



**Definition:** Type of disposition, treatment and/or transport of the patient.  
**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Please choose from the following to describe response outcome for this patient on this run:

- Treated, Transported by EMS  
The patient was treated and transported by the reporting EMS unit.
- No Patient Found  
EMS was unable to find a patient at the scene.
- Treated, Transferred Care  
The patient was treated but care was transferred to another EMS air or ground unit.
- Treated, Transported by Law Enforcement  
The patient was treated by EMS and transported by a law enforcement unit.
- Canceled  
Response is terminated by the communications center prior to the unit's arrival at the scene.
- No Treatment Required  
The patient was not found to have a treatable illness/injury.
- Patient Refused Care  
The patient refused to be cared for by EMS, even if they appeared to need care. Be sure they sign the refusal statement found at the bottom of page 1 of the Prehospital Patient Care Report form.
- Treated and Released  
The patient was treated by EMS but did not require transport to the hospital.
- Treated, Transported by Private Vehicle  
The patient was treated by EMS and was transported in a private vehicle.
- Dead at Scene  
No treatment rendered as patient was dead upon the vehicle's arrival at the scene. If the EMS transports this deceased person, mark that you TRANSPORTED the patient, and indicate "n/a" for pulse and respiration in the VITAL SIGNS fields.

## 8. INCIDENT ADDRESS

**Definition:** The street address (or best approximation) where the patient was found, or, if no patient, the address to which the unit responded.

**Type of Field:** Text/Numeric                      **Multiple Entry:** No                      **Maximum Length of Field:** 30

**Instructions:** Print one digit or letter per space to indicate the address of where the patient was found. Whenever possible, report the actual street address or rural route and box number. If the mailing address is a P.O. Box, report it in the Patient Address field and report the actual physical address of the incident here in the Incident Address field.

## 9. INCIDENT CITY

**Definition:** The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation).

**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 30

**Instructions:** This is *NOT* the mailing address but the actual location (the actual city, village or township) of the EMS incident. You can enter any meaningful abbreviation on the paper form; when you enter the information on the website, you will choose Incident City from a drop-down list.

## 10. INCIDENT STATE

**Definition:** The state, territory, or province where the patient was found or to which the unit responded (or best approximation)

**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 3

**Instructions:** Use 2-digit abbreviation ("OK") to indicate the incident occurred in Oklahoma.

## 11. INCIDENT ZIP

**Definition:** The ZIP code of the incident location

**Type of Field:** Text

**Multiple Entry:** No

**Maximum Length of Field:** 10

**Instructions:** This 5-digit postal ZIP code is important for mileage reimbursement purposes. If known, the 9-digit ZIP code also can be used (do not enter the dash). Note that this is the ZIP code for the actual location of the incident, or where the patient was transported from, not the ZIP code of the patient's address. If you are unsure of the zip code, be as close as possible.

## 12. INCIDENT COUNTY

**Definition:** The county where the patient was found or to which the unit responded (or best approximation).

**Type of Field:** Text

**Multiple Entry:** No

**Length of Field:** 4

**Instructions:** Enter any meaningful abbreviation to identify the county in Oklahoma where the EMS incident occurred. If the incident occurs on a county line and is "too close to call," use the county of the reporting EMS Agency. When the information is entered on the website, there will be a drop-down list from which to choose. If patient resides in another state, write the entire name of the Incident County in the Narrative section if it will not fit in the space provided in the field for Incident County.

## 13. RESPONSE MODE TO SCENE

**Definition:** Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene.

**Type of Field:** Select box

**Multiple Entry:** No

**Maximum Length of Field:** n/a

**Instructions:** If the patient was a "walk-in" please select "No Lights or Sirens." Otherwise, check the box from the following options to indicate emergency vs non-emergency response to scene:

- Lights and Sirens  
Use this value if lights and sirens were used the whole way to the scene
- No Lights or Sirens  
Use this value if lights and sirens were not used at all on the way to the scene
- Initial Lights and Sirens, Downgraded to No Lights or Sirens  
Use this value if the response to the scene started with lights and sirens but the lights and sirens were stopped before arriving at the scene
- Initial No Lights or Sirens, Upgraded to Lights and Sirens  
Use this value if the response to the scene did not start with lights and sirens but the lights and sirens were turned on before arriving at the scene

## 14. RESPONSE MODE FROM SCENE

**Definition:** Indication whether or not lights and/or sirens were used on the vehicle while leaving the scene.

**Type of Field:** Select box

**Multiple Entry:** No

**Maximum Length of Field:** n/a

**Instructions:** Check the box from the following options to indicate emergency vs non-emergency response mode from scene:

- Lights and Sirens  
Use this value if lights and sirens were used the whole way from the scene
- No Lights or Sirens  
Use this value if lights and sirens were not used at all on the way from the scene
- Initial Lights and Sirens, Downgraded to No Lights or Sirens  
Use this value if the response from the scene started with lights and sirens but the lights and sirens were stopped before arriving at destination
- Initial No Lights or Sirens, Upgraded to Lights and Sirens

Use this value if the response to the scene did not start with lights and sirens but the lights and sirens were turned on before arriving at destination

### **Run Times**

If reporting on paper forms, use military time

#### **15. ESTIMATED TIME OF ONSET**

**Definition:** The time the injury occurred, or the time the symptoms or problem started, *for this event*.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Use your best estimate if you are not sure the time the injury occurred or the problem started for this event.

#### **16. TIME PSAP/INITIAL CALL FOR HELP**

**Definition:** The time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** The time the phone rings at the public safety answering point (PSAP), dispatch center, or other designated entity requesting EMS services. If this is a pre-scheduled call, enter the time the call was given to the ambulance crew.

#### **17. TIME UNIT NOTIFIED BY DISPATCH**

**Definition:** The time of initial notification of the EMS unit by dispatch.

**Type of Field:** Date/Time                      **Multiple Entry:** No                      **Length of Field:** 4

**NOTE:** *If this is a pre-scheduled call, enter the time the call was given to the ambulance crew.*

**Instructions:** Otherwise, this is the time that the dispatch center first notifies the EMS unit, even if it takes more than one notification to alert the unit.

#### **18. TIME UNIT ENROUTE**

**Definition:** The time the EMS unit responded.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Please enter the time the vehicle actually started moving to the scene.

#### **19. TIME UNIT ARRIVED AT SCENE**

**Definition:** The time the responding unit arrived on the scene; that is, the time the vehicle stopped moving at the scene.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Please enter the time your vehicle arrived at the scene of the incident. **Enter “N/A” on canceled calls**, since your vehicle did not arrive at the scene. Be certain to mark “Canceled” in the INCIDENT/PATIENT DISPOSITION field when response is terminated prior to arrival at the scene.

## 20. TIME ARRIVED AT PATIENT

**Definition:** The time the responding unit arrived at the patient's side.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Please enter the time that you arrived at the patient's side. Enter "N/A" on canceled calls or calls where no patient was found.

## 21. TIME UNIT LEFT SCENE

**Definition:** The time the responding unit left the scene (started moving).

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Please enter the time the EMS unit started moving to the destination with the patient on-board. Enter "N/A" on canceled calls.

## 22. TIME PATIENT ARRIVED AT DESTINATION

**Definition:** The time the responding unit arrived with the patient at the destination or transfer point.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Please enter the time your vehicle arrived at the hospital, medical facility, or other destination. Enter "N/A" on canceled calls or calls where no patient was found.

## 23. TIME UNIT BACK IN SERVICE (INCIDENT COMPLETED)

**Definition:** The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Please enter the time your vehicle was back in service, i.e., after re-supplying and cleaning your vehicle, or when the vehicle is available for service following a cancellation or refusal, but not necessarily available to respond to the next incident. May be the same time as Data Element #22 Time Unit Back at Home Location).

## 24. TIME UNIT BACK AT HOME LOCATION (AVAILABLE FOR NEXT INCIDENT)

**Definition:** The time the responding unit was back in their service area. In agencies that utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Please enter the time the responding unit was back in their service area and able to respond to another incident. This may be the same time as Data Element #21 (Time Unit Back in Service).

## 25. TYPE OF SERVICE REQUESTED

**Definition:** The type of service or category of service requested of the EMS service responding for this specific EMS incident.

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Please check the box corresponding to the type or category of service requested of the EMS service responding for this specific EMS incident from the following options:

- 911 Response (Scene)

This is the correct value to enter if the EMS Agency responded to the scene of an emergency in its own jurisdiction, whether the caller used 911 or dialed direct to the EMS Agency dispatcher using a regular phone number.

- Interfacility Transfer  
This is the correct value to enter if the EMS Agency transferred a patient from an acute care facility such as an emergency department, urgent care center, or free-standing ED to another emergency department, urgent care center, or freestanding ED. **DO NOT INCLUDE TRANSFERS TO OR FROM NURSING HOMES, LONG-TERM CARE FACILITIES, RESIDENTIAL FACILITIES OR DOCTOR'S CLINICS.**
- Medical Transport  
This is the correct value to enter if the EMS Agency responded to a pre-hospital non-emergency transport, including from the Dr. office, clinic, LTC, residential care center, etc. and to requests for medical transport to the emergency department.
- Mutual Aid  
This is the correct value if the EMS Agency responded to the scene of an emergency outside its jurisdiction at the request of another EMS Agency.
- Standby  
Response was for purposes of being available in case of a medical/traumatic emergency, such as sporting events, fires, or police action.
- Intercept  
When one EMS Provider is requested to meet another with the intent of receiving a patient.

## 26. INCIDENT LOCATION TYPE

**Definition:** The kind of location where the incident happened

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Please check the box corresponding to the incident location type from the following options:

- Home/Residence  
Any home, apartment, or residence (not just the patient's home) including a farmhouse. Includes the yard, driveway, garage, pool, garden, or walk of a home, apartment, or residence
- Farm  
NOT a farmhouse: a place of agriculture, including ranches, land under cultivation and nonresidential farm buildings.
- Mine or Quarry  
Includes sand pits, gravel pits and tunnels under construction.
- Industrial Place and Premises  
A place where things are made or are being built, includes construction sites, factories, warehouses, industrial plants, docks and railway yards.
- Place of Recreation or Sport  
Includes amusement parks, public swimming pools, parks and playgrounds, sports fields/courts/courses, sports stadiums, skating rinks, gymnasiums, and resorts.
- Street or Highway  
Any public street, road, highway, or avenue.
- Public Building  
Any publicly owned building and its grounds, including schools and government offices.
- Trade or Service  
Any privately owned building used for business. Includes bars, restaurants, office buildings, churches, stores, bus/railway stations. Excludes health care facilities.
- Health Care Facility  
A licensed facility where healthcare is delivered, EXCEPT nursing homes. Includes clinics, doctor's offices, and hospitals.
- Residential Institution (nursing home, jail/prison, group home)  
An institution where people live and receive care that is not a private home, apartment, or residence. Includes nursing home, jail/prison, orphanage, and group home.
- Lake, River, Reservoir  
NOT swimming pools. Any other body of water, including creeks.

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- Other Location

Any place that does not fit any of the above categories (this should be very rare).

- Not Applicable

This value may be used only if the Incident Disposition was “Canceled.”

### 27. CONDITION CODE(S)

**Definition:** The condition codes are used to better describe the service and patient care delivery by an EMS service. The condition codes associated with the CMS – EMS Negotiated Rule Making process.

**Type of Field:** Text/Numeric      **Multiple Entry:** Yes      **Maximum Length of Field:** 30

The Ambulance Medical Conditions List is intended primarily as an educational guideline. It will help ambulance providers and suppliers to communicate the patient’s condition to Medicare contractors, as reported by the dispatch center and as observed by the ambulance crew. The ambulance medical condition codes crosswalk to ICD-9-CM codes, and use of the ICD-9-CM codes in the crosswalk will not guarantee payment of the claim or payment for a certain level of service. Also, neither the presence nor absence of a code affects whether the claim would be paid or denied. Ambulance providers and suppliers must retain adequate documentation of dispatch instructions, patient’s condition, other on-scene information, and details of the transport (e.g., medications administered, changes in the patient’s condition, and miles traveled), all of which may be subject to medical review by the Medicare contractor or other oversight authority. Medicare contractors will rely on medical record documentation to justify coverage, not simply the HCPCS code or the condition codes by themselves.

**Instructions:** Please enter the appropriate code for Condition Code#1 & Condition Code#2 ON PAGE 1; ADDITIONAL CODES TO BE LISTED ON SUPPLEMENTAL PAGE OF PCR.

