County of Kern

Emergency Medical Services

PATIENT CARE RECORD POLICIES AND PROCEDURES

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Table of Contents

REVISION & ACTION LISTING:

02/13/95	Complete Draft for Limited Trial Project
02/27/95	Draft revised for Full Scope Trial Project (to remain as authorized use draft until trial completed)
03/17/95	Revision - Consistent with Project Progression for Reference
07/15/95	Revision - Consistent with feedback to date, for full implementation.
08/18/95	Revision - Consistent with revised forms.
10/18/95	Revision - Consistent with revised forms for full implementation.
11/16/95	Revision - Consistent with feedback
11/15/2002	Revision Draft for group review
12/20/2002	Revised Final in accordance with PCR Provider Group Feedback
02/28/2006	Revised – e-PCR initial implementation
12/18/2008	Revised Section III J. PCR submission timing to EDs, and updated cover page
05/01/2012	Revised – Consistent with data warehouse equipment, added mandatory narrative, and added Fire and Law to reporting
05/29/2012	Minor changes/edits per final staff review
06/01/2012	Effective date for revisions made in May 2012
10/10/2012	Defined “Preliminary Record”
08/02/2013	Updated Ambulance Report Form in Appendix Three

Section 1 - GENERAL PROVISIONS

A. This policy defines all requirements regarding electronic data collection (Electronic Patient Care Report) and written data collection (Patient Care Report) and their uses, completion, referral, retention and reporting within Kern County.
B. The patient care report (PCR) and mandatory electronic data elements (e-PCR), are established and maintained under the authority of the Emergency Medical Services Division (Division) in accordance with California Health and Safety Code and California Code of Regulations Title 22.
C. The mandatory data elements, documents, electronic records and printed reports are official medical records and upon submission are the property of the Division. The original document prepared by the care provider shall be retained and maintained by the care provider's employer as the legal custodian of the medical record. Patient Care Records in either electronic or printed form are confidential medical records and are limited to the possession of the Division, authorized EMS providers involved with response to the patient location or direct patient care, and authorized medical facilities that receive the patient if transported.
D. The Division uses the National Highway Traffic Safety Administration (NHTSA) Uniform Pre-Hospital Emergency Medical Services Dataset, National Emergency Medical Services Information System (NEMSIS) for the collection and aggregation of all electronic data in the local EMS system. All references herein to "Mandatory Elements", "Data Elements", "Elements" or "Data" are taken directly from the NEMSIS Dataset and can be located and referenced in the NEMSIS Data Dictionary located at: http://www.nemsis.org/v2/downloads/documents/NEMSIS_Data_Dictionary_v2.2.1_05042010.pdf .
E. Providers may use a third party data collection/preparation service to prepare and forward the mandatory data elements to the Division so long as said third party service uses the NEMSIS Dataset, complies with all data collection mandates set forth by the Division, is in full compliance with all HIPAA and HITECH Regulations, and has been approved by the Division. Providers are responsible for all compliance with data collection mandates, policies and procedures contained herein, third party notwithstanding. It is recommended that any provider using a third party service obtain a Business Associates Agreement outlining responsibility for adherence to all HIPPA and HITECH Regulations.
F. The patient care report in either electronic or printed format may be provided to other sources only in accordance with applicable state and/or federal laws; or may be provided to the patient or patient responsible party by valid written authorization.
G. The patient care report in either electronic or printed format shall be accurately completed in accordance with these policies and procedures. Willful falsification of a patient care record or failure to comply with these policies and procedures shall result in formal investigative action per 1798.200 of the California Health and Safety Code and Ordinance Code 8.12.190.
H. The mandatory data elements (e-PCR) listed in Section III - PCR Operational Procedures, below shall be generated by the service provider and transmitted to the Division in accordance with PCR Operational Procedures.
I. The data obtained through a patient care report will be used for, but not limited to, the following purposes:

1. Documentation of patient problem history, assessment findings, care, response to care and patient outcome for the purposes of effective continued patient care by responsible medical professionals; and medical-legal documentation.
2. Development of aggregate data reports of various topics determined by the Division to drive the continuous quality improvement (CQI) system action plan;
3. Evaluation of compliance with Ordinance Code 8.12;
4. Indicator for individual case evaluation; and
5. Divisional issue or case investigation.

