

PERF

5/8 Glue & Crimp

PERF

FIRE DEPARTMENT EMERGENCY MEDICAL SERVICES REPORT FORM

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

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

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

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

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

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

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

VITAL SIGNS, TIME, B/P, PULSE, RR, TM#, EKG, DRUGS/DEFIB/EKG, TIME, DRUG/DEFIB, AMT/Rate, VIA, N, TM#

AIRWAY, TM#, TM#, TM#, SUCCESS?, ETT Attempts, COMBI Attempts, CO2 detector, ETT size, O2 saturation, Existing Trach, Breath Sounds PRESENT after Advanced Airway, Airway comments/complications: SEE BACK OF FORM, CARDIAC ARREST, DNR, TM#, Witnessed by: Citizen, EMS, CPR done by: Citizen, EMS, Min. to CPR, Puses t CPR, Puses r CPR, TIME, Resuscitation D/C'd, TIME, VALIUM, MORPHINE, Given, Wasted, WITNESS SIG: HR, RR, GCS, EKG, IV FLUID TOTAL, TM#

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

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

**ASSESSMENT OF PATIENT:**

- Oriented x 4?  YES  NO
Altered LOC?  NO  YES
Head Injury?  NO  YES
ETOH/drug ingestion? (by exam or history)  NO  YES

INCIDENT NUMBER

Grid for incident number

REASON FOR REFUSAL:

INFORMATION GIVEN TO PATIENT:

- MEDICAL TREATMENT/EVALUATION NECESSARY  YES  NO
Failure to accept could result in further harm or death  YES  NO
TRANSPORTATION VIA AMBULANCE NECESSARY  YES  NO
Failure to accept could result in further harm or death  YES  NO
PATIENT UNDERSTANDS POTENTIAL CONSEQUENCES  YES  NO
Interpreter used:  YES (name) \_\_\_\_\_  NO  Not Needed
Patient signed release form  YES  NO
RECONTACT 911 if necessary or pt. reconsiders need for treatment/transport  YES  NO

DISPOSITION:

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

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

PATIENT SIGNATURE: \_\_\_\_\_ Relationship/Agency: \_\_\_\_\_
(Or NAME of Officer/other) (To other/of Officer)

WITNESS signature: \_\_\_\_\_ Relationship/Agency: \_\_\_\_\_

ADVANCED AIRWAY INFORMATION (if applicable)

TO BE COMPLETED BY PARAMEDIC:

COMPLICATIONS/COMMENTS:

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

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

IN PLACE ON ARRIVAL:

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

FINDINGS/PROBLEMS:

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

PLACEMENT:

- TRACHEA  ESOPHAGUS
 Mainstem Bronchus  Pharynx/hypopharynx

METHOD USED TO DETERMINE PLACEMENT:

- Direct visualization
 X-ray
 Auscultation/Observation of chest

ED MD or RN signature

Verifying physician's name (PLEASE PRINT)

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

Signature

Reason if Unable to Sign

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REASSESSMENT/TRANSFER OF CARE VITALS, #1 SIG., #2 SIG., REV. CAPT. INITIALS