List Code	Condition Codes	List Code	Condition Codes
8001	Severe Abdominal Pain (ALS-789.00)	8039	Psychiatric/Behavioral (threat to self or others) (BLS-298.9)
8002	Abdominal Pain (ALS-789.00)	8040	Sick Person-Fever (BLS-036.9)
8003	Abnormal Cardiac Rhythm/Cardiac Dysrhythmia (ALS-427.9)	8041	Severe Dehydration (ALS-787.01)
8004	Abnormal Skin Signs (ALS-780.8)	8042	Unconscious/Syncope/Dizziness (ALS-780.02)
8005	Abnormal Vital Signs (ALS-796.4)	8043	Major Trauma (ALS-959.8)
8006	Allergic Reaction (ALS-995.0)	8044	Other Trauma (need for monitor or airway) (ALS-518.5)
8007	Allergic Reaction (BLS-692.9)	8045	Other Trauma (major bleeding) (ALS-958.2)
8008	Blood Glucose (ALS790.21)	8046	Other Trauma (fracture/dislocation) (BLS-829.0)
8009	Respiratory Arrest (ALS-799.1)	8047	Other Trauma (penetrating extremity) (BLS-880.0)
8010	Difficulty Breathing (ALS-786.05)	8048	Other Trauma (amputation digits) (BLS-886.0)
8011	Cardiac Arrest (ALS427.5)	8049	Other Trauma (amputation other) (ALS-887.4)
8012	Chest Pain (non-traumatic) (ALS-786.50)	8050	Other Trauma (suspected internal injuries) (ALS-869.0)
8013	Choking Episode (ALS-784.9)	8051	Burns-Major (ALS-949.3)
8014	Cold Exposure (ALS-991.6)	8052	Burns-Minor (BLS-949.2)
8015	Cold Exposure (BLS-991.9)	8053	Animal Bites/Sting/Envenomation (ALS-989.5)
8016	Altered Level of Consciousness (non-trauma) (ALS-780.01)	8054	Animal Bites/Sting/Envenomation (BLS-879.8)
8017	Convulsions/Seizures (ALS-780.39)	8055	Lightning (ALS-994.0)
8018	Eye Symptoms (non-traumatic) (BLS-379.90)	8056	Electrocution (ALS-994.8)
8019	Non Traumatic Headache (ALS-437.9)	8057	Near Drowning (ALS-994.1)
8020	Cardiac Symptoms other than Chest Pain (palpitations) (ALS-785.1)	8058	Eye Injuries (BLS-921.9)
8021	Cardiac Symptoms other than Chest Pain (atypical pain) (ALS-536.2)	8059	Sexual Assault (major injuries) (ALS-995.83)
8022	Heat Exposure (ALS-992.5)	8060	Sexual Assault (minor injuries) (BLS-995.8)
8023	Heat Exposure (BLS-992.2)	8061	Cardiac/Hemodynamic Monitoring Required (ALS-428.9)
8024	Hemorrhage (ALS-459.0)	8038	Psychiatric/Behavioral (abnormal mental status) (ALS-292.9)

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8025	Infectious Diseases requiring Isolation/Public Health Risk (BLS-038.9)	8062	Advanced Airway Management (ALS-518.81)
8026	Hazmat Exposure (ALS-987.9)	8063	IV Meds Required (ALS-No ICD code provided)
8027	Medical Device Failure (ALS-996.0)	8064	Chemical Restraint (ALS-293.0)
8028	Medical Device Failure (BLS-996.3)	8065	Suctioning/Oxygen/IV fluids required (BLS-496.0)
8029	Neurologic Distress (ALS-436.0)	8066	Airway Control/Positioning Required (BLS-786.09)
8030	Pain (Severe) (ALS-780.99)	8067	Third Party Assistance/Attendant Required (BLS-496.0)
8031	Back Pain (non-traumatic possible cardiac or vascular) (ALS-724.5)	8068	Patient Safety (restraints required) (BLS-298.9)
8032	Back Pain (non-traumatic with neurologic symptoms) (ALS-724.9)	8069	Patient Safety (monitoring required) (BLS-293.1)
8033	Poisons (all routes) (ALS-977.9)	8070	Patient Safety (seclusion required) (BLS-298.8)
8034	Alcohol Intoxication or Drug Overdose (BLS-305.0)	8071	Patient Safety (risk of falling off stretcher) (BLS-781.3)
8035	Severe Alcohol Intoxication (ALS-977.3)	8072	Special Handling (Isolation) (BLS-041.9)
8036	Post-Operative Procedure Complications (BLS-998.9)	8073	Special Handling (orthopedic device required) (BLS-907.2)
8037	Pregnancy Complication/Childbirth/Labor (ALS-650.0)	8074	Special Handling (positioning required) (BLS-719.45)

**28. COMPLAINT REPORTED BY DISPATCH**

**Definition:** The complaint dispatch reported to the responding unit.

**Type of Field:** Numeric                      **Multiple Entry:** No                      **Length of Field:** 3

**Instructions:** Enter the number that corresponds **to** the complaint dispatch reported to the responding EMS unit. Use the value that is closest to the complaint reported by dispatch (or as reported by the “walk-in” patient).

List Code	Complaint Reported by Dispatch	List Code	Complaint Reported by Dispatch
400	• Abdominal Pain	485	• Headache
405	• Allergies	490	• Heart Problems
410	• Animal Bite	495	• Heat / Cold Exposure
415	• Assault	500	• Hemorrhage / Laceration
420	• Back Pain	505	• Industrial Accident/Other Entrapments (non-vehicle)
425	• Breathing Problem	510	• Ingestion / Poisoning
430	• Burns	515	• Pregnancy / Childbirth
435	• CO Poisoning / HazMat	520	• Psychiatric Problem
440	• Cardiac Arrest	525	• Sick Person
445	• Chest Pain	530	• Stab / Gunshot Wound Childbirth
450	• Choking	535	• Stroke / CVA
455	• Convulsions / Seizures	540	• Traffic Accident
460	• Diabetic Problem	545	• Traumatic Injury
465	• Drowning	550	• Unconscious / Fainting
470	• Electrocution	555	• Unknown Problem / Person Down
475	• Eye Problem	560	• Transfer
480	• Fall Victim	565	• Mass Casualty Incident (MCI)

**29. EMERGENCY MEDICAL DISPATCH PERFORMED**

**Definition:** Indication of whether Emergency Medical Dispatch (EMD) was performed for this EMS incident.

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

EMD is provided by specially trained and certified dispatchers who question callers about the nature of the incident, prioritize calls, and can provide pre-arrival treatment instructions to the caller in emergency situations.

**Instructions:** Please check the box corresponding to EMD performed for this incident:

- Yes, with Pre-Arrival Instructions  
EMD was performed for this incident and the caller was given instructions on how to provide treatment (CPR, bleeding control, etc.) for the patient
- Yes, without Pre-Arrival Instructions  
EMD was performed for this incident but no treatment instructions were given
- No  
EMD was not performed for this incident. (If your dispatchers never provide EMD, this will always be the correct value)
- Unknown
- Not Applicable

### 30. CMS LEVEL OF SERVICE

**Definition:** The CMS service level for this EMS encounter as defined by the federal government.

**Type of Field:** Select box

**Multiple Entry:** No

**Length of Field:** n/a

**Instructions:** Please check the box appropriate to the level of service actually provided, not the level of service available to the patient—remember, just because an EMT-I or EMT-P was on the run does not mean ALS service was provided.

- Basic Life Support (BLS)  
Basic life support (BLS) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an emergency medical technician-basic (EMT-Basic). These laws may vary from State to State or within a State. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a peripheral intravenous (IV) line.
- Basic Life Support (BLS) - Emergency  
When medically necessary, the provision of BLS services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.
- Advanced Life Support (ALS), Level 1  
Advanced life support, level 1 (ALS1) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention. An advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service. An advanced life support (ALS) intervention is a procedure that is in accordance with State and local laws, required to be done by an emergency medical technician-intermediate (EMT-Intermediate) or EMT-Paramedic.
- Advanced Life Support (ALS), Level 1 Emergency  
When medically necessary, the provision of ALS1 services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.
- Advanced Life Support, Level 2  
Advanced life support, level 2 (ALS2) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below: a. Manual defibrillation/cardioversion; b. Endotracheal intubation; c. Central venous line; d. Cardiac pacing; e. Chest decompression; f. Surgical airway; or g. Intraosseous line.

- Paramedic Intercept

Paramedic Intercept services are ALS services provided by an entity that does not provide the ambulance transport. This type of service is most often provided for an emergency ambulance transport in which a local volunteer ambulance that can provide only basic life support (BLS) level of service is dispatched to transport a patient. If the patient needs ALS services such as EKG monitoring, chest decompression, or I.V. therapy, another entity dispatches a paramedic to meet the BLS ambulance at the scene or once the ambulance is on the way to the hospital. The ALS paramedics then provide services to the patient. This tiered approach to life saving is cost effective in many areas because most volunteer ambulances do not charge for their services and one paramedic service can cover many communities. Prior to March 1, 1999, Medicare payment could be made for these services, but only when the claim was submitted by the entity that actually furnished the ambulance transport. Payment could not be made directly to the intercept service provider. In those areas where State laws prohibit volunteer ambulances from billing Medicare and other health insurance, the intercept service could not receive payment for treating a Medicare beneficiary and was forced to bill the beneficiary for the entire service. Paramedic intercept services furnished on or after March 1, 1999, may be payable separate from the ambulance transport, subject to the requirements specified below. The intercept service(s) is:

- Furnished in a rural area;
- Furnished under a contract with one or more volunteer ambulance services; and
- Medically necessary based on the condition of the beneficiary receiving the ambulance service.

In addition, the volunteer ambulance service involved must:

- Meet the program's certification requirements for furnishing ambulance services;
- Furnish services only at the BLS level at the time of the intercept; and
- Be prohibited by State law from billing anyone for any service.

Finally, the entity furnishing the ALS paramedic intercept service must:

- Meet the program's certification requirements for furnishing ALS services, and
- Bill all recipients who receive ALS paramedic intercept services from the entity, regardless of whether or not those recipients are Medicare beneficiaries.

For purposes of the paramedic intercept benefit, a rural area is an area that is designated as rural by a State law or regulation or any area outside of a Metropolitan Statistical Area or in New England, outside a New England County Metropolitan Area as defined by the Office of Management and Budget. The current list of these areas is periodically published in the Federal Register.

- Specialty Care Transport (SCT)

Specialty care transport (SCT) is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training. The EMT-Paramedic level of care is set by each State. Care above that level that is medically necessary and that is furnished at a level of service above the EMT-Paramedic level of care is considered SCT. That is to say, if EMT-Paramedics - without specialty care certification or qualification - are permitted to furnish a given service in a State, then that service does not qualify for SCT. The phrase "EMT-Paramedic with additional training" recognizes that a State may permit a person who is not only certified as an EMT-Paramedic, but who also has successfully completed additional education as determined by the State in furnishing higher level medical services required by critically ill or critically injured patients, to furnish a level of service that otherwise would require a health professional in an appropriate specialty care area (for example, a nurse) to provide. "Additional training" means the specific additional training that a State requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during an SCT.

- Helicopter (Rotary Wing)

Rotary Wing air ambulance is the transportation by a helicopter that is certified by the FAA as a rotary wing ambulance, including the provision of medically necessary supplies and services. This takes precedence over BLS, ALS and Specialty Care Transport.

- Airplane (Fixed Wing)  
Fixed Wing air ambulance is the transportation by a fixed wing aircraft that is certified by the Federal Aviation Administration (FAA) as a fixed wing air ambulance and the provision of medically necessary services and supplies.
- Not Applicable  
This value may be used only if the Incident Disposition indicates no patient contact.

### 31. NUMBER OF PATIENTS AT SCENE

**Definition:** Indicator of how many total patients were at the scene  
**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Please select from the following options:

- Single
- Multiple
- None

### 32. MASS CASUALTY INCIDENT

**Definition:** Indicator this event would be considered a mass casualty incident (overwhelmed existing EMS resources) according to their specific county standards.  
**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

Note: Most County Emergency Managers are never notified of EMS MCI's. The agency notifies the surrounding areas for mutual aid as needed.

**Instructions:** Please choose from the following options:

- Yes
- No

### 33. PRIMARY ROLE OF THE UNIT

**Definition:** primary role of the EMS service that was requested for this specific EMS incident.  
**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Please choose from the following options to describe the primary role requested of this unit for this run:

- Transport  
The reporting unit's role in this incident is to provide transportation of the patient even if no transport happened.
- Non-transport  
The reporting unit's role in this incident is to provide EMS care but is not intended to provide transport.
- Supervisor  
The reporting unit's role in this incident is as a supervisor.
- Rescue  
The reporting unit's role in this incident is to provide rescue services.

### 34. BEGINNING ODOMETER OF RESPONDING VEHICLE

**Definition:** The odometer reading of the vehicle at the beginning of the call (when the wheels begin moving)  
**Type of Field:** Decimal                      **Multiple Entry:** No                      **Length of Field:** 7

**Instructions:** Please enter the odometer reading when wheels begin rolling from starting point to scene of your response. The last digit in this field may be used to record tenth of mile.

### 35. ARRIVING (ON-SCENE) ODOMETER OF RESPONDING VEHICLE

**Definition:** The odometer reading of the vehicle when it arrives at the patient.  
**Type of Field:** Decimal      **Multiple Entry:** No      **Length of Field:** 7

**Instructions:** Please enter the odometer reading when you arrive at the scene of your response. The last digit in this field is used to record tenth of mile.

### 36. PATIENT DESTINATION ODOMETER OF RESPONDING VEHICLE

**Definition:** The odometer reading of the vehicle when it arrives at the patient's destination.  
**Type of Field:** Decimal      **Multiple Entry:** No      **Length of Field:** 7

**Instructions:** Please enter the odometer reading when you arrive at the scene of your patient's destination. The last digit in this field is used to record tenth of mile.