J. The EMS Director is the final authority for determination of aggregate data reports that are to be maintained confidential or distributed. Any EMS provider may request in writing that the Division hold a specific aggregate report confidential. The written request must include the specific report topic or topics and detailed rationale for confidentiality. Data reports that may be deemed proprietary, at the Division's discretion, will be referred to the potentially affected provider(s) for feedback prior to public distribution.

K. The Division, in consultation with EMS providers, may revise these policies and procedures and mandatory data elements (e-PCR) as necessary.

L. Each agency is responsible for developing and maintaining a data collection back up plan.

M. Any agency that experiences a failure of its electronic data collection system shall immediately notify the Division of said failure. Said agency is responsible for maintaining the collection of all mandatory data elements should a failure occur. Said agency shall have 48 hours to correct the above mentioned electronic data collection failure and begin submitting all mandatory electronic data elements. All data elements collected during the above mentioned failure shall be maintained and entered into the electronic collection system immediately following the system's availability. In addition, any agency planning system maintenance or upgrades that could cause a delay in data transmission, will notify the division at least 24 hours in advance of said maintenance or upgrade.

Section 2 - DEFINITIONS

A. "Division": Kern County EMS Division of Public Health.

B. "Ordinance": Kern County Ordinance Code.

C. "Mandatory Element": a data field identified by the EMS Division that must be completed and transmitted by EMS provider.

D. "e-PCR": the mandatory electronic data elements that as a whole make up the electronic patient care record that is completed by the EMS provider which shall serve as the permanent patient care report documenting patient condition, treatment, and all associated circumstances pertaining to a response.

E. "Preliminary Record": A record (hand written or printed) containing pertinent patient information with a minimum of the following information included:
   1. Incident Number
   2. Map Key/Section
   3. Date

4. Ambulance Provider
5. Unit Number
6. Incident Location
7. Call Time
8. Patient Age
9. Patient Sex
10. Patient weight
11. Patient Name (Last, First, MI)
12. Transport Destination
13. Chief Complaint
14. Skin Vital Signs
15. Glasgow Coma Scale
16. Revised Trauma Score
17. Assessment of Pupils
18. Medical History
19. Medications
20. Allergies
21. ECG Rhythm and Times
22. Emergency Care Provided
23. Vital Signs (Time, B/P, Respiratory Rate, Pulse Rate, O2 Saturation)
24. IV Administration (Time, Location, Cath Size, Solution, Rate)
25. Medications Administered (Time, Medication, Dose, Route/Rate)
26. SOAP Narrative
27. Base Hospital Name
28. Transport Type (Code 2, Code 3, Ground, Air)
29. Receiving R.N./MICN/M.D. Name
30. Receiving R.N./MICN/M.D. Signature and time
31. Ambulance attendant name
32. License/Certification Number
33. Arrived ED Time
34. Offload Time
35. Attendant Signature and Time

Section 3 - PCR OPERATIONAL PROCEDURES

A. EMS providers shall accurately complete and submit all mandatory electronic data for each response to a call for service as described herein. This includes all emergency responses, non-emergency responses, responses that are canceled before scene arrival, and any pre-arranged ambulance standbys, and ambulance patient transfers originating in Kern County. In addition, any contact between an EMT, Paramedic, or CCT Nurse and a potential patient requires completion of an ePCR or PCR.

B. All mandatory electronic data elements (e-PCR), shall be completed by the EMT, Paramedic, or CCT Nurse responsible for patient care.

C. Prior to submitting the mandatory data elements (e-PCR) to the Division, the EMT, Paramedic, or CCT Nurse responsible for patient care shall review in detail each mandatory data element to ensure its accuracy. All electronic data elements (e-PCR),

once submitted to the server, become a locked legal document and the contents cannot be modified. Kern County EMS uses a Secure Socket Layer system for transferring mandatory data elements which adheres to HIPPA and HITECH standards.

D. The mandatory data elements are contained in Appendix One.

E. The EMS report becomes part of the patient's medical record and as such is a legal and confidential document. In addition to serving an immediate medical communication purpose, the report also provides a historical record of this specific incident. In the event of future legal action, the report may also serve as a reminder to the author of the events and details surrounding this patient's medical event. Any detail or information which may benefit the patient's immediate medical care, or which may protect the patient from potential harm related to this incident, or that may prove useful in the event of a future legal action shall be included in the narrative portion of the ePCR.