RECEIVING FACILITY

# CODES

## RECEIVING FACILITIES *(Base Hospitals in Bold)*

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

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

## MEDICATIONS

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

## MEDICATION ROUTES

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

## IV RATE

FC Fluid Challenge  
 TKO To Keep Open  
 WO Wide Open

## IV CODES *(Document as Medication)*

NS Normal Saline  
 SL Saline Lock  
 IVU Unobtainable

## UNIT CODES

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

## AMBULANCE CODES

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

## HELICOPTER CODES

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

## CONTACT CODES

CNA Contact Not Attempted  
 CFP Comm. Failure Protocol

## ETHNICITY CODES

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

## DEFIBRILLATOR CODES

CAR Cardioversion  
 DEF Defibrillation

## EKG CODES

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

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

## NORMAL PEDIATRIC VITAL SIGNS

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

### MODIFIED GCS

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

### PEDIATRIC DESTINATION

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

## TRAUMA CENTERS AND PEDIATRIC CRITICAL CARE CENTERS (PCCCs)

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



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

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

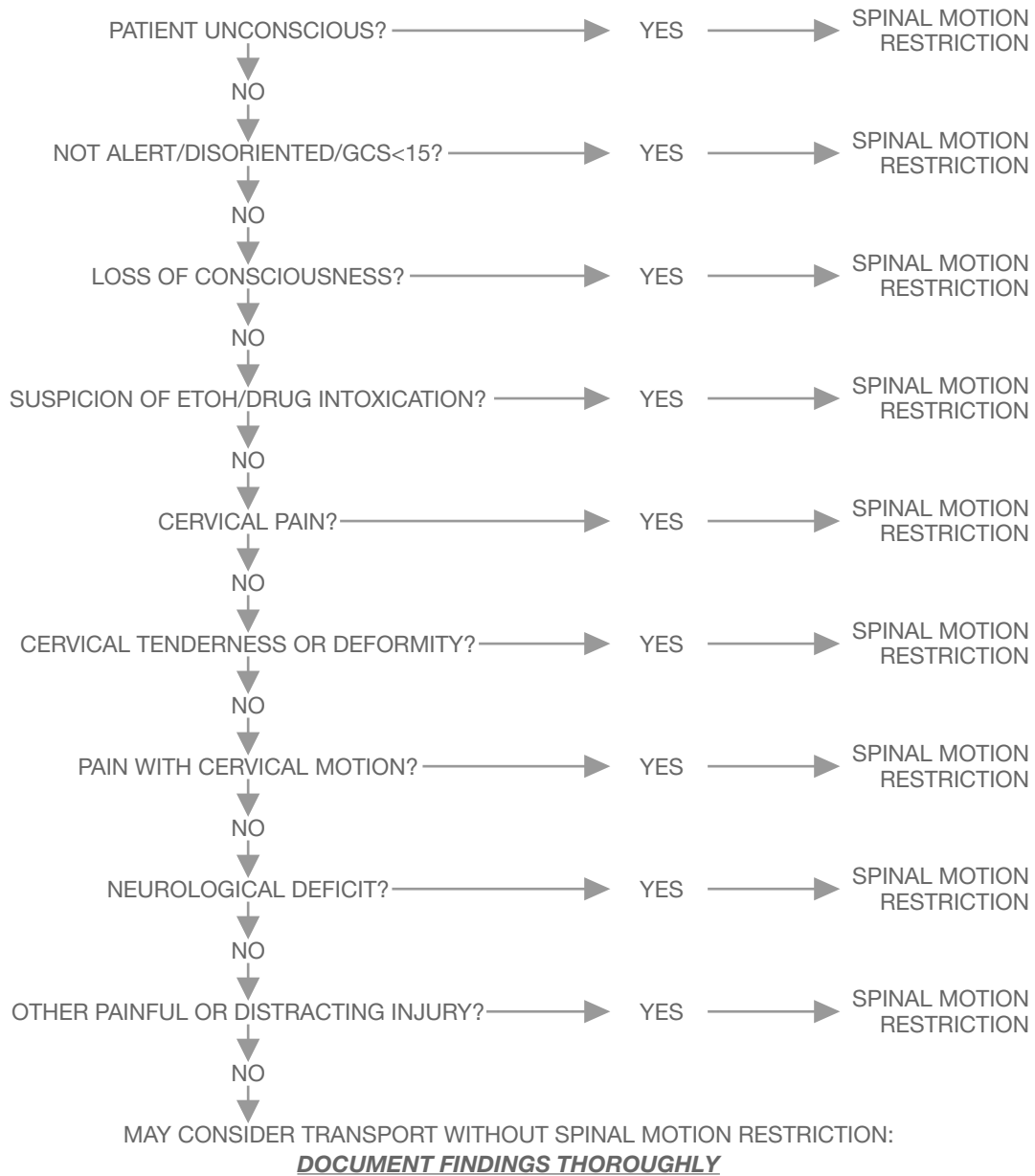
COMPLAINTS, No Apparent Injury, AMbulatory @ Scene, BUrns/Elec. Shock, Spinal Cord Injury, B P, Minor Lacerations, Head, Facial/Dental, Neck, Back, Chest, Flail Chest, Between Midclavic, Tension Pneumo, Traumatic Arrest, Abdomen, Diffuse Abd. Tend, Genital/Buttocks, Extremities, FRactures, Amputations,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

FINDINGS/TREATMENT, PUPILS, PERL, Pinpoint, Fixed & Dilated, Unequal, LOC, ALERT, Oriented x 4, 3, 2, 1, Not Alert, Combative, Normal for Patient, RESPIRATION, Wheezes, CLEAR, Unequal, Apnea, Other: TIDAL VOLUME: Normal, up, down, SKIN SIGNS, NORMAL, Pale, Cap refill, Cool/Cold, Diaphoretic, Cyanotic, Hot, Flushed, Jaundiced, BLS PROCEDURES, AED, ANALYZ, DEFIB, Airway, ORAL, NASAL, Bk blows/thrust, BVM, Childbirth, Dressings, O2, NC, MASK, Restraints, Spinal Restrict., Normal neuro exam: Before?, Yes, No\*, After?, Yes, No\*, Splint: TRACTION, Suction, ALS PROCEDURES, Blood glucose, Foreign body removal, IV gauge, Needle cricothyrotomy, Needle thoracostomy, Vagal maneuver, 12 Lead, OTHER: ALS, BLS

VITAL SIGNS, TIME, B/P, PULSE, RR, TM#, EKG, TIME, DRUGS/DEFIB/EKG, TIME, DRUG/DEFIB, AMT/Rate, VIA, N, TM#, AIRWAY, TM#, TM#, TM#, SUCCESS?, ETT Attempts: Yes, No, COMBI Attempts: Yes, No, CO2 detector: Yel, Tan, Pur, ETT size mm, O2 saturation %, Existing Trach, BREATH SOUNDS PRESENT after Advanced Airway, Airway comments/complications: SEE BACK OF FORM, CARDIAC ARREST, DNR, TM#, Witnessed by: Citizen, EMS, CPR done by: Citizen, EMS, Min. to CPR, Pulses restored, TIME, Resuscitation D/C'd, TIME, VALIUM, MORPHINE, Given: mg, Wasted: mg, WITNESS SIG: PG 2

REASSESSMENT/TRANSFER OF CARE VITALS, PROV, UNIT, TRANSFER TIME, B/P, HR, RR, GCS, EKG, IV FLUID TOTAL, TM#, #1 SIG., #2 SIG., REV. CAPT. INITIALS, BASE HOSPITAL

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



## TRAUMA TRIAGE/BASE CONTACT CRITERIA

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

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# MULTICASUALTY INCIDENT

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

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