County of San Diego - Emergency Medical Services

Prehospital Patient Record
(Paper Version, "Bubble Form")
Form: *HHSA: EMS 104 (07/2009)*

Instruction Manual

Version 1

**County of San Diego
Health and Human
Services Agency**

Emergency Medical Services

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Table of Contents

| **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).

This year we have made minimal changes. Here is an overview:

Cosmetic Changes:

       The FY0910 form will remain the same color as the FY0809 form, purple.

New Options to Previous Fields:

       CREW LETTER

          - Deleted Crew letter option "C" no longer used
          - Added Crew letter option "V" for future Advanced EMT personnel

       MEDICATION:

          - Added Zofran

       SKILLS:

          - Added LT Airway

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 the Division of 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 the Division of 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, the system responds to over 225,000 calls for medical aid. Everyone (it seems) wants to know what happened on your call. |

State regulations require that each EMS system collect and evaluate certain data on their system activities. ***Prehospital provider agencies*** need data to evaluate areas served, response times and equipment utilization. Accurate information can justify increases in staffing or equipment. ***Medical personnel*** need to know what kinds of prehospital activities occurred, and how the patient responded to these interventions. ***You*** need to know that accurate records have been maintained on your actions in the field so that if you are ever called to describe what happened, you can. 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 format 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 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 a transporting ambulance staffed with EMT-Basic's only.
	A **CCT** (Critical Care Transport) unit is a ground or air medical unit staffed with at least one Registered Nurse, Paramedic or Physician, which is providing advanced levels of non-emergency care (i.e. not in response to an emergency 9-1-1 call).
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 summoned to a scene because of some sort of recently occurring **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 (that is, whenever their rig actually leaves the station). 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 these 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 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 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 top sheet of the PPR is the **bubble form** with fields that are penciled in. This is the copy that will 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 <u>not</u> 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 <u>erase all mistakes and stray marks on the form</u>. 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 for corrections.

EMS, Hospital, and Agency Copies

The paper PPR is composed of a set of 3 pages. The front of the form (the page with the bubbles) is 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 an NCR form, that is to say, a duplicate. Your agency will retain the original for its records.

The "Hospital Copy" is intended to remain with the patient (if there actually IS a patient) once the patient is delivered to the hospital or other medical facility. It 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 run. 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; check with your agency to see how this is accomplished.

Also, there will be occasions when you encounter, assess and perhaps treat a patient, but EMS personnel do not transport the patient to a hospital (patients released at scene, those who refuse treatment or transport, etc.). In instances when you have made Base Hospital contact, the Hospital Copy should be sent to the Base (if any) providing medical control.

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 in the paper PPR reflect the most recent revisions in the QCS PPR format.

Mandatory Fields	***Which fields <u>must</u> 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. EMS' scanner will reject and return incomplete or inaccurate forms to the agency submitting them for correction. The <u>underlined</u> section heading in this instruction manual also indicates mandatory fields.
Detailed Instructions – **Field by Field** **EMS COPY (Top copy)**	
<u>Agency Number</u> AGENCY	All authorized participant 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 this form), and mark 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.*
<u>TR (Transporting) Unit</u> TR UNIT	The four-digit identification number for the ambulance participating 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 <u>not</u> fill out the TR Unit section on your form. Please use the Narrative section to record this information.*

FR (First Responder) Unit

FR UNIT

The four-digit identifier for the ALS First responder unit participating on 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/Crew 2

CREW1 (C1)   CREW2 (C2)

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 San Diego County 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: *Only ALS, BLS, CCT are required to complete both Crew 1 and Crew 2 Fields.*

First Resp

FIRST RESP (FR)

If an ALS first responder was involved in the call, the names and San Diego County number for the personnel must be listed and bubbled in. All medical aid personnel should have a San Diego County 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

INTERN (INT)

J K N V

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 San Diego County 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 #

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.

Incident Number

INCIDENT #

This space is provided for your agency's convenience. Please follow your agency's policies for filling this out.