Each patient contact (as described in section III, A.) made in the field will result in a completed ePCR that contains a narrative data element that includes, at minimum:

SUBJECTIVE – THE PATIENT'S STORY

1. Patient Description
2. Chief complaint
3. History of the Present Event: What happened? When did it happen? Where did it happen? Who was involved? How did it happen? How long did it occur? What was done to improve or change things?
4. Allergies, Current Medications, Past Medical History (Pertinent), and Last oral intake.

OBJECTIVE INFORMATION – THE Rescuer's STORY

1. The Rescuer's Initial Impression: Description of the scene. What was your first impression of the scene and patient?
2. Vital Signs
3. Physical Exam findings
4. General Observations: Other noteworthy information such as environmental conditions, patient location upon arrival, patient behavior, etc.

ASSESSMENT – THE Rescuer's IMPRESSION

1. Conclusions made based on chief complaint and physical exam findings
2. Often, this is the "narrowed-down" version of the differential diagnosis

PLAN – THE Rescuer's PLAN OF THERAPY(Treatment)

1. What was done for the patient. This should include treatment provided prior to your arrival as well as what you did for the patient.
2. Describe what you did with the patient – Disposition. This could be "patient loaded and prepared for transport", "patient handed off to flight crew", or "patient signed refusal of transport and is left home with family."

EN ROUTE – Re-Assessment(Patient Trending)

1. Information regarding therapies provided during transport as well as changes in the patient's condition during transport.
2. It may also include pertinent events surrounding the transfer of the patient at the hospital.

F. Use of abbreviations is permitted in the e-PCR narratives and comments elements. Acceptable abbreviations can be found in Appendix 2.

G. Times entered in Interventions, Vital Signs, and Assessments are considered estimates based on the approximate time the particular skill or procedure was completed.

H. **At minimum an e-PCR "PRELIMINARY RECORD" shall be printed, or a handwritten Kern County Ambulance Report Form shall be completed and filed with the physician, MICN, or RN immediately upon delivery of the patient to the base/receiving hospital emergency department.** Ambulance crews may use either a printout from electronic data collection hardware or the handwritten version of the Kern County Ambulance Report Form. **In no case shall a unit depart an emergency department without delivering a preliminary e-PCR, a completed e-PCR, or a completed Kern County Ambulance Report Form to emergency department staff.** The Division may consider an exception to this requirement on a case-by-case basis, if so requested by the ambulance provider for an unusual circumstance. However, normal procedures are to leave a PCR at the hospital, with the patient every time.

1. Hospitals shall be responsible for maintaining printer hardware (including paper, toner, etc.) compatible with electronic data collection devices being used, to facilitate the printing of the electronic record. Should printer hardware be temporarily unavailable, hospital shall allow the completed handwritten Kern County Ambulance Report Form to be submitted as the patient record and photocopied by ambulance crews.
2. Habitual non-maintenance of hospital printer equipment is problematic, failure by hospitals to maintain printer equipment or failure to provide ambulance crews with the ability to leave a printed record for greater than one week is deemed permission by the hospital to not leave a written report. Base and receiving hospitals will make every reasonable effort to maintain the ability to print the electronic preliminary patient care report, at all times.
3. It is understood that technological failures occur, and the hospital printer or the ambulance crew's electronic device may malfunction from time to time. The Kern County Ambulance Report Form will be used to leave a written patient report when technology fails. Hospitals shall be responsible for maintaining a supply of the Kern County Ambulance Report Form for use by ambulance crews. Failure by hospitals to provide ambulance crews with the ability to leave a handwritten record will be deemed permission by the hospital to not leave a written record. Ambulance Report Form can be found in Appendix 3.
4. The ambulance provider shall assure that the final electronic patient care record is delivered to the hospital within 15 hours of call time.

I. Patients who are transported to medical facilities or hospitals outside of Kern County or to medical facilities within Kern County other than hospital emergency departments, a print out of the electronic patient care report can be submitted via fax to the facility, if requested by that facility. If written documentation is requested at time the patient is delivered, the attending EMT, Paramedic, or CCT Nurse shall provide a completed Kern County Ambulance Report Form.