### 37. ENDING (BACK IN SERVICE) ODOMETER OF RESPONDING VEHICLE

**Definition:** The ending odometer reading of the vehicle at the time it is back in service.  
**Type of Field:** Decimal      **Multiple Entry:** No      **Length of Field:** 7

**Instructions:** Please enter the ending mileage (odometer reading) of the vehicle at time back in service. The last digit in this field is used to record tenth of mile.

### 38. PATIENT DESTINATION ZIP CODE

**Definition:** The destination zip code in which the patient was delivered or transferred to.  
**Type of Field:** Text      **Multiple Entry:** No      **Length of Field:** 5

**Instructions:** Enter the 5-digit zip code of the patient's destination.

### 39. ORIGINATING FACILITY ID

**Definition:** The 3-digit encoder number used to describe when your patient transport originates from a hospital.  
**Type of Field:** Text      **Multiple Entry:** No      **Length of Field:** 3

**Instructions:** All hospitals in the State of Oklahoma, and those hospitals outside the state that are frequented by Oklahoma EMS agencies, have been issued a 3-digit EMS Encoder number. Use the list of these hospital EMS encoder numbers, available on the EMS website, to enter the appropriate 3-digit encoder number associated with patient transports originating at a hospital. , non-hospital facilities such as nursing homes and residences have been issued generic codes. Use the list of these hospital EMS encoder numbers available on the EMS website to enter the appropriate 3-digit encoder number associated

### 40. RECEIVING FACILITY ID

**Definition:** The 3-digit encoder number used to document where your patient was delivered or transferred to.  
**Type of Field:** Text      **Multiple Entry:** No      **Length of Field:** 3

**Instructions:** Use the same list of hospital EMS encoder numbers, available on the EMS website, to enter the appropriate 3-digit encoder number associated with each hospital. This list also includes generic codes to use for documenting destinations that are non-hospital facilities, such as nursing homes and residences.

### 41. SCENE GPS LOCATION: LATITUDE / LONGITUDE

**Definition:** The GPS coordinates associated with the Scene.

**Type of Field:** Text                      **Multiple Entry:** No                      **Length of Field:** 10

**Instructions:** If your emergency vehicle is equipped with Global Positioning Satellite location equipment, include the GPS grid coordinates for the actual emergency location in this space. If latitude is entered, longitude must be entered; if longitude is entered, latitude must be entered. Do not enter periods to indicate decimal points; do not enter the negative sign for longitude. Latitude: 36.70056 Longitude: -99.14472 would be entered as “36700” (latitude) and “99144” longitude.

If you do not have GPS capability, leave this field blank. If no patient was found, enter “not applic.”

## **Patient Information**

### **42. PATIENT LAST NAME**

**Definition:** The patient's last (family) name

**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 20

**Instructions:** **Completion of the LAST NAME field is mandatory if you contacted a patient.** Print one letter per space for as much of the patient’s last name as will fit. If the name will not fit into the spaces provided, as with some hyphenated last names, include the complete name on the top line of the narrative section. Allows a patient’s information to be stored and retrieved by Name. If no patient was found, enter “not applic.” If you do not know the patient’s name, enter “unknown.”

### **43. PATIENT FIRST NAME**

**Definition:** The patient's first (given) name.

**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 20

**Instructions:** Print one letter per space for as much of the patient’s first name as will fit. If no patient was found, enter “not applic.” If you do not know the patient’s first name, enter “unknown.”

### **44. PATIENT MIDDLE INITIAL**

**Definition:** The patient's middle initial, if any

**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 1

**Instructions:** Enter the patient’s middle initial. If no patient was found or the patient’s middle initial is unknown, leave blank.

### **45. PATIENT HOME ADDRESS**

**Definition:** The patient's home mailing or street address.

**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 30

**Instructions:** Print one digit or letter per space to indicate the address of the patient’s residence. This may be an actual street address, or a post office box. It may also be a rural route and box number. If you are unable to determine the patient’s address, enter “unknown.” If the patient is homeless, enter “not applic.”

### **46. SAME AS INCIDENT LOCATION**

**Definition:** Check box to indicate the patient’s home address is the same as the incident address.

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Check this box, if the patient’s home address and the incident address are identical.

**47. PATIENT HOME CITY**

**Definition:** The patient's home city or township of residence.  
**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 30

**Instructions:** Print one digit or letter per space to indicate the patient's city of residence.

**48. PATIENT STATE**

**Definition:** The patient's home state, territory, or province, or District of Columbia, where the patient resides.  
**Type of Field:** Text                      **Multiple Entry:** No                      **Length of Field:** 2

**Instructions:** Enter the 2-letter abbreviation to indicate the patient's home state.

**49. PATIENT ZIP CODE**

**Definition:** The patient's home ZIP code of residence.  
**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 10

**Instructions:** If known, the 9-digit ZIP code can be used (do not enter the dash). Otherwise enter the 5-digit ZIP code for the patient's home address. If you are unsure of the zip code, be as close as possible. If you cannot determine the ZIP code, enter "unknown."

**50. PATIENT COUNTY**

**Definition:** The patient's home county of residence.  
**Type of Field:** Text                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Enter any meaningful abbreviation to identify the county in Oklahoma where the patient resides. When the information is entered on the website, there will be a drop down list from which to choose. If patient resides in another state, write the entire name of the county in the Narrative section if it will not fit in the space provided in the field for Patient County.

**51. PATIENT HOME PHONE NUMBER**

**Definition:** The patient's home or primary telephone number  
**Type of Field:** Text                      **Multiple Entry:** No                      **Length of Field:** 10

**Instructions:** Beginning with the Area Code, please enter the patient's telephone number. If unknown or the patient does not have a telephone, enter "unknown" in the space provided for this field.

**52. RACE**

**Definition:** The patient's race using definitions from the Federal government.  
**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** From the following options select the racial category that best describes the patient. If you are unsure of the patient's race, be as close as possible. It also is okay to ask the patient: "If you had to classify your heritage as one of the following groups, which one would it be?" [then read list]. If patient is unable to communicate, please be as close as possible.

- American Indian / Alaska Native
- Asian
- Black or African-American
- Native Hawaiian / Pacific Islander
- White
- Other Race

**53. ETHNICITY**

**Definition:** The patient’s ethnicity as defined by the Federal government.

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Select patient’s ethnicity from the following options. If you are unsure, be as close as possible.

- Hispanic
- Not Hispanic

**54. GENDER**

**Definition:** The patient's gender.

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Select the appropriate box to identify the patient as male or female. The electronic copy of the form also has a response option for “Unknown,” to use with major burn victims for example, when gender cannot be determined.

- Male
- Female

**55. AGE**

**Definition:** The patient's age (will be calculated from date of birth or best approximation)

**Type of Field:** Numeric                      **Multiple Entry:** No                      **Length of Field:** 3

*NOTE: If you enter patient’s date of birth in the appropriate field, Age and Age Units will be calculated automatically when entering data on the website.*

**Instructions:** If you do not know the patient’s date of birth, enter one digit per space for the patient’s age. If you are recording the age of an infant, indicate the patient’s age then designate whether this is months or days as appropriate in the Age Units field. If a patient’s age is not known, then a close approximation is allowable.

**56. AGE UNITS**

**Definition:** The units which the age is documented in (Hours, Days, Months, Years).

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Select the units in which patient’s age is documented from the following options:

- Hours
- Days
- Months
- Years

**57. DATE OF BIRTH**

**Definition:** The patient's date of birth.

**Type of Field:** Date                      **Multiple Entry:** No                      **Length of Field:** 8

**Instructions:** Use the format mmddyyyy. If you know the patient’s age but not the date of birth: give DOB of 0101 (January 1) of the appropriate year. If both date of birth and age are unknown: estimate the patient’s age and age units in the appropriate fields and enter 0101 (January 1) of the appropriate year.

**58. SOCIAL SECURITY NUMBER**

**Definition:** The patient's social security number.

**Type of Field:** Text                      **Multiple Entry:** No                      **Length of Field:** 9

**Instructions:** Use the format xxx-xx-xxxx. Do not include dashes. The SSN is important information for patient identification. Many patients may have the same or similar names, but are further identified by their social security number. Enter one digit per space. If SSN is unknown, enter “Unknown” in the space provided for this field on the paper form.

## 59. PRIMARY PAYMENT METHOD

**Definition:** This element is not about what type of insurance the patient has, but the method by which the EMS agency will be reimbursed for this incident.

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** If your agency does not bill for its services, this element will always be reported as 'Not applicable.' This is very important information because in the current climate of shrinking budgets, cost-cutting, and rising healthcare costs, it is critical to understand how the EMS system is being financed. Please select from the following options:

- Not Billed (agency usually bills, but did not bill the patient for this incident)  
Use this value if the patient will not be billed at all for this incident.
- Self Pay / Patient Has No Insurance  
Use this value if this incident will be billed to the patient directly, or if the patient has no insurance policy that will pay for this incident.
- Unknown  
Use this value if you don't know if call is billable.
- Not Available  
Use this value if this incident will be billed, but the type of insurance is not known.
- Worker's Compensation  
Use this value if this incident will be billed to Worker's Compensation.
- Other Government (NOT Medicare, NOT Medicaid, NOT Worker's Comp)  
Use this value if this incident will be billed to a government insurance policy besides Medicare, Medicaid, or Worker's Compensation, such as TRICARE for military staff.
- Medicare  
Use this value if this incident will be billed to Medicare, the federal health insurance program for people 65 and older, or persons under 65 with certain disabilities.
- Medicaid  
Use this value if this incident will be billed to Medicaid, the state/federal program that pays for medical assistance for individuals and families with low incomes and resources.
- Private/Commercial Insurance  
Use this value if this incident will be billed to a commercial insurance plan such as health insurance or auto insurance that is paid for privately by the patient, the patient's family, or the patient's employer (excluding Worker's Compensation).
- Not Applicable  
If your agency never bills or if no patient contact was made.

## 60. CHIEF COMPLAINT

**Definition:** The statement of the problem by the patient or the history provider in one or two words.

**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 50

**Instructions:** Print one digit or letter per space to indicate your subjective assessment of the patient. The patient's chief complaint may not necessarily be the reason for the call.

## 61. PATIENT MEDICATION ALLERGIES

**Definition:** The patient's allergies to any medications.

**Type of Field:** Text                      **Multiple Entry:** Yes                      **Length of Each Field:** n/a

**Instructions:** Please list all medications the patient is allergic to. The website will display a drop-down box from which to choose.

## 62. RUN REPORT NARRATIVE

**Definition:** The narrative of the run report.

**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 4,000

**Instructions:** All patient contacts should be documented in the narrative field. Be consistent and write for someone who has never read an EMS report, such as an attorney. Avoid uncommon abbreviations. The Supplemental page provides additional Narrative space, if needed. On the website, this field records up to 4000 characters, which is about 40 lines of typewritten narrative. Also, the software gives you the option to auto-populate this response based on information you have entered for this patient.

## Vital Signs

### 63. TIME INITIAL VITAL SIGNS TAKEN TIME FINAL VITAL SIGNS TAKEN

**Definition:** Times Vital Signs Taken.

**Type of Field:** Text                      **Multiple Entry:** No                      **Length of Each Field:** 4

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of vital signs (Initial and Final, on page 1), including Time Vital Signs taken. Additional readings are to be entered on the Supplemental Page. Use military time. If no patient contact was made, enter “N/A” for these fields.

### 64. INITIAL PULSE RATE FINAL PULSE RATE

**Definition:** The patient's pulse rate, palpated or auscultated, expressed as a number per minute.

**Type of Field:** Numeric                      **Multiple Entry:** No                      **Length of Each Field:** 3

NOTE: Initial is the first pulse rate measured by EMS.

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of vital signs (Initial and Final), including Pulse Rate. Additional readings are to be entered on the Supplemental Page. Valid values include any positive numbers less than 300. If no patient contact was made, enter “N/A” for these fields.

### 65. INITIAL RESPIRATORY RATE (RESP) FINAL RESPIRATORY RATE (RESP)

**Definition:** The patient's respiratory rate expressed as a number per minute.

**Type of Field:** Numeric                      **Multiple Entry:** No                      **Length of Field:** 3

NOTE: This reading is the unassisted respiratory rate measured by EMS. Do NOT enter assisted ventilations (i.e. BVM, ventilator, etc.). If the patient is not breathing on their own, enter “0.”

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of vital signs (Initial and Final), including Respiratory Rate. Additional readings are to be entered on the Supplemental Page. Valid values include any positive numbers less than 100. If no patient contact was made, enter “N/A” for these fields.

### 66. INITIAL SYSTOLIC BLOOD PRESSURE (SBP) FINAL SYSTOLIC BLOOD PRESSURE (SBP)

**Definition:** The patient's systolic blood pressure.

**Type of Field:** Numeric                      **Multiple Entry:** No                      **Length of Field:** 3

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of vital signs (Initial and Final), including Systolic Blood Pressure. Additional readings are to be entered on the Supplemental Page. Valid values include any positive numbers less than 300, as measured by EMS. If no patient contact was made, enter “N/A” for these fields.

