D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health
And Environmental Control

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 data base. 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 t ensure that information is complete and accurate before signing. The information in the numbered blocks is entered into the computer data base. **The form must be filled out with a black ink ball point 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.

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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 fro 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** – **M**otor **V**ehicle **A**ccident/Crash
2 **MC** – **M**otor **C**ycle 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 consequences.

"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):

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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

revision 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.

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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 if 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.*
> 6. *Limb paralysis.*
> 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.

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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 bocks 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.

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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

Q.A. NO.

TRIP NO.

PATIENT IDENTIFICATION (Please Print)

LAST NAME (10–29) FIRST NAME (30–45) MI (46)

STREET (47–71) APT. #

CITY (72–87) STATE (88–89) ZIP CODE (90–94)

SSN (95-103)

SEX (104) | RACE (105) | AGE (106–109)

SEX (104)
- 1 ☐ Male
- 2 ☐ Female
- 3 ☐ Undetermined

RACE (105)
- 1 ☐ White
- 2 ☐ Black
- 3 ☐ Am. Indian
- 4 ☐ Hispanic
- 5 ☐ Asian
- 6 ☐ Other

AGE (106–109)
CHECK ONE
- 1 ☐ YRS.
- 2 ☐ MOS.
- 3 ☐ DAYS

DISPOSITION (110–111)
- 01 ☐ TREAT/NO TRANS.
- 02 ☐ DOA AT SCENE
- 03 ☐ HOSPITAL ER
- 04 ☐ HOSP. DIR. ADMIT.
- 06 ☐ PATIENT'S HOME
- 07 ☐ NURSING HOME
- 08 ☐ DR.'S OFFICE
- 09 ☐ OUTPATIENT
- 10 ☐ PT. REFUSED TREAT.
- 13 ☐ EMS TRANSFER

TYPE OF INCIDENT

TRAUMA (112)
- 1 ☐ MVA
- 2 ☐ MC
- 3 ☐ BIKES
- 4 ☐ PED
- 5 ☐ ASSAULT
- 6 ☐ FALL
- 7 ☐ FIRE
- 8 ☐ INTERFAC
- 9 ☐ OTHER

MEDICAL (113)
- 1 ☐ ENVIRON
- 2 ☐ BEHAV
- 3 ☐ OB/GYN
- 4 ☐ RESP
- 5 ☐ CARDIAC
- 6 ☐ INTERFAC
- 7 ☐ OTHER

CALL TYPE
- 1 ☐ EMERGENT
- 2 ☐ NONEMERGENT
CODE

PATIENT STATUS

TO SCENE (114) CODE

ON SCENE (115)
- 1 ☐ URGENT
- 2 ☐ NON URGENT

FROM SCENE (116)
- 1 ☐ URGENT
- 2 ☐ NON URGENT

INCIDENT LOCATION

ST. OR HWY. NAME OR NO.

CITY

County (117-118) Zip Code (119-123)

SAFETY EQP (124)
- 1 ☐ Seatbelts
- 2 ☐ Helmets
- 3 ☐ Airbags
- 4 ☐ Child Seat
- 5 ☐ None
- 6 ☐ Unkn.

SITE OF INCIDENT (125)
- 1 ☐ ROADWAY
- 2 ☐ RESIDENCE
- 3 ☐ INDUSTRIAL
- 4 ☐ RECREATIONAL
- 5 ☐ AGRICULTURAL
- 6 ☐ OTHER

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126–137)
- 003 ☐ Seizure
- 004 ☐ Diabetic
- 011 ☐ Abrasion/Contusions
- 013 ☐ Laceration
- 023 ☐ Fracture
- 024 ☐ Multitrauma/Shock
- 030 ☐ Head Injury
- 032 ☐ Spinal Injury
- 084 ☐ Stroke
- 051 ☐ G.I. Problems
- 074 ☐ Respiratory Distress
- 080 ☐ Coronary Problems
- 083 ☐ Cardiac Arrest