J. Submission of each mandatory electronic data element (e-PCR) to the Division shall be completed as soon as possible, after transferring patient to care of hospital staff. In no case shall e-PCR submission to the Division be in excess of (15) hours from call time.

K. The Division may also request immediate submission of the e-PCR for a specific call or calls. EMS providers shall immediately submit requested e-PCR to the Division.

L. Implementation of the e-PCR policy for those agencies (such as Fire/Law) that have yet to submit electronic patient care reports shall be accomplished in two (2) phases:

1. Agencies (Fire/Law) will immediately begin working with the EMS Division to send data already being collecting electronically, to match as many of the NEMSIS data elements and locally required data elements as possible. Target date for implementation of Phase 1 (submitting incomplete electronic data to EMS) is December 1, 2012.
2. Agencies (Fire/Law) will begin submitting complete NEMSIS compliant data locally required data by July 1, 2014.

APPENDIX ONE -MANDATORY DATA ELEMENTS

Element Code	Data Element
D01_01	EMS Agency Number
D01_03	EMS Agency State
D01_04	EMS Agency County
D01_07	Level of Service
D01_08	Organizational Type
D01_09	Organization Status
D01_21	National Provider Identifier
D02_07	Agency Contact Zip Code
E01_01	Patient Care Report Number
E01_02	Software Creator
E01_03	Software Name
E01_04	Software Version
E02_01	EMS Agency Number
E02_02	Incident Number
E02_03	EMS Unit (Vehicle) Response Number
E02_04	Type of Service Requested
E02_05	Primary Role of the Unit
E02_06	Type of Dispatch Delay
E02_07	Type of Response Delay
E02_08	Type of Scene Delay
E02_09	Type of Transport Delay
E02_10	Type of Turn-Around Delay
E02_11	EMS Unit/Vehicle Number
E02_12	EMS Unit Call Sign (Radio Number)
E02_17	On-Scene Odometer Reading of Responding Vehicle
E02_18	Patient Destination Odometer Reading of Responding Vehicle
E02_20	Response Mode to Scene
E03_01	Complaint Reported by Dispatch
E03_02	EMD Performed
E04_01	Crew Member ID

E04_02	Crew Member Role
E04_03	Crew Member Level
E05_01	Incident or Onset Date/Time
E05_02	PSAP Call Date/Time
E05_03	Dispatch Notified Date/Time
E05_04	Unit Notified by Dispatch Date/Time
E05_05	Unit En Route Date/Time
E05_06	Unit Arrived on Scene Date/Time
E05_07	Arrived at Patient Date/Time
E05_09	Unit Left Scene Date/Time
E05_10	Patient Arrived at Destination Date/Time
E05_11	Unit Back in Service Date/Time
E06_01	Last Name
E06_02	First Name
E06_04	Patient's Home Address
E06_08	Patient's Home Zip Code
E06_10	Social Security Number
E06_11	Gender
E06_12	Race
E06_13	Ethnicity
E06_14	Age
E06_15	Age Units
E06_16	Date of Birth
E06_17	Primary or Home Telephone Number
E06_19	Driver's License Number
E07_01	Primary Method of Payment
E07_09	Insurance Group ID/Name
E07_10	Insurance Policy ID Number
E07_11	Last Name of the Insured
E07_12	First Name of the Insured
E07_14	Relationship to the Insured
E07_15	Work-Related
E07_34	CMS Service Level
E07_35	Condition Code Number
E08_06	Mass Casualty Incident
E08_07	Incident Location Type
E08_08	Incident Facility Code

E08_11	Incident Address
E08_12	Incident City
E08_13	Incident County
E08_14	Incident State
E08_15	Incident ZIP Code
E09_01	Prior Aid
E09_02	Prior Aid Performed by
E09_03	Outcome of the Prior Aid
E09_04	Possible Injury
E09_05	Chief Complaint
E09_09	Duration of Secondary Complaint
E09_11	Chief Complaint Anatomic Location
E09_12	Chief Complaint Organ System
E09_13	Primary Symptom
E09_14	Other Associated Symptoms
E09_15	Providers Primary Impression
E09_16	Provider's Secondary Impression
E10_01	Cause of Injury
E10_02	Intent of the Injury
E10_03	Mechanism of Injury
E10_05	Area of the Vehicle impacted by the collision
E10_08	Use of Occupant Safety Equipment
E10_09	Airbag Deployment
E11_01	Cardiac Arrest
E11_02	Cardiac Arrest Etiology
E11_03	Resuscitation Attempted
E11_04	Arrest Witnessed by
E11_05	First Monitored Rhythm of the Patient
E11_06	Any Return of Spontaneous Circulation
E11_07	Neurological Outcome at Hospital Discharge
E11_08	Estimated Time of Arrest Prior to EMS Arrival
E11_09	Date/Time Resuscitation Discontinued
E11_10	Reason CPR Discontinued
E11_11	Cardiac Rhythm on Arrival at Destination
E12_01	Barriers to Patient Care
E12_08	Medication Allergies
E12_09	Environmental/Food Allergies