**67. INITIAL DIASTOLIC BLOOD PRESSURE (DBP)  
FINAL DIASTOLIC BLOOD PRESSURE (DBP)**

**Definition:** The patient's diastolic blood pressure.

**Type of Field:** Numeric      **Multiple Entry:** No      **Length of Field:** 3

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of vital signs (Initial and Final), including Diastolic Blood Pressure. Additional readings are to be entered on the Supplemental Page. Valid values include any positive numbers less than 200, as measured by EMS. Enter "R" (for "refused") if the patient refuses to allow a blood pressure reading to be obtained or if you are unable to measure the blood pressure for any other reason. If no patient contact was made, enter "N/A" for these fields.

**68. INITIAL METHOD OF BLOOD PRESSURE MEASUREMENT  
FINAL METHOD OF BLOOD PRESSURE MEASUREMENT**

**Definition:** Indication of method of blood pressure procedure.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** If you entered SBP and DBP you MUST document the Method of Blood Pressure Measurement. Additional readings are to be entered on the Supplemental Page. Enter "R" (for "refused") if the patient refuses to allow a blood pressure reading to be obtained or if you are unable to measure the blood pressure for any other reason. If no patient contact was made, enter "N/A" for these fields. Otherwise, select the appropriate box to document the method used to measure initial and final blood pressure:

- Arterial Line
- Manual Cuff
- Venous Line
- Automated Cuff
- Palpated Cuff

**69. INITIAL LOC (LEVEL OF RESPONSIVENESS)  
FINAL LOC (LEVEL OF RESPONSIVENESS)**

**Definition:** The patients level of responsiveness.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of vital signs (Initial and Final), including LOC. Additional readings are to be entered on the Supplemental Page. If no patient contact was made, enter "N/A" for these fields. Otherwise, select the appropriate box to document the initial and final LOC:

- A - Alert
- V - Verbal
- P - Painful
- U - Unresponsive

**70. INITIAL O2 SAT (PULSE OXIMETRY)  
FINAL O2 SAT (PULSE OXIMETRY)**

**Definition:** The patient's oxygen saturation.

**Type of Field:** Numeric      **Multiple Entry:** No      **Length of Field:** 3

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of vital signs (Initial and Final), including O2 Sat. Additional readings are to be entered on the Supplemental Page. Valid values include any positive numbers less than 100, as measured by EMS. If no patient contact was made, enter "N/A" for these fields.

**71. INITIAL EKG (CARDIAC RHYTHM)  
FINAL EKG (CARDIAC RHYTHM)**

**Definition:** The cardiac rhythm of the patient as interpreted by EMS personnel.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of vital signs (Initial and Final), including EKG. Additional readings are to be entered on the Supplemental Page. If no patient contact was made, enter “N/A” for these fields. Otherwise, select the appropriate box to document your interpretation of the initial and final EKG:

- 12 Lead ECG-Anterior Ischemia
- 12 Lead ECG-Inferior Ischemia
- 12 Lead ECG-Lateral Ischemia
- Agonal/Idioventricular
- Artifact
- Asystole
- Atrial Fibrillation/Flutter
- AV Block-1st Degree
- AV Block-2nd Degree-Type
- AV Block-2nd Degree-Type 2
- AV Block-3rd Degree
- Junctional
- Left Bundle Branch Block
- Normal Sinus Rhythm
- Other
- Paced Rhythm
- PEA
- Premature Atrial Contractions
- Premature Ventricular Contractions
- Right Bundle Branch Block
- Sinus Arrhythmia
- Sinus Bradycardia
- Sinus Tachycardia
- Supraventricular Tachycardia
- Torsades De Points
- Unknown AED Non-Shockable Rhythm
- Unknown AED Shockable Rhythm
- Ventricular Fibrillation
- Ventricular Tachycardia

**72. INITIAL GLASGOW COMA SCALE: EYES**  
**FINAL GLASGOW COMA SCALE: EYES**

**Definition:** The patient's Glasgow Coma Score Eye opening component measured by EMS (for all ages).  
**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of GCS: Eyes (Initial and Final). Additional readings are to be entered on the Supplemental Page. If no patient contact was made, enter “N/A” for these fields. Otherwise, select the appropriate box to document Glasgow Coma Score – Eye Opening component measured by EMS.

**All Ages**

- Spontaneous (4)
- To Pain (2)
- To Speech (3)
- None (1)

**73. INITIAL GLASGOW COMA SCALE: VERBAL**  
**FINAL GLASGOW COMA SCALE: VERBAL**

**Definition:** The patient's Glasgow Coma Score Verbal Response component measured by EMS (for different age groups).  
**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of GCS: Verbal (Initial and Final). Additional readings are to be entered on the Supplemental Page. If no patient contact was made, enter “N/A” for these fields. Otherwise, select the appropriate box to document Glasgow Coma Score – Verbal component measured by EMS.

**Adult**

- Oriented and appropriate speech (5)
- Confused conversation (4)
- Inappropriate words (3)
- Garbled sounds (2)
- None (1)

**74. INITIAL GLASGOW COMA SCALE: MOTOR**  
**FINAL GLASGOW COMA SCALE: MOTOR**

**Definition:** The patient's Glasgow Coma Score Motor Response measured by EMS (for different age groups).  
**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** If you contacted or transported a patient, you are required to submit two sets of GCS: Motor (Initial and Final). Additional readings are to be entered on the Supplemental Page. If no patient contact was made, enter "N/A" for these fields. Otherwise, select the appropriate box to document Glasgow Coma Score – Motor component measured by EMS.

**Adult**

- Obeys commands (6)
- Localizes painful stimulation (5)
- Withdraws from painful stimulation (4)
- Flexor posturing in response to painful stimulation (3)
- Extensor posturing in response to painful stimulation (2)
- None (1)

**75. INITIAL GLASGOW COMA SCALE: SCORE**  
**FINAL GLASGOW COMA SCALE: SCORE**

**Definition:** The patient's total Glasgow Coma Score.

*NOTE: After entering Glasgow components on the website, the total GCS score will be calculated automatically.*

**Type of Field:** Numeric      **Multiple Entry:** No      **Length of Field:** 2

**Instructions:** Do not enter anything into this field on the paper form or the electronic form—the total score will be calculated automatically based on your entries into each of the GCS components.

**Medications / Procedures**

**76. TIME MEDICATION(S) GIVEN**

**Definition:** The time medication administered to the patient.

**Type of Field:** Time      **Multiple Entry:** No      **Length of Field:** 4

**Instructions:** For those reporting on paper/electronic form on website, use military time to document the time each medication event was administered. **Leave this field blank for canceled calls, or calls where no patient was found, or calls for which no medications were administered.**

**77. MEDICATION(S) GIVEN**

**Definition:** Medication given to the patient.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** List each medication administration event separately on the paper form (you can write in the medication or an abbreviation on the paper form; the electronic form on the website features a drop-down list). For example, if epinephrine is given 3 times there should be 3 entries. Mark only those medications you administer. Do not include any prescription medicines the patient may have taken prior to your arrival. Additional medications are to be entered on the Supplemental Page. **Enter "N/A" for canceled calls; or calls where no patient was found. Mark "None" for calls for which no medications were administered.**

- 156047 ½ Normal Saline - 0.45%
- 405 Abciximab (Reopro)
- 156014 Acetaminophen

**MEDICATION(S) GIVEN, cont'd**

<b>61</b>	Adenosine
<b>31</b>	Albuterol Sulfate
<b>156000</b>	Alteplase
<b>64</b>	Amyl Nitrate
<b>81</b>	Aspirin (ASA)
<b>156001</b>	Atracurium
<b>21</b>	Atropine Sulfate
<b>60</b>	Atrovent (Ipratropium Bromide)
<b>8</b>	Bumetanide (Bumex)
<b>156032</b>	Butorphanol Tartrate (STADOL)
<b>161</b>	Calcium Chloride
<b>10</b>	Calcium Gluconate
<b>156022</b>	Cetacaine Spray
<b>111</b>	Charcoal, activated
<b>156010</b>	D5W (Dextrose 5% in Water)
<b>156012</b>	D5W w/ 1/2 Normal Saline
<b>12</b>	Dexamethasone (Decadron)
<b>5</b>	Amiodorone (Cordarone)
<b>156003</b>	Dextrose 10% (D10)
<b>156009</b>	Dextrose 12.5%
<b>156002</b>	Dextrose 25% (D25)
<b>171</b>	Dextrose 50% (D50)
<b>121</b>	Diazepam (Valium)
<b>156004</b>	Digoxin
<b>436</b>	Diltiazem (Cardizem)
<b>11</b>	Diphenhydramine (Benadryl)
<b>300</b>	Dobutamine
<b>156015</b>	Dolasetron (Anzemet)
<b>16</b>	Dopamine
<b>142</b>	Droperidol (Inapsine)
<b>156013</b>	DuoNeb (0.5 Atrovent/3.0 Albuterol)
<b>156005</b>	Enoxaparin
<b>418</b>	Epi-Pen Adult
<b>419</b>	Epi-Pen Junior
<b>441</b>	Epinephrine 1:10,000
<b>440</b>	Epinephrine 1:1000
<b>407</b>	Eptifibatide (Integrilin)
<b>430</b>	Esmolol HCl (Brevibloc)
<b>141</b>	Etomidate
<b>325</b>	Fentanyl
<b>413</b>	Flumazenil (Romazicon)
<b>132</b>	Furosemide (Lasix)
<b>231</b>	Glucagon
<b>156023</b>	Glucose (Oral)
<b>408</b>	Glucose
<b>156016</b>	Granisetron HCL (Kytril)
<b>414</b>	Haloperidol (Haldol)
<b>51</b>	Heparin
<b>437</b>	Hurricane Spray
<b>431</b>	Hydralazine (Apresoline)
<b>409</b>	Hydromorphone (Dilaudid)
<b>156034</b>	Hydroxyzine (Atarax Vistaril)
<b>156017</b>	Ibuprofen (Advil, Motrin)
<b>412</b>	Insulin

**MEDICATION(S) GIVEN, cont'd**

<b>201</b>	Ipecac
<b>67</b>	Isoproterenol
<b>417</b>	IV Antibiotics
<b>432</b>	Ketamine
<b>38</b>	Ketorolac (Toradol)
<b>163</b>	Labetolol
<b>156011</b>	Lactated Ringers
<b>156008</b>	Levalbuterol HCL (Xopenex)
<b>63</b>	Lidocaine
<b>24</b>	Lorazepam (Ativan)
<b>131</b>	Magnesium Sulfate
<b>182</b>	Mannitol (Osmitrol)
<b>416</b>	Mark I Kit
<b>27</b>	Meperidine (Demerol)
<b>28</b>	Metaproterenol (Alupent)
<b>222</b>	Methylprednisolone (Solu-Medrol)
<b>30</b>	Metoclopramide (Reglan)
<b>350</b>	Metoprolol (Lopressor)
<b>122</b>	Midazolam (Versed)
<b>156030</b>	Mivacurium Chloride (Mivacron)
<b>92</b>	Morphine Sulfate
<b>101</b>	Naloxone (Narcan)
<b>42</b>	Neostigmine
<b>33</b>	Nifedipine (Adalat, Procardia)
<b>72</b>	Nitroglycerin
<b>143</b>	Nitronox (Nitrous Oxide)
<b>68</b>	Nitroprusside
<b>156018</b>	Norepinephrine
<b>404</b>	Normal Saline
<b>156031</b>	Normal Saline (Respiratory Use)
<b>93</b>	Nubain
<b>425</b>	Ondansetron (Zofran)
<b>428</b>	Other Autonomic Nervous System Drug
<b>426</b>	Other Cardiac Drug
<b>427</b>	Other CNS Drug
<b>429</b>	Other Respiratory Drug
<b>910</b>	Oxygen
<b>9398</b>	Oxygen (non-rebreather mask)
<b>12360</b>	Oxygen by Blow By
<b>9397</b>	Oxygen by Mask
<b>9396</b>	Oxygen by Nasal Cannula
<b>438</b>	Oxygen by Nebulizer
<b>439</b>	Oxygen by Positive Pressure Device
<b>411</b>	Oxytocin (Pitocin)
<b>433</b>	Phenylephrine HCl (Neo-Synephrine)
<b>434</b>	Phenytoin (Dilantin)
<b>435</b>	Potassium Cl
<b>156019</b>	Pralidoxime (2-PAM, Systemic)
<b>64</b>	Procainamide
<b>415</b>	Prochlorperazine (Compazine)
<b>403</b>	Promethazine HCl (Phenergan)
<b>521</b>	Proparacaine (Alcaine)
<b>402</b>	Racemic Epinephrine
<b>172</b>	Reactose

**MEDICATION(S) GIVEN, cont'd**

- 410 Rocuronium Bromide (Zemuron)
- 151 Sodium bicarbonate
- 156020 Sodium Nitrate (Cyanide Kit)
- 156021 Sodium Thiosulfate (Cyanide Kit)
- 41 Succinylcholine (Anectine)
- 156006 Tenecteplase
- 32 Terbutaline (Brethine)
- 156007 Tetracaine
- 39 Thiamine
- 156035 Thiopental Sodium (Pentothal)
- 406 Tirofiban HCL (Aggrastat)
- 156033 Tissue Plasminogen Activator (tPA)
- 401 Vasopressin
- 400 Vecuronium (Norcuron)
- 66 Verapamil (Isoptin)

**78. MEDICATION(S) ADMINISTERED BY**

**Definition:** Indication of which crewmember administered each medication.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** Select the appropriate box to indicate which EMT administered each medication (CM1, CM2, or CM3) and that this corresponds with the order of crewmembers listed at the end of the run sheet. For example, if Jane Crewmember administers Epinephrine as CM2, then Jane will be documented at the end of the run sheet as Crew Member ID #2. If additional medications were documented on the Supplemental Page, be sure to include the corresponding CM information. **Enter “N/A” for canceled calls; or calls where no patient was found; or calls for which no medications were administered.**

- CM 1
- CM 2
- CM 3

**79. MEDICATION COMPLICATION(S)**

**Definition:** Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** On the paper form list the complication corresponding with each medication that was administered (the electronic form on the website features a drop down list). For example, if epinephrine is given 3 times there should be 3 entries in the Medication fields and at least 1 Reaction listed for each Epinephrine entry. If additional medications are entered on the Supplemental Page, be sure to include the corresponding Reaction information.

