SOUTH CAROLINA DEPARTMENT
OF
HEALTH AND ENVIRONMENTAL CONTROL

EMERGENCY MEDICAL SERVICES DIVISION

2004
Instructions for Completion
DHEC FORM 1050 Rev (01/2004)
PATIENT CARE FORM
Introduction

Every time that an ambulance service responds to a call, the EMT who provides the care of the patient is required by South Carolina law to fill out and sign a Patient Care Form, DHEC Form Number 1050 formerly called the Ambulance Run Report. The instructions which follow are for filling out the printed version of the Patient Care Form. (False and canceled calls can be reported on the False/Canceled Call Form SC DHEC Form 1053. A false call is one where there is no patient at the scene or is a fictitious call. A canceled call is when the dispatcher or other emergency service notifies the responding unit they are no longer needed before they make contact with the patient.) These instructions also apply to the State of South Carolina electronic shareware software form which mirrors the printed form. The original is retained as a medical record for the patient as controlled by the State of South Carolina Physicians Record Act Section 44-115. The second copy goes to the receiving agency and the third copy sent to DHEC Emergency Medical Services Section.

Information from these forms is used for relicensing, investigation of complaints, and entered into the DHEC EMS computer database. This information is used in studies for establishing policies and procedures, developing and evaluating grants, and distributed to providers to aid in their planning and evaluation efforts. In order for the information to be accurate, it is necessary for EMT’s to make every effort to fill out the form completely, including posting times, obtaining all appropriate signatures, and ensuring the data blocks marked match the written comments. Other members of the crew assist by reviewing the form to ensure that information is complete and accurate before signing. The information in the numbered blocks is entered into the computer database. The form must be filled out with a black ink ballpoint pen, applied on a hard surface so that the third copy is legible. EMT’s should mark appropriate blocks with an “S” as check marks often stray into blocks not meant to be marked causing a data entry error.

An explanation of each section follows with a copy of the DHEC Form 1050 at the end of these directions.
Explanation of Sections

Report No. (Blocks 1-9):

This is a pre printed number to ensure a unique identification for each record.

Q.A. No.:

This space is provided for individual providers who wish to record quality assurance numbers for their in-service quality control.

TRIP No.:

This space is available for providers who wish to record individual trip numbers on each call.

PATIENT IDENTIFICATION (Blocks 10-94):

   Last Name, First Name, MI (middle initial): Name of patient being treated.

   Street and Apartment #: Patient’s home address.

   City, State and Zip code

SSN (Block 95-103): The Social Security Number of the patient.

SEX (Block 104):

Patient’s gender.

RACE (Block 105):

Patient’s race.

AGE (Block 106-109):

Enter the patient’s age in years and mark the Years block (1). If the age is under one (1) year old then use months or days as appropriate, then mark the years block: (2) for months or (3) for days to match the age unit.

DISPOSITION (Blocks 110-111):

The purpose of this section is to record what was done with the patient from the classifications of patient refused treatment, treat with no transport or various destinations after prehospital care was rendered.
The disposition of Hospital ER (Code 3) covers both hospital Emergency Room and Trauma Center. The hospitals are now designated as to what level of trauma center it is classed (none, I, II, or III). The nature of the trauma incident would determine which level of care and destination hospital would be appropriate. The EMT just needs to indicate if the disposition was to the hospital ER.

The disposition of EMS Transfer (Code 13) was added because of the changing way that care is given where the responsibility for the care of the patient is changed from one individual and/or organization to another before the final disposition of the patient takes place. The transferring individual/organization would mark the EMS transfer block, indicate to whom they transferred the patient in the receiving agency block on the form and give the second copy to the receiving individual/agency. The receiving individual/agency in completing their form would indicate an interfacility transfer in the incident section and indicate which agency from which they received the patient in the Sending Agency block.

**TYPE OF INCIDENT Trauma (Block 112) / Medical (Block 113):**

This section is used to indicate whether the incident was from a trauma or medical condition. **Only one block is to be marked in the trauma or medical type of incident section and should reflect how the call was dispatched regardless of the outcome.** Transfers of patients should be marked as interfacility with the preliminary and primary impressions indicating the patient complaint. **Trauma incidents** use Block 112 with the following codes for the cause:

1. **MVA** – Motor Vehicle Accident/Crash
2. **MC** – Motor Cycle accident
3. **BIKES** – non motorized bicycle accident
4. **PED** – Pedestrian
5. **ASSAULT** – Victim of an attack
6. **FALL** – Fall
7. **FIRE** – Fire
8. **INTERFAC** – Interfacility transfer of the patient from one ambulance service to another or from one hospital to another in order to track the patient’s movement in treatment. Outpatient, doctor’s office, or nursing home dispositions are not classed as interfacility transfers.
9. **OTHER** – Any cause not listed with notation in comments section.

