



County of San Diego - Emergency Medical Services Branch

Prehospital Patient Record

(Paper Version, "Bubble Form")

Form: *HHSA: EMS 073 (July 10/11)*

Instruction Manual

Version 1

**County of San Diego
Emergency Medical Services**

6255 Mission Gorge Road
San Diego, CA 92120

(619) 285-6429
(619) 285-6531 fax

Table of Contents

<i>Introduction & Why do we do this? & Definitions.....</i>	3-4
<i>When to Complete a Prehospital Form & How.....</i>	5-6
<i>EMS, Hospital, & Agency Copies.....</i>	6
<i>Detailed Instructions – EMS Copy, Page 1 of 2</i>	7-21
<i>Mandatory Fields, Agency Number, & TR Unit.....</i>	7
<i>FR Unit, Crew1/Crew2 & First Resp,</i>	8
<i>Intern, QCS # & Type of Service Requested</i>	9
<i>Age, Date of Birth, Weight & Gender.....</i>	10
<i>Pediatric Only</i>	11
<i>Race/Ethnicity, Patients at Scene, Status & Annex D/MCI.....</i>	12
<i>Contributing Factors, Vitals Time & Coma Scale.....</i>	13
<i>Coma Scale, Initial Vital Signs, Incident & Provider Impression.....</i>	14
<i>Provider Impression, Other Barriers to Patient Care, Suspected ETOH/Drug Use, Incident Location & IV Insertion.....</i>	15
<i>Research Protocol, ET Intubation & ETCO₂</i>	16
<i>Cause/Mechanism of Injury.....</i>	16-19
<i>Type of Injury, Anatomical Location, Position In Vehicle, & Work Related.....</i>	20
<i>Intent of Injury.....</i>	21
<i>Detailed Instructions – EMS Copy, Page 2 of 2.....</i>	22-30
<i>Procedure/Skills & Protective Devices/Safety Factors.....</i>	22-24
<i>EKG/Cardiac Rhythm & Ectopy.....</i>	24-25
<i>Medications & Reason for Choosing Destination.....</i>	25
<i>Dispatch #, Run Code & Transport Code.....</i>	26
<i>Outcome.....</i>	27-28
<i>CEMSIS Incident/Patient Disposition Times & Hospital.....</i>	28-30
<i>Types of Destinations.....</i>	30
<i>Instructions for Back & Narrative Sections.....</i>	30-31

Introduction

This instruction booklet is intended to assist you in identifying how to correctly and accurately record patient data on the paper version (the bubble form) of the County's prehospital patient record (PPR).

National medical and prehospital organizations have identified the need to standardize prehospital data. National Association of state EMS directors and NHTSA created National Emergency Medical Services Information System (NEMSIS). The state of California Emergency Medical Services Authority developed the California Emergency Medical Services Information System (CEMSIS), a comprehensive data collection system that is compatible with the national standards.

In order to meet the state CEMSIS requirements the FY1011 bubble form has been **extensively modified**. **There are four (4) pages to the form, two bubble sheets that will need to be returned to EMS**. Much care and effort was taken to make this transition as easy as possible, however there will be a learning curve for all.

All applicable fields are mandatory.

Changes:

The most obvious change to the bubble form is that the bubble form has more sheets. It is composed of a set of 4 pages. The top 2 pages of the form (pages with the bubbles) are to be completed by the end of your shift and returned to EMS by your agency. If you flip the form set over, you will see the narrative pages. This narrative page is a duplicate form. Your agency will retain the original for its records.

- Changed bubble-form color from **Purple** to **Burnt Orange**
- CHIEF COMPLAINT is now the PROVIDER IMPRESSION.

Note: Changes and additions have been made to a number of sections within this document. It is recommended that you review all sections of this manual carefully.

You are the most important link in the San Diego County prehospital care system. Accurate and complete documentation of the care and services you provide is vital to the patient, the agency providing care, the hospital caring for the patient, and Emergency Medical Services (EMS). It is our hope that this booklet will answer basic questions regarding proper documentation and will assist in providing better information for the prehospital care system in San Diego County.

If there are still questions regarding the prehospital form after reading the booklet, please contact your employer or EMS so that these can be clarified and be included in future editions of this manual.

Why do we do this???

The San Diego County EMS system is large. Each year, EMS providers in the system respond to over 250,000 calls for medical aid.

State regulations require that each EMS system collect and evaluate certain data on their system activities. **Prehospital provider agencies** need data to evaluate the quality of care provided, areas served, response times and equipment utilization. Accurate information can justify increases in staffing or equipment. **Medical personnel** need to document prehospital activities that have occurred, and how the patient responded to these interventions. **You** need to ensure that accurate records have been maintained on your actions in the field in the event you are ever called to describe what happened. And, most important, **the patient** needs to know that a comprehensive record has been maintained of all his/her injuries, symptoms, treatments, and interventions so that his/her medical record is complete.

The County currently uses two methods to capture the necessary information for documenting patient care on the Prehospital Patient Record (PPR); via the optically scanned paper "bubble form" and via the electronic form on the County's computerized QANet Collector System – QCS (formerly known as the Quality Assurance Network-QANet). The two data collection systems complement each other, each gathering the same data points. Additionally, paper PPR is the backup means of data collection for field personnel when the QCS may be inoperative, or when you are otherwise unable to complete documentation on the computer. In either case, it is important that each patient record be completed correctly and a copy delivered with the patient to the receiving facility.

Definitions

ALS, BLS, and CCT Units

An **ALS** (Advanced Life Support) unit is an emergency unit staffed with at least one Paramedic (ambulance or fire engine), which has been dispatched to provide emergency medical aid.

A **BLS** (Basic Life Support) unit is an emergency unit staffed with at least two EMT-Basic's.

A **CCT** (Critical Care Transport) unit is a ground or air medical unit staffed with at least one registered nurse or physician and two certified or licensed patient care attendants, providing non-911 patient care and transport services while utilizing personnel, equipment and medication that provides a higher level of care than that of an ambulance staffed by EMTs or paramedics alone.

TR Unit and FR Unit

TR (Transporting) Unit – a transporting unit responsible for transporting patient from incident location or rendezvous point to destination.

FR (ALS First Responder) Unit – a non-transporting unit staffed with at least one Paramedic, which has been dispatched and is the first unit to arrive on scene to provide emergency medical aid.

Emergency Call

An **emergency call** is one in which primary response prehospital emergency personnel have been dispatched to a scene related to a reported **medical** emergency (or perceived medical emergency), generally in response to a 9-1-1 call.

Non-Emergency Call

A request for ambulance services (BLS, CCT or paramedic interfacility) in which there is no life threatening medical emergency. Generally, these requests do not originate in the 9-1-1 system.

When to Complete a Prehospital Form

ALS Personnel:

ALS personnel must (by state regulation) report data to the EMS agency whenever they respond to an emergency medical aid dispatch. This includes fire engines with paramedics aboard that are dispatched to scenes where they are expected to provide medical aid.

It is necessary for ALS personnel to report data even when the call is later canceled. Many agencies use the paper PPR for this purpose. Some agencies have arranged to provide this data to EMS directly from dispatch. Check with your EMS Coordinator to make sure you are following agency procedures for reporting calls canceled.

In situations where there may be more than one patient, one form should be utilized for each patient seen. The only exception to this is when Annex D has been activated. The County of San Diego, EMS Branch does not require personnel to complete PPR's for each patient following an Annex D. A single form documenting the incident in general terms may be used. Be sure to check with your agency for the policy regarding documentation of care for patients in an Annex-D.

BLS Personnel:

BLS personnel should complete a prehospital form any time they arrive on scene to an emergency call, or anytime they transport a patient (including interfacility transfer).

Although it is not required by the Division of EMS that BLS personnel complete a PPR on calls that are canceled en route, some agencies may require their personnel to do so.

CCT Personnel:

CCT personnel must complete a form for each patient transported.

How to Complete the PPR Form

The information recorded on the form is of two types; that which is hand written (for example your narrative and signature), and that which is "bubbled" on the form.

The two bubbled sheets of the PPR is the **bubble form** with fields that are penciled in. These both need to be returned to EMS for scanning.

The back sheets are called the **narrative pages**. The original is to be kept at your agency as a record of the care you provided, while the duplicate is to be left at the hospital to document the care you provided. This portion of the PPR is a medical-legal document. Do not submit this portion of the document to EMS.