E12_10	Medical/Surgical History
E12_11	Medical History Obtained From
E12_19	Alcohol/Drug Use Indicators
E13_01	Run Report Narrative
E14_01	Date/Time Vital Signs Taken
E14_02	Obtained Prior to this Units EMS Care
E14_03	Cardiac Rhythm
E14_04	SBP (Systolic Blood Pressure)
E14_05	DBP (Diastolic Blood Pressure)
E14_06	Method of Blood Pressure Measurement
E14_07	Pulse Rate
E14_08	Electronic Monitor Rate
E14_09	Pulse Oximetry
E14_10	Pulse Rhythm
E14_11	Respiratory Rate
E14_12	Respiratory Effort
E14_13	Carbon Dioxide
E14_14	Blood Glucose Level
E14_15	Glasgow Coma Score-Eye
E14_16	Glasgow Coma Score-Verbal
E14_17	Glasgow Coma Score-Motor
E14_18	Glasgow Coma Score-Qualifier
E14_19	Total Glasgow Coma Score
E14_20	Temperature
E14_21	Temperature Method
E14_22	Level of Responsiveness
E14_23	Pain Scale
E14_24	Stroke Scale
E15_01	NHTSA Injury Matrix External/Skin
E15_02	NHTSA Injury Matrix Head
E15_03	NHTSA Injury Matrix Face
E15_04	NHTSA Injury Matrix Neck
E15_05	NHTSA Injury Matrix Thorax
E15_06	NHTSA Injury Matrix Abdomen
E15_07	NHTSA Injury Matrix Spine
E15_08	NHTSA Injury Matrix Upper Extremities
E15_09	NHTSA Injury Matrix Pelvis
E15_10	NHTSA Injury Matrix Lower Extremities

E15_11	NHTSA Injury Matrix Unspecified
E16_01	Estimated Body Weight
E16_03	Date/Time of Assessment
E16_04	Skin Assessment
E16_05	Head/Face Assessment
E16_06	Neck Assessment
E16_07	Chest/Lungs Assessment
E16_09	Abdomen Left Upper Assessment
E16_10	Abdomen Left Lower Assessment
E16_11	Abdomen Right Upper Assessment
E16_12	Abdomen Right Lower Assessment
E16_14	Back Cervical Assessment
E16_15	Back Thoracic Assessment
E16_16	Back Lumbar/Sacral Assessment
E16_17	Extremities-Right Upper Assessment
E16_18	Extremities-Right Lower Assessment
E16_19	Extremities-Left Upper Assessment
E16_20	Extremities-Left Lower Assessment
E16_21	Eyes-Left Assessment
E16_22	Eyes-Right Assessment
E16_23	Mental Status Assessment
E16_24	Neurological Assessment
E18_01	Date/Time Medication Administered
E18_02	Medication Administered Prior to this Units EMS Care
E18_03	Medication Given
E18_04	Medication Administered Route
E18_05	Medication Dosage
E18_06	Medication Dosage Units
E18_07	Response to Medication
E18_08	Medication Complication
E18_09	Medication Crew Member ID
E18_10	Medication Authorization
E18_11	Medication Authorizing Physician
E19_01	Date/Time Procedure Performed Successfully
E19_02	Procedure Performed Prior to this Units EMS Care
E19_03	Procedure
E19_04	Size of Procedure Equipment
E19_05	Number of Procedure Attempts