Age AGE YR / MO / DY bubble grid	Indicate the patient's age in years, months or days, and complete the appropriate bubbles.
Date of Birth DATE OF BIRTH MM / DD / YY bubble grid	Record the patient's birth date information in the spaces provided and fill-in the appropriate bubbles.
Sex / Ethnicity SEX ☐ Male ☐ Female ☐ Unknown Ethnicity ☐ White ☐ Black ☐ Hispanic ☐ Asian/PI ☐ Nat Amr ☐ Other	Indicate the appropriate gender and your best estimate of the patient's ethnicity. If unable to ascertain or determine the ethnicity or gender of the patient, please bubble "other" for ethnicity and "unknown" for gender.

Coma Scale

COMA SCALE

EYE	VER	MOT
1	1	1
2	2	2
3	3	3
4	4	4
	5	5
		6

Measurement of a patient's Glasgow Coma Scale is usually indicated for victims of traumatic injury or patients with altered levels of consciousness. For prehospital personnel familiar with the Glasgow Coma Score, indicate the initial GCS for the patient. The various scores for your assessment are indicated on the narrative page of the PPR.

Initial Vital Signs-
    Time, Pulse, SysBP,
    Dias BP, O_2Sat

TIME	PULSE	RESP	SYS BP	DIAS BP	O2 SAT R/A	O2

In the next few spaces, indicate the first set of vital signs obtained on the patient and the time that they were measured. If the blood pressure is palpated, write "P" in the space for writing the diastolic BP and do NOT darken any ovals for diastolic.

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 O_2Sat measurement on Room Air may be recorded under ***R/A***. The O_2Sat after oxygen was applied should be recorded under ***O_2***.

Incident
    Zip Code, Month,
    Day, Year

INCIDENT

ZIPCODE	MONTH	DAY	YR

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 a mandatory field for 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).*

Chief Complaint

CHIEF COMPLAINT (Select only one)		
Abdominal Pain	CVA	Other (Medical)
Airway Obstruct	CVA-onset w/i 3 hrs	Palpitations
Allergic Reaction	Drown/Diving	Psychiatric
Alter Neuro (Diab)	Environment	Respiratory Distress
Alter Neuro (Med)	ETOH/Subst Abuse	STEMI
Asthma	Extremity Pain(Med)	Seizure
Birth	Fever/Flu/Rash	Syncope
Burn	GI/GU	CPR Trauma
Chest Pain (Card)	HazMat/Toxic	CPR Trma/bystand
Chest Pain (Other)	Headache (Medical)	Trauma (Extremity)
CHF	Hemodialysis	Trauma (Head/Neck)
COPD	Neck/Back (Medical)	Trauma (Torso)
CPR Medical	OB/GYN	Other
CPR Med/Bystand	OD/Poisoning	None

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

We have provided options for "OTHER (MEDICAL)" and "OTHER (TRAUMA)". These options should only be used when there is no other option listed that seems reasonable for the patient's situation. We have also included the option "None" for those patients whom you encounter that have no chief 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 "None" for this field.*

Triage / Contributing Factors

TRIAGE/CONTRIBUTING FACTORS (1=Primary Factor)	
Age <5 or >55	Other
Anticoagulants	Positive LOC
Crowd	Possible Drugs
Dashboard Damage	Possible ETOH
Death In Same Veh	Pregnancy
Extrication	Rollover
Fall>10' Ped, 20' Adult	Steering Wheel Bent
Language	Thrown/Eject
Major Veh Damage	Weather
Obesity	Windshield Star

This section is to be used when you encounter a patient who 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.

Indicate a single 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**).

Note: *Other triage factors may be indicated in the columns of bubbles that do not have a "1" in them.*

Anatomical Factors

Anatomical Factors (1 = Primary Factor)
Pen (Head/Neck)
Pen (Chest/Back)
Pen (Extremity)
Pen (Abdomen)
Blunt (Head/Neck)
Blunt (Chest/Back)
Blunt (Extremity)
Blunt (Abdomen)
Amputation
Crush
Motor Deficit/Paral

For patients with trauma, we are interested in recording the types of injuries seen in the patient. Indicate a single bubble in the (1) column for the injury you feel to be most significant or severe (Primary Factor).