The statistical data on the form is captured by EMS's computer system by means of an optical scanner. Only the information that is "bubbled"

is captured, as the computer cannot read your handwriting. The **scanner requires** that you utilize a **#2 lead** pencil to fill in the bubbles. Ballpoint and felt tip pens do not work!

Don't forget to darken the bubble thoroughly.

It is important for you to completely erase all mistakes and stray marks on the form. The scanner picks up stray marks on the form and attempts to read them. It will also pick up staple holes, tears, and coffee stains, especially those at the top of the form or in the margins. It is important that you do NOT write in the margins of the form.

Don't staple or tape anything to the copy of the form that goes to EMS.

Parts of the form require that you first fill in the box at the top of each column of bubbles with a single letter or number, and then fill in the correct bubbles below. This allows others to read the form and correct it if the bubbles are incorrect or illegible.

Note: Any form not properly filled out and/or containing any one of the above elements will be returned to the agency for corrections.

EMS, Hospital, and Agency Copies

The paper PPR is composed of a set of 4 pages. The top 2 pages of the form (pages with the bubbles) are to be completed by the end of your shift and returned to EMS by your agency. If you flip the form set over, you will see the narrative pages. This narrative page is a duplicate form. Your agency will retain the original for its records.

The "Hospital Copy" is intended to remain with the patient once the patient is delivered to the hospital or other destination. This document will become a part of the patient's "official" medical record, and is treated as a legal document. It is especially important that the Hospital Copy remains legible and clear, so that the rest of the medical team can know and understand what happened and what you saw during the response. It is imperative that the Hospital Copy be completed and left with the patient at the receiving facility.

Occasionally there will be instances when you may have treated a patient, but you do not personally transport the patient to a hospital (for example if you are a First Responder Unit, or if you rendezvous with another ambulance or with an air medical provider). In these instances, the Hospital Copy must be delivered to the hospital receiving the patient as soon as possible. Usually, ambulance agencies send these copies by postal service, but check with your agency to see how this is accomplished.

By the Way...

Prehospital field personnel frequently ask, "who designed this form, anyway ... and how did they decide what kinds of information we have to collect?"

Many of the fields are required by State regulation.

The data on the paper form is a subset of the data captured electronically. Since the implementation of the countywide QANet

Collector System (QCS), EMS has worked to match the data points collected within both the paper and electronic PPR's. Many of the current changes on the paper PPR reflect the most recent revisions in the QCS PPR format.

Mandatory Fields

Which fields must I complete?

The easy answer to this question is whichever fields pertain to the patient encounter. The fields indicated by the **dark heading** are fields that have been identified as data that is generated on all runs regardless of disposition, and, thus, are considered ***mandatory** fields. The scanner at County EMS will reject and return incomplete or inaccurate forms to the agency submitting them for correction.

Detailed Instructions – Field by Field EMS COPY - PAGE 1 of 2

Agency Number

AGENCY		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

All authorized prehospital agencies within the San Diego County EMS system are assigned **an agency code** for statistical purposes. Fill in the **three-digit number** (which may be found on the reverse of the form packet pages), and bubble in the appropriate bubbles. It is very important that the agency code be correctly indicated on EVERY PPR that is submitted.

Note: *If multiple agencies have responded to a single incident, each individual agency must submit a separate form for that incident.*

TR (Transporting) Unit

TR UNIT			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

The four-digit identification number for the ambulance transporting the patient on the call should be listed and bubbled in. If your unit designator has less than four digits, precede the designator with 0's (zeros) to make it four digits in length.

For example, Medic 4 would become 0004.

Note for FR Units: *If the Transporting Unit participating on the call is not from your agency, do not fill out the TR Unit section on your form. Please use the Narrative section to record this information.*

FR (First Responder) Unit

FR UNIT			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

The four-digit identifier for the ALS First Responder unit responding to the call should be listed and bubbled in. If your unit designator has less than four digits, precede the designator with 0's to make it four digits in length. For example, Medic Engine 38 might become 0038.

Note for TR Units: If an ALS First Responder Unit participating on the call is not from your agency, do not fill out the FR Unit section on your form. Please use the Narrative section to record this information.

Crew 1 (C1)/Crew 2 (C2)

CREW1 (C1)						CREW2 (C2)					
I	P	H	N	V	C	I	P	H	N	V	C
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

The name and San Diego County ID number for the personnel aboard the responding ambulance are to be listed in the next 2 sections and bubbled in. All medical aid personnel should have a County of San Diego certification/accreditation/authorization/identification number - which is preceded by the letters I, P, H, N or V. The letter/number combination shown on your card must be entered (i.e. H0204). If you do not have a County EMS number, contact your employer or the EMS Agency immediately.

Paramedics: Don't confuse your San Diego County Accreditation number with the number printed on your State License!

Note: Only ALS, BLS, CCT are required to complete both Crew 1 and Crew 2 Fields.

First Resp (FR)

FIRST RESP (FR)				
I	P	H	N	V
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

If an ALS first responder was involved in the call, the names and San Diego County identifiers must be listed and bubbled in. All medical aid personnel should have a County of San Diego certification/accreditation/authorization/identification number - which is preceded by the letters H, I, P, N or V. The letter/number combination shown on your card must be entered (i.e. H0204). If you do not have a San Diego County number, contact your employer or the EMS Agency immediately.

Paramedics: Don't confuse your San Diego County Accreditation number with the number printed on your State License!

Note: Mandatory field for ALS First Responder Units only.

Intern (INT)

INTERN (INT)				
(J)	(K)	(N)	(V)	
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

The name and San Diego County ID number for the intern aboard the responding ambulance is to be listed in this section and bubbled in. All medical aid personnel should have a County of San Diego certification/accreditation/authorization/identification number - which are preceded by the letters J, K, N or V. The letter/number combination shown on your card must be entered (i.e. J0204). If you do not have a San Diego County number, contact your employer or the EMS Agency immediately.

QCS

QCS#							
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

A QCS # will be generated for all ALS runs and some BLS runs, in which there is Base Hospital contact. Transcribe the QCS # given to you by the Base Hospital MICN and bubble the corresponding digits.

Type of Service Requested

TYPE OF SERVICE REQUESTED
<input type="radio"/> 911 Response (Scene)
<input type="radio"/> Intercept
<input type="radio"/> Interfacility Transfer
<input type="radio"/> Medical Transport
<input type="radio"/> Mutual Aid
<input type="radio"/> Standby

Defined as "The type of service or category of service requested of the EMS service responding for this specific EMS incident."

- *911 Response* = any unscheduled EMS response to a scene originating from 911 or the dispatch center
- *Intercept* = a response where an EMS vehicle or unit is meeting up with or intercepting with another EMS vehicle or unit already caring for a patient to either increase the level of service or resources associated with the patient care or service delivery
- *Interfacility Transfer* = a response or service which is involved in the movement of a patient between two healthcare facilities; this is typically two hospitals.
- *Medical Transport* = a response or service based on a schedule request. An example would be between a nursing home and a physician's office.
- *Mutual Aid* = a response or service request from an EMS agency outside of the service area
- *Standby* = a response or service request not associated with a specific patient scenario but associated with a high-risk event. This could be a public event, structure fire, etc.

Age

AGE		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0 HR
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	DY
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	MO
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	YR
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Indicate the patient's age in years, months, days or hours, and complete the appropriate bubbles.

Date of Birth

DATE OF BIRTH		
MM	DD	YY
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	<input type="radio"/> 0	<input type="radio"/> 18
<input type="radio"/> Apr	<input type="radio"/> 1	<input type="radio"/> 19
<input type="radio"/> May	<input type="radio"/> 2	<input type="radio"/> 20
<input type="radio"/> Jun	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> Jul	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> Aug	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> Sep	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> Oct	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> Nov	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> Dec	<input type="radio"/> 9	<input type="radio"/> 9

If you are able to ascertain the patient's birth date, record the information in the spaces provided and fill-in the appropriate bubbles.

Weight in KG

WT KG		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Record and bubble the patient's weight in kilograms.

Gender

GENDER
<input type="radio"/> Female
<input type="radio"/> Male
<input type="radio"/> Not Known

Indicate the appropriate gender. If unable to ascertain or determine the gender of the patient, please bubble "Not Known."

Pediatric Only

PEDIATRIC ONLY	
<input type="checkbox"/> ALTE	
<input type="checkbox"/> Parent Acc	
Broselow	
<input type="checkbox"/> GP	<input type="checkbox"/> B
<input type="checkbox"/> RPY	<input type="checkbox"/> O
<input type="checkbox"/> W	<input type="checkbox"/> G

Please bubble in the appropriate issues that apply to your run.

ALTE: Apparent Life Threatening Event – this applies to an infant (12 months of age or less) which is frightening to the observer and includes one or more of the following reported circumstances: apnea, color change (e. g. cyanosis, or pallor), marked change in muscle tone (e. g. stiffness or limpness), or unexplained choking or gagging. Most of these patients will have a normal field exam but will require immediate assessment by a physician. Mark bubble if ALTE is suspected.

Parent Accompanied: Mark this bubble when a parent/legal guardian accompanies a pediatric patient to a facility in the ambulance.

Broselow: All pediatric drug dosing is based on calculated weight in kilograms. The Broselow Tape is a measuring system by which one can derive and communicate the patient's weight through the use of color. When using the Broselow Tape, be sure to bubble the appropriate color or color group.

Here are some special notes regarding this section:

Grey/Pink (GP): Select if the child's weight is less than 8kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 1 for further clarification.

Red/Purple/Yellow (RPY): Select if the child's weight is between 8-14kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 2 for further clarification.

White (W): Select if the child's weight is between 15-18kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 3 for further clarification.

Blue (B): Select if the child's weight is between 19-23kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 4 for further clarification.

Orange (O): Select if the child's weight is between 24-29kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 5 for further clarification.

Green (G): Select if the child's weight is between 30-36kg. Refer to County of San Diego EMS Policy/Procedure/Protocol No. P-117 page 6 for further clarification.

Race/Ethnicity

RACE/ETHNICITY	
<input type="radio"/>	Am Indian or Alaska Nat/Hispanic
<input type="radio"/>	Am Indian or Alaska Nat/Non-Hispanic
<input type="radio"/>	Asian/Hispanic
<input type="radio"/>	Asian/Non-Hispanic
<input type="radio"/>	Black or African Am/Hispanic
<input type="radio"/>	Black or African Am/Non-Hispanic
<input type="radio"/>	Nat Hawaiian or Oth PI/Hispanic
<input type="radio"/>	Nat Hawaiian or Oth PI/Non-Hispanic
<input type="radio"/>	White/Hispanic
<input type="radio"/>	White/Non-Hispanic
<input type="radio"/>	Oth Race/Hispanic
<input type="radio"/>	Oth Race/Non-Hispanic

Indicate your best estimate of the patient's race/ethnicity category. Please select carefully as each race has a Hispanic or Non-Hispanic option.

Patients At Scene

PATIENTS AT SCENE	
<input type="radio"/>	Multiple
<input type="radio"/>	Single
<input type="radio"/>	None

Indicator of how many total patients were at the scene. If no patients found at scene bubble "None", if one bubble "Single" and if more than one bubble "Multiple".

Status

STATUS		
INT		FIN
<input type="radio"/>	Mild	<input type="radio"/>
<input type="radio"/>	Moderate	<input type="radio"/>
<input type="radio"/>	Acute	<input type="radio"/>

Bubble in the patient's initial status (INT) and final (FIN) status (the patient's status when delivered to the next care giver). The Status criteria/definitions below are found on the back page of the PPR.

Status

Mild: patient with stable vital signs and no apparent threat to life or limb
Moderate: patient with suspected threat to life or limb needing immediate evaluation by medical personnel
Acute: patient with apparent need for immediate intervention to protect life or limb

Annex D/MCI

ANNEX D/MCI	
<input type="radio"/>	Annex D

If an Annex-D is activated fill in the Annex-D bubble.

Contributing Factors

CONTRIBUTING FACTORS (1=Primary Factor)	
Auto Related	
<input type="checkbox"/>	Auto-Pedestrian/Auto-Bicycle Injury with Significant (>20 MPH) Impact
<input type="checkbox"/>	Dashboard Damage
<input type="checkbox"/>	Death in Same Passenger Compartment
<input type="checkbox"/>	Death on Scene
<input type="checkbox"/>	Ejection from Automobile
<input type="checkbox"/>	Extrication Time >20 Minutes
<input type="checkbox"/>	Initial Speed from Auto Crash >40 MPH
<input type="checkbox"/>	Intrusion into Passenger Compartment Frontal >12 Inches
<input type="checkbox"/>	Intrusion into Passenger Compartment Side >8 Inches
<input type="checkbox"/>	Major Auto Deformity >20 Inches
<input type="checkbox"/>	Motorcycle Crash >20 MPH or w/Separation of Rider from Bike
<input type="checkbox"/>	Pedestrian Thrown or Run Over
<input type="checkbox"/>	Rollover
<input type="checkbox"/>	Steerwheel Bent
<input type="checkbox"/>	Windshield Star
<input type="checkbox"/>	Other Auto Related
<input type="checkbox"/>	Other
<input type="checkbox"/>	Age <5 or >65
<input type="checkbox"/>	Anticoagulants
<input type="checkbox"/>	Bleeding Disorder
<input type="checkbox"/>	Cardiac Disease
<input type="checkbox"/>	Cirrhosis
<input type="checkbox"/>	End Stage Renal Disease Requiring Dialysis
<input type="checkbox"/>	Falls >15 Feet (Ped Pt >10 feet or 2-3 x height of child)
<input type="checkbox"/>	Immunosuppressed
<input type="checkbox"/>	Insulin Dependent Diabetes
<input type="checkbox"/>	Morbid Obesity
<input type="checkbox"/>	Pregnancy >20 weeks
<input type="checkbox"/>	Respiratory Disease
<input type="checkbox"/>	Time Sensitive Extremity Injury
<input type="checkbox"/>	Vehicle Telemetry Data Consistent w/Increased Risk of Injury
<input type="checkbox"/>	Weather
<input type="checkbox"/>	Other

Defined as "Factors that may have contributed to the seriousness of the injury and influenced triage decisions". Contributing factors have been divided into 2 categories, "auto-related" and "other".

This section is to be used when a patient may be designated as a trauma center candidate (i.e. should go to a trauma center for evaluation and treatment). This helps us understand why the patient went to a trauma center and helps to develop better field triage guidelines for trauma patients.

Fill in only one bubble in the (1) column for the triage factor that you feel to be the most important contributor to the patient's designation as a trauma center candidate (**the primary triage factor**). Additional bubbles may be marked in the second column to indicate secondary factors.

Vitals Time

VITALS TIME			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate the time that the first set of vitals was obtained. Enter in 24 hour/military time format.

Coma Scale

COMA SCALE		
EYE	VERB	MOT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using the Glasgow Coma Scale (GCS) document the initial GCS assessment.

Best Eye Response:

- 1 – None
- 2 – Opens eyes in response to painful stimulation
- 3 – Opens eyes in response to verbal
- 4 – Opens eyes spontaneously

Best Verbal Response:

- 1 – None
- 2 – Non-specified sounds
- 3 – Inappropriate words
- 4 – Confused conversation or speech
- 5 – Oriented and appropriate speech

Coma Scale (continued)

Best Motor Response:

- 1 – None
- 2 – Extensor posturing in response to painful stimulation
- 3 – Flexor posturing in response to painful stimulation
- 4 – General response to painful stimulation
- 5 – Localization of painful stimulation
- 6 – Obeys commands with appropriate motor responses

**Initial Vital Signs-
Pulse, Respiration,
SYS BP, Dias BP, O₂Sat**

PULSE		RESP	SYS BP		DIAS BP		O ₂ SAT	
R/A	O ₂							
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

Indicate the first set of vital signs obtained on the patient.

If the blood pressure is palpated, write "P" in the space for writing the Dias BP and do NOT darken any ovals.

Remember, if you chart "00" for any vital sign, you are charting that you measured the vital sign and it was zero. If you did not measure a vital sign, leave the corresponding bubbles blank.

For charting Oxygen saturation, the O₂Sat measurement on Room Air is to be recorded under **R/A**. The O₂Sat after oxygen was applied should be recorded under **O₂**.

**Incident
Zip Code, Month,
Day, Year**

INCIDENT				
ZIP CODE		MONTH	DD	YR
0	0	<input type="radio"/> Jan		
1	1	<input type="radio"/> Feb		
2	2	<input type="radio"/> Mar		
3	3	<input type="radio"/> Apr		
4	4	<input type="radio"/> May		
5	5	<input type="radio"/> Jun		
6	6	<input type="radio"/> Jul		
7	7	<input type="radio"/> Aug		
8	8	<input type="radio"/> Sep		
9	9	<input type="radio"/> Oct		
		<input type="radio"/> Nov		
		<input type="radio"/> Dec		

By recording a correct Zip Code, you assist EMS and your agency in monitoring exactly where services are being requested, so that we can evaluate trends and plan for the future. This is required on ALL PPR forms.