Other ___ Other ___

PRIMARY IMPRESSION (138–140)

TREATMENT PROCEDURES (141–174)
- 01 ☐ Dressing Applied
- 02 ☐ Limb Splinted
- 03 ☐ Spine Immobilized
- 04 ☐ Neck Immobilized
- 05 ☐ OB Assistance
- 06 ☐ Oral Airway Used
- 07 ☐ Oxygen Given
- 08 ☐ Suction Used
- 09 ☐ Antishock Trousers
- 10 ☐ Airway Maintained
- 11 ☐ Antishock Treatment
- 12 ☐ Artificial Resp.
- 13 ☐ Cardiac Massage
- 14 ☐ Bleeding Controlled
- 15 ☐ Cold Application
- 16 ☐ Patient Restrained
- 17 ☐ Other (Use Comments)
- 18 ☐ Ventilator

HCFA CODES (175–180)

SITE OF TRAUMA (181–189)
- 1 ☐ Head
- 2 ☐ Face
- 3 ☐ Neck
- 4 ☐ Chest
- 5 ☐ Abdomen
- 6 ☐ Hip/Pelvis
- 7 ☐ Upper Extr.
- 8 ☐ Lower Extr.
- 9 ☐ Back

ADVANCED PROCEDURES (190–223)

1. ☐ EKG Monitored Rhythm ___ Time ___
2. ☐ First Defib Attempted Watt Sec. ___ Time ___
   Post Defib Rhythm ___
3. ☐ Second Defib Attempted Watt Sec. ___ Time ___
   Post Defib Rhythm ___
4. ☐ Third Defib Attempted Watt Sec. ___ Time ___
   Post Defib Rhythm ___

INTUBATED 5. ☐ ET Size ___ Total # Attempts ___ (224)
15 ☐ RSI 16 ☐ LMA 17 ☐ Crico
6. ☐ EXTERNAL PACING
7. ☐ BLOOD DRAWN DEXTROSE BGL ___
8. ☐ IV STARTED/GAUGE ___ SOLUTION ___
   RATE ___ IV TIME ___ IV VOLUME ___
9. ☐ IV STARTED/GAUGE ___ SOLUTION ___
   RATE ___ IV TIME ___ IV VOLUME ___
14. ☐ IV ATTEMPTED Total # ___ (225)
10. ☐ PLEURAL DECOMPRESSION Time ___
11. ☐ INTRAOSSEOUS INF. ___
12. ☐ AUTOMATIC DEFIB
13. ☐ PATIENT ASSISTED MEDS. ___

Ordering Physician ___ (Name) ___ (Signature)

DRUGS USED (226–241)

DRUG	DOSE	TIME	DRUG	DOSE	TIME

REVISED TRAUMA SCORE

GCS: (242) EYES ___ (247–249) SBP ___ RTS (254–255)
(243) VERBAL ___ (250–252) RR ___
(244) MOTOR ___
(245–246) GLASGOW ___ (253) ANATOMICAL INJ. 1 ☐ YES 2 ☐ NO

VITAL SIGNS

BP	PULSE		RESPIRATONS		PUPIL	LEVEL OF CONSC.	TIME
/	RATE	☐ REG. ☐ IRREG.	RATE	☐ REG. ☐ IRREG.			
/		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.	E U	A	
/		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.	N C	V	
/		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.	D	P U	
/		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.			

EXPOSURE TO PT's BODY FLUIDS? (256) 1. ☐ YES 2. ☐ NO

1st Responder (257) 1. ☐ YES Name ___ 2. ☐ NO

COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)

Patient Care Form Left In (258): 1. ☐ ED 2. ☐ ICU 3. ☐ OTHER ___ ☐ See Page 2

TIME RECORD

RUN DATE (259–266) MONTH ___ DAY ___ YEAR ___

Call Received: (267–270)
Call Dispatched: (271–274)
Departed Base: (275–278)
Arrive Scene: (279–282)
Departed Scene: (283–286)
Arrive Destination: (287–290)

CAUSE OF DELAY ___

DHEC PERMIT NO. (291–295)

RECEIVING AGENCY (296–299)

SENDING AGENCY (300–303)

PROVIDER TIME (OPTIONAL)

ATTENDANT'S SIGNATURE & CERTIFICATION NO.