Note: *Other injury types and locations may be indicated in the columns of bubbles that do not have a "1" in them.*

Protective Devices

PROTECTIVE DEVICES (check ALL that apply)	
Airbag - Front	Unrestrained
Airbag - Side	Life Jacket
Lapbelt Only	Sports Helmet
Shoulder Only	Bicycle Helmet
Lap/Shoulder	Motorcycle Helmet
Child Booster Seat	Full Protective Gear
Child/Infant Seat	No Helmet
Truck Bd Res	Unknown

Select all that apply.

Indicate any and all options that appear to have been used on 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.

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.

Lapbelt Only: Select this category if a lapbelt was worn, but no shoulder harness *and* if an airbag did <u>not</u> deploy.

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

Lap/Shoulder: Select this category if a lap and shoulder combination belt was worn, but no airbag deployed.

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).

Child/Infant 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.

Truck Bd 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.

Life Jacket: This category should be chosen for any patient who was known to have worn a life jacket at the time of the incident.

Sports Helmet: This category should be chosen for any patient involved in a sport/recreational activity (except Bicycle or Motorcycle riding) and who are wearing a helmet during the time of incident. (Ex. Skateboarder wearing a helmet) Note: Bicycle and Motorcycle helmet use have separate options – see below.

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

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.)

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.

No Helmet: Select if the patient was a motorcyclist or bicyclist or was using a scooter, in-line skates or skateboard and was not wearing a helmet at the time of the crash.

Unknown: Select if it is unknown whether the patient wore restraints, or if the type of restraints used is unknown.

Intent of 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:

INTENT OF INJURY
- [ ] Assault
- [ ] Domestic Assault
- [ ] Legal Intervention
- [ ] Self Inflicted
- [ ] Unintentional
- [ ] Unknown
- [ ] Other

Assault: 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.

Unknown: Select if the circumstances or cause of the injury are unknown.

Other: Select if no other category of injury can be found that best describes the circumstances of the injury.

Mechanism of Injury

MECHANISM OF INJURY (Select Only One)		
	Driver	Passenger
MV	☐	☐
Motorcycle	☐	☐
ATV	☐	☐

☐ MVA vs. Pedalcycle	☐ Fire
☐ MVA vs. Pedestrian	☐ Firearm
☐ MVA - noncollision	☐ Hot Substance
☐ Aircraft	☐ Maltreatment
☐ Animal Ridden	☐ Non-Motorized Transp
☐ Bites/Stings	☐ Other
☐ Blunt Trauma	☐ Other Vehicle
☐ Cut/Pierce	☐ Pedalcycle
☐ Drown/Sub	☐ Poisoning
☐ Fall	☐ Railway/Trolley
	☐ Sexual Assault
	☐ Suffocation
	☐ Unknown
	☐ Water Transport

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 for 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, ETOH, etc) that may apply.

Here are some special notes regarding this section:

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 quadcars, 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 unicycle, bicycle, tricycle, or a quadracycle.

MVA vs. Pedestrian: This category is used for all MV related pedestrian incidents. If necessary, bubble this in 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).

Mechanism of Injury *Continued*

MECHANISM OF INJURY (Select Only One)		
	Driver	Passenger	
MV	☐	☐	☐ Fire
Motorcycle	☐	☐	☐ Firearm
ATV	☐	☐	☐ Hot Substance
☐ MVA vs. Pedalcycle			☐ Maltreatment
☐ MVA vs. Pedestrian			☐ Non-Motorized Transp
☐ MVA - noncollision			☐ Other
☐ Aircraft			☐ Other Vehicle
☐ Animal Ridden			☐ Pedalcycle
☐ Bites/Stings			☐ Poisoning
☐ Blunt Trauma			☐ Railway/Trolley
☐ Cut/Pierce			☐ Sexual Assault
☐ Drown/Sub			☐ Suffocation
☐ Fall			☐ Unknown
			☐ Water Transport

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".

Bite/Stings: Pertains to bite/stings or other injuries, not otherwise specified, from any type of animal or plant.

Blunt Trauma: Pertains to injuries from being struck by, caught between, and crushed by objects or persons. This includes those sustained during sports or in a crowd.

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

Drown/Sub: 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.

Fall: Includes falls into hole/swimming pool, 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, electricity, acid, gas etc).

Maltreatment: Pertains to injuries inflicted by another person with intent to harm by any means. Includes child abuse, neglect, and elder abuse. Use only with an assault or domestic assault intent category.

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

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).

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 unicycle, bicycle, tricycle, or a quadracycle.

Mechanism of Injury *Continued*

MECHANISM OF INJURY (Select Only One)			
	Driver	Passenger	☐ Fire
MV	☐	☐	☐ Firearm
Motorcycle	☐	☐	☐ Hot Substance
ATV	☐	☐	☐ Maltreatment
☐ MVA vs. Pedalcycle			☐ Non-Motorized Transp
☐ MVA vs. Pedestrian			☐ Other
☐ MVA - noncollision			☐ Other Vehicle
☐ Aircraft			☐ Pedalcycle
☐ Animal Ridden			☐ Poisoning
☐ Bites/Stings			☐ Railway/Trolley
☐ Blunt Trauma			☐ Sexual Assault
☐ Cut/Pierce			☐ Suffocation
☐ Drown/Sub			☐ Unknown
☐ Fall			☐ Water Transport

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

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.

Sexual Assault: Injures resulting from any unwanted sexual advances including attempted or completed rape. Use only with an assault or domestic assault intent category.

Suffocation: Injuries sustained from the inhalation and ingestion of food/objects or asphyxiation from machinery or object.

Unknown: Use only as a last resort and if the mechanism of the injury was truly unknown.

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.

Incident Location

INCIDENT LOCATION
☐ Home
☐ Industry
☐ Other
☐ Public Building
☐ Rec/Public Area
☐ School/Academic
☐ Street/Highway
☐ Unknown
Type Medical Facility
☐ Doctors Off/Clinic
☐ Urgent Care
☐ Skilled Nursing Fac
☐ Hospital

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

You will note a separate 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.

Skills

SKILLS					
C1 C2 FR INT Airway Assist	C1 C2 FR INT Glucose Monitor	C1 C2 FR INT Precordial			
C1 C2 FR INT Airway Adjunts	C1 C2 FR INT Intubation ET	C1 C2 FR INT Radio Report			
C1 C2 FR INT Cardiovention	C1 C2 FR INT IO	C1 C2 FR INT Restraints			
C1 C2 FR INT CO2 Det	C1 C2 FR INT IV Indwell/AV	C1 C2 FR INT Splint/Bandage			
C1 C2 FR INT CPAP	C1 C2 FR INT IV Perpheral	C1 C2 FR INT Spinal Immob			
C1 C2 FR INT CPR	C1 C2 FR INT IV Ext Jug	C1 C2 FR INT Suction			
C1 C2 FR INT Defb	C1 C2 FR INT LT Airway	C1 C2 FR INT 12 Lead ►			
C1 C2 FR INT Defb-AED	C1 C2 FR INT Magill Forcep	☐ STEMI			
C1 C2 FR INT Delivery/OB	C1 C2 FR INT Med Admin	☐ LBBB			
C1 C2 FR INT EKG Monitor	C1 C2 FR INT Needle Thorac	☐ OTHER			
C1 C2 FR INT ETAD	C1 C2 FR INT NG Tube	C1 C2 FR INT EDO/Toomy			
C1 C2 FR INT Ext Pac	C1 C2 FR INT O2 Sat Mon	C1 C2 FR INT VSM			

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

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 (**C**rew **1**, **C**rew **2**, **F**irst **R**esponder or **Int**ern).

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.

*Note: If a "12 Lead" was performed fill-in the option that best reflects your interpretation of the 12-Lead reading. Options are: **STEMI** (ST elevation myocardial infarction) **LBBB** (Left Bundle Branch Block) and **Other**.*

Status	Bubble in the patient's initial status (INT) and final (FIN) status (the patient's status when delivered to the next care giver).

STATUS

INT		FIN
☐	Mild	☐
☐	Moderate	☐
☐	Acute	☐

Position In Vehicle

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

POSITION IN VEHICLE

☐ Driver	☐ Truck Bed
☐ Front Row	☐ Unknown
☐ Other than Front Row	

Work Related

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.

WK RELATED

☐ Yes
☐ No
☐ Unknown

Pediatric Only

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

PEDIATRIC ONLY

☐ ALTE
☐ Parent Acc
  Broselow
☐ GP   ☐ B
☐ RPY ☐ O
☐ W   ☐ G

ALTE: Apparent Life Threatening Event – this applies to an infant (12 months of age or less) 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. If weight originated from another source, e.g. MD office or parent reported weight, leave section blank.

Here are some special notes regarding this section:

Grey/Pink (GP): Select if the child's weight is less than or equal to 7kg. Refer to San Diego County 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 San Diego County 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 San Diego County EMS Policy/Procedure/Protocol No. P-117 page 3 for

further clarification.

Blue (B): Select if the child's weight is between 19-22kg. Refer to San Diego County EMS Policy/Procedure/Protocol No. P-117
page 4 for further clarification.

Orange (O): Select if the child's weight is between 23-30kg. Refer to San Diego County EMS Policy/Procedure/Protocol No. P-117 page 5 for further clarification.

Green (G): Select if the child's weight is between 32-36kg. Refer to San Diego County EMS Policy/Procedure/Protocol No. P-117 page 6 for further clarification.

ET Intubation	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 (CO_2): This section allows for personnel to indicate their patient's concentration of CO_2 at the end of their exhaled breath.
IV Insertion	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 crewmember that attempted was successful.
Medications	This section allows for personnel to indicate the medications used for each patient. Additionally, by marking the appropriate bubbles, the crewmember that administered the drug can be indicated. The (C1), (C2) (FR) and (INT) bubbles will correspond to the crewmembers listed at the top of the form (**C**rew **1**, **C**rew **2**, **F**irst **R**esponder or **Int**ern). The specific dosage(s) and time(s) given must be documented on the narrative side of the form in the area provided. Don't forget to record the patient's response to the medication administered.

Research Protocol	Select if patient meets criteria and is to be enrolled into a current research study or trial.

RESEARCH PROTOCOL

EKG / Ectopy	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. For example, the patient is in sinus bradycardia with second-degree block mobitz type 1, indicate "2T2". The narrative section of the PPR should be used to document and characterize all EKG rhythms and changes.

EKG

NSR	JTac	Vflb
S Bra	AJun	Idio
S Tac	JEsc	Asys
S Arr	1deg	Pace
A Tac	2T1	BBB
A Flb	2T2	PEA
A Flu	3deg	
PSVT	VTac	

ECTOPY

1st Last
A A
J J
V V
<6 <6
>6 >6
SE SE
SD SD

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

Specialty Service	This section is connected to the "REASON for destination" category. If a patient was directed to a specific facility because that facility has any of the specific resources listed below, or if the patient was deemed to be "obviously dead" and not transported - indicate that in this section.

SPECIALTY SERVICE

Burn	Obviously Dead
DNR/Advance Dir	Other
Hyperbarics	Pediatrics
Jail/Contract	Sexual Aslt
Obstetrics	

Multi-Victim / Annex D	If there were multiple patients involved in this incident, the "YES" bubble should be indicated. If the County's Disaster Plan was activated, fill in the "ANNEX-D" bubble

MULTI VIC
Yes
Annex D

Run Code	Indicate the level of response provided both TO and FROM the incident scene. 1. Non-Emergent 2. Urgent 3. Emergency

RUN CODE
To Scn 1 2 3
Fr Scn 1 2 3

Transport Code	City of San Diego units should use the 10/20/30/40/50 coding system to record the level of transport.

