

# ALAMEDA COUNTY PREHOSPITAL CARE REPORT

ALS BLS Co. \_\_\_\_\_

DISPATCH	MO/DAY/YEAR	UNIT	EMT-I PARAMEDIC	Code: 1 2 3	Changed to: 2 3	<input type="checkbox"/> Dry run <input type="checkbox"/> GOA <input type="checkbox"/> DOA <input type="checkbox"/> Pvt Transport	C-MED NUMBER		TRIP NUMBER					
	Location:			City:		<input type="checkbox"/> Care Refused <input type="checkbox"/> Transport Refused <input type="checkbox"/> Other	:	:	:	:	# of Pts.			
PATIENT ID	PATIENT NAME:													
	LAST			FIRST					Middle					
	PHONE		ADDRESS:											
	( )		Street			City		State		Zip				
	DOB: / /		S.S. #: - -		Insurance:			Insurance #:						
Industrial: <input type="checkbox"/> yes <input type="checkbox"/> no			Responsible Party:				Phone #:							
<input type="checkbox"/> Non-breathing/pulseless		<input type="checkbox"/> Stat Medical		<input type="checkbox"/> Stat Trauma		<input type="checkbox"/> Non Stat		_____min ETA to: _____		Location/position:	Age:	Sex:	Weight:	PMD:
CHIEF COMPLAINT:						PERTINENT MEDICAL HISTORY:								
						<input type="checkbox"/> Cardiac: <input type="checkbox"/> Seizure <input type="checkbox"/> ETOH on breath <input type="checkbox"/> Asthma/Emphysema <input type="checkbox"/> CVA <input type="checkbox"/> PSYCH <input type="checkbox"/> Diabetes <input type="checkbox"/> HTN <input type="checkbox"/> OTHER								
HISTORY OF CHIEF COMPLAINT/MECHANISM OF INJURY:						MEDICATIONS:								
GENERAL ASSESSMENT:						ALLERGIES:								
CONDITION	<b>GLASCOW COMA SCALE</b>						WNL ABN		Details					
	<b>EYE OPENING</b>		<b>VERBAL RESPONSE</b>		<b>MOTOR RESPONSE</b>		1. Neuro <input type="checkbox"/> <input type="checkbox"/>							
	<input type="checkbox"/> Spontaneous <input type="checkbox"/> To Voice <input type="checkbox"/> To Pain <input type="checkbox"/> None		<input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Inappropriate words <input type="checkbox"/> Incomprehensible words <input type="checkbox"/> None		<input type="checkbox"/> Obeys Commands <input type="checkbox"/> Localizes Pain <input type="checkbox"/> Withdraws To Pain <input type="checkbox"/> Flexion To Pain <input type="checkbox"/> Extension To Pain <input type="checkbox"/> None		2. Head/Face <input type="checkbox"/> <input type="checkbox"/> <small>(eye, ears, nose)</small>							
	Explanation:						3. Neck <input type="checkbox"/> <input type="checkbox"/>							
	<b>BREATHING</b>		<b>SKIN COLOR</b>		<b>SKIN MOIST</b>		<b>SKIN TEMP</b>					4. Chest <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> Normal <input type="checkbox"/> Shallow <input type="checkbox"/> Retracting <input type="checkbox"/> Absent <input type="checkbox"/> Rapid <input type="checkbox"/> Labored <input type="checkbox"/> Other		<input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Ashen <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundiced		<input type="checkbox"/> Dry <input type="checkbox"/> Moist		<input type="checkbox"/> Warm <input type="checkbox"/> Cold <input type="checkbox"/> Cool <input type="checkbox"/> Hot					5. Lungs <input type="checkbox"/> <input type="checkbox"/>		
			<b>TURGOR</b>									6. Abdomen <input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> Good <input type="checkbox"/> Poor									7. Back/Spine <input type="checkbox"/> <input type="checkbox"/>		
												8. Pelvis <input type="checkbox"/> <input type="checkbox"/>		
												9. Extremities <input type="checkbox"/> <input type="checkbox"/>		
TIME:	→ BP P R ← BP P R						EKG:							
:														
:														
:														
:														
:														
:														
:														
:														
:														
CRITICAL TRAUMA CRITERIA MET? (over for CTP criteria) <input type="checkbox"/> No <input type="checkbox"/> Yes if yes... CRITERIA:														
TIME:	MANAGEMENT					PT. RESPONSE				BP	P	R		
:														
:														
:														
:														
:														
:														
:														
:														
Comments: (additional comments – use a continuation form)														
Continuation form <input type="checkbox"/> yes <input type="checkbox"/> no														
RECEIVING HOSPITAL   MD:		2 3 Code	Reason for hospital selection: <input type="checkbox"/> Pt/family request <input type="checkbox"/> Closest <input type="checkbox"/> Undesignated <input type="checkbox"/> Reroute <input type="checkbox"/> MD request <input type="checkbox"/> Special services <input type="checkbox"/> Trauma Center <input type="checkbox"/> Other: _____											
Base MD   MICN:		Base contacted: <input type="checkbox"/> no <input type="checkbox"/> yes ... if yes, which base hospital:												
TEAM MEMBER 1:	Number:	TEAM MEMBER 2:	Number:	TEAM MEMBER 3:	Number:	TEAM MEMBER 4:	Number:							

**CRITICAL TRAUMA PATIENT CRITERIA:** (transfer number to the front of the PCR)

1. **Physiologic criteria** – Revised trauma score (RTS) any component  $\leq$  3:
  - a. Glasgow Coma Scale  $\leq$  12 **or**;
  - b. Blood pressure  $\leq$  90 systolic **or**;
  - c. Respiratory rate  $<$  10 or  $>$  29
  
2. **Anatomic injury factors:**
  - a. Penetrating injury to the torso, head, neck, groin, or extremity proximal to the knee or elbow
  - b. Evidence of two or more proximal long bone fractures (femur, humerus)
  - c. Traumatic amputation above the wrist or ankle
  - d. Traumatic paralysis
  
3. In addition, the following **Paramedic Consideration** criteria may be used to identify a CTP:
  - a. Death of an occupant in the same passenger space
  - b. Extrication time of greater than twenty (20) minutes
  - c. Auto vs. pedestrian greater than or equal to 20 mph
  - d. Auto vs. pedestrian ( $\leq$ 14 or  $\geq$ 55 years of age)
  - e. Submersion with trauma
  - f. Significant blunt trauma to head, neck, torso or abdomen (e.g. starred windshield, loss of consciousness)
  - g. Vehicle rollover without restraints
  - h. Ejection of patient from vehicle
  - i. Falls greater than or equal to fifteen (15) feet
  - j. Falls greater than ten (10) feet ( $\leq$ 14 or  $\geq$ 55 years of age)
  - k. Significant vehicle damage  
(e.g. front axle rearward displaced; passenger space intrusion of one foot or more;  
bent steering wheel/column)
  - l. Ejection from a moving object