**Enter “N/A” for canceled calls or calls where no patient was found.**

- None
- Altered Mental Status
- Apnea
- Bleeding
- Bradycardia / Slow heart rate
- Diarrhea
- Extravasation
- Hypertension
- Hyperthermia
- Hypotension
- N/A - Not Applicable
- Hypoxia
- Injury
- Itching/Urticaria
- Nausea
- Respiratory Distress
- Tachycardia
- Vomiting
- Other Medication Reaction

**80. MEDICATION AUTHORIZATION**

**Definition:** The type of treatment authorization obtained.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** On the paper form choose the type of medication authorization corresponding with each medication that was administered. For example, if epinephrine is given 3 times there should be 3 entries in the Medication fields and at least 1 Reaction listed for each Epinephrine entry and 1 Medication Authorization entry for each Epinephrine entry. If additional medications are entered on the Supplemental Page, be sure to include the corresponding Medication Authorization information. **Enter “N/A” for canceled calls; or calls where no patient was found; or calls for which no medications were administered.**

- Protocol (Standing Order)
- Written Orders (Patient Specific)
- On-Line
- On-Scene
- Not Applicable – N/A

**81. TIME OF PROCEDURE(S)**

**Definition:** The time the procedure was performed on the patient.

**Type of Field:** Time      **Multiple Entry:** No      **Length of Field:** 4

**Instructions:** For those reporting on paper/electronic form on website, use military time to document the time each procedure event was performed. **Enter “N/A” for canceled calls; or calls where no patient was found; or calls for which no procedures were performed.**

**82. PROCEDURE(S) PERFORMED**

**Definition:** The procedure or intervention performed on the patient.

**Type of Field:** Select box      **Multiple Entry:** No      **Maximum Length of Field:** n/a

**Instructions:** List each procedure event separately on the paper form (the electronic form on the website features a drop down list). Mark only those procedures you administer. Do not include any prior procedures that may have been performed on the patient. Additional procedures / interventions are to be entered on the Supplemental Page. **Enter “N/A” for canceled calls or calls or calls where no patient was found. Enter “None” if no procedures/ interventions were performed.**

- 6130 12 Lead ECG
- 6720 ACD Deactivation
- 6730 AED - ERU
- 6740 AED - First Responder
- 6750 AED - Public Access
- 6150 Airway - Change Tracheostomy Tube
- 6160 Airway - Cleared / Opened / or Heimlich
- 6170 Airway - Combitube
- 6180 Airway - CPAP
- 6280 Airway - Endotracheal Intubation
- 6190 Airway - EOA / EGTA
- 6200 Airway - Intubation Confirm CO2
- 6210 Airway - Intubation Confirm Esophageal Detector
- 6220 Airway - Laryngeal Mask
- 6530 Airway - Nasogastric Tube
- 6230 Airway - Nasopharyngeal
- 6240 Airway - Nasotracheal Intubation
- 6250 Airway - Nebulizer Treatment
- 6260 Airway - Needle Cricothyrotomy
- 6270 Airway - Oropharyngeal
- 6290 Airway - PEEP
- 6140 Airway - Positive Pressure Ventilation / BVM
- 6300 Airway - Rapid Sequence Induction
- 6310 Airway - Respirator Operation
- 6320 Airway - Suctioning
- 6330 Airway - Surgical Cricothyrotomy

**PROCEDURE(S) PERFORMED, cont'd**

- 6340 Airway - Ventilator
- 6350 Arterial Access / Blood Draw
- 6360 Arterial Line Maintenance
- 6370 Blood Glucose Analysis
- 6760 Burn Care
- 6380 Capnography
- 6390 Cardiac Monitor
- 6400 Cardioversion (Synchronized)
- 6410 Carotid Massage
- 6420 Chest Decompression
- 6790 Chest Tube Placement
- 6430 Childbirth
- 6440 CNS Catheter – Epidural Maintenance
- 6450 CNS Catheter-Intraventricular
- 6800 Cold Pack
- 6460 CPR - Cardiopulmonary Resuscitation
- 6480 Defibrillation - Automated (AED)
- 6490 Defibrillation - Manual
- 6470 Defibrillation - Placement for Monitoring/Analysis
- 6500 External Cardiac Pacing
- 6510 Extrication
- 6810 Hot Pack
- 6520 MAST
- 6540 None
- 6550 Rescue
- 6570 Restraints
- 6580 Spinal Immobilization
- 6590 Splinting
- 6600 Splinting-Traction
- 6850 Stretcher
- 6610 Urinary Catheterization
- 6620 Venous Access - Blood Draw
- 6650 Venous Access - External Jugular Line
- 6640 Venous Access - Extremity
- 6660 Venous Access - Femoral Line
- 6670 Venous Access - Intraosseous (Adult)
- 6680 Venous Access - Intraosseous (Pediatric)
- 6690 Venous Access - Maintain Central Line
- 6700 Venous Access - Swan Ganz Maintain
- 6630 Venous Access-Existing Catheter/IV Monitoring
- 6710 Wound Care

**83. NUMBER OF PROCEDURE ATTEMPTS**

**Definition:** The number of attempts taken to complete a procedure or intervention regardless of success.

**Type of Field:** Numeric      **Multiple Entry:** No      **Length of Field:** 3

**Instructions:** For each procedure/intervention listed, document the total number of attempts made, regardless of whether or not the attempt was successful. If you marked additional procedures on the Supplemental Page, be sure to include the corresponding Number of Attempts.

**84. WAS PROCEDURE SUCCESSFUL**

**Definition:** Indication of whether or not the procedure performed on the patient was successful.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** For each procedure/intervention that you listed, indicate whether or not the procedure was successful by selecting the appropriate box. There are some procedures, such as spinal immobilization or splinting, where you may not know whether the procedure was successful in aligning the injury. For cases, such as these, enter “Unknown.”

- Yes
- No
- Unknown
- Not Applicable – N/A

**85. PROCEDURE DONE BY**

**Definition:** Indication of which crewmember performed each procedure on the patient.

**Type of Field:** Select box      **Multiple Entry:** No      **Maximum Length of Field:** n/a

**Instructions:** Select the appropriate box to indicate which EMT performed each procedure (CM1, CM2, or CM3) and that this corresponds with the order of crewmembers listed at the end of the run sheet as well as the order of crewmembers administering medications. For example, if Jane Crewmember administers Epinephrine as CM2, then Jane will be documented at the end of the run sheet as Crew Member ID #2. If she also performs CPR on this patient, she will be documented as CM2 for this procedure. If additional procedures were documented on the Supplemental Page, be sure to include the corresponding CM information.

- CM 1
- CM 2
- CM 3

**86. COMPLICATIONS FROM PROCEDURE**

**Definition:** Any complication associated with the performance of the procedure on the patient.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** On the paper form list the complication(s) corresponding with each procedure that was performed (the electronic form on the website features a drop-down list). If additional procedures are entered on the Supplemental Page, be sure to include the corresponding Complication information.

- Altered Mental Status
- Apnea
- Bleeding
- Bradycardia / Slow heart rate
- Diarrhea
- Esophageal Intubation-immediately detected
- Esophageal Intubation-other
- Extravasation / Infiltration
- Hypertension
- Hyperthermia
- Hypotension
- Hypoxia
- Injury
- Itching / Urticaria
- Nausea
- No Complications
- Respiratory Distress
- Tachycardia / Fast heart rate
- Vomiting
- Other Complications

## Symptoms

### 87. PRIMARY SYMPTOM

**Definition:** The primary sign or symptom related by the patient or observed by EMS personnel.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the options marked under “P,” select the one major symptom associated with this patient’s medical problem. **MARK ONLY ONE PRIMARY SYMPTOM. Enter “N/A” for canceled calls or calls where no patient was found.**

- |   |                        |
|---|------------------------|
| • None                                    | • Mass/Lesion          |
| • Bleeding                                | • Mental/Psychiatric   |
| • Breathing Problem                       | • Nausea/Vomiting      |
| • Change in Responsiveness                | • Pain                 |
| • Choking                                 | • Palpitations         |
| • Death                                   | • Rash/Itching         |
| • Device/Equipment Problem                | • Swelling             |
| • Diarrhea                                | • Transport Only       |
| • Drainage/Discharge                      | • Weakness             |
| • Fever                                   | • Wound                |
| • Malaise (General, non-specific feeling) | • Not Applicable – N/A |

### 88. ASSOCIATED SYMPTOMS

**Definition:** Other signs or symptoms related by the patient or observed by EMS personnel.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** From the options marked under “A” select as many of the associated Secondary symptoms this patient may have after you have determined the patient’s primary symptom. **Enter “N/A” for canceled calls or calls where no patient was found.**

- |   |                        |
|---|------------------------|
| • None                                    | • Mass/Lesion          |
| • Bleeding                                | • Mental/Psychiatric   |
| • Breathing Problem                       | • Nausea/Vomiting      |
| • Change in Responsiveness                | • Pain                 |
| • Choking                                 | • Palpitations         |
| • Death                                   | • Rash/Itching         |
| • Device/Equipment Problem                | • Swelling             |
| • Diarrhea                                | • Transport Only       |
| • Drainage/Discharge                      | • Weakness             |
| • Fever                                   | • Wound                |
| • Malaise (General, non-specific feeling) | • Not Applicable – N/A |

### 89. PROVIDER’S PRIMARY IMPRESSION

**Definition:** The EMS personnel’s impression of the primary problem or most significant condition which lead to the treatment given to the patient.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the options marked under “P,” select the patient’s one major medical problem or condition. **MARK ONLY ONE PRIMARY IMPRESSION. Enter “N/A” for canceled calls or calls where no patient was found.**

- Abdominal pain /problems
- Airway obstruction
- Allergic reaction
- Altered level of consciousness
- Behavioral /psychiatric disorder
- Cardiac arrest
- Cardiac rhythm disturbance
- Chest pain /discomfort
- Diabetic symptoms
- Electrocutation
- Hyperthermia
- Hypothermia
- Hypovolemia / shock
- Inhalation injury (toxic gas)
- Obvious death
- Poisoning / drug ingestion
- Pregnancy / OB delivery
- Respiratory arrest
- Respiratory distress
- Seizure
- Sexual assault / rape
- Smoke inhalation
- Stings / venomous bites
- Stroke / CVA
- Syncope / fainting
- Traumatic injury
- Vaginal hemorrhage
- Not Applicable – N/A

**90. PROVIDER’S SECONDARY IMPRESSION**

**Definition:** The EMS personnel’s impression of the patient’s secondary problem(s) or condition(s) which lead to the treatment given to the patient.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** From the options marked under “S,” select the patient’s secondary medical problem(s) or condition(s). **MARK ALL APPROPRIATE BOXES. Enter “N/A” for canceled calls or calls where no patient was found.**

- Abdominal pain /problems
- Airway obstruction
- Allergic reaction
- Altered level of consciousness
- Behavioral /psychiatric disorder
- Cardiac arrest
- Cardiac rhythm disturbance
- Chest pain /discomfort
- Diabetic symptoms
- Electrocutation
- Hyperthermia
- Hypothermia
- Hypovolemia / shock
- Inhalation injury (toxic gas)
- Obvious death
- Poisoning / drug ingestion
- Pregnancy / OB delivery
- Respiratory arrest
- Respiratory distress
- Seizure
- Sexual assault / rape
- Smoke inhalation
- Stings / venomous bites
- Stroke / CVA
- Syncope / fainting
- Traumatic injury
- Vaginal hemorrhage
- Not Applicable – N/A

**91. ALCOHOL/DRUG USE INDICATORS**

**Definition:** Indicators of the patient’s potential use of alcohol and/or drugs.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** For all calls involving patient contacts, please check as many boxes from the following options that indicate patient’s use of alcohol and or drugs. **Enter “N/A” for canceled calls or calls where no patient was found.**

- None
- Smell of alcohol **present**
- Patient admits to alcohol use
- Patient admits to drug use
- Alcohol and/or drug paraphernalia at scene
- Not Applicable – call canceled or no patient found