E19_06	Procedure Successful
E19_07	Procedure Complication
E19_08	Response to Procedure
E19_09	Procedure Crew Members ID
E19_10	Procedure Authorization
E19_12	Successful IV Site
E19_13	Tube Confirmation
E19_14	Destination Confirmation of Tube Placement
E20_01	Destination/Transferred To, Name
E20_02	Destination/Transferred To, Code
E20_03	Destination Street Address
E20_07	Destination Zip Code
E20_10	Incident/Patient Disposition
E20_14	Transport Mode from Scene
E20_15	Condition of Patient at Destination
E20_16	Reason for Choosing Destination
E20_17	Type of Destination
E22_01	Emergency Department Disposition
E23_03	Personal Protective Equipment Used
E23_05	Suspected Contact with Blood/Body Fluids of EMS Injury or Death
E23_06	Type of Suspected Blood/Body Fluid Exposure, Injury, or Death
E23_10	Who Generated this Report?
Plus Data	**Name / Value**
EMD	CardNumber
	Level
	Determinant
	Suffix
Mapping	Key
	Section
	Quarter Section
Trauma	Trauma 1
	Trauma 2
	Trauma 3
	Trauma 4
	Trauma 5

APPENDIX TWO – ACCEPTABLE ABBREVIATION LIST

-	Negative, without, decrease
&	And
?	Possible, questionable
+	Positive, with, increase
<	Less than
=	Equal
>	Greater than
5150	Danger to self, others, gravely disabled with mental illness
A/OX1,2,3,4	Alert, and (1) Oriented to Person, (2) Place, (3) Time, and (4) Event.
Abd	Abdomen
Abr	Abrasion
ACE	Angiotension converting enzyme
AED	Automated External Defibrillator
A-fib	Atrial Fibrillation
A-flutter	Atril Flutter
AICD	Automatic Internal Cardiac Defibrillator
AIDS	Acquired immunodeficiency syndrome
ALOC	Altered level of consciousness
ALS	Advanced life support
AM	Morning
AMI	Acute myocardial infarction
AOS	Arrived On Scene
AMS	Altered mental status
A-P	Anteroposterior (front to back)
APAP	Acetaminophen
APGAR	Appearance, Pulse, Grimace, Activity, Respiration
ASA	Acetylsalicylic acid
ASHD	Arteriosclerotic heart disease
AV	Atrioventricular
BG	Blood glucose
BID	Twice a day
BLS	Basic life support
BM	Bowel movement
BP	Blood pressure
BVM	Bag-valve-mask
C/C	Chief complaint
C/o	Complains of
C1, C2	First, Second, etc., cervical vertebra
CA	Cancer or Carcinoma
Ca++	Calcium
CABG	Coronary artery bypass graft
CAD	Coronary artery disease

CALF	CalFire*
Cap	Capsule
CBC	Complete blood count
cc	Cubic centimeter
CCU	Coronary care unit
Chemo	Chemotherapy
CHF	Congestive heart failure
CHP	California Highway Patrol*
cm	Centimeter
CNS	Central nervous system
CO	Carbon monoxide
CO2	Carbon dioxide
COPD	Chronic obstructive pulmonary disease
CP	Chest Pain
CPAP	Continuous Positive Airway Pressure
CPR	Cardiopulmonary resuscitation
CSF	Cerebral spinal fluid
CSMT	Circulation, sensation, movement, temperature
C-spine	Cervical precautions applied
CT or CAT	Computed tomography (Scan)
CVA	Cerebrovascular accident
D/C	Discontinue
DNR	Do not resuscitate
DOB	Date of birth
DOE	Dyspnea on exertion
DT	Delirium tremens
DVT	Deep vein thrombosis
Dx	Diagnosis
ECG or EKG	Electrocardiogram
ED	Emergency Department
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-P	Emergency Medical Technician - Paramedic
ENT	Ears, nose, throat
ET or ETT	Endotracheal tube
ETCO2	End-Tidal Carbon Dioxide (level)
ETOH	Ethyl alcohol
FHR	Fetal heart rate
FHx	Family history
FR	First responder or French sizing
FTB	Full-Thickness Burn
Fx	Fracture
gm	Gram
g	Gauge
GB	Gallbladder
GCS	Glasgow coma score
GERD	Gastroesophageal reflux disease
GI	Gastrointestinal