Determine the Zip Code of the location of the scene or location where the patient is to be picked up or is expected to be picked up. Write in the Zip Code in the space provided, then "bubble" the corresponding numbers below. If you end up responding to a scene or location out of the County (on a mutual aid call), but in the United States, enter 92999. If you respond to a scene or location in Mexico, enter 92998.

Darken the ovals for the month, date, and year that you were dispatched.

Note: Two digits are needed for the day; use a zero before days 1 through 9 (i.e. 02 for the second day of the month).

Provider Impression/Chief Complaint

This section must be completed any time you are actually dispatched. This is a **single choice category**. Indicate the one option that best describes the patient's situation.

This field has changed significantly from previous bubble forms; options are grouped by clinical categories. This was done to make the form more user friendly and to comply with State CEMSIS regulations.

There is an "Other" option in the Other category to use only when there is no option listed that seems reasonable to the patient's situation. There is also an option for an encounter in which an individual does not

Provider Impression/Chief Complaint (continued)

have a medical complaint, "No Medical Complaint".

Note: There are special categories to be selected if bystander CPR was provided on scene (medical or trauma patients). It is important to recognize that bystanders CPR was being provided in these cases.

Note: If the call is cancelled, bubble in "No Medical Complaint" or leave blank.

Other Barriers to Patient Care

OTHER BARRIERS TO PATIENT CARE (1=Primary Factor)

Developmentally Impaired

Hearing Impaired

Language

Physically Impaired

Physically Restrained

Speech Impaired

Unattended or Unsupervised (if no minors)

Unconscious

None

Defined as "Indication of whether or not there were any patient specific barriers to serving the patient at the scene".

Fill in only one bubble in the (1) column for the barrier that you feel to be the most important (**the primary barrier**). Additional bubbles may be marked in the second column to indicate secondary barriers.

Suspected Alcohol/Drug Use Indicators

SUSPECTED ETOH/DRUG USE (1=Primary Factor)

Alcohol and/or Drug Paraphernalia at Scene

Patient Admits to Alcohol Use

Patient Admits to Drug Use

Smell of Alcohol on Breath

Not Known

ETCO2

Defined as "Indicators for the potential use of alcohol or drugs by the patient".

Fill in only one bubble in the (1) column for the indicator that you feel to be the most important to determine the patient's alcohol/drug use (**the primary indicator**). Additional bubbles may be marked in the second column to select secondary indicators.

Incident Location

INCIDENT LOCATION

Train

Health Care Facility

Assisted Living Care Fac.

Doctor's Office/Clinic

Hospital

Skilled Nursing Fac.

Urgen Care

Residential Service

Institutional Place and Premises

Jail/Prison

Lake, River, Ocean

Mine or Quarry

Public Building

Recreation or Sport Facility

School/Academic

Street or Highway

Trade or Service Business

Farm, Industrial, Mill

Not Known

Other Location

Defined as "The type of location where the incident happened".

Mark the one category which best describes where you encountered the patient. This will assist us in identifying target areas for injury prevention activities.

If you mark "Health Care Facility", you will note an additional category in this area for further definition of the **Type Medical Facility**. Use this area to designate the place of origin if in a medical facility.

IV Insertion

IV INSERTION

	ATTEMPT	SUCCESS
C1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
FR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
INT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If there was an attempt to place an IV, indicate the number of attempts by each specific crew member(s) as indicated at the top of the form, and whether or not each crew member that attempted was successful.

Research Protocol

Bubble in if the patient meets criteria to be enrolled into a current research study or trial.

ET Intubation

	ATTEMPT			SUCCESS	
C1	1	2	3+	Y	N
C2	1	2	3+	Y	N
FR	1	2	3+	Y	N
INT	1	2	3+	Y	N

If there was an attempt to place an ET tube, indicate the number of attempts by each specific crew member(s) (as indicated at the top of the form), and whether or not each crewmember that attempted was successful

ETCO₂

End Tidal Carbon Dioxide: This section allows for personnel to indicate their patient's concentration of carbon dioxide (CO₂) at the end of their exhaled breath.

Cause/Mechanism of Injury

Defined as "The category of the reported/suspected external cause of the injury".

This is a **single choice category**. For victims of trauma, indicate the one factor that best describes the means by which the patient was injured. If the patient was involved in a motor vehicle crash (auto, motorcycle or all-terrain vehicle), indicate whether the patient was the driver or passenger.

We have provided an "other" category in the mechanism of injury category, but this option should only be used when there are no other options that seem reasonable to the patient's situation.

With incidents involving automobiles and traffic injuries, remember to indicate, elsewhere on the PPR, pertinent information regarding the incident. Don't forget to complete the restraint section (helmet, belts, etc), and any contributing factors (such as ejection, etc) that may apply.

Cause of Injury-first column

	CAUSE/MI	
	Driver	Passenger
MVA	<input type="radio"/>	<input type="radio"/>
MVC	<input type="radio"/>	<input type="radio"/>
ATV	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> MVA vs. Pedalcycle		
<input type="radio"/> MVA vs. Pedestrian		
<input type="radio"/> MVA – Noncollision		
<input type="radio"/> Aircraft		
<input type="radio"/> Animal Ridden		
<input type="radio"/> Battering/Maltreatment, Adult		
<input type="radio"/> Battering/Maltreatment, Child		
<input type="radio"/> Bite/Sting Non Venomous		
<input type="radio"/> Bite/Sting Venomous (plants, animals)		

Motor Vehicle (MV): MV pertains to either automobile or truck crashes that occur on any type of public or private roadway (for Non-collision incidents that involve a MV such as mechanical failure, explosion or fall from MV see MVA Non-collision category). Please indicate in the appropriate bubble whether the patient is a driver or passenger.

Motorcycle (MC): MC pertains to motorcycle crashes that occur on any type of public or private roadway (for Non-collision incidents that involve a MV such as mechanical failure, explosion or fall from MC see MVA Non-collision category). Please indicate in the appropriate bubble whether the patient is a driver or passenger. Motorized scooters are categorized as MC.

All Terrain Vehicles: ATV pertains to off road, non-traffic incidents. This category includes motorized quad-cars, motorized dirt bikes, and dune buggies (for mountain bike incidents see Pedalcycle category). Please indicate in the appropriate bubble whether the patient is a driver or passenger.

MVA vs. Pedalcycle: Pertains to MV related Pedalcycle incidents only. If necessary, bubble this in for both the MV Driver/Passengers and the pedal cyclist. For Non-MV related Pedalcycle incidents use the Pedalcycle bubble. A Pedalcycle is defined as a transport vehicle operated solely by pedals, such as a unicycle, bicycle, tricycle, or a quadracycle.

MVA vs. Pedestrian: This category is used for all MV related pedestrian incidents. If necessary, bubble this on each PPR for both the MV Driver/Occupants and the pedestrian.

MVA Non-Collision: Used for MV related injuries that do not involve a collision/crash such as injuries that result from a MV mechanical failure, explosion, tire blow out, trapped by door of MV/bus, or fall from MV.

Aircraft: Select if the patient was injured as the result of an incident involving any motorized or non-motorized aircraft (including hang-gliders).

Animal Ridden: Select if the patient was injured while riding an animal. Does not include injuries involving an animal drawn vehicle, which would be an "Other Vehicle".

Battering/Maltreatment, Adult: Pertains to injuries inflicted by another person on patients 18 years and older with intent to harm by any means. Includes abuse or neglect. Use only with an assault or domestic assault intent category.

Battering/Maltreatment, Child: Pertains to injuries inflicted by another person on patients 0-17 years old with intent to harm by any means. Includes abuse or neglect. Use only with an assault or domestic assault intent category.

Bite/Stings Non-Venomous: Pertains to bite/stings or other injuries not otherwise specified from non-venomous animals or plants.

Bite/Stings Venomous (plants, animals): Pertains to bite/stings or

Cause of Injury-second column

MECHANISM OF INJURY (Select One)

- Cut/Pierce/Stab
- Drown/Submerge
- Electrocution – Lightning
- Electrocution – Non-Lightning
- Excessive Cold
- Excessive Heat
- Fall
- Firearm
- Fire
- Hot Substance
- Inhalation of Smoke
- Machinery Accidents
- Non Motorized Transportation

other injuries not otherwise specified from venomous animals or plants.

Cut/Pierce/Stab: Pertains to injuries sustained by cutting and piercing instruments or objects. This includes hand tools, lawn mower, and needles. Excludes animal/plant spines or quills. This is categorized as Bite/Sting.

Drown/Submerge: Select if the patient was submersed. This includes in bathtub, bucket, while water skiing, diving, etc. Exclude if patient is injured in an incident involving a watercraft (e.g. struck by a watercraft while water skiing/swimming/diving). This is categorized as Water Transport.

Electrocution, Lightning: Select if patient was struck by lightning.

Electrocution, Non-Lightning: Select if patient was exposed to an electric current from exposed wire, faulty appliance, high voltage cable, live rail, or open electric socket as the cause of burn, cardiac fibrillation, convulsion, electric shock, electrocution, puncture wound, or respiratory paralysis. Do not select this if the patient was burned by heat from an electrical appliance (Hot Substance) or struck by lightning (Electrocution, Lightning).

Excessive Cold or Excessive Heat: Select one of the categories if an injury has resulted from exposure to extreme temperatures.

Fall: Includes falls on the same level or from one level to another, as into hole/swimming pool, from ladder/scaffold, steps, and structure. Falls from MV should be classified in the MV or MV Non-collision category. Drowning injuries are considered Drown/Submersion.

Fire: Select if the patient suffered injuries as the result of a flame fire, except when that fire was the result of a MV crash, which would be categorized as MV. Hot Substance burns are categorized separately.

Firearm: Use for injuries caused by any type of firearm or explosive (e.g. letter bomb, BB gun, rifle, handgun, fireworks).

Hot Substance: Pertains to scalds or burns from all causes except a flame (i.e. hot grease, steam, electrical appliance, acid, gas etc).

Smoke Inhalation: Select if the patient suffered from airway or pulmonary injury resulting from the **inhalation** of toxic combustion products.

Machinery Accidents: Pertains to incidents involving machinery while in operation.

Non-Motorized Transportation: This category pertains to injuries from recreational vehicles such as skateboards, sleds, in-line skates/roller-skates, and non-motorized scooters. Motorized scooters are categorized as MC.

Other Vehicle: Select if the patient was injured as the result of an incident involving any other type of vehicle (tractor, riding lawn mower, etc).

Cause of Injury-third column

Cause of Injury *Continued*

(Only One)

- Other Vehicle
- Pedalcycle
- Poisoning by Chemical
- Poisoning by Drug
- Radiation Exposure
- Railway/Trolley
- Rape
- Sexual Assault
- Struck by Blunt/Thrown Object
- Suffocation by Food/Foreign Body
- Suffocation by Mechanical
- Water Transport
- Other

Pedalcycle: Pertains to Non-MV related Pedalcycle incidents. For example, single Pedalcycle crashes or Pedalcycle versus pedestrian. For MV related Pedalcycle incidents use the MVA vs. Pedalcycle category. A Pedalcycle is defined as a transport vehicle operated solely by pedals, such as a unicycle, bicycle, tricycle, or a quadracycle.

Poisoning by Chemical: Select and fill in this bubble if the patient is poisoned by any chemical substance (liquids, solids, gases etc.). Do not forget to complete intent to indicate whether event was unintentional, self-inflicted or related to an assault.

Poisoning by Drug: Select and fill in this bubble if the patient is poisoned by any drug. Do not forget to complete intent to indicate whether event was unintentional, self-inflicted or related to an assault.

Radiation Exposure: Select if the patient was injured as a result of overexposure to radiation, including microwave, radar, infra-red heaters and lamps, ultraviolet light sources, x-rays, lasers, radioactive isotopes, or other types of radiation.

Railway/Trolley: Select if the patient was hit by a train, or injured as the result of an incident involving any railway vehicle (train, trolley, etc.), including those where the patient was an occupant of a motorized vehicle, or was a pedestrian, bicyclist, skateboarder, etc. when struck by a railway vehicle.

Rape: Select if the patient was the victim of rape, which is defined as the unlawful compelling of a person through physical force or duress to have sexual intercourse.

Sexual Assault: Select if the patient was the victim of sexual or indecent nature from another person that is accompanied by actual or threatened physical force or that induces fear, shame, or mental suffering.

Struck by Blunt/Thrown Object: Select if the patient was hit by a stationary object or by an object thrown by another person. Also includes being struck by objects the patient has thrown that come back to strike him.

Suffocation by Food/Foreign body: Select if the patient has injuries sustained from the inhalation and ingestion of food/objects.

Suffocation, Mechanical: Select if the patient has injuries sustained from asphyxiation from machinery or an object.

Water Transport: Select if the patient was injured in an incident involving a watercraft (e.g. struck by a watercraft while water skiing/swimming/diving). Does not include drowning while swimming, this is categorized as Drown/Sub.

Other: Use only as a last resort and if the mechanism of the injury truly does not fall within the description of any other category.

Type of Injury

TYPE OF INJURY	
<input type="radio"/>	Amputation
<input type="radio"/>	Blunt
<input type="radio"/>	Burn
<input type="radio"/>	Crush
<input type="radio"/>	Motor Def/Paral
<input type="radio"/>	Penetrating
<input type="radio"/>	Not Known
<input type="radio"/>	Other

Defined as "The mechanism of the event which caused the injury".

Anatomical Location

ANATOMICAL LOCATION (1=Primary Factor)	
<input type="radio"/>	Abdomen
<input type="radio"/>	Back
<input type="radio"/>	Chest
<input type="radio"/>	Extremity-Lower
<input type="radio"/>	Extremity-Upper
<input type="radio"/>	General/Global
<input type="radio"/>	Genitalia
<input type="radio"/>	Head
<input type="radio"/>	Neck

Defined as "The primary anatomic location of the chief complaint as identified by EMS personnel".

Fill in only one bubble in the (1) column for the anatomical factor that you feel to be the most significant or severe (**the primary factor**). Additional bubbles may be marked in the second column to indicate secondary factors.

Position In Vehicle

POSITION IN VEHICLE	
<input type="radio"/>	Driver
<input type="radio"/>	Front Row
<input type="radio"/>	Oth than Front Row
<input type="radio"/>	Truck Bed
<input type="radio"/>	Not Known

Mark the one category which best describes the position of the patient in the vehicle at the time of the accident.

Work Related

WK RELATED	
<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Not Known

If the incident occurred while the patient was working indicate, "YES". If it is unknown whether or not the incident is work related, indicate such.

Intent of Injury

INTENT OF INJURY	
<input type="radio"/>	Assault/Intentional
<input type="radio"/>	Domestic Assault
<input type="radio"/>	Legal Intervention
<input type="radio"/>	Self Inflicted
<input type="radio"/>	Unintentional
<input type="radio"/>	Not Known

Defined as "The intent of the individual inflicting the injury".

This section is intended to record, for trauma patients, whether the injury was unintentional or was the result of a deliberate act by someone. Here are notes on some of the options:

Assault/Intentional: Any other assault, which is not classified as a domestic assault (see below). An assault is defined as injury inflicted by another person with intent to injure or kill, by any means.

Domestic Assault: Domestic incidents are defined as abuse committed against an adult or fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, or a person with whom the suspect has a child or has had a dating or engagement relationship. This field is not a substitute for formal reporting of abuse. It should not be used to identify incidents of child or elder abuse.

Legal Intervention: Indicate this option if the patient was injured as the result of an altercation with law enforcement.

Self-Inflicted: This option should be indicated if there was an *intentional* injury to the patient caused by the patient themselves (like a suicide attempt). This option should NOT be used to describe an *unintentional* self-inflicted injury (the unintentional option should be selected instead).

Unintentional: Select if the patient was injured in an incident wherein there was no intention that anyone be injured.

Not known: Select if the circumstances or cause of the injury are unknown.

**Detailed Instructions –
Field by Field
EMS COPY - PAGE 2 of 2**

Procedures/Skills

Defined as “The procedure(s) performed on the patient”.

This section is used to record the procedures/skills that were utilized in caring for the patient, and the personnel who performed them.

To make it easier to use the list, Airway Insert/Monitoring related procedures are grouped together at the beginning, and then all other procedures are listed alphabetically.

Be sure to indicate all of the interventions that were performed, and, by marking the appropriate bubbles, the crewmember who performed the skill. The (C1), (C2) (FR) and (INT) bubbles will correspond to the crewmembers listed at the top of the form (**Crew 1**, **Crew 2**, **First Responder** or **Intern**).

For most interventions, it is appropriate (and required by State regulation) that you thoroughly document the patient's response to these interventions. This should be done in the narrative section.

If a “12 Lead EKG” is performed indicate whether the results can be interpreted as one of the following:

- STEMI (ST elevation myocardial infarction)
- LBBB (Left Bundle Branch Block)
- RBBB (Right Bundle Branch Block)
- Other
- Anterior ischemia
- Inferior ischemia
- Lateral ischemia

**Protective Devices/
Safety Factors**

Defined as “Safety factors that affected the incident”.

Select all that apply.

Indicate any and all options that appear to have been used by the patient. Patients who are involved in a MV or MC crash, Pedalcycle incidents, non-motorized transport incidents (skateboards, sleds, in-line skates/roller-skates, and non-motorized scooters) and other vehicle incidents need to have protective devices documented.

To make it easier to use the list, options are categorized into Auto/Veh Safety Factors and Other Safety Factors. Please bubble in “Y” for Yes, “N” for No or “NK” for each applicable factor.

Here are notes on some of the options:

Auto/Veh Safety Factors

Lap/Shoulder: Select this category if a lap and shoulder combination belt was worn.

**Protective Devices/
Safety Factors (continued)**

Lapbelt Only: Select this category if a lapbelt was worn, but no shoulder harness.

Shoulder Only: Select if a shoulder harness was worn, but had no lapbelt.

Infant/Child Seat: This category applies to child/infant seats that have an integrated seat belt/safety harness built into the child/infant seat. These may be either rear or forward facing.

Child Booster Seat: A Booster Seat is a child restraint seat that incorporates the vehicle's existing lap/shoulder belts to restrain the child (rather than using a special safety harness built into the safety seat).

Airbag Front: Select this category if the vehicle deployed the driver's / passenger's front airbag.

Airbag Side: Select this category if the vehicle deployed the driver's / passenger's side or curtain airbag.

Truck Bed Res: Select if the patient was restrained while riding in the bed of a truck at the time of the crash.

Unrestrained: Select if the patient was known not to be wearing any type of safety restraints at the time of the crash.

Motorcycle Helmet: This category should be chosen for any patient who was known to have worn a motorcycle helmet at the time of the incident. (Ex. Patients involved in motorcycle accidents and who were wearing a helmet during the time of the accident will fall under this category.)

Motorcycle Full Protective Gear: Select this category if the patient is wearing a helmet *and* some other kind of body protection, such as boots, leathers, gloves, or protective padding on the arms or legs.

Other Vehicle/RV Helmet: Select this if the patient was wearing a protective helmet while driving or riding in a recreational vehicle such as a motorized quadcar, motorized dirt bike, or dune buggy.

Other Vehicle/RV Pads: Select this if the patient was wearing protective pads (such as arm, leg or chest protectors) while driving or riding in a recreational vehicle such as a motorized quadcar, motorized dirt bike, or dune buggy.

Child left Unattended in Auto: Select this if the patient was left unattended in an auto and was injured or harmed as a result.

Person Riding Outside of Moving Vehicle: Select this if the patient suffered injuries while holding on to or hanging on a moving vehicle.

Other Safety Factors

Bicycle/Sports Helmet: This category should be chosen for any patient who was known to have worn a sports/bicycle helmet at the time of the incident. (Ex. Patients involved in recreational activities/bicycle riding and who are wearing a helmet during the time of

accident will fall under this category.)

Eye Protection

Firearms – Trigger Lock Employed: Select this if the device designed specifically for a firearm to lock in place and prevent the trigger from firing was employed.

Firearms – Unsafe Storage: Select this if the patient suffered injuries as a result of a firearm being stored inappropriately.

Mask

Obstacle/Hazard – Contribute to Injury

Poisons/Meds – Easy Access: Select this if the patient ingested poison or medications that weren't located in a secure place.

Protective gear (non-clothing) and Protective clothing

Safety Rails Installed at Scene: Select this option if the patient was injured while in an environment where safety rails had been installed, such as a handicap bathroom.

Swimming Pool – Self Closing/Latching Gate: Select this if the patient was injured while in or near a swimming pool that had a latching gate present.

Swimming Pool – Surrounded by Barrier Fence: Select this if the patient was injured while in or near a swimming pool that was surrounded by a barrier fence.

Watercraft – PFD Worn: Select this if the patient was injured while in or around a watercraft vehicle, and was wearing protective devices.

Window Guards in Place: Select this if a set of removable steel bars designed to prevent falls out of a window were present.

EKG/ Cardiac Rhythm and Ectopy

EKG/CARDIAC RHYTHM	
<input type="checkbox"/> <input type="checkbox"/> Normal Sinus Rhythm	<input type="checkbox"/> <input type="checkbox"/> Sinus Arrhythmia
<input type="checkbox"/> <input type="checkbox"/> Agonal/Idioventricular	<input type="checkbox"/> <input type="checkbox"/> Sinus Bradycardia
<input type="checkbox"/> <input type="checkbox"/> Artifact	<input type="checkbox"/> <input type="checkbox"/> Sinus Tachycardia
<input type="checkbox"/> <input type="checkbox"/> Aystole	<input type="checkbox"/> <input type="checkbox"/> Supraventricular Tachycardia
<input type="checkbox"/> <input type="checkbox"/> Atrial Fibrillation/Flutter	<input type="checkbox"/> <input type="checkbox"/> Torsades de Pointe
<input type="checkbox"/> <input type="checkbox"/> AV Block-1st Degree	<input type="checkbox"/> <input type="checkbox"/> Unknown AED
<input type="checkbox"/> <input type="checkbox"/> AV Block-2nd Degree-Type 1	<input type="checkbox"/> <input type="checkbox"/> Non-Shockable Rhythm
<input type="checkbox"/> <input type="checkbox"/> AV Block-2nd Degree-Type 2	<input type="checkbox"/> <input type="checkbox"/> Unknown AED
<input type="checkbox"/> <input type="checkbox"/> AV Block-3rd Degree	<input type="checkbox"/> <input type="checkbox"/> Shockable Rhythm
<input type="checkbox"/> <input type="checkbox"/> Junctional	<input type="checkbox"/> <input type="checkbox"/> Ventricular Fibrillation
<input type="checkbox"/> <input type="checkbox"/> Paced Rhythm	<input type="checkbox"/> <input type="checkbox"/> Ventricular Tachycardia
<input type="checkbox"/> <input type="checkbox"/> PEA	<input type="checkbox"/> <input type="checkbox"/> Not Known
	<input type="checkbox"/> <input type="checkbox"/> Other

ALS personnel will use the EKG/Ectopy section of the PPR to document their interpretation of the patient's EKG. Spaces are provided for the interpretation of the initial rhythm (1) and final/last (L) rhythm. If more than one EKG option applies to your interpretation, indicate only the most important (i.e. most pathological) option. The narrative section of the PPR should be used to document and characterize all EKG rhythms and changes.

Complete the ectopy column to indicate the focus of any ectopics and their frequency. "<6, >6" refers to the number per minute. "SE, SD" may be used to describe an elevated or depressed ST segment.

1 = First field EKG
L = Last field EKG

Dispatch

Previously labeled *Incident #*.

Enter the number provided by the dispatch for this call starting in the far left **column, entering the information, left to right**. If the number is smaller than the 15 spaces provided leave the extra spaces **and columns blank**. Then bubble **in** the corresponding digits or letters.

Note there are now letters A-Z and digits 0-9.

Run Code

Indicate the level of response you provided both TO and FROM the incident scene.

Note: The options for this field have changed from past bubble forms.

Transport Code

Agencies using the 10/20/30/40/50 coding system to record the level of transport should use this column.

- Code 50: no apparent medical need/alternative transport appropriate
- Code 40: BLS interventions only
- Code 30: IV access established, cardiac monitoring
- Code 20: Medication administration (other than O2 or IV TKO)
- Code 10: Acute status patient

Outcome

OUTCOME (Select 1)	
<input type="radio"/>	Trans by Call Unit
<input type="radio"/>	Trans by Other Unit
<input type="radio"/>	Trans Rendezvous
<input type="radio"/>	AMA
<input type="radio"/>	Release
<input type="radio"/>	DOS
<input type="radio"/>	Aid Unnecessary
<input type="radio"/>	Call Cancelled
<input type="radio"/>	Interfacility
<input type="radio"/>	Interfacility-CCT
<input type="radio"/>	Other Non Emerg BLS
<input type="radio"/>	Eloped

This is a **single choice category**. Indicate the one option that best describes how the run turned out.

Transport by Calling Unit: Refers to instances when your unit transports a patient to the Emergency or Trauma Department of a receiving hospital (except in those transports that are defined as interfacility transfers). Additionally, this category applies to patients who would ordinarily be transported to an Emergency Department but are being transported directly to a specialty unit (such as Labor & Delivery) under special direction by the Base Hospital. **Note:** *Only ALS or BLS units can use this category.*

Trans Other Unit: Applies if you responded to a scene, encountered a patient or potential patient, and may have provided assistance to the patient, but did NOT transport and another ambulance (CCT, Air Medical) transported the patient.

Trans Rendezvous: Applies if you responded to a scene, encountered a patient, and transported the patient to a meeting point to turn the patient over to another agency for transport to the hospital.

AMA: Applies if you encounter a patient who has a chief complaint or suspected chief complaint, but is refusing to be treated and/or transported to the hospital against the advice of the medical personnel on scene or at the base hospital.

Release: Applies if you encounter a patient with a chief complaint or suspected chief complaint, but field personnel, base hospital personnel and the patient agree that the patient does not require or want transportation to an emergency department, and is released to his/her own care, law enforcement, or other care giver.

DOS: Should be indicated if the patient is found to meet established County of San Diego EMS criteria for obviously dead, or in those situations when the patient is pronounced Dead on Scene and not transported (see EMS Policy/Procedure/Protocol No. S-402).

Aid Unnecessary: If it is determined that the person for whom the medical aid call was dispatched does NOT require any treatment or transport (for example, if the patient did not have a chief complaint, or has a very minor injury), and you do NOT end up providing care or transporting the patient to a hospital, then this option should be indicated.

Call Cancelled: Refers to calls to which you were dispatched and began responding, but were cancelled before you encountered a patient or potential patient. If this option is indicated, make certain that you have not entered "Vital Signs" "Skills" or other patient-specific information elsewhere on the form. You should still indicate the Zip Code of the intended destination on the form.

BLS/CCT units - Check with your agency to determine if a form is required.

Outcome *Continued*

Interfacility: An interfacility transfer is defined as any transport of a patient from one medical facility to another medical facility. ALS and BLS prehospital personnel should indicate this option whenever they perform such a transport (whether or not the transport is on an emergent basis). CCT personnel should not utilize this category.

Interfacility CCT: For CCT personnel ONLY, this category should be utilized for ALL patient transports. Prehospital BLS and ALS personnel should NOT utilize this option they should indicate "Interfacility Transfer" instead.

Other Non Emerg BLS: This option should be indicated whenever BLS personnel transport a patient to a non-hospital setting, or whenever a non-emergency patient is transferred from a non-hospital/field setting to someplace other than a hospital's Emergency Department. Non-emergency transports to a patient's home, a nursing home, physician's office, clinic, or diagnostic/ treatment center should be indicated here, as well as transports from any of these locations to any location in a hospital that is NOT the ED.

Eloped: This option should be chosen when a patient has fled the scene of the call prior to his/her disposition.

CEMSIS Incident/Patient Disposition

CEMSIS INCIDENT/PATIENT DISPOSITION (Select 1)	
<input type="radio"/>	Discontinued resuscitation
<input type="radio"/>	No patient found
<input type="radio"/>	No treatment required
<input type="radio"/>	Patient died upon arrival of EMS responders
<input type="radio"/>	Patient/parent refused care and transport
<input type="radio"/>	Response cancelled
<input type="radio"/>	Transferred care to other EMS unit
<input type="radio"/>	Transported but patient/parent refused care
<input type="radio"/>	Transported to receiving facility
<input type="radio"/>	Treated and not transported by EMS personnel
<input type="radio"/>	Treated but patient/parent refused transport
<input type="radio"/>	Treated, Transported by Law Enforcement
<input type="radio"/>	Treated, Transported by Private vehicle

Defined as "Type of disposition treatment and/or transport of the patient".

Times

INC TIME				CALL RCD				RESPOND			
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

In each section, write in the appropriate time, using military time, and fill in the appropriate bubbles. **All applicable times are mandatory.**

INC TIME - Incident Time - The approximate time that the incident occurred or the illness was recognized, as reported by the patient, family or bystander. This is NOT necessarily the time of the 9-1-1 calls!

CALL RCD - Call Received - The time that you received the dispatch notification

RESPOND - Responding - The time that your unit began its trip to the incident location.

Times Continued

TRV ARV SCN				DPT SCN				ARV DES			
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

TR ARV SCN - Transporting Unit Arrives Scene - The time that the ambulance arrived at the incident location.

DPT SCN - Depart Scene - The time the Transporting Unit left the scene with its patient, headed toward the destination medical facility (Pertaining only to ALS, BLS, and CCT Units).

ARV DES - Arrive Destination - The time the Transporting Unit, with its patient, arrives at the destination medical facility (Pertaining only to ALS, BLS, and CCT Units).

AVAIL – Available - The time the Transporting Unit was fully prepared to be dispatched on its next call.

AVAIL				FR DISP				FR ARV SCN			
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

FR_DISP - First Responder Dispatch Time - The time the ALS First Responder unit received its dispatch notification

FR ARV SCN - First Responder Arrive Scene - The time the ALS First Responder Unit arrived at the incident location

Call Cancelled Before Arrived Scene:

If the call is cancelled *before* you arrive to the incident location, bubble the Call Cancelled option in the OUTCOME field.

Note: All personnel whose forms fall under this category and whom have not bubbled in the Call Cancelled option on their PPR will have their forms return for completion of this field.

Call Cancelled After Arrived Scene:

If the call is cancelled *after* you arrive to the incident location, bubble the **FR ARV SCN** (First Responder Arrive Scene) field with the appropriate time and mark Call Cancelled under the OUTCOME field.

Hospital

HOSPITAL			
BASE		RECV	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

BASE: If Base Hospital contact was made for this call, for any reason, write in the two-digit hospital identifier (listed on the back of the form) and mark the appropriate bubbles.

RECV: List the two-digit identifier for the receiving facility and mark the appropriate bubbles. If the destination was other than a hospital, indicate one of the special codes listed on the back of the form.

Hospitals	#
San Diego County	A
01 Avenado Community Hospital	5
38 Fallbrook Hospital	5
18 Kaiser Hospital	5
22 Palomar Medical Center	5
24 Paradise Valley Hospital	5
50 Pomarado Hospital	7
58 Rady Children's Hospital	5
19 Scripps Meroy Hospital	5
02 Scripps Meroy Chula Vista Hospital	5
45 Scripps Endrinhas Hospital	5
07 Scripps Green Hospital	5
30 Scripps La Jolla Hospital	5
44 Sharp Chula Vista Hospital	7
40 Sharp Coronado Hospital	5
12 Sharp Grossmont Hospital	5
21 Sharp Mary Birch Hospital	5
31 Sharp Memorial Hospital	5
32 Tri-City Medical Center	5
23 UCSD Thornton Hospital	5
95 UCSD Medical Center	5
33 U.S. Naval Hospital - Balboa	5
34 U.S. Naval Hospital - Pendleton	5
48 Veteran's Administration Hospital	5
Imperial County	7
51 El Centro Regional Hospital	5
53 Pioneer's Memorial Hospital	5
Orange County	5
65 Mission Community Hospital	5
62 SMMC - San Clemente Campus	7
Riverside County	5
81 Hemet Valley Hospital	5
80 Inland Valley Hospital	5
82 JFK Memorial Hospital	5
84 Rancho Springs Medical Center	7
Other	5
90 Other US Hospital -	A
Not San Diego County	5
00 Destination Other Than a Hospital	5
97 Medical Examiner	5
10 Tijuana General Hospital	5
98 Mexico - NOT Tijuana General	5

Type of Destination

TYPE OF DEST
<input type="radio"/> Home
<input type="radio"/> Hospital
<input type="radio"/> Medical Office/Clinic
<input type="radio"/> Morgue
<input type="radio"/> Nursing Home
<input type="radio"/> Other EMS Responder (air)
<input type="radio"/> Other EMS Responder (ground)
<input type="radio"/> Police/Jail
<input type="radio"/> Not Known
<input type="radio"/> Other

In this section, indicate the type of destination for the patient.