**Medical incidents** use Block 113 with the following codes for the cause:

1. **ENVIRON** – Environmental Patient Complaint Signals (1-8)
2. **BEHAV** – Behavioral Patient Complaint Signals (40-45)
3. **OB/GYN** – Obstetrics/Gynecological Patient Complaint Signals including actual delivery (60-64)
4. **RESP** – Respiratory Patient Complaint Signals (70-76)
5. **CARDIAC** – Cardiac Patient Complaint Signals (80-83)
6 INTERFAC – Interfacility transfer of patient for medical reason for admission into a hospital. Outpatient, doctor’s office, or nursing home dispositions are not classed as interfacility transfers.
7 OTHER – Any other medical complaint not listed above with notation in comments section.

CALL TYPE: (Block 114):

This section is concerned with the manner in which the call was dispatched to the scene. Call Type refers to the nature of the entire call in the same manner that patients coming into an Emergency Department are classed. A nonemergent call can become urgent if the patient’s condition changes during the transport and time becomes of the essence.

“To Scene” (block 114) indicates whether the call was dispatched as emergent, or nonemergent. Emergent has the implication that the perceived condition of the patient was of such a nature that it would require immediate medical attention. Nonemergent refers to calls that are not emergent but are typically prearranged transports that are scheduled at the convenience of the service for the movement of the patient to or from a residence or medical facility.

The Code to the scene refers to the mode in which the vehicle is driven (i.e., lights and sirens) and is based upon the service’s protocol. There are no state standards.

PATIENT STATUS (Blocks 115-116):

This section focuses upon the EMT’s assessment of the patient’s condition at the scene, and from the scene. The appropriate area must be marked either Urgent, or Non Urgent when a patient is seen or transported.

“On Scene” (block 115) calls marked Urgent indicate that the EMT perceived the patient’s condition to be of a nature to require prompt medical attention or treatment on the scene. Non Urgent indicates the EMT’s perceived assessment of the patient’s condition is that medical treatment is necessary but not of immediate consequence.

“From Scene” (block 116) indicates the patient’s perceived condition after on-scene treatment and enroute to the destination. Calls marked Urgent indicate that the EMT perceived the patient’s condition to be of a sufficiently serious nature that it requires immediate treatment and transport. Non Urgent indicates the EMT’s perceived assessment of the patient’s condition is that medical treatment is necessary but not of immediate consequence. If a patient is not transported, do not mark a block in this area.

The Code from the scene refers to the mode in which the vehicle is driven (i.e., lights and sirens) from the scene and is based upon the service’s protocol. There are no state standards.

INCIDENT LOCATION (Blocks 117-118):
Enter the street address where the patient was found. If the address is the same as the previously recorded patient’s address, the section may be marked “same.” If the call is an interhospital transport, enter only the name of the hospital from which the patient originated. **Enter the two (2) digit county code for the State of South Carolina in which the incident occurred.** (County codes are listed on the back of the form 1050.)

**SAFETY EQUIPMENT (Block 124):**

This section is used when the patient’s injury is related to a motor vehicle, motorcycle, or bicycle accident. There are six choices under this section. The EMT should determine, and only mark accordingly to the best of his knowledge, if the patient was using a restraint, helmet, air bag, child seat, none or unknown.

**SITE OF INCIDENT (Block 125):**

This section records the type of location where the incident occurred.

**PRELIMINARY IMPRESSIONS (Blocks 126-137):**

This section indicates the nature of the illness/injury of the patient. This section must be completed for each patient seen. The three digit numeral to the left of the blocks corresponds to the standard patient complaint signals developed by the SC Association of EMS Directors. Thirteen signal codes are listed on the front form. Space is not available on the front of the form to list all the complaint signals, but a signal not listed on the front of the form can be added by writing the signal number in the blocks labeled “Other.” A complete list of signals is available on the back of the second and third copies of the report. Up to four blocks may be marked in this section.

**PRIMARY IMPRESSION (Blocks 138-140):**

This section **must be completed** for each patient seen. Enter in the blocks the two-digit Patient Complaint Signal code which best identifies the patient’s most life threatening condition.

**TREATMENT PROCEDURES (Blocks 141-174):**

Mark all blocks which apply to the treatment that was administered to the patient. There are 18 possible choices, including “Other.” If you use “Other,” describe the treatment given in the “Comments” section.