GPA	Gravida, Para, Abortus (i.e., G2, P1, A1)
GSW	Gunshot wound
gtt(s)	Drop(s)
GYN	Gynecology
H2O	Water
HA	Headache
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HPI	History of present illness
HSV-1, HSV-2	Herpes simplex virus type 1 or 2.
HTN	Hypertension
Hx	History
IC	Incident Commander
ICP	Incident Command Post
ICU	Intensive care unit
IDDM	Insulin-dependent diabetes mellitus
IM	Intramuscular
IO	Intraosseous
IV	Intravenous
IVDU	Intravenous drug use
JVD	Juggler vein distention
K+	Potassium
KED	Kendrick Extrication Device
Kg	Kilogram (1000 grams)
L1, L2	First, second, etc., lumbar vertebra
Lat	Lateral
LBBB	Left bundle branch block
LLE	Left lower extremity
LLQ	Left lower quadrant
LNMP	Last normal menstrual period
LOC	Loss of consciousness
LP	Lumbar puncture
LR	Lactated ringers
Lt	Left
LUE	Left upper extremity
LUQ	Left upper quadrant
LV	Left ventricle
LVH	Left ventricular hypertrophy
LVN	Licensed vocational nurse
MAE	Moves all extremities
MCC	Motor cycle collision
mcg	Micrograms
MD	Medical Doctor
Meds or Med	Medications
meth	Methamphetamine
mg	Milligram (1/1000 gram)
MI	Myocardial infarction

ml	Milliliter (1/1000 liter)
mm	Millimeter (1/1000 meter)
MOI	Mechanism of injury
MRI	Magnetic resonance imaging
MRSA	Methicillin-resistant Staphylococcus aureus
MS	Morphine sulfate
MVC	Motor vehicle collision
N/V/D	Nausea, vomiting, diarrhea
Na+	Sodium
NC	Nasal cannula
NIDDM	Non-insulin dependent diabetes
NKA	No known allergies
NKDA	No known drug allergies
NP or FNP	Nurse practitioner / family nurse practitioner
NPA	Nasal pharyngeal airway
NPO	Nothing by mouth
NRB	Non-rebreather
NRS	Numeric Rating Scale (1-10) (1= Low, 10=High)
NS	Normal saline
NSAID	Non-steroidal anti-inflammatory drug
NSR	Normal sinus rhythm
NTG	Nitroglycerin
O2	Oxygen
OA	Osteoarthritis
OD	Overdose
OOS	Out of Service
OPA	Oral pharyngeal airway
OPQRST	Mnemonic for: Onset, Provoke, Quality, Radiates, Severity, and Time.
P	Pulse
PA	Physician assistant
PAC	Premature atrial contraction
PE	Physical examination or pulmonary embolism
PEA	Pulseless electrical activity
PERRL	Pupils equal, round, and reactive to light
PID	Pelvic inflammatory disease
PM	Afternoon
PMD	Primary medical doctor
PMH	Past medical history
PN	Pain
PNS	Peripheral nervous system
POP	Pain on palpation
PRN	As needed
Pt	Patient
PTA	Prior to arrival
PTB	Partial-Thickness Burn
PVC	Premature ventricular contraction
Q	Every
QH	Each hour

QID	Four times a day
Resp.	Respirations
RR	Respiratory Rate
R/O	Rule out
RA	Rheumatoid arthritis or Right Atrium
RBBB	Right bundle branch block
RBC	Red blood cell
RLE	Right lower extremity
RLQ	Right lower quadrant
RMCT	Refusal of medical care and/or transport
RN	Registered nurse
ROM	Range of motion
ROS	Review of symptoms
RSV	Respiratory syncytial virus
Rt	Right
RUE	Right upper extremity
RUQ	Right upper quadrant
RV	Right ventricle
Rx	Prescription
S/S	Signs and symptoms
SA	Sinoatrial node
SAMPLE	Mnemonic for: Signs and symptoms, Allergies, Medications, Past history, Last oral intake, Events leading up to.
Sc or Sq	Subcutaneous
SL	Sublingual
SNF	Skilled nursing facility
SOAP	Mnemonic for: Subjective, Objective, Assessment, and Plan.
SOB	Shortness of breath
SpO2	Oxygen Saturation of peripheral Hgb
START	Simple Triage and Rapid Treatment
Stat	Immediately
STB	Superficial-Thickness Burn
STD	Sexually transmitted disease
STEMI	S-T elevation myocardial infarction
Strep	Streptococci (bacteria)
Sx	Symptoms
T or Temp.	Temperature
T1, T2	First, second, etc., thoracic vertebra
TA	Traffic Accident
Tab	Tablet
TB	Tuberculosis
TC	Traffic Collision
TIA	Transient ischemic attack
TID	Three times a day
TKO	To keep open
Trans	Transport
Tx	Treatment
Unk	Unknown