**92. CHIEF COMPLAINT ANATOMIC LOCATION**

**Definition:** The primary anatomic location of the chief complaint as identified by EMS personnel.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, select the appropriate box to indicate the primary anatomic location of the chief complaint you identified in #59. **Enter “N/A” for canceled calls or calls where no patient was found.**

- Abdomen
- Back
- Extremity-Lower
- Extremity-Upper
- Genitalia
- Head

- Chest
- General/Global/Whole Body
- Neck

### 93. CHIEF COMPLAINT ORGAN SYSTEM

**Definition:** The primary organ system of the patient affected by the current illness or injury.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, select the appropriate box to indicate the organ location of the chief complaint you identified in #59. **Enter “N/A” for canceled calls or calls where no patient was found.**

- Cardiovascular  
Heart, arteries, veins
- CNS/Neurologic  
Brain, spinal cord, nerves
- Endocrine/Metabolic  
Diabetes, thyroid, liver
- Gastrointestinal  
Mouth, esophagus, stomach, intestines
- Global/Whole Body  
Multiple organs or Other organ location not listed
- Musculoskeletal  
Muscles, bones, joints, tendons, ligaments, cartilage
- Obstetric/Gynecologic  
Female reproductive system
- Psychiatric  
Mental, emotional, behavioral
- Pulmonary  
Lungs, trachea, airway
- Renal / GU Problems  
Kidneys, male reproductive system
- Skin
- Not applicable

### 94. INCIDENT WORK-RELATED

**Definition:** Indication of whether or not the incident is work-related.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, indicate if the incident is work-related. **Enter “N/A” for canceled calls or calls where no patient was found.**

- Yes
- No
- Unknown
- Not applicable

## Cardiac Arrest

### 95. CARDIAC ARREST

**Definition:** Indication of the presence of a cardiac arrest at any time associated with the EMS event.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, select the appropriate box to indicate cardiac arrest of patient. **Enter “N/A” for canceled calls or calls where no patient was found.**

- Yes, Prior to EMS Arrival
- Yes, After EMS Arrival
- No
- Not applicable

### 96. RESUSCITATION ATTEMPTED

**Definition:** Indication of measures used to attempt to resuscitate the patient who is or was in cardiac arrest.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** From the following options, select all appropriate boxes that describe attempts to resuscitate patient from cardiac arrest. **Enter “N/A” for canceled calls or calls where no patient was found or if no cardiac arrest occurred.**

- Defibrillation
- Ventilation
- Chest Compressions
- None-DOA
- None-DNR/DNAR Orders
- None-Signs of Life
- Not applicable – N/A

**97. ESTIMATED TIME OF ARREST**

**Definition:** The length of time the patient was down (estimated) before the responding unit arrived at the patient.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, select the box that best describes how many minutes elapsed until you arrived at the patient’s side. **Enter “N/A” for canceled calls or calls where no patient was found or if no cardiac arrest occurred.**

- 0 minutes to less than 2 minutes
- 4 minutes to less than 6 minutes
- 8 minutes to less than 10 minutes
- 15 minutes to less than 20 minutes
- 2 minutes to less than 4 minutes
- 6 minutes to less than 8 minutes
- 10 minutes to less than 15 minutes
- 20 minutes or more
- Not Applicable – N/A

**98. ARREST WITNESSED BY**

**Definition:** Indication of who witnessed the cardiac arrest.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, select the box that best describes who, if anyone, witnessed the patient’s cardiac arrest. **Enter “N/A” for canceled calls or calls where no patient was found or if no cardiac arrest occurred.**

- Healthcare Provider
- Lay Person
- Not Witnessed
- Not applicable

**99. CAUSE OF ARREST**

**Definition:** Indication of the cause of the cardiac arrest.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, select the box that best describes the cause of the patient’s cardiac arrest. **Enter “N/A” for canceled calls or calls where no patient was found or if no cardiac arrest occurred.**

- Not applicable
- Presumed Cardiac
- Trauma
- Drowning
- Unknown
- Respiratory
- Electrocutation
- Other

**STEMI - STEMI (ST Segment Elevation Myocardial Infarction)** Paramedics play a vital role with the initial data and tracking of STEMI patients. Data and tracking is important for the EMS Agency to determine if the correct care is being given to. The following items comprise the measure of STEMI.

One part of a complete assessment for a patient with chest pain/discomfort or suspected of having an acute cardiac event is obtained by using the LA or Cincinnati Stroke Scale results

### 100. 12 Lead EKG

**Definition:** Indication of whether a 12 lead EKG was performed as part of the assessment of a patient with chest pain/discomfort or suspected of having an acute cardiac event.

**Type of Field:** Select Box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** Enter “N/A” for canceled calls or calls where no patient was found. If patient contact was made select “Yes” or “No.”

### 101. Transmitted For Interpretation

**Definition:** The second part of a complete assessment for a patient with chest pain/discomfort or suspected of having an acute cardiac event.

**Type of Field:** Select Box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** Enter “N/A” for canceled calls or calls where no patient was found. If patient contact was made select “Yes” or “No.”

### 102. Interpreter

**Definition:** The person interpreting the 12 Lead EKG sent from the scene of the incident.

**Type of Field:** Select Box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** Indicate all that apply from the following list:

- EMT
- Paramedic
- Physician
- Computer Program

### 103. STEMI probable

**Definition:** The determination of the person who interpreted the 12 Lead EKG s sent from the scene of the incident to whether STEMI was probable.

**Instructions:** Enter “N/A” for canceled calls or calls where no patient was found. If patient contact was made select “Yes,” “No” or “Inconclusive.”

### 104. STROKE SCALE

**Definition:** The Cincinnati Stroke Scale and the LA Stroke Scale are commonly used scales that measure disability or dependence in activities of daily living in stroke victims.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options that measure disability or dependence in activities of daily living in stroke victims select one that best describes the patient when unit arrived at scene. Enter time when the evaluation was made.

- |  |                                    |
|--|------------------------------------|
| • Not Applicable                         | • Cincinnati Stroke Negative       |
| • Not Available                          | • LA Stroke Scale Negative         |
| • Not Known                              | • Cincinnati Stroke Scale Positive |
| • Cincinnati Stroke Scale Non-conclusive | • LA Stroke Scale Positive         |
| • LA Stroke Scale Non-conclusive         |                                    |

## Prior Aid

### 105. PRIOR AID PERFORMED BY

**Definition:** The type of individual who performed the care prior to the arrival of this unit.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**NOTE:** *In Oklahoma, firefighters may arrive at the scene before the EMS unit. Since there is not a response option for “Firefighters,” please select the “Other Healthcare Provider” to indicate Firefighters.*

**Instructions:** From the following options, select the box that best describes who, if anyone, provided care to the patient before this EMS unit arrived. **Enter “N/A” for canceled calls; or calls where no patient was found; or if no prior care was provided.**

- Not Applicable – N/A                      • Law Enforcement                      • Lay Person                      • Unknown
- EMS Provider                                  • Other Healthcare Provider              • Patient

### 106. PRIOR AID

**Definition:** Any care that was provided to the patient at the scene prior to the arrival of the EMS unit.

**Type of Field:** Text                      **Multiple Entry:** No                      **Maximum Length of Field:** 3

**NOTE:** *This does NOT apply to care given to a patient being transferred from an emergency department or urgent care facility to another emergency department or urgent care facility.*

**Instructions:** Use any value from Medications (Data Element #81) and/or Procedures (Data Element #86) to indicate Prior Aid. Other allowable values are “Prior Aid was not provided” or “Unknown if Prior Aid was provided.” **Enter “N/A” for canceled calls; or calls where no patient was found.**

### 107. ESTIMATED TIME PRIOR AID PROVIDED

**Definition:** The estimated time prior aid was administered to the patient before the arrival of the EMS unit..

**Type of Field:** Time      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** For those reporting on paper/electronic form on website, use military time to document the estimated time each type of prior aid was administered. **Enter “N/A” for canceled calls; or calls where no patient was found; or calls for which no prior aid was administered.**

### 108. OUTCOME OF PRIOR AID

**Definition:** The outcome or result of the care performed prior to the arrival of the unit.

**Type of Field:** Select box      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** On the paper form list the outcome corresponding with each type of prior aid that was administered (the electronic form on the website features a drop-down list). Example: if bystander CPR was done and the patient had a pulse on your arrival, the Outcome of Prior Aid is “Improved;” if CPR was still required when you arrived, the Outcome of Prior Aid is “Unchanged.” Example: if a chest pain patient took nitroglycerine and aspirin prior to EMS arrival but their pain increased, the Outcome of Prior Aid is “Worse.” . **Enter “N/A” for canceled calls; or calls where no patient was found; or calls for which no prior aid was given.**

### 109. BARRIERS TO EFFECTIVE CARE

**Definition:** Indication of whether or not there were any patient specific barriers to serving the patient at the scene.

**Type of Field:** Select box      **Multiple Entry:** Yes                      **Length of Field:** n/a

**Instructions:** From the following options, select as many of the boxes that describe any patient-specific barriers to caring for the patient. **Enter “N/A” for canceled calls or calls where no patient was found.**

- Developmentally Impaired
- Hearing Impaired
- Language
- Physically Impaired
- Physically Restrained
- Speech Impaired
- Unattended or Unsupervised (including minors)
- Unconscious
- Unknown
- Not applicable – N/A

## **Injury / Trauma**

### **110. TRAUMA PRESENT**

**Definition:** Indicates that the reason for the EMS encounter was related to an injury or traumatic event.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, indicate whether the reason for the EMS encounter was related to an injury or traumatic event. **Enter “N/A” for canceled calls or calls where no patient was found.**

- Yes
- No
- Unknown
- Not Applicable – N/A

### **111. CAUSE OF INJURY**

**Definition:** The general category of the reported or suspected cause of the injury or traumatic event. If patient has multiple cause of injury, report the worst. Prioritize penetrating over non-penetrating injury.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** Complete only if Trauma Present is “Yes.” From the following options, select the box that best describes the external cause of the patient’s injury. **Enter “N/A” for canceled calls; or calls where no patient was found; or non-Trauma calls.**

- Aircraft related accident
- Bicycle Accident
- Bites
- Chemical poisoning
- Child battering
- Drowning
- Drug poisoning
- Electrocution (non-lightning)
- Excessive Cold
- Excessive Heat
- Falls
- Fire and Flames
- Firearm, assault
- Firearm injury, unintentional
- Firearm, self inflicted
- Lightning
- Machinery accidents
- Mechanical Suffocation
- Motor Vehicle traffic crash
- Pedestrian traffic accident
- Motor Vehicle non-traffic crash 9off-road motor vehicle)
- Motorcycle Accident
- Non-motorized Vehicle Accident
- Radiation exposure
- Rape
- Smoke Inhalation
- Stabbing/Cutting Accidental
- Stabbing/Cutting Assault
- Struck by Blunt/Thrown Object
- Venomous stings (plants, animals)
- Water Transport Accident
- Not Applicable – N/A

**112. MECHANISM OF INJURY**

**Definition:** The type of event that caused the injury.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** Complete only if Trauma Present is “Yes.” Please select from the following options all mechanisms that describe the patient’s injury. **Enter “N/A” for canceled calls; or calls where no patient was found; or non-Trauma calls.**

- Blunt
- Penetrating
- Other
- Burn
- Not Known
- Not Applicable – N/A

**113. OTHER TRAUMA MECHANISM(S)**

**Definition:** This field is used to document additional mechanisms of injury for traumatic injury.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** Complete only if Trauma Present is “Yes.” From the following options, select all other external causes of the patient’s injury. Example: your patient was driving a vehicle when he was shot, then his vehicle crashed into the ditch and rolled over. **Enter “N/A” for canceled calls; or calls where no patient was found; or non-Trauma calls.**

- Assault
- Electrical
- Other Trauma
- ATV
- Explosion
- Not Applicable – N/A

**114. HOSPITAL TEAM NOTIFIED**

**Definition:** Notification by EMS personnel to Hospital Team personnel.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** Answer “yes” if EMS contacted the ED directly, or “no” if the ED was not contacted directly by EMS personnel. **Enter “N/A” for canceled calls; or calls where no patient was found; or non-Trauma calls.**

- Yes
- No
- Not Applicable – N/A
- Trauma
- Stroke
- STEMI

**115. TIME HOSPITAL TRAUMA TEAM NOTIFIED**

**Definition:** This field is used to document the time the EMS personnel notified Hospital Trauma Team personnel.

**Type of Field:** Time      **Multiple Entry:** No      **Length of Field:** 4

**Instructions:** Note the time of day the hospital emergency department was notified, using military time.

PTS= pediatric trauma score, BSA- burn surface area

**116. TRAUMA TRIAGE LEVEL**

**Definition:** Enter the Priority (1, 2 or 3) assigned to the patient. See definitions, below.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** Select the appropriate Triage Level. **Enter “N/A” for canceled calls; or calls where no patient was found; or non-Trauma calls.**

- Priority 1
- Priority 2
- Priority 3
- Not Applicable – N/A

- **Priority 1:**

*Defined as trauma patients with blunt or penetrating injury causing physiological abnormalities or significant anatomical injuries. These patients have time-sensitive injuries requiring the resources of a Level I or II Trauma Center. Patients may be transported directly to a Level I or II Trauma Center or may require initial stabilization in a Level III or IV Trauma Center and subsequent transfer depending on the location of occurrence and time and distance to the higher level Trauma Center. Alternatively, these patients may be cared for in a Level III Trauma Center if appropriate services are readily available.*

**Physiological Compromise Criteria:**

Hemodynamic Compromise  
Respiratory Compromise  
Altered Mentation

**Anatomical Injury Criteria**

Penetrating injury of head, neck, torso, and groin  
Amputation above wrist or ankle  
Paralysis  
Flail chest  
Two or more obvious proximal long bone fractures (upper arm or thigh)  
Open or suspected depressed skull fracture  
Unstable pelvis or suspected pelvic fracture  
Tender and/or distended abdomen  
Burns associated with Priority I Trauma

- **Priority 2:**

These are patients with potentially time-sensitive injuries because of a significant single system injury or a high-energy event. These patients do not have physiological abnormalities or significant anatomical injuries and can be transported to a trauma facility with the resources to perform a trauma evaluation and provide appropriate care for their injury.

**Significant Single System Injuries**

**Neurology:** *Isolated head trauma with transient loss of consciousness or altered mental status but currently alert and oriented.*

**Orthopedic:** *Isolated fractures or dislocations; skin wounds without extensive tissue damage large flaps or avulsions; suspected hip fracture*

**Maxillofacial trauma:** Significant facial lacerations, such as those requiring surgical repair or involving nerve, eye, nose or mouth; fractured facial bones; avulsed teeth

**High Energy Event**

*Patient involved in rapid acceleration deceleration events absorb large amounts of energy and are at an increased risk for severe injury despite normal vital signs on their initial assessment. Five to fifteen percent of these patients, despite normal vital signs and no apparent anatomical injury on initial evaluation, will have a significant injury discovered after a full trauma evaluation with serial observations. Determinates to be considered are direction and velocity of impact and the use of personal protection devices. Ejection from a vehicle, auto/pedestrian incidents, falls from high distance, or motorcycle crashes are all examples of a high energy event. Motor vehicle crashes when occupants are using personal safety restraint devices may not be considered a high energy event. Personal safety devices will often protect the occupant from absorbing high amounts of energy even when the vehicle shows significant damage.*

**High Energy Events include:**

Ejection of the patient from an enclosed vehicle  
Adult auto/pedestrian or Adult auto/bike or Adult motorcycle crash with significant impact with the patient thrown or run over by a vehicle  
Falls greater than 20 feet  
Significant assault or altercations  
Other “high energy” events based on Paramedic discretion for example: patients involved in motor vehicle crashes with significant vehicular damage and not using personal safety restraint devices.

**Medic Discretion**

Since trauma triage is an inexact science and patients differ in their response to injury, clinical judgment by the medic at the scene is an extremely important element in determining the destination of all patients. If the medic is concerned that a patient may have a severe injury which is not yet obvious, the patient may be upgraded in order to deliver that patient to the appropriate level Trauma Center. Paramedic suspicion for a severe injury may be raised by the following factors:

- Age greater than 55
- Age less than 5
- Extremes of environment
- Patient's previous medical history
- Pregnancy
- Any low energy auto/pedestrian or auto/bike or motorcycle crash
- The following motor vehicle crashes when the patient has not used personal safety restraint devices:
  - Extrication time greater than 20 minutes
  - Death in the same passenger compartment
  - Rollover
  - High speed auto crash
  - Auto deformity greater than 20 inches
  - Compartment intrusion greater than 12 inches

- **Priority 3 Trauma Patients**

These are patients without physiological instability, altered mentation, neurological deficit, or significant anatomical or single system injury that have been involved in a low energy event. These patients may be evaluated and treated at their hospital of choice or the closest appropriate hospital.

**117. TRAUMA TRIAGE CRITERIA**

**Definition:** A number (Priority 1, 2 or 3) assigned to a patient that is a scoring summarizing the patient status. The scoring considers the patient condition, physiological and anatomical injuries and mechanism of injury. Select all that apply.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** Select all that apply. Enter "N/A" for canceled calls; or calls where no patient was found; or non-Trauma calls.

- GCS <= 13
- GCS improving
- Respiratory compromise resulting from trauma
- Hemodynamic compromise from trauma
- Blunt trauma / no hemodynamic trauma
- Penetrating injury to trunk – neck - head
- Penetrating injuries to extremities
- Amputation proximal to wrist or ankle
- Paralysis resulting from trauma
- Flail chest
- Two or more proximal long bone fractures
- Open or depressed skull fracture
- Unstable pelvis
- PTS <= 8
- BSA >= 10%
- BSA < 10%
- Other single system injury
- Minor injuries
- Not applicable – N/A

**118. ALS INTERCEPT**

**Definition:** A request by EMS personnel on the scene or in transport with a severely injured patient for a higher level of care to be provided by an Advanced Life Support EMS unit (to intercept and assume care of the patient.)

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** Answer "yes" if EMS requested an Advanced Life Support EMS unit to intercept and assume care of the severely injured patient, or "no" if EMS did not request Advanced Life Support EMS unit to intercept and

assume care of the severely injured patient. **Enter “N/A” for canceled calls; or calls where no patient was found; or non-Trauma calls.**

- Yes
- No
- Not Applicable – N/A

### 119. TIME ALS REQUESTED

**Definition:** The time of day the advanced life support EMS unit was requested by the EMS unit on the scene with a severely injured patient.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Enter the time of day in military time. **Leave blank for canceled calls; or calls where no patient was found; or non-Trauma calls.**

### 120. TIME ALS ARRIVED

**Definition:** The time of day the advanced life support EMS unit arrived on the scene of the severely injured patient.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Enter the time of day in military time. **Leave blank for canceled calls; or calls where no patient was found; or non-Trauma calls.**

### 121. TIME OF CARE TRANSFER

**Definition:** The time of day the advanced life support EMS unit proceeded to a higher level of care after intercept/assuming care of the patient.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Enter the time of day in military time. **Leave blank for canceled calls; or calls where no patient was found; or non-Trauma calls.**

### 122. RECEIVING AGENCY

**Definition:** The three digit state-assigned provider number of the responding agency.

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Enter three digit number or select responding agency name from drop down list. **Leave blank for canceled calls; or calls where no patient was found; or non-Trauma calls.**

### 123. AIR INTERCEPT

**Definition:** A request by an EMS agency/personnel initially on the scene with a severely injured patient, for rapid transport to a hospital via air ambulance.

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Answer “yes” if air intercept was requested, or “no” if air intercept was not requested. **Enter “N/A” for canceled calls; or calls where no patient was found; or non-Trauma calls.**

- Yes
- No
- Not Applicable – N/A

### 124. TIME AIR REQUESTED

**Definition:** The time of day the request for air intercept was made by an EMS agency/personnel initially on the scene with a severely injured patient.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Enter the time of day in military time. **Leave blank for canceled calls; or calls where no patient was found; or non-Trauma calls.**

### 125. TIME AIR ARRIVED

**Definition:** The time of day the air ambulance agency arrived on the scene of a severely injured patient.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Enter the time of day in military time. **Leave blank for canceled calls; or calls where no patient was found; or non-Trauma calls.**

### 126. TIME OF AIR TRANSFER

**Definition:** The time of day the air transport EMS unit proceeded to a higher level of care after intercept/assuming care of the patient.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** 4

**Instructions:** Enter the time of day in military time. **Leave blank for canceled calls; or calls where no patient was found; or non-Trauma calls.**

### 127. RECEIVING AGENCY

**Definition:** The three digit state-assigned provider number of the responding agency.

**Type of Field:** Text/Numeric                      **Multiple Entry:** No                      **Length of Field:** 3

**Instructions:** Enter three digit number or select responding agency name from drop down box.  
**Leave blank for canceled calls; or calls where no patient was found; or non-Trauma calls.**

### 128. TRAUMA REFERRAL CENTER (TReC) NOTIFIED

**Definition:** Notification of TReC by EMS personnel, of the priority of the transported/transferred patient (to determine the appropriate destination facility for the unassigned patient, and to collect data on all patients entering Regions 7 [Tulsa County] and 8 [OK county].

**Type of Field:** Select box                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** All ambulance services transporting injured patients on a pre-hospital basis, or transferring patients from hospitals outside Regions 7 & 8, to hospitals within Regions 7 & 8, shall contact the Trauma Transfer and Referral Center (TReC) before entering the region. (310:641-3-130(d). **Enter "N/A" for canceled calls; or calls where no patient was found; or non-Trauma calls.**

- Yes
- No
- Not Applicable – N/A

### 129. TReC TRACKING NUMBER

**Definition:** The number assigned to the patient by TReC.

**Type of Field:** Text/Numeric                      **Multiple Entry:** No                      **Maximum Length of Field:** 5

**Instructions:** When you contact the TReC, the TReC personnel will assign a unique number for each patient. **Enter "N/A" for canceled calls; or calls where no patient was found; or non-Trauma calls.**

### 130. TIME TReC NOTIFIED

**Definition:** The time EMS contacted TReC.

**Type of Field:** Time                      **Multiple Entry:** No                      **Length of Field:** n/a

**Instructions:** Enter the time of day in military time. **Leave blank for canceled calls; or calls where no patient was found; or non-Trauma calls.**

## **Vehicular Incidents**

### **131. VEHICULAR INJURY INDICATORS**

**Definition:** The kind of risk factor predictors associated with the vehicle involved in the incident.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**NOTE:** *Examples of different types of vehicles include automobile, truck, ATV, boat, airplane, helicopter, motorcycle, scooter, Segway, bus, etc.*

**Instructions:** Complete only if Trauma Present (#109) is answered “Yes” and there is a vehicle involved in this incident. From the following options, select as many of the vehicular characteristics that are associated with patient’s injuries sustained in the vehicle incident. **Enter “N/A” for canceled calls; or calls where no patient was found; or all non-Trauma calls; or calls that did not involve a vehicular incident.**

- Dash Deformity                      • Fire                                      • Space Intrusion > 1 foot
- DOA, Same vehicle                  • Rollover/Roof Deformity          • Windshield Spider/Star          • Not Applicable
- Ejection                                  • Side Post Deformity                  • Steering Wheel Deformity

### **132. USE OF SAFETY EQUIPMENT**

**Definition:** Safety equipment in use by the patient at the time of the injury.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** Complete only if Trauma Present (#109) is answered “Yes” and there is a vehicle involved in this incident. From the following options, as best you can determine, select as many of the types of car safety equipment that were being used by the patient at the time of this vehicular incident. **Enter “N/A” for canceled calls; or calls where no patient was found; or all non-Trauma calls; or calls that did not involve a vehicular incident.**

- Child Restraint                      • Personal Flotation Device                  • Other (Airbag)
- Eye Protection                      • Protective Clothing                          • None
- Helmet Worn                          • Protective Non-clothing Gear              • Not Applicable – N/A
- Lap Belt                                  • Shoulder Belt

### **133. AIRBAG DEPLOYMENT**

**Definition:** Indication of Airbag deployment during the motor vehicle crash.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** Complete only if Trauma Present (#109) is answered “Yes” and there is a vehicle involved in this incident. From the following options, select as many types of airbag deployment at the time of this vehicular incident. **Enter “N/A” for canceled calls; or calls where no patient was found; or all non-Trauma calls; or calls that did not involve a vehicular incident.**

- Airbag Deployed Front              • Airbag Deployed Other (knee, airbelt, etc.)      • No Airbag Present
- Airbag Deployed Side              • Airbag Not Deployed                          • Not Applicable – N/A

### **134. PATIENT POSITION IN VEHICLE**

**Definition:** The position of the patient in the vehicle at the time of the incident

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** Complete only if Trauma Present (#109) is answered “Yes” and there is a vehicle involved in this incident. From the following options, as best you can determine, select the patient’s position in the vehicle at the time of the incident. **Enter “N/A” for canceled calls; or calls where no patient was found; or all non-Trauma calls; or calls that did not involve a vehicular incident.**

- Driver                                      • Middle                                      • Other                                      • Not Applicable – N/A
- Left (non-driver)                      • Right    • Unknown

## Destination / Disposition

### 135. TYPE OF DESTINATION

**Definition:** The type of destination the patient was delivered or transferred to.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, select the appropriate box to indicate the destination for this call. If nothing seems to fit, mark "Other." **Enter "N/A" for canceled calls; or calls where no patient was found.**

- **Home**  
Designated as a place of abode, not necessarily the patient's own residence. If you deliver a patient to a residence, mark this selection.
- **Hospital**  
A licensed facility that has as its primary purpose the delivery of medical care, including the emergency department, operating room, or labor and delivery suite of an inpatient, acute care hospital, an inpatient psychiatric facility, urgent care center, or free-standing ED.
- **Medical Office / Clinic**  
When you deliver a patient to a medical facility that is utilized primarily for non-emergent diagnoses and/or short-term treatment of patients.
- **Morgue**  
Includes transfer of a deceased patient to a funeral home, Medical Examiner's office or morgue.
- **Nursing Home**  
Delivery of a patient to a facility that has as its purpose the provision of long-term, residential care in addition to some level of non-skilled or skilled medical care (nursing homes, convalescent centers, hospices, in-patient substance abuse centers, etc.).
- **Other EMS Responder (air)**  
Mark this option when you are transferring your patient to another EMS agency for transportation by air.
- **Other EMS Responder (ground)**  
Mark this option when you are transferring your patient to another ground EMS agency for transportation.
- **Police / Jail**  
Mark this option when you are delivering your patient to a jail, police custody, law enforcement agency, prison or other type of incarceration facility.
- **Other**  
Any other type of destination not listed above.