PRIMARY PATIENT ATTENDANT (304–308)

2ND ATTENDANT/DRIVER (309–313)

3RD ATTENDANT/DRIVER (314–318)

(RECEIVING NURSE OR PHYSICIAN)

DHEC 1050 REV. (01/2004)

REPORT NO. (1-9) **9999999**

PATIENT COMPLAINT SIGNALS
Type of Incident

TRAUMA
011 ABRASION/CONTUSION
012 AVULSION
013 LACERATION
014 PUNCTURE/STAB
015 GUNSHOT WOUND
016 BURN
017 HEMORRHAGE
018 ELECTROCUTION
019 CHEST INJURY
020 CRUSHING
021 AMPUTATION
022 DISLOCATION
023 FRACTURE
024 MULTITRAUMA/SHOCK
025 PATIENT TRAPPED
026 EYE INJURY
029 SPRAIN/STRAIN
030 HEAD INJURY
031 PARALYSIS
032 SPINAL INJURY
037 ANIMAL BITE
038 SNAKE BITE

CARDIAC/STROKE
080 CORONARY PROBLEM
081 CONGESTIVE HEART FAILURE
082 HYPERTENSION
083 CARDIAC ARREST
084 CVA/TIA/STROKE
085 HYPOTENSION
086 CHEST PAIN

RESPIRATORY
070 APNEA
071 AIRWAY OBSTRUCTION/CHOKING
072 HYPERVENTILATION
073 PULMONARY EDEMA
074 RESPIRATORY DISTRESS
075 ANAPHYLACTIC/TOXIN SHOCK
076 NEAR DROWNING

ENVIRONMENTAL
001 HEAT EXHAUSTION
002 HEAT STROKE
101 COLD EXPOSURE/HYPOTHERMIA

BEHAVIORAL
040 HYSTERIA
041 FAINTING
043 PSYCHIATRIC/BEHAVIORAL
044 OVERDOSE
045 IMPAIRMENT SIMILAR TO ALCOHOL
046 ALTERED MENTAL STATUS

OB/GYN
060 OB PRENATAL
061 OB POSTNATAL
062 OB EMERGENCY
063 OB ABORTION
064 GYN PROBLEM
065 OB DELIVERY

OTHER
003 SEIZURE
004 DIABETIC REACTION
005 INSULIN SHOCK
006 POISONING
007 COMMUNICABLE DISEASE
008 UNCONSCIOUS
009 DEAD ON ARRIVAL-NO TRANS.
010 DEAD ON ARRIVAL- TRANS.
050 VOMITING
051 G.I. PROBLEMS
052 G.U. PROBLEMS
090 UNKNOWN COMPLAINT
091 TRANSPORT FOR EXAM
092 NONEMERGENCY TRANSPORT
093 NO TRANSPORT
094 CANCELLED CALL
095 FALSE CALL
102 SEXUAL ASSAULT
103 COLD/FLU
104 HEADACHE
105 WEAKNESS/DIZZNESS
106 PAIN
107 CANCER
108 DIALYSIS
109 MEDICAL DEVICE FAILURE
110 POST OPERATIVE COMPLICATIONS
111 BED CONFINED
112 ALS MONITORING REQUIRED
113 BLS MONITORING REQUIRED
114 SPECIALTY CARE MONITORING