TRANSPORT CODE
10 20 30 40 50

Reason	
Reason (Select Only One)	☐ Closest ☐ Bypass ☐ Requested ☐ Resources ☐ STEMI ☐ Trauma ☐ Other

This is a ***single choice category***. Indicate the one option that best describes the reason for transporting the patient to the medical facility chosen. For example, if the patient is categorized as a trauma center candidate, but the trauma center is the closest hospital anyway, pick TRAUMA as the destination reason.

All patients who meet criteria for a trauma center candidate (policies T-460/461) should have TRAUMA listed as the reason for destination.

If the patient is going to one facility because another is on bypass, pick "Bypass" as the reason.

If the destination was chosen because of one of the special issues listed in the RESOURCES section, indicate "Resources".

Note: *STEMI should be filled-in only if it has been determined that the patient is showing or displaying symptoms of ST elevation or possible MI and needs to be taken to a specific facility for treatment thereof.*

Times

INC TIME	CALL RCD	RESPOND

In each section, write in the appropriate time, using military time, and fill in the appropriate bubbles. Fill in all times that apply and complete entry on the ones that are ***mandatory (bold and underlined)**.

INC TIME - Incident Time - The approximate time that the incident occurred or the illness was recognized. This is NOT necessarily the time of the 9-1-1 calls!

CALL RCD - Call Received - The time that you received the dispatch notification **(* Mandatory field for ALS, BLS, and CCT Units).**

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

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).

Times *Continued*

TR ARV SCN	DPT SCN	ARV DES

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 **(* Mandatory field for ALS, BLS, and CCT Units).**

FR DISP - First Responder Dispatch Time - The time the ALS First Responder unit received its dispatch notification **(* Mandatory field for ALS First Responder Units only)**.

FR ARV SCN - First Responder Arrive Scene - The time the ALS First Responder Unit arrived at the incident location **(* Mandatory field for**

<u>Times</u> *Continued*

AVAIL	FR DISP	FR ARV SCN

Call Cancelled Before Arrived Scene:
If the call is cancelled *before* you arrive to the incident location, bubble the **CX** (call cancelled) option in this field and indicate **Call Cancelled** under the OUTCOME field.

Note: *All personnel whose forms fall under this category and whom have not bubbled in the **CX** option on their PPR document 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 indicate **Call Cancelled** under the OUTCOME field.

<u>Outcome</u>

OUTCOME (select 1)
- ☐ Trans by Call Unit
- ☐ Trans Oth Unit
- ☐ Trans Rendezvous
- ☐ AMA
- ☐ Release
- ☐ DOS
- ☐ Aid Unnecessary
- ☐ Call Cancelled
- ☐ Interfacility
- ☐ Interfacility-CCT
- ☐ Oth No Emerg BLS
- ☐ Eloped

This is a ***single choice category***. Indicate the <u>one</u> option that best describes the run outcome.

Transport by Unit: Refers to instances when your unit transports an emergency 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 emergency 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 Oth 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 San Diego County EMS criteria for obviously dead, or in those situations when the patient is pronounced Dead on Scene and not transported.

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 really does not or 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.

<u>Outcome</u> *Continued*

OUTCOME (select 1)
- [ ] Trans by Call Unit
- [ ] Trans Oth Unit
- [ ] Trans Rendezvous
- [ ] AMA
- [ ] Release
- [ ] DOS
- [ ] Aid Unnecessary
- [ ] Call Cancelled
- [ ] Interfacility
- [ ] Interfacility-CCT
- [ ] Oth No Emerg BLS
- [ ] Eloped

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.

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: Use for Critical Care Transports Only (CCT personnel or ALS/ BLS personnel acting in a CCT Role). Prehospital BLS and ALS personnel should NOT utilize this option when performing a Interfacility Transfer as there is a separate option for those types of transports.

Oth NoEmerg 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.

> *Note: This is not a valid run outcome for ALS personnel / agencies!*

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.

The Narrative Sections

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.