**HCFA CODE (Blocks 175-180):**

This is an optional section for use by the individual services to aid in the documentation for third party payers. The title for this section was changed from ICD9 as the ICD is now in it’s tenth
revisions and Health and Human Services may change to another system. This section has six spaces for entering the International Classification of Diseases, tenth Revision. This is a series of standard codes used for identification and classification of medical conditions. The U.S. Department of Health and Human Services is in the process of issuing the standards for the Negotiated Rule Committee report. The draft report calls for replacing the ICD10 with a two digit code system where up to three codes can be used. Individual services may require these codes as a higher than minimum standard. The billing group can enter or provide this code to aid in the billing process to third party payers. The code used by the sending physician can be used on interfacility transfers.

**SITE OF TRAUMA (Blocks 181-189):**

This section applied to the bodily region(s) injured due to trauma such as fractures, lacerations, burns, etc. Mark all that apply. It should not be used to describe medical emergencies such as cardiac arrests, coronary problems, poisonings, stroke, etc.

**ADVANCED PROCEDURES (Blocks 190-225):**

Mark all blocks that apply and enter requested information. Items #2-4 are provided to record up to three attempts to defibrillate, the watt-seconds used, the resulting rhythms, and times. Further attempts to defibrillate should be recorded in the “Comments” section. Items #7 Blood Drawn refers to blood drawn in vacuum tubes or equivalents and not a “stick” for a Blood Glucose Level (BGL). Items #8 and #9 IV the volume line refers to the volume infused. Previous instructions using size of bag were in error as the Medical Control Committee was intending volume infused. Item #14 IV Attempted is marked if an IV is attempted. The total number of successful and unsuccessful attempts is recorded in block 225.

For all other procedures only mark the blocks when a procedure has been successfully completed. When a procedure is attempted but is not successful, use the “Comments” section to document the attempt. If an EMT indicates on the form that a patient has been intubated, space is provided to write in the method used and size of tubing used. When advanced procedures are administered, the ordering physician must sign off in this section of the form. **A physician’s signature is required even if standing orders are used.**

**DRUGS USED (Blocks 226-241):**

Fill in this section as appropriate. (A list of authorized drugs is provided on the back of the second and third copies of the report. If other drugs are approved at a later date, administration should be documented in the “Comments” section.) More than 8 administrations should be fully documented in the “Comments” section. Multiple administration of the same drug should be recorded as separate entries.
REVISED TRAUMA SCORE (RTS) (Blocks 242-255):  

This area is designed to calculate severity score of the trauma suffered by the patient. This section must be completed for all trauma victims. The EMT is to record each of the parts of the Glasgow Coma Score (GCS): Eyes {code 1-4} in blocks #242, Verbal {code 1-5} in block #243, and Motor {code 1-6} in block #244. The parts of the GCS are added to give the Glasgow Coma Score {code 3-15} in blocks #245-246. The systolic blood pressure and the respiratory rate are recorded in their natural form not as code values in blocks #247-249. The Revised Trauma Score is completed by using the chart on the back of page 3 and is recorded in blocks #254-255 as the two (2) digit code value with a maximum value of 12.

Mark Anatomical Injury (block 253) “yes” only if the trauma patient has suffered any injury of the types listed below (typically the patient would be a trauma center candidate). This list is found on the back of the third page of the Patient Care Form.

1. All penetrating injuries to the head, neck, torso, and extremities proximal to the elbow and knee (gun shot, stab wounds).
2. Flail chest (Chest does not function correctly mechanically).
3. Combination trauma with burns.
4. Two or more proximal long-bone fractures (not simple fractures).
5. Pelvic fractures.
7. Amputation proximal to wrist and ankle.

Otherwise mark this block “no.”

EXPOSURE TO PT’s BODY FLUIDS? (Block 256):  

Indicate if any attendant of the EMS crew was exposed to any of the patient’s body fluids. Exposure is defined by the Center for Disease Control Guidelines: Percutaneous inoculation or contact with an open wound, non-intact skin, or mucous membranes to blood, blood contaminated body fluids, or concentrated virus.

1ST RESPONDER? (Block 257):  

This section is used to indicate if a First Responder was involved in the treatment of the patient. A first responder is any public service agency, i.e., police, fire, rescue, etc., EMS licensed, or none) which arrived on the scene first and started treatment of the patient. This helps in the notification process for infectious disease control situations and does not refer to exposure to body fluids above.

VITAL SIGNS  

Space is provided to record five sets of vital signs. This includes blood pressure, pulse, respiration, reaction to pupils and level of consciousness. Space is also provided to record the
time at which the vitals were taken. Any other vital signs such as temperature, response to painful stimuli, etc., should be documented in the “Comments” section.

**COMMENTS:**

This section should be used to chronologically document the call. It should be used to document observations on the scene, expand on the patient’s history and all treatment procedures performed. This section can also be used for documentation of medical necessity as needed or required by third party payers. Use a Patient Care Report Supplemental Form (DHEC 1060) if the documentation requires more space than available in the “Comments” section and check the box indicating such in the “Comments” section.

**PATIENT CARE FORM LEFT IN (Block 258):**

Indicate where the second page (yellow copy) was left.

**TIME RECORD (Blocks 259-290):**

**Run date (259-266):**
In the “Date” section, enter the date on which the call was made by month, day, and year, making certain that all blocks are marked. Enter ‘04’ in the year blocks for the year 2004.

**Times (267-290):**

There are six time categories which must be completed. Using military time, (which is based on a 24 hour clock where 0000 is midnight and 1:35 PM would be 1335) fill in each of these blocks appropriately. **At the end of the call, all blocks must be completed.** A definition of each “time” follows:

- Call Received (267-270): Time telephone/radio answered.
- Call Dispatched (271-274): Time call dispatched to unit.
- Departed Base (275-278): Time unit actually rolls.
- Arrive Scene (279-282): Time unit arrives on scene.
- Departed Scene (283-286): Time unit departs scene.
- Arrive Destination (287-290): Time patient delivered to destination.

The “Cause for Delay” line may be used if there is an unusual amount of time spent on the call.

**DHEC PERMIT # (Blocks 291-295):**

There are five blocks available in this section. Enter the permit number from the permit attached to the windshield of the ambulance in these blocks. The first 3 digits of this number identify the provider and the last two digits identify the vehicle.
If an EMT is using an ambulance on loan from another provider, he should NOT use the permit number of the borrowed ambulance. When completing the form, the first three digits should be the same as those of the provider who is making the call (not the owner of the ambulance) and the last two digits should be 99, indicating that the vehicle is borrowed.

RECEIVING AGENCY (Blocks 296-299):

This section is for recording who received the patient. Use the hospital code list for when the patient is admitted to a hospital. This four digit code list is available from the EMS Section. When a patient is transferred to another ambulance service, the code is made by putting the first three digits of the receiving vehicle’s DHEC Permit Number in blocks 296-299; for example, a transfer to Meducare-MUSC Air Ambulance would be 171.

SENDING AGENCY (Blocks 300-303):

This section is used to indicate the organization who is transferring the patient from one care giver to another care giver. The hospital code is entered from the Hospital Code List when the patient is transferred for admission from one hospital to another. The first three (3) digits from the service’s vehicle permit number is used when the transfer is between one service to another in the transport of the patient. As an example, Metro 16 making a transfer would enter 056 in blocks 300-303.

PROVIDER TIME (OPTIONAL):

This section contains optional data blocks that can be used by individual providers for any additional times or special codes they wish for their EMT’s record. This data will not be entered into EMS’s data base and this section is used only as individual providers instruct their personnel.

ATTENDANT’S SIGNATURE AND CERTIFICATE # (Blocks 304-318):

The Primary Patient Attendant must be an EMT and the person who was primarily responsible for the patient’s care. Also, the Primary Patient Attendant must be the person who actually filled out the ambulance run report form. The second Attendant/Driver and third Attendant/Driver may be another EMT or the ambulance driver. In any case, each attendant must sign their own name. Under no circumstances should this name be printed or signed by another individual for that attendant. A five-digit space is provided for the attendant’s certificate number. Basic EMT’s enter their number just as it appears on their certificate. Intermediate EMT’s enter their certificate number preceded by the numeral 9 and sufficient 0’s to form a five-digit number; for example, an intermediate number of 2347 would be entered as 92347. Advanced EMT’s (Paramedics) enter their certificate number preceded by the numeral 8 and sufficient 0’s to form a five-digit number (i.e., a paramedic number of 123 would be coded as 80123). If the second and/or third Attendant/Driver is not an EMT, enter 00000 in the blocks.
The receiving nurse or physician must sign on the line provided when the patient is delivered to a hospital. When there is a transfer of a patient to another service for transport, the primary attendant of the receiving service signs the sending service’s 1050 and keeps the yellow copy with any other documentation. In the situation of a routine nonemergent transport (i.e., to a Doctor’s office) an authorized agent for receiving party may sign.
### DHEC Patient Care Form

**Patient Identification (Please Print)**
- Name: [Redacted]
- Sex: Male
- Race: White
- Age: 32
- DOB: 01/01/1980
- SSN: [Redacted]
- City: [Redacted]
- State: [Redacted]
- Zip Code: [Redacted]
- Address: [Redacted]

**Disposition (118-111)**
- Type of Incident: Trauma
- Call Type: EMS Scene
- Incident Location: [Redacted]
- Incident Code: 126-127

**Type of Incident (116-117)**
- Trauma (116)
- Medical (117)

**Call Type (125)**
- To Scene (125-126)
- From Scene (126-127)
- Code Urgent (127-128)
- Non-Urgent (128-129)

**Patient Status (120-121)**
- URGENT
- NON-URGENT

**Primary Impression (138-140)**
- Trauma (138)
- Medical (139)
- Pharmaceutical (140)

**Primary Procedures (141-174)**
- Dressing Applied
- Oxygen Given
- ECG Monitored
- Cardiac Paced

**Treat Procedures (141-174)**
- Cardiac Massage
- Ventilator
- Intubation
- Endotracheal Intubation

**Vital Signs (200-207)**
- BP: 120/80
- RR: 16
- HR: 80

**Drugs Used (226-241)**
- Morphine
- Fentanyl
- Nitroglycerin

**Revised Trauma Score (254-255)**
- GCS: 15
- RTS: 15
- NISS: 8

**Advanced Procedures (190-223)**
- External Fixation
- Intubation
- CPR

**Disposing of BT's Body (112-113)**
- Disposing of Body
- Body in Hospital

**Comments (Include Chief Complaints, Observations at Scene, Response to Stimulation)**
- [Redacted]

**Patient Care Form Left In (258):**
- ED
- ICU
- OTHER

**Time Record (271-274)**
- Time of Return: 09:00
- Time of Departure: 09:30

**DHEC Permit No. (291-295)**
- Primary Patient Attendant
- Additional Patient Attendant

**Attendant's Signature & Certification No. (304)**
- [Redacted]

**Receiving Agency (286-290)**
- [Redacted]

**Sending Agency (300-303)**
- [Redacted]

**Provider Ref (Optional)**
- [Redacted]

**REPORT NO. (1-9)**
- 9999999
PATIENT COMPLAINT SIGNALS

Type of Incident

TRAVEL
1. Abrasion/Contusion
2. Abrasion
3. Laceration
4. Puncture/Star
5. Gunshot Wound
6. Burn
7. Hemorrhage
8. Electrocution
9. Chest Injury
10. Crush Injury
11. Amputation
12. Dislocation
13. Find of Bone
14. Multitrauma/Shock
15. PATIENT TRAPPED
16. Eye Injury
17. Animal Bite
18. Snake Bite

CARDIAC/STROKE
19. Coronary Problem
20. Congestive Heart Failure
21. Hypertension
22. Cardiac Arrest
23. CVA/TIA/Stroke
24. Cardiac/Stroke

VITAL SIGNS

EYE/OPENING:
1. EPSTONANEOUS
2. TO VOICE
3. TO PAIN
4. NONE

VERBAL:
1. ORIENTED
2. CONFUSED
3. INAPPROPRIATE WORDS
4. INCOMPREHENSIBLE

LEVEL OF CONSC.
1. ALERT
2. UNRESP.
3. DIALYSIS
4. COMATOSE

LEVEL OF CONSC.
1. ALERT
2. UNRESP.
3. DIALYSIS
4. COMATOSE

MOTOR:
1. OBEYS COMMANDS
2. WITHDRAW
3. FLEXION
4. EXTENSION

OTHERS:
1. SEDATION
2. DIABETIC REACTION
3. Insulin Shock
4. Poisoning
5. Coma
6. Unconscious
7. Dead on Arrival
8. Trans
9. Vomiting
10. GI Problems
11. Unknown Complaint
12. Transport for Exam
13. No Transport
14. Canceled Call
15. False Call
16. Sexual Assault
17. Cold/Freeze
18. Headache
19. Weakness/Dizziness
20. Pain
21. Cancer
22. Dialysis
23. Medical Device Failure
24. Post Operative
25. Localized Pain
26. Nonemergency Transport
27. Transport for Exam
28. Unknown Complaint

GLASSAG

EYE/OPENING:
1.組 EPSTONANEOUS
2. TO VOICE
3. TO PAIN
4. NONE

VERBAL:
1. ORIENTED
2. CONFUSED
3. INAPPROPRIATE WORDS
4. INCOMPREHENSIBLE

LEVEL OF CONSC.
1. ALERT
2. UNRESP.
3. DIALYSIS
4. COMATOSE

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