CORE DRUGS

28 Activated Charcoal USP
29 Adenosine
31 Albuterol
43 Amiodarone
37 Ativan
04 Atropine Sulfate
83 Atrovent
34 Calcium Gluconate
15 Dextrose 50%
10 Diazepam
08 Diphenhydramine
24 Dopamine HCL
03 Epinephrine IV
02 Epinephrine SQ
06 Furosemide
30 Glucagon USP
05 Lidocaine HCL
45 Magnesium Sulfate
22 Morphine Sulfate
11 Naloxone
13 Nitroglycerin Spray
14 Nitroglycerin Sublingual
25 Procainamide HCL
42 Racemic Epinephrine
01 Sodium Bicarbonate
27 Syrup of Ipecac
26 Terbutaline Sulfate SQ
35 Thiamine
46 Vasopressin
84 Xopenex

SPECIAL PURPOSE / LOCAL OPTION DRUGS

44 Acetaminophen
36 Aspirin
38 Diltiazem
69 Dobutamine
39 Flumazenil
09 Heparin Lock Flush
40 Ibuprofen
41 Labetalol
19 Nalbuphine HCL
16 Nitrous Oxide
23 Oxytocin
68 Promethazine
33 Proparacaine HCL

Toxicology
71 Amyl Nitrite
77 Calcium Gluconate (tox)
72 Methylene Blue
73 Pralidoxime Chloride (2-PAM)
74 Propranolol (Inderal)
82 Pyridoxine HCL
75 Sodium Nitrite
76 Sodium Thiosulfate

Rapid Seq Intubation
81 Etomidate
78 Midazolam HC (Versed)
79 Succinylcholine (Anectine)
80 Vecuronium Bromide (Norcuron)

GLASGOW

EYE OPENING:		VERBAL:		MOTOR:	
SPONTANEOUS	4	ORIENTED	5	OBEYS COMMANDS	6
TO VOICE	3	CONFUSED	4	LOCALIZES PAIN	5
TO PAIN	2	INAPPROPRIATE WORDS	3	WITHDRAW (Pain)	4
NONE	1	INCOMPREHENSIBLE	2	FLEXION (Pain)	3
		NONE	1	EXTENSION (Pain)	2
				NONE	1

LIST OF CODE NUMBERS OF S.C. COUNTIES

01	Abbeville	24	Greenwood
02	Aiken	25	Hampton
03	Allendale	26	Horry
04	Anderson	27	Jasper
05	Bamberg	28	Kershaw
06	Barnwell	29	Lancaster
07	Beaufort	30	Laurens
08	Berkeley	31	Lee
09	Calhoun	32	Lexington
10	Charleston	33	McCormick
11	Cherokee	34	Marion
12	Chester	35	Marlboro
13	Chesterfield	36	Newberry
14	Clarendon	37	Oconee
15	Colleton	38	Orangeburg
16	Darlington	39	Pickens
17	Dillon	40	Richland
18	Dorchester	41	Saluda
19	Edgefield	42	Spartanburg
20	Fairfield	43	Sumter
21	Florence	44	Union

REVISED TRAUMA SCORE

GLASGOW COMA SCORE	SYSTOLIC BP	RESPIRATORY RATE	CODE VALUE
13–15	>89	10–29	4
9–12	76–89	>29	3
6–8	50–75	6–9	2
4–5	1–49	1–5	1
3	0	0	0

SELECTED ANATOMICAL INJURIES
1. ALL PENETRATING INJURIES TO HEAD, NECK, TORSO AND EXTREMITIES PROXIMAL TO ELBOW AND KNEE.
2. FLAIL CHEST.
3. COMBINATION TRAUMA WITH BURNS.
4. TWO OR MORE PROXIMAL LONG BONE FRACTURES.
5. PELVIC FRACTURES.
6. LIMB PARALYSIS.
7. AMPUTATION PROXIMAL TO WRIST AND ANKLE.

VITAL SIGNS

PUPILS
E = EQUAL
U = UNEQUAL
N = NO RESP.
C = CONSTR.
D = DILATED

LEVEL OF CONSC.
A = ALERT
V = VERBAL ST.
P = PAINFUL ST.
U = UNRESP.