URI	Upper respiratory infection
UTL	Unable to locate
V/S	Vital signs
VF	Ventricular fibrillation
VT or V-Tach	Ventricular tachycardia
WBC	White blood cell
WMD	Weapon of mass destruction
WNL	Within normal limits
X Times	(used as multiplication sign)
Y/O	Year(s) old

APPENDIX THREE - KERN COUNTY AMBULANCE REPORT FORM

See form on next page.

KERN COUNTY
AMBULANCE REPORT FORM

INCIDENT #:	STEMI ☐	At Pt. Time:	12 LEAD TIME:	At Hosp time:
INCIDENT LOCATION:	STROKE ☐	LAST NORM TIME:	Face Arm Drift Speech	
DESTINATION FACILITY:	TRAUMA ACTIVATION ☐	ACTIVATION LEVEL 1 2 3 4		

Date:	Amb Provider:	Unit #:

Call Time:	Patient Age:	Patient Sex:	Weight (Kg):

Patient Name-Last First MI

CHIEF COMPLAINT:

SKIN VITAL SIGNS:

COLOR:
Normal
Pale
Ashen
Peripheral Cyanosis
Central Cyanosis
Jaundice
Flushed

TEMPERATURE:
Normal
Cool
Cold
Warm
Hot

MOISTURE:
Normal
Dry
Moist
Diaphoretic

CAPILLARY REFILL:
Normal
Delayed >2 Seconds
None

GLASGOW COMA SCALE:

BEST EYE RESPONSE:
4 Opens Spontaneously
3 Open to Command
2 Open to Pain
1 Never

BEST VERBAL RESPONSE:
5 Oriented
4 Confused
3 Inappropriate Words
2 Garbled
1 No Response

BEST MOTOR RESPONSE:
6 Obeys Command
5 Localizes to Pain
4 Withdraw to Pain
3 Abnormal Flexion
2 Extension to Pain
1 No Response to Pain

_____ **Total GCS**

REVISED TRAUMA SCORE:

B/P SYSTOLIC:
4 90 or Greater
3 76 to 89
2 50 to 75
1 1 to 49
0 No Pulse

RESPIRATION/MIN:
4 10 to 29
3 30 or Greater
2 6 to 9
1 1 to 5
0 None

GCS TOTAL:
4 13 to 15
3 9 to 12
2 6 to 8
1 4 to 5
0 3

_____ **Total RTS**

PUPILS:

P.E.R.L. Unreactive/Fixed Pin-Point Unequal Dilated

MEDICAL HX:

MEDICATIONS:

ALLERGY(S):

ECG RHYTHM: TIME:	ECG INTERPRETATION:

EMERGENCY CARE:
BLS: Oral Airway Ventilation Oxygen _____ Liters/min NRB/Nasal Cannula Suction C-Spine CPR King Airway
ALS: Blood Glucose _____ E.T. Intubation Size_____ Defibrillation/Cardiovert/Pacing-Capture @: _____
Other: _____

VITAL SIGNS:

TIME	B/P	RESP RATE	PULSE RATE	O2 SAT%

IV ADMIN:

LOCATION	CATH SIZE	SOLUTION	RATE

MEDICATION ADMINISTRATION:

TIME	MEDICATION	DOSE	ROUTE/RATE

MICU NARCOTIC USE RE-SUPPLY:

NARCOTIC	AMT USED	AMT WASTED	PARAMEDIC SIGNATURE	R.N. SIGNATURE

NARRATIVE:

BASE HOSPITAL:	TRANSPORT TYPE: CODE 2 GROUND CODE 3 AIR	RECEIVING R.N./MICN/M.D. NAME:	RECEIVING R.N./MICN/M.D. SIGNATURE:	SIGN TIME:

ATTENDANT NAME:	LIC/CERT#:	ARR ED TIME:	OFF LOAD TIME:	ATTENDANT SIGNATURE:	SIGN TIME: