"/> Treat/Transfer Care
<input type="checkbox"/> (Complete Code Section)	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> 2 2 2 2	<input type="checkbox"/> 3 3 3 3	<input type="checkbox"/> Patient/Physician Request	<input type="checkbox"/> Managed Care	<input type="checkbox"/> On-Scene	<input type="checkbox"/> Written Orders	<input type="checkbox"/> Upgraded-L/S	<input type="checkbox"/> Emergent-L/S	<input type="checkbox"/> E911	<input type="checkbox"/> E911 w/EMD Assist	<input type="checkbox"/> Treat/Transport by Car	<input type="checkbox"/> Treat/Release
<input type="checkbox"/> Medical Office/Clinic	<input type="checkbox"/> Morgue	<input type="checkbox"/> 4 4 4 4	<input type="checkbox"/> 5 5 5 5	<input type="checkbox"/> Law Enforcement Request	<input type="checkbox"/> Medical Control	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other	<input type="checkbox"/> 311, Then 911	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> No Treat Request	<input type="checkbox"/> Patient Refused Care
<input type="checkbox"/> Other Air EMS Responder	<input type="checkbox"/> Other Ground EMS Responder	<input type="checkbox"/> 6 6 6 6	<input type="checkbox"/> 7 7 7 7	<input type="checkbox"/> Diversion/Bypass				<input type="checkbox"/> Other	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Dead At Scene	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Police/Jail/Lockup	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> 8 8 8 8	<input type="checkbox"/> 9 9 9 9					<input type="checkbox"/> Other	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> No Patient Found	<input type="checkbox"/> No Patient Found

CONTACT W/BODY FLUIDS?		CREW MEMBERS					CREW MEMBER #1					CREW MEMBER #2					CREW MEMBER #3				
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	#1	#2	#3	#4	#5															
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	P	P	P	P	P	0 0					0 0					0 0				
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	BD	BD	BD	BD	BD	1 1					1 1					1 1				
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	FRD	FRD	FRD	FRD	FRD	2 2					2 2					2 2				
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	B	B	B	B	B	3 3					3 3					3 3				
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	C	C	C	C	C	4 4					4 4					4 4				
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	FRD	FRD	FRD	FRD	FRD	5 5					5 5					5 5				
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	O	O	O	O	O	6 6					6 6					6 6				
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	O	O	O	O	O	7 7					7 7					7 7				
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	O	O	O	O	O	8 8					8 8					8 8				
<input type="checkbox"/> Y Yes	<input type="checkbox"/> N No	O	O	O	O	O	9 9					9 9					9 9				

CREW MEMBER #4		CREW MEMBER #5		CRASH NUMBER		INCIDENT NUMBER	
0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0			