Instructions – Back of Form and Narrative Sections

The back of the second bubble form sheet has helpful information.

Hospital codes and names
Agency codes and names
Definitions

Hospital	Provider Agencies (PFD - Fire Protection District)
001 Alameda County	001 Alameda County
01 Alameda - Community Hospital	002 Alameda Fire Dept
02 Alameda - Hospital	003 Alameda Fire Dept
03 Alameda - Hospital	004 Alameda Fire Dept
04 Alameda - Hospital	005 Alameda Fire Dept
05 Alameda - Hospital	006 Alameda Fire Dept
06 Alameda - Hospital	007 Alameda Fire Dept
07 Alameda - Hospital	008 Alameda Fire Dept
08 Alameda - Hospital	009 Alameda Fire Dept
09 Alameda - Hospital	010 Alameda Fire Dept
10 Alameda - Hospital	011 Alameda Fire Dept
11 Alameda - Hospital	012 Alameda Fire Dept
12 Alameda - Hospital	013 Alameda Fire Dept
13 Alameda - Hospital	014 Alameda Fire Dept
14 Alameda - Hospital	015 Alameda Fire Dept
15 Alameda - Hospital	016 Alameda Fire Dept
16 Alameda - Hospital	017 Alameda Fire Dept
17 Alameda - Hospital	018 Alameda Fire Dept
18 Alameda - Hospital	019 Alameda Fire Dept
19 Alameda - Hospital	020 Alameda Fire Dept
20 Alameda - Hospital	021 Alameda Fire Dept
21 Alameda - Hospital	022 Alameda Fire Dept
22 Alameda - Hospital	023 Alameda Fire Dept
23 Alameda - Hospital	024 Alameda Fire Dept
24 Alameda - Hospital	025 Alameda Fire Dept
25 Alameda - Hospital	026 Alameda Fire Dept
26 Alameda - Hospital	027 Alameda Fire Dept
27 Alameda - Hospital	028 Alameda Fire Dept
28 Alameda - Hospital	029 Alameda Fire Dept
29 Alameda - Hospital	030 Alameda Fire Dept
30 Alameda - Hospital	031 Alameda Fire Dept
31 Alameda - Hospital	032 Alameda Fire Dept
32 Alameda - Hospital	033 Alameda Fire Dept
33 Alameda - Hospital	034 Alameda Fire Dept
34 Alameda - Hospital	035 Alameda Fire Dept
35 Alameda - Hospital	036 Alameda Fire Dept
36 Alameda - Hospital	037 Alameda Fire Dept
37 Alameda - Hospital	038 Alameda Fire Dept
38 Alameda - Hospital	039 Alameda Fire Dept
39 Alameda - Hospital	040 Alameda Fire Dept
40 Alameda - Hospital	041 Alameda Fire Dept
41 Alameda - Hospital	042 Alameda Fire Dept
42 Alameda - Hospital	043 Alameda Fire Dept
43 Alameda - Hospital	044 Alameda Fire Dept
44 Alameda - Hospital	045 Alameda Fire Dept
45 Alameda - Hospital	046 Alameda Fire Dept
46 Alameda - Hospital	047 Alameda Fire Dept
47 Alameda - Hospital	048 Alameda Fire Dept
48 Alameda - Hospital	049 Alameda Fire Dept
49 Alameda - Hospital	050 Alameda Fire Dept
50 Alameda - Hospital	051 Alameda Fire Dept
51 Alameda - Hospital	052 Alameda Fire Dept
52 Alameda - Hospital	053 Alameda Fire Dept
53 Alameda - Hospital	054 Alameda Fire Dept
54 Alameda - Hospital	055 Alameda Fire Dept
55 Alameda - Hospital	056 Alameda Fire Dept
56 Alameda - Hospital	057 Alameda Fire Dept
57 Alameda - Hospital	058 Alameda Fire Dept
58 Alameda - Hospital	059 Alameda Fire Dept
59 Alameda - Hospital	060 Alameda Fire Dept
60 Alameda - Hospital	061 Alameda Fire Dept
61 Alameda - Hospital	062 Alameda Fire Dept
62 Alameda - Hospital	063 Alameda Fire Dept
63 Alameda - Hospital	064 Alameda Fire Dept
64 Alameda - Hospital	065 Alameda Fire Dept
65 Alameda - Hospital	066 Alameda Fire Dept
66 Alameda - Hospital	067 Alameda Fire Dept
67 Alameda - Hospital	068 Alameda Fire Dept
68 Alameda - Hospital	069 Alameda Fire Dept
69 Alameda - Hospital	070 Alameda Fire Dept
70 Alameda - Hospital	071 Alameda Fire Dept
71 Alameda - Hospital	072 Alameda Fire Dept
72 Alameda - Hospital	073 Alameda Fire Dept
73 Alameda - Hospital	074 Alameda Fire Dept
74 Alameda - Hospital	075 Alameda Fire Dept
75 Alameda - Hospital	076 Alameda Fire Dept
76 Alameda - Hospital	077 Alameda Fire Dept
77 Alameda - Hospital	078 Alameda Fire Dept
78 Alameda - Hospital	079 Alameda Fire Dept
79 Alameda - Hospital	080 Alameda Fire Dept
80 Alameda - Hospital	081 Alameda Fire Dept
81 Alameda - Hospital	082 Alameda Fire Dept
82 Alameda - Hospital	083 Alameda Fire Dept
83 Alameda - Hospital	084 Alameda Fire Dept
84 Alameda - Hospital	085 Alameda Fire Dept
85 Alameda - Hospital	086 Alameda Fire Dept
86 Alameda - Hospital	087 Alameda Fire Dept
87 Alameda - Hospital	088 Alameda Fire Dept
88 Alameda - Hospital	089 Alameda Fire Dept
89 Alameda - Hospital	090 Alameda Fire Dept
90 Alameda - Hospital	091 Alameda Fire Dept
91 Alameda - Hospital	092 Alameda Fire Dept
92 Alameda - Hospital	093 Alameda Fire Dept
93 Alameda - Hospital	094 Alameda Fire Dept
94 Alameda - Hospital	095 Alameda Fire Dept
95 Alameda - Hospital	096 Alameda Fire Dept
96 Alameda - Hospital	097 Alameda Fire Dept
97 Alameda - Hospital	098 Alameda Fire Dept
98 Alameda - Hospital	099 Alameda Fire Dept
99 Alameda - Hospital	100 Alameda Fire Dept

The Narrative Sections

The narrative section of the form is divided into several assessment areas, each with a set of checkboxes and a grid for recording findings. The areas include:

- Observe Color Signs - Eye:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.
- Observe Color Signs - Mucous Membranes:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.
- Observe Color Signs - Skin:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.
- Observe Color Signs - Nailbeds:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.
- Observe Color Signs - Sclera:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.
- Observe Color Signs - Tongue:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.
- Observe Color Signs - Lips:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.
- Observe Color Signs - Nailbeds:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.
- Observe Color Signs - Sclera:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.
- Observe Color Signs - Tongue:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.
- Observe Color Signs - Lips:** Includes checkboxes for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'. The grid has columns for 'Normal', 'Cyanotic', 'Icteric', and 'Anemic'.

The Narrative pages are attached to the back of the bubble page.

These pages become a part of the patient's medical record. Your agency and the receiving facility use this documentation to officially record the patient's assessment, care, and treatments. It is important that you make sure your writing is legible, and that you leave the hospital copy with the patient at the receiving facility.

The narrative section is comprised of a number of different areas to indicate patient assessment data (usually using "bubbles"), and places where you can hand write specific information. In places where a bubble mark can be used to record assessment information, we encourage you to do so. This makes the form easier for you to complete, easier to read, and allows you to chart more information in a limited amount of time. Different provider agencies have differing standards and formats regarding the way this section is to be completed, but they all have the following in common:

Physical findings relating to the chief complaint must be recorded and interventions must be charted, as well as the patient's response to interventions. This can, many times, be accomplished by using the Initial and Final options for a number of assessment areas (such as BREATHING and SKINS).

Check with your agency EMS Coordinator/Supervisor regarding the charting standards adopted by your agency. Some require detailed explanations of unusual occurrences (for example, AMA's), or information regarding calls that are cancelled enroute (i.e. "who cancelled the call").

Because the bubble page is not left at the receiving hospital, it is necessary for you to make sure all medical information, and the service times, are also recorded on the narrative page.

The sections are generally self-explanatory. Review your agency's expectations of you regarding the completion of the narrative page.