### 136. REASON FOR CHOOSING DESTINATION

**Definition:** The reason the unit chose to deliver or transfer the patient to the destination.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, select the most appropriate box to indicate the reason this destination was chosen for this call. If nothing seems to fit, mark "Other." **Enter "N/A" for canceled calls; or calls where no patient was found.**

- |                             |                                |
|-----------------------------|--------------------------------|
| • Closest Facility          | • On-Line Medical Direction    |
| • Diversion                 | • Other                        |
| • Family Choice             | • Patient Choice               |
| • Insurance Status          | • Patient's Physician's Choice |
| • Law Enforcement Choice    | • Protocol                     |
| • Specialty Resource Center | • Not Applicable – N/A         |

### 137. EMERGENCY DEPARTMENT DISPOSITION

**Definition:** If known, the disposition of the patient from the Emergency Department (ED).

**Type of Field:** Select box      **Multiple Entry:** No      **Maximum Length of Field:** 3

**Instructions:** From the following options, select the appropriate box to indicate patient outcome from the ED for this call. **Enter “N/A” for canceled calls; or calls where no patient was found; or if not transported to ED.**

- Admitted to Hospital Floor
- Admitted to Hospital ICU
- Death
- Not Applicable – N/A
- Released
- Transferred
- Unknown / Not Available

### 138. HOSPITAL DISPOSITION

**Definition:** If known, the disposition of the patient from the hospital, if admitted.

**Type of Field:** Select box      **Multiple Entry:** No      **Length of Field:** n/a

**Instructions:** From the following options, select the appropriate box to indicate patient outcome from the hospital for this call. **Enter “N/A” for canceled calls; or calls where no patient was found; or if not admitted to the hospital.**

- Death
- Discharge
- Transfer to Other Hospital
- Transfer to Nursing Home
- Transfer to Other
- Transfer to Rehabilitation Facility
- Unknown / Not Available
- Not Applicable – N/A

### 139. TYPE OF DELAY(S): DISPATCH

**Definition:** The cause of any delays in the dispatch of the EMS unit to the EMS incident. These will occur in the dispatch center or public safety answering point (PSAP).

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** From the following options, select any delays associated with the dispatch of the EMS unit to the patient encounter. **Enter “N/A” for canceled calls; or calls where no patient was found.**

**None**

Use if the dispatch of the EMS unit was not delayed.

**Caller Uncooperative**

Caller uncooperative, i.e. does not answer questions.

**High Call Volume**

High call volume in the dispatch center caused delayed notification of the EMS unit.

**Language Barrier**

Difficulty communicating with the caller because of language problems.

**Location (Inability to Obtain)**

Inability to determine where to dispatch the EMS unit.

**No Units Available**

Lack of available EMS units.

**Safety Conditions (Scene Not Secure for EMS)**

Notification of the EMS unit was delayed in dispatch because the scene was unsafe

**Technical Failure (Computer, Phone, etc.)**

Failure of phones, computers, radios, or other technical failure.

**Other**

Dispatch was delayed for reasons not listed here.

### 140. TYPE OF DELAY(S): RESPONSE

**Definition:** The response delays, if any, of the unit associated with the patient encounter

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** From the following options, select any delays associated with the response of the EMS unit to the scene of the EMS incident. the dispatch of the EMS unit to the patient encounter. **Enter “N/A” for canceled calls; or calls where no patient was found.**

- **None**  
Use if the arrival of the EMS unit at the scene was not delayed.
- **Crowd**  
Crowds.
- **Directions**  
Bad or inadequate directions, or if the unit got lost en route.
- **Distance**  
A long distance to the scene from the unit's location when dispatched.
- **Diversion**  
Diversion of the initially dispatched unit to another incident.
- **HazMat**  
Hazardous Material danger
- **Safety Conditions**  
Scene safety issues not related to crowds or HazMat.
- **Staff Delay**  
Issues arising with crew members ability to respond.
- **Traffic**  
Heavy traffic
- **Vehicle Crash**  
EMS unit was involved in a crash.
- **Vehicle Failure**  
EMS unit mechanical reasons (i.e., ambulance did not start, flat tire, etc.)
- **Weather**  
Bad weather.
- **Other**  
Other reasons not listed here.

#### 141. TYPE OF DELAY(S): SCENE

**Definition:** The scene delays, if any, of the unit associated with the patient encounter.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** From the following options, select any delays associated with the response of the EMS unit to the scene of the EMS incident. **Enter "N/A" for canceled calls; or calls where no patient was found.**

Access to patient or total time on scene was extended because of:

- **None**  
Use this value if the total scene time was not extended.
- **Crowd**  
Crowds.
- **Directions**  
Bad or inadequate directions resulting in the crew having difficulty finding the patient.
- **Distance**  
Distance between the ambulance and the patient.
- **Diversion**  
Need to find receiving hospital not on diversion before departing the scene.
- **Extrication > 20 Min.**  
Extrication of patient that took longer than 20 minutes.
- **HazMat**  
Hazardous Material danger.
- **Language Barrier**  
Difficulty communicating with the patient or bystanders because of language problems.
- **Safety**  
Scene safety issues not related to crowds or HazMat.
- **Staff Delay**  
Total scene time issues arising with crew members.

- **Traffic**  
Traffic conditions.
- **Vehicle Crash**  
EMS unit was involved in a crash.
- **Vehicle Failure**  
EMS unit had mechanical reasons (i.e., ambulance did not start, flat tire, etc.).
- **Weather**  
Bad weather.
- **Other**  
Any other factor not described here.

#### 142. TYPE OF DELAY(S): TRANSPORT

**Definition:** The transport delays, if any, of the unit associated with the patient encounter.

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** From the following options, select any causes of delays in the transport of the patient to the destination. **Enter “N/A” for canceled calls; or calls where no patient was found.**

The EMS unit's arrival at the destination was delayed by:

- **None**  
Use if the arrival of the EMS unit at the destination was not delayed.
- **Crowd**  
Crowd.
- **Directions**  
Bad or inadequate directions, or if the unit got lost en route.
- **Distance**  
A long distance to the destination from the scene.
- **Diversion**  
Diversion of the transporting unit to a different receiving hospital.
- **HazMat**  
Hazardous Material danger.
- **Safety**  
Transport safety issues not related to crowds or HazMat.
- **Staff Delay**  
Issues arising with crew members ability to transport.
- **Traffic**  
Heavy traffic.
- **Vehicle Crash**  
EMS unit was involved in a crash.
- **Vehicle Failure**  
EMS unit mechanical reasons (i.e., ambulance did not start, flat tire, etc.).
- **Weather**  
Bad weather
- **Other**  
Other reasons not listed here.

#### 143. TYPE OF DELAY(S): RETURN TO SERVICE

**Definition:** The turn-around delays, if any, associated with the EMS unit associated with the patient encounter

**Type of Field:** Select box      **Multiple Entry:** Yes      **Length of Field:** n/a

**Instructions:** From the following options, select the causes of any delays in returning to service (“turn-around delays”) experienced by the EMS unit. **Enter “N/A” for canceled calls; or calls where no patient was found.**

Turn-around time was delayed because of:

- **None**  
There were no delays in returning to service.

- **Clean-up**  
EMS unit clean up takes longer than normal.
- **Decontamination**  
EMS unit decontamination.
- **Documentation**  
Patient care documentation takes longer than normal.
- **ED Over-crowding**  
Over-crowding in the hospital emergency department.
- **Equipment Failure**  
Equipment Failure with the exception of the EMS unit.
- **Equipment Replacement**  
Re-supply of the EMS unit takes longer than normal.
- **Staff Delay**  
Issues arising with crew members.
- **Vehicle Failure**  
EMS unit mechanical reasons (i.e., ambulance did not start, flat tire, etc.).
- **Other**  
Any other reason not listed here.

#### **144. CREW MEMBER ID NUMBER**

**Definition:** The State Certification/Licensure ID number assigned to the crew member.

**Type of Field:** Text    **Multiple Entry:** No    **Length of Field:** 5

**NOTE:** *Crew identification [license numbers] for Crew Member 1 and Crew Member 2 are required if a patient was contacted.*

**Instructions:** While it is recognized that other EMS personnel from other agencies also may participate in the care of the patient, this field is strictly for the personnel of your vehicle. If additional persons such as an observer or other licensed personnel such as Registered Nurses and Physicians participated, indicate their license level and then leave the space blank on the paper form for the license number. You will not be asked to provide any license numbers when you submit the information into the software.

#### **145. CREW MEMBER LEVEL OF SERVICE: SIGNATURE AND LEVEL OF SERVICE**

**Definition:** The functioning level of each crewmember during this EMS patient encounter.

**Type of Field:** Select box    **Multiple Entry:** No    **Length of Field:** n/a

**Instructions:** On the paper forms, fields labeled CREW MEMBER 1 ID, CREW MEMBER 2 ID, and CREW MEMBER 3 ID, are designated for crew members' ID number and signatures. Beneath the signature block are bubbles to be blackened to indicate the license level of each crew member:

- B – EMT Basic                      • P –EMT Paramedic      • Physician      • Other Healthcare Professional
- I - EMT-Intermediate      • EMR                              • Nurse              • Other Non-Healthcare Professional

#### **146. CREW MEMBER ROLE**

**Definition:** The role of each crew member during transport of this call.

**Type of Field:** Select box    **Multiple Entry:** No    **Length of Field:** n/a

- Instructions:**
- 1) Driver is defined as the driver during the time of patient transport or during the response if there was not transport required.
  - 2) Primary Patient Care Giver is defined as the individual responsible for the patient care during the transport of the patient, or if no transport, the individual responsible for the assessment and treatment of the patient on scene.
  - 3) Secondary Patient Care Giver is defined as the individual assisting the Primary Patient Care Giver.
  - 4) Third Patient Care Giver is defined as the individual assisting in the Primary and Secondary Patient Care Givers.

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For each crew member identified, please select from the following options to indicate the crew member's role:

- Primary Patient Caregiver
- Secondary Patient Caregiver
- Third Patient Caregiver
- Driver
- Other

The on-line forms do not require crewmembers' signatures. When you enter the EMT license number in the box under Crew Member (for licensed EMT's), the EMT's name and level will be automatically filled in. For Crew Members who are not EMTs, you will need to choose "Health Professionals," "Other," "EMR," or "Other Non-healthcare Professional." Continue to use "00000" as their license number.

### 147. PEDIATRIC TRAUMA: TOTAL SCORE (SUPPLEMENTAL PAGE)

**Definition:** The total Pediatric Trauma Score for patients age 12 and under.

**Type of Field:** Numeric      **Multiple Entry:** No      **Length of Field:** 2

**NOTE:** *The total GCS scores will be calculated automatically when entering data on the website.*

**Instructions:** If you contacted or transported a Trauma patient age 12 or younger, you are required to submit two sets of PTS: Initial and Final. If no patient contact was made or your patient is older than 12 years, enter "N/A" for these fields. Do not enter anything into the fields for Total Score—when you enter data on the website, the total score will be calculated automatically based on your entries into each of the following PTS components:

- **PEDIATRIC TRAUMA: WEIGHT**  
Estimate the patient's weight, in kilograms. Remember: 1 kg = 2.2 lbs.  
 >20kg (+2)       10-20kg (+1)       <10kg (-1)
- **PEDIATRIC TRAUMA: AIRWAY**  
Document the patient's airway status prior to your intervention.  
 Normal (+2)       Maintainable (+1)       Unmaintainable or Intubated (-1)
- **PEDIATRIC TRAUMA: CNS**  
Document the patient's general level of consciousness.  
 Awake (+2)       Altered Mental Status/Obtunded (+1)       Coma/Abnormal Flexion (-1)
- **PEDIATRIC TRAUMA: BP (SYSTOLIC BLOOD PRESSURE)**  
Document the patient's systolic blood pressure. If the patient refuses to allow a blood pressure reading to be obtained or if you are unable to measure the blood pressure for any other reason, select "<50 or unknown" in this field to indicate the patient refused or you were otherwise unable to obtain the blood pressure reading. The score "-1" assumes the worst-case scenario.  
 >90 or palpable pulse at wrist (+2)       90-50 or palpable pulse at groin (+1)       <50 or Unknown (-1)
- **PEDIATRIC TRAUMA: WOUNDS**  
Document the total severity of open wounds.  
 None (+2)       Minor (+1)       Major / Penetrating (-1)
- **PEDIATRIC TRAUMA: SKELETAL**  
Document the total severity of skeletal injury.  
 None (+2)       Closed Fracture (+1)       Open/Multiple Fracture (-1)